Form A

Request for Institutional Review Board (IRB) Clearance

(Please complete the form in its entirety. Do not say "see attached")

Primary Researcher
Name:_____ **Email:**_____

Mailing address: _____ **City:**_____

State:_____ **Zip:**_____ **Phone:**_____

Names of Additional Researchers for this study:
Please include Thesis/Dissertation Director (or other research sponsor). This information is required if primary researcher is not a DSU Employee

Name: _____ **Email:**_____

Mailing address:_____ **City:**_____

State:_____ **Zip:**_____ **Phone:**_____

I request review for status of: Exempt _____ Expedited _____

Title of Research:

Start date of research: *Completion date of research:*
If human subjects are involved: ☐
Anticipated date of first contact with participants:
Anticipated last date of contact with participants:

Identify all sources of funding:

Agreement to follow IRB procedures. My signature below indicates that I understand and agree to adhere to relevant principles and ethical responsibilities expected by my profession. I have included below all information and documents as required by the University's IRB policy. I understand and agree to adhere to general principles required for the protection of human subjects. I agree to immediately report any incidents, major irregularities, and major changes in this research to the IRB Chair. I agree to request a Continuing Review from the IRB if the research is still in progress 12 months after the start date shown above.

Signed:_____ **Signed:**_____
Primary Researcher ***Research Sponsor***

Date:_____ Date:_____

Send to: Dr. James Gerald, IRB Chair; KW Hall 239, Delta State University; Cleveland, MS 38733
Phone: 662-846-4700 Fax: 662-846-4313 Email: irb@deltastate.edu

Narrative:
(For items that do not apply please mark N/A)

1. Brief statement of project goals/research questions
2. Research Protocol including:
   - Research procedures
   - Description of the subject population
   - Recruitment procedures
   - Length of research procedure and time commitment required of subjects
   - Location of the study
   - Methodology
   - Description of who will gather the data and how they are/will be trained
   - Sources of funding
   - Special circumstances
3. Benefits to the subject or to others
4. Risks –
   - Describe the possible risks, discomforts, and inconvenience to the subjects and the precautions that will be taken to minimize them (include physical, psychological and social risks).
   - Describe appropriate controls, screenings methods, follow-up procedures.
   - Describe what constitutes termination from the study before its completion.
   - Describe how confidentiality will be maintained including confidentiality of data collection and who will have access to the data.
5. Informed Consent. Describe the procedures that will be used in obtaining informed consent, keeping in mind that informed consent is a process, not just a form.

REMINDER:

WITH YOUR REQUEST TO IRB, YOU MUST SUBMIT ALL RELEVANT DOCUMENTS. FOR YOUR ASSISTANCE, A LIST OF MINIMUM REQUIREMENTS IS PROVIDED AS A CHECKLIST

_____Informed consent documents/forms. Ensure that informed consent addresses at the minimum the following:
_____ Purpose and description of the research
_____Amount of time required of the subject
_____Voluntary participation
_____Confidentiality of data
_____ Contact information of the researcher
_____ Information concerning the IRB
_____ Any additional and necessary documents such as:
_____Survey/research instruments
_____Copy of Consent and Assent forms
_____Communication that will be provided to parents and/or external organizations such as schools, clinics, etc
_____List of external organizations that will be contacted
_____ Current certification (NIH)
_____attached (OR) _____ on file

Narrative: