GU Principal Investigator Name, Title, GU School or Department, Address, Phone and most used Email Address. | GU Project Investigator/Advisor, School or Department, Phone, Email (qualified faculty or supervisor if PI is a student)

Title of Project: [Full study title here. Title should be the same on all corresponding study forms]

Anticipated starting date: This should not be earlier than the review date for your protocol! The IRB meets monthly to review full-board studies. You should allow 4 weeks approval review and approval turn-around.

__________, 20__ | Anticipated termination/stop date:

__________, 20__

New project _____ Continuing Review _____ | Amendment / change in protocol for previously approved project _____

Funding: __ Non-funded _____ Internal funding _____ External funding

Funding Status: _____ Proposal in preparation _____ Pending agency decision _____ Funded

Funding Agency (if applicable): ___________________________ | Grant or contract #: ___________________________

Request for expedited review ____ | Request for full IRB review _____

You CANNOT self-determine that your study is Exempt from review and forgo submitting to the IRB. If you believe your study qualifies as exempt, indicate this. The IRB Chairperson will verify Exempt status.

By default, Greater Than Minimal Risk (GTMR) studies and studies with minors/children require a full IRB review. The IRB may also review any protocol via full Board at its discretion.

Abstract

Your abstract should provide an overview of your study purpose/hypothesis and methodology, as well as the importance of your study. This is usually about one paragraph; more if you feel it’s needed.

The information provided above is accurate and the project will be conducted in accordance with applicable Federal, State and University regulations:

Principal Investigator (PI) ___________________________ Signature ____________ Date ____________

Recommendations and Signature:

Faculty Sponsor (for student) ___________________________ Date: __________________

Department Chair ___________________________ Approve/Disapprove: __________________