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| **COVER SHEET** **FOR FACULTY & STAFF INVESTIGATORS****Submit all research documents via SharePoint*****(See “Submission Process” at*** [***www.gonzaga.edu/IRB***](http://www.gonzaga.edu/IRB)***)*** |
| **I. PRINCIPAL INVESTIGATOR (PI)** |
| **Principal Investigator Name:** |
| Department: |  |  School/College**:** |  |  Email: |  |
| **II. CO-PIs (if applicable):** |
|  **CO-PI Name:**  |
| Department: |  |  School/College: |  |  Email: |  |
|  **CO-PI** **Name:**  |
| Department: |  |  School/College: |  |  Email: |  |
|  **CO-PI** **Name:**   |
| Department: |  |  School/College: |  |  Email: |  |
| **IV. PROTOCOL INFORMATION** |
| **TITLE OF THE PROJECT:****(***Please be sure the title and PI name(s) are consistent across all materials submitted)***ANTICIPATED START DATE:**     j  *(*The s*tart date should NOT be earlier than the review date for your protocol)***ANTICIPATED END DATE:**      j |
| **V. ABSTRACT**  |
| *Provide a brief (about one paragraph) abstract in layman’s terms that includes study goals, background, and methods used for this research:* |
| **ASSURANCES AND SIGNATURES** |
| * **SIGNATURES:** Signatures can be submitted with Adobe automatic signatures.  A typed name can be accepted, too, when accompanied by an email to the IRB stating, “My typed name indicates my signature.” The IRB email is: IRB@gonzaga.edu.
* **TRAINING:** All research members must complete ethical training through either CITI or NIH\* within 4 years prior to submitting a protocol. Refresher courses are available if needed. \**Note that NIH will no longer be accepted after Oct. 1, 2021*

**As Principal Investigator, I understand the following (please check):** |
| **CHOOSE ONE:**  [ ]  Each researcher has completed NIH\* training prior to submitting this protocol. (\*Good only through 10/1/2021.) [ ]  Each researcher has completed CITI training prior to submitting this protocol. |
| [ ]  | This research will not begin until a determination is received from the Gonzaga IRB. |
| [ ]  | I will personally conduct or supervise this research in accordance with state law, policies and procedures, and regulations presented in the Code of Federal Regulations (CFR) Title 21 Parts 50, 56, 312 and 812 / Title Part 46 and Title 45 Parts 160-164 (the HIPAA Privacy Rule). |
|  **INVESTIGATOR(S)** |
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| **By signing below I certify that I am aware of and agree with the information provided in this application.****Type Name Principal Investigator Signature Date** |
| **Type Name Co-Principal Investigator Signature Date** |
| **Type Name Co-Principal Investigator Signature Date** |
| **Type Name Co-Principal Investigator Signature Date** |

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|  **DEPARTMENT CHAIR OR SUPERVISOR** |
|  | **With my signature, I acknowledge that I have been informed of the research. I also understand it is the responsibility of the IRB to review research protocols as per the criteria in 45 CFR 46.111 (**[**https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.111**](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.111)**).****Type Name Signature** **of** **DEPARTMENT CHAIR OR SUPERVISOR**  **Date** |