COVER PAGE FOR CONTINUING STUDY APPROVED IN PREVIOUS SEMESTER

TAMU DEPARTMENT OF PSCYHOLOGY
REQUEST TO ACCESS HUMAN PARTICIPANT POOL

This form is to be completed at the beginning of each semester, to request a new study number. If you are conducting a study that you started in the previous semester and your IRB approval is still active, please complete the following form. If your study is completely new, complete the form titled COVER PAGE.

**If your study was previously an in-person study, attach a PDF printout of the email from the Department Head or the Vice President of Research clearing your lab for in-person studies.**

Name of faculty supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name & email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Number assigned in the previous semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long will each session of the study last?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must assign one credit for every 30 minutes that subjects participate)

How many participants do you plan to run in this study this semester? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of credits (30 min blocks) for this experiment this semester \_\_\_\_\_\_\_\_\_\_\_\_

(Multiply number of participants by number of 30 minute credits)

IRB Approval Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this study share the same IRB approval code as another study? Y N

If yes, list active Study Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this study a collaboration with researchers outside TAMU Psychology? Y N

If Yes, list the associated department(s)/university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After this form is completed, email to subjectpooltamu@gmail.com**

Applicants: Please do not write in this space.

 Study ID#\_\_\_\_\_\_\_\_\_

 (e.g., 06F99)