CALUMET COLLEGE OF ST. JOSEPH
INSTITUTIONAL REVIEW BOARD

DOCUMENTATION OF REVIEW AND APPROVAL

RESEARCH PROJECT TITLE: _____
PRINICIPAL INVESTIGATOR: _____
DEPARTMENT/AFFILIATION: _____
ADDRESS: _____
RANK: Faculty ___ Staff ___ Consultant ____ Undergrad Student ___ Graduate Student ____
EXPECTED PROJECT DURATION: Start Date: _____ End Date _____
SPONSOR/FACULTY ADVISOR: _____
FUNDING AGENCY (if any): _____
AGENCY PROJECT # (if any): _____

As the principle investigator, my signature testifies that I pledge to the following:

As one engaged in investigation utilizing human subjects, I acknowledge the rights and welfare of the human subject involved in the research.
I acknowledge my responsibility as an investigator is to secure the informed consent of the subject by explaining the procedures, in so far as possible, and by describing the risks as weighed against the potential benefits of the research.
I assure the Committee that all procedures performed under the project will be conducted in accordance with those federal regulations and college policies which govern research involving human subjects. **Any deviation from the project (i.e. change in principle investigator, change in research methodology, or variation in subject recruitment procedures, etc.,) will be submitted to the IRB Committee in the form of an amendment for its approval prior to the implementation of any such change.**

PRINICIPAL INVESTIGATOR:

_____ _____ _____
Typed/Printed Name Signature Date

As the faculty sponsor or advisor, my signature testifies that I have reviewed this application, and that I will oversee the research in its entirety.

FACULTY SPONSOR/DEPARTMENT HEAD:

_____ _____ _____
Typed/Printed Name Signature Date

IRB COMMITTEE REVIEW:

This protocol for the research of human subjects has been reviewed and approved by the Calumet College of St. Joseph IRB Committee for the Protection of Human Subjects.

Exempt Review # _____ Exempt Review # with signed/documentation of consent _____
Expedited Review # _____ Full Review # _____ Not Approved or Withdrawn _____

_____ _____ _____
CCSJ-IRB Committee Member Signature Date

Date Logged in _____ Date Approved _____ Date Copy to PI _____ Date Notice to Agency _____