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| **Instructions*** Please provide typed responses. Written responses are not permitted.
* Submit completed form to research@gmh.edu for processing.
* Please allow 48 hours from the date of submission for an update.

Current forms are available on the [ORA Webpage](http://www.gradyhealth.org/static/office-of-research-administration) |
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| **Request Date:** |       |  |
| **IRB#**: |       |  |
| **ROC Expiration Date:**  |       |  |
| **Patient’s Legal Name:** |       |  |
| **Patient’s Preferred Name:**  |       |  |
| **Date of Birth:** |       |  |
| **Last four digits of SSN# (if applicable):** |       |  |
| **Gender (Male or Female):** |       |  |
| **Address:** |       |  |
| **City, State, Zip:** |       |  |
| **Phone Number:** |       |  |
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