The George Washington University

Office of Human Research• Institutional Review Board

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humanresearch.gwu.edu

Rush Review Request Form

Complete sections I and II of this worksheet to determine if your research qualifies for rush review by the Office of Human Research (OHR). Obtaining a rush review means other research submitted before your research may be delayed. Only qualified studies will be considered for rush review due to specific circumstances described below.

Please keep the following in mind when submitting.

* There may be additional layers of review (e.g., local context reviews, reliance agreements, etc.) that may affect the timeline.
* The decision to accommodate the rush request is made at the discretion of the OHR.
* This rush request only applies to one single transaction (e.g., new study, modification, PRIF). Future transactions will need additional rush request forms, as applicable.
* *If you are not the PI, you should first discuss your research with the PI before submitting this form and copy the PI on the email when submitting the form to the IRB.*

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| **Section I. RUSH REVIEW: REQUIRED CRITERIA**One of the below must be true in order to meet the qualifications for rush review. |
| **(1) Y** [ ]  **N [ ]  UNAVOIDABLE FUNDING/SPONSOR DEADLINE:** My study will lose funding if my submission is not  approved by a specific date that cannot be met by the standard review timeline. (2) Y [ ]  N [ ]  EXTENUATING CIRCUMSTANCE RELATED TO PARTICIPANTS SAFETY AND WELFARE**If you answered “no” to all the above questions, do not complete this form** **as your study does not qualify for rush review.** Note: We do not accept rush request forms for graduation deadlines. If you have an extenuating circumstance regarding a graduation deadline please reach out to OHR.**Please contact OHR at** **ohrirb@gwu.edu** **if you have any questions or concerns.** |
| **Section II. RESEARCH DESCRIPTION** |
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| **II. A. APPLICANT INFORMATION**  |
| **IRB #:**  |
| **PROJECT TITLE**:       |
| PRINCIPAL INVESTIGATOR Last Name: |       | First Name: |       | Degree: |  |
| School: |       | Department: |       |
| Phone: |       | Email: |       |
| Grant/Funding Source: |       | [ ]  N/A  |  |
| PRIMARY CONTACTLast Name: |       | First Name: |       |
| Phone: |       | Email: |       |

**Indicate *YOUR* primary research role (check all that apply):** [ ]  Principal Investigator (must be full time GW faculty) [ ]  GW Co-Investigator or Sub-Investigator [ ]  Project/study coordinator [ ]  Principal contact/administrator only [ ]  Research Assistant/ Research team member [ ]  GW Student [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Indicate your type of research:** [ ]  GW Faculty/staff research [ ]  GW Undergraduate student project [ ]  GW Nursing Practicum/ Clinical Residency requirement [ ]  GW Culminating Experience (CE) /CE Practicum [ ]  GW Dissertation research [ ]  GW Class/Course/Curriculum requirement only[ ]  GW Graduate- Thesis/fieldwork [ ]  Non-GW research[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**This research involves:** (check all that apply):[ ]  All or some research activities are taking place at or through GW [ ]  GW Collaborative research with another institution(s)[ ]  No research activities will take place at or through GW [ ]  Study has/will seek IRB approval at a non-GW institution  |
| **II. B. RUSH REVIEW REQUEST INFORMATION** |
| **1. Provide a 3-5 sentence summary of why you require rush review.**        |
| **2.** **Provide a specific requested IRB approval date**. Please provide the latest date possible to receive IRB approval.Next to the date(s), be sure to include what specifically is being requested (e.g., GW IRB approval, acknowledgement of receipt of study, etc.).If there is some flexibility in the timeline, that should be relayed here.       |

* **Email this form to** **ohrirb@gwu.edu** **once this form is complete and if you qualify for rush review based on the information provided in section I. Submit only one per study after you have submitted your study to OHR and as soon as you become aware of the need for a rush review request.**
* **Include the IRB# study number in the subject field (e.g., *“IRB# \_\_\_: Rush Review Request”*)**

**PRINCIPAL INVESTIGATOR SIGNATURE:**

**DATE:**

**DEPARTMENT CHAIR SIGNATURE:**

**DATE:**