**BLUE RIDGE COMMUNITY COLLEGE**
**RESEARCH REVIEW COMMITTEE (RRC)**
**FOR THE PROTECTION OF HUMAN SUBJECTS**
**SUBMISSION FORM**

## INSTRUCTIONS

In order to comply with federal regulations as well as to conform with guidelines of the Research Review Committee (RRC), the principal investigator is required to complete all of the following items.

- Read the RRC Mission Statement.
- Submit this Form, completed, along with a copy of the research proposal

I. GENERAL INFORMATION

A. Project Title _____

_____

New ___ Continuation/Renewal ___ Revision ___
For continuation or renewal, proceed to Section V.

Proposed Start Date _____

Proposed Duration of Research _____

Performance Site(s) _____

B. Principal Investigator _____

Faculty ___ Staff _____ Student _____

Center/College/Department _____

Mailing Address _____

Phone Number _____

Co-Investigator(s) _____

_____

Principal Investigator's Signature _____ Date _____

II. FUNDING INFORMATION
If this protocol is part of an application to an outside agency, please provide:

A. Source of funding _____

B. Project Title (if different from above) _____

C. Principal Investigator (if different from above) _____

D. Type of Application
Grant ___ Subcontract ___ Contract ___ Fellowship ___

E. Date of Submission _____

III. COOPERATIVE RESEARCH

Cooperative research projects are those that involve more than one institution and can be designed to be both multi-site and multi-protocol in nature. Each participating institution is responsible for safeguarding the rights and welfare of human subjects and for complying with all regulations.

If this proposal has been submitted to another institutional review board provide:
Name of Institution _____

Date of Review _____ Contact Person _____

IRB Recommendation _____

_____

IV. SUBJECT/PATIENT INFORMATION

A. Types of Subjects/Patients (select all that apply)
__ Fetus in Utero/non-viable fetues/abortuses
__ Newborns/Infants
__ Children (aged 2-12)
__ Adolescents (aged 13-18)
__ Adults (over 18)
__ Pregnant Women
__ Special populations (e.g., prisoners, mentally disabled) Specify _____

B. Other (select all that apply)
__ Use of investigational drugs or devices
__ Information to be collected may require special sensitivity (e.g., substance abuse, sexual behavior)

C. Number of Subjects/Patients _____
D. Approximate time commitment for each subject/patient _____
E. Attach copy of informed consent form
F. Compensation to subjects/patients
Yes _____ No _____
Form (e.g., cash, taxi fare, meals) _____ Amount _____

V. CONTINUATION OR RENEWALS

A. Attach a copy of the original IRB Submission Form
B. Indicate all proposed changes in the IRB protocol affecting subjects
C. Progress Report
- Indicate the number of subjects entered in the study, including their group status, whether they are active or completed, the number of subjects still pending, and the time frame of subject participation.

- Indicate adverse or unexpected reactions or side effects that have occurred or are expected. If none, state none.
- Summarize the results of the investigation to date (in terms of subjects entered, in process, completed, and pending).

D. Attach consent form(s) to be used and indicate if any changes have been made.
E. Attach debriefing protocol.

IRE Office use only: Protocol Number: _____

Date received: _____

Protocol Qualifies for: Full Review _; Expedited Review __;
Exemption (RRC Review not necessary) ___