TOUGALOO COLLEGE INSTITUTIONAL REVIEW BOARDS REVIEW
DOCUMENTAITON OF REVIEW AND APPROVAL

IRB STUDY NUMBER: _____
(IRB Office will assign)

SECTION 1: INVESTIGATOR INFORMATION

Principal Investigator: _____ **Department:** _____
(Last, First, Middle Initial – must have faculty/staff status or faculty sponsor must sign)

Building/Room No.: _____ Phone: _____ E-mail: _____

Contact Information:

Name: _____ Address: _____ Phone: _____

Fax: _____ E-Mail: _____

If this is a Student Protocol, List Name of Student: _____ Phone: _____

Protocol Title:

Sponsor/Funding Agency: _____ PI on Grant: _____

Sponsor Protocol #/Grant#: _____ Period: From _____ to _____

Sponsor Type: ☐ Federal ☐ State ☐ Industry ☐ Not-for-Profit ☐ Unfunded ☐ Internally Funded

Grant Title (If different from project title): _____

SECTION II: TYPE OF REVIEW

☐Expedited Review

☐ Full Board Review

SECTION III: SPECIAL SUBJECT POPULATIONS

Research to Include: ☐ Minors ☐ Pregnant Women ☐Cognitively Impaired ☐ Prisoners

☐ Economically or Educationally Disadvantaged ☐ Fetuses (Or Fetal Tissue)

SECTION IV: RESEARCH SUBMISSION

Included with Research Submission

☐ Informed Consent, dated*:
☐ Authorization, dated**:
☐ Summary Safeguard Statement, dated**:
☐ Protocol, dated**:
☐ Drug Brochure, dated**:
☐ Advertisement, dated**:
☐Other: Description: ___, dated**:

**version dates are required on the informed consent statements*

***dates are optional and only necessary if required by the investigator or sponsor*

SECTION V: INVESTIGATOR STATEMENT OF COMPLIANCE

I assure the Board that all procedures performed under the project will be conducted in strict accordance with those federal regulations and Tougaloo College policies that govern research involving human subjects. I agree to submit *any* deviation from the project (e.g. change in principal investigator, research methodology, subject recruitment procedures, etc.) to the Board in the form of an amendment for IRB approval prior to implementation. By signing this form, I am certifying that all co-investigators listed on the study are aware of the research and are agreeing to participate.

Note: This form and any additional material requested by the Board will not be processed unless they are neatly typed and legible, properly prepared, and signed personally by the principal investigator.

Signature of Investigator: _____ Date: _____

SECTION VI: IRB COMMITTEE APPROVALS

_____	_____	Approved: _____	Disapproved: _____
Committee Member	Date	Reason for Disapproval: _____	
_____	_____	Approved: _____	Disapproved: _____
Committee Member	Date	Reason for Disapproval: _____	
_____	_____	Approved: _____	Disapproved: _____
Committee Member	Date	Reason for Disapproval: _____	
_____	_____	Approved: _____	Disapproved: _____
Committee Member	Date	Reason for Disapproval: _____	
_____	_____	Approved: _____	Disapproved: _____
Committee Member	Date	Reason for Disapproval: _____	

SECTION VII: IRB APPROVAL

This protocol, informed consent statement, authorization, and/or waiver of authorization for use of human subjects in research has been reviewed and approved by the Tougaloo College Institutional Review Board for a maximum of a one-year period beyond the final approval date unless otherwise indicated as follows:

_____

_____

Authorized IRB Signature: _____ IRB Approval Date: _____