**Coversheet for UTEP IRB Application**

*INSTRUCTIONS:* *This form must be reviewed and completed in its entirety. Please type and submit this form with your submission package for all NEW projects. Attention to these elements will facilitate the IRB’s review of your protocol.*

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| ***Project Title:*** |

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| 1. **Principal Investigator(s)/Co-PI Contact Information** | |
| Name (Last Name, First Name, MI) | Highest Earned Degree |
|  |  |
| University Title | Department |
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| Campus Phone No. | E-Mail Address |
|  |  |
| Faculty  Staff  Student  Other: |  |
|  |  |
| Name (Last Name, First Name, MI) | Highest Earned Degree |
|  |  |
| University Title | Departments |
|  |  |
| Campus Phone No. | E-Mail Address |
|  |  |
| Faculty  Staff  Student  Other: |  |

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| **If PI is a student, list Faculty Advisor or Committee Chair** | |
| Name (Last Name, First Name, MI) | Highest Earned Degree |
| University Title |
| Department |
| Campus Phone No. |
| E-Mail Address |

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| 1. **Type of Project (check all that apply)** |
| Thesis   Dissertation   Class Project  Faculty Research  Internal Evaluation/Non-Publishing  Presentation/Conference  Publication *[Specify]*:  Other [Specify]:   Funded Project (funding source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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| 1. **Check if applicable Yes No** | | | |
| 1. | Does the protocol include children? (\*If yes, completion below is required) |  |  |
| 2. | Does the protocol include prisoners, fetuses, pregnant women or human in vitro fertilization? |  |  |
| 3. | Does the protocol involve more than minimal risk? |  |  |
| 4. | Does the protocol involve deception? |  |  |
| 5. | Does the protocol include cognitively impaired participants? |  |  |
| \* Research with Children/Minors  Location of Data Collection:  UTEP  SCHOOL(s)  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is permission required (e.g. school district)?  YES  NO If YES, must include letter of approval.  If UTEP is checked off above, the following is applicable:  Has all study personnel completed the *Requirements for Campus Programs for Minors*? [www.utep.edu/hr](http://www.utep.edu/hr)  YES  NO | | | |

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| **ASSURANCES – Conflict of Interest and Fiscal Responsibility**  All UTEP researchers (faculty, staff, and students) and outside collaborators who will be conducting human subjects’ research (intervention and/or interaction) must complete human subject research ethics training in order to conduct research with human participants. |
| Do you or any person responsible for the design, conduct, or reporting of this study have an economic interest in, or act as an officer or director of any outside entity whose financial interests may reasonably appear to be affected by this research?  YES If yes, please explain any potential conflict of interest Click here to enter text.  NO |
| Do you or any person responsible for this study have existing financial holdings or relationships with the sponsor of this study?  YES If yes, please explain any potential conflict of interest Click here to enter text.  NO  N/A |
| **With this submission I certify that:**  PI affirms responsibility for keeping training records on file for all study personnel.  I agree to fully comply with the ethical principles and regulation regarding the protection of human subjects in research.  I agree that the information provided in this form and all other supporting documents and forms are accurate and complete.  I understand that any changes in procedure with affect participants must be submitted to the IRB for written approval prior to their implementation. Furthermore, I understand that any adverse events and significant changes in risk for participants must be immediately reported in writing to the UTEP IRB.  Copies of all required documentation of Consent (if applicable) and any data related to this research are securely stored at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (UTEP building and Office Number). |