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| crop logo | **Institutional Review Board****Clayton State University UC-217****2000 Clayton State Blvd, Morrow, GA 30260****(678) 466-4979 (678) 466-4190** |

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| **APPLICATION FOR EXPEDITED REVIEW** |

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| **Dr.** **[ ]  Mr.** **[ ]  Ms.** **[ ]**      **Principal Investigator****Faculty** **[ ]  Undergraduate** **[ ]  Graduate** **[ ]  Staff [ ]**      CSU Department AND CSU Mailing Address           **Phone Number (s) & E-Mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*Signature of Principal Investigator** | **Dr. [ ]  Mr. [ ]  Ms. [ ]**      Co-Investigator**Faculty [ ]  Undergraduate [ ]  Graduate[ ]  Staff [ ]**      CSU Department AND CSU Mailing Address           **Phone Number (s) & E-Mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*Signature(s) of Co-Investigator(s) |
| **\*Your Signature indicates that you have read the guidelines and that you accept responsibility for the research described in this application.  It further attests that you are fully aware of all the procedures to be followed, will monitor the research, and will notify the IRB of any significant PROBLEMS or CHANGES. Student principle investigator must identify faculty advisor as co-investigator or within the body of the protocol description.****\*\*Use additional copies of this page as required for additional co-investigators** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*\*\*Signature of Organization IRB Representative Print Name of Organization IRB Rep.****\*\*\*Organizational (College or Business Unit) IRB representative review of this application material is required prior to submission to IRB, and your signature indicates that you have worked with the investigator(s) in the preparation of this application package, and to the best of your knowledge the application is complete and ready for IRB review.** |
| **If funding is involved:****(Please list any funding or any possibility of funding. Failure to do so may delay awards.** **Sponsored Program Proposal Number**  **Name of Funding Agency**  **Proposal Deadline**  **Funding amount** |

**Title of Project:**

NOTE: THE PERSONNEL OF THE IRB ARE NOT RESPONSIBLE FOR MEETING RESEARCHER DEADLINES AND CANNOT PREDICT OR GUARANTEE APPROVAL DATES.  SUBMIT AS EARLY AS POSSIBLE TO MEET YOUR DEADLINES.

Date You Would Like to Begin Research:

(at least 4-6 weeks from date of submission to IRB)

Date You Expect to Complete Collection Data:

(Period of approval cannot extend beyond one year; if more time is needed, study must be renewed before end of approval period.)

At least one PI for this project must have completed the NIH online training linked to the IRB website.

[ ]  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have included a copy of the completion certificate for NIH training.

 (Name)

1. **To qualify for expedited research, a project must meet precise criteria. Check all that apply.**

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| **[ ]  Study involves minimal risk to subjects (REQUIRED FOR EXPEDITED STATUS). Minimal risk is defined as “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”****At least one of the following criteria must also apply to qualify for expedited status**[ ]  The research involves materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).[ ]  Research involves collection of data from voice, video, digital, or image recordings made for research purposes.[ ]  Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.[ ]  **Continuing review of research previously approved by the convened IRB where:** * 1. **the research is permanently closed to the enrollment of new subjects;**
	2. **all subjects have completed all research-related interventions; and**
	3. **the research remains active only for long-term follow-up of subjects**

[ ]  **Continuing review of research previously approved by the convened IRB where no subjects have been enrolled and no additional risks have been identified** |

1. **Description of Project**

1. **Description of Procedures for Maintaining Confidentiality & Subject Privacy.**

1. **Description of Procedures for Obtaining Informed Consent from Subjects.**

1. **RISK: The IRB seeks information about risks that a research participant may encounter as a result of data collection and any that may arise in the future as a direct result of the research.  Carefully describe any such risks and how you plan to minimize them.  (NOTE: any incident directly related to research participation causing significant discomfort, stress or harm should be reported to the IRB immediately):**

1. **BENEFIT: State the general benefits the project will provide.**

The IRB meeting is open to the public. The public can be excluded from a meeting in limited circumstances. You can choose that this proposal will not be discussed during the open meeting to the public. If so, please check the following box