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**SUPERVISORY FACULTY ASSURANCE FORM**

**FOR IRB REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS**

**Form must be typed—HANDWRITTEN DOCUMENTS will not be accepted.**

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| **1. Research Project** | | | | |
| Project Title: | | | | |
| ***\* ALL student investigators must have a supervisory faculty member for their project. Supervisory faculty members need to review and approve the protocol before it is submitted, and indicate their approval by signing and submitting this form to*** [***irb@lawrence.edu***](mailto:irb@lawrence.edu)***.*** | | | | |
| **2. Principal Investigator (PI) [Complete 2a and 2b]** | | | | |
|  | | | | |
| **2a. STUDENT PI \* (To be completed by student investigator before sending to faculty**  **member)** | | | | |
| Name: | Telephone: xxx-xxx-xxxx | | | Email: |
| Course # and Name\*\*: | | | | |
| *\*\*Use “Independent Student Research” for course name if research project is not for a specific course.* | | | | |
| Supervisory Faculty: | | Supervisory Faculty Email: | | |
| **2b. FACULTY MEMBER (Do not complete this section if you are a student.)** | | | | |
| Name:  Email: | | | Department:  Telephone: xxx-xxx-xxxx | |
| **3. Supervisory Faculty Member Assurance Statement** | | | | |
| I am the faculty member for the student submitting this protocol. By my signature,  I confirm that I have reviewed the protocol, and any attachments, and I approve them.  I confirm that all items required by the IRB checklist (below) are submitted with this protocol.  If applicable, I further confirm that the proposed consent form is, in my judgment, appropriate for this research.  Click here to enter a date.  Faculty Member Signature\*\* Date | | | | |

***\*\* A handwritten signature is not needed if this form is emailed from a Lawrence University email account. Please type in name and date and submit to*** [***irb@lawrence.edu***](mailto:irb@lawrence.edu)***.***

***A handwritten signature is required if this form is not emailed from a Lawrence University email account. Please mail this form including the handwritten signature to Lawrence University, Office of Research Administration, 711 E. Boldt Way, Appleton, WI, 54911.***

**Go to submission checklist on following page.**

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| **SUBMISSION CHECKLIST (This section must be FULLY completed.):** |
| **For submission to be complete, all applicable documents must be sent as attachments to** [***irb@lawrence.edu***](mailto:irb@lawrence.edu). **Incomplete protocol submissions will not be sent out for review and will be returned to the investigator.** |
| **My submission contains the following documents (IF APPLICABLE, DOCUMENTS MUST BE ATTACHED TO THE SAME E-MAIL USED TO SUBMIT THIS PROTOCOL APPLICATION):** |
| **Attached N/A** |
| This protocol application form, fully completed and signed by researcher. |
| (#4b) Documentation of permission to conduct research in a location other than Lawrence  University. |
| (#4c) IRB approval documentation from another institution. |
| (#5a) Tests, questionnaires, interview questions, surveys, scripts, etc. |
| (#7b) Recruiting materials, text of email or web-based solicitation. |
| (#7d2) Debriefing form. |
| (#9a1/9a2) Consent and/or assent form(s). |
| (#9a1) **If using** **oral consent,** comply with theCode of Federal Regulations as follows:   * short form written consent document * states participant or participant's legally authorized representative have been presented the eight basic required elements of informed consent orally (*see Office for Human Research Protections (OHRP) checklist found on the* [*Lawrence University IRB website*](http://www.lawrence.edu/dept/ora/irb) *under “Forms and Templates”.* * a witness to the oral presentation * signed by the participant or participant's legally authorized representative AND witness * copy of short form given to participant or participant's legally authorized representative * a written summary of the oral presentation/content * contains what is to be said to participant or participant's legally authorized representative embodying the basic and appropriate elements of disclosure * LU IRB reviews and approves or disapproves written summary * copy signed by the witness AND person obtaining consent * copy of summary given to participant or participant's legally authorized representative |
| (#11c) Certificate of training completion for researcher(s). |
| **ADDITIONAL SUBMISSION REQUIREMENT FOR ALL STUDENT PRINCIPAL INVESTIGATORS (including independent research projects):** |
| Application and all other related documentation reviewed by supervisory faculty member. |
| Supervisory Faculty Assurance Formcompleted by student and forwarded to supervisory faculty member for their signature and submission to IRB.  **STUDENT PI protocol submissions will be sent out for review after the following requirements are met:**   1. **Protocol application and supporting documentation has been reviewed and approved by the supervisory faculty member designated in 2(a) and then submitted to** [***irb@lawrence.edu***](mailto:irb@lawrence.edu)**.** 2. **The LU IRB has received a completed Supervisory Faculty Assurance Form sent from the supervisory faculty member.** |