



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 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. Human Subjects Approval Notice/Letter from host institution
3. Emails, letters, or flyers soliciting participants
4. Surveys or questionnaires if applicable
5. 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 once project has been completed 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 IRB Chair	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