IMMACULATA UNIVERSITY RESEARCH ETHICS REVIEW BOARD
REQUEST FOR PROTOCOL REVIEW--APPLICATION CHECK LIST
(R1297)

Use this form to assist you in preparing your Request for Protocol Review. It is not part of Request for Protocol Review so do not submit it with your completed request.

**TYPE OR USE A WORD PROCESSOR TO COMPLETE FORMS**

**Cover Sheet**
___ Name of the researcher, home department, and school
___ Full title of the project
___ Date submitted to the RERB.
___ Appropriate research category checked.
___ Proposed starting date and ending date.
___ Study location designated.
___ Funding agency cited if applicable.
___ Researchers signature
___ Signature of faculty advisor if student project.
___ Name of faculty advisor for student project

**Reviewer’s Comments Form**
___ Fill in name of researcher and project title.

**Protocol Description Pages**
___ Justification for the use of minors and/or other special populations
___ Clear description of the experimental procedures and design
___ Assurances of maintaining data confidentiality
___ Consideration of subject and/or societal benefits
___ Considerations of risk, discomfort, inconvenience, or physical danger to the subjects [both short-term and long-term risks]

**Attachments**
___ Copies of all consent forms on Immaculata University letterhead.
___ Copies of all questionnaires and, where applicable, data forms to be used by the researchers.
___ Letters of Permission to use off-campus sites.
___ Letters of Agreement of participation from off-campus co-investigators.

Submit three (3) copies of Request for Protocol Review to:

Dr. Thomas F. O’Brien, Chair
Immaculata University – Research Ethics Review Board
Room 1 Loyola Hall or
Mail Box in Graduate Division Office

YOU MAY NOT COMMENCE YOUR RESEARCH UNTIL IT IS APPROVED BY THE IU-RERB

**NOTE: DO NOT SUBMIT THIS PAGE. THIS PAGE IS FOR YOUR ASSISTANCE ONLY AND IS NOT PART OF YOUR REQUEST FOR PROTOCOL REVIEW.**