Please fill out the following information and return this form to Institutional Research along with:

* Summary Abstract
* Protocol
* Consent/assent forms

# Basic Information

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

Title of Research Project

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Principal Investigator/Project Director Department

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

Phone Number email Address

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

Co-investigator Department

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

Phone Number email Address

Projected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Duration of Research:\_\_\_\_\_\_\_\_\_

Other organizations and/or agencies, if any, involved in the study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Classification: \_\_\_\_\_New Project Periodic Review of Continuing Project

# Summary Abstract

Please identify the section and item from home institution’s IRB application that addresses the following questions. Please do not reference the entire Home IRB application, but rather note the section and item at the end of each question.

* 1. Objectives/goals of the research (What are the goals of the research to be conducted? What are the research questions?)
	2. All subjects/participants in the research (Who will be the participants in the research? How many participants do you anticipate? )
	3. Solicitation of subjects’ participation (How will participants be contacted? Any incentives given for participation?)
	4. Location of the research (What are the different locations that the research will be conducted? Has permission been obtained for research to be conducted outside of Harper College?)
	5. Description of all methods to be used for data collection (What are the various procedures that will be used in collecting the data?)
	6. Benefits/risks (Describe the potential benefits and risks associated with your study)
	7. Disposition/confidentiality of data (Describe the methods to be used to ensure the confidentiality of data obtained, including plans for publication, disposition or destruction of data, etc.)
	8. Dissemination of results (Describe how the results of the research will be disseminated. With whom will the results be shared?) Please note: a copy of the final report/results will be due to the IRB upon completion of the study.

# Protocol

Please attach a copy of all the protocol to be used in the study. This includes any questionnaires, surveys, recruitment letters, flyers, interview questions, focus group questions, etc.

1. **Consent Forms**

Please attach a copy of all consent/assent forms to be signed by the participants and/or any statement to be read to the participants regarding their participation in the study.

# Please read and sign

I certify that the information provided in this application, and in all attachments, is complete and correct.

I understand that I have ultimate responsibility for the protection of the rights and welfare of human subjects, the conduct of this study, and the ethical performance of this project.

I agree to comply with all Harper College policies and procedures, and all applicable federal, state, and local laws regarding the protection of human subjects in research.

I certify that:

* The project will be performed by qualified personnel in accordance with the Harper IRB Manual., as defined by
* The equipment, facilities, and procedures to be used in this research meet recognized standards for safety;
* No change will be made to the human subjects protocol or consent form (s) until approved by the Harper College IRB;
* Legally effective informed consent or assent will be obtained from human subjects as required
* Unanticipated problems, adverse events, and new information that may affect the risk-benefit assessment for this research will be reported to the Harper College IRB Office;
* Student and guest investigators on this project are knowledgeable about the regulations and policies governing this research;
* I agree to meet with the principal investigator(s), if different from myself, on a regular basis to monitor study progress;
* If I will be unavailable, as when on sabbatical or other leave, including vacation, I will arrange for an alternate investigator to assume responsibility during my absence. I will advise the Harper College IRB by letter of such arrangements.

I further certify that the proposed research has not yet been done, is not currently underway, and will not begin until IRB approval has been obtained.

Principle Investigator Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

NOTE: The original signature of the Principal Investigator must be submitted (scanned or faxed signatures are acceptable).

# Home Institution IRB Approval

# Please attach a copy of the home institution’s IRB application and approval letter.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For internal Use only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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| --- | --- | --- | --- | --- |
| IRB Chair (Check 1 Box): | Approved | Approved w/ Conditions | Not Approved | IRB Chair Initials: |
|  |  |  |
| LEVEL (Check 1 Box): | 1, Exempt; Research Office Only | 2, Expedited Review | 3, Full Committee Review | Date Reviewed: |
|  |  |  |

IRB Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_