

Office Use Only

APPALACHIAN STATE UNIVERSITY

REQUEST FOR REVIEW OF HUMAN PARTICIPANTS RESEARCH

Please type and submit one copy to the Chairperson, IRB, c/o Graduate Studies and Research, John E. Thomas Building.

1. Date: _____
2. Project Title:
3. Principal Investigators:
4. Phone: _____
5. E-mail address: _____
6. Academic Department/Unit:
7. Relationship to Appalachian State University: Faculty Staff
 Graduate Student Undergraduate Student
8. If student, name of faculty mentor:
9. Faculty mentor's e-mail address:
10. This is: specific project grant proposal other
11. Funding agency/sponsor (if applicable):
12. Projected data collection dates: _____ to _____
13. Have the investigators completed training in the use of humans in research?
 Yes No

I have read Appalachian State University's Policy and Procedures on Human Subjects Research and agree to abide them. I also agree to report and significant and relevant changes in procedures and instruments as they relate to participants to the Chairperson of the Institutional Review Board

_____	_____	_____	_____
PI	Date	Co-investigator	Date
_____	_____	_____	_____
If PI is student, Faculty Mentor	Date	Co-investigator	Date

CHECKLIST FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

1. Purpose of proposed research.

2. Briefly describe your subject population. Will any individuals be excluded solely on the basis of gender, race, color, or any other demographic characteristic? If so, please explain.

3. Give a brief description of your research procedures as they relate to the use of human participants. This description should include, at least, the following:

- Procedures
- Name and description of data gathering instrument (attach copy, if applicable)
- How will the data be collected? (e.g., audio, video, written records)
- Sample size
- How long will the procedures take?
- What, if any, relationship exists between the researcher(s) and the participants?
- What, if any, relationship exists between the researcher(s) and the agencies (e.g., schools, hospitals, homes)?
- Attach statement of approval from any agencies (e.g., schools, hospitals, homes) that will be involved with recruitment of participants or data collection.

4. Is deception involved? YES _____ NO _____
If yes, please describe.

5. Do the data to be collected relate to any illegal activities (e.g. drug use, abuse, assault)?
YES _____ NO _____
If yes, please explain.

6. The benefits of this activity to the participants must outweigh the potential risks. To this end, please:

a. Describe the benefits to the individual participants and to society.

b. Describe the potential risks to any individual participating in this project. Please explain any possible risks of psychological, legal, physical, or social harm. What provisions have been made to insure that appropriate facilities and professional attention necessary for the health and safety of the participants are available and will be utilized?

7. Please describe how participants will be informed of their rights and how informed consent will be obtained and documented. Attach a copy of the consent form and any materials used in the recruitment of participants.

8. The confidentiality of all participants must be maintained. To this end, please respond to the following.

a. How will the confidentiality of participants be maintained?

b. How will confidentiality of data be maintained?

c. Describe the process of final disposition of the data. How long will the data be stored and how will they be destroyed?

d. How are participants protected from the future harmful use of the data collected in this protocol?