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| **GENERAL INSTRUCTIONS** – delete this box from the completed form. Red text represents instructions to you – to be deleted from the final version.  **NOTE: This form is designed to be a starting point on a Regulatory Binder Cover Page. Update it as necessary for your specific study.**   * There may be additional study information that could be captured here including but not limited to:   + Sponsor or external Lead Team name and information   + Sponsor or external Lead Team protocol number   + IND/IDE number   + External IRB number or identification   + Investigational Pharmacy Services number   + VELOS or other CTMS number * It is not recommended to capture any staff or personnel information other than Principal Investigator. * Delete and add rows/columns as necessary to reflect your study information. * Delete the CRRO template version date and add in the study-specific version date of this document. |

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| **Regulatory Binder Cover Page** |
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