

IRB Expedited Review Application Form

1. Principal Investigator Information

Name

Email

Department / Affiliation

Phone

2. Study Title

3. Research Team Members

Name(s) & Role(s)

4. Project Dates

Expected Start Date

Expected End Date

5. Funding Source

Funding Source (if any)

Grant Number (if applicable)

6. Study Description

Purpose of Study

Study Procedures

Subject Population (age, gender, number, inclusion/exclusion criteria)

7. Expedited Review Category

Please specify the category (per 45 CFR 46.110)

8. Risks and Benefits

Potential Risks to Subjects

Potential Benefits to Subjects/Society

9. Informed Consent Process

How will consent be obtained?

10. Privacy and Confidentiality

Describe privacy/confidentiality protections

11. Data Collection & Storage

Data Collection Methods

Data Storage and Security

12. Attachments Checklist

☐ Study Protocol

☐ Consent Forms

☐ Recruitment Materials

☐ Surveys/Questionnaires

☐ Other (specify)

13. Certification

I certify that the information provided is complete and accurate.

Name

Date