
INVESTIGATOR FACSIMILE COVERSHEET

TO:	FROM:
COMPANY: Compass IRB	DATE:
FAX NUMBER: (480) 832-7376	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: (480) 832-7373	PI NAME:
RE:	COMPASS IRB NUMBER:

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

Attached please find the following documents for submission (check all that apply):

- Initial Review Application Form
- Additional Facility Form
- IRB Waiver
- P.I. Change Form
- Continuing Review Status Report
- Safety Reporting Form
- Protocol Deviation Reporting Form
- Close-Out Report
- FDA Form 1572
- Advertisement/Subject Recruitment/Study Materials
- Curriculum Vitae(s)
- FDA Documentation
- Other: _____