

Institutional Review Board

Research Proposal Submission Form

**Instructions: The Principal Investigator must submit this form and copies of all proposed recruitment materials**, **survey instruments/interview protocols and consent forms** **to the IRB Chair for review. If the research proposal is for a Master’s thesis or Doctoral dissertation, you must also submit your Chapter 1 to the IRB Chair for review.**

**Consent forms must include the following (Please check the following boxes to ensure that your consent form meets these criteria):**

**\_\_description of the project**

**\_\_statement of right to withdraw**

**\_\_statement of confidentiality**

**\_\_explicit statement of consent**

**\_\_contact information**

**\_\_statement of risks/benefits**

**\_\_description of any costs, credits, or payments**

**\_\_ IRB Training Certificate (Secured at:** <https://phrp.nihtraining.com/index.php>

**\_\_a line for signature and date**

1. Title of Protocol

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Principal Investigator Contact Information (Please refer to the IRB policy on PI Eligibility)
2. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. STU Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Student Investigator Contact Information (if applicable)
10. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. STU Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Co-Investigator Contact Information (if applicable)
15. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. Institutional Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
20. Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
21. Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
22. College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. Type of Proposal (check one)

New Proposal\_\_\_ Continuation/Renewal\_\_\_ Revision\_\_\_

1. Proposed Start Date

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1. Proposed Duration of Research

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1. Where will the research be conducted?

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1. Briefly describe the proposed research project.

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1. Is your project funded by an external (non-STU) sponsor or agency? Please check one.

If Yes, please list funding source.

No\_\_\_ Yes\_\_\_ Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will your research involve any of the following populations? Please check all that apply.

Children under age 18\_\_\_ Incarcerated prisoners\_\_\_ Mentally ill/disabled\_\_\_\_ N/A\_\_\_\_

1. Will any payment or course credit be awarded to participants? Please check one.

If Yes, please specify the type of compensation. If the compensation is course credit, please indicate which alternative means of obtaining course credit will be available to students who do not wish to participate.

No\_\_\_ Yes\_\_\_ Type of Compensation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the source(s) of your proposed research (interviews, surveys, statistical data sets, etc.)?

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1. Who are the source(s) of your proposed research (STU students, healthy adult volunteers, etc.)?

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1. What are the risks associated with participation in the proposed research project (minimal risk, use of deceptive techniques, use of private records, etc.)?

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1. What are the benefits associated with participation in the proposed research project (stress relief, contributions to the discipline, etc.)?

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1. How do you plan to recruit your participants (email, flyers, U.S. Mail, social media, etc.)?

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Principal Investigator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Investigator Signature (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Principal Investigator Signature (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The STU IRB reserves the right to request additional information as necessary to make an appropriate determination of research eligibility.*

DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol Qualifies for: Full Review\_\_\_ Expedited Review\_\_\_ Exemption\_\_\_