

 IRB PROTOCOL FORM

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| Study Title: |
| Student InvestigatorName:Department:Are you an: [ ]  Undergraduate Student [ ]  Graduate Student or Medical StudentContact Information Email:  Phone: |
| Submission date: Include today’s dateDate of Proposed Research: Include the period you plan to conduct research with a beginning and an ending date |
| Principal InvestigatorName: Department:Contact Information Email: Phone: |
| Co-Investigator Name:  Department:Contact Information Email: Phone: |
| Source of funding: (A copy of the grant proposal must be submitted with this protocol if funding is involved) |
| Scientific Purpose of the Study |
| Describe the Research Methodology in non-technical terms.Sample Size:Recruitment and Screening Methods: |
| Describe the Potential Benefits to the Participants |
| Describe the Potential Risks to the Participants |
| Describe any Compensation/Course Credits to the Participants |
| Please Send as Additional Documentation Along with this Protocol |
| Interview questions, surveys, and other data collection procedures |
| Informed Consent and Parental Informed Consent |
|  |
| Signature Section (if applicable) |
| Student Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Printed)                                                 Signature                                                                      Date |  |  |
| Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Printed)                                                 Signature                                                                      DateCo-Investigator |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Printed)                                                 Signature                                                                      DateSupervisor or Dissertation Chair  |  |  |

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

 **Name (Printed)**                                                 **Signature                                                                      Date**

10/19/2023