**North Carolina Central University**

**Application for IRB Approval of Human Subjects Research**

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**Cover Sheet**

Title of Study: Click here to enter text.

Name, Title and Degrees of Principal Investigator (PI):

Click here to enter text.

Department, address, email and phone number of PI:

Click here to enter text.

If the PI’s title is “Student”, provide the name, phone number and email of the Faculty Advisor who bears ultimate responsibility for the research:

Click here to enter text.

List all other project personnel who will have contact with subjects or identifiable data from subjects. Include an email address for each person who should receive electronic copies of IRB correspondence to the PI. Note: Documentation of training in research with human subjects is required of all personnel listed here.

Click here to enter text.

Name of Funding Source or Sponsor. If none, state “none”.

Click here to enter text.

Proposed time span of research: From Click here to enter a date. To Click here to enter a date.

Does this research involve a vulnerable population that requires special protection by the IRB, such as pregnant women, prisoners, children, mentally or physically challenged, economically disadvantaged, or non-English speaking?

 

If yes, click here to describe.

PI’s recommendation for IRB Review (select one):







Category for exemption:       *(Include all that apply)*

**INVESTIGATOR’S ASSURANCE:**  I will personally conduct or supervise this research study. I will ensure that this study is performed in compliance with all applicable laws, regulations and University policies. I will obtain IRB approval before making any changes or additions to this project. I will report all unanticipated problems or adverse events involving risk to human subjects to the IRB. I will follow the IRB approved consent process for all subjects. I will notify the IRB when this research study is completed or discontinued. I will ensure that all collaborators, students and employees assisting in this research study are informed about these obligations. All information given in this application is accurate and complete.

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Signature of Principal Investigator Date

**FACULTY ADVISOR (if PI is a student):** I accept ultimate responsibility for ensuring that this project complies with all regulatory, University, and fiscal requirements.

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Signature of Faculty Advisor Date

**DEPARTMENT CHAIR** (not required if PI is a student): I certify that this research is appropriate for this Principle Investigator, that the investigators are qualified to conduct the research, and that there are adequate resources (including financial, support and facilities) available. I support this application, and hereby submit it for further review.

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Signature of Department Chair Date

(or Chair’s designee if Chair is PI or otherwise unable to review)

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Print Name of Department Chair or designee Department

*For IRB Use Only:*

Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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IRB Chairperson Date