





<b>Nature of Research</b>	<b>Method of human research subject recruit:</b>	
	Use of human research subject recruit document	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact with human research subject	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Use of personally identifiable information of human research subject	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Involvement of medical procedure/ administration(injection)/examination	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medical procedure used	<input type="checkbox"/> Invasive <input type="checkbox"/> Non-invasive <input type="checkbox"/> Not applicable
	Collection and Storage of Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Economical interest	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
	Multi-institutional collaboration	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mark Additionally in the case of Application for Continued Review</b>	<b>Corresponding to:</b> <input type="checkbox"/> New human research subject recruit ※ Submit checklist on the changes <input type="checkbox"/> Continue research with registered human research subject <input type="checkbox"/> Analyze collected data <input type="checkbox"/> Not applicable	
	Change proposal after previous IRB review	<input type="checkbox"/> Yes <input type="checkbox"/> No ※ Submit checklist on the changes
	Change participating researchers after previous IRB review	<input type="checkbox"/> Yes <input type="checkbox"/> No ※ Submit checklist on the changes
	Changes in participating human research subject group, human research subject recruit and selection criteria after IRB Continued review	<input type="checkbox"/> Yes <input type="checkbox"/> No ※ Submit checklist on the changes
	Changes in consent acquiring process or consent form after IRB Continued review	<input type="checkbox"/> Yes <input type="checkbox"/> No ※ Submit checklist on the changes
	Occurrences of unexpected complications or side-effects after previous IRB review	<input type="checkbox"/> Yes <input type="checkbox"/> No ※ Attach explanatory document
	Has information that may affect risk/benefit assessment for human research subject relating to this research proposal been published in literatures or obtained from this research or similar research?	<input type="checkbox"/> Yes <input type="checkbox"/> No ※ Attach explanatory document
We submit application for review as above.		
_____		_____
Name & Signature of Applicant		Date