



**Institutional Review Board
Initial Protocol Review Form**

Principal Investigator:

Signature:

Address:

Co-Investigators:

Protocol Title:

Source of Support:

Proposed Start Date:

Estimated End Date:

Approved By:

If your project has been/will be submitted to another Institutional Review Board, list name here:

Status: submitted accepted.

Date:

**Provide a brief description of study in lay language. Limit to space provided.
Purpose and background:**

Subjects, number, gender, source, and selection method: (circle if any subjects are classified as minors, prisoners, pregnant women, abortuses, mentally disabled, students>18, non-English speaking)

Inclusion/Exclusion criteria of subjects:

Methods and Measures:

Specify clearly the expected outcomes:

Anticipated benefits to subjects:

Describe risks and side effects (physical, psychological, or social) and precautions to minimize risk:

Describe consent process, assurance of confidentiality, and any cost/renumeration to subjects:

Principal Investigator Statement of Assurance:

The proposed investigation involves the use of human subjects. I am submitting this form with a description of my project prepared in accordance with the MCN Institutional Review Board policies for the protection of human subjects participating in research. I certify that I have read the summary of the Belmont Report. I understand IRB policies concerning research involving human subjects and agree to:

- a. obtain voluntary and knowing informed consent of subjects capable of providing consent who are requested to participate in this project;
- b. report to the IRB any unanticipated effects on subjects which become apparent during the course or as a result of experimentation and the actions taken as a result;
- c. cooperate with the IRB with the continuing review of this project;
- d. obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes in approved consent form;
- e. maintain documentation of consent form and progress reports as required by institutional and federal policies;
- f. accept the responsibility for the conduct of this research and the supervision of human subjects as required by law;
- g. not profit economically and that I do not own a/any company or other commercial enterprise, wholly or in part, that will profit economically, directly or indirectly, from the execution of this study and/or the publication of its results.

Signature of Principal Investigator

Date

Signature of Co-Principal Investigator

Date

IRB Protocol Checklist: (attach 6 copies of each item)

- Description of study in lay language**
- Copy of consent form in subjects' primary language**
- Protocols with minors as participants, if applicable**
- Principal Investigator Statement of Assurance**

Mail to: *Migrant Clinicians Network*

***P. O. Box 164285
Austin, TX 78716***

Addendum:

Guidelines for Informed Consent with Checklist

Protocols with Minors as Participants

Form for Drugs, Devices, or other active agents

Summary of the Belmont Report / Helsinki Declaration