

Department of Psychology Child Research Participant Pool Usage Request Form

Study Name	IRB Approval No.
IRB Approval Date	IRB End Date

(Study name must begin with Principal Investigator's last name and include descriptive title not longer than 20 characters)

Principal Investigator	
Office Phone	E-mail Address
Coordinator of Participant Contact	
Phone	E-mail Address

Plans for Pool Usage: Potential Participant Information

Number Requested	Age Range	Birthdates	Gender	Other Notes or Restrictions

P I Signature	Date Submitted
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Notes: A copy of the **IRB approval letter** for this project must accompany this form. IRB approval must be **current**. Please submit this form and a copy of the approval letter to the administrative custodian of the child research participant pool. If the project involves direct contact with minors, please also attach the **Minors Activity Compliance approval**. Requests must be made and handled when classes are in session. The administrative custodian will provide the requested contact information within one week of the request. If the request cannot be met within this time frame, the administrative custodian will notify the primary investigator regarding the timeline. In general, the administrative custodian will provide contact information for up to 30 potential participants in a given age range on a given request. Researchers are required to return all contact information to the administrative custodian within one month from the date received, unless granted an extension by the administrative custodian. Please see the Department's Research Web site for additional details.

Administrative Custodian Use Only

Current IRB Approval: YES NO (IRB Approval must be current to use the pool.)

Current MACC Approval: YES NO N/A (MACC approval must be current to access child [minor] participants.)

Date Contact Information Given to PI: _____

Date Updated Contact Information Received from PI: _____

Notes: