RAPID RESPONSE TEAM (RRT)
STUDY SUBMISSION FORM
Qualifying Criteria

Instructions:

Review the Qualifying Criteria below. If protocol meets criteria; complete this form and upload all supporting documents to: MYRESEARCHNAVIGATOR@LISTSERV.CC.EMORY.EDU
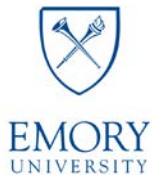
Qualifying Criteria:

- *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

DATE OF SUBMISSION: Select date from drop-down.

CONTACT INFORMATION (please include alternates):

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: