Site
Title
Institutional Review Board
Research Foundation for Mental Hygiene, Inc.

PROTOCOL DISPOSITION FORM

PROTOCOL (Insert **ONE**: Initial Review, Continuing Review, Amendment, Withdrawn or Completed)

PROTOCOL NUMBER _____

INVESTIGATOR NAME:

TITLE:

1. [ ] At the 00/00/00 (date) meeting of the IRB the above protocol was approved
   [ ] The above protocol was approved by expedited review on 00/00/00 (date)

   Monitoring: _____
   Capacity evaluation: _____
   Continuing Review due on (date) _____ (At least annually).

   Comments:

   _____ _____
   Date IRB Chairperson

2. The above entitled protocol was reviewed by the Facility Director/Designee on (date)_____ and was:

   [ ] **APPROVED (**Decision includes use of state staff time)

   [ ] **DISAPPROVED**

   Comments:_____

   _____

   _____ _____
   Date Facility Director/ Designee

3. The above entitled protocol has been reviewed by the Research Foundation for Mental Hygiene Inc., and the New York State Office of Mental Health according to the procedures described in Section 3.6 of the Manual for Institutional Review Boards.

   [ ] **APPROVED**

   [ ] **DISAPPROVED**

   Comments_____

   _____

   Date_____ _____
   Susan J. Delano, Deputy Managing Director
   Research Foundation of Mental Hygiene, Inc.