

# Request for Charts for Research NYU College of Dentistry

	Date
Number of Charts Requested	
<b>Name of Requestor</b>	<b>Faculty</b> <input type="checkbox"/>
	<b>Student</b> <input type="checkbox"/>
<b>Signature, Requestor</b>	
<b>Title of Study/Project</b>	
<b>Principal Investigator for Study/Project</b>	
<b>Signature, PI</b>	
<b>IRB Approval Number (attach copy of approval letter)</b>	
<b>Signature, Office of Research</b>	