



Protocol Approval Request
for Research Involving Biohazardous material
review by the Institutional Biosafety Committee

Part 1: Administrative Information

1. Title of protocol

2. Contact information

2.1. Principal Investigator (PI) - *Please See College Policy

Name

Email address

Division

Status

Student

Faculty

Staff

Other

2.2. Co-PIs and members of the research team:

Name	Email	ACOM/non ACOM	Division	Organization (not in ACOM)	Address (if not ACOM)

3. Funding information

3.1. Indicate if your project is funded by an external (non-ACOM) sponsor, including a gift or a sponsored award.

- Federal Funding Agency:
- Federal Flow through funds
- Student projects funded fully or in part by Federal funds received by a Faculty Advisor
- Non Federal sponsor that requires compliance with Federal IRB regulations
- Other Funding source
- My research is not funded by any outside funding agency
(This option should be available only if none of the above are selected)

Name of the external funding agency:

Provide the Sponsor's Project ID number:

Part 2: Study Design, Methods and Procedures

1. **Type of project/study:** Please select ALL of the categories of work that apply to this proposed project.

- Recombinate DNA Molecuses
- Organizms Pathogenic for humans, Plans or animals
- Human blood, fluids or tissues
- Other, Please Explain

Descirbe the above and how they will be used, produced and contaned (attach separate page)

2. Please provide a lay summary of the study, including the purpose, research questions and hypothesis to be evaluated.

3. Please describe briefly how this study will contribute to existing knowledge in the field.

Part 3: Financial Conflict of Interest Disclosure

ACOM requires that personnel conducting research must disclose known significant financial interests that would reasonably appear to be affected by the research project and that if the interest is deemed to constitute a conflict of interest with the proposed research, the conflict be managed prior to their engagement in the research with human participants. Significant financial interests include:

- An equity interest in an external entity that, when aggregated for the investigator and the investigator's spouse/same sex partner and dependent children over the past 12 months and expected over the next 12 months exceeds \$5,000 in value, or represents more than 5% ownership interest.
- Salary, royalties, or other payments from an external entity that, when aggregated for the investigator, the investigator's spouse/same sex partner and dependent children over the past 12 months and expected over the next 12 months are expected to exceed \$5,000.

1. Have all faculty listed on this protocol (including faculty supervisor) completed the Annual Disclosure for your external commitments and financial interests

Yes No

2. Have all faculty listed on this protocol (including faculty supervisor) disclosed all significant financial interests (as described above) that are reasonably related to this research project?

Yes No

3. For all personnel listed on this protocol: Do any of the personnel, their spouses or dependent children have any significant financial interests that are reasonably related to this research?

Yes No

4. For all personnel listed on this protocol: Do any of the personnel, their spouses/same sex partners, or dependent children have any personal financial interest or commitment with any company or entity that sponsors or supports this research? Yes No

If you answered "Yes" to either #3 or #4, please contact Compliance Manager for guidance on next steps regarding disclosure, review of the financial interest and resolution of any real or apparent conflict of interest. The IBC is not able to review this project until it has been determined by the Compliance Manager that no investigator involved with this research activity has a conflict of interest related to this research.

Reminder Check List

You have now completed this form. Please review it to ensure that it is filled out completely and accurately.

Please save this form and proceed to the signature page for submission instructions. If you have any questions or need assistance, please contact the Compliance Manager.

Phone: 334-944-4022 Email:

tbryan-Watts@acomeduorg

Signature

This page is to be signed by the principal investigator. If the principal investigator is a student, the faculty supervisor must also sign in the lower box.

OPTIONAL: You may submit an electronic copy of this application. After clicking on the attestation box, please save a copy of the form before emailing it to tbryan-watts@acomedu.org.

Principal Investigator

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Institutional Biosafety Committee.

Attestation of Principal Investigator

Name / Signature of Principal Investigator

Date