


Application for Research Involving Human Subjects

Date of Submission - - at : 
Month Day Year Hour Minutes

Title of Project *


Principle Investigator *
First Name Last Name

E-mail

Faculty Research Advisor *
First Name Last Name

E-mail

Other Researchers

Proposed Start Date - - 
Month Day Year

Proposed End Date - - 
Month Day Year

Section 1: General Information about the Research Project

This project is * Faculty research
 Student project for class
 Independent student research
 Other

Have you requested external funding for this project? Yes
 No

Will any group other than Defiance College be involved in this study? Yes No

Section 2: Characteristics of the Subject Population

Estimated number of subjects *

Will people in any of the following vulnerable populations be specifically recruited for the study?

Children under the age of 18 * Yes No

Adults over the age of 65 * Yes No

Economically or educationally disadvantaged people * Yes No

Institutionalized people * Yes No

Victims of crime or other traumatic experience * Yes No

Pregnant women or fetuses * Yes No

People with known physical, mental, or learning disabilities * Yes No

Will this project involve a pre-existing data set? * Yes No

Will this project involve observation of public behavior? Yes No

Section 3: Potential Risk to Subjects

Purpose of Project *

Briefly describe the purpose of your project or study. In your response, clearly explain what the human subjects will experience during the proposed study or project. Indicate what data will be collected and used in the study or project.

If your subjects will complete a survey or answer interview questions, please attach a copy of the survey or questions here. No file chosen

Will samples of blood or other bodily fluids be obtained from the subjects? * Yes No

Will subjects be required to reveal personal or private information? * Yes No

Will subjects be exposed to anything that could cause physical harm or distress? * Yes No

Will participation in this study potentially compromise the subject's financial standing, employability, reputation, and or pose legal risk? * Yes No

Will subjects be exposed to anything they might consider Yes No

to be offensive or threatening? *

Will deception be involved? * Yes No

Will participation in the study pose risks to the subjects that exceed those encountered in normal daily activities? * Yes No

Is there a reasonable chance that the subject would experience an adverse reaction that would qualify as an emergency? * Yes No

Will the subjects receive compensation for their participation in the study? * Yes No

Methodology *

Specify who your participants will be. Explain how they will be solicited or contacted. Clearly state how much time will be required of each participant and the procedures to which they will be subjected.

Upload copy of NIH Training certificate * No file chosen

Section 4: Privacy and Confidentiality

Will the data be collected with identifiers that will allow the researchers to determine the identity of the subject? * Yes No

Will you make an audio recording of the subjects? Yes No

Will you make a video recording of the subjects? Yes No

Section 5: Informed Consent

Will you require your subjects to sign a statement indicating their informed consent to participate in the study? If the subject is under the age 18 or is otherwise legally incapable of providing consent, written consent must be obtained from the parent or guardian and verbal consent from the subject. * Yes No

If your participants are under the age of 18 or otherwise legally incapable of providing consent will you require your participants to sign a statement indicating their assent? * Yes No Not applicable - participants are over the age of 18 and legally capable of providing consent

A copy of the assent form must be attached to this application. Sample forms are on the Defiance College webpage. No file chosen

Explain why you will not obtain written assent.

Section 6: Signatures

Please print and sign the form below. The signed form must be submitted before your proposal may be reviewed by the IRB. Completed forms may be sent via interoffice mail to Dr. Matthew Lundin or scanned and sent to irb@defiance.edu.

My signature on this form indicates that the above information is accurate. I understand that it is my responsibility to protect the rights and the welfare of my subjects. I will protect the confidentiality of the information provided by my subjects unless I have obtained their written permission to disclose this information to others.

Faculty advisor: As a faculty advisor I understand that it is my responsibility to insure that I and all students working on this project have received the training needed to conduct the study and to safeguard the wellbeing of the subjects with whom they will interact.

Signature of Principle Investigator _____

Date _____

Signature of Faculty Advisor _____

Date _____

Please print this page, sign it, send a copy to Dr. Matthew Lundin by interoffice mail or email a scanned copy to irb@defiance.edu. Please keep a copy for your records.

Submit

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