

**LANCASTER GENERAL COLLEGE OF NURSING AND HEALTH SCIENCES**

**Research Committee**

**Research Application**

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

Title of Project: \_\_\_\_\_

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Name of Principle Investigator (PI): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Program: \_\_\_\_\_

Extension: \_\_\_\_\_

Name of Collaborator(s): \_\_\_\_\_

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Estimated Duration of Project: \_\_\_\_\_

Description of Human Subjects if applicable

\* Number of subjects: \_\_\_\_\_ Ages: \_\_\_\_\_

\* Gender  Male  Female  Both  N/A

\* Other characteristics related to project: \_\_\_\_\_

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Has this project been (or will be) reviewed by another research review committee?

Yes  No

If yes, please explain: \_\_\_\_\_

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(If this project has already been reviewed and approved, please attach a copy of the approval letter.)

On a separate sheet of paper, please provide a project summary including the following components:

- \* Research question/hypothesis
- \* Brief Description
- \* Study Design
- \* Copy of Consent Form
- \* Materials required

- \* Significance of study
- \* Copy of all tools that are to be used in the study
- \* Description of how subjects' rights will be protected

In order to conduct your research at the Lancaster General College of Nursing and Health Sciences, you will be required to present your project for review and approval to the Research Committee. If your project requires direct patient contact with the Lancaster General Hospital patients, your project will require review and approval from the Institutional Review Committee of the Lancaster General Hospital. During the duration of your project, you must submit a written report on your progress to the Research Committee Chairperson every three months and every time you need to alter your research methodology or there are adverse events involving subjects. Once completed, a summary of your findings must be submitted to the Research Committee. Throughout your project, you (& your designees) will maintain the privacy, confidentiality, and security of faculty, students, staff, patients and organizational data. Your signature below indicates you agree to these requirements.

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Signature of Applicant

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Date