



<input type="checkbox"/> Original Submission
<input type="checkbox"/> Amended Date _____

RETURN TO: College of Graduate Studies
(Office for Respective Campus)

Main Campus
University Hall Room 3240
Mail Stop 933

Health Science Campus
Mulford Library Room 117
Mail Stop 1042

Graduate Research ADvisory (GRAD) Committee Approval & Assurances Form

This form replaces the Notice of Project, Notice of Thesis, and Assurances of Compliance Forms for Main Campus and replaces the Academic Advisory Committee and the Ph.D./MSBS Research Track Major Advisor/Departmental Responsibility Forms for the Health Science Campus.

Instructions: Students must complete this form and receive the required approvals prior to beginning any research for a project, thesis, or dissertation involving humans, animals, radiation, or biohazardous substances. Federal regulations do not allow retroactive approval.

For the purposes of this document, the term “investigator” includes both the **Principal Investigator or Faculty Advisor and the Student Investigator**. The completion of this form indicates that a student’s committee has approved both a topic and an approach for the research, and is aware of federal requirements for institutional review of research methods.

This form, signed by the Student, Advisor, Committee Members, and Department Chairman (Health Science Campus) should be routed to the individuals noted in the approval section of this form. (Please note Advisor on this form denotes “Major Advisor” on the Health Science Campus and “Research Advisor” on the Main Campus.)

The respective College of Graduate Studies Office will record receipt of the form, signifying that institutional review requirements have been met. The Policy Information and Forms cited below are available on the following Research & Sponsored Programs Web-site: <http://utoledo.edu/research/RCMain.html>

Date: _____	
Student’s Name: _____	Rocket ID : _____
Degree Program: _____	
Concentration or Track (if applicable): _____	
Research (check one): <input type="checkbox"/> Scholarly Project <input type="checkbox"/> Thesis <input type="checkbox"/> Dissertation <input type="checkbox"/> Field Experience	
Advisor: _____	
Proposed Title: _____	

I. Are **HUMAN SUBJECTS** involved in the research? (check one) **Yes** **No**

A project meets **the definition of Human Subjects Research** if it involves living individuals about whom an investigator conducting research obtains:

- (1) **data through intervention or interaction with the individual; or**
- (2) **identifiable private information**

This includes direct data collection, such as through interview or questionnaire or indirect data collection or interaction such as observing subjects through one-way glass, or reviewing records, or identifiable private information. For additional information or if you have questions about whether or not IRB review and approval is required, please contact the **Department for Human Research Protections at 419.383.6796**.

If you answer **YES** to Question I, you must file an application for review with a UT Institutional Review Board (**IRB**). The application can be submitted to either office of the **Department for Human Research Protections (DHRP)** and it will be forwarded to the appropriate IRB. The office on Main Campus is located in Room #2300 in University Hall and the office on the Health Science Campus is located in the CCE Building, Room 0106.

Researchers must complete the required research training and provide the IRB Approval Number _____ prior to beginning the research.

Research utilizing UT Medical Center patients or patient records may require additional approvals and/or training to comply with the Health Insurance Portability and Accountability Act (HIPAA).

II. Are **ANIMALS** involved? (check one) **Yes** **No**

If yes, you must file an application for approval from the Institutional Animal Care and Use Committee (IACUC) and provide the **Approval Number _____**. For additional information, contact Jeff Busch, Ph.D. Main Campus 419.530.2844 or Matt DeVrie, Health Science Campus 419.383.4252. http://utoledo.edu/research/RC/AnimalCare_Menu.html

III. Are **SOURCES OF IONIZING RADIATION** involved in the research? (check one) **Yes** **No**

If yes, you must file an application for usage and it must be approved by the Radiation Safety Committee (**Approval Number _____**); required training must be completed through the University's Radiation Safety Officer. For additional information, contact Ed Brentlinger 419.383.4301. http://utoledo.edu/research/RC/Radiation_Menu.html

IV. Are **BIOHAZARDOUS SUBSTANCES** involved in the research? (check one) **Yes** **No**

If yes, you must file an application for approval from the Biosafety Committee and provide the **Approval Number _____**. For additional information contact Jeff Busch, Ph.D. Main Campus 419.530.2416 or Matt DeVrie, Health Science Campus 419.383.4252. http://utoledo.edu/research/RC/Biosafety_Menu.html

V. Are **CADAVERIC TISSUES** involved in the research? (check one) **Yes** **No**

If yes, you must file an application for approval from the UT Cadaveric Tissues Research Committee and provide the **Approval Number _____**. For additional information contact Mark Hankin, Ph.D., Department of Neurosciences 419.383.4129.

VI. TIMING OF PUBLICATION

- There **are no** restrictions on the publication or other public disclosure of the project/thesis/dissertation research. If any are placed on the research, the student and the College of Graduate Studies will be notified in writing with a copy of the restrictions.
- There **are** restrictions on the publication or other public disclosure of the project/thesis/dissertation research. The advisor has discussed these restrictions with the student and has provided in writing to the student, a copy of which is attached.
- The terms of the grant(s)/contract(s) supporting this student's research have the potential to direct the research of this student for primarily commercial purposes that may adversely affect the student's degree goals.
- The terms of the grant(s)/contract(s) supporting this student's research have the potential to restrict public disclosure or publication of the research results, or restrict the evaluation of the results.

For Main Campus Programs

A completed "Intellectual Protection and Patent Sign-Off Form" must accompany the dissertation, thesis, or research project at the time of submission to the College of Graduate Studies.

Acceptance of your project, thesis, or dissertation will be contingent upon your demonstrated compliance with the appropriate assurances. I certify that the information given above is accurate and complete to the best of my knowledge.

Signature of Student _____
Date

Signature of Advisor _____
Date

Committee Members (Note: Members may sign later if Committee is not formed at the time of initiation of research. However, members must sign as they join the Committee.)

_____ Name (printed)	_____ Signature	_____ Date
_____ Name (printed)	_____ Signature	_____ Date
_____ Name (printed)	_____ Signature	_____ Date
_____ Name (printed)	_____ Signature	_____ Date
_____ Name (printed)	_____ Signature	_____ Date

For Health Science Campus Use Only

I approve the above-named faculty member in my department serving as the Advisor for the above-named student. Should the Advisor be unable to fulfill his/her financial obligations to the student, the department accepts financial responsibility in accordance with the *Bulletin and Handbook of the Graduate Student* of the Health Science Campus and the student's pre-doctoral fellowship/graduate research assistantship award.

Chairman's Signature _____
Department _____
Date

General Approvals:

Chairman or Program Director (printed)

Signature

Date

Associate Dean, Degree Program (printed)

Signature

Date

GRAD Approval & Assurances Form received in the Graduate College office by:

Name (printed)

Signature

Date

Distribution:

Copy to Research Administration