Wisconsin IRB Consortium (WIC)
Request Form

Updated May
2015

The purpose of this form is for study teams to request IRB review of studies for which 2 or more WIC institutions will be engaged in human subjects research.

Tips for Submitting a WIC Request

- Complete and submit only 1 request form.
- Do NOT complete any IRB applications until this form and any supporting materials have been reviewed by the WIC Points of Contact from the WIC sites involved in the study.
- WIC request forms and supporting materials must include sufficient information for the involved WIC IRBs to determine whether a single IRB can oversee the study. **Study teams will be asked to revise materials that do not have sufficient information for the IRBs to assess.**
- For information about WIC and how the WIC process works, see this FAQ on What is the Wisconsin IRB Consortium (WIC)?
- Additional information about WIC is available on the WIC website.
- If you have any questions about the WIC process, please contact the WIC Point of Contact for your IRB:

Aurora Health Care, Inc.	Michelle Maternowski (michelle.maternowski@aurora.org)
Marshfield Clinic	Lori Scheller (scheller.lori@mcrf.mfldclin.edu)
Medical College of Wisconsin	Connie Byrne (cbyrne@mcw.edu)
University of Wisconsin-Madison	Carol Pech (cap@medicine.wisc.edu)

Basic Study Information

1. Study title

2. Is this study funded? ◯ Yes ◯ No

2.1 If yes, indicate the funding source.

2.2 If yes, indicate the primary awardee.

3. Is this request to add a WIC site(s) to an existing, IRB-approve study? ◯ Yes ◯ No

3.1 If yes, indicate which IRB has approved the study.

3.2 If yes, provide the IRB protocol/study number for this study.

Study Sites and Activities Summary

Indicate below whether each WIC site will be involved in this study and what, if any, study activities will occur at each site.

Aurora Health Care

- ☐ No study activities will occur at this site
- ☐ The following study activities will occur at this site (check all that apply):
  - ☐ Recruitment
  - ☐ Obtaining informed consent
  - ☐ Interventions with subjects
  - ☐ Data collection (e.g, chart review)
  - ☐ Data and/or sample analysis
  - ☐ Lab research

Marshfield Clinic

- ☐ No study activities will occur at this site
- ☐ The following study activities will occur at this site (check all that apply):
  - ☐ Recruitment
  - ☐ Obtaining informed consent
  - ☐ Interventions with subjects
  - ☐ Data collection (e.g, chart review)
  - ☐ Data and/or sample analysis
  - ☐ Lab research

Medical College of Wisconsin

- ☐ No study activities will occur at this site
- ☐ The following study activities will occur at this site (check all that apply):
  - ☐ Recruitment
  - ☐ Obtaining informed consent
  - ☐ Interventions with subjects
  - ☐ Data collection (e.g, chart review)
  - ☐ Data and/or sample analysis
  - ☐ Lab research

University of Wisconsin-Madison

- ☐ No study activities will occur at this site
- ☐ The following study activities will occur at this site (check all that apply):
  - ☐ Recruitment
  - ☐ Obtaining informed consent
  - ☐ Interventions with subjects
  - ☐ Data collection (e.g, chart review)
  - ☐ Data and/or sample analysis
  - ☐ Lab research

Brief Study Summary

The purpose of this section is to provide the IRB administrators reviewing this request with a brief snapshot of the proposed study. Please keep answers to only 1-3 sentences.

Briefly state the purpose of this study in lay terms.	
Identify a lead site for this study (i.e., site responsible for coordinating study activities across sites)	
Briefly describe what activities will occur at each site.	

Subject Populations

Indicate whether any of the following subject populations will be/are enrolled in this study.

- ☐ Children
- ☐ Non-English speakers/limited English-language literacy
- ☐ Prisoners
- ☐ Pregnant women
- ☐ Adults with impaired decision-making capacity

- ☐ Other potentially vulnerable populations (e.g., subjects in a status relationship with the study team, institutionalized people)

- ☐ No vulnerable subjects populations will be enrolled in this study

Responsible Investigators

For each WIC site involved in this study, an investigator who will be responsible for all study activities at that site **must** be identified. Identify the responsible investigator for each site below or select Not Applicable if that site is not involved in this study.

Aurora Health Care

☐ Not Applicable

Responsible Investigator

Contact Information (Email, Phone)

Marshfield Clinic

☐ Not Applicable

Responsible Investigator

Contact Information (Email, Phone)

Medical College of Wisconsin

☐ Not Applicable

Responsible Investigator

Contact Information (Email, Phone)

University of Wisconsin-Madison

☐ Not Applicable

Responsible Investigator

Contact Information (Email, Phone)

WIC Request Contact Information

Identify the person who will serve as the point of contact for this WIC request. This person is responsible for communicating questions from the WIC IRBs and decisions about the WIC process to study team members at all sites.

Name

Email

Phone