



ALL HBEC SUBMISSIONS MUST BE TYPEWRITTEN

Section A: Principal Investigator (PI)

Table with 4 rows and 2 columns. Row 1: Name of PI, PI's Signature. Row 2: Department/University, Fax. Row 3: Address, Payer, E-Mail, Telephone. Row 4: Form Completed By, Date Completed, Telephone, E-mail.

Section B: Protocol Information

Form with 8 numbered sections. 5. Project Title. 6. Abstract (250 word limit). 7. Will research personnel be accessing in-patient and/or outpatient medical records or databases... (If yes, HIC may require completion of the HIPAA Summary Form). 8. IRB Protocol Number.

Section C: Proposed Intent

| Category | Yes | No | |
|--|--------------------------|--------------------------|---|
| 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"/> | |

Section C: Proposed Intents (continued)

| Category | Yes | No | |
|--|--------------------------|--------------------------|---|
| Investigators Additions or Changes <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: _____ |

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