*Instructions: Provide information as specific as possible. If supplemental attachments are needed for further information, use the item number in this form as a reference in the attachment(s). Where appropriate, mark the box after the table if there is more data to the table than what can be completed on this document. Once the form is completed,* ***do a "Save As", and save the form as a PDF file, using the lastname\_firstname format for the filename****. Return all documents via e-mail to officeofresearch@tsu.edu.*

The "Tab" key may be used to maneuver forward through the document fields. Shift + Tab can be used to maneuver backwards through the fields. The spacebar can be used as a toggle to place an "X" in the box or to remove it. Pay attention to those items where only **one** option is to be selected.

1. INVESTIGATOR DATA
   1. Name:
   2. TSU E-mail (**only**):
   3. Department:
   4. Phone:
   5. Will there be internal associates on this protocol? No  / If Yes, list.

* 1. Will there be student research assistants on this study? No  / If Yes, list.

* 1. Select your role:  (Students, provide the additional faculty advisor information.)
     1. Advisor Name:
     2. Advisor contact phone:
     3. Advisor TSU e-mail:

1. PROTOCOL INFORMATION
   1. Study Title:
   2. Has this study been previously considered by the committee? No  / Yes 
      1. If Yes, when?
   3. Is this proposal prepared for submission to an external funding agency?

No  / Yes

* + 1. If Yes, provide the name of the funding agency.

* + 1. Is notification of the committee approval required? No  / Yes
  1. Proposed Project Period: From:       To:
  2. Is this a joint collaborative project? No  / Yes 
     1. If Yes, provide the name and institution of the collaborator.

* 1. Location of work to be performed mark all that apply):
     1. - TSU campus - Building name (and location, if off-campus):

* + 1. - Non TSU location (include address if there are multiple locations)

* 1. Has this proposal been submitted to another Institutional Review Board (IRB)?

No  / Yes

* + 1. If Yes, what was the outcome?

Approved

Disapproved

Pending

* 1. Select the data collection method(s).
     1. Interview (Complete Section 3)
     2. Questionnaire/survey (Complete Section 3)
     3. Focus group (Complete Section 3)
     4. Behavioral observation (Complete Section 3)
     5. Secondary data (documents/records) (Complete Section 4)
  2. Description - Provide a brief description of proposed research.

* 1. Purpose - What is the purpose of the research?

* 1. Procedures - Provide a step-by-step description of each procedure, including the frequency, duration, and location.

1. HUMAN INTERACTION / INTERVENTION STUDIES
   1. Demographics of Human Subjects (i.e. adults, children, male, female, age group, etc.):

* 1. How often will the data collection method occur (i.e. number of surveys or observations)?
     1. 1 time
     2. 2-4 times
     3. 5 times or more
  2. What is the estimated duration of each occurrence of the data collection method (i.e. number of minutes, hours, days)?
  3. Informed Consent - Describe the Informed Consent process.

* 1. Benefits - Describe the anticipated benefits to subjects and the importance of the information that may reasonably result from your study.

* 1. Risks - Describe the risks.

* 1. Confidentiality & Anonymity - Summarize procedures to protect the confidentiality and anonymity of the subjects in the study.

1. SECONDARY DATA STUDIES
   1. What are the variables for the study?
   2. Select the source(s) of the secondary (existing) data and provide the information for each source:
      1. - Website

| Site Name | Page Name | Copied URL |
| --- | --- | --- |
|  |  |  |
|  |  |  |

- Check if supplemental information is attached.

* + 1. Publication

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Publication/Article Title | Date | Author |
|  |  |  |  |
|  |  |  |  |

- Check if supplemental information is attached.

* + 1. Media (Television, Radio, etc.): Television  / Radio  / Film
    2. Social Media (Name):
    3. Archived/Collected Records

| Entity Name | Entity Location | Entity Department |
| --- | --- | --- |
|  |  |  |
|  |  |  |

- Check if supplemental information is attached.

* + - 1. How will records be acquired?

- A records request will be made to the entity.

- Investigator (or other person on the protocol) has access to the records. **NOTE (records access): A letter of permission must be included.**

* 1. Will you be accessing Protected Health Information (PHI)? No  / Yes 
     1. If Yes, how will this PHI be secured/stored?

* + 1. How will this PHI be destroyed once the study has concluded?

1. INVESTIGATOR AGREEMENTS

Mark the following statements:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Statement | For each statement, select only one. | |
| I Agree | I Disagree |
| 5.1 | I affirm the accuracy of this application. |  |  |
| 5.2 | I accept the responsibility for the conduct of this research as required by law. |  |  |
| 5.3 | I understand that I cannot initiate, nor have I initiated, any contact with human participants nor attempt to access any record before I have received written approval from the Office of Research and/or complied with all contingencies made in connection with that approval. |  |  |
| 5.4 | Once the research has begun, additions to or changes in procedures involving human subjects, as well as any problems connected with the use of human subjects, must be brought immediately to the Committee for the Protection of Human Subjects. I understand that all data collection must stop until a decision has been rendered by the Committee. |  |  |
| 5.5 | I agree to provide whatever surveillance is necessary to ensure that the rights and welfare of human participants or records are properly protected |  |  |
| 5.6 | I understand that I must maintain records as a result of this study for a period of not less than three (3) years after the study has concluded, and that within that timeframe, records may be requested of me by the IRB or appropriate university official. Records must be made available and submitted to these authorities when requested. Records are subject to auditing within this timeframe |  |  |

Sign the agreement by typing your full name in the field provided.