

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

This form can be used for paper-based submissions to the IRB and also for electronic submissions.  
Please follow the instructions that apply to your submission type:

Instructions for submitting on paper	Instructions for submitting electronically
1. Complete all pages of this form. Use Acrobat Reader to fill in this form (preferred) or print or type legibly. 2. The Principal Investigator, Department Chair and Student Advisor, if appropriate, must sign where indicated on the last page. 3. Attach these facesheets to the completed <b>Research Plan</b> , consents, and other documents associated with the project. Submit <b>2 printed copies</b> of all materials to the UCSD HRPP office, mail code 0052. The template for the Research Plan can be downloaded from <a href="http://irb.ucsd.edu">http://irb.ucsd.edu</a> in MS Word format.	1. Complete all pages of this form. <b>To do this, open the form using your Web Browser</b> to fill in the form (requires Acrobat Reader or plug-in). 2. Click the <b>Print button</b> on the last page to make a copy for signatures. 3. Click the <b>Submit button</b> on the last page to submit the data from the facesheets to the HRPP Office via the Internet. 4. The Principal Investigator, Department Chair and student advisor, if appropriate, must sign where indicated on the last page. 5. Mail one copy of the <b>signed facesheets</b> to UCSD HRPP Office, mail code 0052. 6. Upload the accompanying <b>Research Plan</b> , consents and other documents on the <a href="http://irb.ucsd.edu">http://irb.ucsd.edu</a> website. The template for the Project Plan is available on the website in MS Word format.

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 <b>renewal of a previous project</b> .	
		If <b>Yes</b> : The IRB number for the <b>previous project</b> is	and the <b>participant accrual to date</b> at this site is
		<b>Total projected participant accrual</b> for the entire project:	
Yes	No		
		Will recruit participants <b>under age 18</b>	
		Will recruit <b>women of child-bearing potential</b>	
		Will recruit <b>pregnant women</b>	
		Will recruit <b>cognitively impaired individuals</b>	
		Will recruit <b>prisoners/incarcerated individuals</b>	
		Involves <b>waiver of consent</b> (i.e., the research will be done without seeking the consent of persons whose records/tissue are analyzed)	
		Involves <b>waiver of documented consent</b> (i.e., consent obtained but there is no signed consent form)	
		Discloses <b>financial interest(s)</b> (if yes, submit Conflict of Interest Disclosure Supplement. For more information, see <a href="#">here</a> )	

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"/>	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			
Principal Investigator			Date:
Department Chair			Date:
Signature of Faculty Advisor (if appropriate)			Date:

**If you are filling out this form online:**

- **Click the Submit button** to submit the data from the application to the HRPP office via your web browser; you will receive an acknowledgement page back with your assigned Temporary project identifier (your "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. 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 any accompanying documents, such as the Research Plan, consents/assents, etc.
- **Click the Print button** to make copies for signatures and for your records