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| Mail to: Dr. Charles LyonsChair, Institutional Review BoardDepartment of PsychologyBH 151Phone: 541-962-3660 | EASTERN OREGON UNIVERSITYHUMAN SUBJECTS RESEARCHAPPLICATION**A PROJECT MAY COMMENCE ONLY AFTER REVIEW AND APPROVAL** | For ORSP use onlyProtocol #\_\_\_\_\_\_\_\_\_\_\_\_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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