ALBANY STATE UNIVERSITY
INSTITUTIONAL REVIEW BAORD
Protocol for Faculty and Students

FULL REVIEW APPLICATION

Principal Investigator_____

Title of Project_____

Please submit one copy of each of the following to your immediate supervisor (faculty) or Chairperson of faculty committee (student): completed Full Review Application; grant/ Proposal; surveys, questionnaires, or other instruments to be used for implementation of the project. After the supervisor (faculty) or chairperson of your faculty committee (student) has reviewed the material and signed the application, send one complete packet to the Chairperson of the Institutional Review Board.

Note: Prior to conducting human research, you must successfully complete an approved training course/module related to human subject protection and protocol (i.e. NIH, CITI, etc.)

Please briefly describe your research/project:

_____ _____

Investigator's Signature **Date**

_____ _____

Telephone Number **E-Mail Address**

_____

Address Campus or Home (*check as applicable)*

Comments of immediate supervisor (faculty) or chairperson of the faculty committee (student): *(please attach additional sheets if needed)*

_____ _____

Supervisor's/Chairpersons Signature **Date**

_____

Department/Unit

FULL REVIEW APPLICATION

A. General Investigator

1. Principal Investigator_____

Title of Project_____

_____

In the case of renewal, please indicate any previous title(s) under which this study may have been submitted_____

_____

2. Proposed Location of Study

a. Name of Institution_____

b. Field study (describe the population for the study)_____

_____

_____

_____

3. Approvals

a. Have other review boards reviewed this study? Yes ☐ **No** ☐

If yes, give current status of their determination:_____

_____

_____

If they have rejected the current study, state the reason(s): _____

_____

If the study is to be undertaken within a school, business, or other institution that does not have a review board, attach a copy of any preliminary contract with the appropriate officials.

b. Does this project involve the use of an investigational drug or device?
Yes ☐ No ☐

If yes, name of drug or device and IND# _____

_____

If no IND# has been issued, what are the plans of the principal investigator for securing an IND# from the FDA? _____

_____

Has the FDA waived jurisdiction for this study? Yes ☐ No ☐

c. If radioisotopes are to be used, do you need approval? Yes ☐ No ☐

d. If biopsy or surgical material is being used, have permission been obtained? Yes ☐ No ☐

ATTACH COPIES OF THESE RELEASE FORMS

If MEDICAL SUPERVISION is necessary, list the name of the physician who will be responsible for supervision.

_____	_____
Physician's Name	**Phone Number**

B. NUMBER AND TYPE OF SUBJECTS AND CONTROLS

1. Number of subjects and controls _____

2. Type of subjects and controls _____

3. Population from which derived _____

Which of the following best describes the population for the study? (check appropriate box)

- ☐ **Minors (children 18 years or under)**
- ☐ **Adults**
- ☐ **Elderly**
- ☐ **Disabled**
- ☐ **Fetuses**
- ☐ **Abortuses**
- ☐ **Mentally Disabled**
- ☐ **Prisoners**
- ☐ **Mentally Retarded**
- ☐ **Pregnant Women**

If special group are involved, describe more fully. Also describe any population to be involved in the study that is not indicated above.

_____

_____

List any other subjects who may be at risk other than those directly involved in this study:

_____

_____

C. DURATION OF STUDY

Probable duration of entire study _____

Total amount of time each subject will be involved _____

If longitudinal, duration of each phase in which each subject will be involved:_____

_____