

Application for Review by Forsyth Tech Institutional Review Board

Date Submitted

Principal Investigator/Project Director

Department

Email

Phone

Co-investigator/Student Investigator

Co-investigator/Student Investigator

Title of Research Project

Anticipated Funding Source

Projected Duration of Research

months

Projected Starting Date

Status of Project:

New Project

Change to Existing Project

Review of Continuing Project

Type of review requested:

Exempt

Expedited

Full Review

Type of Project:

- Faculty research
- Student research under faculty direction
- Student class project under faculty direction
- Federal grant application
- Non-federal grant application
- Thesis or dissertation (list school):
- Other (specify):

Will any of the following populations be involved in this study?

- Children under 18
- Elderly
- Individuals with mental disabilities
- Individuals with physical disabilities
- Economically disadvantaged
- Prisoners

Research Protocol Checklist

Yes No

Does this study involve collection of data that identifies individuals (by name, SSN, or by interviewing the subject)?

Will identifiable data be shared with anyone (including in published reports, presentations, or reports to funding agencies)?

Are incentives (money, goods, extra credit) being offered for participation? Please list:

Will participants be videotaped or audiotaped during the project?

Is participation in this project completely voluntary for the individuals?

Will participants be fully informed about the benefits and any risks?

Provide a memo that includes the following items:

- Describe the project and its purpose.
- Describe the protocol, including number of subjects, how they will be solicited, data sources (such as interviews, existing data, grades, focus groups, etc.), informed consent procedures and debriefing procedures.
- Explain the experimental methods to be used including what measures or observations will be made, all sources of data (interviews, existing data such as grades, focus groups, etc.).
- Explain how the data will be kept confidential, including length of time, plans for publication, and how the original documents/tapes will be destroyed.

Attach copies of the following:

1. Consent form
2. Emails, letters, or flyers soliciting participants
3. Surveys or questionnaires if applicable
4. Interview or focus group questions if applicable

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 implemented.

Any problems connected with the use of human subjects one the project has begun must be communicated to the IRB Chair.

The principal investigator is responsible for retaining informed consent documents for a period of three years after the project.

I certify that the protocol and method of obtaining informed consent as approved by the Forsyth Tech Institutional Review Board will be follow during the period covered by this research project. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation.

Principal Investigator/Project Director signature

Date

Co-investigator/Student Signature (if appropriate)

Date

Forsyth Tech Vice-President

Date

FOR IRB USE ONLY

Project Identification Number:

Year:

Approved

Approved with restrictions

Tabled

Disapproved

Determination:

Exempt

Expedited

Full Review

Signature of IRB Committee Chair

Date