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| **Instructions**   * Please provide typed responses. Written responses are not permitted. * Submit completed form to [research@gmh.edu](mailto: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) | | | | | | | | |
|  | | | |  | | | | |
| **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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