

Appendix D

Forms for Expedited Review

Langston University Institutional Review Board Expedited

Title of Project (please type) _____

Attach a Copy of Project Thesis, Summary or Dissertation Proposal

I agree to provide proper surveillance of this project to ensure that the rights and welfare of human subjects are properly protected. Additions to or changes in procedures affecting the subjects after the project has been approved will be submitted to the Institutional Review Board Committee for review.

Principal Investigator(s): (if student, list adviser's name first)

Typed name

Signature

Typed name

Signature

Typed name

Signature

Institution

Department

School

Campus address

Campus phone number

Briefly describe the background and purpose of the research: _____

Who will be the subjects in this study and how will they be solicited? _____

Langston University
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EXPEDITED
Planning Review Form

1. Will this project use DNA or RNA molecules, viruses, bacteria, cells or organisms constructed with Recombinant DNA methodology or techniques? Yes No
 (If yes, a Memorandum of Understanding and Agreement must be submitted to the IRB)
2. Will this project involve field release of genetically modified organisms? Yes No
3. Are there any potential health or safety risks to project personnel arising from activities conducted overseas? Yes No
 (If yes, principal investigator must consult with the IRB)
4. Will live vertebrate animals be used? Yes No
 (If yes, please submit an animal protocol form to the Institutional Animal Care Board/Committee in the Research and Extension Department)
5. Is there any planned or potential use of hazardous agents (e.g., infectious agents, toxins, mutagens, carcinogens, or explosive chemicals)? Yes No
 (If yes, provide the Office of Sponsored Programs with an additional copy of the proposal)
6. Is there any planned or potential use of the following: Yes No
 ionizing radiation device (e.g., accelerators, x-ray machines; diagnostic, therapy microscope, CHESS; an electron reactor of fusion device
 Specify type: _____,
 Non-ionizing radiation device (e.g., laser, infrared, ultraviolet, microwave, radio frequency or ultrasonic) Yes No
 Specify type: _____
7. Is there any planned or potential use of radioactive materials? Yes No
 (If yes, you must be a permit holder or authorized under a current permit)
 Radioisotope Permit#: _____
 Issued to: _____
8. Source of Cost-Sharing: Dept. School University NA
9. Source of external matching funds, if applicable.
10. If the project will require any of the following, please identify the resources needed, their estimated costs and explain below your plans to cover these costs.
 _____ Renovation, construction or rental of space.
 _____ Expanded utility or network services to support proposed additional equipment (computers, fume hoods, air conditioning).
 _____ Additional personnel or space that will require support beyond that provided by the proposal.
 _____ Use of additional test plots, agriculture lands or ponds not currently assigned to Principal Investigator.
 Explain: _____

- 11.** Do either you or other key personnel on this project have any financial interests in or managerial responsibilities with the proposed project that could create a conflict of interest? (If yes, attach an explanation) **Yes** **No**
- 12.** Have you or any key personnel completed the Animal Disclosure Statement of External Interests and Time Commitments? **Yes** **No**
- 13.** Will this project involve faculty leave or release teaching time? **Yes** **No**
- 14.** Will this project involve waiver of any indirect costs? **Yes** **No**

If you responded YES to Questions 10, 12, 13 or 14, the proposal should be discussed in advance with the appropriate Dean of the School and his or her signature should be obtained on this form before it is forwarded to the Institutional Review Board.

Signature (Dean of School) _____

School of _____

Langston University
Institutional Review Board
EXPEDITED
Project Information Update

Title of Project _____

Principal Investigator(s): (if student, list adviser's name first)

Name, title	Signature
Name, title	Signature
Name, title	Signature

Institution _____

Department	School
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Campus address	Campus phone number	e-mail address
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Is the research project terminated? **Yes** **No**

Date completed _____

Provide a brief description of the outcome of the research activity:

Signature

Date