

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 **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.
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. Upload the **signed Facesheets** 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	
	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> : Previous IRB project is		
		This project is closed to participant enrollment			
		Number of <b>participants enrolled to date</b> at	UCSD		Non-UCSD facilities
		Projected number of participants to be <b>enrolled for entire project</b> at	UCSD		Non-UCSD facilities
Yes	No				
		Is a <b>multicenter/multisite study</b>			
		Involves participants <b>under age 18</b>			
		Involves <b>women of child-bearing potential</b>			
		Involves <b>pregnant women</b>			
		Involves <b>potentially cognitively impaired individuals</b>			
		Involves <b>prisoners/incarcerated individuals</b>			
		Involves <b>non-English speaking participants</b>			
		Involves <b>compensation for participation</b>			
		Involves <b>waiver of consent</b> (i.e., the research will be done without seeking the consent of persons whose information is 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	
		International site(s) – please describe:	
		Other – please describe:	

Section 5: FUNDING					
Funding Source (check all that apply)	Unfunded	Departmental or ORU funding			
	Dept. of Health & Human Services	Academic Senate			
	National Science Foundation	Not for profit foundation			
	Department of Defense	Other funding source – specify:			
Funding Mechanism	Grant	Gift	OCGA Research Agreement (RA)		
	Contract	Internal			
	Other funding mechanism - specify:				
Funding Status	Awarded	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:					

**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:	

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