Center for Injury Research and Policy

The Abigail Wexner Research Institute at Nationwide Children’s Hospital

**Exploratory Research Project Grant Program
Human Subjects Protection Form**

Project Title:

Principal Investigator:

Does this project involve human subjects?

\_\_\_\_\_ Yes \_\_\_\_\_No. If NO, no further information is required.

Does the Principal Investigator have Institutional Review Board training?

\_\_\_\_Yes \_\_\_\_No

If NO: Explain how and when the PI plans to obtain training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have Institutional Review Board approval for this project?

\_\_\_\_\_Yes \_\_\_No

If yes, provide a copy of the approval document and the following information (if not included in the approval document): 1) Name and address of the Institutional Review Board, 2) date of approval, 3) expiration date, and 4) protocol number

If no, please provide the following information about the pending review:

Type of review planned: Full review\_\_\_\_ Expedited review \_\_\_\_Exempt review\_\_\_\_