Attachment A – Application for University IRB Review

**I. Principal Investigator / Project Director**

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

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

**Department or 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) from p. 15-17 Click or tap here to enter text.

[ ]  Exempt Indicate the category number(s) from p. 10-12 Click or tap here to enter text.

**V. Faculty Advisor(s) / Thesis Committee Members** *check here for thesis project* [ ]

\*\*\*all faculty advisors / thesis committee members must be listed on this form

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

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

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

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

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

**VI. Co-PIs / Co-PDs** List name and ID or UWL Department/Office.

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

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

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

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

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

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

Click or tap here to enter text.

**VII. Personnel** List name and ID or UWL Department/Office.

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

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

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

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

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

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

Click or tap here to enter text.

**VII. 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.

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NARRATIVE STATEMENT

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