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|  | **RAPID RESPONSE TEAM (RRT)****STUDY SUBMISSION FORM****Qualifying Criteria**  | https://rapid.app.emory.edu/images/georgiactsa-logo.png |

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| ***Instructions:****Review the Qualifying Criteria below. If protocol meets criteria; complete this form and upload all supporting documents to:* MYRESEARCHNAVIGATOR@LISTSERV.CC.EMORY.EDU |
| ***Qualifying Criteria:*** * *High Priority; Requiring emergency approval for survival*
* *Public Health Emergency*
* *Bioterrorist Attack*
* *Significant outbreak of an Infectious Disease*
* *Other significant or Catastrophic Event(Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Requested by:** *NIH or other Federal Funded Network Study*
* *Centers for Disease Control and Prevention (CDC)*
* *IND or IDE*

***Upload the following Documents****:** *Protocol*
* *Informed Consent*
* *Investigational Brochure*
* *Clinical Trial Agreement (CTA)*
* *Sponsor Budget*
* *IND/IDE Approval Letter\**
* *IND/IDE Exemption Letter\**
* *OCR Submission Form*

*\* If applicable* |

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|  | **RAPID RESPONSE TEAM (RRT)****STUDY SUBMISSION FORM** | https://rapid.app.emory.edu/images/georgiactsa-logo.png |

**DATE OF SUBMISSION:** Select date from drop-down.

**CONTACT INFORMATION (please include alternates):**

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| --- | --- | --- | --- |
| **PI Name:** Enter name | **Email:** Enter email  | **Daytime #:** Enter number | **Cell/Pager #:** Enter number |
| **CRC Name:** Enter name | **Email:** Enter email | **Daytime #:** Enter number | **Cell/Pager #:** Enter number |

**FUNDING SOURCE:** Click here to enter text.

**TYPE(S) OF STUDY:** [ ] DRUG [ ]  BIOLOGIC/Vaccine product [ ]  DEVICE [ ] OTHER

**IF APPLICABLE, NAME OF DRUG/DEVICE:** Click here to enter text.

**IRB #** Click here to enter text.

**IBC:**

**BRIEF TITLE (as known by research participants):** Click here to enter text.

**PROTOCOL TITLE:** Click here to enter text.

**BRIEF SUMMARY OF STUDY** *(attach copies of Protocol, Informed Consent Document, research experiments, other relevant documents)***:**

**JUSTIFICATION FOR RAPID RESPONSE TEAM:**

|  |
| --- |
| For Rapid Response Team/Official Use Only |

[ ] Application for approval of new study **IS Approved** for Expedited Review

[ ] Application for approval of new study **IS NOT Approved** for Expedited Review

Approver Comments: