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| **Purpose:** This application is designed to help facilitate review of an Approval in Principle (AIP) for research lacking definite plans for the involvement of human subject research in accordance with the regulations set forth in 45 CFR 46.118. The AIP approval allows UO Sponsored Project Services (SPS) to release funds associated with preliminary phases of research that are preparatory to planned human subject research activities; this application is NOT for IRB review and approval. **No human subject research activities may occur under the AIP approval.** |

**Instructions:** Complete the form below and provide supplemental materials from the funding application as requested. If approved, the AIP approval period will be issued with an expiration date based on the stated anticipated start date for human subject research activities in the application. In advance of the expiration date and prior to implementing human subject research activities, investigators will need to submit an application and obtain either an exempt determination or IRB approval.

Submit by email this form and all applicable research materials to ResearchCompliance@uoregon.edu.

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| 1. Study Title and Investigator Information
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| Study Title: |        |
| Principal Investigator (PI): | Enter one PI per protocol.  | PI Department: |        |
| PI UO Email: |        | PI Telephone: |        |
| Role at UO: |   |  If other, specify role: |       |
| Faculty Advisor: | A faculty advisor must be listed on all student protocols  | Faculty Advisor Department: |        |
| Faculty Advisor UO Email: |        | Faculty Advisor Telephone: |        |
| 1. Research Design
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| * 1. Describe the activities that will take place *preparatory* to implementation of human subject research.
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| * 1. Expected date (month and year) to begin research with human subjects:
 |       |
| 1. Funding and Sponsorship
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| * 1. Provide the following:

**NOTE:** If proposal submitted to a federal agency, submit one copy of the Research Plan/Project Description section of the grant application. |
|  | Source name: |       |
|  | Source grant number: |       |
|  | E-PCS number: |       |
|  | Title of grant (if different from above): |       |
| * 1. If anything related to human subject research activities and/or study timeline will differ from that described in the funding materials, please describe in textbox below:
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|        |

*[Remainder of page intentionally left blank; signature page to follow.]*

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| 1. Investigator and Faculty Advisor Signatures
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| * I certify the information provided in this application is correct and complete.
* I understand this application is for the design and development phase of the research and that no human subject research activities may be initiated until a protocol application is submitted for review and approval by the UO IRB.
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|  | Click here to type name or insert electronic signature. |  | Click here to enter a date. |  |

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| **Principal Investigator Signature Date** * *Electronic signatures acceptable. You may type in the name of the Principal Investigator*
* *If the person emailing this form is not the Principal Investigator, the Principal Investigator must be copied on the form submission.*
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| **REQUIRED FOR STUDENT RESEARCH** * By signing below, the Faculty Advisor attests he/she has read and approves the attached form and materials submitted for review. In addition, he/she agrees to provide appropriate education and supervision of the student investigator.
* The Faculty Advisor attests he/she understands this application is for the design and development phase of the research and that no human subject research activities may be initiated until a protocol application is submitted for review and approval by the UO IRB.
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|  | Click here to type name or insert electronic signature. |  | Click here to enter a date. |  |

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| **Faculty Advisor Signature** **Date** * *Electronic signatures acceptable. You may type in the name of the Faculty Advisor.*
* *If the person emailing this form is not the Faculty Advisor, the Faculty Advisor must be copied on the form submission.*
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