



ALL HBEC SUBMISSIONS MUST BE TYPEWRITTEN

Section A: Principal Investigator (PI)

Table with 4 rows and 2 columns. Row 1: Name of PI, PI's Signature. Row 2: Department/University, Fax. Row 3: Address, Payer, E-Mail, Telephone. Row 4: Form Completed By, Date Completed, Telephone, E-mail.

Section B: Protocol Information

Form with 8 numbered sections. 5. Project Title. 6. Abstract (250 word limit). 7. Will research personnel be accessing in-patient and/or outpatient medical records or databases... (If yes, HIC may require completion of the HIPAA Summary Form). 8. IRB Protocol Number.

## Section C: Proposed Intents

Category	Yes	No	
<b>Protocol:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Please provide a narrative summary</b>
<i>Study Design</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Enrollment Criteria</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Data Collection Methods</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Risks and/or Benefits to the Individual</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Risks and/or Benefits to the Community</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	

## Section C: Proposed Intents (continued)

Category	Yes	No	
<b>Investigators Additions or Changes</b> <u>Note:</u> Principal investigators, co-investigators, and key personnel are required to take the WSU educational training program on the protection of human research participants.  Please attach a biosketch for each investigator. Materials for key personnel should be submitted as an attachment.	<input type="checkbox"/>	<input type="checkbox"/>	Printed Name: _____  <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator  Signature: _____
			Printed Name: _____  <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator  Signature: _____
			Printed Name: _____  <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator  Signature: _____

### HBEC use ONLY

Reviewers Comments:

Approved
  Provisionally Approved
  Other

HBEC Protocol Number \_\_\_\_\_

Application sent to reviewer on \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** All request to obtain approval for research involving human participants must have prior approval from the Human Investigation Committee (HIC) Steering Committee