Section I: Applicant Information

Name: Who is filling out the application?

Click or tap here to enter text.

Please indicate the name, title, and department/program of the person responsible for oversight, possession, control, care, and use of the human remains:

Click or tap here to enter text.

If the applicant is a student, please provide the name of the student’s Princeton University or faculty advisor (responsible person):

Click or tap here to enter text.

If the use of human remains is part of an overall project that involves human subjects research, please provide the IRB project number:

Click or tap here to enter text.

Department(s) or Program(s) associated with this project:

Click or tap here to enter text.

Contact information of person filling out form:

work phone: Click or tap here to enter text.

cell phone: Click or tap here to enter text.

email address: Click or tap here to enter text.
Section II: Project Information

Project Title.

Click or tap here to enter text.

Describe the purpose of your project using language that someone not familiar with your field can easily understand.

Click or tap here to enter text.

Where will the human remains be stored and where will they be used?

Click or tap here to enter text.

Expected duration of the project.

Click or tap here to enter text.

Describe the proposed human remains, including their origin, any cultural affiliation, and estimated age, if known. Include their identity or existence of lineal descendants, if known.

Click or tap here to enter text.

Describe any efforts to engage with the lineal descendants and/or culturally affiliated entities that are the source of the human remains and the outcome of such efforts, including with regard to informed consent to acquire and use said remains.
## Section II: Project Information

Describe how you plan to acquire the human remains, including means (gift, excavation, commercial transaction) and the source of the acquisition.

What are the prevailing ethical standards that may apply to this project? Explain how the project is consistent with prevailing ethical standards in the field.

Identify any complex histories or events associated with the human remains.

Describe the proposed use of the human remains.

If the use will result in damage to or loss of part(s) of the human remains, provide a justification, including an explanation of why the project’s academic objectives could not be achieved without damage-to or destruction-of the human remains.

Describe the proposed storage and security measures ensuring protection and preservation of the human remains.
Section II: Project Information

Describe any local customs/norms or regulations that may be applicable to the acquisition, extraction, transport, import/export, study, or use of the human remains.

Click or tap here to enter text.

Describe the proposed repatriation of the human remains, if applicable.

Click or tap here to enter text.

Include any documentation that accompanies the human remains. Large documents may be submitted as separate attachments.

Click or tap here to enter text.

Training on the care, handling, or use of human remains. Describe past experience, education, or any credentials demonstrating an understanding or ability of those who plan to handle or use the human remains.

Click or tap here to enter text.

Include any relevant history regarding regulatory or other governmental clearances or authorizations regarding the acquisition, use, possession or control of the human remains. In that regard, describe any governmental approvals or fulfillment of regulatory processes, or proof of compliance with said requirements authorizing the acquisition and/or use of the human remains.

Click or tap here to enter text.
Section III: Miscellaneous

Indicate whether the project has been approved by other committees at Princeton University.

Click or tap here to enter text.

Indicate whether export/import control requirements apply to the project.

Click or tap here to enter text.

Indicate whether the project involves human remains that are subject to government regulation.

Click or tap here to enter text.
### Internal Use Only

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**Determination:** Approved, Approved with Modifications (list required modifications), Approval Withheld. Provide any additional stipulations or period of approval if appropriate:

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Applicant Signature Princeton or Faculty Advisor Signature Date

___________________________ _________________________________
Printed Name Printed Name