

UCSD Human Research Protections Program
Social and Behavioral Sciences Project: Standard Application for Review

Instructions for submitting

1. Complete all pages of this form. **To do this, open the form using your Web Browser** to fill in the form (requires Acrobat Reader or plug-in).
2. Click the **Print button** on the last page to make a copy for signatures.
3. Click the **Submit button** on the last page to submit the data from the Facesheets to the HRPP Office via the Internet.
4. When you submit the Facesheets, the HRPP system will give you a Temporary Project ID (a "T-number"). Once your information has been imported into the HRPP database, usually within 1-2 working days, the project will receive a HRPP project number, and you will receive an e-mail noting the HRPP project number. You will then need to log into your "My Protocols at a Glance" through [eIRB services](#). Click on the link for your "new" project and you may begin to upload the Research Plan, consents/assents, and other documents, as appropriate. The template for the Research Plan is available on the website in Word format.
5. The Principal Investigator and Department Chair (and the faculty supervisor, as appropriate) must sign where indicated on the last page of the Facesheets.
6. Mail one copy of the **completed, signed Facesheets** to HRPP Office, mail code 0052, unless it can be provided as an uploaded document through [eIRB services](#).

Section 1: PROJECT TITLE

Section 2: KEY PERSONNEL

Principal Investigator	Last name		First Name		Degree	
	Title*		Department		Mail code	
	E-mail		Phone		Fax	
	Mailing Address (Students Only)					
	Principal Investigator is salaried UCSD employee (check Yes or No): Yes <input type="checkbox"/> No <input type="checkbox"/>					
Contact	Last name		First Name		Degree	
	Title*		Department		Mail code	
	E-mail		Phone		Fax	

* Title: Professor, Assistant Professor, Associate Professor, Master Student, Graduate Student, Undergraduate Student, etc.

Section 3: PROJECT CHARACTERISTICS

Yes	No				
		This is a renewal of a previous project	If Yes: The IRB number for the previous project is		
		This project is closed to participant accrual			
		Number of participants accrued thus far at	UCSD		Non-UCSD facilities
		Total projected accrual for entire project at	UCSD		Non-UCSD facilities
Yes	No				
		Will recruit participants under age 18			
		Will recruit women of child-bearing potential			
		Will recruit pregnant women			
		Will recruit cognitively impaired individuals			
		Will recruit prisoners/incarcerated individuals			
		Will recruit non-English speaking individuals			
		Involves waiver of consent (i.e., the research will be done without seeking the consent of persons whose records/tissue are analyzed)			
		Involves waiver of documented consent (i.e., consent obtained but there is no signed consent form)			
		Discloses financial interest(s) (If yes, submit Conflict of Interest Disclosure Supplement. For more information, see here)			

Section 4: FACILITIES WHERE STUDY WILL BE CONDUCTED

Yes	No		
		UCSD facilities	
		Non-UCSD facilities – please describe:	

Section 5: FUNDING						
Funding Source (check all that apply)	<input type="checkbox"/>	Unfunded	<input type="checkbox"/>	Departmental or ORU funding		
	<input type="checkbox"/>	HHS	<input type="checkbox"/>	Academic Senate		
	<input type="checkbox"/>	NSF	<input type="checkbox"/>	Not for profit foundation		
	Other funding source – specify:					
Funding Mechanism	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Gift	<input type="checkbox"/>	OCGA Research Agreement (RA)
	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Internal		
	Other funding mechanism - specify:					
Funding Status	<input type="checkbox"/>	Awarded	<input type="checkbox"/>	Pending		
Sponsor Name						
Other project Identifiers	UCSD OCGA proposal number		Investigator-initiated or RA number			
	Sponsor's ID (e.g., NIH grant Nr)		Other project identifiers			

Section 6: OTHER PERSONS ASSOCIATED WITH THIS PROJECT					
Role	Last name	First name	Degree	Department	Institution
Co-Investigator					
Co-Investigator					
Co-Investigator					
Other role:					
Other role:					

Section 7: SIGNATURES

By signing below, you certify that the information provided about this study is accurate to the best of your knowledge, that you and the key personnel associated with the study have completed the appropriate CITI training, and that you agree to conduct the study in compliance with applicable UCSD and Rady Children’s Hospital – San Diego policies as well as state and federal regulations.

Principal Investigator		Date:	
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By signing below, you provide assurance regarding the PI’s qualifications and adequacy of resources to ensure protection of rights and welfare of study participants.

Department Chair		Date:	
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If the **Principal Investigator is a student**, the faculty supervisor must indicate knowledge and approval of this submission. By signing below, the faculty supervisor certifies that the study is under their direct supervision and that the faculty supervisor is responsible for ensuring that all provisions of the IRB approval are complied with by the investigator.

Signature of Faculty Advisor (if appropriate)		Date:	
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- **Click the Print button** to make copies for signatures and for your records.
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