



UNIVERSITY OF WISCONSIN
WHITEWATER

ORSP/IRB COVER SHEET FOR
**RESEARCH WITH
 HUMAN SUBJECTS**



SUBMISSION TYPE: ORIGINAL RESEARCH SUBMISSION CONDITION FULFILLMENT # _____
 ORIGINAL COURSE RESEARCH CERTIFICATION PROTOCOL MODIFICATION # _____

PRINCIPAL INVESTIGATOR OR FACULTY/STAFF SUPERVISOR		PROTOCOL CODE <i>(condition fulfillment/modifications only)</i>	
DEPARTMENT	TELEPHONE	E-MAIL	
CO-INVESTIGATOR (FACULTY/STAFF)	TELEPHONE	E-MAIL	
STUDENT INVESTIGATOR	TELEPHONE	E-MAIL	
PROJECT TITLE	START DATE	END DATE	

PROTECTED POPULATIONS AND OTHER REVIEW DETERMINANTS

Please check all of the following descriptors, which apply to your research:

<input type="checkbox"/> Minors	<input type="checkbox"/> Pregnant Women
<input type="checkbox"/> Prisoners	<input type="checkbox"/> Collaborative Research
<input type="checkbox"/> Illegal Behavior	<input type="checkbox"/> Fetuses
<input type="checkbox"/> Sensitive Content	<input type="checkbox"/> Cognitively Impaired/Mentally Ill
<input type="checkbox"/> Integrative Project	

PRINCIPAL INVESTIGATOR FACULTY/STAFF SUPERVISOR CERTIFICATION

I have read the University of Wisconsin-Whitewater IRB GUIDE and certify that this research conforms to campus and federal regulations, policies, and procedures; is theoretically justified by sound research design; will adhere to ethical principles of research; and is compatible with the goals and/or objectives of my department/unit and college/division. I further certify that if supervising student or course research, I will train all students in federal and institutional policies and procedures governing the use of human subjects in research. I understand I am responsible for research conducted by my students.

SUBMITTED ELECTRONICALLY

TYPED/PRINTED NAME _____ SIGNATURE _____ DATE _____

STUDENT INVESTIGATOR CERTIFICATION

I have read the University of Wisconsin-Whitewater IRB GUIDE and certify that I am familiar with campus policies and procedures related to the protection of participants and will uphold high ethical principles in all research using human subjects.

SUBMITTED ELECTRONICALLY

TYPED/PRINTED NAME _____ SIGNATURE _____ DATE _____

DEPARTMENT CHAIR/UNIT DIRECTOR ACKNOWLEDGEMENT (OPTIONAL)

I acknowledge receipt and review of the attached protocol

TYPED/PRINTED NAME _____ SIGNATURE _____ DATE _____

SUBMIT PROTOCOL DOCUMENTS TO UWW ORSP, 2237 ANDERSEN

