



**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.)*

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

☐ Approved as Exempt                      ☐ Approved

☐ Expedited Approval                      ☐ Deferred (see attached comments)

☐ Recommended for Full Review                      ☐ Disapproved (see attached comments)

**Chairman of IRB:** \_\_\_\_\_ **Date:** \_\_\_\_\_