


# Proposal for Research Study Involving Human Subjects

Date of Submission

08 / 26 / 2013 at 13 : 50   
Month Day Year Hour Minutes

Title of Project \*

Principle Investigator \*

First Name Last Name


Faculty Research Advisor \*

First Name Last Name


Other Researchers

Description of Study \*

Proposed Start Date

08 / 26 / 2013   
Month Day Year

Proposed End Date

08 / 26 / 2013   
Month Day Year

## Section 1: General Information about the Research Project

This project is \*

- Faculty research  
 Student project for class  
 Independent student research  
 Other

Class number and name

Please explain

Have you requested external funding for this project?

- Yes  
 No

Name of the agency providing funding

Will any group other than Defiance College be involved in this study?

- Yes  
 No

Name of group(s) involved in research

**You must obtain written permission to work with any outside group from an agent of that group. A written statement of permission from any external group is required.**

This includes any state or local agencies with which you may be working. Please upload the document granting

you permission below. PDF is the preferred file type.

Upload permission document

**Choose File** No file selected

Does any member of the research team work or volunteer at this group?

- Yes  
 No

Please explain whether the member of the research team, while fulfilling his/her normal work or volunteer obligations at this group, will have access to information about subjects and/or interact with subjects

## Section 2: Characteristics of the Subject Population

Estimated number of subjects \*

Explain how subjects will be recruited \*

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

Source of the data set

Did the subjects give permission for their information to be used for research purposes?  Yes  
 No

Will you have access to the identity of the individual?  Yes  
 No

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

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

Will this project involve observation of public behavior?  Yes  
 No

### Section 3: Potential Risk to Subjects

Describe what your subjects will do in this study. \*

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

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

Describe how the sample will be obtained, who will obtain it, and how it will be disposed of after the study.

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

Describe the information

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



Describe the harm or distress.

Will participation in this study potentially compromise the subject's financial standing, employability, reputation, and or pose legal risk? \*

- Yes  
 No

Describe the risk(s).

Will subjects be exposed to anything they might consider to be offensive or threatening? \*

- Yes  
 No

Describe the material to which subjects will be exposed.

Will deception be involved? \*

- Yes  
 No

Explain the deception.

Will participation in the study pose risks to the subjects that exceed those encountered in normal daily activities? \*

- Yes  
 No

Describe these risks and explain how the benefits to the subjects and society outweigh the potential risks.

Is there a reasonable chance that the subject would experience an adverse reaction that would qualify as an emergency? \*

- Yes  
 No

Explain your plans of handling such emergencies and how the benefits to the subject and society outweigh the risk of emergency.

Will the subjects receive compensation for their participation in the study? \*

- Yes
- No

Describe the compensation.

## 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

Carefully explain how you will protect the identity of the subjects and the confidentiality of the subject's responses. Indicate who will have access to the data and how the data will be used.

Who has access to the identity of the subjects? \*

- Only members of the research team
- The identity of the subjects will be made public

Explain why the research team needs access to subjects' identity and how you will conceal the identity of the subject from people who are not part of the research team.

Explain why it is necessary to reveal the identity of the subject and indicate how this information will be used. The subject must be informed in writing how his/her identity will be used.

## 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

A copy of the form must be attached to this application. Sample forms are available on Academic D: If you will make an audio or video recording of the subject, you must use the sample form that specifically requests permission to make the recording. \*

**Choose File** No file selected

Explain why you will not obtain written consent.

## Section 6: Signatures

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 Deb Dalke by interoffice mail, and keep a copy.

E-signature of Principle Investigator

Clear

E-signature of Faculty Advisor

Clear

Submit