### Missouri Department of Health and Senior Services

### Cover Sheet for IRB Submissions

**DHSS Use Only**

DHSS Investigators/Co-Investigators must complete this form for each individual project/study done in collaboration with external researchers or for internal projects/studies. Submit/route this completed cover sheet with the signed paper copy of the full application packet to the Department’s Institutional Official, following Section E’s review/signature process below.

**Title of Study:**

**A. Statutory/Regulatory Authority to Conduct Study:**

**B. Associated protocol #’s if applicable:**       (Patient Abstract System/Vital Records only)

C. Identify any internal or external reviews needed:

Office of Epidemiology  Office of General Counsel

Bureau of Health Care Analysis & Data Dissemination  State Registrar

Data Release Advisory Committee (DRAC) (PAS only)  Other (specify):

|  |  |  |  |
| --- | --- | --- | --- |
| PAS Authority approval signature: |  | Date: | /  / |
| State Registrar approval signature: |  | Date: | /  / |

**D. Potential Impact on DHSS. Describe possible impact on internal and external stakeholders.** **Be specific about potential controversies, barriers, political or legislative interests. Describe steps you will take to address these concerns.**

# E. Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of DHSS Investigator   * or – Co-investigator: |  | Date: | /  / |
| Signature of Supervisor: |  | Date: | /  / |
| Signature of Division Director: |  | Date: | /  / |
| Department Approval: |  | Date: | /  / |