Universidad Central del Caribe Office of the Associate Dean for Research and Graduate S (OADRGS) Protocol Identification Number Request Form					Protocol Identification Number:		
				mber Request Form For		DRGS Use	
Protocol Title:							
Principal Investigator:				Dept./Unit:			
Phone:				E-mail:			
Research Area							
Drug AbuseHIVNeuroscienceCell BiologyCancerOther							
Special Approvals / Requirements (Check all that apply)							
Contact the corresponding Committee for an orientation about the procedures to obtain the appropriate research approvals. For contact information, visit <u>http://www.uccaribe.edu/research/?page_id=1001</u>							
Research Involves		Approval		Research Involves		Approval	
Human Subjects		IRB		Controlled Substance	es II-V	OADRGS	
Animal Subjects (Specify)		IACUC		Conflict of Interest		OADRGS	
Rats				Clinical Trial		IRB	
Mice				Recombinant DNA		IBC	
Frogs			Select Agents and Toxins		IBC		
Reptiles (caimans)			Pathogens		IBC		
Fishes			Human Cells/Tissues		IRB / IBC		
Others			Stem Cells		IRB		
Radioactive Materials		RSC		Chemical Hazards		CSC	
Other (Descril							
IRB: Institutional Review Board, IACUC: Institutional Animal Care and Use Committee, RSC: Radiation Safety Committee, OADRGS: Office of the Associate Dean for Research and Graduate Studies, IBC: Institutional Biosafety Committee, CSC: Chemical Safety Committee							
Protocol Identification Number Acknowledgement							
Principal Investigator:			Signatures				
• I understand that assigning the Protocol Identification Number is the first step in submitting the protocol to institutional committees for evaluation.			Princip	al Investigator	Date		
<ul> <li>The Protoco not mean th</li> </ul>							
			OADRO	OADRGS Date			