



SCHOOL OF MEDICINE

IRB/IACUC INTERNAL ROUTING FORM

Please note: **ALL** signatures are required in this order. In addition to this form, all standard Mercer University IRB/IACUC Application Forms must be attached. Once all signatures have been gathered, the MUSM Office of Research will submit the application to the IRB and “cc” the Principal Investigator.

Principal Investigator or Faculty Advisor (if student project)

MUSM Faculty Status (check one): Full Time Part Time Volunteer Faculty Contracted

Primary Appointment Location (check one): MUSM Affiliated Hospital GRHIC Other (specify) _____

I certify that the attached IRB/IACUC application is complete and accurate.

Printed Name Signature Date

Department Chair/Director

I am aware of the proposed research and the level of involvement with the departmental faculty, staff, students, and/or facilities. The application is complete with all required and/or indicated attachments/files.

Printed Name Signature Date

Senior Associate Dean for Home Campus

The project is consistent with departmental objectives, and adequate space, equipment, professional and staff time, and other resources as stated in this application will be made available if the research is approved.

Printed Name Signature Date

MUSM Office of Research

I have reviewed the attached proposal and recommend that it be submitted to the IRB/IACUC for consideration.

Printed Name Signature Date

MUSM Finance Office

I have reviewed the attached proposal and recommend that it be submitted to the IRB/IACUC for consideration.

Printed Name Signature Date

MUSM Dean

The project is consistent with departmental objectives, and adequate space, equipment, professional and staff time, and other resources as stated in this application will be made available if the research is approved.

Printed Name Signature Date