TANEY COUNTY HEALTH DEPARTMENT

REQUEST FOR REVIEW OF RESEARCH PROTOCOL

IRB FORM 1

Request for: ☐ IRB Review ☐ Expedited Review ☐ Exemption from Review

INVESTIGATOR INFORMATION

Title of Study:	Expected Begin Date: _____/_____/_____ Expected End Date: _____/_____/_____

Principal Investigator:	Principal Investigator's Position:	Principal Investigator's Institution:

Business Address: _____ Street Address, P.O Box _____ Apartment, suite, unit, building, etc. _____ City, State, Zip	Business Telephone: (_____) _____ - _____ Business Fax: (_____) _____ - _____ Principal Investigator E-Mail: _____ Federal Wide Assurance #:_____ Funding Source: _____

TCHD Division or Program Involved with Study:

Your signature below indicates that you accept responsibility for conducting this research in accordance with the guidelines set forth in the Belmont Report and agree to abide by the Taney County Health Department IRB guidelines, decisions, and rules.

Principal Investigator Signature: _____ Date: _____/_____/_____

Principal Investigator Typed Name: _____

TCHD Co-Investigator Signature: _____ Date: _____/_____/_____

TCHD Co-Investigator Typed Name: _____

OTHER INVESTIGATORS INVOLVED IN STUDY

List the name, title and position of other investigators. Include all persons who will work on this study and/or who will have access to data.

Name	Title	Role in Study

SITES OF INVESTIGATION

List expected sites of investigation	FWA#

Attach copies of memorandums of agreement/understanding or other documentation that provides evidence that all collaboration institutions and investigators have agreed to collaborate on the project.

OTHER IRB INFORMATION

Has this proposed study been reviewed by an Institutional Review Board (IRB)?

☐ Yes ⇩ ☐ In Progress ⇩ Date review requested (mm/dd/yy): _____/_____/_____ ☐ No, go to Research Methods

If "yes", or In Progress, in the box below provide the name, address and Federal Department of Health and Human Services, Office for Human Research Protection registration number of the IRB(s) involved. List the lead IRB, if more than one IRB is reviewing the study.

IRB Name and Institution	IRB Registration #

Was the study approved by the above named IRB? ☐ Yes ⇩ ☐ No, go to Research Methods

If "yes", attach a copy of the letter that includes the date of approval from the IRB(s), including any modifications, limitations or conditions required by the IRB(s).

RESEARCH METHODS (CHECK ALL THAT APPLY)

- ☐ Arterial and/or venipuncture (blood drawing)
- ☐ Data banks, archives, medical records, birth or death certificates
- ☐ Direct observation
- ☐ DNA sampling
- ☐ Educational tests
- ☐ Existing pathologic or diagnostic specimens
- ☐ Normal educational practices
- ☐ Secondary data analysis
- ☐ Survey or interview procedure
- ☐ Other (specify) _____

SUBJECT INFORMATION (CHECK ALL THAT APPLY)

- ☐ Employees
- ☐ Mentally or physically impaired persons
- ☐ Normal, healthy subjects
- ☐ Patients or clients
- ☐ Pregnant women
- ☐ Prisoners, parolees, incarcerated persons
- ☐ Students
- ☐ Subjects less than 18 years old
- ☐ Subjects whose main language is not English
- ☐ Terminally ill persons
- ☐ Other (specify)_____

Will researcher(s) have contact with study participants? ☐ Yes ⇩ ☐ No, go to Data and Record Security

If "yes", cheak all that apply:

- ☐ Anonymity will be maintained (i.e., no identifiers)
- ☐ Confidentiality will be maintained
- ☐ Recruitment incentives are used
- ☐ Subject payment offered

DATA AND RECORD SECURITY

Describe the measures that will be taken to secure data:

_____

_____

_____

_____

_____

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Revised 09/15