

CO 601-L

01/01/07

(Print on SHS IRRC/Research letterhead)

(Date)

(Name and Address)

RE: (Title, IRB #)

Dear

This is to inform you that, after review by the Sparrow Health System's IRB, your above captioned study has been determined to require IRB review for the following reason(s).

- 1.
- 2.
- 3.

Please complete the *IRB Application for Initial Review [FO 301-A]*, and be sure to include any material or information required. Download the application form from the IRRC Web site at <http://www.sparrow.org/irrc/IRRCpolicies/newappli.doc>. If this study qualifies for Expedited Review, it will be reviewed by the Chairperson or designee. If it requires full IRB review, it will be placed on the agenda as soon as possible.

If you wish to respond to this determination, please contact me at the above address or phone number.

If you have any questions regarding your submission, please do not hesitate to contact Ms. Suzanne Leialoha, CIM, IRB Administrator, at 517.364.2157.

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IRB Chairperson/Designee