

The Johns Hopkins Bloomberg School of Public Health
Thesis Research Documentation Form

Please complete the following and provide to Melissa Cooke, W1513 Wolfe Street.

Student's name _____ Department _____ Degree program _____

Research Topic: _____

THESIS ADVISORY COMMITTEE: Provide the names of the thesis advisory committee members. The role of the thesis committee is to provide continuity in the evaluation of the progress and development of the student. *This committee should not be confused with the Final Oral Examination Committee.*

- 1) _____ Advisor 2) _____ Thesis Committee Member
- 3) _____ Thesis Committee Member 4) _____ Thesis Committee Member
- 5) _____ Thesis Committee Member

RESEARCH COMPLIANCE

- The proposed dissertation project involves human participants or individually identifiable data generated from or about humans (see Student Manual posted on www.jhsph.edu/IRB for information). Check one of the below:
 - A new protocol was submitted to the IRB and approved on _____
Faculty PI _____ Protocol number _____
 - The student was added to an existing protocol and approved on _____
 - The student was added to an external protocol: Institution _____ PI _____
Protocol Number _____ Approved on _____ (Provide Documentation)
Faculty PI _____ Protocol number _____
 - The project was designated as either Not Research or Not Human Subjects Research by the JHSPH IRB office on _____ (provide documentation)
 - IRB approval will be sought once the project is further established (remember to update this form)
- The proposed dissertation project involves animals
 - Animal Care and Use Committee (ACUC) Approval received on _____
 - Faculty PI _____ Protocol number _____
 - ACUC approval will be sought once the project is further established.
- The proposed dissertation project will not involve animals, human subjects, or individually identifiable data from or about humans.
- Responsible Conduct of Research Required Coursework**
 - 550.600 (*Responsible Conduct of Research*) Year _____
 - 306.665 (*Research Ethics and Integrity*) Year _____
 - Other _____

Student Signature _____ (date)

Advisor signature _____ (date)

Academic Coordinator signature: _____ (date)

For Administrative Use Only

Updated _____
database

Items _____
needed

Final _____
approval