

# Human Subjects Form (4)

**Required for all research involving human subjects. (IRB approval required before experimentation.)**

Student's Name \_\_\_\_\_ Title of Project \_\_\_\_\_

Adult Sponsor: \_\_\_\_\_ Contact Phone/Email: \_\_\_\_\_

**To be completed by Student Researcher in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:**

1.  I have submitted my Research Plan which addresses ALL areas indicated in the Human Subjects Section of the Research Plan Instructions.
2.  I have attached any surveys or questionnaires I will be using in my project.
3.  Yes  No I am requesting a waiver of the documentation of informed consent and/or minor assent.
4.  Yes  No  Not Applicable I am requesting a waiver for obtaining parental permission.

If you answered NO to questions 3 or 4 (no waiver requested), attach the consent form you will use.

5.  Yes  No Are you working with a Qualified Scientist?  
 Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Email Address/Phone Number: \_\_\_\_\_  
 Experience/Training as it relates to this project: \_\_\_\_\_

**To be completed by Institutional Review Board (IRB) after review of the research plan.** The submitted Research Plan must address all areas indicated on the Human Subjects section of the Research Plan Instructions.

Check one of the following:

- Research project requires revisions and is **NOT approved** at this time. IRB will attach document indicating concerns and/or requested revisions.
- Research project is **Approved** with the following conditions below: (All 5 must be answered)
  1. Risk Level (check one) :  Minimal Risk  More than Minimal Risk
  2. Qualified Scientist (QS) Required:  Yes  No
  3. Written Minor Assent required for minor subjects:  
 Yes  No  Not applicable (No minors in this study)
  4. Written Parental Permission required for minor subjects:  
 Yes  No  Not applicable (No minors in this study)
  5. Written Informed Consent required for subjects 18 years or older:  
 Yes  No  Not applicable (No subjects 18 yrs or older in this study)

**IRB SIGNATURES (All 3 signatures required)** None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

**I attest that I have reviewed the student's project and agree with the above IRB determinations.**

Medical or Mental Health Professional (a psychologist, psychiatrist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse)	
Printed Name	Degree
Signature	Date of Approval

School Administrator	
Printed Name	Degree
Signature	Date of Approval

Educator	
Printed Name	Degree
Signature	Date of Approval