Request for Research Review

Title of Project:

Contact Information for Principal Investigator

Name:

Email Address:

Phone Number:

Please sign submit this completed form.

You may email the signed form to irb@fhu.edu, or drop off hard copies to Margaret Reeves in the Office of Academics, Loyd 203.

Investigators:

	Name	Academic Department Affiliation	Date of NIH Training Completion*
Principal Investigator			
Co-Investigator 1			
Co-Investigator 2			
Co-Investigator 3			

* Certificate of Completion of NIH training for each investigator must be submitted with proposal.

Select all that apply: This research is _____.

☐ Faculty-initiated ☐ Student-initiated

Proposed start date of study: _____ Expected completion date: _____

The study will be conducted: ☐ On Campus ☐ Off Campus

Is this project being funded by an outside agency? ☐ Yes ☐ No

If yes, please specify which agency:

_____

Proposal Checklist: Please attach the following documentation to this two-page form:

1. ***Documentation of Research Training***: Certification of the required human subject research training, in accordance with §2-A.2(c) of this manual, must be on file or attached.

2. ***Narrative:***

   2a. ***Goals/Significance***: State the purpose and significance of the study. Identify the specific goals and explain the need for this study.

   2b. ***Methods and Statistical Analysis***: Describe the proposed methods and research design, including statistical analyses that will be used.

3. ***Instruments and Forms***:

   3a. ***Instrument(s):*** Include surveys, tests, interview forms/scripts, etc. in your proposal.

   3b. ***Forms***: Include copy of cover letter(s), permission form(s), and consent form(s) [if required].

   3c. ***Permission(s):*** Include a copy of site permission(s)

4. ***Human Subject Requirements***:

   4a. If human subjects, into which category do they belong?

      a. Pregnant women, human fetuses and neonates

      b. Prisoners

      c. Children

      d. Persons with diminished mental capacity

      e. None of the above.

   4b. If box a, b, c, or d in item 4a has been marked, please explain how you will incorporate safeguards as required by federal law for (a) pregnant women, human fetuses and neonates [§46.201 - §46.206], (b) prisoners [§46.301 - §46.306], or (c) children [§46.401 - §46.309].

   4c. For human subjects, describe the recruitment procedures.

   4d. Will the subjects be compensated? If yes, how?

   4e. Describe potential risks to the subjects and discuss any special precautions that will be utilized to minimize risk and ensure subject safety.

4f. If applicable, describe the alternative treatment the experimental group will receive.

5. ***Confidentiality:***

   5a. Describe the proposed methods that will be used to maintain confidentiality (coding, etc.).

   5b. Describe the proposed methods for securing data (hard copies locked, secure database, electronic data password protected, etc.)

Signature of Principal Investigator: _____ Date: _____

Signature of Faculty Advisor: _____ Date: _____
(if Principal Investigator is a student)