

Children's Wisconsin Human Research Protection Program

Consultation Request Form

Instructions

To request a consultation with Children's Human Research Protection Program (Children's HRPP) Staff, complete this form and return it to cwhrpp@childrenswi.org. If this request involves Corporate Compliance or HIPAA considerations, Corporate Compliance will be invited to this consultation. If MCW IRB representation is required, they will be invited to this consultation also.

All consultations are held via Zoom and will be confirmed upon receipt of an Outlook calendar invitation.

Time sensitive requests	
If your request is time sensitive, explain here:	
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Requestor information	
Name:	Organization and department:
Email:	Other attendees:
Availability (include a minimum of three different dates):	
Availability (include a minimum of three different dates):	
Consultation details	
Is this consultation in reference to a specific	No Yes,
protocol?	IRBNet#:
	PRO #:
	Not yet submitted (provide details below or include
	protocol)
Provide a detailed description of the topic speci	fic questions, description of the research project, etc. Include
supporting documentation, protocol (drafts OK), etc. that will support discussion. If this is in reference to a	
reliance submission, include the Investigator Reliance Request Form.	
reliance submission, include the Investigator Re	liance Request Form.
reliance submission, include the Investigator Re	liance Request Form.
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If you would like to request specific CW HRPP S	·

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