**Institutional Review Board (IRB)**

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Address: 47 Tashkenti str. Tbilisi 0177 Georgia

***IRB00009520 Health Research Union IRB #1***

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| **IRB APPLICATION FORM** |

**Please complete form electronically; handwritten forms will not be accepted**

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| **PRINCIPAL INVESTIGATOR (PI)CONTACT INFORMATION** | | | | | |
| **PRINCIPAL INVESIGATOR(PI):**  The principal investigator (PI) is responsible for personally conducting or supervising the conduct of human-subjects research and for protecting the rights, safety, and welfare of the subjects enrolled in the research. The PI must ensure that all human-subjects research is conducted in an ethical manner and in accordance with all federal, state, and local laws and regulations, institutional policies, and requirements. | | | | | |
| **Name:** | **.** | | **Date of Birth:** | **.** | |
| **Affiliation:** | **.** | | **Department:** | **.** | |
| **Institution Name:** | **.** | | | | |
| **Highest Degree Completed:** | **.** | | | | |
| **Country:** | **.** | **City:** | **.** | **Postal/Zip Code:** | **.** |
| **Address:** | **.** | | **E-mail address:** | **.** | |
| **Phone:** | **.** | | **Fax:** | **.** | |
| **Cell Phone:** | **.** | | **Office Phone:** | **.** | |

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| **Project Title:** |  |
| **Anticipated Duration of the study: from . to .** | |

***Answer all of the following question:***

1. ***Will research be supported by sponsored by funding?***

**No  Yes**

***If “YES” provide Source of Funding and Name of Sponsor*  .**

1. ***Will the study results be published? (e.g.*** *journal manuscript, dissertation, etc.)*

**No  Yes**

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| **Project Details:** |

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| 1. ***General description of the study:*  .** |

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| 1. ***Describe the research goals and objectives:*  .** |

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| 1. ***Study Methodology (****Sample collection/Statistical Analysis)* **Attach copies of questionnaires, surveys or other measures related to the proposed projects:**   **.** |

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| 1. ***Describe the participants you plan to recruit and the criteria used in the selection process. Indicate if there are any special inclusion or exclusion criteria. Include the expected number of participants and age range. (Please, indicate, if the study population is speaking in Georgian. Describe the plans for the recruitment of participant.***   **.** |

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| 1. ***Is the study conducted on Pregnant women, mentally retarded population, inmates and those with economic and social problems?***   **No  Yes**  ***If “YES” please, indicate the group***  **.** |

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| 1. **Describe the maintance of the confidentiality of the study subjects.**   **.** |

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| 1. **Describe the anticipated risk of the proposed study**   **.** |

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| 1. **Describe the anticipated benefits of the proposed study**   **.** |

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| 1. **Describe the process of collection of the informed consent from the study subjects. Describe who will conduct the consent process and how consent will be obtained.**   **.** |

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| 1. ***Are you planning to receive any compensation or other incentives (e.g., cash payment, gift cards, cell phone cards, travel reimbursement) to participate in the research study?***   **No  Yes**  ***If “YES” please, indicate the type of incentive***  **.** |

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| **Principal Investigator (PI) Certification:** |
| ***By submitting this form I agree/certify that the information reported above is true and accurate.***  **I, as principal investigator , will respond promptly to all requests for information solicited by IRB and will not begin conduction the research activity until the status of this application has been determined by the IRB.**  **I have ultimate responsibility for the conduct of this study, the ethical performance of the project, the protection of the rights and welfare of human subjects.**  **Principal Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name of Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |