

Appendix A
JSU INSTITUTIONAL REVIEW BOARD APPLICATION

Title of Project:

Principal Investigator:

Signature of Principal Investigator

Date

Department:

Phone:

Office:

Email:

Qualifications of Investigator:

Other Investigators: List any other investigators participating in this project. For all student research, provide the faculty advisor's name.

Name

Rank

Department or affiliation

Phone

Location and address of project if not JSU:

List any funding sources for this project:

Indicate which of the following special populations will be involved in the project:

None	Children under 14	Fetuses	Abortuses	Prisoners
Intellectual Disability	Mentally Disabled		Pregnant Women	

Estimated start date:

Estimated end date:

Is this application? New Renewal

If a renewal, what was the date of last IRB approval?

(All expedited and full review projects require annual review.)

Action Requested: Exempt Expedited Review Full Board Review

Attach research proposal, any instruments to be used, and consent form(s).

To increase awareness of the investigator’s role in assuring protection of human subjects, investigators are asked to complete Part 2, “Investigator Responsibilities & Informed Consent,” of the Human Subject Assurance Training at the OHRP website:

http://ohrp-ed.od.nih.gov/CBTs/Assurance/module2qset1_1.asp

Please print out a copy of your certificate and attach it to this application.

Do not write below this line.

Date Received:

Action of Executive Secretary: Exempt Expedited Review Full Board Review

Signature of Executive Secretary Date

Date of Review:

Action of IRB: Exempt Expedited Review Full Board Review

 Approved Approved Pending Revisions Not approved

Signature of IRB Chair Date

Appendix B
JSU INSTITUTIONAL REVIEW BOARD
ACCIDENT/INCIDENT REPORT FORM

Submit to IRB Executive Secretary
201 Bibb Graves Hall

Title of Project

Principal Investigator

Date of Accident/Incident

Date of Report

Description of Accident/Incident:

Action taken by Principal Investigator (describe fully any medical or psychological intervention):

Describe any changes in procedure to prevent future accidents/incidents:

Do not write below this line

IRB action:

Project approved to continue

Project suspended pending changes to procedures

Project terminated

Signature of IRB chair

Date

Appendix C
SAMPLE SIGNATURE PAGE OF CONSENT FORM
FOR RESEARCH INVOLVING CHILDREN
Parental Permission Form for
Research on (title of project)

I have read or had explained to me a description of the research project, and I understand the procedure described on the attached pages. I also have received a copy of the description.

I give permission for my child _____ to participate in the study.

child's complete name

Child's date of birth

Month/date/year

Signature of parent or legal guardian

Date

**SAMPLE SIGNATURE PAGE OF CONSENT FORM
FOR RESEARCH INVOLVING ADULTS
Permission Form for Research on (title of project)**

I have read a description of the study, and I understand the procedure described on the attached pages. I also have received a copy of the description.

I _____ agree to participate in the study.

_____ complete name

_____ Signature

_____ Date