**REQUEST FOR ARCHIVED IRB RECORDS**

**Answer each question and email this form to** **IRB@prismahealth.org**

**Protocol Title:** Click or tap here to enter text.

**Pro Number**: Click or tap here to enter text.

**Principle Investigator**: Click or tap here to enter text.

**Reason for Records Request:**

[ ] Sponsor Monitor Visit

[ ] External Regulatory Audit

[ ] Internal Compliance Review

[ ] Other - Please describe: Click or tap here to enter text.

**Documents Being Requested (check all that apply):**

[ ] Protocol

Approved Consent Form(s) (check all that apply):

 [ ]  Main ICF

 [ ]  Biorepository ICF

 [ ]  Pregnant Partner ICF

 [ ]  Pregnant Participant ICF

 [ ]  Other – Please specify: Click or tap here to enter text.

[ ]  Other not listed – Please specify: Click or tap here to enter text.

**Date Requested:** Click or tap here to enter text.

**Date Required:** Click or tap here to enter text.

**Your Name:** Click or tap here to enter text.