

INSTITUTIONAL REVIEW BOARD

COMPLETED RESEARCH FORM

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| **STUDY/ THESIS/ DISSERTATION TITLE** |
| **Title:** |
| **Protocol #:** |
| **Protocol Expiration Date (found on stamped consent form):** |
| **Category Study was Approved Under (Exempt, Expedited etc.):** |
| **Submission Date of this Report:** |

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| **PRINCIPAL INVESTIGATOR & PROTOCOL INFORMATION** | |
| **Principal Investigator** *(Must be a faculty/staff member at the University of New Haven):* | |
| Title: | |
| Department/Division/Unit: | |
| Phone: | UNH Email: |
| **Check all that apply:** | |
| Faculty | Staff |
| **This research is for:** | |
| Scholarship | Master’s Thesis |
| Undergraduate Research | Graduate Research |
| Senior Thesis | Honor’s Thesis |
| Doctoral Dissertation | Institutional Monitoring Research |
| SURF | Other: |

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| **ASSOCIATED PERSONNEL INFORMATION** | |
| **Co-Researcher(s):** | |
| Organization (if non-University of New Haven): | |
| Department/Division/Unit: | |
| Phone: | UNH/Other Email: |
| **Check all that apply:** | |
| Faculty | Graduate Student |
| Staff | Undergraduate Student |
| **Faculty Chair/Mentor(s) if different from PI:** | |
| Organization/Department/Division/Unit: | |
| Phone: | UNH/Other Email: |
| **Non-Key Personnel** *(Reader, Assistant, etc.)***:** | |
| Organization/Department/Division/Unit: | |
| Phone: | UNH/ Other Email: |
| **Consultant/Methodologist** *(required for PhD candidates)***:** | |
| Organization/Department/Division/Unit: | |
| Phone: | UNH/ Other Email: |
| ***Note:*** *The IRB will not review protocols submitted by students without the signature of a faculty advisor on signature page.* | |

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| **FUNDING SOURCE** |
| **Did you seek non-university or outside funding for the research?**  No  Yes *(Complete section below)* |
| **Grant Name/Funding Source:** |
| **Funding Period (Month & Year):** |

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| **Review** |
| Data collection for the above referenced research was completed on:  No further data collection or participant recruitment will be attempted. |
| Number of subjects recruited in total for this project: |
| Please provide a brief summary of the findings of this research: |
| Indicate the provisions made to retain your research record and data for at least three years following the completion of your research. Indicate how confidentiality and privacy of your research participants will be maintained for this period. How will records be stored so they will be accessible for inspection and copying if necessary during this period?: |

**The faculty sponsor's signature indicates that they have reviewed this application and accepts the responsibility of insuring that the procedures approved by the IRB are followed.**

**SIGNATURES**

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| PI Signature: | Date: |
| Co-PI Signature: | Date: |
| Faculty Advisor Signature: | Date: |

**Add further signatures below as needed:**

**Please email all applications and supporting documents to**

**IRB Chair at** [**IRB@newhaven.edu**](mailto:IRB@newhaven.edu)

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| **FOR IRB USE ONLY:** |
| Date Received: |
| Protocol #: |
| Comments: |
| Date Protocol Closed: |