

Proposal ID No.: \_\_\_\_\_  
(Assigned by IRB)

**NEUMANN UNIVERSITY**  
Aston, Pennsylvania  
**Research Proposal Face Sheet**

Date Submitted: \_\_\_\_\_ Request for: Expedited Review; Full Review

1. Principal Investigator:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Additional Investigators(s):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

2. Title of Research Project: \_\_\_\_\_

3. Duration: from \_\_\_\_\_ to \_\_\_\_\_

4. Location \_\_\_\_\_  
Facility Name Address

5. Other Institution(s) requiring review of this proposal:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

6. Type of Study: \_\_\_\_\_

7. Sampled Population: \_\_\_\_\_ Approximate no. of subjects: \_\_\_\_\_

8. Safety Items: this research involves use of human blood or blood products; use of human tissues or radiation; electrical apparatus; investigational drugs or devices; administration of drugs; experimental therapeutic techniques.

9. Resources: \_\_\_\_\_

10. Certification:

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Investigator Date

\_\_\_\_\_  
Investigator Date

\_\_\_\_\_  
Department Chair or Program Coordinator Date

Additional sheets attached; this is sheet 1 of \_\_\_\_\_