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| **Study Information** | |
| Initial Review |  |
| Existing DSHS IRB# | Enter number. |
| Principal Investigator | Click to enter text. |
| Protocol Title | Click to enter text. |
| Select submission request from the dropdown list. | |
| Submission Dropdown List | |

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| **DSHS/HHS Legal Review (If not routing through OneAegis)** | |
| Legal review is required for **this application**. | Yes  No |
| Legal review was completed in OneAegis. | Yes  No |
| An Office of General Counsel (OGC) designated attorney affirmed that the request meets all legal requirements to release data or biospecimens. | |
| Attorney Name Click to enter text. Date Click to enter date.  Cite Legal Authority/Statute Click to enter text. | |
| The OGC attorney completed a review and determined:  This application is acceptable as presented  Concerns were identified, and comments are included with the submission | |

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| **Associate Commissioner or Designee Statement and Signature** |
| The associate commissioner or designee authorizes the initial review application. |
| Associate Commissioner or Designee review is required for **this** **application**.  Yes  No |
| By checking the appropriate option and signing this form, I certify that: |
| I completed a review and determined:  This application is acceptable as presented.  Concerns were identified, and comments are included with the submission. |

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| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Associate Commissioner Signature |  | Title |  | Date |