



HBEC Participant Resource Pool Application Form

Institute of Gerontology
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(313) 664-2604 Office

Healthier Black Elders Center (HBEC)

<http://mcuaaar.wayne.edu>

ALL HBEC SUBMISSIONS MUST BE TYPEWRITTEN

Section A: Principal Investigator (PI)

1.	Name of PI	PI's Signature
2.	Department/University	Fax
3.	Address	Pager
		E-Mail
		Telephone
4.	Form Completed By	Date Completed
	Telephone	E-mail

Section B: Protocol Information

5.	Project Title:	
6.	Abstract (250 word limit):	
7.	Will research personnel be accessing in-patient and/or outpatient medical records or databases created from in-patient and/or outpatient medical records? (If yes, HIC may require completion of the HIPAA Summary Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously Submitted
8.	IRB Protocol Number:	

Section C: Proposed Intent

Category	Yes	No	
Protocol:			Please provide a narrative summary
<i>Study Design</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Enrollment Criteria</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Data Collection Methods</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Risks and/or Benefits to the Individual</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Risks and/or Benefits to the Community</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: Proposed Intents (continued)

Category	Yes	No	
Investigators Additions or Changes <u>Note:</u> Principal investigators, co-investigators, and key personnel are required to take the WSU educational training program on the protection of human research participants. Please attach a biosketch for each investigator. Materials for key personnel should be submitted as an attachment.	<input type="checkbox"/>	<input type="checkbox"/>	Printed Name: _____ <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator Signature: _____
			Printed Name: _____ <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator Signature: _____
			Printed Name: _____ <input type="checkbox"/> PI <input type="checkbox"/> Co-Investigator Signature: _____

HBEC use ONLY

Reviewers Comments:

Approved
 Provisionally Approved
 Other

HBEC Protocol Number _____

Application sent to reviewer on _____

Reviewer's Signature: _____ Date: _____

Please note: All request to obtain approval for research involving human participants must have prior approval from the Human Investigation Committee (HIC) Steering Committee