

# CORHS Submission Requirements **Continuing Reviews (CR): Regular (1st-4th) and Five Year Submissions**

<b>Obtain 1-8 from IRBNet's Forms and Reference Library</b>	<b>REGULAR (#1-4) CR EXPEDITED OR FULL REVIEW</b>	<b>FIVE(5) YEAR CR, EXPEDITED REVIEW</b>	<b>FIVE (5) YEAR CR, FULL REVIEW</b>
<b>1. Registration Form (from IRBNet) as of 8/1/2009</b>	X (if one is not already uploaded for the study)	X	X
<b>2. Application for Exp/Full Review (from IRBNet)</b>		X	X
<b>3. Supplemental Forms A, B, C (as applicable*) as of 8/1/2009</b>		X	X
<b>4. Continuing Review Application (from IRBNet)</b>	X		
<b>5. Five Year CR Application (from IRBNet)</b>		X	X
<b>6. Fee authorization form (industry sponsored studies)</b>		X	X
<b>7. University Hospital Approval Form**</b>		X	X
<b>8. HIPAA forms (as applicable)</b>		X	X
<b>9. Data Safety Monitoring Board Reports</b>	X	X	X
<b>10. Audit and Monitoring Reports</b>	X	X	X
<b>11. Last signed, redacted consent, assent etc. documents</b>	X	X	X
<b>12. Clean (no track changes, not stamped) Consent documents</b>	X	X	X
<b>13. Recruitment materials</b>	X	X	X
<b>14. Data collection instruments (e.g., spreadsheets)</b>		X	X
<b>15. Case Report Forms (for investigator-initiated studies)</b>		X	X
<b>16. Surveys, Questionnaires</b>		X	X
<b>17. Protocol</b>		X	X
<b>18. Grant (if externally funded)</b>		X	X
<b>19. Package inserts (as applicable)</b>			X
<b>20. Investigator Brochures (as applicable)</b>			X
<b>21. Inclusion/Exclusion checklist (to be used for each subject)</b>			X
*Depending on your responses in the Application for Expedited or Full CORHS Review ; <b>A: Questionably-/Non-Viable Neonates, B: Prisoners, C: International Research</b>			
**if your research activity involves the facilities, patients, and/or services of any of University Hospital's inpatient or outpatient locations, (with the exception of the outpatient clinics located at Riverhead, Southold, Plainview, or Medford)			

