IRB EXPEDITED REVIEW APPLICATION

Section 1. Personnel/Funding Information

Title of project

Principal investigator

E-mail address Phone

Mailing address

Investigator signature Date

Other investigators (attach additional paper if necessary)

If the principal investigator is a student, please provide the following information:

Deadline for project completion

Is this project part of the requirements for a course grade? ☐ Yes ☐ No

Faculty/staff supervisor

Phone E-mail address

I have reviewed this application and will provide appropriate guidance with the project as needed.

Faculty/staff supervisor signature

If medical supervision is necessary, please provide contact information for the physician who will provide this supervision:

Physician name Phone

If this proposal is part of a grant, please indicate the following:

Name of grant

Principal investigator of grant

Source of funds (State specific name of funding source)

Government agency Foundation

Corporation Other

Section 2. Project Description

Please check the category or categories into which the project falls:

☐ 1. Research on individual or group behavior or characteristics, such as (but not limited to) studies or surveys of perception, cognition, attitudes, and actions if the investigator does not manipulate subjects' behavior and the research will not involve stress to the subjects. Research involving sensitive matters such as sexual or political behavior may require Full Review. Expedited Review is not appropriate if the subjects' responses, if known outside the research, could place the subjects at risk of civil or criminal liability or damage their financial standing or employability.

☐ 2. The study of existing data, documents, records, pathological specimens, or diagnostic specimens. This category could include data originally collected under an Exemption.

☐ 3. Voice or video recordings made for research purposes. Research involving sensitive matters such as sexual or political behavior may require Full Review. Expedited Review is not appropriate if the subjects' responses, if known outside the research, could place the subjects at risk of civil or criminal liability or damage their financial standing or employability.

☐ 4. Moderate exercise by healthy volunteers.

☐ 5. Recording of data from subjects at least 18 years of age using noninvasive procedures routinely employed in medical research or practice, such as (but not limited to) electrocardiography, electroencephalography, weighing, and tests of sensory acuity. Expedited Review is not appropriate if the procedure involves an invasion of the subject's privacy or the input of matter or significant amounts of energy into the subject (such as exposure to electromagnetic radiation outside the visible range, e.g., X-rays and microwaves).

☐ 6. Collection of bodily fluids or tissues accomplished through routine practices in subjects at least 18 years of age who are in good health. These bodily fluids or tissues include (but are not limited to) supra- and subgingival dental plaque and calculus, hair and nail clippings if collected in a non-disfiguring manner, sweat, uncannulated saliva, and blood samples not to exceed 450 milliliters in an 8-week period and no more than twice per week.

☐ 7. Research on drugs or devices for which an investigational new drug exemption or an investigational device exemption is not required. Full Review may be required if the reviewers feel that participating subjects will be at greater than minimal risk.

Total number of subjects ☐

Number of subjects in control group(s) (if appropriate) ☐

Population(s) from which derived ☐

This study includes:

Prisoners ☐ Fetuses ☐ Abortuses ☐ Pregnant women ☐

Minors under 18 ☐ People with mental illness ☐

People with cognitive impairment or intellectual disability ☐

If any of the populations above are involved, attach a statement indicating the reasons for using these groups.

Will any subjects be from hospitals or other institutions (including other universities)? ☐ Yes ☐ No

If yes, please attach evidence of approval from this hospital or other institution. This evidence could be a letter of support from an authorized agent, a copy of an IRB or ethics panel review, or some other documentation indicating awareness and approval of the study's design, methodology, and purpose.

Location and duration of study:

Location of study

Probable duration of entire study

Total amount of time each subject will be involved

Briefly describe the objectives and methodology of this project in lay language. Attach supplemental documents (e.g., surveys, consent forms) as necessary.

List any possible physical, psychological, and social risks and precautions to be taken to avoid these risks. Examples of risks include but are not limited to loss of time, performance-related embarrassment, invasion of privacy, distress at recalling traumatic events, and self-diagnosis or labeling.

Describe the procedures to be used to maintain confidentiality.