

# RULES

## INSTITUTIONAL REVIEW BOARD

Great Lakes College of Clinical Medicine

GLCCM IRB is located in the secretary's office-Dr. Chappell, Bluffton, Ohio

GLCCM office is located in Chicago, IL.

1. The Investigator **must** be an active member of GLCCM and attend at least one GLCCM meeting per year. An **application form is enclosed**. For more information contact GLCCM, Jack Hank, Executive Director, Great Lakes College of Clinical Medicine - 1407-B North Wells Street - Chicago, IL 60610. The telephone number is 800-286-6013, and the fax number is (312) 266-3685.
2. Write the project following written IRB guidelines and fill out the questionnaire and return.
3. Provide the IRB with an updated Curriculum Vitae, and copy of Medical License.
4. In order to be considered for review at the next meeting, (7:00 a.m. September 4, 2000 Pittsburgh, PA) Betsey Angus (secretary to L. Terry Chappell, M.D.) must receive your project at least six weeks (Aug. 4<sup>th</sup>) in advance of the meeting.

Please contact either Betsey or the Executive Director of GLCCM for more information about when and where the meetings are to be held. The **investigator is REQUIRED** to attend the IRB meeting in which your project will be discussed to answer any questions the members have.

5. **FEES:** When you first submit your project and abstract (4 copies), an initial submission fee is required (450.00). An initial review of your project will be done by at least two IRB members. They may make suggestions or ask for clarifications on your project. You will be contacted about any needed revisions prior to the meeting. Your revised project (along with **20 copies of the abstract and 4 complete copies**) will then need to be sent to Betsey at least two weeks prior to the meeting (Sept. 1<sup>st</sup>). At this time a processing fee(750.00) is required. If you have more than one project you wish reviewed, and you submit them at the same time there are no additional fees required. An expedited review of minimal risk study will be approved by Dr. Chappell or a designated member.

Project fees: \$ 450.00 submission fee (Aug.4)

\$ 750.00 processing fee(Sept 1)

**TOTAL \$ 1200.00** Please make check for IRB fees payable to the GLCCM IRB.

6. It is recommended that first time submitters purchase the videotape, which includes written guidelines, the purchase price is \$25.00. This was prepared for GLCCM by Dr. Virginia Ktsanes of Tulane University. To order contact Betsey Angus (address under number 9 below).
7. Within two weeks after the meeting we will notify you on letterhead stationery of the IRB decision. If approved you will receive **an expiration date, and a degree of risk for a device**.
8. When approved, you are required to submit a **continuing review in writing two weeks prior to the expiration date**. Any study exceeding one year without approval will be terminated.
9. Any correspondence or questions should be directed to Betsey Angus - Celebration of Health Center - 122 Thurman Street - P.O. Box 248 - Bluffton, OH 45817. Phone (419) 358-4627 extension 120. The fax number is (419) 358-1855. Please mark all faxed materials to the attention of Betsey.
10. Please submit the proper forms, which are supplied at the appropriate time: adverse reactions/death form, request to make revisions to protocol or informed consent.

### CHECKLIST FOR SUBMITTING A PROJECT:

IF NOT A CURRENT GLCCM MEMBER SEND IN APPLICATION (enclosed) to GLCCM in Chicago

**SEND TO THE GLCCM IRB IN OHIO:** QUESTIONNAIRE, CURRICULM VITAE, COPY OF MEDICAL LICENSE.

PROCESSING FEE \$ 450.00 and 4 COPIES OF THE STUDY WITH ABSTRACT.