

**INSTITUTIONAL REVIEW BOARD**

**Expedited Research**

Students/Researchers are required to complete this form (Section A). Supervisor/s are required to approve the research before sending it to the IRB for full approval (Section B).

The IRB must approve the research before the researcher may begin research (Section C).

### SECTION A: To Be Completed by Student

*Please complete in font Times New Roman 12.*

*Please check that you have completed all the following before submission to the IRB.*

Last Name/s:

First Name/s:

IIRP ID:

Email:

Telephone/Cell:

NIH Certificate Number:

Date Issued:

IIRP Graduate Course Code: RP

Duration of Course:

Start Date:

Completion Date:

Name of Supervisor (Instructor/Professor):

**1. Title**

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**2. Summary** (approximately 250 words)

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**3. Aim/Purpose of study**

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1. **Rationale for the Study and Research Questions** (Give clear reasons why the Study/Research is necessary and indicate potential value of the study in about 4-5 concise statements.)

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**5.** **Literature review** (Include any controversies, gaps and/or shortcomings in general knowledge in the literature — maximum of 1000 words.)

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**6. Research Design** (Research Methods) (You are advised to consider study type, data collection tools and statistical methods.)

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**7. References** (pertaining to entire document)

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**8.** **Budget**

Complete if funding is requested.

**REQUEST FOR FUNDING OF THE PROJECT** (give details)

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| --- | --- |
| **ITEM** | **COST** |
| 1. Consumables
2. Outside Specialist Services (e.g., testing services)
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|  |  |
| **GRAND TOTAL** |  |

I HEREBY DECLARE THAT THE ABOVE FACTS ARE CORRECT.

I ACKNOWLEDGE THAT:

(1) I have a current NIH certificate protecting human

 participants (see Appendix B).

(2) I have the responsibility to determine that the study/research

is being or has been conducted.

I will adhere to the Institution’s Research Ethics Policy as it relates to my research.

Signature of Applicant:

Date:

# SECTION B: To be completed by Professor/Lecturer and forwarded to the IRB Chair

Full name of professor/lecturer of record:

This research project has been reviewed and complies with the IIRP Graduate School ethical policies and HHS regulations (45CFR46) as documented.

 I approve the proposed project.

Signature of Supervisor/Professor of Record:

Date:

# SECTION C: To be completed by the IRB Chair

The IRB Chair recommends that the above detailed research be:

 Accepted

 Rejected for the following reasons (detail the reasons)

 Accepted with conditions (detail the conditions)

Printed Name of IRB Committee Chair:

Signature of IRB Committee Chair:

Date:

IRB Committee Members: Dr. Craig Adamson; Dr. Gale Burford; Dr. Borbala Fellegi;
Dr. Kevin Rooney; Dr. Frida Rundell (Chair).

*Revised 5/11/2017*