**REQUEST FOR ARCHIVED IRB RECORDS**

**Answer each question and email this form to** [**IRB@prismahealth.org**](mailto: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.