

IRB PROTOCOL FORM

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| Study Title: | | |
| Student Investigator  Name:  Department:  Are you an:  Undergraduate Student  Graduate Student or Medical Student  Contact Information  Email:  Phone: | | |
| Submission date: Include today’s date  Date of Proposed Research: Include the period you plan to conduct research with a beginning and an ending date | | |
| Principal Investigator  Name:  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                                                                      Date  Co-Investigator |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Printed)                                                 Signature                                                                      Date  Supervisor or Dissertation Chair |  |  |

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

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

10/19/2023