

**INSTITUTIONAL REVIEW BOARD**  
220 Church Street, Fifth Floor  
New York, New York 10013-2988  
Tel: (646) 619-6680  
Fax: (646) 619-6777  
[www.healthsolutions.org](http://www.healthsolutions.org)

**REQUEST FOR INITIAL REVIEW**

**General Submission Instructions**

The submission for initial review should consist of 4 parts:

1. The completed application form.
2. The document(s) used to obtain informed consent.
3. Any questionnaires, notices, posters, and flyers associated with this research study; these should be submitted in English as well as all additional languages in which the research will be conducted.
4. The full proposal submitted to the funder, if there is one.

The application form can be submitted as a hard copy or as a computer file. Acceptable computer files are: any Microsoft Word version 2000 or less, and WordPerfect 6.1 for Windows. Please contact Terry Rosenberg (646) 619-6680 for additional information if you would like to submit a computer file. PUBLIC HEALTH SOLUTIONS will supply you with a computer disk with the application form in the format of your choice, or send a file via email.

It is the responsibility of the Principal Investigator to submit the application in a format that can be accessed by PUBLIC HEALTH SOLUTIONS, and the Administrator of the Institutional Review Board reserves the right to request a specific format if necessary to facilitate the administrative process.

**If you are submitting protocols to multiple Review Boards you can submit another institution's form in place of PUBLIC HEALTH SOLUTIONS' to address questions that overlap on both forms. For those questions on the PUBLIC HEALTH SOLUTIONS form that are NOT addressed on the other form, you must submit PUBLIC HEALTH SOLUTIONS' form with those additional questions answered.**



**A submission is not considered complete unless all of the items on the PUBLIC HEALTH SOLUTIONS form are answered, either on the other institution's form or PUBLIC**

## HEALTH SOLUTIONS'.



### INSTITUTIONAL REVIEW BOARD

### REQUEST FOR INITIAL REVIEW

#### Computer File Submission Instructions

1. Request electronic file with Application Form from Terry Rosenberg (646) 619-6680. Acceptable formats include:
  - Any Microsoft Word version
2. Print out a hard copy of the application form for reference before you begin.
3. Keep a copy of the original file on another disk or a hard drive as a back-up. This will be useful if an unrecoverable error is made to the working file.
4. The form has blank spaces for typed responses; use the amount of space as a guide to how long the corresponding response should be. Please do not add any additional lines to a response space. **The only exception will be when you need to report co-investigators or funding sources beyond the number currently on the form.** In that case, please copy and paste as many additional co-investigator or funding source response items as necessary.
5. Some questions have response lines composed of dashes; please remove these and insert the appropriate response. Questions where the respondent must choose yes or no also have dashes; please remove these and place an "X" in the appropriate space.
6. Please submit a hard copy of your application form with the completed computer file.
7. Please return the disk in computer disk mailer to avoid damage if you are mailing it to PUBLIC HEALTH SOLUTIONS; the disk and necessary documents can also be hand delivered. Please address all correspondence to

Dr. Terry J. Rosenberg  
PUBLIC HEALTH SOLUTIONS  
220 Church Street, Fifth Floor

NY, NY 10013

Hand deliveries can be left with the PUBLIC HEALTH SOLUTIONS receptionist at the above address

**8. Submissions should be complete when they arrive at PUBLIC HEALTH SOLUTIONS. This includes the electronic files and hard copy of the application form, a hard copy of the document(s) used to obtain informed consent, and any questionnaires, notices, posters, and flyers associated with this research study.**