

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 Investigator(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