



# 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:** ☐ 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:** \_\_\_\_\_