



Institutional Review Board
200 Jefferson Ave. SE
Grand Rapids, MI 49503
P: 616.685.6198
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REQUEST FOR IRBMANAGER ACCESS NEW USER

First Name:	Last Name:		
Suffix:	Credentials:		
Address Type: Business <input type="checkbox"/> Home <input type="checkbox"/>			
Business name:			
Street:	Line 2:		
City:	State:	Zip:	
E-mail:	<i>You must use a SECURE email address. Yahoo, Hotmail and Gmail addresses are not acceptable.</i>		
Phone:	Business <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/>	Fax:	
Study Role: Principal Investigator <input type="checkbox"/> Sub-Investigator <input type="checkbox"/> Coordinator <input type="checkbox"/> Research Assistant <input type="checkbox"/>			
Are you a medical student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what year student are you:			

Form prepared by:

Date:

After completing this form, save a copy to your computer and submit via **e-mail to Cindy Johnston** at johnstom@mercyhealth.com; or if you prefer, you may **FAX** a copy to **616.685.3044**.

You will receive a return e-mail advising your assigned user name and password.

Questions? Contact Cindy at 616.685.6198.