**SUTD Institutional Review Board (IRB)**



**APPLICATION FORM FOR SOCIAL,**

**BEHAVIOURAL & EDUCATIONAL RESEARCH**

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| **I. BASIC INFORMATION** |
| **Protocol (Research) Title:** |
| **Simplified Title (where applicable):**  (simplified title for Participant Information Sheet & Consent Form) |
| **Applicant:** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title | Name | Role | Position | Pillar/Department/ Institution | |  |  | PI / Supervisor |  |  | | For student research only: | | | | | |  |  | Corresponding PI |  |  |   *(Please complete section III for all co-investigators)* |
| Source of Funding: |
| A\*STAR  NMRC  MOE AcRF Tier 1  MOE AcRF Tier 2  MOE AcRF Tier 3  NRF  SUTD SRG  SUTD-ZJU  IDC  MINDEF  Others+  None\*  If Others+, specify the source of grant:  If None\*, state how the work will be supported:  Total amount of grant/fund: SGD$  Status of grant:  Approved  Pending  Not applicable |
| Training: |
| List the names of all study personnel[[1]](#footnote-1) and indicate if they have taken any ethics training.  \*For the main applicant, the mandatory minimum training required is CITI.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title | Name | Role | Position and Pillar/Department/ Institution | Training history | |  |  |  |  |  | |  |  |  |  |  | |
| Nature of Research: |
| Archived/ Existing Database  Experiments  Questionnaire/ Survey  Others, please specify: |

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| Deception: |
| Will information about the research purpose and design be withheld from subjects?  No  Yes If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Research May Involve: |
| **Human Subjects**: (Target Number: )  Healthy Volunteers  Children (under 21 yrs old)  Pregnant Women  Outpatients  Inpatients  Prisoners  Cognitively Impaired Persons, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ |
| Research Subjects Will Be: |
| Reimbursed S$       Not reimbursed  Others – please specify: \_\_\_\_\_\_\_\_\_ |
| Has this research been rejected by any Institutional Review Board / Research Ethics Committee / Domain Specific Review Boards? |
| No  Yes  If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Site details: |
| Site(s) of research (Building/Institute, Address): Please include the Dept as site of research  Single-centre study  Multi-centre study - No. of local sites: - No. of overseas sites:  (Note: Please submit a copy of the IRB Approval letter from the local and overseas institutions/centres with this application. If, however, SUTD-IRB approval is needed to obtain IRB approval at the other institution/centre, please inform the SUTD-IRB. Please note that it is the responsibility of the investigators to ensure compliance with the laws and regulations in both the local and overseas context.) |
| This research is also submitted to or has been approved by: |
| SingHealth:  CGH  SGH  KKH  NCC  NDC  NHC  NNI  SNEC  SHP  NHG:  DSRB A  DSRB B  DSRB C  DSRB D  DSRB E  Others:  NUS  NTU  SMU  KTPH  **Not Applicable** |

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| **FOR INTERNAL USE ONLY** | | | |
| IRB Application No. |  | IRB Approval No. |  |

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| **II. DECLARATION OF THE PRINCIPAL INVESTIGATOR** | |
| The information provided in this form is correct.   1. I will not initiate this research until I receive written notification of SUTD-IRB approval and regulatory authority approval (if applicable). 2. I will not initiate any change in protocol without prior written approval from SUTD-IRB except when it is necessary to reduce or eliminate risk to the subject. 3. I will promptly report any unexpected or serious adverse events, unanticipated problems or incidents that may occur in the course of this research. 4. I will maintain all relevant documents and recognize that the SUTD-IRB staff and regulatory authorities may inspect these records. 5. I understand that failure to comply with all applicable regulations, institutional and SUTD-IRB policies and requirements may result in the suspension or termination of this research. 6. I declare that there is no existing or potential conflict of interest for any of the investigators participating in this research. 7. I will submit the final report/summary of research to SUTD-IRB within 3 months after the completion of the study.   Remarks (if any): | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Principal Investigator’s signature | Date |
| Phone: Fax:  Mailing Address: | |
| Email: | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corresponding Principal Investigator’s Signature Date  Phone: Fax:  Mailing Address:  Email: | |

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| **III. CO-INVESTIGATORS** |
| All co-investigators who have a responsibility for the consent process or direct data collection for this research should be listed below. Multiple copies of this form may be submitted as necessary. All co–investigators need not sign on the same form. |
| Name: Email:  Position: Phone:  Pillar/Department: Fax:  Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-investigator Date |
| Name: Email:  Position: Phone:  Pillar/Department: Fax:  Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-investigator Date |
| Name: Email:  Position: Phone:  Pillar/Department: Fax:  Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-investigator Date |
| Name: Email:  Position: Phone:  Pillar/Department: Fax:  Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-investigator Date |

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| **IV. COMMENTS OF HEAD OF PILLAR/ASSOCIATE PROVOST\*** *(Please circle accordingly)* | | |
| **1. Significance:** |  |  |
| Does the research address an important problem?  Will the research affect concepts and methods that drive the field? | **YES** | **NO** |
| **2. Approach:** |  |  |
| Is the conceptual framework adequately developed?  Are the design, methods and analyses adequately developed and appropriate? | **YES** | **NO** |
| **3. Innovation:** |  |  |
| Does the research challenge existing paradigms?  Does it employ novel concepts, approaches and methods? | **YES** | **NO** |
| **4. Principal Investigator:** |  |  |
| Is the Principal Investigator appropriately trained to conduct this research?  Does the Principal Investigator have evidence of commitment (e.g. previous track record)? | **YES** | **NO** |
| **5. Environment:** |  |  |
| Is the Principal Investigator’s environment suited to perform the research?  Is there an adequate patient/subject pool and are there adequate resources? | **YES** | **NO** |
| **6. Peer/ Scholarly/Scientific Review:** |  |  |
| Has this project undergone a peer/ scholarly/ scientific review? | **YES** | **NO** |
| **7. Budget (*to be completed ONLY for funded projects*):** |  |  |
| If this research is funded, are the projected costs appropriate (i.e. accurate)? | **YES** | **NO** |

Comments

I acknowledge that this research is in keeping with standards set by the Principal Investigator’s pillar.

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| Signature of Head of Pillar / Associate Provost (Education)  *(Please delete accordingly)* | Date |
| Name: |  |
| Pillar: |  |

\*The Department Representative can be the Head of Pillar (ASD/EPD/ESD/ISTD) of the faculty. For faculty in general disciplines without an assignment to a specific pillar, his/her representative will be the Associate Provost (Education).

If the PI or co-investigators is the Head of Pillar, this section should be completed by the Associate Provost (Education).

If the PI or co-investigator is the Associate Provost (Research/Education), this section should be completed by Provost.

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| **V. ABSTRACT OF RESEARCH PROPOSAL** |
| In no more than 300 words, describe concisely the specific aims, hypotheses, methodology and approach of the application, indicating where appropriate the application’s importance to science, existing knowledge and applications. The abstract must be self-contained so that it can serve as a succinct and accurate description of the application when separated from it. Please use lay terms. If this is not possible, the technical terms should be explained in simple language. |
| State Abstract of Research Proposal |

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| **VI. ATTACHMENT CHECKLIST:** | | |
| **Document** | **Attached?** | **Not Applicable?** |
| Study Protocol (latest version)+ |  |  |
| Grant Application Form / Letter of Award |  |  |
| Participant Information Sheet and Consent Form+ |  |  |
| Survey Form(s)/Questionnaire(s) / Interview Guide + |  |  |
| Data Collection Form+ |  |  |
| Advertisement for Recruitment of Subjects+ |  |  |
| Letter of Invitation to Subjects+ |  |  |
| Debriefing Note |  |  |
| Investigator(s)’ CV |  |  |
| Approval letter of partner IRBs (Local and Overseas) |  |  |
| Relevant Publications |  |  |
| Agreements (e.g., Financial agreement, Data sharing agreement, Material transfers agreement) |  |  |
| GCP / CITI Training Certificates |  |  |

+Version number and date is required.

1. All the members in the team [↑](#footnote-ref-1)