Instructions:
Review the Qualifying Criteria below. If protocol meets criteria; complete this form and upload all supporting documents to: MYRESEARCHNAVIGATOR@LISTSERV.CC.EMORY.EDU

Qualifying Criteria:
- High Priority; Requiring emergency approval for survival
- Public Health Emergency
- Bioterrorist Attack
- Significant outbreak of an Infectious Disease
- Other significant or Catastrophic Event (Specify): ______________________

Requested by:
- NIH or other Federal Funded Network Study
- Centers for Disease Control and Prevention (CDC)
- IND or IDE

Upload the following Documents:
- Protocol
- Informed Consent
- Investigational Brochure
- Clinical Trial Agreement (CTA)
- Sponsor Budget
- IND/IDE Approval Letter*
- IND/IDE Exemption Letter*
- OCR Submission Form

* If applicable
DATE OF SUBMISSION: Select date from drop-down.

CONTACT INFORMATION (please include alternates):

<table>
<thead>
<tr>
<th>PI Name: Enter name</th>
<th>Email: Enter email</th>
<th>Daytime #: Enter number</th>
<th>Cell/Pager #: Enter number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC Name: Enter name</td>
<td>Email: Enter email</td>
<td>Daytime #: Enter number</td>
<td>Cell/Pager #: Enter number</td>
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</table>

FUNDING SOURCE: Click here to enter text.

TYPE(S) OF STUDY:  
☐ DRUG  ☐ BIOLOGIC/Vaccine product  ☐ DEVICE  ☐ OTHER

IF APPLICABLE, NAME OF DRUG/DEVICE: Click here to enter text.

IRB #: Click here to enter text.

IBC:

BRIEF TITLE (as known by research participants): Click here to enter text.

PROTOCOL TITLE: Click here to enter text.

BRIEF SUMMARY OF STUDY (attach copies of Protocol, Informed Consent Document, research experiments, other relevant documents):

JUSTIFICATION FOR RAPID RESPONSE TEAM:

For Rapid Response Team/Official Use Only

☐ Application for approval of new study IS Approved for Expedited Review
☐ Application for approval of new study IS NOT Approved for Expedited Review

Approver Comments: