APPROVAL TO APPLY

The content of this form will be reviewed by executive leadership to determine if you can apply to IRB2.

- If your project/data request is granted approval, then you will be allowed to submit an IRB application to IRB2. The IRB2 application are available at https://hhs.texas.gov/about-hhs/records-statistics/institutional-review-board-irb2.
- If your project/data request is not granted approval, then the project cannot be submitted to IRB2 and cannot proceed

1. Project Title

2. Provide the name of the federal/state agency or entity funding the proposed project. If not funded, write "N/A."

3. Provide the funding amount and length of funding. If not funded, write "N/A."

4. Describe the purpose of the study in 1-2 paragraphs.

5.	List the research questions or hypotheses guiding this project.

6.	Describe how this study will be conducted in 1-2 paragraphs.

7.	Describe how findings will be used in 1-2 paragraphs.

8.	What is the reason for conducting this project/data request?

Fulfills coursework requirement

Scholarly research for Dissertation, Master's Thesis, Senior Honor's Thesis

Fulfills requirement for pharmacy rotation at State Hospital

Fulfills requirement for CAPS program

Wants to publish findings in journal article, conference presentation, etc.

Results will be used for a report to Federal/State Agency, or Legislative Budget Board

Results will be used to inform internal program practices only and will not be publicly shared or disseminated.

Other (specify): _____

9. Is there a specific benefit to a state agency or hospital? If none, mark "NO."
No   Yes (specify): _____

10. Please provide the information of the principal investigator (contact person) who will be submitting information to the IRB2 Administrator; IRB2@hhs.texas.gov.
Name: _____ Phone Number: _____ Email Address: _____ Institutional Affiliation: _____

11. Do you (or other key personnel) have an affiliation with the agency or are under contract for this specific project/data request?

Not applicable	Clinical privileges at the State Hospital
Member of the agency workforce	Clinical privileges at the SSLC
Business Associate Agreement	Under Contract with Agency Hospital or Agency Division
Other type of agreement or contract (specify): _____	

12. Will you need access to patient records, charts, or progress notes for your project?	No Yes

13. Will any agency staff be assisting you with this project/data request, such as obtaining hospital records or organizing files?
No   Yes (specify who will assist you and estimate the time required for their assistance): _____

14. Will this project be submitted to any other IRBs?
No   Yes (specify): _____

15. Mark the target population for your project/data request.

      State Hospital Patients   State Hospital Staff   Community Mental Health Center Clients

      SSLC Patients   SSLC Staff

      Other (specify): _____

16. Does your project involve the extraction of data from patient records, medical records/charts, or data files (e.g., CARE, CMBHS)?

      No   Yes, e-mail an appendix of data elements to IRB2@hhs.texas.gov.

NOTE: List only those variables that you plan to extract (e.g., admission date, discharge date, age).

17. Does your project involve data collection with direct interaction and/or data collection with agency patients or staff using instruments, tests, surveys, interviews, or focus groups?

      No   Yes, provide a draft of the data collection instruments you plan to use as an appendix.

18. Does your project or data request include any patients who are in hospitals in lieu of prison/jail?	No	Yes
19. Does your project or data request include any individuals under the age of 18?	No	Yes
20. Will this project or data request involve the use of genetic material or DNA?	No	Yes
21. Will this project require blood draws or use blood as a data element?	No	Yes
22. Does your project or data request include any patients who are in SSLCs in lieu of prison/jail?	No	Yes
23. Does your project or data request include any agency staff?	No	Yes

24. Will there be any incentives (monetary or non-monetary) offered to staff, patients, consumers or other study participants?

      No   Yes (specify): _____

Commissioner Signature		
Approval to proceed and submit formal application to IRB2?	Yes No	_____ Signature of Commissioner _____ Commissioner Title _____ Date

If your computer allows email submission, after completing the form click the "Submit" button located below, otherwise submit the form and applicable documentation.