**Protocol Title**

**Type of Review**: ☐ Initial ☐ Continuing Review ☐ Amendment

**Study Team Personnel**

Principal Investigator

|  |  |
| --- | --- |
| Name: |  |
| Degree(s): | [ ]  M.D. [ ]  Ph.D. [ ]  M.S. [ ]  B.S. [ ]  Other, specify:  |
| Job Title: |  |
| Affiliation: |  |
| Human Subjects Training Completed: | [ ]  Yes [ ]  No  |
| Mailing Address: |  |
| Phone: |  |
| Fax: |  |
| E-mail: |  |

<Co-Principal Investigator or Evaluator>

|  |  |
| --- | --- |
| Name: |  |
| Degree(s): | [ ]  M.D. [ ]  Ph.D. [ ]  M.S. [ ]  B.S. [ ]  Other, specify:  |
| Job Title: |  |
| Affiliation: |  |
| Human Subjects Training Completed: | [ ]  Yes [ ]  No  |
| Mailing Address: |  |
| Phone: |  |
| Fax: |  |
| E-mail: |  |

Additional Study Personnel

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Research Staff/Personnel** | **Title/Role** | **Intervening/ Interacting with subjects?** | **Obtaining consent?** | **Review of data analysis and data records?**  | **Completed human subjects training?** |
| Name: Affiliation: Phone: Email:  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Name: Affiliation: Phone: Email:  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Name: Affiliation: Phone: Email:  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| **Research Staff/Personnel** | **Title/Role** | **Intervening/ Interacting with subjects?** | **Obtaining consent?** | **Review of data analysis and data records?**  | **Completed human subjects training?** |
| Name: Affiliation: Phone: Email:  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Name: Affiliation: Phone: Email:  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

**Funding Information and Grant Partners**

**Purpose of this Institutional Review Board Application**

**Research Protocol**

Objectives

Hypotheses/Research Questions

Design

Population

Data Collection and Storage Procedures

Methods

Statistical/Data Analysis Plan

Summary of Risks

Summary of Benefits

**Principal Investigator Assurance Statement(s)**

<Signature of Principal Investigator> <Date of Signature>

<Name of Principal Investigator>

**FOR OFFICE USE ONLY**

**Receipt Date**: \_\_\_/ \_\_\_ /20\_\_\_

**Review**: ☐ Full ☐ Expedited ☐ Exempt

**Review Date**: \_\_\_/ \_\_\_ /20\_\_\_

**Decision**: ☐ Approved ☐ Approved with conditions ☐ Not approved/re-submit

**IRB Administrator Initials**: \_\_\_\_\_