



Institutional Review Board (IRB) Research Request

1. Principal Investigator: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

E-mail Address of Principal Investigator: Click or tap here to enter text.

Minnesota West Employee Minnesota West Student

Non-Minnesota West Student Non-Minnesota West Researcher

If student, instructor/research advisor (include college if non-Minnesota West student):

Click or tap here to enter text.

If non-Minnesota West researcher, agency/facility requesting research:

Click or tap here to enter text.

2. Project Title: Click or tap here to enter text.

3. Additional Agency/Facility involved in research: Click or tap here to enter text.

4. Project Timeline with Participants: From: Click or tap to enter a date. To: Click or tap to enter a date.

5. Location of Study: Click or tap here to enter text.

6. Number of Participants: Click or tap here to enter text.

7. Describe Participants (students, adults, children, etc):

Click or tap here to enter text.

8. Describe Research Type (survey, focus groups, observational testing, etc):

Click or tap here to enter text.

9. Will any drugs, chemical, or biological agents be administered to/impact human subjects?

Yes No *If Yes, include documentation regarding safety.*

10. Will specimens or samples of tissues, body fluids, or other substances be collected from participants?

Yes No *If Yes, include details of collection, storage, labeling, use, and disposal.*

11. Has each investigator involved in the study completed research training?

Yes No *If Yes, include documentation of training.*

12. **Research Protocol:** Provide a description of the proposed study. Include research objectives, methods, participant recruitment, benefits/compensation/risks to participants, and confidentiality of data.

(Attach documentation describing proposed study)

13. **Informed Consent:** Attach copies of all forms which will be used to obtain informed consent of human subjects. For non-human subjects, include justification for how informed consent will be obtained or why informed consent should be altered or waived.

(Attach documents)

14. **Additional Materials:** Attach a copy of all surveys, recruitment materials, and any other relevant documents.

(Attach documents)

Authorized Signatures:

Principal Investigator: Click or tap here to enter text.

Date: Click or tap to enter a date.

Co-Investigator: Click or tap here to enter text.

Date: Click or tap to enter a date.

Instructor/Research Advisor (if applicable): Click or tap here to enter text. Date: Click or tap to enter a date.

Minnesota West Community & Technical College – IRB Review:

The Minnesota West Academic Affairs and Standards Council (AASC) will review the IRB request at the next scheduled meeting.

AASC Chair Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Approved

Denied

Conditional

Comments: Click or tap here to enter text.