Application for Review of Human Subjects Research

Title of Project:		
IRB Project # (Assigned by IRB):		
Name of Principal Investigator(s):		
Email(MCC email address required):		
Phone:		
Name of Faculty Mentor:		
Department:		
Campus Address:		
Campus Phone:		
Email (MCC email address required):		

1. Description of study:

2. Description of participants:

3. Number of participants: _____

4. Vulnerable populations:

5. Methods:

6. Location of study:

7. Medical clearance:

8. Risk(s) to participants:

9. Retrospective data review:

10. Biologic sample disposal:

11. Deception:

12. Consent:

13. Audio or visual imaging:

14. Data storage and security:

15. Signed Informed Consent Forms:

- 16. Benefits of participation for subjects:
- 17. Benefits of your study to society:

Required Signatures

Date ______ Signature of Primary Investigator (PI) ______

Affirmation of Faculty Mentor:

If the Primary Investigator is a student I certify that I am the PI faculty mentor.I have reviewed this Application for Review of Human Subjects Research and, subject to the approval of the MCC Institutional Review Board, I authorize the Student Investigator to conduct this study. I agree to provide to the best of my ability continuous and responsible oversight of the student conducting the research and ensure that the study will be conducted in full compliance with the policies of MCC, the MCC Institutional Review Board, and general standards of ethical research. Date ______ Signature of Faculty Mentor _______

Date	Signature of Division Chair	
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Affirmation of Reviewer:

I have reviewed this application for Human Subjects Research and find it to be in compliance with MCC policies, IRB policies, and ethical standards for Human Subjects Research.

Date _____ Signature of Reviewer _____

Affirmation of IRB Chair:

I have reviewed this application and have taken the following action:

Approved for Expedited Review

Approved following Full Board Review

Exempt

Disapprove

Date _____Signature of IRB Chair _____