

HASKELL INDIAN NATIONS UNIVERSITY
HINU IRB

APPLICATION FOR PROJECT APPROVAL

- 1. Name of Investigator(s): _____
- 2. Department Affiliation: _____
- 3a. Campus or Home Mailing Address: _____
- 3b. E-mail Address: _____
- 4. Phone Number(s): a. Campus: _____ b. Home: _____
- 5. Name of Faculty Member Responsible for Project: _____
- 6. Type of investigator and nature of activity. (Check appropriate categories)
 - Faculty or staff of Haskell Indian Nations University
 - Project to be submitted for extramural funding; Agency: _____
- Federal grant project number: _____ (to be completed by HINU IRB)
- (HINU IRB must compare all protocols in grant applications with the protocols in the corresponding HINU IRB application)**
- Project to be submitted for intramural funding: Source: _____
- Project unfunded
- Student at Haskell Indian Nations University: Undergraduate Special
- Class project Course Number: _____ Course Title: _____
- Independent Study Name of Faculty supervisor: _____
- Other (please explain): _____
- Investigator not from the Haskell campus but using subjects obtained through the Haskell Indian Nations University.
- 7a. Title of Investigation: _____
- 7b. Title of Sponsored project, if different from above: _____
- 8. Individuals other than faculty, staff, or students at Haskell Indian Nations University. Please identify investigators and research groups: _____
- 9. Certifications: _____

By submitting this application via email or hard copy, I am certifying that I have read, understand, and will comply with the policies and procedures of the Haskell Indian Nations University regarding human subjects in research. I subscribe to the standards and will adhere to the policies and procedures of the HINU IRB. I am also familiar with the published guidelines for the ethical treatment of subjects associated with my particular field of study.

Signature: _____	Date: _____
First Investigator	
Signature: _____	Date: _____
Second Investigator	
Signature: _____	Date: _____
Third Investigator	
Signature: _____	Date: _____
Faculty Supervisor	

Principle Investigator:	
Project Title:	
10. Please answer the following questions with regard to the research activity proposed: (Please answer "YES" or "NO.") If answering YES, be sure to provide details on the abstract and consent form.)	
Does the research involve:	
	a. drugs or other controlled substances?
	b. payment of subjects for participation?
	c. access to subjects through a cooperating institution?
	d. substances taken internally by or applied externally to the subjects?
	e. mechanical or electrical devices (e.g., electrodes) applied to the subjects?
	f. fluids (e.g., blood) or tissue removed from the subjects?
	g. subjects experiencing stress (physiological or psychological)?
	h. deception of subjects concerning any aspect of purposes or procedures (misleading or withheld information)?
	i. subjects who could be judged to have limited freedom of consent (e.g., minors, developmentally delayed persons, or those institutionalized)?
	j. any procedures or activities that might place the subjects at risk (psychological, physical or social)?
	(Check all that apply for letter "k.")
	k. use of <input type="checkbox"/> interviews, <input type="checkbox"/> surveys, <input type="checkbox"/> questionnaires, <input type="checkbox"/> audio or <input type="checkbox"/> video recordings?
	l. data collection over a period greater than one year?
	m. information pertaining to participant's physical or mental health will be collected or will be a factor considered for participation.
	n. a written consent form will be used?
	NOTE: HINU IRB makes the final determination on waiver of consent form.
11. Approximate number of subjects to be involved in this research:	

Complete the following questions on this page. Please do not use continuation sheets.

12. Project Purpose(s):

13. Describe the proposed subjects (age, gender, race, or other special characteristics).

14. Describe how the subjects are to be selected. Please indicate how you will gain access to, and recruit these subjects for participation in the project. That is, will you recruit participants through word-of-mouth, fliers or poster, newspaper ads, public or private membership or employee lists, etc. *(If subjects are to be recruited from a cooperating institution, such as a clinic or other service organization be aware that subjects' names and other private information, such as medical diagnosis, may not be obtained without the subjects' written permission.)*

15. Submitted abstract to funding agency of the proposed procedures in the project (must be complete on this page).

(The abstract should be a succinct overview of the project without jargon, unexplained abbreviations, or technical terminology. Here is where you must provide details about “**YES**” answers to items under question 10a. through 10m. of page 2 the application: drugs, cooperating institutions, security measures and post-project plans for tapes, questionnaires, surveys, and other data, and detailed debriefing procedures for deception projects.)

Submit one complete application to HINU Office of Institutional Research and Sponsored Programs-IRB, Haskell Indian Nations University, 155 Indian Ave., Lawrence, Kansas 66046 for U.S. Mail. Be sure to include consent forms, questionnaires, and other applicable supporting documents.