

# FORM B

Application for Review of Research Involving Human Subjects  
Institutional Review Board (IRB)  
Texas A&M University-Corpus Christi

IRB # \_\_\_\_\_

Date Received by IRB \_\_\_\_\_

## I. IDENTIFICATION OF PROJECT

### A. Principal Investigator (PI) or Co-Principal Investigator (Co-PI)

*Complete name and address including telephone number and email address*

#### Faculty Advisor

*Complete name and address including telephone number and email address*

#### Department/Unit

### B. Project Classification

*Enter one of the following terms as appropriate: Research Project, Doctoral Dissertation, Masters Thesis, Class Project, or Other*

### C. Title of Project

### D. Starting Date

*Specify the intended starting date or insert "Upon IRB approval"*

### E. Estimated Completion Date

### F. External Funding (if any)

- Grant/Contract Submission Deadline*
- Funding Agency*

## II. PROJECT OBJECTIVES

## III. DESCRIPTION AND SOURCE OF RESEARCH SUBJECTS

## IV. METHODS AND PROCEDURES

## V. SPECIFIC RISKS AND PROTECTION MEANS

## **VI. BENEFITS VS RISKS**

## **VII. METHODS FOR OBTAINING “INFORMED CONSENT” FROM SUBJECTS**

*If waiver of signed informed consent is requested, check here \_\_\_\_\_.  
Justification must be provided for waiver.*

## **VIII. QUALIFICATIONS OF THE INVESTIGATOR(S) TO CONDUCT RESEARCH**

## **IX. FACILITIES AND EQUIPMENT TO BE USED IN THE RESEARCH**

## **X. RESPONSIBILITY OF THE PRINCIPAL/CO-PRINCIPAL INVESTIGATOR(S)**

The following information must be entered verbatim into this section:

By complying with the policies established by the Institutional Review Board of Texas A & M University-Corpus Christi, the principal investigator(s) subscribe(s) to the principles stated in “The Belmont Report” and standards of professional ethics in all research, development, and related activities involving human subjects under the auspices of Texas A & M University-Corpus Christi. The principal investigator(s) further agree(s) that:

- a. Approval will be obtained from the Institutional Review Board before making any change in this research project.
- B. Development of any unexpected risks will be immediately reported to the Institutional Review Board.
- C. An annual review and progress report will be completed and submitted when requested by the Institutional Review Board.
- D. Signed informed consent documents will be kept for the duration of the project and for at least three years thereafter at a location approved by the Institutional Review Board.

## **XI. SIGNATURES**

ALL SIGNATURES MUST BE ORIGINAL. The Principal Investigator should keep the original copy of the Form B and submit a copy with original signatures for review. Type the name of each individual above the appropriate signature line. Add signature lines for all Co-Principal Investigators, collaborating and student investigators, and faculty advisor(s). The following information should be typed verbatim, with added categories where needed:

Principal Investigator \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Principal Investigator \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Advisor (if any) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **XII. EXPEDITED IRB REVIEW**

Research is eligible for expedited review if it involves no more than minimal risk to the subjects, and the only involvement of human subjects will be in one or more of the categories specified below. Also, the IRB may use an expedited review process for minor changes in approved research.

Is expedited review requested? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, indicate the category (ies) which qualify (ies) the research for expedited review:

Approved: IRB Reviewer (NAME) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **XIII. FULL IRB REVIEW**

IRB Recommendations:

IRB Chairperson \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_