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 ___
Additional sheets attached; this is sheet 1 of ___