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**Principal Investigator (PI) Request**

**Instructions:**

Completion of this form is required for individuals who do not fulfill the criteria outlined in the policy titled [“**PRINCIPAL INVESTIGATOR ELIGIBILITY REQUIREMENTS TO CONDUCT HUMAN SUBJECT RESEARCH”**](https://www.aub.edu.lb/irb/Documents/PRINCIPAL%20INVESTIGATOR%20ELIGIBILITY%20REQUIREMENTS%20TO%20CONDUCT%20HUMAN%20SUBJECT%20RESEARCH%20February%2027%202024.pdf)and who wish to request the role of Principal Investigator (PI) for a research study. Please note the following provisions:

* The privilege of serving as a Principal Investigator, being requested, is only applicable to Exempt and Expedited levels of approval. If the IRB determines that the research requires a “Full Board Review”, this request form will not apply as per the policy above.
* The requester’s CV should be attached to this request.
* This form should be submitted in Word format.
* The request should be submitted through the IRB submission portal, which is accessible from the [HRPP/IRB](https://www.aub.edu.lb/irb/Pages/default.aspx) [website](https://www.aub.edu.lb/irb/Pages/default.aspx).
* The decision/approval becomes effective on the day the HRPP director signs and is valid as per the terms below.
* A renewal of the PI Eligibility status should be requested before its expiry date using the same form.
* If the PI granted approval leaves the institution, the terms of this approval are rendered ineffective.

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| **Proposed Principal Investigator Information**: |
| Name of proposed PI: | Click or tap here to enter text. |
| Current appointment/Title: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. |
| Duration of affiliation with AUB: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Chairperson/Supervisor Name | Click or tap here to enter text. |
| Chairperson/Supervisor contact details  | AUB Email Address:AUB extension number: |
|  The number of IRB approvals the requestor has been involved in, whether as a Principal Investigator (PI) or as a Co-Investigator | Click or tap here to enter text. |

**Proposed Study Information**:

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| Study title: | Click or tap here to enter text. |
| Type of study: | [ ] Retrospective Medical Chart Review [ ]  Randomized Controlled Trial [ ] Observational [ ] Interventional [ ]  Survey [ ]  Ethnography [ ]  Descriptive/Exploratory [ ]  Other: specify Click or tap here to enter text.  |
| Brief description of the scope of work of the project: | Click or tap here to enter text. |
| Justification for the request:  | Click or tap here to enter text. |
| Names and current appointments of the research team: | Click or tap here to enter text. |

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|  Requesting PI acknowledgement |
| I acknowledge that if my request to serve as Principal Investigator (PI) is approved, I will bear the ultimate responsibility for the conduct of the study. This includes ensuring the ethical integrity of the project, safeguarding the rights, safety, and welfare of the human participants, and adhering rigorously to the study protocol as well as any conditions or modifications mandated by the AUB Institutional Review Board. I also certify that I will adhere to all applicable institutional policies.

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| **Signature of the Principal Investigator:** |  |
| **Request Date:**  | Click or tap to enter a date. |

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| HRPP/IRB Review and Decision |
| IRB Determination of the proposed study: [ ]  Exempt [ ]  Expedited [ ]  Full Board IRB responsible recommendation: IRB Responsible Name and Signature:Date: Click or tap to enter a date.HRPP Director Recommendation and Decision: Term of approval[ ]  For the above-titled project ONLY[ ]  For one year, effective the day of this approval [ ]  For three years, effective the day of this approval [ ]  Disapproved

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| Signature of the HRPP Director |  |

Date of HRPP Director Decision: Click or tap to enter a date.HRPP Office OnlyUpdate PI eligibility log [ ] Approval Valid through: Click or tap to enter a date. |  |