

CO 601-C

09/01/07

DATE: [CURRENT DATE]
TO: [PI NAME]
FROM: Sparrow Health System IRB
STUDY TITLE: [ID AND TITLE]
IRB REFERENCE #: [LOCAL IRB REFERENCE NUMBER]
SUBMISSION TYPE: [SUBMISSION TYPE]
ACTION: **NOT APPROVED**
DECISION DATE: [STATUS DATE]
REVIEW TYPE: [REVIEW TYPE]

Thank you for your submission of [SUBMISSION TYPE] materials for this research study. The Sparrow Health System IRB has reviewed your submission and determined that your submission is **NOT APPROVED** for the following reasons:

- *(List reasons for disapproval here.)*

Research activities may not be conducted as set forth in this submission. However, you are welcome to address the concerns of this office and then re-submit your study for review.

This study has received [REVIEW TYPE] based on the applicable federal regulation.

If you have any questions, please contact us at 517.364.2150 or via Email: irrc@sparrow.org. Please include your study title and IRB reference number in all correspondence with this office.

George S. Abela, MD, IRB Chairperson
Institutional Research Review Committee
Sparrow Health System

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within our records.

cc: