

**Institutional Review Board
Claremont McKenna College
2004-2005 Application for Review**

*Please fill out form and
return to Patty Castro, P-6*

Please submit this form with a Research Summary and supporting materials following the guidelines given below. The investigator should allow sufficient time for review before scheduling the implementation of the project. If the proposal requires the approval of the full committee, it could be a month before a decision is made.

Principal Investigator _____ Department _____ Campus Ext./Phone _____
 Email _____ Campus Address _____
 Title of Project _____
 Estimated beginning and completion dates of research _____ to _____.

The principal investigator assures the IRB that all procedures carried out under the project will be conducted by persons legally and responsibly entitled to do so, and that any deviation from the submitted project (change in principal investigator, participant recruitment procedures, research methodology, etc.) will be submitted to the IRB for approval prior to implementation. The IRB also requires that the principle investigator be familiar with the Belmont Report, which is included in this application package. (Please indicate your compliance below.) Faculty are required and students are strongly recommend to take the Web training session for non-IRB members (it takes less than an hour) provided by The National Cancer Institute. Please follow this link to review the **Human Participant Protections Education for Research Teams**: <http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp>.

I have read the Belmont Report.....yes no

Please indicate whether or not the following are involved:

Patients as participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Film-, video-, or voice-recording of participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minors as participants (under 18)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Questionnaires	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elderly participants (over 65)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Data banks, archives, or medical records	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-English-speaking participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Payment for participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cognitively impaired participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interviews	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prisoners or parolees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	The use of alcohol, drugs, or medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Participants in other countries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	The taking of physical specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Greater than <u>minimal risk</u> * to participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	The use of deception	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Principal Investigator (signature) _____ Date _____

Faculty Sponsor (printed name) _____ Department _____

I have verified that this research proposal is methodologically sound, that it minimizes risk to participants, and that the consent form is adequate.

Faculty Sponsor (signature) _____ Date _____

Review Board Action:

1. Certified by chair as exempt from review **
2. Approved by chair under expedited review
3. Approved by full committee
4. Returned by full committee for additional details, clarifications, or adjustments

IRB Representative (signature) _____ Date _____

* Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

**For the categories of exemption, see Title 45, Section 46.101(b) of the Code of Federal Regulations.