

Troy University
Institutional Review Board
Checklist for Application Review

Please provide an X or check mark that you have reviewed each section before submitting application to tob@troy.edu

Troy University
 Institutional Review Board
 Application for Institutional Review Board Review

General Instructions for Completion of Protocol:

- x Unless otherwise instructed, type all information in the area below each question, using as much space as necessary
- x All fields **MUST** be completed for the application to be considered "Complete." Incomplete applications **WILL NOT** be processed.
- x **DO NOT** delete or omit any sections.
- x Submit your completed application to the IRB as one document in either MS Word or .pdf format.
- x Informed consent documents **MUST** be submitted as a separate MS Word document.

I. Principal Investigator(s) *Note: Supervising faculty members who will be co-authoring with their students should list themselves as co-principal investigators.*

| | | | |
|------------|--|--------|--|
| Name | | Title | |
| Department | | Campus | |
| Email | | Phone | |

If PI is a student:

Is this study part of a Thesis, Dissertation, or DNP project? • Yes • No

Faculty Advisor information:

| | | | |
|------------|--|--------|--|
| Name | | Title | |
| Department | | Campus | |
| Email | | Phone | |

Additional Investigator(s): Add all additional researchers that will be involved in the project. Replicate this page to add more researchers as necessary.

| | | | |
|------------|--|--------|--|
| Name | | Title | |
| Department | | Campus | |
| Email | | Phone | |

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|------------|--|--------|--|
| Name | | Title | |
| Department | | Campus | |
| Email | | Phone | |

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| Name | | Title | |
| Department | | Campus | |
| Email | | Phone | |

I. Title of the project:

III. Dates of proposed research:

Beginning: Ending:

Note: Beginning date cannot precede IRB approval.

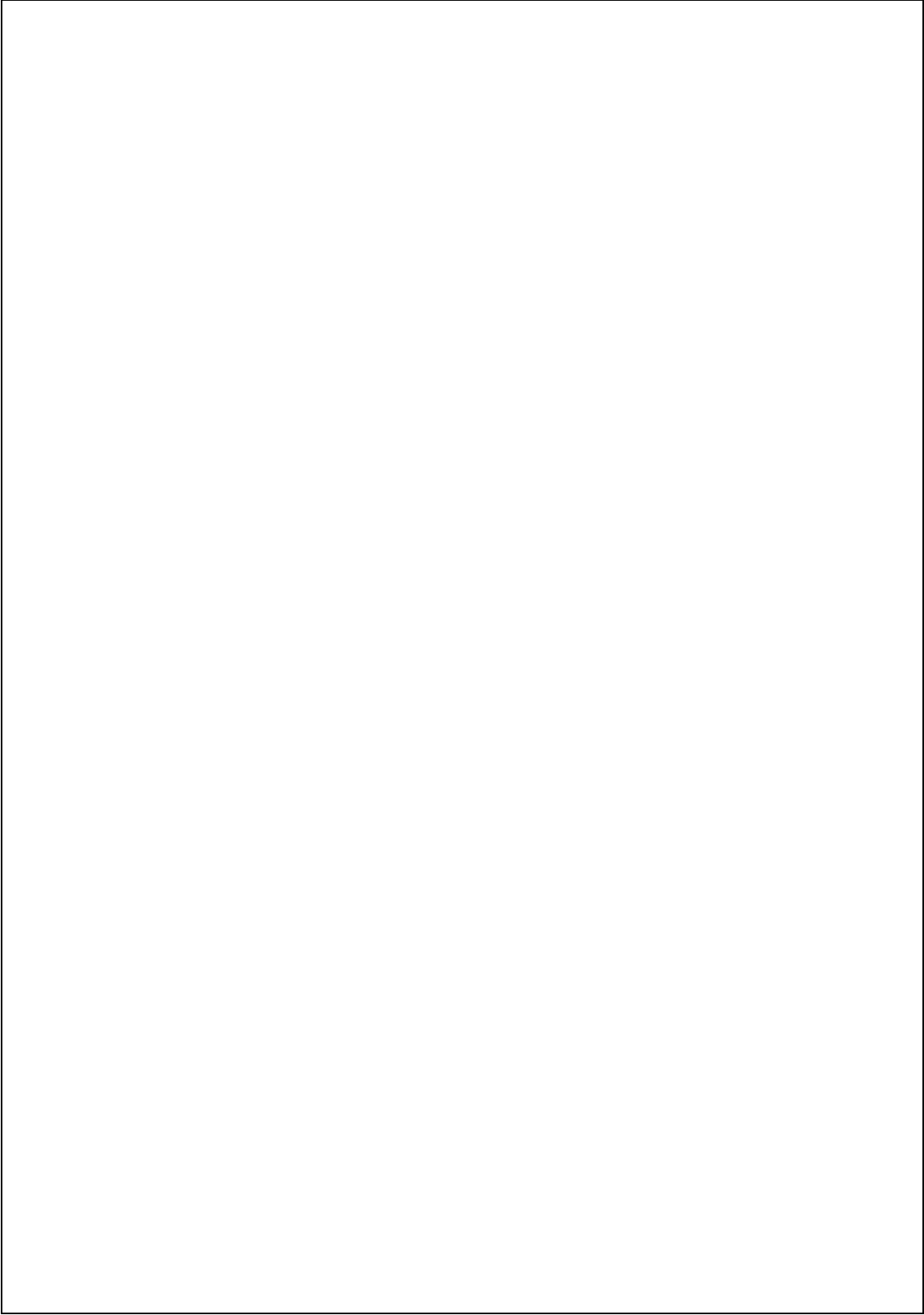
IV. Source of funding for the project:

Hypotheses (if applicable)

How will you recruit the participants? If using printed material, attach a copy. If verbally describing the study to a pool of potential participants, attach your script.

Compensation: If compensation (of any kind: monetary, extra credit, gift, etc.) be awarded for participation in the study, describe below. Be specific. Include the monetary value of any gifts. If extra credit, describe the compensation alternative. If no compensation will be given, state "None."

VII. Methodology (continued)



VIII. Data Collection and Storage

How will data be collected:

Data storage location and duration (be as precise and detailed as possible). Data must be stored for at least three years:

Data destruction:

IX. Informed Consent Process:

1. *Explain the process through which you will provide the potential participant all the information they need to decide whether or not to participate.*
2. *Append a copy of any written forms, cover letters, verbal scripts, and/or assent scripts that*

Additional Investigator(s):

| | |
|---------------------------------|---------------|
| _____ Investigator Signature | _____ Date |
| _____ Investigator Signature | _____ Date |
| _____ Investigator Signature | _____ Date |
| _____ Investigator Signature | _____ Date |
| _____ Investigator Signature | _____ Date |
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| _____ Investigator Signature | _____ Date |