

UPS IRB PROTOCOL #

**University of Puget Sound INSTITUTIONAL REVIEW BOARD
Application for Approval of Research Involving Human Subjects**

(Cover Sheet)

(Protocols meeting Full Board Review must be submitted two weeks prior to the date of the IRB meeting on which the review is to occur.)

Please Check One: ___New Project ___ Renewal ___Modification (Attach Renewal/Modification Form)

Date of Submission: _____

Protocol Title: _____

CITI training completed:

Principal Investigator: Typed name: Yes___ No___
Signature:
Department or School:
Email:
Telephone number:

Co-Investigator: Typed Name: Yes___ No___
Signature:
Email:

Co-Investigator: Typed Name: Yes___ No___
Signature:
Email:

Co-Investigator: Typed Name: Yes___ No___
Signature:
Email:

Faculty Advisor's Statement (student projects only): I, _____ am the advisor for
_____. My signature below indicates that I have read the attached protocol and have
checked the contents with the IRB Guidelines. I thereby recommend this protocol as:

Exempt Review _____ Expedited Review _____ Full Board Review _____

Signature: _____ Email: _____

CITI training completed by advisor: Yes___ No___ (Please include advisor's CITI certificate in submission)

Source of Support (if any):

Level of Risk to Human Participants: _____Minimal _____ Greater than minimal

Number of Participants: _____

Are vulnerable populations involved?*_yes ___no Are children involved?*_yes ___no

*Normal participants are (a) over the age of 18 (b) able to make independent decisions with full mental capacity.
Children are minors under the age of 18.

Has this proposal been or will it be submitted to other Human Subjects Review Boards, departmental committees, or
community agencies for review and approval?

___Yes (attach approval letters) ___No