

IRB COVER SHEET

Reason for Submission:**New Project**

Responding to comment
Reconsideration
Disapproval Resubmission
Modification
Renewal

Include current IRB number if anything other than "New Project" is checked above.

TO BE COMPLETED BY IRB STAFF:

IRB #: _____

DATE: _____

PART A - PROTOCOL/INVESTIGATOR/COORDINATOR INFORMATION

Title of Study: _____

Principal Investigator: _____

Title: _____

Address: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Co-investigators: _____

Coordinator's Name (if different from PI): _____

Address: _____

Phone number: _____

Fax number: _____

E-mail address: _____

PART B - LEVEL OF RISK/TYPE OF REVIEW REQUESTEDLevel of Risk: **Minimal** Moderate HighType of Review Requested: Full Board **Expedite** Exempt**PART C - RECRUITMENT INFORMATION**

Number of subjects to be enrolled at this site: approximately 200 students

Gender: **Male** **Female**

Age Range (all subjects): _____

Duration of Study per Subject: Duration of Entire Study: _____

Source of Recruitment: (Will be contacting the English Department upon approval)

PART D - SOURCE OF SUPPORT

Indicate all applicable sources of support and the sponsor:

Federal* - Sponsor: _____

Commercial - Sponsor: _____

Foundation - Sponsor: _____

Other (specify) - Sponsor: _____

No support**If federal funding, please have copy of entire grant application available.***PART E - CONFLICT OF INTEREST**

Does the principal investigator or any co-investigator (or any member of the immediate family):

a. own or control any equity interest in any drug, device or technology involved in this research? Yes* **No**b. have a financial interest in any listed source of external support? Yes* **No**c. function as an advisor, employee, officer, director, or consultant for any listed commercial source of external support? Yes* **No****If yes, please attach detailed information to permit the IRB to determine if such involvement should be disclosed to potential research subjects.*