TURNING-IN CONSENT FORMS

DIRECTIONS & LABELS FOR ALL PSYCHOLOGY AFFILIATES

1. When turning-in experiment consent forms, organize all of the forms by the last name of the Principal investigator (PI). MUST be a FACULTY member.
2. Make sure that all the forms are from the same year. To check this, look at the IRB stamp located in the top, right-hand corner of the form.
3. Make sure that all consent forms are facing the same direction.
4. Put the consent forms in a manila folder. Please DO NOT overstuff the folders. If you can't fit all the consents forms for that year in a single manila folder, just divide it into two folders or as many as necessary.
5. Fill in and attach the label provided below to *each* manila folder. Labels can also be found at the front desk of Psychology, room 312.
6. Once the above steps have been completed, please drop them off in room 312. You can give them to anyone working at the front desk.
7. ***Failure or lack of adherence to these directions will results in the consent forms being returned to you until the directions have been completed.***

Full Title of the Experiment:_____

_____

Last Name, First name of PI (faculty Member):

_____

Last Name, First Name CoPI (Graduate Student):

_____

Consent Dates:

Beginning_____ through _____

IRB Expiration Date: _____

IRB Project Number:

_____

CHILD EXPERIMENT – _____YES _____ NO

Number of Folders: _____

Full Title of the Experiment:_____

_____

Last Name, First name of PI (faculty Member):

_____

Last Name, First Name CoPI (Graduate Student):

_____

Consent Dates:

Beginning_____ through _____

IRB Expiration Date: _____

IRB Project Number:

_____

CHILD EXPERIMENT – _____ YES _____ NO

Number of Folders:_____

Full Title of the Experiment:_____

_____

Last Name, First name of PI (faculty Member):

_____

Last Name, First Name CoPI (Graduate Student):

_____

Consent Dates:

Beginning_____ through _____

IRB Expiration Date: _____

IRB Project Number:

_____

CHILD EXPERIMENT – _____ YES _____ NO

Number of Folders:_____

Full Title of the Experiment:_____

_____

Last Name, First name of PI (faculty Member):

_____

Last Name, First Name CoPI (Graduate Student):

_____

Consent Dates:

Beginning_____ through _____

IRB Expiration Date: _____

IRB Project Number:

_____

CHILD EXPERIMENT – _____ YES _____ NO

Number of Folders:_____