# Farmingdale State College

# Institutional Review Board (IRB)

**External Research Request**

**Instructions and Information:** Administrative review for human subjects research studies not conducted by FSC Personnel and/or Students, but accessing FSC facilities and/or resources; and/or recruiting Students, Faculty, and/or Staff as research participants.

External Researchers must submit this form along with a copy of the approval letter from the IRB of Record and the complete research protocol including all supporting documents (i.e. Informed Consent forms, recruitment materials, study measures, human research participants training program certificate(s), etc.) to [IRB@farmingdale.edu](mailto:IRB@farmingdale.edu). FSC’s IRB will evaluate the application and supporting documents and provide a recommendation to the appropriate FSC Department Chairperson (if applicable), Dean (if applicable), and Provost/Vice President of Academic Affairs.

This is a protected MS Word Document. Save this document to your computer before completion. Check boxes can be activated with a mouse click and text boxes will expand as you input data. Handwritten forms will not be accepted.

| **Administrative Review for Human Subjects Studies Not Being Conducted by FSC Personnel** **and/or Students** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 1. Date: | Click here to enter text. | | | | |
| 2. Study Title: | Click here to enter text. | | | | |
| 3. Principal Investigator: | Click here to enter text. | | | | |
| 4. Institution: | Click here to enter text. | | | | |
| 5. Department: | Click here to enter text. | | | | |
| 6. Telephone Number: | Click here to enter text. | 7. Email Address: | | Click here to enter text. | |
| 8. Faculty Advisor (if applicable): | Click here to enter text. | | | | |
| 9. Telephone Number: | Click here to enter text. | 10. Email Address: | | Click here to enter text. | |
| 11. Provide a brief description of the study including the research topic, study procedures (study participants, site(s) of the research, recruitment, informed consent, stimuli, tasks, dependent measures, etc.), and risks/benefits to the participants. | | | | | |
| Click here to enter text. | | | | | |
| 12. Describe how FSC facilities, resources or personnel/students will be involved in the research. | | | | | |
| Click here to enter text. | | | | | |
| 13. If applicable, describe any affiliations or associations between the researcher(s) and FSC. | | | | | |
| Click here to enter text. | | | | | |
| 14. Has this protocol been reviewed and approved by an IRB (OHRP-approved FWA)? | | Yes\* No | | | |
| *\*If yes, please provide a copy of the approval letter and complete protocol including all supporting documents (i.e. Informed Consent forms, recruitment materials, study measures, human research participants training program certificate(s), etc.).* | | | | | |
| 15. Researcher Certification: | | | | | |
| If permission to conduct this external research at FSC is approved, I certify that the research described in the attached protocol and supporting materials will be conducted in full compliance with Farmingdale State College’s Policies and Federal regulations governing human subject research. In addition, I confirm that: (check each box)  I will conduct every aspect of the project as described to the IRB and consistent with all Federal, State, and institutional regulations as set forth in the IRB of Record’s Policy Manual and Federal-Wide Assurance, and all other pertinent regulatory documents;  I will assume full responsibility for assuring that all study personnel has complete understanding of the research protocol and the consent process and are qualified by education, training, and experience to perform his/her assigned protocol tasks;  I will ensure the protection of every research subject enrolled in this protocol and minimize risks and maximize benefits to the greatest extent possible;  I will promptly report any revisions or amendments to the research activity for review and approval by the IRB of Record prior to commencement of the revised protocol, and provide FSC’s IRB with the revised protocol documentation and approval letter.  I will promptly (within 24 hours via telephone, followed by written notification within 2 business days) report any unanticipated problems involving risks to subjects or others, or any instance of serious or continuing noncompliance with federal regulations or IRB requirements to the IRB of Record and FSC’s IRB.  To the best of my knowledge, no study personnel (or any member of their families) have a conflict of interest related to this research (e.g., significant financial interest, relationship with sponsors, vendors, or sub-contractors). [If a conflict of interest exists, please contact the IRB Office]. | | | | | |
| Principal Investigator Signature: | | | | | |
|  | | | Date: | |  |
| Faculty Advisor Signature (if applicable): | | | | | |
|  | | | Date: | |  |
| *For FSC IRB Office Use Only* | | | | | |
| Department Chair/Director Signature (if applicable): | Request Approved Request Denied | | | | |
|  | | | Date: | |  |
| Dean Signature (if applicable): | Request Approved Request Denied | | | | |
|  | | | Date: | |  |
| IRB Chair Signature: | Request Approved Request Denied | | | | |
|  | | | Date: | |  |
| Provost/VP of Academic Affairs Signature: | Request Approved Request Denied | | | | |
|  | | | Date: | |  |