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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** |
| Study Title: |
| IRB #: |
| PI Name:  |