



THE NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA, NEBRASKA 68114 402 -354-4000

Institutional Review Board Miscellaneous Report

Title of the Study/Research:

IRB Number, if applicable:

Date of Submission:

Principal Investigator's Name:

Date of Original Methodist Hospital IRB Approval:

Number of Subjects Enrolled Internationally:

Number of Subjects Enrolled Locally to Date:

Summary of Report: _____

Documentation

(List any documents that are being submitted with this report):

Investigator's Certification: I certify that the foregoing is complete and accurate to the best of my knowledge. I will advise the Chair of the IRB of any changes to any of the above questions of which I become aware.

Signature of Principal Investigator or designee:

Printed Name of Principal Investigator or designee:

Title of Designee, if applicable:

Date:

**** A typed name in the above signature of the delegated staff member box constitutes a binding electronic signature for this study.