

## Appendix A:

### **Submission Checklist for WRAIR Investigators/POCs:**

- Complete *WRAIR Public Health Research / Non-Research Determination Form* with Branch/Directorate Director's signature
- Written request from requesting agency, organization, hospital, health care provider. (Has this gone through applicable channels and is it logged through operations?)
- Other applicable reviews (e.g., JAG review for liability considerations; Safety/Biosurety review)