

UWA IRB ² New Protocol Application Form

Instructions

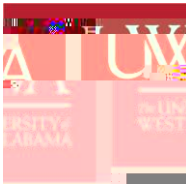
Use this form for all new research projects involving human participants, regardless of the anticipated level of IRB review (i.e., exempt, expedited, or full board).

Form Organization: Different sections apply to different types of studies; follow the instructions on the section headings.

About the submission process:

- ¾ Submit the completed form to the IRB office via email (rgranec@uwa.edu).
- ¾ Include the following materials:
 - o [CITI Responsible Conduct of Research training certification](#)
 - o [Project Description](#)
 - o [Informed Consent](#)
 - o Study Procedures, including copies of the tools you may use in the project
 - o [Waiver of Parental Consent](#), if necessary
- ¾ For your information, [IRB policies, guidance documents, and consent form templates](#) can be found on the OSPR website.
- ¾ To avoid delays in the time it takes to process protocols, please ensure that PI and everyone on a research team has completed online responsible conduct of research training. CITI certifications are valid for three years.
- ¾ If you have questions about the process, contact the IRB office (rgranec@uwa.edu), 205-652-5392.





Non-UWA research team members:

Name (First Last)	Email	Affiliated Institution & Address

1.6 Funding Information:

Indicate if any part of your project is funded by a sponsor. Funding could be from a gift or a sponsored project.

Funded

Not Funded

Pending Proposal

If the project has been funded or there is a pending proposal:

Name of funding source: .

OSPRNumber*:

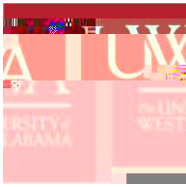
*OSPRnumber is the UWA tracking number for sponsored projects. If you are unsure of the OSPR number, contact your [sponsored programs office](#) .

1.7 Financial Conflict of Interest Disclosure

Please see the [UWA Policy on Financial Conflicts of Interest](#) .

Have all UWA faculty listed on this protocol (including faculty advisor) disclosed their external commitments and financial interests as required by UWA policy, including any





1.8 Brief lay summary of purpose, research questions, and hypothesis:

1.9 How will this study contribute to existing knowledge?

1.10 Type of Study:

Does your study involve active* collection of data, human biospecimens, or physiological data? Yes No

*data collected by an investigator/agency for a specific purpose

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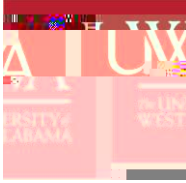
Does your study involve secondary* use of data or human biospecimens? Yes No

*data originally collected by someone else for another purpose but now being reused

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3 Secondary use of data or human biospecimens



4.1 Select the identifiers that researchers will collect or record (Note: we recommend collecting/recording the minimum identifiable data needed for your research.

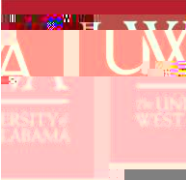
Name

Full date of birth

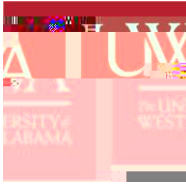
Mailing or email address

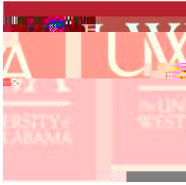


Office of Sponsored Programs and Research
Research Integrity Program
Webb Hall ± Station 47
Livingston, AL 35470



Office of Sponsored Programs and Research
Research Integrity Program
Webb Hall ± Station 47
Livingston, AL 35470
Ph.205-652-5392





Principal Investigator:

Printed name of PI:

Signature of PI:

Date:

Faculty Supervisor (required if the PI is a student):

I have examined this completed form and I am satisfied with the adequacy of the proposed

