

IRB approval is required when human participants are used and there is a potential for risk, when potentially sensitive material is collected, when bodily fluids are sampled, when conducted as a result of a funded grant, or when intended for presentation or publication outside of Cabrini University.

For IRB Office Use Only:

Protocol Number _____
Date Received _____
Date Approved _____
Approved by _____
2nd Reviewer _____

Cabrini University Institutional Review Board (IRB)

Protocol Review Request

Protocol is valid for **one year** from date of approval.

Instructions: Please save this form to your computer, complete it, and submit it as an email attachment with your consent form, all experimental materials, and any other supporting materials as noted below to IRB@cabrini.edu.

Name (primary researcher) _____ Date Submitted _____

Email (use official @cabrini.edu email) _____

Status: Faculty Staff Undergraduate Student Graduate Student Other _____

Other authors _____

Department/Major (primary) _____

Faculty Sponsor (for a course or otherwise) _____

Faculty Sponsor Email _____

Title of Research Study _____

Is this research funded as part of a grant? Yes No If yes, Grant Number/Source _____

Type of Review (details at www.cabrini.edu/IRB): Exempt Expedited Full

Research Participants

1. Expected Sample Size (approximate) _____

2. Of the participants to be included in the research and given the topic of research and/or procedures, is there any reason to believe that there is increased risk for any particular group or demographic? Yes No

- If yes, please explain what groups you feel might be at higher risk and why? _____
- If yes, did you include mention of this risk in your consent form? Yes No

3. Will any specific demographic groups be targeted (e.g., sample limited to a specific group or an unequal proportion of any group of participants based on their gender, age, race, ethnicity, year in school, major, or other demographic)? Yes No

- If yes, please explain which demographic groups you will target, as well as why this group is being specifically targeted?

4. How will participants be chosen (based on any demographic)?

5. Are all participants adults (18 or older)? Yes No

- If no, please explain how you will obtain parental consent and attach a separate child consent/assent form.

6. Will you gain permission from faculty to collect data in classes (or electronically through particular classes)? Yes No

- If yes, please list all faculty/departments you intend to contact and the target classes, including the course number and name. (Example: Dr. Mary Jones, PSY100 Introduction to Psychology courses)

- In which of the following ways will you contact the faculty listed above? (Check all that apply)
In person By phone By email Other _____

Please include a copy of communication that grants you permission to use this population.

7. Will you contact individuals other than Cabrini faculty to gain access to subjects? Yes No

- If yes, please list their name and affiliation: _____
- In which of the following ways will you contact them? (Check all that apply)
In person By phone By email Other _____

Please include a copy of communication that grants you permission to use this population.

Procedures/Methods

8. Will you conduct an interview for your research (if yes, please attach interview questions)? Yes No

- If yes, are you the original author of this instrument? Yes No
- How many questions or items does the instrument have? _____
- How long does it take to interview (on average)? _____

9. Will you conduct an observational study? Yes No

- If yes, who will you observe? _____
- Will they know they are being observed? Yes No
- When will you be observing? _____
- How long does it take to observe (on average)? _____

10. Will you use any physical sampling methods in the collection of data specimen (e.g., saliva, blood, etc.)? Yes No

- If yes, please list all specific samples that will be collected. _____

11. Will you use archival data for your research? Yes No

- If yes, please list all sources of archival data. _____
- If yes, is it publicly available? Yes No

If not publically available, please attach permission to use archival data from copyrighted authors.

12. Will you conduct a laboratory experiment/quasi-experiment? Yes No

- If yes, please list all experimental equipment. _____
- If yes, how long does experiment take to complete (on average)? _____

13. Will you use a survey or other questionnaire-type instrument in your research? Yes No

- If yes, are you the original author of this instrument? Yes No
- If no, did you cite the original author(s) of this instrument on the actual document that will be given to participants (i.e., as a footer on the last page of survey materials)? Yes No
- How many questions or items does the instrument have? _____
- How long does the survey take to complete (on average)? _____

14. Approximately how long will the participants be actively engaged in the research study (this might include distribution of materials, reviewing the consent form, data collection and debriefing)? _____

Please make sure this completion time is included on consent form.

15. Will you use paper forms to collect data? Yes No
- If yes, please detail location of data collection.
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16. Will you use an electronic form to collect data? Yes No
- If yes, what kind of electronic form (e.g., SurveyMonkey, GoogleDocs, etc.)? _____
17. Will participants be deceived (regarding the true nature of your study)? Yes No
- If yes, detail debriefing procedure.
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18. Will participants be compensated for their time (such as money, goods, extra credit, etc.)? Yes No
- If yes, detail incentive received and procedure.
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Data

19. Participant responses will be (check all that apply): Anonymous Confidential Videotaped Audiotaped
- Please note, separate consent must be used for audio- and/or videotaping.*
20. Will names of participants be collected on the consent form? Yes No
- If yes, will consent forms be attached to other research materials? Yes No
21. Where will copies of data be stored (check all that apply)?
- Personal Computer Flash Drive Cabrini Drive Paper Copies in a Drawer
- Other _____
- Will the storage be password-protected and/or locked? Yes No
22. Will data be destroyed after the study is completed? Yes No
- If yes, please detail when and how data will be destroyed to maintain confidentiality.
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- If no, please detail why not and when/if planned destruction will occur.
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23. I/We have completed the NIH Training and included a copy of the certificate(s) with the submission. Yes No
24. Please write and attach a *detailed* summary of your procedure/s from the beginning to the end of your study. See www.cabrini.edu/irb for an example of this.