Albert Einstein College of Medicine of Yeshiva University
Institutional Review Board
Grant Application Form
(For the processing of grants prior to submission to the funding agency.)

> **Complete and submit this form with the Internal Grant Accounting Form and the Face Sheet of the Grant Application to the Einstein IRB (East Campus).**

1. Investigator Name*: _____

2. For a new grant without an approved protocol, indicate the type of application will you need.
   NOTE: Check only one (1) box. Choose carefully – application types cannot be changed after they are assigned. If you are uncertain, call the Einstein IRB at 718-430-2237.
   - ☐ **Exempt Application:** See the definition of Exempt Research at:
     http://www.einstein.yu.edu//uploadedFiles/IRB/policies/exempt.doc
   - ☐ **Chart Review/Database Study Application:** Study Examples: Medical Records review, Hospital Databases, Public Database, Data Analysis, etc.
   - ☐ **Behavioral/Observational Study Application:** Study Examples: School based research, or research using Focus Groups or questionnaires, etc.
   - ☐ **Specimen Study Application:** No direct research intervention by PI. Study Examples: research on leftover specimens, identifiable previously collected specimens, prospective specimens, etc.
   - ☐ **Clinical Research Study Application:** Direct research intervention by PI. Study Examples: blood drawing, MRI's, radioisotopes, drugs, or devices, etc.

3. For a new grant on an approved protocol, provide the IRB #: _____

4. If the Grantor is the NIH, specify the institute(s): _____

5. Name of person completing this form: _____ Date: _____

6. All researchers who do <u>not</u> currently have any approved protocols must complete the "PATS Access Request Form," below. The PI and/or designated staff must register for PATS training. See http://www.einstein.yu.edu/irb/irb.aspx?id=28125 for more information.

PATS Access Request Form		
Last Name*: _____ First Name*: _____ M.I.: ____		
Title*: _____		
Department*: _____		
Phone*: _____ Extension: _____		
Fax*: _____ Email*: _____		
Address 1*: _____		
Address 2*: _____		
City*: _____ State*: _____ Zip*: _____		
Payroll*: _____ YU School*: _____		
Degree(s)*: _____ Academic Rank*: _____		
Training: _____		
See **http://www.einstein.yu.edu/irb/irb.aspx?id=28125** for the schedule of training.		
*Required	IRB Use Only: ☒ New Researcher ☒ PI Username: _____