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| **Research Investigator Status:** | |
| I am (select one):  A Milligan Student  Milligan faculty or staff  Other: Click or tap here to enter text.  My printed name below indicates that:   * I have completed the training requirements for Milligan’s *Human Research Protections Program*. * I understand my responsibilities as an Investigator. * I have used Milligan’s *Research Study Plan and Informed Consent Template* to evaluate my proposed human research for possible exemptions. My research does not qualify for possible exemptions. * **My research study plan is attached for IRB Review.** * *For students only*. I have evaluated my research in collaboration with my faculty advisor. My faculty advisor has approved my study plan. | |
| **Printed Name:** | <Type your first and last name here> |

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| **Expedited Review Evaluation:** |
| I have reviewed my non-exempt research for possible Expedited IRB Review. According to Milligan’s *Expedited Review* *Guide* (based on the *OHRP Expedited Review Categories, 1998):*  This research **does not** qualify for an Expedited Review.  This research **potentially qualifies** for an Expedited Review according to:  Category 1 – Qualifying blood samples  Category 2 – Qualifying noninvasive biological samples  Category 3 – Qualifying noninvasive clinical data collection  Category 4 – Qualifying materials collected for non-research purposes  Category 5 – Qualifying voice/video/digital recordings  Category 6 – Qualifying surveys, interviews, focus groups, evaluations  Category 7 – Qualifying clinical drugs/medical devices |

***Submit the completed IRB application and supporting documents to IRB@Milligan.edu.***