

**Pre-IRB Clinical Review for UF COM Jax Investigator-Initiated Studies**

Study Title:

Study PI:

Is PI a Resident/Fellow/Visiting Scholar/Other Trainee: Yes / No

If Yes, who is Faculty Mentor:

If Yes, is this project for ACGME Scholarly Activity Requirement: Yes / No

*Please answer the following questions in 1-2 sentences maximum.*

What is clinical knowledge gap that study seeks to answer? (I.e., why does this study need to be done?):

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What is the study hypothesis? (I.e., What is your research question?):

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What is value of this study? (Please speak to significance for patients at UF Jax and beyond.):

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What are the study's deliverables? (Examples include: grant application, IP, poster, paper, dissemination plan, change in practice locally, change in practice externally):

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Is study funded: Yes / No

If Yes, Please state funding source and list UFIRST #:

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If No, Please explain how Department will subsidize costs and time of study (including use of ORA resources):

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*If Department does not plan to subsidize costs and time of study, please acknowledge that if study utilizes Jax ORA resources, study will wait for services in a queue behind funded studies.*

Initials:

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Department Chair / Division Chief or designee certifies that they agree with the clinical need for this study and have approved the study for submission to the UF IRB.

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Signature

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Printed Name & Date