



CCaTS Minimal Risk Study

Center for Clinical and Translational Science (CCaTS)

Instructions: This form is to verify that the following study meets IRB minimal risk guidelines and therefore does not require Mayo Clinic department and/or division approval.

Study Title
Scholar Name
Principal Investigator
Other Investigator(s)
IRB Number

Department/Division Director Signature	
Date (<i>Month DD, YYYY</i>)	Phone