

IRB Research Application Form

Research involving human participants application for IRB Review

This is the application required if research involves obtaining, manipulating, eliciting, or observing, any information involving human beings. The Primary Investigator must complete this document.

Researcher's Name: _____ Phone: _____

Title of Project: _____ e-mail: _____

Section 1: Primary Investigator and Reason for the Research

Course Instructor

The research proposed is part of a course and/or major requirement. All students in course will be working from uniform guidelines as determined by the instructor.

Other: Explanation attached

NOTE: If students are engaging in individualized research projects, then each student is required to complete an application as a Primary Investigator.

Friends University Student

The research is being completed as part of a course and or major requirement
Name of faculty supervisor*: _____

The research is being done as part of a club, organization, or group
Name of supervisor*: _____

Other: Explanation attached

* Application must include letter from supervisor indicating review and support of project.

Friends University Faculty, Administrator, or Staff

The research is being done for the purpose of evaluating performance, service, or quality

The research is self-directed for the purpose of professional development

The research is being done as part of a requirement for a degree from another institution.

I have attached a copy of the approval for this research from that institution.

Other: Explanation attached

The research is being done collaboratively with others from another institution
(academic or not)

I have attached a copy of the approval for this research from that institution

Other: Explanation attached

Other: Explanation attached.

I am not currently affiliated with Friends University.

I have attached an explanation of my research and a list of all of my affiliation(s) that have relevance, association or interest in this research.

Section 2: Research observations and manipulations

This research will involve the following (check all that apply):

- Deception or misinformation
- The review of medical, student, personnel, or any legal or confidential record
- Dispensing, providing, asking, or otherwise encouraging the participants to ingest anything
- Dispensing, providing, asking, or otherwise encouraging the participants to apply anything to any part of their body
- Any amount of physical harm or physical activity asked, demanded, required, or expected of the subject
- The use of restraints
- The documentation of criminal behavior
- The documentation of behavior that would violate Community Life Standards
- The use of nude images
- Images or sounds of real or simulated violence or aggression
- The use of vulgar language
- Videotape, photography, or in any way capturing an image or likeness of any part of the subject
- Deprivation or manipulation of any sensory input (touch, light, sound, or taste)
- Deprivation or manipulation of food, sleep, or breathable air
- Other: Explanation attached

Section 3: Participants

The targeted (intended) participants of this study will be: (Check all boxes that apply)

- Students, Faculty, Staff or Administrators of Friends University
- Students, Faculty, Staff or Administrators of another college or university
- Minors
- People that are known to be cognitively impaired, or limited individuals
- People with known mental health problems, histories, or diagnoses
- Prisoners
- Women in any stage of known pregnancy
- Other : _____

Section 4: Information given to participants (check one box)

- A copy of all printed, verbal, and visual instructions, information, survey(s), content, and material given, shared, shown, or otherwise presented to the participant(s) has been attached.
- No printed material will be given or shown to the participants. Attach an explanation.
- Other: Explanation attached

Section 5: Forms, rubrics, and/or classification schemes used by researcher (check one box)

- A copy of the form(s) (or documents) that will be filled out by the researcher, or an agent of the

researcher, as a part of this research is attached.

- No forms or documents will be used to gather, organize, or evaluate information that is not already provided.
- Other: Explanation attached.

Section 6: Informed Consent (check one box)

- A copy of the informed consent form is attached.
- No informed consent form will be used in this research. I have attached an explanation about the reason why informed consent is impractical, unnecessary, or otherwise inappropriate for this study.
- Other: Explanation attached

Section 7: Confidentiality (check one box)

- A description of how the privacy of the individuals participating in this research will be protected has been attached.
- Privacy of the participants is impractical, unnecessary, or otherwise not appropriate for this study. An explanation is attached.
- Other: Explanation attached

Section 8: Overview of Research

- A description of your research, including sampling protocol, any surveys or data collection materials, and timeline is attached.

Researcher's Signature _____ Date of submission: _____
Scan with signature and send to IRB@friends.edu for review.

SAMPLE INFORMED CONSENT FORM

(Informed Consent must be printed on Official Friends University Letterhead paper.)

You are invited to participate in a study of ***(State what is being studied)***. We hope to learn ***(State what the study is designed to discover or establish)***.

You were selected as a possible participant in this study because ***(State why and how the subject was selected.)***

If you decide to participate, we will ***(Describe the procedures to be followed, including their purposes, how long they take and their frequency. Describe the discomforts and inconveniences reasonably to be expected and estimate the total time required. Describe the risks reasonably to be expected and any benefits reasonably to be expected.) (Describe appropriate alternative procedures that might be advantageous to the subject and, if any, any standard treatment that is being withheld must be disclosed)***.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. ***(If you will be releasing information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, and the purpose of the disclosure.)***

Your decision whether or not to participate will not prejudice your future relation with the ***(State the institution or agency)***. If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, please do not hesitate to contact us. If you have any additional questions later, please contact ***(Name of primary contact person)*** at ***(Contact information)*** who will be happy to answer them.

You will be offered a copy of this form to keep. You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without penalty or loss of benefits to which you may be entitled after signing this form should you choose to discontinue participation in this study.

Signature of Investigator

Date

Signature Date

Signature of Parent/Legal Guardian (If necessary) Date

SAMPLE ASSENT FORM

Assent Form must be printed on Official Friends University Letterhead.

Obtaining Informed Assent from Children or Minors

Parents, legal guardians, or a legally authorized official **must** sign consent forms permitting children or minors to participate in research projects. In addition, children and minors are required to sign an **Assent Form**. Language must be simplified as appropriate for the age group used as participants. The following are two samples of an Assent Form:

Sample Child Assent Forms

I have been told that my parents (mom or dad) or guardian have said it's okay (*or, have given permission*) for me to participate, if I want to, in a project about

_____ . I know that I can stop at any time I want to and it will be okay if I want to stop.

Name

Date

OR

I have been informed that my parent(s) or guardian(s) have given permission for me to participate, if I want to, in a study concerning _____. My participation in this project is voluntary and I have been told that I may stop my participation in this study at any time. If I choose not to participate, it will not affect my grade (*or treatment/care – select whichever applies*) in any way.

Name

Date