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INSTITUTIONAL REVIEW BOARD (IRB) APPLICATION

THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

Office and IRB Use Only

IRB Number:			
Principal Investigator:			
Title:			
Date Received:			
IRB Review:	☐ Exempt	☐ Expedited	☐ Full review

Director of Institutional Research:		Date:
IRB Chair:		Date:
Provost:		Date:

Review Committee Name:			Date:
Review Committee Signature:			
Application Status:	☐ Approved	☐ Need Modification	☐ Reject

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INSTITUTIONAL REVIEW BOARD (IRB) APPLICATION

Please submit applications to the IR office at ir@blackburn.edu.

For any questions, please contact ir@blackburn.edu

****Note to Investigators: this application should represent an accurate and complete description of the proposed research. The research must be conducted in compliance with the recommendations of and only after approval has been received. The PI is responsible for reporting any adverse events or problems to the IRB, for requesting prior IRB approval for modifications, and for requesting continuing review and approval.**

A. General Information

Title of Proposal:

Name of (PI) Principal Investigator(s):

PI Email:

PI Status: ☐ Student ☐ Faculty ☐ Staff

PI Department:

Faculty Advisor (if applicable):

Source of Funding (if available):

Project Dates:

B. Purpose of Research

B1. Please provide the hypotheses or primary purposes of this research?

B2. Please provide a brief description of the research design?

B3. Please provide a brief description of your proposed data analysis?

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C. Participants

C1. Please describe the participant group (e.g., students, community, etc.), the number and characteristics (e.g., age range, sex, etc.) of each you hope will participate.

C2. Will the study include any special populations (e.g., pregnant or nursing mothers, day-care or K-12 students, etc.)

C3. How will the subject(s) be selected and/or recruited? (Attach a copy of the letter, and/or transcript of the verbal announcement).

C4. Please provide the types of locations where recruitment, data collection, or other study procedures will be carried out (e.g., Blackburn campus, online, telephone, etc.)?

C5. List any cooperating institution (e.g., school, organization, etc.) is involved, priori written permission must be obtained. (Attach approval letter, etc.)

C6. The number of time observations will be made. (if applicable)

C7. Lists all data collection procedures to be used: (attach instruments) e.g., online questionnaires, behavioral observation etc.

C8. Explain how these procedures will be implemented step by step (e.g., in which order they will occur and how long they will take, for each group of participants). Numbering or bullet points are encouraged. If you are accessing records, explain what is in the records, how you will obtain them, and how you will use the data.

C9. Please describe any compensation that will be provided to participants? (e.g., all participants/ by lottery receive cash, gift card or other methods)

D. Confidentiality

Confidentiality of participant identities or data is necessary and appropriate. How you handle such information will depend on your study design and the risks/benefits to participants. All this information IS NECESSARY to be described clearly in your consent documents (except in cases of deception or omission).

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D1. List all types of identifying information that will be collected in this study (e.g., Direct IDs such as names, address, student ID, etc.; Indirect IDs such as race, gender, etc.; IP addresses or others)

D2. If identifiers are included, will they be shared with anyone aside from the research team, and if so, with whom? Indicate which information, and how/when will this situation occur? For example, it may be appropriate to reports results by some demographic information

D3. How will you ensure the confidentiality of the information collected?

D4. How long and where will you keep the study data? (Data will be kept for a minimum of 3 years. Please provide a detailed plan on how the data will be secured for 3 years and how it will be disposed of after 3 years if applicable)

D5. Is it possible that the study data might be used/reanalyzed in future studies?

E. Risks and Benefits

E1. Please list out and briefly explain the potential physical, psychological, or social risks that may be associated with your study. (e.g., emotional discomfort, physical injury, etc.)

E2. Please describe steps you will take to minimize those risks.

E3. If the study includes special populations, please list out possible risks and ways to minimize them.

E4. Please describe the anticipated benefits of this study for individuals' participants. Note, study compensation is not considered as a benefit.

E5. Please describe what anticipated benefits of your research add to the body of scientific literature?

E6. If your research includes deception, explain why deception is necessary and provide information about how the debriefing process will be carried out?

F. Consent Process

F1. How do you intend to obtain the subjects' informed consent? (Attach consent form)

F2. If you are collaborating with special subject groups, how do you intend to obtain the subjects' informed consent? (Attach consent form)

F3. Please describe how the consent process will be implemented. At which recruitment process, and how the consent document(s) will be shared with participants. Also, describe the procedures if participants decline to consent.

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Application and Attachment Checklist

All questions are answered	☐ Yes	
Applications are reviewed by advisor (for all students' project)	☐ Yes	☐ Not applicable
Attachment Included		
Recruitment materials. Question C3.	☐ Yes	☐ Not applicable
Approval letter (if applicable). Question C5.	☐ Yes	☐ Not applicable
Data collection instruments. Question C7.	☐ Yes	☐ Not applicable
Consent materials. Question F1, F2 (if applicable)	☐ Yes	☐ Not applicable
Debriefing script or text is attached	☐ Yes	☐ Not applicable
Emergency action plan (if applicable)	☐ Yes	☐ Not applicable

Applicant's Name (print): Applicant's Signature: Date:

Faculty Advisor's Name (print): Faculty Advisor's Signature: Date: