



EMERGENCY MEDICINE RESEARCH COMMITTEE PROPOSAL COVER SHEET – RE-APPROVAL

Date of Last EMRC Approval (mm/yy):

Date of initial EMRC Approval (mm/yy):

RSRB #:

Principal Investigator(s):

Co-Investigator(s):

Project Title:

Have there been any substantive changes to the protocol, specifically related to enrollment, inclusion and exclusion criteria, or study procedures?
If yes, attach clarifying documents.

Have there been any reportable RSRB violations or adverse events since the last EMRC approval?
If yes, please attach a separate page with details.

Additional Comments:

Please submit an electronic version of this form and any required documents to EMResearch@urmc.rochester.edu. Questions may be directed to the EM Research Office at (585) 463-2920. Proposals must be re-approved by the Emergency Medicine Research Committee prior continuing review approval by the RSRB. Re-approvals are for 1 year.