

**IRB APPLICATION CHECKLIST**

**NO RESEARCH CAN PROCEED PRIOR TO IRB APPROVAL**

Use the following list to confirm that all required steps of the IRB Application process are completed. Complete this form by clicking on the boxes and submitting a copy along with your IRB Application.

[ ]  This researcher has read the IRB handbook

[ ]  The researcher has completed the IRB Application form

[ ]  The researcher has attached a copy of the consent form

[ ]  The researcher has attached a copy of the concise and clear research methodology

[ ]  If the proposed study includes minors, the researcher has included an informed consent form for the parent/guardian of minors (under age 18) and an informative letter or script that explains the project to the minor, written in language appropriate for the participant’s age.

[ ]  If the study is led by an undergraduate or graduate student applicant, he or she must identify the CI faculty member who will supervise the research and have this supervisor review and sign the application before submission to the IRB.

[ ]  The researcher agrees to send notification via email to the IRB Chair when the research project is finished or will submit a continuation form to IRB annually for approval of an extension.

**All Email inquiries should be directed to:** **irb@mga.edu**

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| ***Completed by IRB:*** |
| **IRB PROJECT #:**  |
| **[ ]  Exempt** **[ ]  Expedited Review** |
| **[ ]  Full Review** |
| **[ ]  Revised/Continuing** |

***Completed by IRB*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTITUTIONAL REVIEW BOARD (IRB)**

**STUDENT APPLICATION FOR THE REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS**

**Directions:** Please complete Sections I - IV.

**Submission Instructions:** Email an electornic copy of the completed IRB Application, proposal, and attachments to **irb@mga.edu**in the following format**:**

**SECTION I: Review Type Requested (CLICK ON CHECK BOX)**

**[ ]  Exempt**

**[ ]  Expedited Review**

**[ ]  Full Review**

**[ ]  Revised/Continuing**

**SECTION II:**

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| **1. Name of Principal Investigator**  | **Phone:**  | **Email:** |
|        |        |       |

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| **2. Name of Faculty/Doctoral Research Project Advisor**  | **Phone:**  | **Email:** |
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| **3. Title of Project:**  | **Project Start Date:** | **End Date:** |
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**4. Age Range of Subjects:**

**5. Type of subject:** **[ ]  Adult** **[ ]  Non-student** **[ ]  Minor** **[ ]  CI Student**

**[ ]  Other (describe):**

**6. Subjects (CLICK ON CHECK BOX):** **[ ]  Normal Volunteer** **[ ]  In-patient** **[ ]  Out-patient** **[ ]  Intellectually disabled** **[ ]  Pregnant women & fetuses** **[ ]  Individual with limited civil freedom**

**7. Estimated # of Subjects/participants:**

 **# of Treatment Subjects *(If Applicable)*:** **# of Control Subjects *(If Applicable*):**

**SECTION III:**

**Please check the appropriate response for the following questions. Please be brief and concise in your responses to each of these questions. Failure to respond to any questions will cause significant delays.**

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| **8.** **[ ] Yes** **[ ] No**  | **Will subjects receive payment or extra credit point compensation for participation? If yes, detail amount, form, and conditions of award. If compensation will be provided via a drawing or lottery, please see guidance on IRB website.** |

**Explanation:**

**DIRECTIONS: In a total of no more than two pages, please answer the questions 9-16.  Please be brief and concise in your responses to each of these questions.  Failure to respond to any questions will cause significant delays**

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| **9.** **[ ] Yes** **[ ] No**  | **Will the subjects be deceived, misled, or have information about the project withheld? If so, identify the information involved, justify the deception, and describe the debriefing plan if there is one.** |

**Explanation:**

**Research Protocol Description (Please attach surveys and instruments to the IRB Application):**

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| **10. Describe the objectives and significance of the proposed research below.** |

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| **11. Describe methods for selecting subjects and assuring that their participation is voluntary. Attach a copy of the consent or assent forms and/or recruitment flyer/poster that will be used. If no consent form will be used, explain the procedures used to ensure that participation is voluntary. Sample consent/assent forms and recruitment flyer/poster as well as related information are available on the IRB website.** |

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| **12. Describe the details of the procedures that relate to the subject's participation below. Attach copies of all questionnaires or test instruments. In addition, attach a copy of the technical portion of the grant application if this project is part of a sponsored funding request.**  |

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| **13. Describe below the methods that will be used to ensure the confidentiality of all subjects' identities and the stored data (include how data will be handled after research is completed). Confidentiality of data is required.** |

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| **14. Describe below the risks to the subjects and precautions that will be taken to minimize the risks to the subjects. Risk goes beyond physical risk and includes risks to the subject's dignity and self-respect, as well as psychological, emotional, employment, legal, and/or behavioral risk. (Note: There is always minimal risk (s) associated with a project.)** |

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| **15. Describe below the benefits of the project to science and/or society. Also describe benefits to the subject if any exist. The IRB must have sufficient information to decide that the benefits outweigh the risks of the project.** |

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| **16. Describe below how the results of your study will be disseminated.** |

 **APPLICATION FOR THE REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS**

## SECTION IV – ASSURANCES

This protocol review form has been completed and typed. By submitting this form to the MGA Institutional Review Board by email, from my MGA email account, I affirm that I am familiar with the ethical and legal guidelines and regulations (i.e., The Belmont Report, The Code of Federal Regulations Title 45 Part 46, and MGA’s Policy) and will adhere to them. Should material changes in procedure involving human subjects become advisable, I will submit them to the IRB for review prior to implementing the change. I understand that I must notify the IRB when the project is completed. Furthermore, if any problems involving human subjects occur, I will immediately notify the IRB. I understand that IRB review must be conducted annually and that continuation of the project beyond one year requires submission of another IRB form for IRB approval.

Top of Form

 Check this box to indicate that you affirm the above statement.

Bottom of Form

**Principal Investigator Name Signature Date
(**Students only**)**

**Faculty Advisor Name Signature Date**

**End of Application** – THIS SECTION MUST BE COMPLETED FOR IRB REVIEW.