



CHEMICAL
MANUFACTURERS
ASSOCIATION

7/7/98

FAX Cover Sheet

To: Ken Mundt

Company: AEI

Telephone #: 413-256-3556

Fax Number: 413/256-3503

From: Wendy Sherman
Chemical Manufacturers Association
(703)741-5639

Number of Pages (including cover sheet) 5

Ken -
Please call regarding this
Annual progress report. I will
be in the office Monday, July 13th.

Thanks
Wendy



THE CITY OF NEW YORK DEPARTMENT OF HEALTH

Rudolph W. Giuliani
Mayor

Neal L. Cohen, M.D.
Commissioner

FACSIMILE TRANSMITTAL SHEET

TO:	Wendy Sherman	FROM:	Jill Goldberg (212) 442-335
COMPANY:	CMA	DATE:	7-7-98
FAX NUMBER:	703-741-6091	TOTAL NO. OF PAGES INCLUDING COVER:	4
PHONE NUMBER:	703-741-5639	SENDER'S TELEPHONE NUMBER:	(212) 442-3385
RE:	annual approval form	SENDER'S FAX NUMBER:	(212) 442-3535

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

hard copy to follow in
mail
- as discussed.

NEW YORK CITY DEPARTMENT OF HEALTH
INSTITUTIONAL REVIEW BOARD
346 BROADWAY, ROOM 707A, CN-65
NEW YORK, NY 10013

CMA 171320



THE CITY OF NEW YORK DEPARTMENT OF HEALTH

Rudolph W. Giuliani
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Commissioner

INSTITUTIONAL REVIEW BOARD

346 Broadway, Rm. 707A, Box 65, New York, NY 10013
(212) 442-3380; FAX (212) 442-3535

MEMORANDUM

TO: Hasmukh Shah, Ph.D., DABT
CHEMSTAR

FROM: Margaret Cruz, MPH *mk*
Administrator
Institutional Review Board

SUBJECT: Annual Renewal

DATE: June 22, 1998

IRB#: 97058

Vital Statistics Log#95-117

STUDY: "An Update of the Epidemiologic Mortality Study of Vinyl Chloride Workers"

EXPIRATION DATE: July 10, 1998

This is to inform you that IRB approval for your study will expire on the date shown above. Please fill out the enclosed Annual Progress Report Form as soon as possible to avoid IRB suspension from proceeding with your project.

Thank you for your attention to this matter.

CMA 171321



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Annual Progress Report to the New York City Department of Health Institutional Review Board

Principal Investigator(s):

Study Title:

IRB Number:

Submission Date of this Annual Report:

Objectives of the Study:

Methodology (Brief Summary):

Results to Date:

Summary of Any Problems in the Areas of:

Patient Confidentiality: _____

Recruitment: _____

Adverse Reactions: _____

Study Subject Complaints: _____

Other Areas Pertinent to the Protection of Human Subjects:

Proposed Changes in the Study Protocol, Consent Process or in Questionnaires should be attached to this document.

This report must be submitted to the NYCDOH Institutional Review Board office, Box# 65, at least 3 weeks prior to the expiration date of the study's approval. Failure to submit this report in time may result in the temporary suspension of a study's approval and a halt to the study until the next IRB meeting.

Questions: Please contact Dr. Daniel Vasgird, Chairperson of the NYCDOH IRB at (212) 442-3380 or by mail at 346 Broadway, Box#65, NY, NY, 10013.