Pre-Submission Feasibility/Budget Request

**What is the IRB #?** (Type the 8digit IRB ePROST#. If the identifier starts with “SITE” then include the word “SITE”)

1. **Is there an estimated budget needed for this study? Y/N**
2. **Is this project JHS Approved?**
3. **Principal Investigator’s/ Requestors Name:**
4. **Principal Investigator’s/ Requestors Department:**
5. **If applicable, who is the Study Coordinator?**
6. **Title or Brief Summary of Request:**
7. **Is this Pre-submission Feasibility request for a prospective /retrospective project?**
8. **Is this a funded project, if no please provide a short explanation?**
9. **Inclusion/Exclusion Criteria (Please provide the inclusion/exclusion criteria):**
10. **How many records approved for this study (This is located in the IRB approved Protocol)?**
* **Date Range of Medical Records Requested for Review:**
* **Gender(M/F):**
* **Age Range (1-150):**
* **Race:**
* **Ethnicity:**
* **Patient Type (Emergency Department, Inpatient, discharged, Outpatient, Deceased):**
1. **ICD-9 Codes (If none put N/A):**
2. **ICD-10 Codes (IF DATE RANGE FOR DATA INCLUDES >2015 please include ICD-9 Code)?:**
3. **Procedure Codes (CPT) (If none put N/A):**
4. **Procedure Codes (DRG) (If none put N/A):**
5. **Laboratory Tests (If none put N/A):**
6. **Medications (If none put N/A):**
7. **Implants or Devices (If none put N/A):**
8. **Facility? (Jackson Health System (All Facilities), Jackson Memorial, Holtz Women’s & Children’s, Jackson Behavioral Health, Jackson North, Jackson South, Jackson West, Ambulatory Care Clinics, Urgent Care Clinics, Other:):**
9. **Any Additional Instructions:**
10. **Expected Timeline for data request to be completed (When do you expect or require the data pull to be completed):**