

 <p style="text-align: center;">HUMAN SUBJECTS REVIEW APPLICATION PACKET</p>	<p style="text-align: center;">Submit all IRB application materials to irb@evergreen.edu</p> <p>Use the file label format: Month_Year_Researcher's Last Name_Project Title</p>
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Cover Sheet

Research project title: _____

Name of Applicant(s)/Project Director(s) _____

Evergreen ID#: _____ Undergraduate Student ___ Graduate Student _____ Faculty/Staff

Mailing Address or Mailstop: _____

Phone Number: _____

Email: _____

Date application submitted: _____

Anticipated project start date: _____ Anticipated project end date: _____

Faculty sponsor, immediate supervisor, director or dean: _____

Funding agencies/research sponsor (if applicable): _____

INDICATE IF THE PROJECT INVOLVES ANY OF THE FOLLOWING:

- Vulnerable populations (circle: minors, prisoners, individuals with intellectual disabilities). Work with vulnerable population usually requires additional safeguards as well as the consent of legal guardians (parents, institutions, etc.)
- Pregnant women. Only non-invasive and minimal risk procedures allowed.
- A collaborating organization (such as a tribal government, school, residential institution, etc.). Collaborative research agreements are required when research happens in schools, institutions, on tribal lands, or among tribal people. Many of these organizations have their own requirements for research review and approval.

Certification. We understand that the policies and procedures of the Evergreen State College apply to all research activities involving human subjects which are being performed by persons associated with the College and, therefore, that these activities cannot be initiated without prior review and approval, as required, by the Institutional Review Board.

X _____
Signature of Applicant(s)/Project Director(s) *Date*

I certify to the policies and procedures listed above and I have reviewed this application for content, consistency, clarity, and accuracy. To the best of my knowledge, the application meets Evergreen's Human Subjects Review requirements.

X _____
Signature of Faculty Sponsor or Immediate Supervisor *Date*

Evergreen Statement of Confidentiality

I recognize that, in the course of my participation as a researcher, co-researcher, or an agent or contractor of a researcher conducting human subjects research, I may gain access to private subject information, including information about health, mental health, medical care, or payment for health care, that must under law be treated as confidential and disclosed only under limited conditions. I agree that:

1. I will keep confidential all information to which I gain access that is private and could be identified to a particular subject (described in this agreement as “information”).
2. I will access and use information only in connection with a research protocol that has received HSRC approval.
3. I will not disclose information except to the extent required by applicable laws, including but not limited to, federal laws governing drug and alcohol treatment, programs-and-state laws governing HIV information, or as permitted under the terms of a research subject’s written authorization or a HSRC’s waiver of the authorization requirement.
4. I will not discuss information in public places or outside of work.
5. I will access information only concerning subjects for whom HSRC approval has been given, and will not access information for other individuals, except during a review preparatory to research with the approval of the entity or the individual maintaining the information.
6. I will take all reasonable and necessary precautions to ensure that the access and handling of information is conducted in ways that protect subject confidentiality to the greatest degree possible. This includes maintaining such information in secured and encrypted, or locked locations.

I understand that it is my obligation and responsibility to maintain the confidentiality of all subjects’ information. Improper disclosure or misuse of such information, whether intentional or due to neglect on my part, may be a breach of privacy and/or confidentiality and a violation of federal regulations, which could result in the loss of my continued access to subjects’ information or other penalties for myself or my institution.

Project Title: _____

Name (Please Print): _____

Position: _____

Signature: _____ Date: _____