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| **Study Information** |
| [ ]  Initial Review |  |
| [ ]  Existing DSHS IRB# | Enter number. |
| Principal Investigator | Click to enter text. |
| Protocol Title | Click to enter text. |
| Select submission request from the dropdown list. |
| Submission Dropdown List |

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| **DSHS/HHS Legal Review (If not routing through OneAegis)** |
| Legal review is required for **this application**. | [ ]  Yes [ ]  No |
| Legal review was completed in OneAegis. | [ ]  Yes [ ]  No |
| An Office of General Counsel (OGC) designated attorney affirmed that the request meets all legal requirements to release data or biospecimens. |
| Attorney Name Click to enter text. Date Click to enter date.Cite Legal Authority/Statute Click to enter text. |
| The OGC attorney completed a review and determined:[ ]  This application is acceptable as presented[ ]  Concerns were identified, and comments are included with the submission |

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| **Associate Commissioner or Designee Statement and Signature** |
| The associate commissioner or designee authorizes the initial review application. |
| Associate Commissioner or Designee review is required for **this** **application**.[ ]  Yes[ ]  No |
| By checking the appropriate option and signing this form, I certify that: |
| I completed a review and determined:[ ]  This application is acceptable as presented.[ ]  Concerns were identified, and comments are included with the submission. |

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| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Associate Commissioner Signature |  | Title |  | Date |