MSU-Northern

Request for Review

(10/2018)

1. **Type of Review Requested (circle one) Exempted Expedited Full**
2. **Today’s Date**
3. **Project Title**
4. **Principal Investigator**
	1. Name
	2. Email
	3. Address
	4. Phone
	5. Relationship to MSUN (circle one)

Faculty Staff Graduate Student Undergraduate Student

No affiliation, explain:

1. **Faculty Sponsor:** required for all student projects.
	1. Name:
2. **Co-Principal Investigator (if any):**
	1. Name

Email

* 1. Name

Email

1. Training: Principal Investigators and all CO-PIs need to complete the Human Subjects Researching Training through the CITI Program. **Certification for the PI and all CO-PIs must be attached or application will not be considered.**
2. **Application Type** (circle one)

New Renewal Modification/Addendum, explain Change of Status, explain

1. **Project Type** (circle one)

Faculty research Thesis/Capstone Class Project, name Other, explain

1. **Beginning date for use of human subjects:**
2. **Funding Source:**
3. **Collaborative Effort** – Are any other institutions involved in the proposed project? (circle one) Yes No

If yes, give name and the nature of the collaborative relationship.

1. **Other Approval** – Has another IRB approved the research study? (circle one) Yes No

If yes, explain and include a copy of the approval form

1. **Project Description** – Provide a concise but thorough description of the steps to be undertaken in the proposed activity and address the involvement of human participants.
2. **Objective** – Briefly state what you hope to find or observe in this study.
3. **Procedures**
4. Location(s) of study
5. Do you have approval to be in this location (circle one) Yes No

 If yes, attach a letter from a representative of the location, authorizing you to utilize the space

1. If your study includes sensitive data obtained from the MSUN Registrar or Institutional Research Department, do you have permission to use this information? (circle one)

No Yes Not Applicable

 If yes, attach signed permission letter to this application

1. Variables to be studied or questions to be addressed
2. Data Collection Methods; includes sample data collection instrument
3. If a debriefing is planned, describe the procedures and include a sample of the debriefing form or script
4. **Project Information** – Circle all that apply
	1. Deception of participants Yes No
	2. Withholding information from potential participants Yes No
	3. Any form of punishment Yes No
	4. Questions about any kind of illegal or illicit activity Yes No
	5. Purposeful creation of anxiety Yes No
	6. Any procedures that might be viewed as an invasion of privacy Yes No
	7. Physical exercise or stress Yes No
	8. Administration of any substances (e.g., food, drugs) Yes No
	9. Procedures that might place subjects at risk Yes No
	10. Any forms of potential abuse Yes No
	11. Exposure to materials that might be considered offensive Yes No
	12. Inducements for participation (including course credit) Yes No

For each “Yes” item, please explain:

1. **Participants** – Indicate “Yes” if the project **targets** participants from any of the following groups:
	1. Individuals under age 18 Yes No
	2. Individuals over age 65 Yes No
	3. Individuals who are educationally or economically disadvantaged Yes No
	4. Individuals who are unable to provide their own legal informed consent Yes No
	5. Individuals who are in institutions (e.g., prisons, nursing homes) Yes No
	6. Individuals who have physical or mental disabilities Yes No

Indicate if the project **incidentally** includes participants from any of the following groups:

1. Individuals under age 18 Yes No

(if yes, explain methods for reasonably excluding minors)

1. Individuals over age 65 Yes No

(if yes, explain whether or not participation represents any specific risk to seniors)

1. Individuals who are educationally or economically disadvantaged Yes No

(if yes, explain whether or not participation represents any specific risk to persons with any of these disadvantages)

1. Individuals who are unable to provide their own legal informed consent Yes No

(if yes, explain whether or not participation represents any specific risk to persons with this disadvantage)

1. Individuals who are in institutions (e.g., prisons, nursing homes) Yes No

(if yes, explain whether or not participation represents any specific risk to persons in any of these contexts)

1. Individuals who have physical or mental disabilities Yes No

(if yes, explain whether or not participation represents any specific risk to person with any of these disadvantages)

1. **Source of Participants**
	1. Source of participants:
	2. Will sample be random? (circle one) Yes No

If no, describe the criteria that will be used to select participants (criteria for selection/criteria for exclusion)

* 1. Number of participants:
	2. Justification of sample size:
	3. Characteristics of participants other than those above:
	4. Recruitment procedures to be used (who, what, where, when, how):
1. **Risks and Protection**

Identify any foreseeable physical, psychological, social, or legal risks for participants:

Describe the measures that will be taken to minimize the risks or to protect participants for potential risks:

1. **Benefits**

Describe any reasonably expected benefits for research participants:

1. **Confidentiality and Anonymity**
	1. Is this study Confidential (circle one) Yes No
	2. Is this study Anonymous, with no identifying information linked to the responding subjects? (circle one)

Yes No

* 1. If identifying information will be linked to the responding subjects, how will subjects be identified? (circle one)

 By name Yes No

 By code Yes No

 By other identifying information Yes No

* 1. Explain the procedures that will protect the confidentiality and/or anonymity of the research participants:
	2. With regard to individuals’ privacy concerns and identity issues, explain how information will be gathered, maintained, stored, and ultimately destroyed or archived:
	3. Will information relevant to their participation be provided to subjects after the project? (circle one)

 Yes No

 If yes, explain the contexts and nature of anticipated future contacts:

1. **Informed Consent**
	1. Will a written consent form be used? (circle one) Yes No

If yes, attach sample of informed consent and describe the procedures by which informed consent will be obtained:

 If no, explain why it would be an impractical step in the process of gathering data:

* 1. Will you obtain written parental/guardian permission for children and individuals under 18? (circle one)

Yes No Not Applicable

If yes, explain waiver documentation procedures and attach any necessary accompanying information:

If no, explain why it would be an impractical step in the process of gathering data:

* 1. Will written assent be gathered for individuals under 18? (circle one)

Yes No Not Applicable

If yes, explain waiver documentation procedures and attach any necessary accompanying information:

If no, explain why it would be an impractical step in the process of gathering data:

Is it foreseeable that the rights or welfare of any subjects are likely to be adversely affected by waiving informed consent? (circle one) Yes No

If yes, explain the nature of the adversity and the steps to be taken to minimize the effects:

By signing and submitting this form, you agree that the information you have provided is true and accurate to the best of your knowledge and ability and acknowledge your continuing obligation to update disclosures when there is a significant change in personal or financial interests creating potential Conflicts of Interest.

Students must submit a hardcopy with a penned signature.

Print Name of Principal Investigator Signature Date

Print Name of Co-Principal Investigator Signature Date

Print Name of Co-Principal Investigator Signature Date

Print Name of Faculty Sponsor Signature Date

**Make sure you answered each question completed, acquired all necessary signatures, and have included all corresponding documents.** Failure to do so will delay the IRBs ability to grant approval; expect decision notification for Exempted or Expedited Reviews within 10 business days.

Adapted from Application for Human Subjects Research Approval created by MSU Billings.