

Medical Student Research Program Proposal Submission Form

STUD	ENT NA	AME:				CLA	ASS:						
E-mail address:											Mailbox:		
							_						
	•	lcode (if PS	<u>-</u>										
1141130	19 11141	reout (11 1 x	<i>J</i>	uuui ess.									
Adviso	r's Dep	artment:											
Adviso	r's e-ma	ail address	:										
Adviso	r's Pho	ne number	· :										
PROJ	ECT TI	TLE:											
										Title mi	ıst ha	included fo	
Requir	ed Fede	ral Regulai	tory A	ssurances j	or Re	search				Tille <u>mu</u>	<u>isi</u> ve	inciuaea jo	r review.
_			-										
A. Human Subjects 1. Does your research involve human subjects in <i>any</i> manner (including surveys, charts, etc)?													
□No □Yes													
If yes, provide Institutional Review Board (IRB) approval (or pending) protocol number:													
If yes, provide a copy of the Completion Certificate from your CITI Training session.													
2. Does your human subjects research involve physicians or patients during regular clinic visits?													
☐No ☐Yes ☐Not applicable If yes, do you have permission from the relevant unit leader (Department Chair, Division Chief, Head, etc)?													
	11)	es, do you □No		□Yes		ne reievant ⊒Not applic		eader (Depa	rımen	ı Chair, Div	ision	Cniei, Head	i, eic)?
	Ify					pproval let							
B. Do				ny vertebr				lNo		Yes Protoc			
	If yes,	provide Ins	titutio	nal Animal	Care	and Use Co	mmitt	ee (IACUC) appr	oval (or pen	ding)	protocol nu	ımber.
				_									
	-		olve l	nazardous	chemi	cals, recom				cell lines, or			l y
dangerous substances?													
J /.		_	-			boratory sa		` 1	•				
*****	*****	*****	****	*****	****	*****	****	****	****	*****	****	*****	****
	JSE ON												
Human Subjects Animals				Biosafety		Med Records		PHS		Offsite		Global	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
IRB		IACUC#		Protocol		Signature		Signature		Signature		Approved	
CITI Letter				Training						Human Biosafety			
Letter										Diosaicty			
MSR C	ommitte	ee Reviewe	r A	dditional									
			С	oncerns:									

Required Me	edical Student Research Approve	als							
	eed access to non-electronic medease obtain the signature of the S	lical records? upervisor for Record Storage and	☐Yes Retrieval (x8038)	□No					
Supe	ervisor Signature	Date							
	study require statistical services s, please obtain signature of the l	from Public Health Sciences (PHS PHS consulting Director	S)? □Yes	□No					
PHS	Consulting Director Signature	Date							
If ye	dy going to be conducted at anot s, please provide the following: A signature attesting to the follow		□Yes	□No					
	"I have reviewed this propose study will be available during	al and attest that the resources nee g the expected study period"	ded by the student for	his/her part of the					
	Off-Campus Advisor Signatu	re Date							
3. I		jects, provide the IRB protocol nuresearch, provide <u>documentation</u>							
G. Will this	project involve international trav	vel abroad?	□Yes	□No					
Kurzinger in International by the Globa	Room C1747 and follow the pro Travel. To ensure medical stud	e must go to the Global Health Co cedures as defined in the PSU-CC ent compliance with policies, all i tional experiences Dr. Ben Fredice.	OM Policy for Medical International experienc	! Student ces must be evaluated					
The	Global Health Center approves t	his international Medical Student	Research project						
GHC	C Director Signature		Date						
I attest to the	following (PLEASE CHECK T	HE BOXES):							
	that my MSR proposal was w copied from my adviser's ma	ritten entirely by me after consult terials or any other source	ation with my faculty	advisor, and not					
	that I understand that ALL hu	ıman subjects work (including sur le Institutional Review Board appr							
All proposals	s may be published on the Colleg	e of Medicine website.							
Student's Sig	gnature	Printed Name	Date						

REMINDER

Your proposal must include the following sections:

Clinical or laboratory based research projects

Hypothesis to be tested.

Background (with 4-10 salient references)

Specific Aims/Objectives to test the hypothesis

Methods/Subjects

For studies involving any human subjects, the following issues must be addressed:

- 1. Performance Site
- 2. Data sources other than the sponsor's
- 3. Institutional Review Board Approval of Project
- 4. Patient Selection/Study Population Issues
- 5. Prospective Power Analyses

References

Statement of Student's Responsibilities

Statement of Sponsor's Responsibilities

Qualitative Research Projects

A clear statement of an appropriately focused Research Question

A description of the data collection methods, and a justification for the proposed approach. Examples of data collection methods include:

- Focus groups
- Individual interviews
- Ethnographic methods

A copy of your research plan, including interview guide (at least a first draft) or materials for data collection A description of the initial data analysis plan, and time line. This description should address issues such as criteria for reaching saturation, reliability and validity, triangulation (i.e., multiple reviewers) and member checking (as appropriate)

References

Statement of Student's Responsibilities

Statement of Sponsor's Responsibilities