**2015 Summer Research Plan  
Idaho INBRE Undergraduate Fellowship Program  
Applicant must submit to the INBRE office with the application packet**

**no later than January 31, 2015.**

The purpose of this form is for the Mentor 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 assurance protocols are required for the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Personnel/Contact Information** | | | |
| Mentor Name: | | | |
| Fellow Name: | | | |
| Institution: | | | |
| Office Phone: | | | |
| Lab Phone: | | | |
| Mentor e-mail: | | | |
|  | | | |
| **Assurance Information** | | | |
| *INBRE-funded research is subject to NIH Grant Policy. To determine if this project is subject to assurance oversight, please answer the questions below. For more information, please contact Linda Liou at* [*lioul@uidaho.edu*](mailto:lioul@uidaho.edu) *or 208-885-5373.* | | | |
| **Assurance Questions** | **No** | **Yes** | **Action** |
| Does the Fellow’s project involve Recombinant DNA or Select Agents and Toxins?  For a current list of Select Agents and Toxins click [**here**](http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20List.html). |  | → | 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 animals? |  | → | Research involving animals may only be conducted at BSU & ISU. Please provide a copy of your IACUC approval letter.  Protocol #:  Expiration Date: |
| Does the Fellow’s research involve human participants, tissue, or cell lines? |  | → | **Idaho INBRE Funds may NOT be used for Human Subjects Research.** |
| If “no” is selected on all of the above questions, this research may not be subject to assurance oversight. This determination will be verified by the appropriate office at your institution. The Mentor will be contacted if further information is needed. Please continue to the Research Plan Section on Page 3. | | | |

|  |
| --- |
| **Research Plan**  *All Mentors should complete this section.* |
| Please provide us with a **brief** Research Plan on the following page. 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 |

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

**For Institutional Internal Use Only:**

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