

**BLUE RIDGE COMMUNITY COLLEGE
RESEARCH REVIEW COMMITTEE (RRC)
SUBMISSION FORM**

INSTRUCTIONS: In order to comply with federal regulations as well as to conform with guidelines of the Research Review Committee (RRC), the principal investigator is required to complete all of the following items.

- Read the RRC [Mission Statement](#)
- **Submit this Form, completed, along with a copy of the research proposal (include IRB and CITI certification if relevant), confidentiality statement, content of any survey or interview items, and discussion of security and destruction of the data gathered.**

I. GENERAL INFORMATION

A. Project Title _____

Proposed Time Frame of Research _____

B. Principal Investigator _____

Faculty ____ Staff ____ Student ____

Center/College/Department _____

email address _____

Phone Number _____

Co-Investigator(s) _____

Principal Investigator's Signature _____ **Date** _____

II. FUNDING INFORMATION

If this protocol is part of an application to an outside agency, please provide:

A. Source of funding _____

B. Project Title (if different from above) _____

C. Principal Investigator (if different from above) _____

D. Type of Application

Grant ____ Subcontract ____ Contract ____ Fellowship ____

E. Date of Submission _____

III. COOPERATIVE RESEARCH

Cooperative research projects are those that involve more than one institution and can be designed to be both multi-site and multi-protocol in nature. Each participating institution is responsible for safeguarding the rights and welfare of human subjects and for complying with all regulations.

If this proposal has been submitted to another institutional review board provide:

Name of Institution _____

Date of Review _____ Contact Person _____

IRB Recommendation _____

IV. SUBJECT/PATIENT INFORMATION

A. Which portion of the BRCC Community would you like to access:

Students (over 18; we do not provide access to those under 18)

All students or a subset? If subset, what are your parameters?

 Full-time Faculty

Adjunct Faculty

Staff

Administrators

Others, please specify: _____

Any other delimiters? _____

B. Other (select all that apply)

Use of investigational drugs or devices

Information to be collected may require special sensitivity (e.g., substance abuse, sexual behavior)

C. Number of Respondents you expect _____

D. Approximate time commitment for each subject _____

E. Compensation to subjects/patients

Yes _____ No _____

Form (e.g., cash, taxi fare, meals) _____ Amount _____

Return this form, completed, **along with the following documents:**

- research proposal (include IRB and CITI certification if relevant),
- confidentiality statement,
- content of any survey or interview items, and
- discussion of security and destruction of the data gathered.

IRE Office use only: Protocol Number: _____

Date received: _____