



IRB Proposal Form

Project Title*: _____

Proposed Project Dates*: _____

Principal Investigator's Name*: _____

Project Director (Leading Scientist)*: _____

Department*: _____

Department Address*: _____

Department Phone Number*: _____

Co-Investigator's Name* (if none, state none): _____

Co-Investigator's Title* (if none, state none): _____

Co-Investigator's Department* (if none, state none): _____

Second Co-Investigator's Name* (if none, state none): _____

Second Co-Investigator's Title* (if none, state none): _____

Second Co-Investigator's Department* (if none, state none): _____

Name of Sponsor* (if none, state none): _____

Source of Funds* (if none, state none): _____

Name of Grantee*: _____

Description of Proposed Project Including a Description of Methods*:



Check all that apply:

- Minors (younger than 18)
- Pregnant Women
- Women of a Child-Bearing Age?
- Institutionalized Person(s)
- Incompetent Person(s)
- Students
- Low Income Person(s)
- Minorities

If your subjects are specifically targeted above, please state why* (if none, state none):

State estimated duration of participation of subjects* (if none, state none):

If blood will be collected, state method and total quantity (if none, state none):

Identify drugs, appliances, or procedures that are experimental or that are classed as investigational by FDA* (if none, state none):



Identify risks to participants* (if none, state none):

Identify the benefits of the study*:

State methods used to ensure confidentiality*:

I hereby agree to conduct this study in accordance with the procedures set forth in my project description, to uphold the ethical guidelines as set forth by the Code of Federal Regulations 45 CFR 46, 45 CFD 160 and 164. I understand that, if this request is approved, the IRB will be responsible for the initial and continuing review of the project. The decision to allow the exempt, single, or full review will be at the discretion of Lincoln University of Missouri IRB.

Principal Investigator*: _____

Email*: _____

Date*: _____