**Brigham Health Clinical Trial Scientific Review Committee**

**for COVID-19 related studies**

**Date of Submission:**

**PI Name:**

**Department/Division:**

**Study Initiated by: \_\_** PI \_\_ Industry

**Protocol Title:**

**Protocol Number (if applicable):**

**Funding source:**

**If Industry initiated: If PI initiated:**

**\_\_\_\_ (y/n)** CDA in place \_\_\_ (y/n) IND filed/pending/exempt (describe)

**\_\_\_\_ (y/n)** Investigator brochure

**\_\_\_\_ (y/n)** IND filed/pending/exempt (describe)

**Patient population (Check the appropriate box/es):** \_\_COVID patients

 \_\_ Healthy Volunteers

 \_\_ Health care workers

 \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study type (please check):** \_\_ interventional (direct patient contact)

\_\_Treatment

\_\_Prevention

\_\_Screening

\_\_Diagnostic

\_\_Other: \_\_\_\_\_\_\_\_\_\_

 \_\_ observational (no direct patient contact)

**If Drug/Device, please name the drug/device:**

**Study objectives and hypothesis:**

**Location of study (check all applicable): \_\_\_ inpatient \_\_\_ outpatient hospital \_\_ other (describe)**

**Please submit your protocol synopsis or full protocol and consent form. If these are not completed yet, please summarize your implementation plan (please include process for recruiting, resources needed including staff, and location, type and frequency of study visits, method of intervention):**

**(If applicable) biospecimens collected and plan:**

***Please attach your protocol synopsis or full protocol and consent form and email it to*** BWHCOVIDreview@partners.org ***for review prior to Partners IRB submission.***