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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](mailto:IRB_Office@thechristhospital.com?subject=New%20Mentor%20IRB%20User%20Request).  Requests must include the information/documentation noted below.

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| 1. **MENTOR IRB USER PROFILE INFORMATION** | | |
|  | **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** | | |
|  | Please send this request form and the required documentation to the [**IRB Office**](mailto:IRB_Office@thechristhospital.com?subject=New%20Mentor%20IRB%20User%20Request). 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***.* | |