Children's Haptings of Allanta

PROPOSAL INFORMATION FORM

Pending

Yes No

Funded

Office of Sponsored Programs

1920 Briarcliff Road, Rm. 372 Atlanta, GA 30329 Phone 404.785.9379

Required Attachments										
			пеципе	u Attaciiiit	Jiica					
	Salary Requirement	ts 🗌 Schedule	of Events/PRA		Protocol		List of Proc	edures/CPT Codes		
Titl.										
Title Project Title:										
Short Title:										
* In most cases, Children's IRB will accept Emory IRB Approval; however Emory faculty must have approval from the										
Children's Research Department via this form. The Children's approval process can be simultaneous with your IRB approval process.										
I. Investigator Information					VI. Proposal Information					
Principal Invest	tigator				CHOA Cost C	Center:				
Institution]	Start Date:			End Date:		
Department						New		Renewal		
Division						Continuatio		Revision		
CHOA Effort %		Cost Sharing	Yes No			Supplement			1	
				_	CFDA #			nnouncement #		
		. Project Site		4	IRB#	1	# of pts. En	rolled		
_	☐ Egleston ☐ Emory Children's Center ☐ Scottish Rite ☐ Cystic Fibrosis Center					VII. Project Type				
_	Scottish Rite					Research	VII. Projec	Unreimbursed Se		
	Hughes Spalding Marcus	☐ Private P☐ Other	ractice				님	Investigational Cli		
	iviaicus	Other				Teaching Equipment		Operational	illical nes.	
	III <i>(</i>	Contact Person		7		Comm. Out	_	Other		
Name		Jontaet i cison		1		comm. out	reach	Other		
Phone				†	,	VIII. Children	's Services (I	Not Standard of Ca	re)	
Email				†		Salary			-,	
Address				Ť		Conscious S	edation	☐ Rehab	1	
				1		Pharmacy		☐ Labora	atory	
						Non-Inv. Ca	rdiology	☐ Radiol	ogy	
IV. Coordinator Information					Research Processing Lab Cath Lab					
Name						Inpatient or	Outpatient	Research Unit		
Phone						Other: Provi	ide Full Desc	ription of services		
Email										
Address							IX. Award			
						Internal		Federal	·	
	W C			1		State/Local		Other Institution/		
Spancar	v. spo	nsor Information				Private Indu Foundation	istry	Vision Endowmen	11.	
Sponsor Prime Awardee	2	 		-		Foundation				
Sponsor Addre				1		X. Fai	inment/Dev	vices/Supplies		
Sponsor Addre	33	 		-	Will any new		-	upplies be used in the	he	
Division (if App	olicable)			1	conduct of th				-	
Contact Name				1			Yes 🗌	No		
Contact Phone Number					If yes, please see "Purchase Orders Research Only" at Careforce/					
				_				structions and forn		
PI Signature or Coordinator Signature					Date					
			FOR OSP	ISE ONLY						
1	Date Received		FOR 03P	OJL OINLI	-					
(OSP Approval:					_				