For Office Use Only:
Date Reviewed:_____ **IRB Case No:**_____

Action:
☐**Approved** ☐**Exempt** ☐**Expedited** ☐**Full** **IRB Reviewer:**_____
☐**Not Approved**

APPLICATION FOR THE CONDUCT OF RESEARCH INVOLVING HUMAN PARTICIPANTS INSTITUTIONAL REVIEW BOARD (IRB)

The Mount Aloysius College IRB reviews all requests to conduct research involving human participants. It is the Investigator's responsibility to give complete information regarding procedures and the informed consent process. If the principal investigator is a student, the application must be approved and signed by the applicant's faculty sponsor and the Department Chair.

After completing the application and obtaining required signatures, one original of the application and all supporting materials must be forwarded to the **IRB Chair, Dr. Laura Lansing, Academic Hall, Room 106**.
The IRB Chair will notify each applicant of the IRB's decision. If you have questions, please contact the IRB Chair at (814) 886-6435.

The Principal Investigator must supply the required documentation listed below:
☐ A copy of all questionnaires or survey instruments
☐ Informed consent document(s) or minor assent document(s)
☐ Letters of approval from cooperating institutions (if appropriate)
☐ All required signatures

Please type or print responses.

PROJECT TITLE:_____

1. Principal Investigator's Name _____
(If more than one principal investigator, provide supplementary page with contact information.)

Department_____ Phone _____

Mailing Address _____

Email _____

Faculty Sponsor _____ Phone _____

Department _____

Is this a class project? yes ☐ no ☐ Thesis? yes ☐ no ☐ Other _____

2. Project Start Date: _____ Project End Date: _____

3. Is a proposal for external support being submitted? yes ☐ no ☐

Agency or Sponsor: _____ Deadline: _____
If yes, you must submit one complete copy of the proposal with this application.

a. Is this a continuation of an IRB project? yes ☐ no ☐
If yes, previous IRB case number: _____

4. **PROJECT DESCRIPTION***: The IRB must have sufficient information about what will happen to the participants in order to evaluate and estimate possible risks. Assurance from the investigator, no matter how strong, will not substitute for a description of the transactions between the investigator and subject.* ***Provide a brief, nontechnical summary of the proposed research.***

5. SUBJECT SELECTION:

Will participants be less than 18 years of age? Yes ☐ No ☐

Age range of participants From _____ To_____

Will participants be students at Mount Aloysius College? Yes ☐ No ☐

How many participants will participate? _____

Describe how will participants will be selected, enlisted or recruited.

6. **INFORMED CONSENT PROCESS:** *Describe the informed consent process and attach a copy of all consent and/or assent documents.*

7. PROCEDURES: *Provide a step-by-step description of each procedure, including the frequency, duration, and location of each procedure.*

8. CONFIDENTIALITY AND ANONYMITY: *How will participants' privacy be maintained and confidentiality be guaranteed?*

9. **RISKS*:*** *Describe all known and anticipated risks to the participant including side effects, risks of placebo, risks of normal treatment delay, etc. Also include how you will handle any risks you acknowledge.*

10. BENEFITS*:* *Describe the anticipated benefits to participants and others. (Do not include benefits to the researchers*.)

RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR:

- *Any additions or changes in procedures in the protocol will be submitted to the IRB for written approval prior to these changes being put into practice.*
- *Any problems connected with the use of human* participants *once the project has begun, must be brought to the attention of the IRB Chair.*
- *The principal investigator and his or her designee are responsible for retaining Informed Consent Documents for a period of three years after the completion of the project.*

The principal investigator may not initiate any research involving human participants until written notification of IRB approval or compliance with any and all contingencies made in connection with said approval has been received. ***Failure to provide all required information will result in return of your IRB application for correction prior to IRB review.***

SIGNATURES: *I certify to the best of my knowledge the information presented is an accurate reflection of the proposed research project and that I intend to comply with the letter and spirit of the Mount Aloysius College Policy on the Protection of Human Participants in Research.*

A. _____ _____
Principal Investigator Date

B. Approval by faculty sponsor (required for all students):

I confirm the accuracy of this application, and I accept responsibility for the conduct of this research, the supervision of human participants, and maintenance of informed consent documentation as required by the IRB.

_____ _____
Faculty Sponsor Date

C. Approval by Department Chair (required for all students):

I confirm the accuracy of the information stated in this application. I am familiar with, and approve of the procedures that involve human participants.

_____ _____
Department Chair Date