Furman University IRB Form

Institutional Review Board for the Protection of Human Participants

FORM A

Project Description

(45 CFR 46)

USE OF HUMAN PARTICIPANTS

STATEMENT BY PRINCIPAL INVESTIGATOR OR ACTIVITY DIRECTOR

1. Principal Investigator/Activity Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Ext: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Student Investigators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sponsoring Agency (NIH, NSF, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds Awarded: Yes/No Funds Applied for: Yes/No

1. Date Submitted to Furman University IRB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Furman IRB registration number of Activity Director and Student Investigators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furman University adheres to the Code of Federal Regulation, Title 45 (Public Welfare) concerning research with human participants, Part 46 (Protection of Human Subjects).

1. TYPE OF SUBMISSION: \_\_\_New

\_\_\_Continuation (appendix X)

\_\_\_Renewal (please include FUIRB approval from

original submission)

\_\_\_Modification (provide explanation/justification)

Previous approval date: \_\_\_\_\_\_\_\_\_\_

2. TYPE OF REVIEW: \_\_\_Exempt-Form B (see sec X; X)

\_\_\_Expedited-Form C (see sec X; X)

\_\_\_Full review-FormD (see sec X; X)

1. DURATION OF INVESTIGATION: (Protocol must be reviewed annually or frequently if required by the FUIRB)

Proposed Starting Date of Research Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Duration of Research Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ending date: \_\_\_\_\_\_\_

1. PARTICIPANTS:

Check all that apply:

\_\_\_\_Infant/Toddler (Ages 0-2)

\_\_\_\_Children (Ages 2-5)

\_\_\_\_Minors (Ages 6-17)

\_\_\_\_Students (Ages 18 and over that attend school)

\_\_\_\_Adult volunteers (Ages 18 and over that do not attend school)

Does the sample consist of any of the following special populations? Check all that apply:

\_\_\_\_Prisoners, incarcerated subjects \_\_\_\_Patients as experimental subjects \_\_\_\_Persons who first language is not English

\_\_\_\_Patients as controls \_\_\_\_Pregnant women or fetuses

\_\_\_\_Minority \_\_\_\_Mentally disabled /cognitively impaired \_\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_TOTAL ANTICIPATED PARTICIPANTS

1. PROCEDURES: (check all that apply; ATTACH relevant materials, such as questionnaires, interview schedule, instruments, etc.)

\_\_\_\_Survey, questionnaire(s) \_\_\_\_Investigational drug\*

\_\_\_\_Interview: phone/in-person \_\_\_\_Approval drug, New use\*

\_\_\_\_Medical or other personal records \_\_\_\_Investigation device (attach relevant

\_\_\_\_Filming, taping, recording information)

\_\_\_\_Observation \_\_\_\_Placebo

\_\_\_\_Participant observation \_\_\_\_Ionizing Radiation (attach CURRENT approval)

\_\_\_\_Anthropological fieldwork \_\_\_\_Venipuncture

\_\_\_\_Psychological Intervention \_\_\_\_Surgery

\_\_\_\_Incomplete disclosure of purpose \_\_\_\_Payment of Subjects

\_\_\_\_Class project \_\_\_\_Other body fluids, excreta

\*FDA approval certification required

\_\_\_\_Other procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location(s) where research will be conducted. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures Required (application will not be reviewed without this section complete)

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Principal Investigator or Activity Director’s Signature Date

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Faculty Advisor’s Signature (if different than above) Date

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Department Chair’s Signature Date