

Request for Approval of Human Subject Research

Project Title: _____

Principal Investigator(s) (PI): _____ Department: _____

Campus Address: _____

Sponsor (Name, Title): _____

(Required only if PI is not a UW-Parkside staff member)

External support:

Has (or will) direct support be sought/received? Yes _____ No _____

Source name: _____

Transmittal date: _____

Award period: _____

Grant number: _____

New or renewal: _____

Will your project involve using a questionnaire or other survey instrument/technique? Yes _____ No _____

If your answer was "yes," please attach a copy.

Will your project require an informed consent form for subjects to sign? Yes _____ No _____

If your answer was "yes," please attach a copy.

Does your research involve **any** of the following groups?

Children _____ Pregnant women _____ Fetuses _____ Prisoners _____ Mentally disabled _____

Probable Review Category:

Informational _____ Expedited _____ Complete _____

(The Human Subjects Committee Determines the actual review category)

Please attach a brief (no more than three pages) description of your project. In your project description, please include explanations of the following:

- methods of data collection, including sampling strategies;
- possible Human Subjects issues and how they will be handled;
- procedures for protecting human subjects during all phases of the research and after the project ends.

All those who sign this form must have completed the UW-Parkside Human Subjects Tutorial within the last 2 years. The tutorial may be found on the current UWP Institutional Review Board Website. I certify that I have completed the tutorial. My registration # is: _____

P.I. Signature _____ Date _____

Department Chair - I have reviewed this proposal and approve of the level of protection human subjects will receive in this project.

Department Chair Signature _____ Date _____

Forward to the Office of the Provost/Vice Chancellor, WYLL 343

UWP Institutional Review Board Approval:

IRB member signature _____ Date _____

IRB member signature (if applicable) _____ Date _____

Chair, IRB _____ Date _____