POLK STATE COLLEGE

# Institutional Review Board (IRB)
# Research Protocol Submission Form

**Indicate *Internal* or *External* status by marking the appropriate box below.**

Internal Investigator: Polk State College faculty/staff/student [ ]
External Investigator: NOT Polk State College faculty/staff/student [ ]

**Title of Research Protocol:**

_____

_____

## SECTION 1

**A. Name/Title Principal Investigator (PI):**_____

**B. INTERNAL INVESTIGATORS (external investigators proceed to 1C):**

**Department/Program:**_____

**Campus:**_____ **Office:**_____ **Station:**_____ **Phone:**_____

**PI Supervisor/Administrator:** _____

**Campus:**_____ **Office:**_____ **Station:**_____ **Phone:**_____

**PI Supervisor/Administrator Signature:**_____**Date:**_____

**C. EXTERNAL INVESTIGATORS (internal investigators proceed to 1D):**

**Organization:** _____

**Mailing Address:** _____

**Phone:** _____ **E-mail:** _____

Will Polk State College faculty, staff, and/or students be collaborating on this research?
Yes [ ] No [ ]
If "Yes", please provide:
Polk State Researcher Name(s) _____

_____

Brief Description of Collaborating Polk State Researcher's Role (additional information may be requested later):

**D.** I certify that this research project will adhere to the protocol and method of obtaining informed consent as approved by Polk State College. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation.

**PI Signature:** _____ **Date:** _____

## SECTION 2

**A. Dates of Proposed Research:** _____ to _____

**B. Source of Funding:** (mark appropriate box)

External Grant (specify, e.g., Title III, NSF) [ ]
Internal Grant (specify, e.g., SBI) [ ]
Self/Unfunded [ ]
Other (specify) _____

## SECTION 3

**Will individuals outside of Polk State be collaborating on this research?** Yes [ ] No [ ]

**If "Yes":**

**External Researcher's Names(s):**

_____

**Collaborating Institution(s):**

_____

**Brief Description of Collaborating External Researcher's Role:** (additional information may be requested later)

## SECTION 4

**Briefly describe project research methodology in non-scientific language:**
A. Experimental design (including measures and observations to be taken, location)

B. Procedures to be used for data collection:

C. Plans for:

(1) Data Confidentiality (the researchers will know the names of the participants but have a plan to control the process so the names will not be revealed to others) or data anonymity (the researchers will not know the names of the participants and have a plan to control the process so the names will not be tied to the data):

(2) Limited Data Access (researchers limit those who have access to the data to ensure security):

(3) Data Disposition (researchers ensure the safe and complete destruction of data after the data is no longer needed for research purposes):

D. Research participants will be specifically utilized in the following manner:

E. Expected outcome of research or how research findings will be used:

F. Other (e.g., request for waiver of documentation of informed consent):

G. Indicate any planning for longitudinal follow-ups or repeated research cycles:

H. Participants:

Age (mark all that apply) Under 18: [ ] 18-64: [ ] 65 or older: [ ]

Number of each group to be recruited:

_____

Special Populations targeted by this research project (mark all that apply):

Racial/ethnic minority: [ ] Elderly: [ ] Economically disadvantaged: [ ]

Educationally disadvantaged: [ ] Other (specify)_____

Remuneration (if any): _____

Recruitment Process (including steps to ensure that participation is voluntary):

## SECTION 5

Based on completion of any preliminary screening process, mark A, B, or C below:

A. I request that this research be considered exempt from IRB review: [ ]

B. I request that this research be considered for expedited IRB review: [ ]

C. I believe this research is subject to full IRB review: [ ]

Attachments:

• A sample of the informed consent form to be used for this research project must be submitted with this application. Please refer to the Participant Informed Consent Form for more detailed information and guidance.

• Other documents (e.g., recruitment materials, statements to be read to the subjects, questionnaires, tests, or other instruments) should be attached as appropriate. Please list below:

## For IRB Purposes Only

Date Form Received: _____

Date Distributed to IRB: _____

Date of IRB Vote: _____

IRB Determination by IRB Chair or Designated Rep: _____

IRB Comments: