

**Cedar Crest College
Request for Institutional Review Board
Approval for Research Involving Human Subjects**

Proposal Number (Assigned by IRB Chair):

Title of Research:

DATE:

Name of Lead Researcher(s):

Proposed by:

Email Address:

Faculty Supervisor:

Names of Additional Campus Researchers:

Off-Campus Researchers: (list below with contact information if applicable)

Place a check in front of the box for the category of review requested (Please review the categories listed on the IRB webpage).

Exempt Review

Expedited Review

Full Review

Please answer all the following questions (Use the highlight feature):

- | | | |
|---|----|-----|
| 1. Is this research being funded totally or in part using Federal monies? | No | Yes |
| a. Which agency is providing the funding? | | |
| 2. This application involves human subjects participating in: | | |
| a. procedures to elicit information (personality test, surveys, questionnaires, observations, etc.) | No | Yes |
| b. procedures specifically designed to directly modify the knowledge, thinking, attitudes, feelings, or other aspects of behavior of the subjects | No | Yes |
| 3. If your study employs deception, does that use of deception hinder a participant's ability to make an informed decision about participation? (i.e.: would the participants decline to participate if they knew the true nature of the research? <u>(If yes, then you must include a justification of the deception and submit a plan for debriefing subjects.)</u>) | No | Yes |
| 4. Are the procedures to be used new or innovative (not established or accepted)? | No | Yes |
| 5. Beyond the criteria of "minimal risk" will the procedure cause any degree of discomfort, harassment, invasion of privacy, risk of physical injury, threat to the dignity of subjects, or otherwise be potentially harmful to the subjects? <u>(If the answer is yes, submit specific provisions to correct harmful or adverse conditions that may arise.)</u> | No | Yes |

6. Can the potential risks of this study be considered to outweigh the benefits to subjects?	No	Yes	n/a
7. Is the research specifically designed to involve subjects who are:			
a. fetuses?	No	Yes	n/a
b. pregnant women?	No	Yes	n/a
c. prisoners?	No	Yes	n/a
d. children (minors less than 18 years of age)?	No	Yes	n/a
e. physically handicapped (e.g. uses wheelchair, walker, etc.)?	No	Yes	n/a
f. mentally disabled (e.g. brain damaged, psychiatric patients, mentally retarded, etc.)?	No	Yes	n/a
g. suffering from acute or severe physical illness?	No	Yes	n/a
h. economically disadvantaged?	No	Yes	n/a
i. educationally disadvantaged?	No	Yes	n/a
j. subject to military discipline?	No	Yes	n/a
k. institutionalized?	No	Yes	n/a
l. Cedar Crest College students?	No	Yes	n/a
m. Cedar Crest College faculty?	No	Yes	n/a
n. Cedar Crest College staff?	No	Yes	n/a
o. Non-Cedar Crest College students?	No	Yes	n/a
p. Non-Cedar Crest College faculty?	No	Yes	n/a
q. Non-Cedar Crest College staff?	No	Yes	n/a
r. Other individuals not categorized above, please elaborate below:	No	Yes	n/a
8. Will subjects be identified:			
a. by a code number known only to the researcher(s)?	No	Yes	n/a
b. by a code number keyed to their name?	No	Yes	n/a
c. on videotape?	No	Yes	n/a

d. on audiotape?	No	Yes	n/a
9. Does this research involve the use of an on-line survey?	No	Yes	n/a
10. Does this research involve the use of "closed case" files or bodily fluid/tissue samples from other agencies?	No	Yes	n/a
11. If yes to 10, have you attached the required copies of letters from the associated agencies authorizing you to use these "closed case" files or bodily fluid/tissue samples?	No	Yes	n/a
11. Have you included the required "Research Description Supplement"?	No	Yes	n/a
12. If appropriate, have you provided references to any published materials that would help the Committee make a judgment regarding the procedures for safeguarding the rights and safety of subjects?	No	Yes	n/a