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| Mail to: Dr. Charles Lyons  Chair,  Institutional Review Board  Department of Psychology  BH 151  Phone: 541-962-3660 | EASTERN OREGON UNIVERSITY  HUMAN SUBJECTS RESEARCH  APPLICATION  **A PROJECT MAY COMMENCE ONLY AFTER REVIEW AND APPROVAL** | For ORSP use only  Protocol #\_\_\_\_\_\_\_\_\_\_\_\_  Approval Date\_\_\_\_\_\_\_\_\_ |

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| FOR COMMITTEE MEETING DATES CALL ORSP  (No Meetings July-August) |

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| Researcher’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher: Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Undergraduate Year \_\_\_\_\_\_\_\_\_\_\_\_  If student, Faculty Sponsor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| FOR FUNDED RESEARCH PROJECTS |
| Funding Source (include pending) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Attach one copy of Grant Application Title Page)  For PHS Funded projects, is human subjects protocol the same as described in Grant Application YES \_\_\_\_\_ NO \_\_\_\_\_ |

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| REVIEW TYPE (HSS only) |
| Regular \_\_\_\_\_ Expedited \_\_\_\_\_ Exempt \_\_\_\_\_  See HSS 45cfr46 for instructions |

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| INSTRUCTIONS TO AMEND A CURRENTLY APPROVED PROTOCOL |
| Currently approved protocol title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol Number \_\_\_\_\_\_\_\_\_\_\_\_\_  (Submit one copy of cover page from currently approved protocol)  Describe any changes to currently approved protocol on a separate page |

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| Project Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty Sponsor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty signature indicates that you accept responsibility for the research described, including work by students under your supervision. It further attests that you will monitor all phases of the research and notify the Committee if there are any significant changes to the protocol. |

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| PROJECT DESCRIPTION |
| Provide a brief description of your research protocol. Address each of the following questions about the use of human subjects:   * State the educational significance of the proposed research. * Describe your proposed procedures. Include the number of subjects required, how they will be recruited, identify risks associated with participation, and whether subjects will be compensated. * Describe how the results of the proposed research are to be used. Is this part of a class project or part of an investigator’s research program? Will results be published? * Describe how subjects will be debriefed and how subject’s anonymity will be protected. Will the results be made available to subjects? |

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| RESEARCH PROTOCOL |
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