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.

Revised May 2023
Complete form and send to Academic Affairs Coordinator to add to AASC agenda.
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.

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