



Institutional Review Board

# New Protocol Application

All submissions must be complete and typewritten.  
Investigators are responsible for utilizing the most current versions of IRB forms and the IRB has the authority to refuse out of date forms.

## Section 1: GENERAL INFORMATION

Principal Investigator (PI): Sharon Hensley Alford Department/Division: BRE

Phone or pager: 313-874-9413

PI E-mail address: Salford1@hfhs.org

Entire Project Title (no acronyms): A Study of Risk Perception, Worry, and Use of Ovarian Cancer Screening among Women at High, Elevated, and Average Risk of Ovarian Cancer

Contact Person: Sharon Hensley Alford Contact phone #: 313-874-9413 Contact E-mail

address: Salford1@hfhs.org

Location to send correspondence or pick-up (required): OFP, 5C

Grant title & Project Director (if different):

Sponsor/Funding source (name of agency, company, NIH or internal committee): Centers for Disease Control and Prevention through a contract with Macro International, Inc. (d/b/a ORC Macro)

Is this study federally funded?  Yes  No Date submitted to funding agency: :

If sponsor's grant number known, please supply: \_\_\_\_\_

Multi-center study?  Yes  No

Performance Sites:  Detroit  Fairlane  Lakeside  Troy  W. Bloom field  Other: \_\_\_\_\_

Research conducted:  Inpatient  Outpatient  In & Outpatient  No direct patient contact  Other: \_\_\_\_\_

What is submitted with this application?:  Protocol (version # \_\_\_\_\_)  Investigator Brochure (version # \_\_\_\_\_)

Consent Form (version 1) Other documents: \_\_\_\_\_

**RECEIVED**  
JUN 14 2006  
RESEARCH ADMINISTRATION

### FOR IRB USE ONLY:

IRB no: 4057

Signature of IRB Chair/Designee \_\_\_\_\_

APPROVAL PERIOD	
JUN 23 '06	JUN 22 '07
Institutional Review Board	

#### Review Type:

Full Board

Expedited: meets category/s [45 CFR 46.110(a)(b)]: S, 7

Approve

Withheld pending response (Member review Admin. review)

Expedited approval denied (requires full board review)

Exempt: meets category/s [45 CFR 46.101(b)]: \_\_\_\_\_

Consent/patient authorization:  required  waived

Abstentions: \_\_\_\_\_

Comments from Chairperson or designee: \_\_\_\_\_

Action required: \_\_\_\_\_