**Medical Student Notification to the IRB of external IRB approval**

This form is to be used for TCU medical students who are conducting human subject research under an IRB approved protocol at an external institution with a TCU appointed faculty Mentor. We do expect that all our Mentors are or will be an appointed member of the School of Medicine (and therefore TCU). With this form you will need to provide a copy of the IRB approval letter from the external facility or institution with your name as an investigator. If you are not named on the approval letter, then you also need to submit a copy of the amendment noting your addition the protocol. Please complete this form and submit it with other requested documents to [IRBSubmit@tcu.edu](mailto:IRBSubmit@tcu.edu).

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TCU Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility or Institution where Human subject Research is taking place:**

**Please describe your role in the study:**

**Attachments:**

**IRB approval form**

**Amendment form (if necessary)**