

New

Continuation

## PROTOCOL APPROVAL FORM HUMAN SUBJECTS RESEARCH *San Francisco State University*

All research involving human subjects proposed by faculty, staff, or students must be reviewed and approved by the Office for the Protection of Human Subjects (OPHS) or the Committee for the Protection of Human Subjects (CPHS). CPHS is the Institutional Review Board (IRB) for SFSU. The Protocol Approval Form (PAF) is required as the cover form for all research protocols.

up to 4 to 8 weeks. Please leave adequate time for the revision cycle.

All communication from OPHS will be conducted by email from the [protocol@sfsu.edu](mailto:protocol@sfsu.edu) address. Please list an email address that you check regularly. Notice of requested revisions and final approval will be sent to that address.

In all cases, **research must not proceed** until approved by OPHS. The total review process for non-exempt protocols which require full committee review can take up to 12 weeks. Exempt protocols, which are reviewed in the Office, can take

The PAF must be filed with a complete protocol statement, informed consent(s), and any related documents, at the Office for the Protection of Human Subjects, ADM 253C, SFSU. Phone: (415) 338-1093. Fax: (415) 338-0942.

Date: \_\_\_\_\_

Title of Research: \_\_\_\_\_  
\_\_\_\_\_

Name of Researcher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name                      First Name

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
\_\_\_\_\_ Department: \_\_\_\_\_

Type of Research:  
• Faculty/Staff       Funded? \_\_\_\_\_ By Whom? \_\_\_\_\_  
• Student       • Culminating Experience course (e.g., 895,898) \_\_\_\_\_  
   • Class Project (e.g., Psych 571) \_\_\_\_\_  
   • Other Student Research (e.g., 699, 899) \_\_\_\_\_

**The PAF must be filed with a complete protocol statement, informed consent(s), related documents (questionnaires, surveys, interview questions), and the NIH course completion certificate. Document templates and samples may be found at the OPHS website at <http://www.sfsu.edu/~protocol>.**

**APPROVALS: Names 2 and 3 must be separate individuals.** If signer 2 is a department chair or graduate coordinator, signer 3 may be a "designated colleague".

\_\_\_\_\_  
(Student's Signature, if Student Research)

\_\_\_\_\_  
Graduate or Undergraduate      Student ID #

\_\_\_\_\_  
(Signature of Faculty Researcher or Student's Supervisor)

\_\_\_\_\_  
Name and Academic Rank

Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Department Chair, Graduate Coordinator, or Designated Colleague)

\_\_\_\_\_  
Name and Academic Rank

Email: \_\_\_\_\_

**Review Categories: For Office Use Only**

- Approved as Exempt                       Approved as Minimal Risk                       Not Approved  
 Approved as Expedited                       Approved as More than Minimal Risk

\_\_\_\_\_  
(Chair CPHS)

\_\_\_\_\_  
(Date)