ADELPHI UNIVERSITY INSTITUTIONAL REVIEW BOARD RESEARCH REVIEW FORMS

IRB ID # to be completed by the committee)

This application should be completed by PIs after they have completed protection in human participant training and after a detailed review of the IRB Manual.

Date of completed certification, please list for each investigator\_\_\_\_\_\_\_\_; If not on file with the Office of Research and Sponsored Programs, please attach certification to this proposal. All researchers who will have contact with study participants and identifiable subject data, must complete training in the protection of human participants prior to submitting this application.

Please type all entries

Date submitted to IRB

TITLE OF PROJECT

Principal Investigator

Professional Address

Department Affiliation

Principal Investigator University Status

(i.e., full-time faculty, graduate student, undergraduate, etc.)

Professional Phone

Professional Email

Faculty Adviser (if not the PI)

*Please note: students and part-time faculty are required to have a full-time faculty adviser*

Professional Address

Department Affiliation

University Status

(i.e., full-time faculty, graduate student, undergraduate, etc.)

Professional Phone

Professional Email

Please answer Yes or No to the following, and provide an explanation, if requested:

1. Does this research intentionally recruit individuals from groups that are vulnerable to harm or coercion such as children, the elderly, prisoners, fetuses, pregnant women, the seriously ill, mentally or cognitively compromised adults, students within their educational setting or other vulnerable groups, such as institutionalized populations? Yes No

If **YES** Please explain the rationale for including the specific population(s) and the precautions you will use to protect them.

2. Does this research intentionally recruit and intend **a large scale** **survey** of individuals who are/were affiliated with Adelphi, including current or former students, alumni, staff or faculty? A large scale survey is one that is sent to all students, all faculty, or all freshman, all athletes, as examples Yes No

If **yes,** researchers must review the University’s (i) requirements for surveying such groups http://orap.adelphi.edu/survey-registration/ and contact Office of Research, Assessment and Planning, Levermore Hall, Room 307, phone (516) 877-3233 to determine whether that policy imposes registration requirements for their study.

Researchers must familiarize themselves with the university’s (ii) Anti-discrimination, Harassment (Including Sexual Misconduct) and Retaliation Policy <http://hr.adelphi.edu/files/2015/06/Anti-Discrimination-Harassment-and-Retaliation-Policy.pdf> to determine appropriate language to be included in Informed Consents when addressing these subjects in their research.

3. Do you believe this proposal should be exempt from IRB review? (See IRB Policies and Procedures Manual, section VII RESEARCH EXEMPT FROM IRB REVIEW [Part A and B].) Yes No

If **YES**, please explain why and how this research qualifies for exemption. Cite the specific exempt criteria from the Manual – parts A and B that qualifies this proposal for exemption and justify your responses.

4. Does this proposal involve the use of deception (whether by providing false information or omitting relevant information)?

□ Yes □ No

If YES, does this deception understate or misrepresent possible risks?

□ Yes □ No

If YES would participants’ willingness to agree to participate in the research be reasonably expected to be different had there been no false or omitted information?

□ Yes □ No

**If YES to any of the above, please explain, justify, and describe mitigating actions in the Risks section (IX) and attach debriefing materials).**

5. Are you requesting that the requirement participants sign and return written informed consent be waived? (See IRB Policies and Procedures Manual, section XIII INFORMED CONSENT [B, C, and D].)

**If YES, please explain.**

6. Are any other IRB approvals necessary for this proposal (whether related to researchers from other institutions or the site at which data is to be collected? Yes No

**If YES, please explain and attach copies of any other IRB applications and approvals that have been obtained.**

7. Is this proposal supported by external funding? Yes No

**If yes, the PI must complete the Adelphi Conflict of Interest Disclosure Form. http://research-grants.adelphi.edu/conflict/**

8. Do any researchers, including the faculty advisor have financial or any other conflicts of interest related to this proposal as set forth in http://research-grants.adelphi.edu/conflict/? Yes No

**If yes, please explain how the researchers will address such conflicts**.

9. Does this study include a planned intervention/experimentation involving participants? Yes No

If yes, please explain

10. Reporting of unanticipated events and adverse events. The Office for Human Research Protections (OHRP) describes these as “unanticipated problems involving risks to participants or others.” Reports of adverse events must include written notification to the current chair of the IRB and the office of research and sponsored programs.

Describe your plans for reporting unanticipated or adverse events.

11. Describe your plans for securing and protecting data collected by this project

I. BRIEF DESCRIPTION OF THE PROJECT’S PURPOSES

II. PLANNED DATES FOR INITIATION AND COMPLETION OF THE PROJECT

III. NUMBER OF PARTICIPANTS

IV. CHARACTERISTICS OF PARTICIPANTS (e.g., age range, special populations, etc.)

V. METHOD OF SUBJECT RECRUITMENT

VI. BRIEF DESCRIPTION OF PROJECT’S METHODS AND RESEARCH DESIGN

VII. SEQUENCE OF ACTIVITIES REQUIRED OF THE SUBJECT (for example, advertisement, consent, debriefing, etc.)

VIII. ESTIMATED TIME COMMITMENT REQUIRED OF THE PARTICIPANTS

IX. ANY POTENTIAL RISKS, DISCOMFORTS OR STRESSES AND THE PRECAUTIONS TAKEN TO MINIMIZE THEM (including data storage and protection)

SIGNATURES AND DATE OF ALL RESEARCHERS WHO WILL BE WORKING IN DIRECT CONTACT WITH STUDY PARTICIPANTS. IN ADDITION, FACULTY ADVISERS MUST SIGN BELOW. THESE SIGNATURES INDICATE THAT ALL THE RESEARCHERS HAVE FAMILIARIZED THEMSELVES WITH UNIVERSITY POLICIES REGARDING THE LEGAL AND ETHICAL TREATMENT OF HUMAN PARTICIPANTS IN RESEARCH, AND ARE CERTIFIED IN HUMAN PARTICIPANTS PROTECTIONS TRAINING

Principal Investigator

Name Date

Signature

Affiliation

(Institution or organization)

Faculty Adviser, if applicable – (The signature of the Faculty Advisor attests to their review of the proposal in adherence to Section VII)

Name Date

Signature

Adelphi University School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution/organization)

ATTACHMENTS CHECKLIST

|  |  |  |
| --- | --- | --- |
| Yes | N/A |  |
| □ | □ | Current Human Participant Training Certificates for all researchers  |
| □ | □ | Recruitment / Solicitation Materials (letters, flyers, postings, scripts |
| □ | □ | Informed Consents. (**Please note that the IRB has decided that all consent forms/letters should include the following statement)***This research has been reviewed and approved by the Adelphi University Institutional Review Board. If you have any questions, concerns or comments, please contact the IRB chair, Dr. Carolyn Springer, 516-877-4753; springer@adelphi.edu.* |
| □ | □ | Parental Permission |
| □ | □ | Assents |
| □ | □ | All survey items / questions |
| □ | □ | Interview questions / scripts |
| □ | □ | Debriefing materials. Note: the IRB usually requires debriefing only for proposals involving deception. |
| □ | □ | Letters of cooperation from any external organization or entity (including listserve) which are involved with proposal, including subject recruitment. Note: evidence of registration with Adelphi’s ORAP does not need to be attached)  |
| □ | □ | IRB approvals from cooperating institutions  |
| □ | □ | Letters authorizing the use of existing secondary data. |
| □ | □ | Any other information that is relevant to the application. |