| hmo research network | **Inter-institutional Research Application Cover Sheet** |
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| **Complete/Formal Study Title (and sponsor protocol number, if applicable)** | | | |
| **Proposed Lead IRB (HMORN Member)** | | Administrator Name | Phone |
| | | Administrator E-mail | Fax |

**Information about the Lead Principal Investigator** – Submission of this Cover Sheet by the Principal Investigator listed below ("Lead PI") will verify that the Lead PI accepts responsibility for the information in the research application and agrees to be responsible for the conduct of the study throughout all participating HMORN institutions in compliance with all applicable federal regulations.

| | | |
|---|---|---|
| Lead PI Name | Address/Facility | Department |
| Phone | Fax | E-mail |

**Information about the non-lead Principal Investigator(s)** – Submission of this Cover Sheet by any Principal Investigator listed below ("non-lead PI") will verify that the submitting non-lead PI accepts responsibility for the information in the research application as it pertains to the conduct of the study in his or her institution, and that the submitting non-lead PI agrees to conduct the study within his or her institution in compliance with all applicable federal regulations and institutional policies and procedures.

| | | |
|---|---|---|
| Non-lead PI Name | HMORN Member Institution Name | Address |
| Phone | Fax | E-mail |
| Non-lead PI Name | HMORN Member Institution Name | Address |
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