



Washington State Institutional Review Board (WSIRB)
Application for WSIRB Review

Appendix H: Resource Requests

This form indicates the state agency resources or assistance requested by the investigator are available. Prior to submitting a research application, an investigator must discuss their research resource request with the state agency source.

Project Title:

Date of Request:

PI Name:

Email Address:

Telephone Number:

INVESTIGATOR Section:

Insert your Study Abstract

Describe each type of resource contribution or assistance requested from DSHS, DCYF, DOH, DOC, L&I, HCA and / or OFM (e.g., professional consultations such as Agency physicians or social workers to recruit potential subjects, clerical services, use of facilities or equipment, identify and make initial contact with potential subjects or their parent or guardian, etc.).

Description

STATE AGENCY AUTHORIZED INDIVIDUAL Section:

Name:

Title:

Email Address:

Telephone Number:

Date Authorizing:

By forwarding this completed form to the WSIRB I confirm that, at the time of this request, the assistance of the type requested by the investigator is feasible. This does not imply State Agency approval of the request.

Comments

Will the state agency charge for the cost of providing the requested assistance? Yes No

Estimated cost if applicable: \$

The assistance requested by the investigator is not available.

Comments

Forward this completed form to wsirb@dshs.wa.gov and to the principal investigator. Please contact Review Staff at 360.902.8075 if you have any questions.