

**Pittsburg State University
External IRB Collaboration Form**

This form must be completed whenever there is collaboration between PSU and any institution with or without its own Institutional Review Board (or equivalent). The completed form and relevant application materials must be included with the PSU application materials.

For questions about the review process contact Cindy Johnson at 620-235-4175 or at irb@pittstate.edu.

Pittsburg State Principal Investigator (PI) or Sponsor

Investigator Name: _____

Department: _____

Local Address: _____

Phone: _____ E-Mail Address: _____

If the Pittsburg State PI is a student, complete the following:

Faculty Sponsor: _____

Department: _____

Phone: _____ E-Mail Address: _____

Other Institution's Responsible Party (PI/Collaborator/IRB Chair/etc). Should not be the same individual as above.

Name: _____

Institution Name: _____

Department: _____

Local Address: _____

Phone: _____ E-Mail Address: _____

Protocol Information

Project Title: _____

Is the Study Funded? Yes No

If yes, what is the source: _____

Provide contact information for IRB at the other institution.

List research personnel, home institution, and human subjects training status. Include all relevant completion certificates as part of application packet. If no one from PSU is participating in research activities, PSU CITI training is not required.

Pittsburg State University	
<i>Key Personnel</i>	<i>CITI Training Status</i>

Collaborating Institution		
<i>Key Personnel</i>	<i>Institution</i>	<i>Human Subjects Training Status</i>

Are there any state, local, or regional laws that require special consideration for this study? If Yes, please explain, including timeline for approval.

Yes No

Are additional reviews (e.g. radiation safety, etc.) required at any site? If Yes, please explain, including timeline for approval.

Yes No

Are there any special regional or cultural issues at the any of the sites that require special consideration? If Yes, please explain, including timeline for approval.

Yes No

Does either institution have any special requirements (e.g. language regarding HIPAA/FERPA authorization) that requires special consideration? If Yes, please explain, including timeline for approval.

Yes No

Verification of Assurance

PRINCIPAL INVESTIGATOR ASSURANCE

I understand that as Principal Investigator, I have ultimate responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research for which this application has been submitted.

I agree to comply with all PSU policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- Title 45, Part 46 of the Code of Federal Regulations.
- The Belmont Report, *Ethical Principles and Guidelines for the Protection of Human Subjects and Research*.

I also agree that the following criteria will be met:

- The project will be performed by qualified personnel according to the research protocol.
- Copies of all questionnaires, survey instruments, interview questions, data collection instruments, and information sheets for human subjects will be maintained in the respective department.
- Necessary review by the PSU Institutional Review Board will be sought if changes made in the research protocol may result in the research no longer meeting the original approved criteria.
- All study investigators have completed the approved ethics training, and a copy of the valid completion certificate is attached to this application.
- The Principal Investigator and all research personnel have read and understand the PSU Assurance Handbook concerning human subjects research protocols.

Signature of PSU Representative	Name (please print)	Date
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Signature of Outside Representative	Name (please print)	Date
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