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| **Ch**Logo  Description automatically generated | **The Christ Hospital HRPP****Institutional Review Board**  |
| **Sitero Mentor IRB****New User Request Form** |

**REQUIREMENT**

This form is to be utilized by prospective new users of Mentor IRB, The Christ Hospital’s web-based IRB management system. Prior to obtaining access to Mentor, all prospective new users including principal investigators, designated research coordinators, and other research staff must first be vetted by the IRB Office.  Requests must include the information/documentation noted below.

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| 1. **MENTOR IRB USER PROFILE INFORMATION**
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|  | **Name** | Click to enter name. |
|  | **Primary E-mail Address** Address for use in all correspondence exchanged through Mentor IRB regarding the research study. *Note: If you have access to a @thechristhospital.com address, please list that address.* | Click to enter e-mail address. |
|  | **Date of Request** | Click to enter date. |
|  | **Earned Degrees/Certifications**  | [ ]  MD [ ]  DO [ ]  PhD [ ]  PharmD [ ]  DNP[ ]  RN [ ]  BSN [ ]  MSN [ ]  MPH [ ]  MS[ ]  MBA [ ]  MHA [ ]  BS [ ]  BA [ ]  CIP [ ]  Other (click to enter other qualifications)  |
|  | **Role on the Research Study**  | [ ]  Principal Investigator [ ]  Sub-Investigator  [ ]  Study Coordinator [ ]  Research Staff[ ]  Other (click to enter other role)  |
|  | **Curriculum Vitae/Resume**Signed, dated, and current within two years of signature  | [ ]  CV/Resume  |
|  | [**CITI**](https://thechristhospital.sharepoint.com/sites/IRB/SitePages/Education.aspx?source=https%3A%2F%2Fthechristhospital.sharepoint.com%2Fsites%2FIRB%2FSitePages%2FForms%2FByAuthor.aspx) **Transcripts*** HSR required for all research
* GCP required for all studies involving investigational drugs and devices, and clinical trials
 | [ ]  HSR (Human Subjects Research) [ ]  GCP (Good Clinical Practice) |
|  | **Medical License** (as applicable)Checking the box indicates licensing for MD, DO, Pharmacy, Nursing | [ ]  Medical License [ ]  N/A |
|  | **The Christ Hospital Employee ID#** | Click to enter TCH Employee ID# [ ]  N/A |
| 1. **SUBMIT YOUR REQUEST**
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|  | Please send this request form and the required documentation to the **IRB Office**. After your request has been processed, you will receive confirmation at the e-mail address you’ve provided above. Turnaround time is generally 24 - 48 hours. **Missing or incomplete information will delay approval of your request***.*  |