



APPLICATION FORM Institutional Review Board – IRB

Exempt

Complete Sections all sections

Mandatory documents:

- Research Proposal
- Questionnaire
- Consent form

1 PROJECT INFORMATION

Project Title:

Date of Request:

2 PRINCIPAL INVESTIGATOR (PI)

Name and Degree(s):

Department/Center:

Mailing Address:

Email:

Phone #:

Fax:

University Affiliation:

- Professor
- Associate Professor
- Assistant Professor
- Instructor
- Other: Please specify.

3 CO-INVESTIGATORS (CO-I)

- A Co-I is anyone who has responsibility for the project's design, implementation, data collection, data analysis, or who has contact with study participants.
- If the project involves medical procedures or patient care that the PI is not certified or licensed to conduct, a responsible physician or other certified or licensed professional must be included as a Co-I. The application must include a copy of supporting documentation for this individual (CV, license, board certification etc).

Name Affiliation Department Email/Tel/Fax

4 SUMMARY OF PROJECT

Please include a summary answer for each of the questions. Use as much space as necessary **AND** attach a copy of the study proposal or project.

If you attach a copy of the **full** proposal, place page and paragraph numbers from the proposal next to each question in this section to show precisely where information pertaining to each question can be found. Please note that information should be consistent throughout all relevant documents.

How will study results be used?

What is the hypothesis?

Describe study procedures and methodologies.

What are the participant selection criteria?

Describe the steps that will be taken to ensure the confidentiality of the participants and data.

5 STUDY DURATION

What is the expected duration of the study through data analysis? (Attach a timeline, if applicable)

What is the expected date that recruitment will begin? (Must be after the submission date)

6 DATA SOURCES AND USES

- a) Please check all the ways that you will obtain data: (Copies of written and oral questions must be provided for ADU IRB review. The questions must be approved prior to implementation.)

- | | |
|--|---|
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Questionnaires/Surveys |
| <input type="checkbox"/> Focus Groups | <input type="checkbox"/> Public Records |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Biological Specimens |
| <input type="checkbox"/> Registries | <input type="checkbox"/> Other (<i>please describe</i>) |

b) How will the data be used? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Dissertation | <input type="checkbox"/> Publication/journal article |
| <input type="checkbox"/> Thesis | <input type="checkbox"/> Undergraduate honors project |
| <input type="checkbox"/> Results released to participants/parents | <input type="checkbox"/> Results released to employer or school (<i>please describe</i>) |
| <input type="checkbox"/> Results released to agency or organization (<i>Please describe</i>) | |
| <input type="checkbox"/> Conferences/presentations | <input type="checkbox"/> Other (<i>please describe</i>): |

7 REQUIRED SIGNATURES

By signing this application form:

- I agree to accept responsibility for any impact to the rights and welfare of the human subjects involved with this study as a result of my research.
- I believe that the benefits outweigh the risks to the participants in this study.
- I have read Abu Dhabi University IRB policy and guidelines and I agree to comply with them.
- I certify that, to the best of my knowledge, I am in compliance with ADU's IRB policies and its related guidelines.

Principal Investigator

Date

Attach a copy of the PI's CV unless one is already on file.

Dean

Date

Print Dean Name

(If the PI is the Dean, the application must be signed by another authorized Department/ School/College level Administrator)

If you have any queries on this form, please contact your Faculty Ethics Coordinator or visit the website at

Please email or send this form to the appropriate Faculty Ethics Coordinator at: irb@adu.ac.ae

For office use only:

**The appropriate Ethics Committee has considered the ethical aspects of this proposal.
The committee recommends that the program/project be:**

- Approved
- Deferred (for reasons attached)
- Not approved (for reasons attached)

Name of Committee Member:	
Signed:	
Date:	

Reviewer comments: