**Texas Woman's University Institutional Review Board**

### Application for Dual Review Studies

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| **TWU Principal Investigator (PI) Information:** |
| Name of PI: |       | Phone: |       |  |
| Status: [ ]  faculty [ ]  student [ ]  staff [ ]  other :       | E-mail: |       |  |
| Department: |        |  |
| Colleague ID# (this is the 7-digit # on your ID): |        |  |
| If the PI is a student, provide the following information for the faculty advisor: |
| Name of Advisor: |       | E-mail: |       |  |
| TWU Department: |       |  |
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| **Project Information:** |
| Title of Study:       |
| Estimated beginning date of study: |       | Estimated duration of study |       |
| Campus (Denton, Dallas, or Houston) |  | Level of review: [ ]  exempt [ ]  expedited [ ]  full |
| Type of Project : [ ]  thesis [ ]  professional paper [ ]  dissertation [ ]  class project(check all that apply) [ ]  faculty research [ ]  pilot [ ]  other       |
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| **Other IRB Information:** |
| Name of Other IRB: |       |  |
| Contact information for IRB (i.e. website, email, phone #): |       |  |
| Name & title of PI on other IRB application: |       |  |
| Title of Study (if different from above): |       |  |
| Status of Other IRB Review: [ ]  pending [ ]  not yet submitted [ ]  approved (date:      ) |  |
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**Dual Review Information:**

Provide reason for dual review.

Explain the TWU investigator’s role on the project and relationship or affiliation with the other institution.

Explain what part, if any, of the subject recruitment and data collection will be done on the TWU campus.

List TWU research team members other than PI and advisor (attach additional pages as needed):

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| Name |       |
| TWU 7-digit Colleague ID # (if applicable) |       |
| Email Address: |       |
| TWU Department  |       |
| Role on Project |       |

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| --- | --- |
| Name |       |
| TWU 7-digit Colleague ID # (if applicable) |       |
| Email Address: |       |
| TWU Department  |       |
| Role on Project |       |

**Attachments (as applicable):**

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|  | **Attached** | **N/A** |
| Approval letter from other institution’s IRB | [ ]  | [ ]  |
| Completed application form to other IRB (required) | [ ]  | [ ]  |
| Consent form  Consent documents must meet TWU requirements. The goal is a single consent form that explains the roles of each institution and fairly and completely represents the decisions of each IRB involved. Generally, the consent form should list TWU as a study site and include the TWU disclaimer statement *“The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.”* TWU’s name may be inserted in the disclaimer statement of the other institution if the two statements are similar. Otherwise, TWU’s statement must be added in a separate paragraph. | [ ]  | [ ]  |
| Training certificates for all TWU team members (including PI and research advisor) if a current training certificate is not already on file | [ ]  | [ ]  |
| Recruitment materials (i.e., scripts, flyers, advertisements, etc) | [ ]  | [ ]  |
| Agency approval letters | [ ]  | [ ]  |
| Surveys, questionnaires, or any other instruments used in the study | [ ]  | [ ]  |
| Other (     ) | [ ]  | [ ]  |
| Other (     ) | [ ]  | [ ]  |

Provide the IRB with any other information necessary for the review of this study.

**Signatures (Approvals):**

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| **Principal Investigator (PI):** Signature certifies that the investigator has primary responsibility for all aspects of the research project. |
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| Principal Investigator |  |  Date |
| **Faculty Research Advisor (for student research only):** Signature certifies that the faculty member has read, reviewed, and approved the content of the application and is responsible for the supervision of this research study.  |
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| Faculty Research Advisor  |  |  Date |
| **Academic Administrator:** Signature certifies that the administrator has read, reviewed, and approved the content of the application.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Academic Administrator (Department Chair, Program Director, or Associate Dean) |  |  Date |

**SUBMISSION INSTRUCTIONS**

The application should be submitted to the appropriate campus IRB.

Denton and Dallas

Mail the signed original to the address below. If electronic submission is preferred, combine all parts of application into single .pdf document and email to irb@twu.edu. If the application is submitted electronically as a fully signed .pdf, the original copy is not required.

 TWU’s Office of Research & Sponsored Programs

 Institutional Review Board

 PO Box 425619

 Denton, TX 76204-5619

Applications may also be hand delivered to the Denton campus ACT 7th floor or the Dallas campus Office of Research IHSD 8th floor.

Houston

All parts of the application (including the signed cover page and appendices in order) should be combined into one single .pdf or Word document and emailed to irb-houston@twu.edu. The original copy is not required. If you have any difficulty with preparing a .pdf file, please contact the Houston Office of Research via email for assistance.