**Basic Information**

1. **Title of study:**
   - Sample SSBS Study

2. **Short title:**
   - SSBS Study

3. **Brief description:**
   - This is a brief description of a SSBS study.

4. **Which selection best describes your study?**
   - Social Behavioral

5. **Principal investigator:**
   - Debra Tice

6. **Does the Principal Investigator have any significant financial interests related to this research?**
   - Yes [ ]
   - No [ ]

7. **Will an external IRB act as the IRB of record for this study?**
   - Yes [ ]
   - No [ ]

8. **Attach the protocol:** (include the investigator protocol and full sponsor protocol)

<table>
<thead>
<tr>
<th>Document</th>
<th>Category</th>
<th>Date Modified</th>
<th>Document History</th>
</tr>
</thead>
<tbody>
<tr>
<td>View HRP-583 - SOCIAL BEHAVIORAL TEMPLATE PROTOCOL.docx(11/10/2014)</td>
<td>IRB Protocol</td>
<td>11/6/2014</td>
<td>History</td>
</tr>
</tbody>
</table>

   Protocol templates can be found at the following link:
   - [http://irb.northwestern.edu/templates-forms](http://irb.northwestern.edu/templates-forms)

**Sources of Funding and Other Support**

1. **Identify each organization supporting this research, financially or otherwise:**

<table>
<thead>
<tr>
<th>Funding/Support Source</th>
<th>Sponsor's Funding Grants Office ID</th>
<th>Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institutes of Health</td>
<td>R21 HL000000-01 SP0000354</td>
<td>SSBS Grant Application.docx</td>
</tr>
</tbody>
</table>
View: NU SF: Study Team Members

**Study Team Members**

1. **Identify each additional person involved in the design, conduct, or reporting of the research:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Roles</th>
<th>Financial Involved</th>
<th>E-mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Linn</td>
<td>Study Team Member</td>
<td>no</td>
<td><a href="mailto:jhornstein@huronconsultinggroup.com">jhornstein@huronconsultinggroup.com</a> (312)</td>
<td>503-5368</td>
</tr>
</tbody>
</table>

2. **Identify each additional external person involved in the design, conduct, or reporting of the research:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Roles</th>
<th>Financial Involved</th>
<th>E-mail</th>
<th>Phone</th>
<th>Training Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>View John Doe</td>
<td>University of Some State</td>
<td>Co-Investigator</td>
<td>no</td>
<td>no</td>
<td><a href="mailto:johndoe@somestate.edu">johndoe@somestate.edu</a> xxx-xxx-xxxx</td>
<td>11/6/2014</td>
</tr>
</tbody>
</table>

View: NU SF: Study Scope

**Study Scope**

1. **Does the study do any of the following:**
   - Specify the use of an approved drug or biologic?
   - Use an unapproved drug or biologic?
   - Use a food or dietary supplement to diagnose, cure, treat, or mitigate a disease or condition?
   - Yes  No

2. **Does the study do any of the following:**
   - Evaluate the safety or effectiveness of a device?
   - Use a humanitarian use device (HUD)?
   - Yes  No

View: NU SF: Recruitment Materials

**Consent Forms and Recruitment Materials**

1. **Consent forms:** (include an HHS-approved sample consent document, if applicable)

<table>
<thead>
<tr>
<th>Document</th>
<th>Category</th>
<th>Date Modified</th>
<th>Document History</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRP-582 - SOCIAL BEHAVIORAL TEMPLATE CONSENT DOCUMENT.docx(11/10/2014)</td>
<td>Consent Form</td>
<td>11/6/2014</td>
<td>History</td>
</tr>
</tbody>
</table>

*Consent templates can be found at the following link:*

- [http://irb.northwestern.edu/templates-forms](http://irb.northwestern.edu/templates-forms)

2. **Recruitment materials:** (add all material to be seen or heard by subjects, including ads)

<table>
<thead>
<tr>
<th>Document</th>
<th>Category</th>
<th>Date Modified</th>
<th>Document History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio ad.docx(11/10)</td>
<td>Recruitment</td>
<td>11/6/2014</td>
<td>History</td>
</tr>
</tbody>
</table>
View: NU SF: Sites

Sites

1. Please specify study site(s):
   Northwestern University (NU) – Evanston

   If the research will be conducted at International Sites, Schools (Preschools, Primary Schools, and/or Secondary Schools), or any Other locations, please specify these locations below:

<table>
<thead>
<tr>
<th>Site</th>
<th>Contact Phone</th>
<th>E-mail</th>
<th>External IRB Review</th>
<th>Rely on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwest University</td>
<td>xxx-xxx-xxxx</td>
<td><a href="mailto:johndoe@gmail.com">johndoe@gmail.com</a></td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

View: NU SF: Supporting Documents

Supporting Documents

Select Category to Show:
Show All

Attach supporting files, naming them as you want them to appear in the approval letter:

<table>
<thead>
<tr>
<th>Document Description</th>
<th>Date Created</th>
<th>Date Modified</th>
<th>Category</th>
<th>Document History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview Scripts.docx</td>
<td>11/6/2014</td>
<td>11/6/2014</td>
<td>Interview</td>
<td>History</td>
</tr>
<tr>
<td>IRB approval letters or the equivalent from International sites.docx</td>
<td>11/6/2014</td>
<td>11/6/2014</td>
<td>Executed Agreements</td>
<td>History</td>
</tr>
<tr>
<td>Foreign-language versions of materials for subjects.docx</td>
<td>11/6/2014</td>
<td>11/6/2014</td>
<td>Other</td>
<td>History</td>
</tr>
</tbody>
</table>

Suggested attachments:

- Completed checklist of meeting Department of Energy requirements, if applicable
- Other study-related documents not attached on previous forms

View: NU Edit

1. * Funding/Support Organization:
   National Institutes of Health

2. Sponsor’s funding ID: (assigned by external sponsor)
   R21 HL000000-01

3. Grants office ID: (assigned internally)
   SP0000354
4. Attach files: (include any grant applications)

<table>
<thead>
<tr>
<th>Document Category</th>
<th>Date Modified</th>
<th>Document History</th>
</tr>
</thead>
<tbody>
<tr>
<td>View SSBS Grant Application.docx(11/10/2014)</td>
<td>11/6/2014</td>
<td>History</td>
</tr>
</tbody>
</table>

View: Add External Study Team Member

1. * First Name:
   John
2. * Last Name:
   Doe
3. * Institution:
   University of Some State
4. * Email Address:
   johndoe@somestate.edu
5. * Telephone Number:
   xxx-xxx-xxxx

2. * Training Date:
   11/6/2014
3. * Training Document:
   View

4. * Role in research: (check all that apply)
   Co-Investigator

5. * Is the team member involved in the consent process?*
   ○ Yes  ○ No

6. * Does the Co-Investigator have any significant financial interests related to this research? (If this Study Team Member is not a Co-Investigator, answer "No" to this question).*
   ○ Yes  ○ No

View: NU Edit

Edit External Site

1. * Site name:
   Midwest University
2. * Site Type:
   International Site
3. * Location:
   Ethiopia
4. * Contact name:
   John Doe
5. * Contact phone:
   xxx-xxx-xxxx
6. * Contact e-mail:
   johndoe@gmail.com

7. * Will the external site's IRB review the research?*
   ○ Yes  ○ No

8. * Will the external site rely on Northwestern University's IRB?*
   ○ Yes  ○ No