

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 Adobe Acrobat or Reader).**
2. Click the **Save button** on the last page to save the form 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. *Do not Submit "signed" Facesheets (see Items 5 and 6 below).*
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 [e-IRB 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. Upload the **signed Facesheets** through [e-IRB services](#).

Section 1: PROJECT TITLE

Section 2: KEY PERSONNEL

Principal Investigator	Last Name		First Name		Degree	
	Title*		Department		Mail Code	
	E-mail		Phone		Fax	
	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 : Previous IRB project is		
		This project is closed to participant enrollment			
		Number of participants enrolled to date at	UCSD		Non-UCSD facilities
		Projected number of participants to be enrolled for entire project at	UCSD		Non-UCSD facilities
Yes	No				
		Is a multicenter/multisite study			
		Involves participants under age 18			
		Involves women of childbearing potential			
		Involves pregnant women			
		Involves potentially cognitively impaired individuals			
		Involves prisoners/incarcerated individuals			
		Involves non-English speaking participants			
		Involves compensation for participation			
		Involves waiver of consent (i.e., the research will be done without seeking the consent of persons whose information is 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	
		International site(s) – please describe:	
		Other – 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"/>	Dept. of Health and Human Services	<input type="checkbox"/>	Academic Senate	
	<input type="checkbox"/>	National Science Foundation	<input type="checkbox"/>	Not for profit Foundation	
	<input type="checkbox"/>	Department of Defense	<input type="checkbox"/>	Other funding source – specify:	
Funding Mechanism	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Gift	<input type="checkbox"/>
	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Internal	<input type="checkbox"/>
	<input type="checkbox"/>	Other funding mechanism - specify:			
Funding Status	<input type="checkbox"/>	Awarded	<input type="checkbox"/>	Pending	
Sponsor Name					
Other project Identifiers	<input type="checkbox"/>	UCSD OCGA proposal number	<input type="checkbox"/>	Investigator-initiated or RA number	<input type="checkbox"/>
	<input type="checkbox"/>	Sponsor's ID (e.g., NIH grant Nr)	<input type="checkbox"/>	Other project identifiers	<input type="checkbox"/>

Section 6: OTHER PERSONS ASSOCIATED WITH THIS PROJECT					
Role	Last Name	First Name	Degree	Department	Institution
Co-Investigator					
Co-Investigator					
Co-Investigator					
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 that the PI's qualifications are appropriate for this study and that adequate resources are available to ensure protection of rights and welfare of study participants.

Print Name of Department Chair		Date:	
Department Chair Signature		Date:	

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.

Print Name of Faculty Advisor (if appropriate)		Date:	
Signature of Faculty Advisor (if appropriate)		Date:	

- **Click the Save button** to save the form for signatures and for your records.
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