

EmPOWR Oversight Committee Application

A. Identifying Information			
Title of Research Project:			
Institutional IRB:	IRB #:	IRB Expiration Date:	
Principal Investigator:			
First Name:	Last Name:	Department:	
Phone:	Email:	Campus Address:	Conflict of Interest?
Primary Study Correspondent (if other than PI):			
First Name:	Last Name:	Study Position:	
Phone:	Email:	Campus Address:	Department:
Co-Investigators:			
Name:		Department:	
Name:		Department:	
Other Study/Laboratory Personnel:			
Name:		Department:	
Name:		Department:	
Name:		Department:	
Name:		Department:	
Name:		Department:	
Name:		Department:	

B. Source of Funding (Check all that apply)	
<input type="checkbox"/> Federal	<input type="checkbox"/> Foundation
<input type="checkbox"/> State of Georgia	<input type="checkbox"/> Internal
<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (please specify):
Name of Sponsor(s):	
Grant/Contract Title:	
Grant/Contract #:	

C. Facilities	
<input type="checkbox"/> On Campus	List Building(s) and Room Number(s):
<input type="checkbox"/> Off Campus	List Building(s) and Room Number(s):

D. Request for Registry Data
<input type="checkbox"/> I would only like to access data from the registry
<input type="checkbox"/> I would like to access data from the registry and corresponding biological samples from the repository
<input type="checkbox"/> De-identified data
<input type="checkbox"/> Data with patient identifiers (Must have IRB approval & submit attachments)
Please describe the inclusion/exclusion criteria for the patient population you are requesting. (Note: A complete list of registry fields is available on our website.)

E. Request for Repository Samples			
Specimen Type Needed:	# Samples:	Specimen Type Needed:	# Samples:
<input type="checkbox"/> Maternal Serum		<input type="checkbox"/> Cord Blood Serum	
<input type="checkbox"/> Maternal Plasma		<input type="checkbox"/> Cord Blood Plasma	
<input type="checkbox"/> Urine		<input type="checkbox"/> Amniotic Fluid	
<input type="checkbox"/> Vaginal Swab		<input type="checkbox"/> Tissue	
<input type="checkbox"/> Placenta			

F. Statement of Agreement	
<p>By signing in this box, I certify that:</p> <ul style="list-style-type: none"> • I will only use samples and data for research purposes in compliance with the approved research proposal. • I will use appropriate safeguards to prevent use or disclosure of data other than as specified in the approved research proposal. • I will not actively seek the individual patient identity of de-identified specimens unless specifically approved by the Emory IRB. • All individuals working with biospecimens from the EmPOWR repository have received and have documented appropriate training through ELMS. • I will notify the EmPOWR Oversight Committee of any changes to the project's protocol or funding status. • I will submit a copy of all abstracts and papers that use data/samples from the EmPOWR registry & repository before they are published. 	
Signature of PI:	Date: