

UWA IRB – New Protocol Application Form

Instructions

Use this form for **all new research projects involving human participants**, regardless of the anticipated level of IRB review (i.e., exempt, expedited, or full board).

Form Organization: Different sections apply to different types of studies; follow the instructions on the section headings.

About the submission process:

- Submit the completed form to the IRB office via email (rgranec@uwa.edu).
- Include the following materials:
 - [CITI Responsible Conduct of Research training certification](#)
 - [Project Description](#)
 - [Informed Consent](#)
 - Study Procedures, including copies of the tools you may use in the project
 - [Waiver of Parental Consent](#), if necessary
- For your information, [IRB policies, guidance documents, and consent form templates](#) can be found on the OSPR website.
- To avoid delays in the time it takes to process protocols, please ensure that PIs and everyone on a research team has completed online responsible conduct of research training. CITI certifications are valid for three years.
- If you have questions about the process, contact the IRB office (rgranec@uwa.edu), 205-652-5392.



1 General Information

For all studies

1.1 **Project Title:** [Click or tap here to enter text.](#)

1.2 **Principal Investigator (PI) Full Name:** [Click or tap here to enter text.](#)

College/Division and Department/Unit: [Click or tap here to enter text.](#)

Status: Undergraduate Student Graduate Student Postdoctoral Fellow
 Faculty Staff Other:

1.3 **Faculty Advisor Full Name:** (Required for student PIs): [Click or tap here to enter text.](#)

1.4 **UWA research team members:**

Name (First Last)	College & Department
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

1.5 **Collaborations**

Will researchers from other institutions be involved in this project? Yes No

Has another IRB or ethics board reviewed the study, or will in the future? Yes No

If "Yes", provide details (name of IRB, approval date or estimated timing of future review, etc.). If already obtained, provide the approval letter when you submit this protocol application.

[Click or tap here to enter text.](#)



Non-UWA research team members:

Name (First Last)	Email	Affiliated Institution & Address
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

1.6 Funding Information:

Indicate if any part of your project is funded by a sponsor. Funding could be from a gift or a sponsored project.

Funded Not Funded Pending Proposal

If the project has been funded or there is a pending proposal:

Name of funding source:

OSPR Number*:

*OSPR number is the UWA tracking number for sponsored projects. If you are unsure of the OSPR number, contact your [sponsored programs office](#).

1.7 Financial Conflict of Interest Disclosure

Please see the [UWA Policy on Financial Conflicts of Interest](#).

Have all UWA faculty listed on this protocol (including faculty advisor) disclosed their external commitments and financial interests as required by UWA policy, including any that are reasonably related to this research project? Yes No

For all personnel listed on this protocol: Do any of the personnel, their spouses/partners, or dependent children have any significant financial interests that are reasonably related to this research? Yes No

For all personnel listed on this protocol: Do any of the personnel, their spouses/partners, or dependent children have any personal financial interest or commitment with any company or entity that sponsors, supports, or provides materials or data for this research? Yes No



1.8 **Brief lay summary of purpose, research questions, and hypothesis:**

Click or tap here to enter text.

1.9 **How will this study contribute to existing knowledge?**

Click or tap here to enter text.

1.10 **Type of Study:**

Does your study involve active* collection of data, human biospecimens, or physiological data? Yes No

**data collected by an investigator/agency for a specific purpose*

If "Yes", answer the questions in Section 2 below.

Does your study involve secondary* use of data or human biospecimens? Yes No

**data originally collected by someone else for another purpose but now being reused*

If "Yes", answer the questions in Section 3 below.



2 Active collection of data, human biospecimens, or physiological data

Click or tap here to enter text.



3 Secondary use of data or human biospecimens

Click or tap here to enter text.

4 Privacy and Confidentiality Information and Procedures for All Studies

For all studies

4.1 Select the identifiers that researchers will collect or record (Note: we recommend collecting/recording the minimum identifiable data needed for your research.)

- | | |
|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> IP address |
| <input type="checkbox"/> Full date of birth | <input type="checkbox"/> Biometric identifiers |
| <input type="checkbox"/> Mailing or email address | <input type="checkbox"/> Photos/images/audio recordings |
| <input type="checkbox"/> Phone or fax numbers | <input type="checkbox"/> Signatures, handwriting samples |
| <input type="checkbox"/> Social Security number | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> License or Vehicle ID | <input type="checkbox"/> Other identifier |
| <input type="checkbox"/> No member of the research team will have access to any personal identifiers. | |

(Select this option only if you have not selected any of the others above.) **If no identifiers are being collected or recorded, skip to Section 5: Documentation Checklist.**

4.2 Describe why each identifier is required.

Click or tap here to enter text.

4.3 Data Security Practices: Select all that you will follow, if relevant and appropriate for your study:

- Datasets will be de-identified. Data elements will be separated into a coded data set to be used for research purposes and a “key” to be kept under researcher’s control.
- PI will maintain a list of individuals who have access to the data.
- Access to identifiable information will be controlled: all electronic devices used by the research team will be password protected, and data will not be saved on researchers’ mobile devices.
- Any physical data/materials will be kept under lock and key (in locked cabinets or access-controlled offices).

- Identifiable data will only be saved in approved, encrypted file share locations (e.g., Dropbox, etc.).
- If data containing personal identifiers will be stored on a laptop or tablet, either the data or the whole device will be encrypted.
- Identifiable data will be encrypted if it is stored on a networked computer or device, or stored on or transmitted via the web.
- Each authorized person will access research data using an account assigned for their own use, rather than shared or group accounts.

Please provide any additional information you would like to share about your data security plans: [Click or tap here to enter text.](#)

4.4 Describe how and where research data will be stored and accessed by the research team?

[Click or tap here to enter text.](#)

4.5 What do you plan to do with the research data? Select all that apply:

- No plans to share the data with anyone outside the research team. Will securely keep the data under my control and destroy the data after any publications from this project are done.
- Store the data with identifiers for future research. (This will require additional consent – Broad Consent – from participants.)
- De-identify the data and store it for future research using security methods described here.
- Share data with identifiers with other UWA or non-UWA researchers or in a common data repository. (This will require additional consent – Broad Consent – from participants.)
- De-identify the data and share with other UWA or non-UWA researchers or in a common data repository.
- De-identify the data and make it publically available to meet sponsor and publication requirements.
- Other (describe). [Click or tap here to enter text.](#)

4.6 **Will names or other identifiers be used in publications or presentations?**

Click or tap here to enter text.

4.7 **If there is any other information to share about your study that you haven't provided, provide it here:**

Click or tap here to enter text.

5 Documentation Checklist

For all studies

This is a list of the additional documentation that you may need to submit alongside the completed protocol application form:

For active data/biospecimens collection:

- [Project Description](#)
- [Informed Consent](#)
- Participant Recruitment Materials
- Data Collection Instruments
- Other IRB/ethics board approval letters
- Any other special approvals or permissions needed to conduct your research
 - Letters of Support
 - Head of organization that your or studying or from which you are recruiting

For secondary use of data/biospecimens:

- Confirmation that a data use agreement has or will be signed
- Any special permissions needed for access to or storage of data/biospecimens (e.g., letters of support, etc.)

For all types of research:

- Documentation of human participants' ethics training for any non-UWA research team members. UWA personnel training will be checked directly through CITI.

6 Investigator Attestation

For all studies. To be signed by the Principal Investigator (PI). If the PI is a student, the faculty supervisor must also sign.

Principal Investigator:

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Institutional Review Board for Human Participants.

Printed name of PI: Click or tap here to enter text.

Signature of PI: Click or tap here to enter text.

Date: Click or tap to enter a date.

Faculty Supervisor (required if the PI is a student):

The faculty supervisor must either sign this document, or send the attestation below by email. For the latter, copy and paste the attestation statement, include the student investigator's name and project title in the email, and send it to rgranec@uwa.edu.

I have examined this completed form and I am satisfied with the adequacy of the proposed research design and the measures proposed for the protection of the research participants. I will take responsibility for providing supervision of the student; for informing her/him of the need for safekeeping of all raw data (e.g., surveys, questionnaires, interview notes, video/audio recordings, test protocols, etc.), as well as the signed consent forms, in a University office or computer file; and for overseeing all compliance with the IRB's policies and procedures.

Printed name of Faculty Supervisor: Click or tap here to enter text.

Signature of Faculty Supervisor:

Date: Click or tap to enter a date.

