



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: _____ 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	College: _____ Department: _____ Email: _____ If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no
Co-Worker: _____ 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	College: _____ Department: _____ Email: _____ If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no
Co-Worker: _____ 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	College: _____ Department: _____ Email: _____ If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no
Co-Worker: _____ 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	College: _____ Department: _____ Email: _____ If yes, has HIPAA training been completed?: <input type="checkbox"/> yes <input type="checkbox"/> no
Co-Worker: _____ 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	College: _____ Department: _____ Email: _____ 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: <input type="checkbox"/> Approved as Exempt <input type="checkbox"/> Expedited Approval <input type="checkbox"/> Recommended for Full Review	Results of Full IRB Review: <input type="checkbox"/> Approved <input type="checkbox"/> Deferred (see attached comments) <input type="checkbox"/> Disapproved (see attached comments)
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Chairman of IRB: _____ **Date:** _____