**APPLICATION TO INCLUDE PRISONERS IN PREVIOUSLY APPROVED RESEARCH**

**Email this form and all study documents in Microsoft® Word format to** **mhadmhasirb@ct.gov**

**TITLE OF STUDY:**

**DATE OF APPLICATION:**

**DMHAS STUDY NUMBER:**

**PRINCIPAL INVESTIGATOR**

 **Name and title:**

 **Institutional Affiliation:**

 **Phone:**

 **E-mail:**

**ALTERNATE CONTACT IF APPLICABLE**

 **Name and title:**

 **Institutional Affiliation:**

 **Phone:**

 **E-mail:**

**Other IRB approvals of prisoner involvement (please note date and attach approval):**

**Section of HHS Regulation §46.306 under which inclusion of prisoners in this study is permitted:**

**Explain how the regulation applies to this study:**

**Are any study participants assigned to a no-treatment group?** **[ ]  Yes** **[ ]  No**

**Are any participants assigned to a comparison group?** [ ]  **Yes** [ ]  **No. If yes, please describe comparison intervention:**

**Brief summary of study including the goal and the research intervention(s):**

**Please note specifically what intervention will occur in the prison setting, the number of planned contacts with the participant, the time involved in each contact and the period of time over which contact in the prison setting will occur:**

**Will any prisoner participants derive benefit from involvement in this study?** [ ]  **Yes** [ ]  **No. If yes, please describe the benefit:**

**NOTE: Include copy of the prisoner informed consent form to be used in the prison setting.**

***By printing my name below, I certify that I will conduct the research as described in this application and approved by the DMHAS IRB.***

**Principal Investigator Name Date Time**