



**County of Orange
Health Care Agency
Human Subjects Review Committee/IRB**

Service Area Director Research Proposal Approval Form

Research Proposal

Title

Primary Investigator

Name

HSRC Proposal Number
(Coordinator to fill in)

Number

- Approve**
- Deny**
- Recommendations** *(Specify below. Use additional paper if necessary):*

Services Area Director:
(or equivalent)

Print (Name/Service)

Signature

Date

Return to:

HCA Human Subjects Review Committee/IRB

Email: irb@ochca.com