### Missouri Department of Health and Senior Services

### Cover Sheet for IRB Submissions

**DHSS Use Only**

DHSS Investigators/Co-Investigators must complete this form for each individual project/study done in collaboration with external researchers or for internal projects/studies. Submit/route this completed cover sheet with the signed paper copy of the full application packet to the Department’s Institutional Official, following Section E’s review/signature process below.

**Title of Study:**

**A. Statutory/Regulatory Authority to Conduct Study:**

**B. Associated protocol #’s if applicable:**       (Patient Abstract System/Vital Records only)

C. Identify any internal or external reviews needed:

[ ]  Office of Epidemiology [ ]  Office of General Counsel

[ ]  Bureau of Health Care Analysis & Data Dissemination [ ]  State Registrar

[ ]  Data Release Advisory Committee (DRAC) (PAS only) [ ]  Other (specify):

|  |  |  |  |
| --- | --- | --- | --- |
| PAS Authority approval signature: |   | Date: |   /  /     |
| State Registrar approval signature: |   | Date: |   /  /     |

**D. Potential Impact on DHSS. Describe possible impact on internal and external stakeholders.** **Be specific about potential controversies, barriers, political or legislative interests. Describe steps you will take to address these concerns.**

# E. Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of DHSS Investigator* or – Co-investigator:
 |   | Date: |   /  /     |
| Signature of Supervisor: |   | Date: |   /  /     |
| Signature of Division Director: |   | Date: |   /  /     |
| Department Approval: |   | Date: |   /  /     |