



Virginia State University

Institutional Review Board

Research with Human Subjects

Submission Form

Federal regulations and Virginia State University policy require that all research involving human subjects are to be reviewed and approved by the University Institutional Review Board (IRB). Any person (faculty, staff, student or non-VSU person) wanting to engage in human subject research at Virginia State University must received written approval from the IRB before conducting research.

Please complete this entire form, sign and return with the required documentation to the address located at the bottom of the form.

NOTE: To receive a fillable form send an email to sevans@vsu.edu

I. GENERAL INFORMATION

A. Research, Dissertation or Thesis Title:	
Is this research part of a thesis or dissertation proposal? () Yes () No If yes, has the thesis or dissertation proposal been approved? () Yes () No Date approved: _____ Name of Thesis/Dissertation Advisor: _____ Department _____ Phone No. _____	
Anticipated Beginning Date of research project:	Anticipated Ending Date of research project:

Principal Investigator Information (If the PI is a graduate student please indicate advisor's name in item 3).

1. Principal Investigator	Department and Campus PO Box No.
2. Telephone and Fax Numbers	Email Address
Please check if PI is: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student <input type="checkbox"/> Non-VSU faculty/staff or student	Non-VSU members complete this section: Name of University and mailing address
3. Co-Principal Investigator or Advisor	Department and Campus PO Box No.
4. Telephone Number	Email Address
Please check if Co-PI is: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student <input type="checkbox"/> Non-VSU faculty/staff or student	Non-VSU members complete this section: Name of University and mailing address

COMPLETE THIS SECTION IF PI IS AN UNDERGRADUATE STUDENT

Check one:	<input type="checkbox"/> Class Project	<input type="checkbox"/> Research Paper	<input type="checkbox"/> Other
Has the Thesis/Dissertation Committee approved the proposal?			
<input type="checkbox"/> Yes, Date approved: _____ <input type="checkbox"/> No			
Name of Research Supervisor:			
Department:		Phone No.	
Course Name (if applicable)			

II. PROTOCOL DESCRIPTION

Reason(s) for review by Human Subjects Committee (please check all that apply):

Virginia State University employees/students

Persons otherwise dependent on the researcher (such as students of the researchers, etc.)

Minors

Students in a school system

Name of school system:

Other populations (explain)

RESEARCH DESIGN: Attach as a separate document a detailed description of the study to include the purpose, methodology, planned data analysis section. **Please DO NOT append your entire thesis/dissertation/grant proposal as a substitute for this document.** Your document should not exceed 5 pages.

III. RECRUITMENT

A. Give an estimate of how many participants will be included in the study?

B. What is the age range?

C. Where will participants be recruited? (i.e., specific department, public school system, etc)

D. Describe in detail how participants will be recruited, or approached to participate in the research study.

E. Explain procedures/steps for obtaining informed consent from participants. Be specific regarding who will obtain informed consent, and in what setting/time frame.

F. Describe any alternative activities available to those who choose not to participate in the study, if applicable.

IV. DATA

A. How will the data be stored and kept secure? (Briefly describe where the data will be stored and kept secured from persons other than the researcher)

B. 1) Who will have access? 2) How will the data be used [during and after the research (i.e., research publications, journals, conferences, scholarly presentations)]?

C. How will the data be disposed and after how many years?

V. CONFIDENTIALITY

A. How will the data be kept anonymous and confidential? (Describe how the privacy and confidentiality of the research data will be protected)

B. Will participants be recorded (e.g., audio, video)

No

Yes – describe the type of recording(s) and specify how they will be used, stored/secured, and their final disposition.

VI. BENEFIT

A. Who might find these results useful?

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VII. RESEARCH INSTRUMENTS

Attach copies of surveys, interview or focus group questions that will be used in the project and if applicable, any signed agreements between agencies/collaborators/school districts, etc.

VIII. TRAINING

VSU policy requires all investigators and/or researchers conducting human subjects' research to complete The **CITI Responsible Conduct of Research (CITI RCR)** training on protecting the rights and welfare of research participants.

The training requirements may be satisfied by completing an online course at CITI RCR <https://www.citiprogram.org>.

NOTE:

Students, who are submitting their thesis, dissertation, or class projects for IRB review, please do not complete the Basic/Refresher course, the Conflict of Interest or the Class project curriculum.

If you have previously taken the CITI RCR training please indicate the month and year taken.

Investigator's Assurance

The signature(s) below certify that:

- The information provided in this application is complete and accurate
- Each individual listed as principal, co-investigator, or research team possesses the necessary experience for conducting research activities in their assigned role, and is aware of and will abide by VSU policies and procedures for the protection of research participants
- Each individual listed as principal, co-investigator, or research team member has received the required human research protection education
- No research procedures with human subjects will be initiated until documented approval has been obtained from the IRB Office.
- I also agree to report any significant and relevant changes in the procedures or research instruments to the Human Subjects Committee for additional review

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Investigator's Signature Date

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Co-investigator's Signature Date

NOTE: Carefully review the application to ensure it is complete, contains sufficiently detailed responses to all questions, and all required attachments. Incomplete applications will be returned to the researcher potentially delaying the research.

DO NOT COMPLETE THIS SECTION [For Sponsored Research & Programs Use Only]

IRB Number: _____

Date Received: _____

Review Status:

Exempted

Categories 1 2 3

4 5 6

Date Reviewed: _____

Expedited

Categories 1 2 3

4 5 6

Name of Reviewer: _____

If Expedited: Name of Referred Committee Member: _____

Date Committee Member Reviewed: _____

For Committee Use Only

Full Committee Review Action

APPROVED: _____ **DATE:** _____
Chairman or Designee of HRC

CONDITIONALLY APPROVED: _____ **DATE:** _____
Chairman or Designee of HRC

Conditional Provisions: (Use reverse side if necessary)

NOT APPROVED: _____ **DATE:** _____
Chairman or Designee of HARC

Explanation: (Use reverse side if necessary)

NOTE:

Return this completed form and all supporting documents to:

**Virginia State University
Office of Sponsored Research and Programs
3 Jackson Place, room 200 / P. O. Box 9407
Petersburg VA 23806**