

Request for Full IRB Review of Human Research

Title of Research Project _____

Principal Investigator/Project Director
Email address

Department

Phone Extension

Co-investigator/Student Investigator
Email address

Department

Phone Extension

Co-investigator/Student Investigator
Email address

Department

Phone Extension

Anticipated Funding Source: _____

Projected Duration of Research: _____ **months** **Projected Starting Date:** _____

Other organizations and/or agencies, if any, involved in the study: _____

Please return this form with the following documents:

- ◆ A memo that briefly describes the intent of the project
- ◆ A completed copy of the Consent Form Checklist
- ◆ A copy of the Consent Form that will be provided to the participants

I. Project Information:

A. Project Activity Status:

- New Project
- Periodic Review of Continuing Project
- Revision to Previously Approved Project

B. This project involves Trident Technical College students

- Yes No

C. Human Subjects from the following populations will be involved in this study

- Minors High School Students
- Mentally Disabled Prisoners
- Elderly None of the above

D. Total number of subjects to be studied: _____

- II. Abstract Describing Project and Purpose** (Include a description of all experimental methods to be used and program activities; what measures or observations will be taken in the study? If any questionnaires, tests or other instruments are to be used include a brief description and a copy of such instrument(s).
- III. Protocol (Who will be the research subjects? How will they be solicited or contacted?** Include any recruitment letters or other recruitment materials with this document; How much time will be required of each subject? Describe procedures to which humans will be subjected – use additional pages if necessary)
- V. Precautions** (What steps will be taken to ensure that each subject’s participation is voluntary? What, if any, incentives will be offered to the subjects for their participation?)
- VI. Confidentiality of data** (Describe the methods to be used to ensure the confidentiality of data obtained, including plans for publication, disposition or destruction of data, etc)
- VIII. Consent** (Attach a copy of all consent forms to be signed by the subjects and/or any statements to be read to the subject)

I certify that the protocol and method of obtaining informed consent as approved by the TTC Institutional Review Board will be followed 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.

_____/ / Investigator/Project Director Signature _____/ / Co-Investigator/Student Signature (if applicable)

Signature of IRB Committee Chair:			Date: ___/___/___	
IRB Chair: Check 1 box:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Restrictions	<input type="checkbox"/> Tabled	<input type="checkbox"/> Disapproved