



**Missouri
State**
UNIVERSITY

Institutional Review Board

Missouri State University Human Subjects Review Application Cover Sheet

(Revised 09/03/08)

For OSRP Use Only

Date Submitted: _____

Date Received: _____

Application #: _____

A. INVESTIGATOR INFORMATION *(Additional names and information on training are to be provided on an attached sheet.)*

Principal Investigator: _____	College: _____	Department: _____
Human Subjects Training has been completed: <input type="checkbox"/> yes <input type="checkbox"/> no	Email: _____	
Project involves Protected Health Information: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no	
Co-Worker: _____	College: _____	Department: _____
Human Subjects Training has been completed: <input type="checkbox"/> yes <input type="checkbox"/> no	Email: _____	
Project involves Protected Health Information: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no	
Co-Worker: _____	College: _____	Department: _____
Human Subjects Training has been completed: <input type="checkbox"/> yes <input type="checkbox"/> no	Email: _____	
Project involves Protected Health Information: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no	
Co-Worker: _____	College: _____	Department: _____
Human Subjects Training has been completed: <input type="checkbox"/> yes <input type="checkbox"/> no	Email: _____	
Project involves Protected Health Information: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no	
Co-Worker: _____	College: _____	Department: _____
Human Subjects Training has been completed: <input type="checkbox"/> yes <input type="checkbox"/> no	Email: _____	
Project involves Protected Health Information: <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no	

B. PROJECT INFORMATION

Project Title: _____

Project Type: ☐ New Project ☐ Renewal or Continuation ☐ Resubmission
☐ Change in Procedure for Previously Approved Project

Proposed Project Dates (up to one year): **From:** ____ / ____ / ____ **To:** ____ / ____ / ____

Funding Agency or Research Sponsor: _____

C. IRB RECOMMENDATION

Recommendation of College IRB Representative:

☐ Category I, Exempt, Sub-part A, Section 45.101 45 CFR 46, exempt category _____

☐ Category II, Expedited Approval, Sub-part A, Section 46.110; expedited category _____

☐ Category III, Full Committee Review

IRB College Representative: _____ **Date:** _____

Action of the IRB Chairman: ☐ Approved as Exempt ☐ Expedited Approval ☐ Recommended for Full Review

Results of Full IRB Review: ☐ Approved ☐ Deferred (see attached comments) ☐ Disapproved (see attached comments)

Chairman of IRB: _____ **Date:** _____