**2025 Summer Research Plan
Idaho INBRE Undergraduate Fellowship Program at UI
To be submitted to the INBRE office after selection of 2025 Undergraduate Fellows**

The purpose of this form is for the Preceptor to outline the research project that will be performed by the Fellow during the Idaho INBRE Summer Fellowship. The form will also be used to verify if compliance protocols are required for the project.

**Please complete and return to Ashley Bogar (****ashley@uidaho.edu****) no later than** **Friday, April 18th.**

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| **Project Personnel/Contact Information** |
| Preceptor Name:  |
| Fellow Name:  |
| Institution: University of Idaho |
| Office Phone:  |
| Lab Phone:  |
| Preceptor e-mail:  |
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| **Compliance Information** |
| *INBRE-funded research is subject to NIH Grant Policy. To determine if this project is subject to compliance oversight, please answer the questions below. For more information, please contact Ashley Bogar at* [*ashley@uidaho.edu*](file:///C%3A%5CUsers%5Cashley%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C02N7QLE3%5Cashley%40uidaho.edu) *OR 208-885-5373.* |
| **Compliance Questions** | **No** | **Yes** | **Action** |
| Does the Fellow’s project involve any of the following: Any biological material, including but not limited to bacteria, recombinant DNA, fungi, viruses, parasites, biological toxins, etc. that can be harmful to humans, animals, plants, or the environment or that have been genetically modified. | [ ]  | [ ] → | Please provide a copy of your IBC approval letter and supply the protocol # and expiration date here: Protocol #: Expiration Date:  |
| Does the Fellow’s research involve vertebrate animals? | [ ]  |  [ ] → | Research involving animals may only be conducted at UI, BSU & ISU. Please provide a copy of your IACUC approval letter.Protocol #:      Expiration Date:       |
| Does the Fellow’s research involve human participants or their personally identifiable/de-identified information, or human tissues, fluids, or cell lines\*?  | [ ]  |  [ ] → | If yes, please continue to the Human Participants Research Exceptions Section.  |
| If “no” is selected on all of the above questions, this research may not be subject to compliance oversight. The Preceptor will be contacted if further information is needed. Please continue to the Research Plan Section on Page 3.  |

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| **Human Subject Research Determination**  |
| *Please complete this section if “yes” was answered to the Human Participants question on Page 1.*  |
| **Questions** | **No** | **Yes** | **Determination** | **Action** |
| 1. Has your project been certified as **exempt** or approved as **non-exempt** by an IRB at an institution with a Federal Wide Assurance Number (UI, BSU, or ISU)? | [ ]  | [ ]  🡪 | Human Subjects Research | Please provide a copy of the approval letter and supply the following information:Protocol #:     Exempt category:      Expiration date:       |
| 2. Has your project been determined to be **not human participant research** by an institution with a Federal Wide Assurance Number (UI, BSU, ISU)?  | [ ]  | [ ]  🡪 | Not Human Subjects Research  | Please provide a copy of this determination from your institution. |
| 3. Does your research include the use of commercially available human tissues, fluids, or cell lines\*? | [ ]  | [ ]  🡪 | Not Human Subjects Research | Please provide the vendor name:  |
| 4. Does your research include the use of non-commercially available human tissues, fluids, or cell lines\*? | [ ]  | [ ]  🡪 | May be Human Subjects Research | Please provide the source of human material:      Will the samples be de-identifiable?       |
| *If you answered ‘yes’ to question 4, further review is necessary before funding can be approved.*  |

\*The Preceptor’s institution is responsible for ensuring Fellows who work with human tissues, fluids, or cell lines are covered by the Bloodborne Pathogen Standard. See [here](https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html) for more information.

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| **Research Plan***All Preceptors should complete this section.* |
| Please provide us with a **brief** Research Plan. The plan should include the following sections:1. Safety training the student will need to complete prior to conducting research
2. Chain of command and hours of work
3. Background
4. Hypothesis
5. Methods
6. Significance
7. Expected timeline of project
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| Will the Fellow be working with security-sensitive/confidential data? | [ ] **NO** |  [ ]  **YES** | If yes, a criminal background check will be required of the Fellow.  |

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| **Please insert the Research Plan below:** |

**For Institutional Internal Use Only:**

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| **Comments** |
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| **Review/Approval** |
| **Review Completed by** | **Date** |
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