

INSTITUTIONAL REVIEW BOARD APPLICATION PACKET
(Incomplete applications will not be accepted)

Includes:

Human Subjects Review Application

Adverse Event Report Form

Annual Renewal/Completion Report Form

Listing of deadline dates for the submission of research applications

Cleveland Clinic Foundation
Institutional Review Board, Wb2
Extension: 42924 **Fax:** 54094

Assigned:
IRB#: _____ **Review Month:**

- 1 Principal Investigator (PI) Ayman Mahran
Department Urology Mail Code A-19.1 Phone 4-4402 Fax 445-6049
- 2 Title of Project: The Role of Oxidative Stress in Assisted reproduction
- 3 Project Period: From 9/1/1999 To 8/31/2000
- 4 Funding: _____ No Funding: _____

- 4a. If you are obtaining funding from a commercial sponsor, has the \$500.00 IRB review and monitoring fee been asked for? _____ Yes Provide cost center, if available
_____ No Please explain why

5. Collaborating Investigators

Name/Signature:	Mail Code/Dept.	Phone
<u>Rakesh K. Sharma, Ph.D.</u> <i>RS</i>	<u>A-19.1 Urology/ Andrology</u>	<u>44402</u>
<u>Anthony J. Thomas, Jr. M.D.</u> <i>AT</i>	<u>A-19.1 Urology/ Andrology</u>	<u>46340</u>
<u>Ashok Agarwal, Ph.D.</u> <i>AA</i>	<u>A-19.1 Urology/ Andrology</u>	<u>49485</u>

6 Signatures/Assurances

This research project is consistent with FDA regulations and IRB requirements. The Principal Investigator accepts scientific responsibility and agrees to notify the IRB of any adverse events involving human subjects, and provide annual and final reports of progress.

Ayman Mahran 7/21/99
Principal Investigator/Date

[Signature]
Department Chairman/Date

6a. Collaborating Investigators Con't
Name/Signature:

Mail Code/Dept.

Phone