All research involving human subjects proposed by faculty, staff, or students must be reviewed and approved by the Office of Research and Sponsored Programs - Human and Animal Protections (HAP) or the Institutional Review Board (IRB) for SFSU. The Protocol Approval Form (PAF) is required for all research protocols.

In all cases, research must not proceed until approved by HAP. The total review process for non-exempt protocols which require full committee review can take up to 12 weeks. Exempt protocols, which are reviewed in the office, can take from 2 to 8 weeks. Please leave adequate time for the revision cycle.

All communication from HAP will be conducted by email from the protocol@sfsu.edu address. Please list an email address that you check regularly. Notice of requested revisions and final approval will be sent to that address.

The PAF must be filed with a complete protocol statement, informed consent(s), and any related documents, at the Grad Stop counter, ADM 250, SFSU or by email to protocol@sfsu.edu. Phone: (415) 338-1093. Fax: (415) 338-2493.

Document templates and samples may be found at the ORSP-HAP website at http://research.sfsu.edu/protocol.

Title of Research: __________________________

Name of Researcher: ________________________ Phone Number: __________________________

Last Name __________________________ First Name __________________________

Department: __________________________ E-mail Address: __________________________

□ There is a Co-Principal Investigator on this project, who is:

Name, Academic Rank, Affiliation, E-mail Address

______________________________________________

Signature

Is the project funded? ______________ If yes, by whom? __________________________________________

(The Co-Principal Investigator on the Protocol Approval Form cannot sign as the Department Chair/Designated Colleague.)

(Signature of faculty researcher) __________________________ Name and academic rank __________________________

E-mail Address:

(Signature of Department Chair or, if researcher is Chair, designated colleague) __________________________ Name and academic rank __________________________

E-mail Address:

Review Categories: For Office Use Only

☐ Approved as Exempt ☐ Approved as Minimal Risk ☐ Not Approved

☐ Approved as Expedited ☐ Approved as More than Minimal Risk

________________________ (Chair, IRB) __________________________ (Date)

☐ Modification ___ Approved (date) ☐ Modification ___ Approved (date)

Rev – 09/12/12