



**ALL HBEC SUBMISSIONS MUST BE TYPEWRITTEN**

**Section A: Principal Investigator (PI)**

1.	Name of PI		PI's Signature	
2.	Department/University		Fax	
3.	Address		Pager	
			E-Mail	
			Telephone	
4.	Form Completed By		Date Completed	
	Telephone		E-mail	

**Section B: Protocol Information**

5.	Project Title:	
6.	Abstract (one 250 word paragraph)	
7.	Will research personnel be accessing in-patient and/or outpatient medical records or databases created from in-patient and/or outpatient medical records? (If yes, HIC may require completion of the HIPAA Summary Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously Submitted
8.	IRB Protocol Number:	

**Section C: Proposed Intents**

Category	Yes	No	
<b>Investigators Additions or Changes</b> <u>Note:</u> Principal investigators, co-investigators, and key personnel are required to take the WSU educational training program on the protection of human research participants.  Please attach a biosketch for each investigator. Materials for key personnel should be submitted as an attachment.	<input type="checkbox"/>	<input type="checkbox"/>	Printed Name: <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator Signature: _____
			Printed Name: <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator Signature: _____
			Printed Name: <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator Signature: _____

## Section C: Proposed Intents (continued)

Protocol:			Please provide a narrative summary
<i>Study Design:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Enrollment Criteria:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Data Collection Methods:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Risks and/or Benefits to the Individual</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Risks and/or Benefits to the Community</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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### HBEC use ONLY

Reviewers Comments:

Approved  Provisionally Approved  Other

HBEC Protocol Number \_\_\_\_\_

Application sent to reviewer on \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** All request to obtain approval for research involving human participants must have prior approval from the Human Investigation Committee (HIC) Steering Committee.