

TDMHSAS IRB Research Proposal Format

<Study Name Abbreviated>

Protocol Title

Type of Review: Initial Continuing Review Amendment

Study Team Personnel

Principal Investigator

Name:	
Degree(s):	<input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.S. <input type="checkbox"/> B.S. <input type="checkbox"/> Other, specify:
Job Title:	
Affiliation:	
Human Subjects Training Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	
Phone:	
Fax:	
E-mail:	

<Co-Principal Investigator or Evaluator>

Name:	
Degree(s):	<input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.S. <input type="checkbox"/> B.S. <input type="checkbox"/> Other, specify:
Job Title:	
Affiliation:	
Human Subjects Training Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	
Phone:	
Fax:	
E-mail:	

Additional Study Personnel

Research Staff/Personnel	Title/Role	Intervening/ Interacting with subjects?	Obtaining consent?	Review of data analysis and data records?	Completed human subjects training?
Name: Affiliation: Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: Affiliation: Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: Affiliation: Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

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Name: Affiliation: Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: Affiliation: Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Funding Information and Grant Partners

Purpose of this Institutional Review Board Application

Research Protocol

Objectives

Hypotheses/Research Questions

Design

Population

Data Collection and Storage Procedures

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Methods

Statistical/Data Analysis Plan

Summary of Risks

Summary of Benefits

Principal Investigator Assurance Statement(s)

<Signature of Principal Investigator>

<Date of Signature>

<Name of Principal Investigator>

FOR OFFICE USE ONLY

Receipt Date: ___/___/20___

Review: Full Expedited Exempt

Review Date: ___/___/20___

Decision: Approved Approved with conditions
 Not approved/re-submit

IRB Administrator Initials: _____