

Office of Regulatory Research Compliance

Institutional Review Board

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| **PI/Faculty Advisor:** |  |
| **Department:** |  |
| **Title:** |  |
| **Phone/Pager:** |  |
| **Email address:** |  |
| **Mailing Address**: |  |
| **% Time/Effort** |  |

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| **Student Investigator:** |  | |
| **Department:** |  | |
| **Phone/Pager:** |  | |
| **Email address:** |  | |
| **% Time/Effort** |  | |
|  | | |
| **Student Investigator (if applicable):** | |  |
| **Department:** | |  |
| **Phone/Pager:** | |  |
| **Email address:** | |  |
| **Is this research for your thesis/dissertation?** | | Yes |
|  | | No |

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| **Co-Investigators/Consultants, if any** | **Department or Institution** |
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| **Protocol Title** |
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**Note: Some of the New Changes to the Revised Common Rule**

* **Pregnancy:** Is no longer considered a vulnerable by itself, especially for social-behavioral studies.
* **Economically disadvantaged population**: Is now considered vulnerable
* **Tribal Laws:** Must include consideration of Tribal laws in addition to consideration for Federal, State, Local and HU P & P.
* **Burden Reducing Provisions - Continuing Review:** May not be required for certain minimal risk studies and or certain approved studies in which active intervention no longer occurs (Please check the expiration date on your approval letter and consent document. An expiration date/stamp mean a continuing review is required and must be submitted annually).
* **Limited Review:** Mean full-board review may not be required
* **Broad Consent:** Check the HU Policy and Procedure for qualifying studies and conditions of approval.

**SECTION 1: Application Information**

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| **Brief Description of the Protocol** |
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| **Estimated duration of total project** |  |
| **Estimated total number of participants**  **(including controls)** |  |
| **Age range of participants** |  |
| **Gender of participants** |  |
| **Where will study be conducted? If study will be conducted outside of HU, please provide letters of support.** |  |
| **Source of participants** |  |
| **Experience of Principal Investigator:**  Brief summary (also attach a CV or biographical sketch) |  |

| **Source of Funding/Grant Support for Project (if any)** | **Commercial Support for Project (if any)** |
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**SECTION 2: Additional Howard University Regulatory Information**

Please answer each specific question and use additional sheets as needed. A response of “See attached project description or grant application” is not sufficient.

1. **Background.** Provide a brief historical background of the project with reference to the investigator’s personal experience and to pertinent scientific literature.

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**2. The plan of study.** State the hypothesis or research question you intend to answer. Describe the research design, methods, interventions, and procedures (including standard or commonly used interventions or procedures) to be used in the research. Specifically, identify any interventions, procedures, or equipment that are innovative, unusual, or experimental. Where appropriate, provide statistical justification or power analysis for the number of participants to be studied.

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**3. Risks.** Indicate what you consider to be the risks to participants and indicate the precautions to be taken to minimize or eliminate these risks. If any data monitoring procedures are needed to ensure the safety of participants, describe them.

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**4. Benefits:** Describe potential benefits, if any, to participants in this study. If there are none, state “none.” (Note: compensation is not considered a benefit).

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**SECTION 3: Selection of Participants and the Informed Consent Process**

1. **Inclusion/Exclusion Criteria: Describe how you will screen for eligibility, and the criteria that will be used to define who will be included or excluded in the study sample.**

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1. **Vulnerable Populations:** Indicate whether this project involves any of the following populations?

Children (Children are defined by local law as anyone under the age of 18). **[If so, please complete**

**Supplemental Form “J”]**

Prisoners **[If so, please complete Supplemental Form “I”]**

Pregnant women/Neonates/Fetuses **[If so, please complete Supplemental Form “H”] (Please note that pregnancy “by itself” is no longer considered vulnerable, especially in of behavioral studies)**

Cognitively impaired or mentally disabled participants

Economically or educationally disadvantaged participants

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| If you indicated any of the above, in the space below please describe what additional safeguards will be in place to protect these populations from coercion or undue influence to participate. |

1. **Recruitment:** Describe how participants will be recruited and how informed consent will be sought from participants or from the participants’ legally authorized representative. If children are participants, discuss whether their assent will be sought and how the permission of their parents will be obtained. Please also describe methods that will be used to identify potential subjects.

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1. Describe materials that will be used to recruit participants

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1. **Compensation:** Will participants receive any compensation for participation in cash or in kind?

Yes No

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| If participants receive any compensation, please describe amount or kind of compensation in the space below. |

1. **Fees:** Will any finder’s fee be paid to others?

Yes *if so, please describe the amount below.*

No

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**SECTION 4: Privacy and Confidentiality of Data and Records**

**1. Sensitive Information.** Will identifiable, private, or sensitive information be obtained about the participants or other living individuals? Whether or not such information is obtained, describe the provisions to protect the privacy of participants and to maintain the confidentiality of data. Use additional sheets as needed.

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**2. Data and Specimen Storage. If data and/or specimens will be stored for future use, please describe: 1) where data will be stored; 2) how long will data be stored; 3) how will data/specimen be accessed; and 4) by whom.**

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**SECTION 5: Conflict of Interest**

**1. Conflict of Interest:** Do any investigators or co-investigators have a conflict of interest?

# Yes. If so, please explain below.

# No.

Note: A copy of each investigator’s and co-investigators’ current Howard University Financial Conflicts of Interest Disclosure Form must be attached to this application.

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I certify that the information furnished concerning the procedures to be taken for the protection of human participants is correct. I will seek and obtain prior approval for any modification in the protocol or informed consent document and will report promptly any unexpected or otherwise significant adverse effects encountered in the course of this study.

I certify that all individuals named as consultants or co-investigators have agreed to participate in this study.

I assure that the protected health information identified in the Authorization to Use and Disclose Health

Information for Research (HIPAA) and the persons and entities that may use, give and receive protected health information is accurate and reflective of the known use and disclosure for this human clinical study.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed/Typed Name of Investigator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Investigator** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed/Typed Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Department Chair | Approved  Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed/Typed Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Dean** | Approved  Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

If more than one department or administrative unit is participating in the research and/or if the facilities or support of another unit (e.g., nursing, pharmacy, or radiation therapy), is needed, then the chair or administrative official of each unit must also sign this application.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title and Department** | Approved  Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Signature and Title**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title and Department** | Approved  Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Signature and Title**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title and Department** | Approved  Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

**IMPORTANT**

**SECTION 6: Attachments That Must be Included with This Application**

Please attach the following items in order for the review your research:

*Provide one copy of all materials for review.*

Request for Expedited Review. Typed letter on letterhead signed by the PI.

Conflict of Interest Forms for all Investigators

Certificate of completion of education in the protection of human research participants

– [www.citiprogram.org](http://www.citiprogram.org)

RCR certificate for student researcher- if your department did not participate in the

RCR workshop then students may complete the RCR module via CITI.

Informed consent document(s) or Preamble. Assent Documents should be submitted if

children will be included.

Signed copy of The Principal Investigator’s Assurance Form (signed by the PI)

Any recruitment notices or advertisements- flyers, radio ads, phone script, posters, etc.

Any survey instruments, psychological tests (other than standard, commercially

available instruments), interview forms, or scripts to be used in the research

All investigators qualifications (CV, biographical sketch)

Formal research protocol, if available.

Thesis/Dissertation Proposal and Committee Signature Page

Grant application, if applicable.

**\*\*\* VERY IMPORTANT**

**If your study include Vulnerable Populations, you MUST complete the relevant supplemental form**. The forms are available on our website. Please see the list below:

Children (45 CFR 46 Subpart D:) (Children are defined by local law as anyone under the age

of 18.) **[If so, please complete Supplemental Form “J”].** May visit**:**

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartd>

Prisoners (45 CFR 46 Subpart C) **[Does NOT qualify for Minimal Risk Research). [Complete Supplemental Form “I” as needed].** May **v**isit**:** [**http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartc**](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartc)

Pregnant women/Neonates/Fetuses (45 CFR 46 Subpart B) **[If so, please complete Supplemental Form “H”].** MayVisit**:** <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartb>

Cognitively impaired or mentally disabled participants

Economically or educationally disadvantaged participants

Applications/Protocols should be submitted via the online portal on our website [www.howard.edu/orrc](http://www.howard.edu/orrc)

Should you have any questions, you may email [theorrc@howard.edu](mailto:theorrc@howard.edu)

or call the HUIRB office at (202) 865-8597.