



# 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](mailto:EMResearch@urmc.rochester.edu). Questions may be directed to the EM Research Office at 585.275.1198. Proposals must be approved by the Emergency Medicine Research Committee prior to final RSRB approval. Re-approvals are valid for one year.