

Application for Institutional Review Board Review

Please submit this form with a Research Summary and supporting materials following the guidelines given below. The investigator should allow sufficient time for review before scheduling the implementation of the project. If the proposal requires the approval of the full committee, it could be a month before a decision is made.

Principal Investigator:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>
Department:	<input type="text"/>
Title of Project:	<input type="text"/>

The principal investigator assures the IRB that all procedures carried out under the project will be conducted by persons legally and responsibly entitled to do so, and that any deviation from the submitted project (change in principal investigator, participant recruitment procedures, research methodology, etc.) will be submitted to the IRB for approval prior to implementation.

The IRB also requires that the principle investigator and faculty sponsor read the Belmont Report and take the Web training course for IRB members provided by the [Office of Human Subjects Research, NIH](#). For OHRP training, [click here](#).

Please indicate your compliance:

I have read the Belmont Report. Attached is a "Completion Certificate" for the IRB Members' training session.

Please indicate whether or not the following are involved.

Project uses federal funding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients as participants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minors as participants (under 18):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly participants (over 65):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-English-speaking participants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cognitively impaired participants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prisoners or parolees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participants in other countries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Greater than minimal risk* to participants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Film-, video-, or voice-recording of participants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yes/No questionnaires:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Data banks, archives, or medical records: Yes No
Payment for participants: Yes No
Interviews: Yes No
The use of drugs or medication: Yes No
Taking physical specimens: Yes No
Deception: Yes No

Principal investigator (signature): _____

Date: _____

Faculty Sponsor (print): _____

Faculty Sponsor (sign): _____

Date: _____

Department: _____

Review Board Action

- 1. Certified as exempt from review (by Chair)
- 2. Approved under expedited review (by Chair or other IRB member)
- 3. Approved by full committee
- 4. Returned by full committee for additional details, clarifications, or adjustments

IRB Representative (signature): _____

Date: _____