**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*

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| --- | --- | --- | --- | --- |
| **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** | |  |  | |

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| **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** | | | |
|  | | | |

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| **Subjects** | |
| Method of Recruitment and Selection | |
|  | |
| Age Range |  |
| Gender(s) |  |
| Investigator’s Relationship to Subjects |  |
| Compensation |  |
|  | |
| **Study Procedure** | |
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| **Data Assessment Instrument(s)** |
| Please email a copy of the study’s data assessment instrument(s) along with this completed application. |

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| **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 |