RESEARCH PROPOSAL REVIEW – REQUEST FOR EXPEDITED REVIEW

Research may be considered for expedited review if the research is consistent with one of the following categories. Please check the categories that you believe are appropriate in describing your proposed research (Check all that apply):

_______ Proposed research involves the recording of data from participants 18 years of age or older, using noninvasive procedures routinely employed in clinical practice. This includes the use of physical sensors that are applied either to the surface of the body or at a distance, and do not involve input of matter or significant amounts of energy into the participant, or an invasion of the participant’s privacy, or procedures as weighing, testing sensory acuity, electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, diagnostic echography, and electroretinography. The proposed research does not include exposure to electromagnetic radiation outside the visible range (for example, x-rays, microwaves).

_______ Proposed research involves the collection of blood samples by venipuncture, in amounts not exceeding 450 milliliters in an eight week period, and no more often than two times per week, from participants 18 years of age or older, and who are in good health and not pregnant.

_______ Proposed research involves voice recordings made for research purposes, such as investigations of speech defects.

_______ Proposed research involves moderate exercise of healthy volunteers.

_______ Proposed research involves the study of existing data, documents, records, pathological specimens, or diagnostic specimens.

_______ Proposed research involves research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory, or test development, where the investigator does not manipulate participants’ behavior, and the research will not involve stress to participants.

_______ Proposed research involves research on drugs or devices, for which an investigational new drug exemption or an investigational device exemption is not required.

DO NOT COLLECT ANY DATA FROM OR ABOUT HUMAN PARTICIPANTS UNLESS YOU HAVE RECEIVED EXPLICIT WRITTEN APPROVAL FROM THE ERC.

______________________________________________
Signature of Principal Investigator

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Signature of Faculty Advisor/Mentor/Instructor

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Date

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Date