

Submit completed form to Mary Lou Witte (Mary_Lou.Witte@Healthall.com)

**UNIVERSITY OF CINCINNATI
DEPARTMENT OF RADIOLOGY
RESEARCH OVERVIEW FORM**

PI:

Email:

Phone Number:

Sub-investigators:

Study Title:

Description of Study:

Estimated Study Start Date:

Estimated Study End Date:

Funding Source:

Expected Number of Subjects:

Completed CITI Training: Yes No

If No, the training requirement may be fulfilled by:

- 1) Logging on to www.CITIPROGRAM.org
 - 2) Select "Affiliate with Another Institution"
 - 3) Select the **Greater Cincinnati Academic and Regional Health Centers**, and follow the instructions for the appropriate training modules
- For more help accessing the online training modules, visit www.researchcompliance.uc.edu/IRB and select "*Demonstrating Knowledge-Instructions*" under the heading Protecting Human Subjects.

Date Submitted for Review:

15-Jun-2009