

Notre Dame de Namur University Institutional Review Board

Forms: Application Cover Page

No Handwritten Forms will be accepted

Note: A complete application contains 3 parts: Application Cover Page, Check List (either Exempt Checklist or Non-Exempt Checklist) and Project Details.

Please first reference “Is My Project Research?” and Flowchart to determine if IRB necessary

1. Investigator(s) Contact Information (Principal Investigator must be a faculty member):

Principal Investigator (faculty) _____

Department _____ Phone _____ Email _____

Student Investigator _____

Department _____ Phone _____ Email _____

Co-Principal Investigator (or second faculty reader) _____

Department _____ Phone _____ Email _____

2. Title of Project

3. A. Category of Application: New Re-Submission Renewal (IRB approval #) _____
(If Renewal, complete and submit this Application Cover Page and Renewal/Continuation Form)

B. Category of IRB Review: Please mark which category applies to your project.

Exempt *Must complete Exempt Checklist*

Expedited Review *Must complete Non-Exempt Checklist. Please see Non-Exempt Research: Expedited Review section of website for more information on categories of research that qualifies for this review.*

Full Review *Must complete Non-Exempt Checklist. Studies with increased levels of risk, and those studies involving vulnerable populations are considered Full Review.*

4. Site of Study On-campus Off-campus (location) _____

5. Duration of Study From _____ To _____
(Renewal will be required if data collection is longer than 1 year)

6. Participants Estimated Number of Participants _____

Does the study include any of the following populations?

Elderly (> 65 years old) Minors (< 18 years old) Pregnant women or use of fetuses

Those unable to speak or read English Mentally disabled or those unable to consent for themselves

Prisoners Homeless HIV-infected individuals

7. Funding Will this study be funded? Yes No Pending

If “Yes” or “Pending,” indicate source and check the following: _____

NDNU Public Not-for-profit Private Other

8. Cost/compensation to participants: Is there cost to participants? Yes No

Will participants be compensated? Yes No

9. Signature (By signing below, I certify that I have read, understand and will abide by NDNU guidelines, policies and procedures.)

Principal Investigator’s signature

Date

Student Investigator’s signature

Date