

RESEARCH AUTHORIZATION FORM (RAF)

To be completed prior to submission of an IRB/IACUC application. Please see instruction form for an explanation of each section.

RAF Submission Date:

Section 1: General Project Information

- a. Principal Investigator (First, Last):
- b. Full project title (and abbreviation, if applicable). Project title must match IACUC or IRBNet submission:
- c. Brief project overview (Please ensure the description is in layman's terms)
- d. Type of submission: New Renewal Amendment
 - i. If *renewal*, what is previous RAF #? Otherwise, leave blank:
 - ii. If *amendment*, what is most recent RAF #? Otherwise, leave blank:
 - Please outline changes:
- e. Type of research: Animal Human Other (describe):
- f. If Human research, what IRB do you intend to use for review of your project?
SUNY OPT Central IRB, *please provide name*:
- g. If your research is using a Central IRB:
 - i. Is proposed research: Multi-center Single center
 - ii. If single center, provide reason for central IRB oversight:
 - iii. Have you confirmed that the IRB is a member of SMART IRB? Please see the link to the participatory institutions: [Participating Institutions - SMART IRB | National IRB Reliance Initiative](#)
Yes No

Section 2: Funding Information

a. Type of funding:

Federal grant (e.g. NIH, DOD) Other non-profit grant (e.g. AAO, Fight for Sight)

PI discretionary funds SIVR funding (must be applied for separately)

Industry: sponsor-initiated Industry: investigator initiated

Other (please list):

b. Name of funding agency:

c. Type of grant (e.g. R01, K23, New Investigator Award):

d. Total project period (MM/YY-MM/YY):

e. Budget details:

• Year one:	Direct \$	Indirect \$	Total \$
• All years:	Direct \$	Indirect \$	Total \$

f. Are you requesting a waiver of SUNY IRB fees? NIH-funded studies are not charged IRB fees, while all other studies are assessed fees for initial, continuing, and amendment reviews:

Yes (please provide justification):

No

Not Applicable

g. F&A Rate (If different from standard institutional or NIH rate, explain why):

h. Subject Costs Method:

Cash

RealTime Stipend Card

Gift Card

Other (describe):

Section 3: Shared Resources

a. Will additional space or institutional resources be required? Yes No

b. Location (Check all that apply):
 Personal lab space
 CVRC
 Other (describe):

c. Will any equipment be borrowed or donated? Yes No
If yes:
 i. Will any be borrowed from the college (UEC, CVRC, other labs)? Indicate name and location:

ii. Will any be borrowed/loaned from an outside entity? Indicate name and provider:

d. If using shared resources (e.g. CVRC space or UEC equipment) is planned, has the study been reviewed and approved by the responsible party? If yes, please indicate name of person.

- CVRC (director) Yes, name of person:
 No
 Not Applicable
- UEC (clinic chief or admin) Yes, name of person(s):
 No
 Not Applicable
- Other Yes, name of person(s):
 No
 Not Applicable

If using CVRC resources, you must attach the CVRC budget with your RAF submission.

e. Will the study require additional faculty/staff release time? Yes No
If yes:
 i. Has this been approved by the Chief Academic Officer?

 Yes, name of person:
 No

Section 4: Study Personnel and Compliance: List all key personnel and their corresponding Role in the study. If additional space is needed, please attach an extra page. Any changes in Conflicts of Interest, the PACS COI Form needs to be updated within 30 days.

Name (First, Last, Degrees)	Role in study (PI, investigator, coordinator, etc.)	Completed the Annual FCOI disclosure for current FY (Enter date of completion)	Completed CITI Training?	Expiration Dates for Required CITI Training
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If additional space is needed, please attach an extra page.

Section 5: Animal Subjects Research Information Not Applicable

a. Species:

Section 6: Human Subjects Research Information Not Applicable

a. Population: Will vulnerable populations be enrolled? (Check all that apply)

i. Minors (under age 18)	Yes	No
ii. Pregnant or breastfeeding women	Yes	No
iii. Prisoners (not allowed currently by SUNY OPT policy)		

b. Recruitment (check all that apply): SUNY students/faculty/staff

UEC patients

External

Section 7: Certification

I certify that the information provided in this form is accurate and complete and that I will abide by federal, state, College, and Research Foundation guidelines and regulations while conducting this research.

PI Signature:

Date:

THIS PAGE FOR ADMINISTRATIVE USE ONLY

Does **this project** require a Conflict of Interest (COI) management plan for any of the listed study team members? If applicable, please provide details in the Notes section below and include the relevant plan(s) for the IRB to review.

Yes No

Notes:

RAF #:

Approval Date:

Approver's Signature: