



RAPID RESPONSE TEAM (RRT) STUDY SUBMISSION FORM



DATE OF SUBMISSION: [Select date from drop-down.](#)

CONTACT INFORMATION (please include alternates):

PI Name: Enter name	Email: Enter email	Daytime #: Enter number	Cell/Pager #: Enter number
CRC Name: Enter name	Email: Enter email	Daytime #: Enter number	Cell/Pager #: Enter number

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 # [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 and 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: