**Date of this Application:**

**School/College:**

**Department:**

**Program:**

**Campus:**

**Project Title:**

**Anticipated Start Date: Anticipated End Date:**

# A. Administrative Information:

**ROLE Name & Degree E-mail Phone Fax**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal Investigator:**  |  |  |  |  |
| **Co-investigators:**  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# B. Study Funding

**Funding is being sought and/or is available to support this project:** **[ ] No** **[ ] Yes**

**If yes, please complete the following and attach a copy of the grant proposal, contract and/or reward letter, if applicable:**

|  |  |
| --- | --- |
| **Name of your funding source:** |  |

# C. Conflict of Interest (see Conflict of Interest in Research Policy at <http://view.fdu.edu/default.aspx?id=9542>)

**Do you or any of the Investigators and yours/their immediate family members have any financial interest related to this study?**

**[ ] No [ ] Yes**

**If yes, please list each Investigator/family member and identify the financial interest:**

|  |  |
| --- | --- |
| **Name of Investigator/Family Member** | **Description of Financial Interest** |
| Click here to enter text. | Click here to enter text. |

# D. Project Purpose:

**Please provide a lay term description of the project. Please include your intent, primary questions, research aims and what you hope to learn plus goals.**

Click here to enter text.

# E. Describe the Study Population and Recruitment Procedures in Detail:

Click here to enter text.

# F. Describe the Data Collection Process, Including Time Effort:

Click here to enter text.

# G. Describe Data Security and Storage:

**Please provide information on protection/collection of identifiers, use of a code/code key, etc. and how/where your data will stored securely:**

# H. Describe the Process for the Study if you leave the Institution before the Study Concludes:

**Please note: any change in research activity must be reported to the IRB which includes Closure of a Study.**

**SCHOOL/DEPARTMENT CHAIR CHECK OFF AND SIGN OFF:**

**This activity is approved to be submitted to the IRB.**

**School/Department Chair Name: (typed)**

**Signature of Dean/Director for College or School or Chair Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Dean/Director for College or School or Chair Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you require any assistance, please contact Kim Diccianni, CIP, Human Research Compliance Manager at (201) 692-2219.