**Attachment A – Application for New UWL IRB Review**

# **I. Principal Investigator / Project Director**

**Name**: Click or tap here to enter text. **Applicant Status**: Choose an item.

**Person ID Number**: Click or tap here to enter text. **Email**: Click or tap here to enter text.

**Department/Office**: Click or tap here to enter text.

**Date Form Completed**: Click or tap to enter a date.

# **II. Form Notes**

* **Mentorship:** All mentors, Co-PIs/Co-PDs, and personnel must be listed. Additionally:
	+ All student projects must have at least one faculty/staff mentor.
	+ Graduate students completing a protocol for their thesis must list all of their thesis committee members.
* **Non-Affiliated Persons**: Non-UWL affiliated PIs/PDs and thesis committee members must include their phone number and institutional affiliation. This includes the name, email, phone number, and institutional affiliation of each applicable individual.
* **CITI Human Subjects Research Training**: The primary faculty/staff mentor and/or thesis committee member must have applicable CITI training. All Co-PIs/Co-PDs and personnel who will be interacting with human subjects, obtaining consent, or handling identifiable data must have the applicable CITI training, regardless of institutional affiliation.
* **Title IX Training**: All postsecondary employees conducting research to gather information about sex discrimination must complete the additional, annual Confidential Employee Status Training from the Title IX office.
* **Submission Requirements**: Combine all applicable documents into one PDF for submission to irb@uwlax.edu (e.g., applicable Attachments, Narrative, consent form(s), applicable trainings, marketing materials). Copy all faculty advisors, thesis committee members, and Co-PIs/Co-PDs on the email in which you submit your IRB protocol.

# **III. Project Information**

1. **Project Title** (250 character maximum):

Click or tap here to enter text.

1. **Start Date**: Click or tap to enter a date. **End Date**: Click or tap to enter a date.
2. **Is this project federally funded or related to a federal grant that has been/will be submitted?** [ ] No [ ] Yes

If **No**, skip to “Review Category.” (Most PIs/PDs will be selecting “No.”)

 If **Yes**, answer the next two questions and also complete **Attachment B.**

1. To which federal agency has it been, or will it be submitted? Click or tap here to enter text.
2. Grant Compliance ID #: Click or tap here to enter text.

# **IV. Review Category**

If researchers believe that their project may be reviewed under expedited procedures or falls within an exemptible category, please check and complete the appropriate boxes:

[ ]  Expedited Indicate the category number(s) Click or tap here to enter text.

[ ]  Exempt Indicate the category number(s) Click or tap here to enter text.

# **V. Project Mentors and Members**

**A. Faculty Advisor(s) / Thesis Committee Members**

List name and ID or UWL Department/Office/Non-UWL affiliation. All faculty advisors / thesis committee members must be listed on this form.

[ ]  *check here for thesis project*

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

**B. Co-PIs / Co-PDs**

List name and ID or UWL Department/Office/Non-UWL affiliation.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Other Co-PIs / Co-PDs List name and Student ID or UWL Department/Office/Affiliation.

Click or tap here to enter text.

**C. Personnel**

List name and ID or UWL Department/Office/Non-UWL affiliation

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Name: Click or tap here to enter text. ID/Affiliation: Click or tap here to enter text.

Other Co-PIs / Co-PDs List name and Student ID or UWL Department/Office/Affiliation.

Click or tap here to enter text.

# **VI. SIGNATURE**

By typing my name below, I agree to comply with any decisions made by the University of Wisconsin-La Crosse IRB in regard to the above-named research project and the standards of professional ethics in my field of study.

Name: Click or tap here to enter text. Date: Click or tap to enter a date.

BEGIN YOUR NARRATIVE STATEMENT ON NEXT PAGE.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# **VII. NARRATIVE STATEMENT**

(see the ‘*Researcher’s Guide for Submission of Protocols’* for the ten Narrative questions)

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

6. Click or tap here to enter text.

7. Click or tap here to enter text.

8. Click or tap here to enter text.

9. Click or tap here to enter text.

10. Click or tap here to enter text.