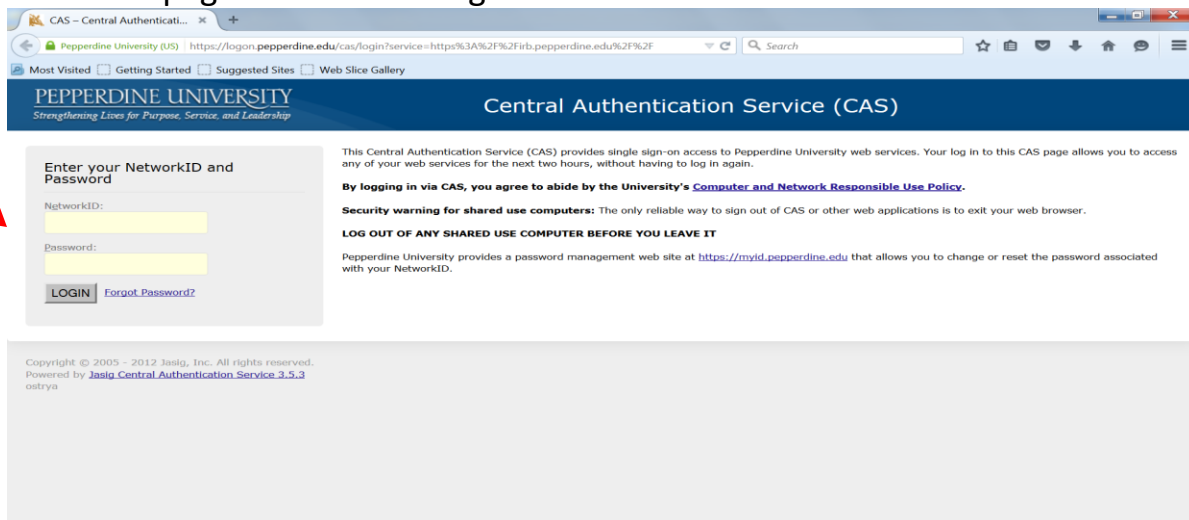


Pepperdine University
eProtocol - IRB
Student Investigator
User Guide

Welcome to eProtocol the online IRB system for Pepperdine University.

To begin creating an online IRB application, please login to the eProtocol IRB system at <https://irb.pepperdine.edu/>.

All Pepperdine student users will use their Pepperdine network ID and password through the Central Authentication Service (CAS) system. Recommended browsers include: **Internet Explorer, Safari, and Firefox**. For a glossary of terms, reference page 22 of this user guide.



CAS - Central Authentication...

Pepperdine University (US) | <https://login.pepperdine.edu/cas/login?service=https%3A%2F%2Firb.pepperdine.edu%2F%2F>

Most Visited | Getting Started | Suggested Sites | Web Slice Gallery

PEPPERDINE UNIVERSITY
Strengthening Lives for Purpose, Service, and Leadership

Central Authentication Service (CAS)

This Central Authentication Service (CAS) provides single sign-on access to Pepperdine University web services. Your log in to this CAS page allows you to access any of your web services for the next two hours, without having to log in again.

By logging in via CAS, you agree to abide by the University's [Computer and Network Responsible Use Policy](#).

Security warning for shared use computers: The only reliable way to sign out of CAS or other web applications is to exit your web browser.

LOG OUT OF ANY SHARED USE COMPUTER BEFORE YOU LEAVE IT

Pepperdine University provides a password management web site at <https://myid.pepperdine.edu> that allows you to change or reset the password associated with your NetworkID.

Enter your NetworkID and Password

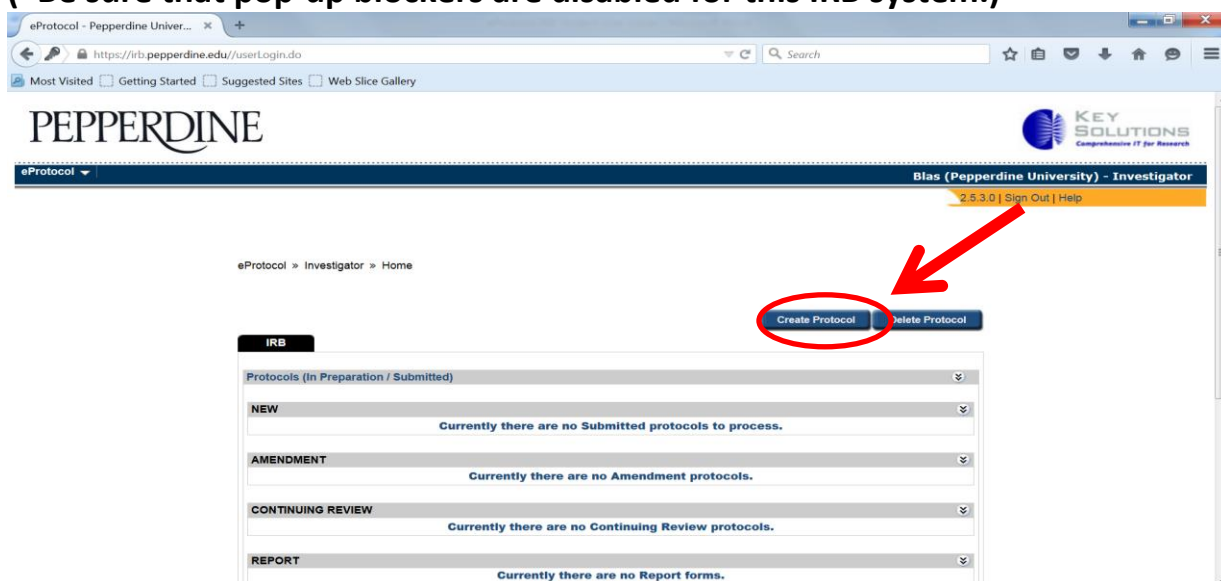
NetworkID:

Password:

[Forgot Password?](#)

Copyright © 2005 - 2012 Jasig, Inc. All rights reserved.
Powered by [Jasig Central Authentication Service 3.5.3](#)
ostrya

After login, the IRB system will direct you to the **Investigator Home Page** to create the IRB application. Click the **Create Protocol** button on the top, right of the page. (***Be sure that pop-up blockers are disabled for this IRB system.**)



eProtocol - Pepperdine Univer... | <https://irb.pepperdine.edu/userLogin.do>

Most Visited | Getting Started | Suggested Sites | Web Slice Gallery

PEPPERDINE

KEY SOLUTIONS
Comprehensive IT for Research

eProtocol | **Bias (Pepperdine University) - Investigator** | 2.6.3.0 | Sign Out | Help

eProtocol » Investigator » Home

IRB

Create Protocol **Delete Protocol**

Protocols (In Preparation / Submitted)

NEW | Currently there are no Submitted protocols to process.

AMENDMENT | Currently there are no Amendment protocols.

CONTINUING REVIEW | Currently there are no Continuing Review protocols.

REPORT | Currently there are no Report forms.

On the next screen, enter the “Study Title” and click the **IRB Form** button.

The screenshot shows a web browser window with the URL <https://irb.pepperdine.edu/getPersonnelScreen.do>. The page header includes the Pepperdine University logo and the text "KEY SOLUTIONS Comprehensive IT for Research". The main content area has a breadcrumb trail: "eProtocol » Investigator » Home » Create Protocol". Below this, there is a "Study Title" label and a large text input field. At the bottom, there are two buttons: "IRB" and "IRB Form". The "IRB Form" button is circled in red, and a red arrow points to it. Another red arrow points to the "Study Title" input field.

Complete all the **Principal Investigator** information as noted below (required information is astericked in red) and select the **Create** button.

An Administrative Contact can be added to the IRB application, please complete the Administrative Contact information if needed. The Administrative Contact would be in addition to the **Faculty Chair/Sponsor** as required for student users.

The screenshot shows the same web browser window, but now the "IRB Form" button is selected, and the form is displayed. The form has two main sections: "Principal Investigator* Mandatory" and "Administrative Contact". The "Principal Investigator* Mandatory" section is circled in red, and a red arrow points to it. This section contains the following fields: "Name of Principal Investigator (Faculty, Staff or Student)*", "Degree (MD/PhD/Other)", "Title*", "Email*", "Phone*", "Fax", "School*", and "Division". The "Administrative Contact" section contains the following fields: "Name of Administrative Contact*", "Degree (MD/PhD/Other)", "Title*", "Email*", "Phone*", "Fax", "School*", and "Division".

The **Principal Investigator** information that was entered in the previous page will carry over to the IRB application. Select your status as a **Student** and click **Yes** for completing human subjects training. **(This is a requirement for all IRB applications to be processed at Pepperdine University).**

IRB - IRB Form
Protocol Title: IRB Test Application
Protocol ID: 15-06-0002 (Bias, Michelle)

Save | Spell Check | Help | Close

Previous Next

Personnel Information

Study Personnel Roles:

- Principal investigator:** accepts responsibility for study, can edit protocol, must submit to IRB
- Administrative Contact:** additional study contact, can edit/prepare protocol, may or may not also be member of research team
- Key Personnel (Research Team):** Pepperdine University member of research team, can view protocol (not edit)
- Non-Pepperdine Collaborator:** member of research team from another institution or organization outside of Pepperdine University, has no access to system, must be provided with PDF of protocol.

IMPORTANT NOTE: Human Subjects Protection Training is mandatory for all research team personnel.

Principal Investigator* Mandatory

PI must be Pepperdine University affiliate.

Name of Principal Investigator (Faculty, Staff or Student)* Degree (MD/PhD/Other) Title*

Bias, Michelle Director

Email* Phone* Fax

Michelle.Bias@pepperdine.edu 310-568-5735

School* Division

Graduate School of Education an Education

Please indicate your status* Select One

Human Subjects Training Completed? * Yes No

On this same page, upload your **Human Subjects Training Certificate**. Select the **Research Team Member Duties Picklist** as noted below (example, recruiting subjects, obtains consent, data analysis, etc.)

Graduate School of Education an Education

Please indicate your status* Select One

Human Subjects Training Completed? * Yes No

If you have completed training that is not auto-populated below, upload a copy in the Attachments section.

Research Team Member Duties Picklist*

1. <input type="checkbox"/> Recruitment	2. <input type="checkbox"/> Obtains consent
3. <input type="checkbox"/> Determine Subject Eligibility for Accrual	4a. <input type="checkbox"/> Subject Physical Examinations
4b. <input type="checkbox"/> Follow-up Visits including physical assessments	5. <input type="checkbox"/> Perform study procedures or Specimen Collection
6a. <input type="checkbox"/> Administer and/or Dispense Study Drugs, Biologics or Devices	6b. <input type="checkbox"/> Receive, Store, Manipulate or Account for Study Drugs, Biologics or Devices
7. <input type="checkbox"/> Subject Randomization or Registry	8. <input type="checkbox"/> Collection of Subject Data
9. <input type="checkbox"/> Report Data (CRFs, e-CRFs, Spreadsheets)	10. <input type="checkbox"/> Data Analysis
11a. <input type="checkbox"/> Review Adverse Events	11b. <input type="checkbox"/> Treat and Classify Adverse Events
12. <input type="checkbox"/> Other (Please insert explanation below.)	

No training data is available.

Faculty Chair/Sponsor* Mandatory Clear

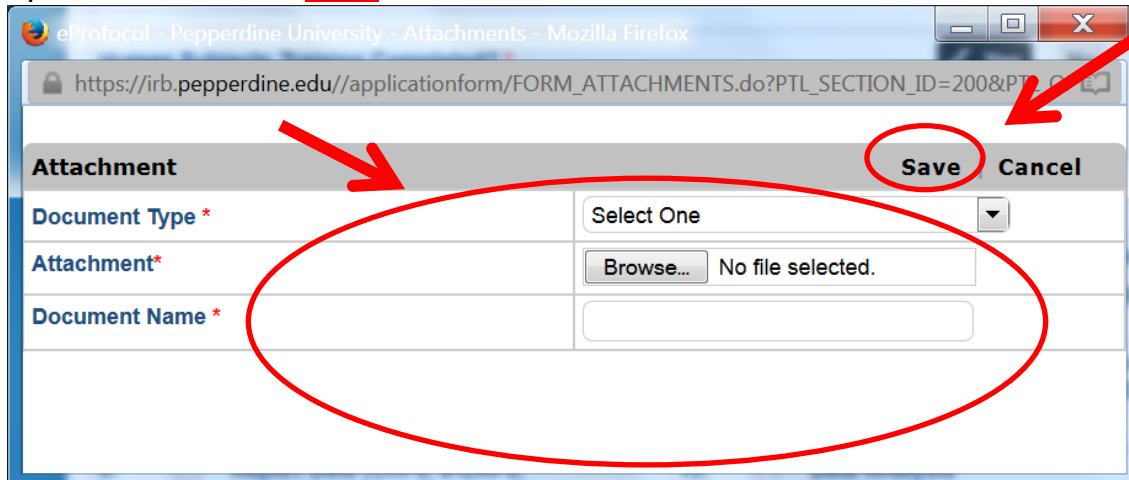
Name of Faculty Chair/Sponsor* Degree (MD/PhD/Other) Title*

Email* Phone* Fax

School* Division

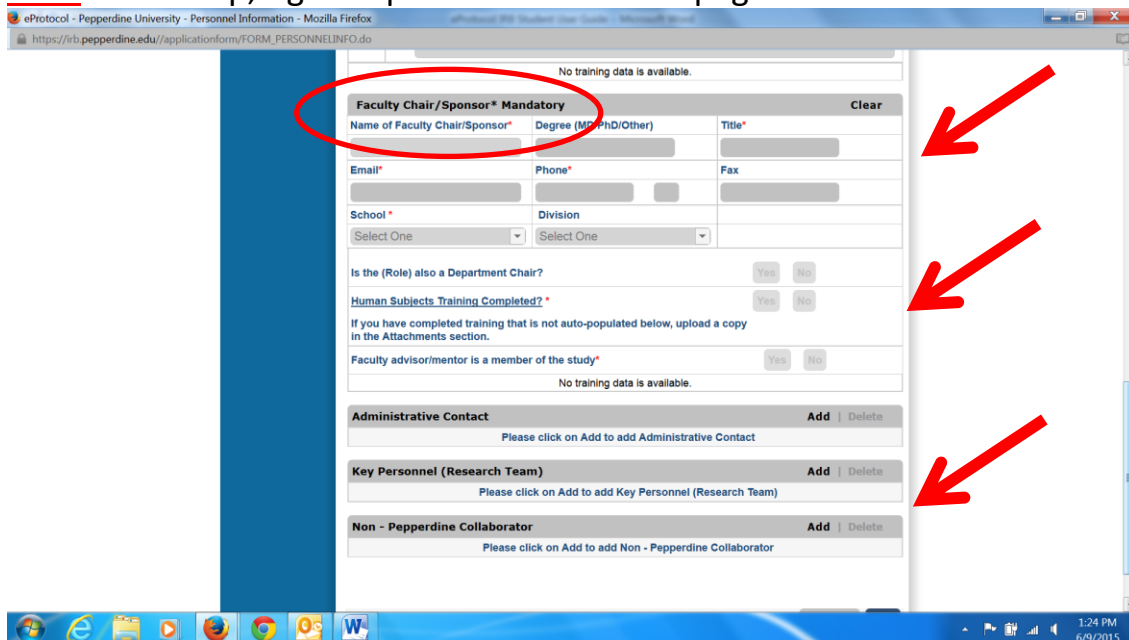
Select One Select One

After adding the **Human Subjects Training Certificate**, select the type of document, upload the document, and name the file. Be sure to clearly name the file so that the IRB staff can easily identify the type of document that you have uploaded. Click the **Save** button.



On this same page, select your **Faculty Chair/Sponsor** and enter all the required information. Upload a copy of your **Faculty Chair/Sponsor's Human Subjects Training Certificate** and answer the questions related to your Faculty Chair/Sponsor in this section.

If there are additional research members, add their contact information as an Administrative Contact, Research Team, or Non-Pepperdine Collaborator. Click **Next** on the top, right to proceed to the next page.



Select the **Subject Population** that will be surveyed as part of the research project. Select all that apply and click the **Next** button on the top, right to proceed to the next page.

The screenshot shows the 'IRB - IRB Form' interface in a Mozilla Firefox browser. The protocol title is 'IRB Test Application' and the ID is '15-06-0002 (Bias, Michelle)'. The left sidebar contains a menu with 'Subject Population' highlighted. The main content area is titled 'Subject Population(s) Checklist' and includes a 'Select All That Apply:' checkbox. Below this are several checkboxes for different subject populations: Adult Volunteers, Cognitively Impaired Subjects, Employees, Fetuses, Minors (under 18), Pregnant Women, Prisoners, Students, Terminally Ill Subjects, Wards of the State, Non-English Speakers, and Other (any population that is not specified above). A red arrow points to the 'Select All That Apply:' checkbox. In the top right corner, the 'Next' button is circled in red.

Select the **Study Location(s)** that apply. Indicate the Pepperdine location(s) or select other and type out the location name and attach a site location approval letter. Click **Next** on the top, right to proceed to the next page.

The screenshot shows the 'IRB - IRB Form' interface in a Mozilla Firefox browser. The protocol title is 'IRB Test Application' and the ID is '15-06-0002 (Bias, Michelle)'. The left sidebar contains a menu with 'Study Location' highlighted. The main content area is titled 'Study Location(s) Checklist' and includes a section for 'Indicate where the study will be conducted. Select all that apply:'. Below this are checkboxes for various Pepperdine University locations: Encino Campus, Irvine Campus, Malibu Campus, West Los Angeles Campus, and Westlake Village Campus. There is also a checkbox for 'Other (In the box below, list any off-campus institutions or locations and describe the activities being conducted there. Please provide letters of cooperation and/or IRB approvals from each location to document support/approval of the study. You may provide such documentation as it becomes available, but you may not begin work at those sites until documentation of support is provided to the IRB)'. A red arrow points to the 'Study Location(s) Checklist' title. In the top right corner, the 'Next' button is circled in red.

Select the type of study (exempt, expedited, non-human subjects, etc.). Select all that apply. Click **Next** on the top, right to proceed to the next page. Depending on if the study is exempt or expedited will determine the type of questions being asked in the proceeding sections of the IRB application.

The screenshot shows the 'IRB - IRB Form' interface with the 'General Checklist' section active. The 'Next' button in the top right corner is circled in red. A red arrow points to the 'General Checklist' section, which contains a list of checkboxes for various study types and procedures. The 'Previous' button is also visible next to the 'Next' button.

IRB - IRB Form
Protocol Title: IRB Test Application
Protocol ID: 15-06-0002 (Bias, Michelle)

Save | Spell Check | Help | Close

Previous | **Next**

General Checklist

Select All That Apply :

- ☐ Study Eligible for Expedited Review
- ☐ Study Eligible for Exempt Review
- ☐ Non-human subjects research
- ☐ Collection of Specimens
- ☐ Data collection via e-mail or the Internet
- ☐ Data Collection via Interviews
- ☐ Genetic Testing
- ☐ Human blood, cells, tissues, or body fluids
- ☐ Investigational drugs, reagents, chemicals, or biologic products
- ☐ Investigational Device
- ☐ Investigator Initiated Study
- ☐ Medical Records
- ☐ Photography, Video, or Voice-Recording Subjects
- ☐ Questionnaires and/or tests
- ☐ Study of existing data or specimens
- ☐ Other (clarify in text box to the right)

The next section inquires about funding. If the study is not funded by Pepperdine or an outside agency/organization, click **NONE**. If the research is being funded, select the category and provide the name and grant contract for review by the IRB Office. Click **Next** on the top, right to proceed to the next page.

The screenshot shows the 'IRB - IRB Form' interface with the 'Funding Checklist' section active. The 'Next' button in the top right corner is circled in red. A red arrow points to the 'Funding Checklist' section, which includes a 'NONE' option and several funding categories. Another red arrow points to the 'NONE' option. The 'Previous' button is also visible next to the 'Next' button.

IRB - IRB Form
Protocol Title: IRB Test Application
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Save | Spell Check | Help | Close

Previous | **Next**

Funding Checklist

☐ **NONE**

Funding - Grants/Contracts Add | Delete
Please click on Add to add Funding - Grants/Contracts

Funding - Pepperdine University Add | Delete
Please click on Add to add Funding - Pepperdine University

Funding - Industry Sponsor Add | Delete
Please click on Add to add Funding - Industry Sponsor

Funding - Cooperative Group Add | Delete
Please click on Add to add Funding - Cooperative Group

Funding - Other Add | Delete
Please click on Add to add Funding - Other

NOTE: Applicable grant application, contract or subcontract, investigator's brochure, and sponsor's protocol (for all industry sponsored clinical trials) must be attached. Click "Add" to attach the documents.

The next section starts the IRB application (**exempt or expedited**). Select the appropriate category depending on if the study is exempt or expedited. Click **Next** on the top, right to proceed to the next page.

IRB - IRB Form
Protocol Title: IRB Test Application
Protocol ID: 15-06-0002 (Bias, Michelle)

Save | Spell Check | Help | Close

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PI Obligations
Check For Completeness
Submit Form

To request an Expedited Review, check the appropriate category(ies) below. Provide justification for your request for Expedited Review.

To qualify for expedited review, research activities must (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories below.

Select one or more of the following paragraph(s):

- ☐ 1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
 - a) Research on drugs for which an investigational new drug application (21 CFR Part 31, 32) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
 - b) Research on medical devices for which
 - i) An investigational device exemption application (21 CFR Part 812) is not required; or
 - ii) The medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
- ☐ 2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:
 - a) From healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or
 - b) From other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.

Answer all the questions in the **Purpose Section**. Click **Next** on the top, right to proceed to the next page.

IRB - IRB Form
Protocol Title: IRB Test Application
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Save | Spell Check | Help | Close

Previous **Next**

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Check For Completeness
Submit Form

Study Title
IRB Test Application

Complete Sections 1 - 11. Specify N/A as appropriate. Do not leave any required sections blank.

1) Purpose of the study

- a) Provide a brief lay summary of the project in <200 words. The lay summary should be readily understandable to the general public.
- b) List your research questions.
- c) Describe the study design (e.g., single/double blind, parallel, crossover, control, experimental, observational, etc.)
 - ☐ N/A
 - ☐ Quantitative
 - ☐ Qualitative
 - ☐ Mix Methods
 - ☐ Observational
 - ☐ Other

Answer all the questions about the **Subject Population**. Give details of the subjects' ages, number to directly solicit, consented subjects, etc. If non-applicable, select N/A. Click **Next** on the top, right to proceed to the next page.

IRB - IRB Form
Protocol Title: IRB Test Application
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Save | Spell Check | Help | Close

Previous **Next**

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3. Subject Population - In the space below, please detail the participants that you are requesting to recruit (include description of each group requested)

a) Expected age range of subjects. (For example ? 18 yrs to 90 yrs).

b) i) Number to be directly solicited for this research. ☐ N/A
 ii) Number to be consented (including withdrawals or screen failures) ☐ N/A
 iii) Number expected to complete the study. ☐ N/A

c) If this is multi-center study, number of subjects to complete the study study-wide ☐ N/A

d) If study involves review of medical or other records, number of records to be reviewed. ☐ N/A

e) If applicable, state the rationale for involvement of potentially vulnerable subjects to be entered into the study, including minors, pregnant women, economically and educationally disadvantaged, or decisionally impaired individuals. Specify the measures being taken to minimize the risks and the chance of harm to the potentially vulnerable subjects.

f) If women, minorities, or minors are excluded, a clear compelling rationale must be provided unless not applicable. Examples for not including minors: disease does not occur in children; drug or device would interfere with normal growth and development; etc.

Subject Population Section continued... Answer all questions related to inclusion and exclusion criteria, compensation, and duration of the study. Click **Next** on the top, right to proceed to the next page.

IRB - IRB Form
Protocol Title: IRB Test Application
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Save | Spell Check | Help | Close

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3. Subject Population (continued)

i) Inclusion and Exclusion Criteria.
Identify inclusion criteria.
Identify exclusion criteria.

j) Compensation. Explain the amount and schedule of compensation, if any, that will be paid for participation in the study. Include provisions for prorating payment.

k) Describe who will cover study related costs. Explain any costs that will be charged to the subject. Include provisions for prorating payment.

l) Estimate the probable duration of the entire study including data analysis and publication. This estimate should include the total time each subject is to be involved and the duration the data about the subject is to be collected. If the study is Investigator-initiated, a timeline for individual subject recruitment, follow-up, total time for subject accrual, and data analysis for the study is required.

Answer all questions related to **Risks**. Click **Next** on the top, right to proceed to the next page.

IRB - IRB Form
Protocol ID: 15-06-0002 (Blas, Michelle)
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Save | Spell Check | Help | Close

Previous | **Next**

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Subject Population(f-l)
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Potential Conflict o...
Informed Consent
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HIPAA
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PI Obligations
Check For Completeness
Submit Form

4. **Risks**
There is no research that can be considered totally risk free (e.g., a potential risk of breach of confidentiality). Therefore, when describing the risk, the lowest level of risk is "no more than minimal risk".

a) For the following categories include a scientific estimate of the frequency, severity, and reversibility of potential risks. Wherever possible, include statistical incidence of complications and the mortality rate of proposed procedures. Where there has been insufficient time to accumulate significant data on risk, a statement to this effect should be included. (In describing these risks in the consent form to the subject, it is helpful to use comparisons which are meaningful to persons unfamiliar with medical terminology).

Address any risks related to (input N/A if not applicable):

1. Describe any risks related to performing study procedures. Please include all investigational, non-investigational, and non-invasive procedures (e.g., surgery, blood draws, treadmill tests).

4a. Describe any other physical, psychological, social or legal risks the subject may experience.

4b. Special Precautions. Describe the planned procedures for protecting against or minimizing potential risks. If appropriate, include the standards for termination of the participation of the individual subject. Discuss plans for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects.

4c. Please describe any reproductive risk associated with any part of the research study. Include any data from other studies (animal or human).

Answer all questions related to **Benefits and Alternatives**. This section also includes procedures to maintain confidentiality. Click **Next** on the top, right to proceed to the next page.

IRB - IRB Form
Protocol ID: 15-06-0002 (Blas, Michelle)
Protocol Title: IRB Test Application

Save | Spell Check | Help | Close

Previous | **Next**

Expe... | Purp... | Subj... | Subj... | **Risks** | **Bene...** | Pote... | Info... | Assent | HIPAA | Atta...

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Check For Completeness
Submit Form

5. **Benefits/Alternatives**

a) **Benefits.** Describe the potential benefit(s) to be gained by the subjects and how the results of the study may benefit future subjects and/or society in general. Indicate if there is no direct benefit to the participants.

b) **Alternatives.** Describe any alternative treatments and procedures available to the subjects should they choose not to participate in the study. If no such alternatives exist, please state that the alternative is nonparticipation. For some studies, such as record reviews, a description of alternatives would not be applicable.

6. **Procedures to Maintain Confidentiality**
Federal regulations require that study data and consent documents be kept for a minimum of three (3) years, and HIPAA documents be kept for a minimum of six (6) years after the completion of the study by the PI. For longitudinal or sponsored projects, the PI may be required to keep the data and documents for a longer time period.

Data Security
Please indicate how information will be secured. All information must be stored using at least two of the following safeguards and must be kept in accordance with the [Pepperdine University Information Security Policies](#). (If you are using both electronic data and hard copy data, you will need two safeguards for each type).

a) Electronic Data: (mark all that apply - at least 2 - or indicate not applicable)

☐ Not applicable
☐ Password access

Answer all questions related to **Potential Conflict of Interest**. Click **Next** on the top, right to proceed to the next page.

The screenshot shows the 'eProtocol - Pepperdine University - Protocol Information' form in a Mozilla Firefox browser. The URL is https://irb.pepperdine.edu/applicationform/FORM_PERSONNELINFO.do. The form has a sidebar on the left with a list of sections: Personnel Information, Subject Population, Study Location, General Checklist, Funding, Protocol Information, Expedited Review, Purpose, Study Proc..., Subject Population(a-h), Subject Population(i-j), Risks, Benefits/Alternative..., Potential Conflict of Interest (highlighted), Informed Consent, Assent, HIPAA, Attachments, PI Obligations, Check For Completeness, Submit Form, and Print View. The main content area is titled '7) Potential Conflict of Interest'. It includes instructions: 'Indicate whether you, your spouse or dependent children, or any investigator participating in the study have, or anticipate having, any income from or financial interest in a sponsor of this protocol, or a company that owns/licenses the technology being studied or any other entity which may affect the outcome of this research? Financial interest includes but is not limited to: consulting; speaking or other fees; honoraria; gifts; licensing revenues; other research agreements; equity interests (including stock, stock options, warrants, partnership and other equitable ownership interests). For questions regarding Conflict of Interest consult the [Conflict of Interest in Research Policy](#).' Below this, it says 'Check one of the following:' and lists three options: 1) ☐ No Financial Interest or Financial Interest less than or equal to \$5K, 2) ☐ Financial Interest exceeding \$5K but not exceeding \$25K, and/or more than 5 percent equity interest in aggregate, and 3) ☐ Financial Interest exceeding \$25K. Then it says 'Check all those that apply:' and lists several categories with checkboxes: Consulting, Speaking Fees or Honoraria, Gifts, Patent, Copyright, Licensing agreement or royalty income, Equity interests, (including stock, stock options, warrants, partnership or equitable ownership interests), or serving on a scientific advisory board or board of directors, and Other fees/compensation. At the bottom, it says 'Describe financial interests(s) and indicate specific amounts for each subcategory checked. Be sure to'. In the top right corner, there are buttons for 'Save', 'Spell Check', 'Help', and 'Close'. Below these are 'Previous' and 'Next' buttons, with 'Next' circled in red. A red arrow points to the 'Next' button.

Answer all questions related to **Informed Consent**.

The screenshot shows the 'eProtocol - Pepperdine University - Protocol Information' form in a Mozilla Firefox browser. The URL is https://irb.pepperdine.edu/applicationform/FORM_PERSONNELINFO.do. The form has a sidebar on the left with a list of sections: Personnel Information, Subject Population, Study Location, General Checklist, Funding, Protocol Information, Expedited Review, Purpose, Study Proc..., Subject Population(a-h), Subject Population(i-j), Risks, Benefits/Alternative..., Potential Conflict of Interest, Informed Consent (highlighted), Assent, HIPAA, Attachments, PI Obligations, Check For Completeness, Submit Form, and Print View. The main content area is titled '8 Informed Consent'. It includes instructions: 'Federal regulations require that informed consent be obtained from individuals prior to their participation in research unless the IRB grants a waiver of consent. Answer the questions, below, then click Add to provide the necessary consent documents and information regarding subject consent. Multiple consents/waivers may be added, but they must be uploaded one at a time.' Below this, it says 'NOTE: You may refer to the [Pepperdine University IRB Guidance for Obtaining Informed Consent](#) for considerations regarding the consent/assent process.' Then it says 'State N/A if not applicable.' and lists four questions: 1) How is consent being obtained? When and where will the discussion take place? 2) Explain how risks, benefits, and alternatives will be discussed. 3) If the study involves a cognitively impaired population, what steps are you taking to determine that potential subjects are competent to participate in the decision-making process? If you may need to seek surrogate consent, please explain how you will obtain surrogate consent. 4) If a study involves non-English speakers, what steps are you taking to provide translation of consent documents, who will obtain informed consent? Will translation sources be provided for the deviation of the study? In the top right corner, there are buttons for 'Save', 'Spell Check', 'Help', and 'Close'. Below these are 'Previous' and 'Next' buttons. A red arrow points to the 'Next' button.

***Add your consent forms to this section of the IRB application.**

Protocol Information

Expedited Review

Purpose, Study Proc...

Subject Population(a-h)

Subject Population(i-j)

Risks

Benefits/Alternative...

Potential Conflict o...

Informed Consent

Assent

HIPAA

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PI Obligations

Check For Completeness

Submit Form

Print View

Event History

NOTE: You may refer to the [Pepperdine University IRB Guidance for Obtaining Informed Consent](#) for considerations regarding the consent/assent process.

State N/A if not applicable.

1) How is consent being obtained? When and where will the discussion take place?

2) Explain how risks, benefits, and alternatives will be discussed.

3) If the study involves a cognitively impaired population, what steps are you taking to determine that potential subjects are competent to participate in the decision-making process? If you may need to seek surrogate consent, please explain how you will obtain surrogate consent.

4) If a study involves non-English speakers, what steps are you taking to provide translation of consent documents, who will obtain informed consent? Will translation sources be provided for the deviation of the study?

Informed Consent

Add | Delete

Please click on Add to add Informed Consent

Expe... Purp... Subj... Subj... Risks Bene... Pote... Info... Assent HIPAA Atta...

Previous Next

Save | Spell Check | Help | Close

Include the type of consent form from the pull down menu. Click **Save**. Click **Next** on the top, right to proceed to the next page.

eProtocol - Pepperdine University - Informed Consent - Mozilla Firefox

https://irb.pepperdine.edu/applicationform/FORM_ATTACHMENTS.do?PTL_SECTION_ID=153&PTL_OBJECT_ID=153_262&

Informed Consent

Title *

Consent Type * Select One

In the Consent Type drop-down menu, select:

ALTERATION OF CONSENT to justify a consent procedure/document that does not include or alters some of the required elements of informed consent.

CONSENT if you will be obtaining signed consent from participants.

WAIVER OF CONSENT to justify a waiver of participant consent altogether.

WAIVER OF WRITTEN CONSENT to justify a waiver of signed consent if you plan to obtain verbal or implied consent (instead of having participants sign a consent document).

ADDENDUM CONSENT if you will be informing the subjects who are already enrolled of new information or changes related to the research.

Save Cancel

Answer all the questions related to **Assent** if there is interaction with minors and is applicable to the study. Add the assent documents at the end of this section and click **Save**. Click **Next** on the top, right to proceed to the next page.

The screenshot shows the 'IRB - IRB Form' application in a web browser. The protocol title is 'IRB Test Application' and the ID is '15-06-0002 (Bias, Michelle)'. The 'Assent' tab is selected, and the 'Next' button is circled in red. A red arrow points to the 'Assent' tab. The 'Assent' section contains three questions about minors and a section for 'Assent Documents'.

IRB - IRB Form
Protocol Title: IRB Test Application
Protocol ID: 15-06-0002 (Bias, Michelle)

Save | Spell Check | Help | Close

Previous **Next**

Expe... Purp... Subj... Subj... Risks Bene... Pote... Info... **Assent** HIPAA Atta...

9 Assent

Complete this section if your study includes minors. An assent document should be used if subjects are 6 to 17 years of age. The [Assent Form Template](#) provides guidelines for writing assent documents.

- Will minors be asked to give assent? If not, please justify.
- If minors are asked to assent and do not wish to participate, will they still be accrued in the study? If yes, justify.
- How will the minor's ability to give assent be assessed? (Consider the age and maturity of the minors as well as their physical or mental condition).

Note: For studies that require a discussion about reproductive risks, note that the conversation with the minor should take place separately from the parents. Also, if a minor will reach adulthood (18 in Missouri) during the course of the study, they will need to be asked to consent as an adult at that time to continue in the study.

Assent Documents

Please click on Add to add Assent Documents

If the study is subject to **HIPAA**, complete all the answers in this section. If not, click "**No health information. HIPAA does not apply.**" Click **Next** on the top, right to proceed to the next page.

The screenshot shows the 'IRB - IRB Form' application in a web browser. The protocol title is 'IRB Test Application' and the ID is '15-06-0002 (Bias, Michelle)'. The 'HIPAA' tab is selected, and the 'Next' button is circled in red. A red arrow points to the 'HIPAA' tab. The 'HIPAA' section contains two questions about health information and personal identifiers.

IRB - IRB Form
Protocol Title: IRB Test Application
Protocol ID: 15-06-0002 (Bias, Michelle)

Save | Spell Check | Help | Close

Previous **Next**

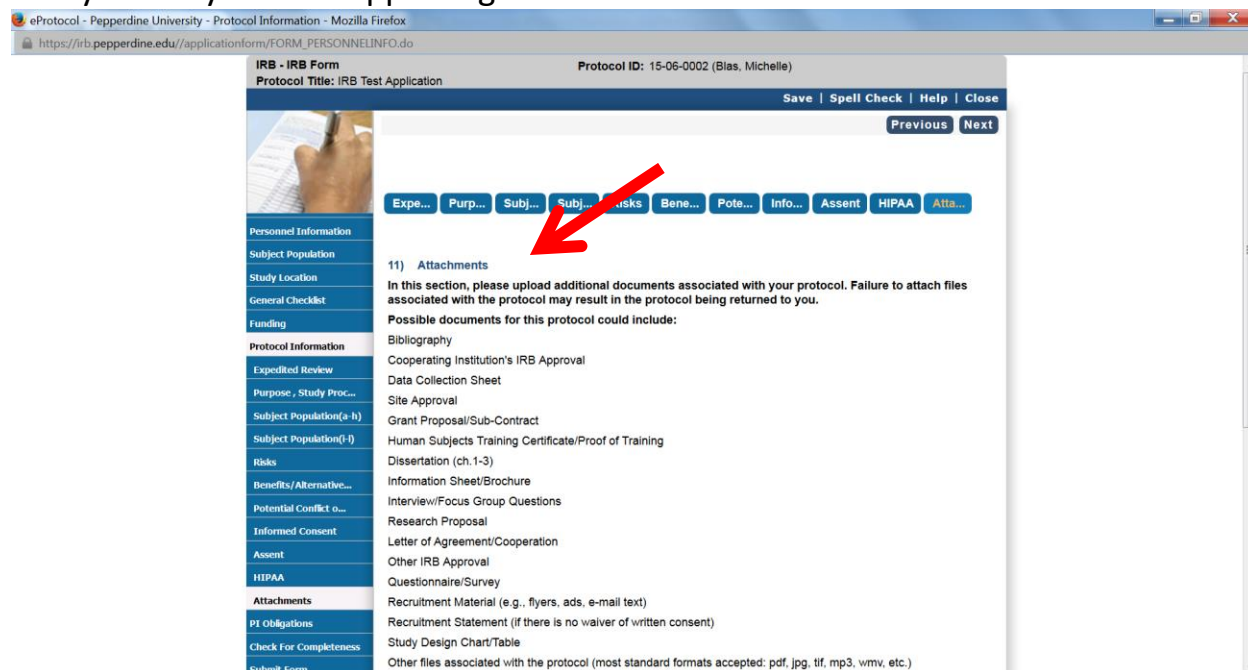
Expe... Purp... Subj... Subj... Risks Bene... Pote... Info... **Assent** **HIPAA** Atta...

10 HIPAA

Studies that receive or create protected health information (PHI) are subject to HIPAA regulations. PHI is health information with one or more personal identifiers. For more information see: <http://www.pepperdine.edu/research/index.html>

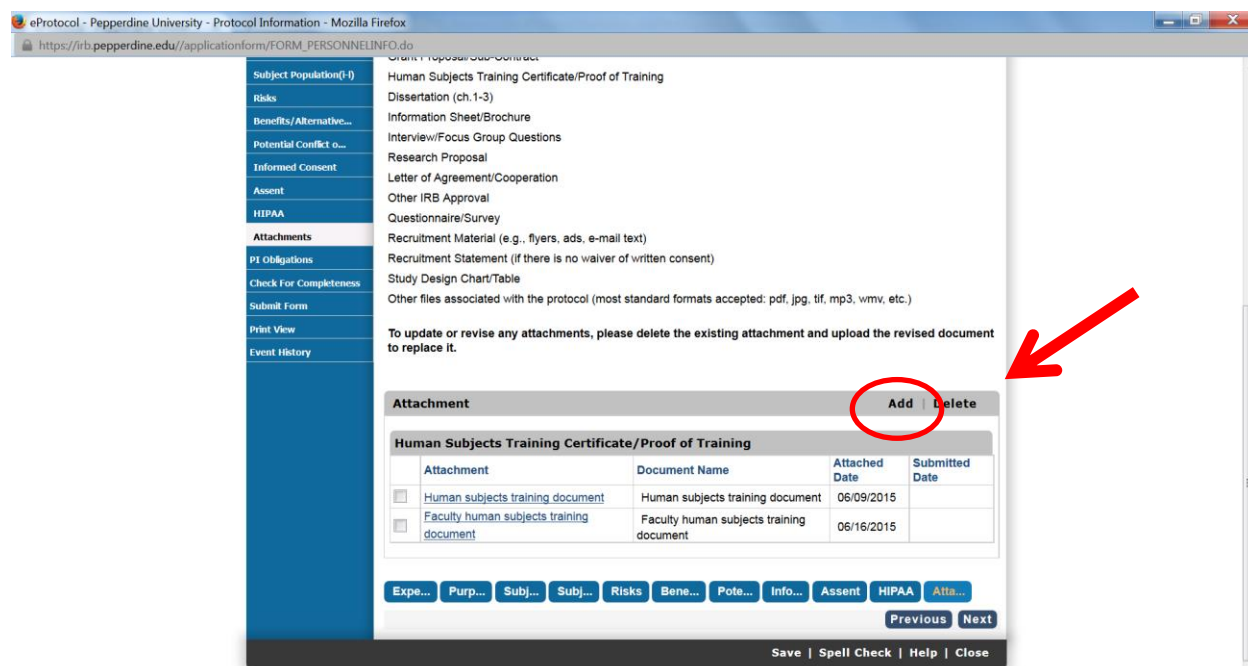
- Will health information be accessed, received or collected?
 - ☐ No health information. HIPAA does not apply.
 - ☐ Yes (continue to question 2).
- Which personal identifiers will be accessed, received or collected?
 - ☐ No identifiers. I certify that no identifiers from the list below will be received or collected and linked to health information. HIPAA does not apply (skip remainder of page).
 - ☐ Names
 - ☐ Social Security numbers
 - ☐ Telephone numbers
 - ☐ Linkable code or any other unique identifying number (note this does not mean the unique code assigned by the Investigator(s) to code the research data)
 - ☐ All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
 - ☐ All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

Other important **Attachments** should be added to this last section. For example, research proposal, recruitment flyers, other IRB site approvals, etc. Be sure to **clearly name the documents** so that the IRB Office and Committee members can easily identify all the supporting documents.



The screenshot shows the 'IRB - IRB Form' application interface. The top navigation bar includes buttons for 'Expe...', 'Purp...', 'Subj...', 'Subj...', 'Risks', 'Bene...', 'Pote...', 'Info...', 'Assent', 'HIPAA', and 'Atta...'. A red arrow points to the 'Atta...' button. The left sidebar lists various sections, with 'Attachments' highlighted. The main content area displays the '11) Attachments' section, which includes instructions on uploading documents and a list of possible documents to include, such as 'Bibliography', 'Cooperating Institution's IRB Approval', 'Data Collection Sheet', 'Site Approval', 'Grant Proposal/Sub-Contract', 'Human Subjects Training Certificate/Proof of Training', 'Dissertation (ch. 1-3)', 'Information Sheet/Brochure', 'Interview/Focus Group Questions', 'Research Proposal', 'Letter of Agreement/Cooperation', 'Other IRB Approval', 'Questionnaire/Survey', 'Recruitment Material (e.g., flyers, ads, e-mail text)', 'Recruitment Statement (if there is no waiver of written consent)', 'Study Design Chart/Table', and 'Other files associated with the protocol (most standard formats accepted: pdf, jpg, tif, mp3, wmv, etc.)'.

Click the **Add** button.



The screenshot shows the 'IRB - IRB Form' application interface, specifically the 'Attachments' section. The left sidebar lists various sections, with 'Attachments' highlighted. The main content area displays the '11) Attachments' section, which includes instructions on uploading documents and a list of possible documents to include, such as 'Bibliography', 'Cooperating Institution's IRB Approval', 'Data Collection Sheet', 'Site Approval', 'Grant Proposal/Sub-Contract', 'Human Subjects Training Certificate/Proof of Training', 'Dissertation (ch. 1-3)', 'Information Sheet/Brochure', 'Interview/Focus Group Questions', 'Research Proposal', 'Letter of Agreement/Cooperation', 'Other IRB Approval', 'Questionnaire/Survey', 'Recruitment Material (e.g., flyers, ads, e-mail text)', 'Recruitment Statement (if there is no waiver of written consent)', 'Study Design Chart/Table', and 'Other files associated with the protocol (most standard formats accepted: pdf, jpg, tif, mp3, wmv, etc.)'.

To update or revise any attachments, please delete the existing attachment and upload the revised document to replace it.

The 'Attachment' section shows a table with the following data:

Attachment	Document Name	Attached Date	Submitted Date
<input type="checkbox"/> Human subjects training document	Human subjects training document	06/09/2015	
<input type="checkbox"/> Faculty human subjects training document	Faculty human subjects training document	06/16/2015	

A red arrow points to the 'Add' button in the bottom navigation bar.

Upload the document, name the document, and click **Save**. Continue this process for all attachments.

eProtocol - Pepperdine University - Attachments - Mozilla Firefox

https://irb.pepperdine.edu/applicationform/FORM_ATTACHMENTS.do?PTL_SECTION_ID=200&PTL...

Attachment

Document Type * Select One

Attachment* Browse... No file selected.

Document Name *

Answer all the questions related to **Principal Investigator (PI) Obligations**.

eProtocol - Pepperdine University - PI Obligations - Mozilla Firefox

https://irb.pepperdine.edu/applicationform/FORM_PERSONNELINFO.do

IRB - IRB Form Protocol ID: 15-06-0002 (Blas, Michelle)

Protocol Title: IRB Test Application

Save | Spell Check | Help | Close

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PI Obligations

By clicking the box below you indicate that you accept responsibility for and will follow the ethical guidelines set forth by the Belmont Report, Declaration of Helsinki, the Nuremberg Code, and the Ethical Principles of the American Psychological Association (if applicable) for the research described.

Submission by the Principal Investigator (PI) indicates that the PI has the requisite funding, credentials, training, and any necessary hospital privileges, if needed, to carry out all procedures and treatments involved in the protocol.

Clicking the box also affirms that the activities involving human subjects will not begin without prior review and approval by the Institutional Review Board, and that all activities will be performed in accordance with state and federal regulations and Pepperdine University's assurance with the Department of Health and Human Services. The PI assures that if members of the Pepperdine University research team access protected health information (PHI) from a Pepperdine University covered entity in order to seek consent/authorization for research, such access is necessary for the research, is solely for that purpose, and the information will not be removed from the covered entity without IRB authorization or approved waiver.

1) Have you completed the annual Conflict of Interest in Research Disclosure Form? Yes No N/A

NOTE: An annual disclosure must be completed by all faculty and any students receiving external funding for research.

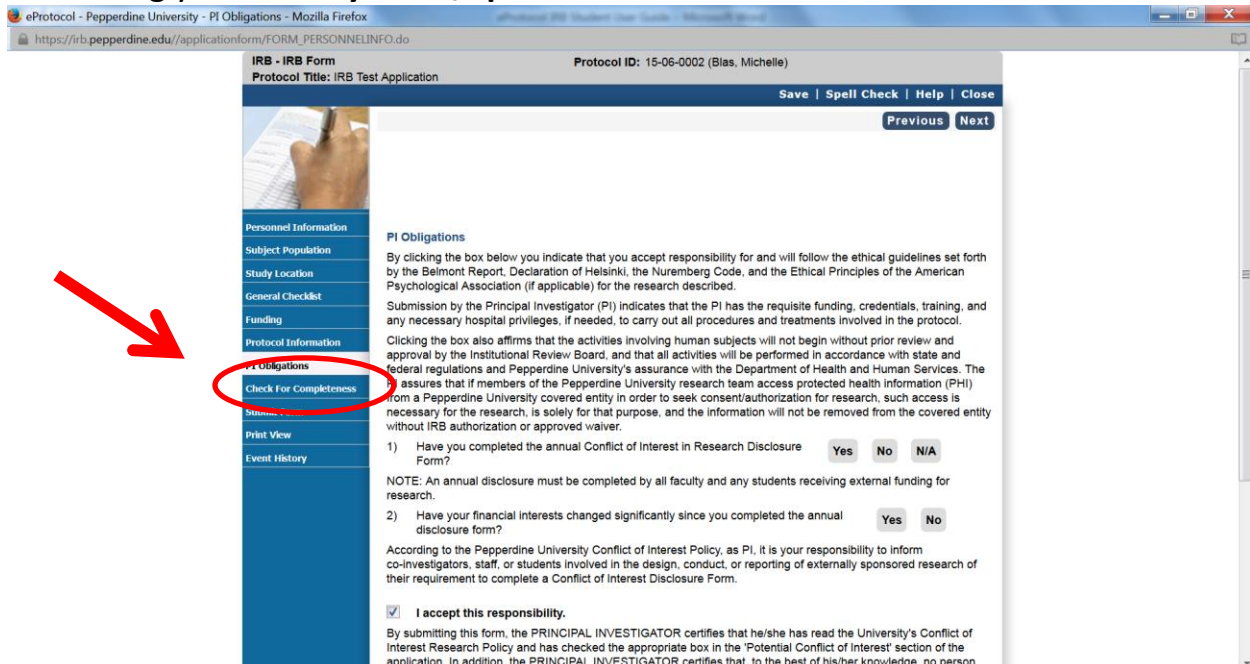
2) Have your financial interests changed significantly since you completed the annual disclosure form? Yes No

According to the Pepperdine University Conflict of Interest Policy, as PI, it is your responsibility to inform co-investigators, staff, or students involved in the design, conduct, or reporting of externally sponsored research of their requirement to complete a Conflict of Interest Disclosure Form.

☐ I accept this responsibility.

By submitting this form, the PRINCIPAL INVESTIGATOR certifies that he/she has read the University's Conflict of Interest Research Policy and has checked the appropriate box in the 'Potential Conflict of Interest' section of the application. In addition, the PRINCIPAL INVESTIGATOR certifies that, to the best of his/her knowledge, no person

It is highly recommended to click on the [Check for Completeness](#) link before contacting your **Faculty Chair/Sponsor**.



IRB - IRB Form
Protocol Title: IRB Test Application
Protocol ID: 15-06-0002 (Blas, Michelle)

[Save](#) | [Spell Check](#) | [Help](#) | [Close](#)

[Previous](#) [Next](#)

Personnel Information
Subject Population
Study Location
General Checklist
Funding
Protocol Information
PI Obligations
Check for Completeness
Submit
Print View
Event History

PI Obligations

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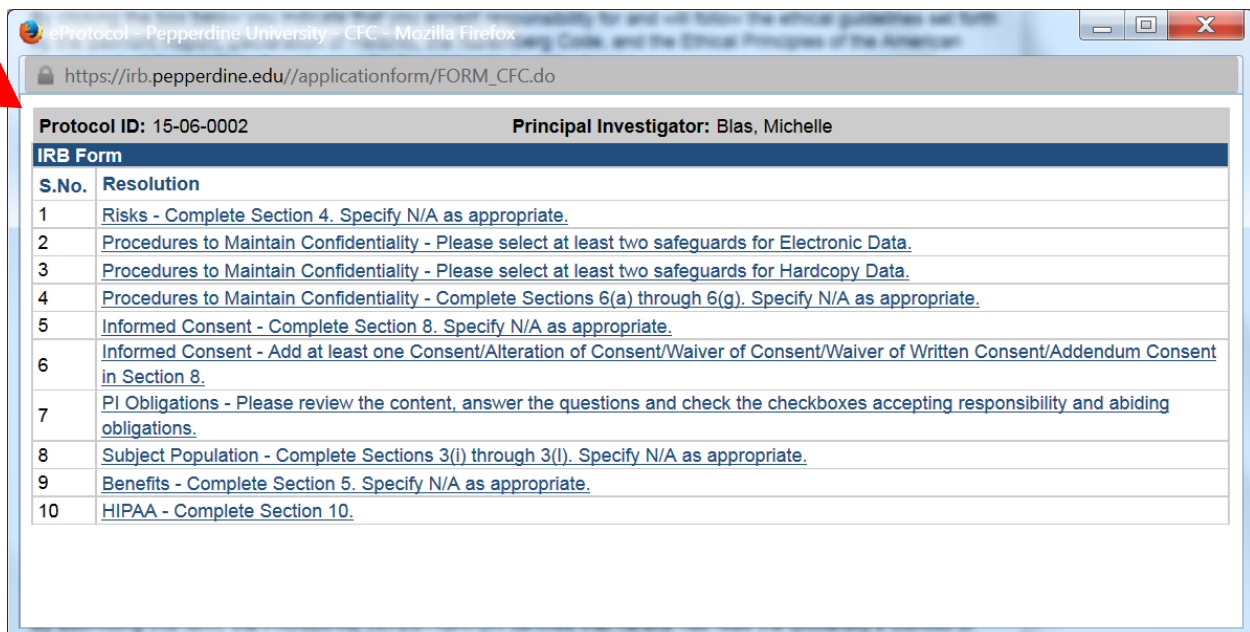
2) Have your financial interests changed significantly since you completed the annual disclosure form?

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The eProtocol IRB system will identify all the sections that have missing information and need to be completed before the IRB application can be submitted to the IRB Office. All items in this section need to be cleared before being submitted to the IRB Office for review. Here's an example of missing items and how they are displayed. Click on each section and complete the missing information and click [Save](#).



Protocol ID: 15-06-0002 **Principal Investigator: Blas, Michelle**

IRB Form

S.No.	Resolution
1	Risks - Complete Section 4. Specify N/A as appropriate.
2	Procedures to Maintain Confidentiality - Please select at least two safeguards for Electronic Data.
3	Procedures to Maintain Confidentiality - Please select at least two safeguards for Hardcopy Data.
4	Procedures to Maintain Confidentiality - Complete Sections 6(a) through 6(g). Specify N/A as appropriate.
5	Informed Consent - Complete Section 8. Specify N/A as appropriate.
6	Informed Consent - Add at least one Consent/Alteration of Consent/Waiver of Consent/Waiver of Written Consent/Addendum Consent in Section 8.
7	PI Obligations - Please review the content, answer the questions and check the checkboxes accepting responsibility and abiding obligations.
8	Subject Population - Complete Sections 3(i) through 3(l). Specify N/A as appropriate.
9	Benefits - Complete Section 5. Specify N/A as appropriate.
10	HIPAA - Complete Section 10.

After checking for completeness, save the document and close out the IRB application window and e-mail your **Faculty Chair/Sponsor**. The Faculty Chair/Sponsor will login to eProtocol and review your application and click the statement “The Faculty Chair/Sponsor has read and agrees to abide by the above obligations.” **Student Applications can only submitted after the Faculty Chair/Sponsor has approved the study.**

Study Location

General Checklist

Funding

Protocol Information

PI Obligations

Check For Completeness

Submit Form

Print View

Event History

by the Belmont Report, Declaration of Helsinki, the Nuremberg Code, and the Ethical Principles of the American Psychological Association (if applicable) for the research described.

Submission by the Principal Investigator (PI) indicates that the PI has the requisite funding, credentials, training, and any necessary hospital privileges, if needed, to carry out all procedures and treatments involved in the protocol.

Clicking the box also affirms that the activities involving human subjects will not begin without prior review and approval by the Institutional Review Board, and that all activities will be performed in accordance with state and federal regulations and Pepperdine University's assurance with the Department of Health and Human Services. The PI assures that if members of the Pepperdine University research team access protected health information (PHI) from a Pepperdine University covered entity in order to seek consent/authorization for research, such access is necessary for the research, is solely for that purpose, and the information will not be removed from the covered entity without IRB authorization or approved waiver.

1) Have you completed the annual Conflict of Interest in Research Disclosure Form? Yes No N/A

NOTE: An annual disclosure must be completed by all faculty and any students receiving external funding for research.

2) Have your financial interests changed significantly since you completed the annual disclosure form? Yes No

According to the Pepperdine University Conflict of Interest Policy, as PI, it is your responsibility to inform co-investigators, staff, or students involved in the design, conduct, or reporting of externally sponsored research of their requirement to complete a Conflict of Interest Disclosure Form.

☒ I accept this responsibility.

By submitting this form, the PRINCIPAL INVESTIGATOR certifies that he/she has read the University's Conflict of Interest Research Policy and has checked the appropriate box in the 'Potential Conflict of Interest' section of the application. In addition, the PRINCIPAL INVESTIGATOR certifies that, to the best of his/her knowledge, no person working on this project at Pepperdine University has a conflict of interest or if a conflict of interest does exist, that an appropriate management plan is in place.

☐ The Principal Investigator has read and agrees to abide by the above obligations.

☐ The Faculty Chair/Sponsor has read and agrees to abide by the above obligations.

Previous Next

Save | Spell Check | Help | Close

After the **Faculty Chair/Sponsor** has approved the IRB application, submit the IRB application by clicking the **Submit Form** button. Be sure to check the box to agree to the PI obligations.

IRB - IRB Form

Protocol ID: 15-06-0002 (Blas, Michelle)

Protocol Title: IRB Test Application

Save | Spell Check | Help | Close

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PI Obligations

Check For Completeness

Submit Form

Print View

Event History

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Submission by the Principal Investigator (PI) indicates that the PI has the requisite funding, credentials, training, and any necessary hospital privileges, if needed, to carry out all procedures and treatments involved in the protocol.

Clicking the box also affirms that the activities involving human subjects will not begin without prior review and approval by the Institutional Review Board, and that all activities will be performed in accordance with state and federal regulations and Pepperdine University's assurance with the Department of Health and Human Services. The PI assures that if members of the Pepperdine University research team access protected health information (PHI) from a Pepperdine University covered entity in order to seek consent/authorization for research, such access is necessary for the research, is solely for that purpose, and the information will not be removed from the covered entity without IRB authorization or approved waiver.

1) Have you completed the annual Conflict of Interest in Research Disclosure Form? Yes No N/A

NOTE: An annual disclosure must be completed by all faculty and any students receiving external funding for research.

2) Have your financial interests changed significantly since you completed the annual disclosure form? Yes No

According to the Pepperdine University Conflict of Interest Policy, as PI, it is your responsibility to inform co-investigators, staff, or students involved in the design, conduct, or reporting of externally sponsored research of their requirement to complete a Conflict of Interest Disclosure Form.

☒ I accept this responsibility.

By submitting this form, the PRINCIPAL INVESTIGATOR certifies that he/she has read the University's Conflict of Interest Research Policy and has checked the appropriate box in the 'Potential Conflict of Interest' section of the application. In addition, the PRINCIPAL INVESTIGATOR certifies that, to the best of his/her knowledge, no person working on this project at Pepperdine University has a conflict of interest or if a conflict of interest does exist, that an appropriate management plan is in place.

☐ The Principal Investigator has read and agrees to abide by the above obligations.

☐ The Faculty Chair/Sponsor has read and agrees to abide by the above obligations.

Previous Next

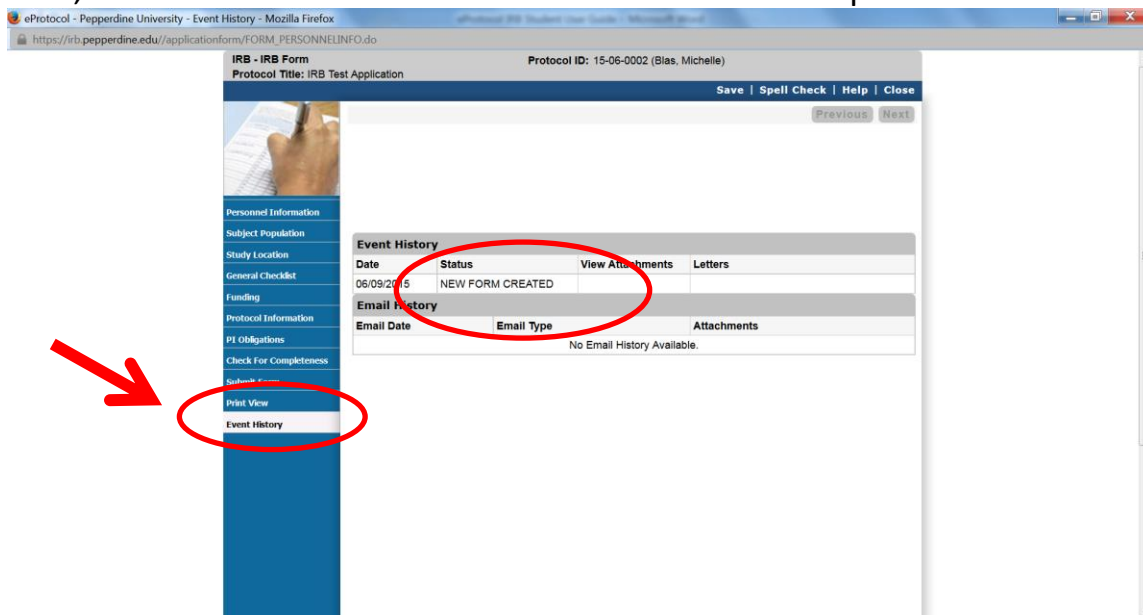
Save | Spell Check | Help | Close

javascript:getSectionCaptions(310)

After selecting the **Submit Form**, you will be directed to this screen. Click **Yes**. If you get an error message there is missing information in the IRB application or the **Faculty Chair/Sponsor** has not approved the protocol yet.



Go to **Event History** to determine if the study is still pending or submitted. In this case, it has been created and not submitted as an example.



After submission, the IRB Office will review the IRB application for completeness. If there are any missing items or lacks content, the IRB application will be returned. If the application is completed, it will proceed to the IRB Committee for review.

E-mails will be sent to the student for each major event in the IRB review process. To check the status of the IRB application, go to the **Investigator Home Page** and click on the **Active Protocol** and go to **Event History**.

The screenshot shows the eProtocol Investigator Home Page. The browser address bar displays <https://irb.pepperdine.edu/showPIDashBoard.do>. The page header includes "eProtocol" and "Blas (Pepperdine University) - Investigator" with a version number "2.5.3.0" and links for "Sign Out" and "Help". The breadcrumb trail is "eProtocol » Investigator » Home". A red arrow points to the "Home" link. Below the breadcrumb, there are "Create Protocol" and "Delete Protocol" buttons. The main content area is titled "IRB" and contains three sections: "Protocols (In Preparation / Submitted)", "AMENDMENT", and "CONTINUING REVIEW". The "Protocols (In Preparation / Submitted)" section is expanded, showing a table with the following data:

Protocol ID	Principal Investigator	Protocol Event	Status/Comments	Panel	Meeting Date
15-06-0002	Blas, Michelle	Yet to Submit to IRB	NEW		

A red circle highlights the "15-06-0002" protocol ID, and a red arrow points to it. The "AMENDMENT" section states "Currently there are no Amendment protocols." and the "CONTINUING REVIEW" section is currently empty.

When the IRB application has been approved, it will appear on the **Investigator Home Page** further down the page under **Approved Protocols**.

The screenshot shows the eProtocol Investigator Home Page, focusing on the lower sections. The "AMENDMENT" section states "Currently there are no Amendment protocols." The "CONTINUING REVIEW" section states "Currently there are no Continuing Review protocols." The "REPORT" section states "Currently there are no Report forms." The "SAE REPORT FORM" section states "Currently there are no SAE Report forms." The "FINAL REPORT" section states "Currently there are no Final Report forms." The "Approved Protocols" section is highlighted with a red circle and a red arrow, and it states "Currently there are no Approved Protocols." Below it, the "Non Active Protocols" section states "Currently there are no Non Active Protocols." The browser address bar and page header are the same as in the previous screenshot.

An e-mail notification will be sent when the IRB application has been approved. Login to the system at <https://irb.pepperdine.edu>. Click on the correct **Protocol** (IRB application) and select the **Event History** to retrieve the approval letter.

https://irb-test.pepperdine.edu/ - eProtocol - Pepperdine University - Event History - Internet Explorer

IRB - IRB Form
Protocol Title: IRB Form
Protocol ID: 15-04-106 (IRB Test, LDAP)

Save | Spell Check | Help | Close

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Date	Status	View Attachments	Letters
04/22/2015	NEW FORM PROTOCOL CLONED (15-04-100)		
04/22/2015	NEW FORM SUBMITTED	View Attachments	
04/22/2015	NEW FORM PANEL ASSIGNED		
04/22/2015	NEW FORM REVIEWER (S) ASSIGNED		
04/22/2015	NEW FORM SUBMITTED (CYCLE 1)	View Attachments	
04/22/2015	NEW FORM APPROVED	View Attachments	Approval Letter

Email Date	Email Type	Attachments
04/22/2015	IRB Recommended for Approval: 15-04-106, IRB Test, LDAP	
04/22/2015	Protocol Approved: IRB - GS IRB, 15-04-106, IRB Test, LDAP	
04/22/2015	IRB Recommended for Approval: 15-04-106, IRB Test, LDAP	
04/22/2015	IRB Recommended for Approval: 15-04-106, IRB Test, LDAP	
04/22/2015	IRB Recommended for Approval: 15-04-106, IRB Test, LDAP	
04/22/2015	IRB Responses sent (Cycle 1): 15-04-106, IRB Test, LDAP	
04/22/2015	IRB Responses sent (Cycle 1): 15-04-106, IRB Test, LDAP	
04/22/2015	IRB Comments sent (Cycle 1): 15-04-106, IRB Test, LDAP	

2:02 PM
6/22/2015

Other important features of the eProtocol IRB System

Amendment/Modifications

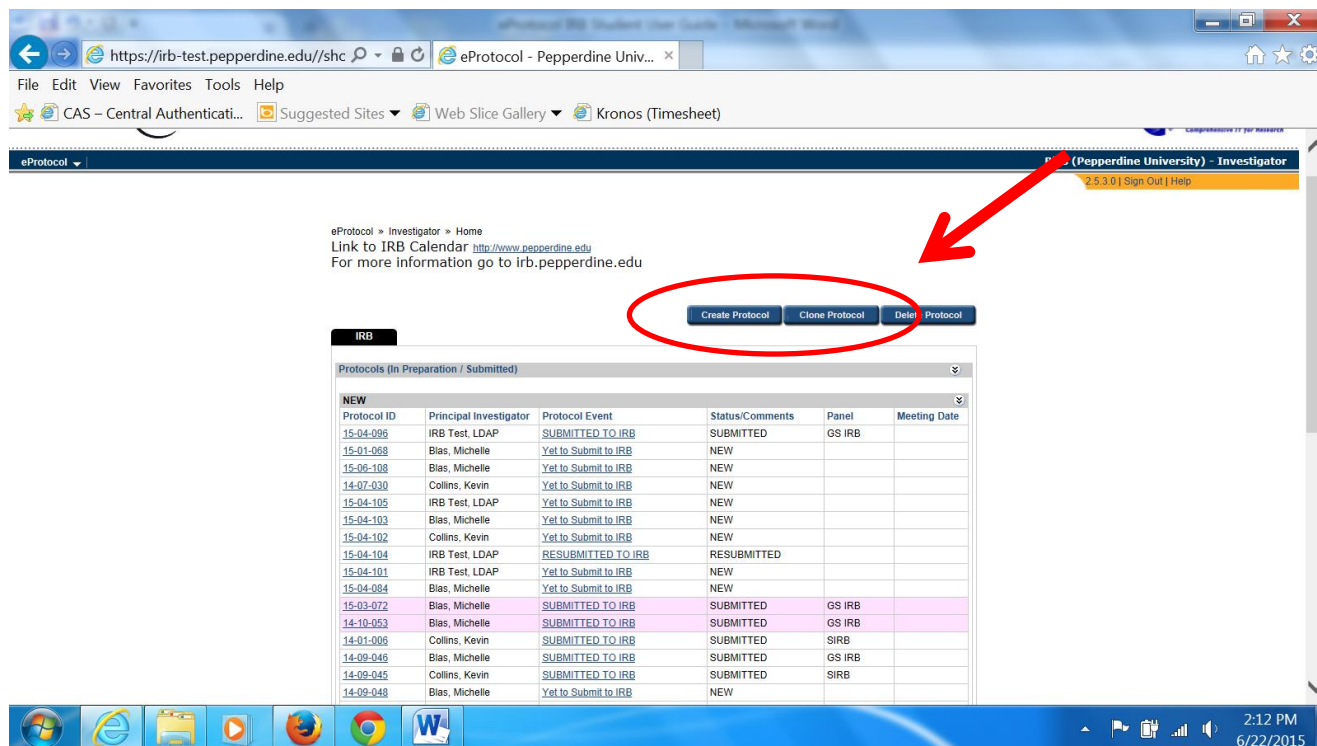
To make changes to an IRB application that has already been submitted, submit an amendment or modification and wait for IRB approval before implementing the change.

Continuing Review

Federal regulations require an IRB to conduct continuing reviews at least annually. A continuing review application should be submitted at least 1 – 2 months prior to the expiration date of the protocol to allow time for the IRB Office and IRB Committee to process and review the IRB application.

Delete/Clone Applications

In the **Investigator Home Page**, IRB applications can be cloned or deleted as needed.



eProtocol - Pepperdine Univ...
File Edit View Favorites Tools Help
CAS - Central Authenticati... Suggested Sites Web Slice Gallery Kronos (Timesheet)

eProtocol (Pepperdine University) - Investigator
2.5.3.0 | Sign Out | Help

eProtocol » Investigator » Home
Link to IRB Calendar <http://www.pepperdine.edu>
For more information go to [irb.pepperdine.edu](http://www.pepperdine.edu)

Create Protocol Clone Protocol Delete Protocol

IRB

Protocols (In Preparation / Submitted)

Protocol ID	Principal Investigator	Protocol Event	Status/Comments	Panel	Meeting Date
15-04-096	IRB Test, LDAP	SUBMITTED TO IRB	SUBMITTED	GS IRB	
15-01-068	Bias, Michelle	Yet to Submit to IRB	NEW		
15-06-108	Bias, Michelle	Yet to Submit to IRB	NEW		
14-07-030	Collins, Kevin	Yet to Submit to IRB	NEW		
15-04-105	IRB Test, LDAP	Yet to Submit to IRB	NEW		
15-04-103	Bias, Michelle	Yet to Submit to IRB	NEW		
15-04-102	Collins, Kevin	Yet to Submit to IRB	NEW		
15-04-104	IRB Test, LDAP	RESUBMITTED TO IRB	RESUBMITTED		
15-04-101	IRB Test, LDAP	Yet to Submit to IRB	NEW		
15-04-084	Bias, Michelle	Yet to Submit to IRB	NEW		
15-03-072	Bias, Michelle	SUBMITTED TO IRB	SUBMITTED	GS IRB	
14-10-053	Bias, Michelle	SUBMITTED TO IRB	SUBMITTED	GS IRB	
14-01-006	Collins, Kevin	SUBMITTED TO IRB	SUBMITTED	SIRB	
14-09-046	Bias, Michelle	SUBMITTED TO IRB	SUBMITTED	GS IRB	
14-09-045	Collins, Kevin	SUBMITTED TO IRB	SUBMITTED	SIRB	
14-09-048	Bias, Michelle	Yet to Submit to IRB	NEW		

Thank you for using the eProtocol IRB system at Pepperdine University.

Glossary of Terms

Administrative Contact: An individual that is noted on the IRB application (protocol) and has full access to the application.

CAS: Central Authentication Service. All Pepperdine users utilize this single, sign-on process when accessing University systems (example, WaveNet).

Faculty Chair/Sponsor: All students are required to have a faculty chair/sponsor when conducting research at Pepperdine University.

HIPPA: The Health Insurance Portability and Accountability Act (HIPPA) of 1996 is a Federal law that provides safeguards to protect the health information of individuals obtaining healthcare in the USA, also known as the Privacy Rule.

Human Subject Training Certificate: All Pepperdine students, faculty, and staff conducting research must submit a human subject training certificate. The certificate is good for 3 years and must be renewed. For more information about human subject training, go to <http://community.pepperdine.edu/irb/>.

Protocol: The protocol is the IRB application that is submitted. All protocols have unique identification numbers in the eProtocol IRB system.

Site location: <https://irb.pepperdine.edu>