**Human Subjects Review Application**

Institutional Review Board | Ouachita Baptist University

*Email completed application and other required documents to Dr. Lewis A. Shepherd, Jr., IRB Chair,*

*at shepherdl@obu.edu*

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Date** |  | **Project Number** | (assigned by the IRB) |
|  |
| **Project Title** |  |
|  |
| **Project Investigators** | Principle Investigator |  |
|  | Status (*faculty, staff,* or *student*) |  |
|  | Department or Program |  |
|  | School or Administrative Office |  |
|  | Course Name |  |
|  | E-mail Address |  |
|  | Mobile Phone Number |  |
|  | Street Address or Box Number |  |
|  | City, State and Zip Code |  |
|  |
|  | Associate Investigator |  |
|  | Status (*faculty, staff,* or *student*) |  |
|  |  |
|  | Associate Investigator |  |
|  | Status (*faculty, staff,* or *student*) |  |
|  |  |
|  | Associate Investigator |  |
|  | Status (*faculty, staff,* or *student*) |  |
|  |  |
|  | Associate Investigator |  |
|  | Status (*faculty, staff,* or *student*) |  |
|  |
| **Estimated Number of Participants** |  |  |

|  |  |  |
| --- | --- | --- |
| **Proposed Project Classification** | [ ]  Exempt | [ ]  Non-Exempt  |
| **Funding Agencies and/or Research Sponsors** |
| Name |  |
| Street Address or Box Number |  |
| City, State and Zip Code |  |
| Phone Number |  |
|  |
| Name |  |
| Street Address or Box Number |  |
| City, State and Zip Code |  |
| Phone Number |  |
|  |
| Name |  |
| Street Address or Box Number |  |
| City, State and Zip Code |  |
| Phone Number |  |
|  |
| **Submission Status** | [ ]  New Project |
|  | [ ]  Renewal or Continuation |
|  | [ ]  Change in Procedure for Previously Approved Project |
|  | [ ]  Annual Review |
|  | [ ]  Re-Submission |
| **Purpose of Study** |
|  |
| **Dates of Study** |
|  |
| **Location of Study** |
|  |

|  |
| --- |
| **Subjects** |
| Method of Recruitment and Selection |
|  |
| Age Range |  |
| Gender(s) |  |
| Investigator’s Relationship to Subjects |  |
| Compensation |  |
|  |
| **Study Procedure** |
|  |

|  |
| --- |
| **Data Assessment Instrument(s)** |
| Please email a copy of the study’s data assessment instrument(s) along with this completed application. |

|  |
| --- |
| **Required Statements** |
| Benefits to Individuals, Universities, and Humanity |
|  |
| Risks to Subjects |
|  |
| Procedure for Minimizing Risks to Subjects |
|  |
| Procedures for Maintaining Confidentiality of Data |
|  |
| Procedure for Final Disposition of Data |
|  |
| Conflict of Interest |
|  |
| **Authorization** |
| Please email a copy of the following along with this completed application: |
| * Studies involving subjects under the age of 18 require a *Parental Permission Form* and a *Minors’ Assent Form*.
* Studies involving subjects age 18 and up require an *Informed Consent Agreement Form*.
 |
|  |
| **Action of the Institutional Review Board** |
| [ ]  Approve | [ ]  Approve with Minor Revisions | [ ]  Defer for Revisions | [ ]  Disapprove |