

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 body fluids other than blood; exposure to blood borne pathogens; administration of ionizing 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 _____

Proposal ID No.: _____
(Assigned By IRB)

Division Chair

Date