

HUMAN RESEARCH SCIENTIFIC MERIT & FEASIBILITY ATTESTATION FORM

For non-exempt research taking place on Wright State campus, this attestation is to be made by the appropriate department head or designee. Provide the department head or designee a copy of your IRB application along with all supporting materials. Upload this completed and signed form in the appropriate section of the IRB Initial submission.

PRINCIPAL INVESTIGATOR

Name	Email		
Department	IRB Number		
POINT OF CONTACT (IF OTHER THAN PI)			
Name	Email		
STUDY TITLE			
OTHER STUDY IDENTIFIER (e.g., grant ID, sponsor, etc	.)		
	•		
Calantifia Mauit		Vaa	No
Scientific Merit		Yes	No
The rationale, specific aims, and objectives for the study are clearly stated and scientifically sound.			Ш
The research will utilize procedures that are scientifically and statistically sound, appropriate to the study design, and do not unnecessarily expose human subjects to risk.			
Feasibility Domain		Feasible (Agree)	N/A
1. Department & Scholarly Merit			
The study aligns with department priorities or has the potential for scholarly output (e.g.,			
publications). 2. Fiscal		_	
External/internal funding sources have been/will be secured and are/will be sufficient to cover total study budget expenses inclusive of regulatory (e.g., IRB) and non-departmental ancillary service			П
fees (e.g., Connect MRI Center, CTRA).			
3. Personnel			
All personnel who will engage in the study:			
have appropriate experience, credentials, and training;			
 have sufficient time available to conduct the research; will perform study activities commensurate with their job description and scope of practice; and 			
	description and scope of practice; and		
will be appropriately supervised and monitored.4. Space and Facilities			
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	or both clinical and non clinical anges		
Appropriate approvals and safeguards are/will be in place f			П
Appropriate approvals and safeguards are/will be in place f and facilities where study activities may occur. Type and ris			
Appropriate approvals and safeguards are/will be in place f and facilities where study activities may occur. Type and ris accounted for when selecting space and facilities. 5. Equipment and Test Articles • Equipment used in the study will be appropriately house	ed, inventoried, certified, and returned.		
Appropriate approvals and safeguards are/will be in place f and facilities where study activities may occur. Type and ris accounted for when selecting space and facilities. 5. Equipment and Test Articles	ed, inventoried, certified, and returned. (e.g., drugs, devices) will be procured,		

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Feasibility Domain	(Agree)	N/A
6. Constituent Endorsement		
Departments, clinics, and other operational units that may be impacted by, or provide services for, the research (e.g., informatics, pharmacy, nursing, laboratory, imaging, EHS, CaTS, Institutional Research, etc.) have been informed of and agree to support conduct of the study.		
7. Acceptable Practice		
The proposed research utilizes acceptable practice for the discipline.		
8. Recruitment		
There is a sufficient study population from which to recruit participants and the accrual goal is likely to be achieved.	y	
9. Data Security Considerations		
Safeguards and resources are present for the secure collection, transfer, storage and retention of research data. All institutional policies are being followed.		
Any necessary data agreements (e.g., Data Use Agreement, Materials Transfer Agreements) have/will be obtained.		
10. Multi-Site Investigator-Initiated Research		
If WSU will serve as the lead institution of a multi-site investigator-initiated study, the other performance sites have/will be vetted. If performance sites have not yet been selected, the study is likely to solicit the interest of a sufficient number of investigators.		
COMMENTS		
The signature(s) below indicate the proposed research study has underwent scientific feasibility assessment by the PI and appropriate individuals in accordance with depart		
procedures, and the necessary resources are available to successfully implement and study.		е
Principal Investigator Department Chair or Designee		
Signature Date Signature	Date	
Name Name		
Title Title		