



Purpose: Investigators proposing to use live human subjects in research must complete form and submit this form to the IRB for review, prior to initiation of research. Please allow sufficient time for review and response. Complete instructions are available on the [IRB website](#).

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Researcher Information				
Project Title:				
Researcher Name First Last:	Title:	School:	Department:	Email:
Co-PI 1:	Title:	School:	Department:	Email:
Co-PI 2:	Title:	School:	Department:	Email:
Students, please provide the following information:				
Faculty Advisor Name:	School:	Department:	Email:	

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Study Questions	YES	NO
1. Are there any research assistants participating in this project? If yes, please attach completed Researcher Confidentiality Agreements for yourself and each participating researcher.		
2. Does your study involve the collection of data from a vulnerable population ? If yes, please specify the population: Children/Minors Prisoners Fetuses Pregnant Women Cognitively Impaired Persons Other		
3. Does this study involve any deception (research in which the subject is purposely led to have false beliefs or assumptions)? If yes, please explain when responding to "Risk-to-Benefit and Levels of Risk" in application (Question 4 in the Manual)		
4. Does the study involve risk to subjects that is greater than that incurred in ordinary life or tasks? If yes, please explain when responding to "Risk-to-Benefit and Levels of Risk" in application (Question 4 in the Manual)		
5. Has this study been previously reviewed or approved by Lewis & Clark College's IRB? If yes, please explain below.		
6. Is this this proposal New or Revised in response to previous review? new revised		
7. Do you have active external or internal funding for this project, OR are you applying for support for this project? If yes, please explain below, including names of current or potential sponsors:		
8. Is this study being, or has it been previously, reviewed by another IRB? If yes, please list institution(s) and explain below:		
9. Have all researchers participating in the proposed project completed the appropriate HSR CITI training modules?		

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Checkboxes with Attachments	
The following are attached: Researcher Confidentiality (Required) Informed Consent Form (Required) List of Citations Other (Please list all other forms in the textbox to the right)	Other Attachments

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Detailed Human Subjects Research Protocol

Following the instructions in the [Application Manual](#), please attach additional pages and/or exhibits to respond to each of the following questions.

1. Purpose and Design of Research
2. Selection and Recruitment of Subjects for Participation in Research
3. First-Person Scenario and Materials
4. Risk-to-Benefit Ratio and Levels of Risk
5. Confidentiality and/or Anonymity
6. Debriefing Procedures/Revelation of Potentially Troublesome Situations
7. Description of Informed Consent Process
8. Provide a summary of changes if this application is in response to a previous IRB review. If revised, all changes should be highlighted within the proposal.

A complete application includes the following:

1. Cover Sheet
2. Written responses to all application questions
3. Researcher Confidentiality Agreements for PI and all participating researchers/research assistants
4. Informed Consent Form
5. All relevant recruitment materials (emails/flyers/etc.)
6. Appropriate survey materials (interview/survey questions or copy of survey, etc.)

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Agreement

I will comply with institutional policy and all applicable regulations with respect to safeguarding human subjects. I understand that all participating researchers must complete HSR training modules. I will seek IRB approval before making any significant changes to the proposed procedures in this study. I agree to follow the instructions of the IRB. If this is a student application, the faculty advisor's signature indicates that they have reviewed this application and accept the responsibility of ensuring that the procedures approved by the IRB are followed. All required attachments are included.

Researcher Signature	Date	Co-PI 1 Signature	Date
Co-PI 2 Signature	Date	Faculty Advisor Signature	Date