

IRB FORM 7

LYNN UNIVERSITY INSTITUTIONAL REVIEW BOARD REQUEST FOR APPROVAL OF ADVERTISEMENTS TO RECRUIT SUBJECTS

The following information must be submitted in typed or word processed format. Fill in all information lines. If information is not applicable, indicate by answering "N/A."

Principal Investigator:
IRB Project Number (if application and research protocol was previously approved):
Date of initial IRB approval, if applicable (for this project):
Initial Review: Full ___ Expedited ___ Exempt___ (<i>Check the appropriate item</i>)
Date of most recent IRB renewal, if applicable: (for this project):
Today's Date:
Project Title:

Report changes only to items listed below since last IRB review (initial or continuing).

Principal Investigator: (<i>Full name and educational credentials</i>)	
Principal Investigator: Address	
Project Title:	
Students: <i>Specify Degree Program</i>	
Employees enrolled in degree programs, complete this item	
Employee: <i>Specify Position and Employment Unit</i>	
Phone Number: (Work)	
Phone Number: (Home)	
Phone Number: (Mobile)	
Fax Number:	
E-mail:	
Faculty Sponsor (If applicable)	
Phone Number: (Work)	
E-mail:	
Co-Investigators (Associate or Collaborating Investigator(s)): Names, titles and address. If list is extensive, insert on a separate page.	

Policy and Procedures

Generally, any advertisement to recruit subjects should be limited to the name and address of the principal investigator; the purpose of the research and, in summary form, the eligibility criteria that will be used to admit subjects into the study; a straightforward and truthful description of the benefits (e.g., payments or free treatment) to the subject for participating in the study; and the location of the research and the person to contact for further information. Phone numbers or e-mail addresses are at times appropriate.

If the study involves the use of FDA regulated products (drugs or devices) no claims should be made, either explicitly or implicitly, that the drug or device is safe or effective for the purposes under investigation, or that the drug or device is in any way equivalent or superior to any other drug or device. Such representation would not only be misleading to subjects but would also be a violation of the FDA's regulations concerning the promotion of investigational drugs (21 CFR 312.7(a)) and of investigational devices (21 CFR 812(d)).

The IRB reserves the right to request the investigator to provide additional information concerning the application for approval of an advertisement to recruit subjects. After review, the IRB will send the applicant formal notification of IRB actions.

Indicate below where and how recruitment materials will be displayed (i.e., newspaper, posters, fliers, etc.). Discuss when the materials will be displayed and for how long.

SIGNATURES

Signature of Sponsor (required for students) Date

Name Position Academic Unit/Department

Signature of Sponsor (for non-doctoral employees) Date

Name Position Academic Unit/Department

Signature of Vice President (for staff employee) Date

Name Position Academic Unit/Department

Signature of College Dean (for faculty) Date

Name Position Academic Unit/Department

NOTE: Applications without all requested information will be returned without IRB review.

Principal Investigator:
Project Title:

DO NOT WRITE BELOW THIS LINE: FOR IRB USE ONLY

IRB Project Number: _____
REQUEST FOR APPROVAL OF ADVERTISEMENTS TO RECRUIT SUBJECTS
Initial Review: Full ___ Expedited ___ Exempt ___ Date of most recent continuation approval: _____
IRB ACTION BY IRB CHAIR OR ANOTHER MEMBER OR MEMBERS DESIGNATED BY THE CHAIR
Advertisements to Recruit Subjects: Approved _____ Approved w/provision(s) _____ Referred For Convened Full-Board Review _____
Comments:
Consent Required: No _____ Yes _____ Not Applicable _____ Written _____ Signed _____
Consent Form Revised: No ___ Yes _____. If yes, the Consent forms must bear the research protocol expiration date of _____.
<i>Date for Application to Continue/Renew is as noted on initial application or most recent renewal</i>
Other Comments:
IRB Reviewer: _____ Title _____ Date _____
IRB Reviewer: _____ Title _____ Date _____
IRB Reviewer: _____ Title _____ Date _____
IRB Reviewer: _____ Title _____ Date _____
IRB Reviewer: _____ Title _____ Date _____

Name of IRB Chair (Print) _____

Signature of IRB Chair _____ Date: _____

IRB ACTION by the CONVENED FULL BOARD <i>If Applicable</i>
Date of IRB Review of Advertisements to Recruit Subjects: _____
IRB ACTION: Approved _____ Approved w/provision(s) _____ Not Approved _____ Other _____
Comments:
Consent Required: No _____ Yes _____ Not Applicable _____ Written _____ Signed _____
Consent Form Revised: No ___ Yes _____. If yes, the Consent forms must bear the research protocol expiration date of _____.
<i>Date for Application to Continue/Renew is as noted on initial application or most recent renewal.</i>
Other Comments:

Name of IRB Chair (Print) _____

Signature of IRB Chair _____ Date: _____