The University of North Carolina at Chapel Hill School of Nursing

IRB Tracking Form for Research Proposals

Name(s) of Student(s):_____

Title of study:_____

Type of research proposal:

Undergraduate: ☐ Honor's Project ☐ Independent Project

Graduate: ☐ Master's Project ☐ Master's Thesis ☐ Doctoral Dissertation

IRB Status:

a. ☐ Study is an integrative literature review, clinical paper, or policy paper and has no human subject, therefore an IRB is not required.

b. ☐ **Study is an animal study, no IRB is required.**

c. ☐ Has Public Health-Nursing IRB or other accepted IRB approval.

d. ☐ Will be submitted to _____ IRB on _____.
TENTATIVE DATE

Which IRB is/will be responsible for this proposal?

e. ☐ Public Health-Nursing IRB

f. ☐ Other UNC-CH IRB. Please specify: _____

g. ☐ Outside accepted IRB. Please specify: _____

h. ☐ Working with faculty data on question(s)/analyses covered by faculty IRB approval from accepted IRB.

Animal Protection Status

☐ No animals involved

☐ Approved by animal protection committee.

☐ To be submitted to animal protection committee on _____.
TENTATIVE DATE

Radioactive Materials

☐ No radioactive materials involved.

☐ Approved by radioactive materials committee.

☐ To be submitted to radioactive materials committee on _____.
TENTATIVE DATE

This research proposal was successfully defended and/or approved by the committee (Graduate)/research advisor (undergraduate) on _____.
DATE

_____
STUDENT'S SIGNATURE DATE

_____
RESEARCH ADVISOR'S (Chair) SIGNATURE DATE

Submit this form to: Office of Academic Affairs, Suite 1000 (New Addition)
A copy of this form will be kept in your student folder. The original will be returned to the student.

(Office of Academic Affairs Use Only)

☐ *Honor's/Independent Project Proposal Approval Form* in student file.

☐ *Master's Thesis/Research Project Proposal Defense Form* in student file.

☐ Doctoral Dissertation, *Part II: Report of Approved Dissertation Project* in student file.

☐ Conflict of Interest form submitted by student. *(Original to be submitted by OAA to the Office of University Counsel; copy to be kept in student file.)*

_____
OAA (Signature or initials of Office Staff)

_____
DATE