

**College of DuPage
Institutional Review Board
Human Participants Review Form**

Title of Research Project:	
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Date of Request:	
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Principal Investigator(s)/Project Director(s):	
Are you requesting an expedited review?	

Co-Investigators/Student-Investigators:	

Principal Investigator/Project Director Contact Information	
Department:	
Address:	
Phone:	
Email:	

Proposed Project Dates:	
Location of Project:	
Other Organizations or Agencies, if any, involved in project	

Please supply the following information:

I. Project Information:

A. Project Activity Status:

- New Project
- Periodic Review of Continuing Project
- Revision to Previously Approved Project

B. This project involves College of DuPage students as participants

- Yes No

C. This project involves College of DuPage employees as participants

- Yes No

D. Human Participants from the following populations will be involved in this study

- | | |
|--|---|
| <input type="checkbox"/> Minors | <input type="checkbox"/> High School Students |
| <input type="checkbox"/> Mentally Disabled | <input type="checkbox"/> Prisoners |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> None of the above |

E. Total number of participants (estimate): approx. 90

II. Abstract Describing Project and Purpose (Include a description of all research methods to be used and design and program activities; what measures or observations will be taken in the study? If any questionnaires, tests or other instruments are to be used include a brief description and a copy of such instruments.)

III. Protocol (Who will be the research participants? How will they be solicited or contacted? Include any recruitment letters or other recruitment materials with this document; how much time will be required of each participant? Describe procedures to which humans will be subjected – use additional pages if necessary.)

V. Precautions (What steps will be taken to ensure that participation from each individual is voluntary? What, if any, inducements will be offered to the participants for their participation?)

VI. Confidentiality of data (Describe the methods to be used to ensure the confidentiality of data obtained, including plans for publication, disposition or destruction of data, etc.)

VIII. Consent (Attach a copy of all consent forms to be signed by the participants and/or any statements to be read to the participants.)

RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:

- Any additions or changes in procedures in the protocol will be submitted to the IRB for written approval prior to these changes being implemented.
- Any problems connected with the use of human subjects once the project has begun must be communicated to the IRB Co-Chairs.
- The principal investigator is responsible for retaining informed consent documents for a period of three years after the project.

I certify that the protocol and method of obtaining informed consent as approved by the College of DuPage Institutional Review Board will be followed during the period covered by this research project. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation.

Principle Investigator/Project Director Signature

Date

Co-Investigator/Student-Investigators Signature (if appropriate)

Date

Signature of IRB Co-Chair:	Date:
Signature of IRB Co-Chair:	Date:
Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Referred for Full Committee Review	