***Allegheny College Institutional Review Board (IRB)***

***REQUEST FOR IRB REVIEW***

***July 2020 Version 1.0***

* Proper completion of all applications is the responsibility of an Allegheny employee. Applications completed by students must be reviewed by the faculty or staff supervisor.
* For a step-by-step guide to completion of this request, read the **Instructions for Completing the Allegheny College Institutional Review Board (IRB) Proposal, located on the IRB website.**

 **Investigators and CITI Certification**

If the principal investigator is a student, then information for the primary Allegheny College supervisor must also be included. (Add more lines as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator name(s)** | **Email**  | **Telephone**  | **CITI course and completion date**  |
|   |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Investigator name(s)** | **Email**  | **Telephone**  | **CITI course and completion date**  |
|   |  |  |  |
|  |  |  |  |

**Type of Review Requested**

|  |
| --- |
|  **\_\_\_Exempt \_\_\_ Expedited \_\_\_ Full** (check one) |

**Participant Information**

Participants are those from whom information is being collected.

|  |  |  |
| --- | --- | --- |
| **Participants will be:** | **Yes** | **No** |
| Allegheny College students | ☐ | ☐ |
| Adults NOT belonging to vulnerable group | ☐ | ☐ |
| Adults belonging to an identified vulnerable group (e.g., prisoners, nursing home residents, patients, cognitively impaired, etc.) | ☐ | ☐ |
| Individuals who are 18 years and under | ☐ | ☐ |

**Project Description – Complete this table**

|  |  |
| --- | --- |
| **Date Submitted** |  |
| **Project Title** **( ≤12 words)** |  |
| **Description and Rationale of Project (250-word limit)**  |  |
| **Is the research a continuation of a previously reviewed and approved project?** | ☐Yes ☐ No (check one) |
| **Methods/Procedures (250-word limit)** Describe the methods to be used to collect data.  |  |
| **Data Sharing (50-word limit)** Explain how you will share results of your study with participants |  |
| **Data Type** | ☐Anonymous ☐ Confidential ☐ Neither (check one) If neither, then explain: |
| **COVID-19****(150-word limit)** Describe how you will protect participants from COVID-19 |  |
| **Compensation**. Will participants receive any form of compensation for their participation? If yes, then describe form of compensation | ☐Yes ☐ No (check one)If yes, describe:  |
| **Type of Research** (check all that apply) | ☐ Faculty Research ☐ Senior Project Research  Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Course Research  Department, Course Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Administration Research ☐ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Informed Consent Documentation (EXPEDITED or FULL REVIEW)**

Complete this table, which identifies the major elements of an informed consent document required for proposals that fall under the Expedited or Full review categories. Review these elements to determine if they will be included or if a modification or exclusion is being requested for that element. Include the Informed Consent documentation in the appendix of this application. Rationale for any modification or exclusion is required. Forms to be used for Informed Consent must be included in the Appendix.

**Elements of Informed Consent**

IRB applicants are allowed to **modify or exclude elements** of the informed consent document above if all of the following conditions are met:

1. The research involves no more than minimal risk.
2. Participant rights are not altered by a waiver/modification.
3. The research could not be practicably conducted without the modification.
4. The participants are fully debriefed, including an explanation for the modification, immediately following participation whenever possible.
5. Explanations for ALL Modifications/Exclusions must be included in the Appendix. Identify each requested modification/Exclusion by number (ME1-ME13), with an attending explanation.

|  |  |  |
| --- | --- | --- |
|  | **Please place an X in the appropriate column** | **Modification or Exclusion Requested** |
| ME1 | Statement that participation is voluntary and that there can be no consequences for not participating or for terminating participation  | ☐ |
| ME2 | A place for the participant to affirm that they are over 18 | ☐ |
| ME3 | Statement that the project is research | ☐ |
| ME4 | Statement of the rationale for the research | ☐ |
| ME5 | Description of the length of participation | ☐ |
| ME6 | Description of the methods/procedures to be used | ☐ |
| ME7 | Identification of experimental procedures | ☐ |
| ME8 | Description of any foreseeable risks or discomfort | ☐ |
| ME9 | Statement of the benefits of the research to the participants or others.  Note:  Compensation is not seen as a benefit.  | ☐ |
| ME10 | Statement about the extent to which information provided by participants will be kept anonymous or confidential.  | ☐ |
| ME11 | If more than minimal risk is involved, an explanation of available treatments should injury occur and where additional information can be obtained.  | ☐ |
| ME12 | Contact information for both the researcher (and research supervisor if the researcher is a student) along with the chair of the IRB in case there is injury or a question concerning participant rights.  | ☐ |
| ME13 | A place for the participant to sign the informed consent document (NOTE: verbal informed consent is a modification) | ☐ |

**Research that requires Incomplete Disclosure or Deception**

If you chose to use Incomplete Disclosure or Deception as part of your research design, you are required to debrief participants. In this case, complete the table below regarding the elements to be included in the debriefing statement. If you request to waive elements of the Debriefing statement, then identify each Disclosure/Deception element by number (IDD1-IDD13), with an attending explanation.

|  |  |  |
| --- | --- | --- |
| **Incomplete Disclosure and Deception Debriefing Elements****Complete this table ONLY if you are using Incomplete Disclosure or Deception as part of your research design** |  |  |
|  | **Place an X in the correct Column** | **Waiver Requested** | **Element Included** |
| IDD1 | Debriefing immediately following participation in the study. | ☐ | ☐ |
| IDD3 | An explanation of the rationale for the research and the procedures used.  | ☐ | ☐ |
| IDD4 | An explanation and justification of any deceptions used in the research.  | ☐ | ☐ |
| IDD5 | A statement of the research hypotheses.  | ☐ | ☐ |
| IDD6 | An offer to provide participants with a copy of the findings of the research when completed with appropriate contact information to request the results  | ☐ | ☐ |
| IDD7 | Contact information for the principal investigator, the research supervisor (if the PI is a student), and the chair of the IRB.  | ☐ | ☐ |
| IDD8 | Sources the participants might consult if they desired additional information on the topic.  | ☐ | ☐ |
| IDD9 | An opportunity to ask any questions and/or have concerns addressed  | ☐ | ☐ |

**Appendices.** Attach all relevant appendices to the end of this application.

* + - 1. **Survey or Focus Group Questions, must be included**

All surveys, tests and/or the list of questions to be asked of your research participants must be included.

* + - 1. **Explanation for Reasons for Modifications/Exclusions to Informed Consent, if relevant**

Include reasons why you seek modifications or exclusions to informed consent (cite the appropriate number (ME1-ME13)

* + - 1. **Explanation for Elements of Incomplete Disclosure or Deception, if relevant**

Include reasons why you seek incomplete disclosure or deception (cite the appropriate number (IDD1-IDD9)

* + - 1. **Consent forms, unless waived**

A copy of your informed consent form

**5.** **Debriefing letter, unless waived**

**6**. **Signed Approval Forms, if relevant**

If your research involves using specific courses, groups, or organizations, then provide a signed document from the appropriate individual or organization representative. It is necessary to have a signed document; email approval is not sufficient. It is customary for individuals who are asking for approval to provide this authority with a document that details what is being requested, and a place for their signature, date, their title, and their printed name.

**Proposal Submission Checklist**

|  |  |  |
| --- | --- | --- |
| **Proposal Component** | **Yes** | **No, not needed** |
| Is your proposal in one file, in PDF format? | ☐ | NA |
| Is your file named correctly (see guidelines)? | ☐ | NA |
| Is your proposal submitted by an Allegheny College employee supervisor? | ☐ | NA |
| Are your CITI certifications completed? | ☐ | NA |
| Is your application filled out completely? | ☐ | NA |
| Are all relevant appendix materials included? | ☐ | NA |

**Appendices (attach to end of application)**