

**UIW Application for IRB Approval  
Part I: Application Form**

**This application form is retired. All IRB applications must now be submitted online at <https://uiw.forms.ethicalreviewmanager.com/>. This form is to be used for planning purposes only; the online application form will ask for the same information.**

This application is to be used for initial application for IRB review only. Sufficient time must be allowed for review. Incomplete applications will be returned without review. For a list of application components, see the [IRB Manual](#).

Submit this completed form as part of the application to the Office of Research Development electronically for IRB review. **Do not submit applications directly to the IRB representative**, as this form will be electronically routed to them for review after it has been checked for completion and logged into the IRB database. Signatures will be applied electronically once the application is approved.

Principal Investigator			
A Principal Investigator (PI) must be designated for any human subjects research. The PI is responsible for ensuring university and federal regulatory compliance for all research activities and research personnel associated with this protocol. For the responsibilities of the PI, refer to the UIW IRB Manual.			
Name: <a href="#">Click here to enter text.</a>	Phone #: <a href="#">Click here to enter text.</a>	E-mail: <a href="#">Click here to enter text.</a>	Mailing Address: <a href="#">Click here to enter text.</a>
College/School or Department: <a href="#">Click here to enter text.</a>		CITI Training Date: <a href="#">Click here to enter text.</a>	PIDM (UIW ID): <a href="#">Click here to enter text.</a>
Is the PI a student? <input type="checkbox"/> NO <input type="checkbox"/> If, YES, a faculty supervisor must be designated for this research protocol. Include a signed copy of the <b>Faculty Supervisor Agreement</b> with this application.			
Faculty Supervisor			
Name: <a href="#">Click here to enter text.</a>	Phone #: <a href="#">Click here to enter text.</a>	E-mail: <a href="#">Click here to enter text.</a>	CPO: <a href="#">Click here to enter text.</a>
College/School or Department: <a href="#">Click here to enter text.</a>		CITI Training Date: <a href="#">Click here to enter text.</a>	PIDM (UIW ID): <a href="#">Click here to enter text.</a>

Other Project Personnel				
List all other project personnel, including co-investigators, research associates, and student researchers who will be recruiting, consenting, collecting data, or working with data collected from human subjects. Use "enter"/"return" key to list personnel on separate lines.				
Name: <a href="#">Click here to enter text.</a>	Role in Research: <a href="#">Click here to enter text.</a>	CITI Training Date: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>	PIDM (if student): <a href="#">Click here to enter text.</a>

Research Information		
Title of Study: <a href="#">Click here to enter text.</a>		
Research Category: <input type="checkbox"/> Exempt <input type="checkbox"/> Expedited <input type="checkbox"/> Full Board		
This research will be conducted: <input type="checkbox"/> On the UIW campus or UIW facilities <input type="checkbox"/> Off campus (list all locations where research will be conducted): <a href="#">Click here to enter text.</a>		
Number of Subjects: <a href="#">Click here to enter text.</a>	Number of Controls: <a href="#">Click here to enter text.</a>	Total Duration of Study Activities: <a href="#">Click here to enter text.</a>
This research will involve the following (check all that apply): <input type="checkbox"/> Inmates of penal institutions <input type="checkbox"/> Institutionalized intellectually handicapped		

- Institutionalized mentally disabled
- Committed patients
- Intellectually handicapped outpatient
- Mentally disabled outpatient
- Pregnant women
- Fetus in utero
- Viable fetus
- Nonviable fetus
- Dead fetus
- In Vitro fertilization
- Minors (under 18)

### Funding Disclosures

Funding source(s):  Internal  External  Pending  None

List all funding sources (pending and awarded):

[Click here to enter text.](#)

The funding provides for (select all that apply):

- Investigator release time or compensation
- Research materials
- Graduate assistants, student workers, or other project employees
- Travel
- Other:

[Click here to enter text.](#)

### Financial Conflict of Interest

Does any member of the project team hold financial interest in the funding organization or any similar organization (stocks, board membership, etc)?

- NO
- If YES, describe below:

[Click here to enter text.](#)

## This Section for Office of Research Development Use Only Signatures will be applied electronically upon approval

### Investigator Signature(s) & Assurances

I certify that the information above is accurate and complete. I will request prior IRB approval for any changes to the approved protocol and/or informed consent forms, and will not implement those changes until I receive IRB approval. I will report any adverse effects to the IRB immediately. I agree to comply fully with the ethical principles and regulations regarding the protection of human subjects in research.

#### Principal Investigator:

Name:	Signature:	Date:
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#### Faculty Supervisor (if Principal Investigator is a student):

Name:	Signature:	Date:
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### Approval Signature(s)

#### IRB Representative/Reviewer:

Name:	Signature:	Date:
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#### IRB Chair (or Chair's Designee):

Name:	Signature:	Date:
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