

STUDENT NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Faculty Research Advisor: \_\_\_\_\_ Advisor's Phone number: \_\_\_\_\_

Advisor's Department: \_\_\_\_\_ Advisor's E-mail address: \_\_\_\_\_

Advisor's Address (IF off-site): \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Key Words:** (for the purpose of data searches) \_\_\_\_\_

Detailed instructions for completing this form can be found on the MSR website: [www.pennstatehershey.org/web/msr](http://www.pennstatehershey.org/web/msr)

**Overall Goal of the MSR:**

*Dr. George Harrell, the founding Dean of the Penn State College of Medicine, established the Medical Student Research (MSR) program as an integral part of the curriculum. The purpose of the MSR program is to promote, through a mentored research project, the development and application of critical thinking and problem solving skills that are fundamental to the integration of medical science and clinical care. Students gain an understanding of the research process, limitations and variability of data, and the translation of research and critical thinking skills to clinical practice. We expect our students to be able to articulate a relevant research question, decide on appropriate methods to address the question, collect and analyze the data, reach proper conclusions, and write a scientific report summarizing their work, including implications for further inquiry and/or clinical practice.*

**Does your research involve human subjects in any manner (including surveys, charts, etc)?** YES NO

If YES – Your proposal can be submitted prior to final approval from the IRB (put pending on this form), but you **MUST** have IRB approval **BEFORE** actually beginning your research. **IRB protocol number** \_\_\_\_\_

**Does your human subjects' research involve physicians or patients during regular clinic visits?** YES NO

If YES – you must have permission from the relevant unit leader (Chair, Division Chief, Head, etc.) before beginning research.

**Is this study going to be conducted at another US institution?** YES NO

If YES – in addition to the advisor from the other institution, you must select an internal advisor. Both advisors are required to review your proposal and complete an advisor form.

**Will this project involve international travel?** YES NO

If YES, you must contact the Global Health Center administrative support person – Tina Lengle – in C1704 (Office of Medical Education), and follow the procedures as defined in the PSU-COM Policy for Medical Student International Travel. All international experience must be approved by Dr. Ben Fredrick, Director of the PSU-COM Global Health Center or his designee, before research can be conducted.

**I attest to the following** (Please put your initials next to the following statements):

- \_\_\_\_\_ My MSR proposal was written entirely by me after consultation and revisions by my faculty advisor, and not copied from my advisor's materials or any other source.
- \_\_\_\_\_ I understand that **ALL human subjects work** (including surveys, charts, reviews, etc.) requires MSHMC/College of Medicine Institutional Review Board (IRB) approval **BEFORE** any human subjects work is conducted.
- \_\_\_\_\_ I understand that **all human subjects work** conducted **off campus** for my MSR project must have **both** the MSHMC/College of Medicine Institutional Review Board approval as well as approval from the off campus site **BEFORE** any human subjects work is conducted.

All proposals may be published on the College of Medicine website.

Student Signature (Submission of this form from your e-mail address is preferred, and serves in lieu of a physical signature)

Signature Date