

For IRB Use Only: Proposal #:

IRB Status:

Date:

INSTITUTIONAL REVIEW BOARD (IRB)

SUNY ONEONTA

HUMAN SUBJECTS RESEARCH REVIEW FORM

This is a fillable form. Please type in or check as appropriate.
Hover over terms in **green** for additional explanation.

Email completed form and attachments to IRB@oneonta.edu (signature page can be printed, signed and sent via campus mail to: Sponsored Programs, 29A Bacon Hall). Questions should be directed to the Sponsored Programs Office, x2525 or x2294 or to IRB@oneonta.edu.

PLEASE COMPLETE THE FOLLOWING FOR EACH INVESTIGATOR:

INVESTIGATOR 1)

NAME: _____

CAMPUS PHONE NUMBER: _____

EMAIL ADDRESS: _____

INVESTIGATOR STATUS:

- Faculty/Staff (including adjuncts)
 Graduate Student
 Undergraduate Student
 Other (explain): _____

INVESTIGATOR 2)

NAME: _____

CAMPUS PHONE NUMBER: _____

EMAIL ADDRESS: _____

INVESTIGATOR STATUS:

- Faculty/Staff (including adjuncts)
 Graduate Student
 Undergraduate Student
 Other (explain): _____

If there are additional investigators, include additional information as an attachment to your email.

PROJECT TITLE: _____

Does the proposed activity involve living human subjects? Yes No
(If **No**, you do **not** need to complete this form)

Is the proposed activity undertaken only for the evaluation of a program or service? (no presentation of results outside SUNY Oneonta) Yes No
(If **Yes**, you do **not** need to complete this form)

Is the proposed activity:

Funded by an agency that requires IRB review Yes No

Undertaken for graduate studies? Yes No

Undertaken by an undergraduate for a class? Yes No

Undertaken by an undergraduate for a presentation being made outside of a class, such as the Student Research Show? Yes No

METHOD: Check all that apply:

- Questionnaire **Observation** Test **Interview** Treatment
 Files Task Other (explain): _____

NUMBER OF SUBJECTS: _____

If you cannot identify the number of subjects, please explain: _____

SUBJECT POPULATION: Check all that apply:

- Adult **Minor** Physically Disabled
 Intellectually Disabled Prisoner Economically Disadvantaged
 Physically Ill Pregnant Educationally Disadvantaged
 Other (explain): _____

PROJECT DESCRIPTION: Using layman's terms, provide a **brief description** of your proposed research:

ADDITIONAL PROCEDURAL INFORMATION: Indicate below whether your project involves any of the following.

- Minimal Risk** **Equipment** **Psychological Intervention**
 Physiological Intervention **Deception** **Biomedical Procedures**
 Social Intervention

CONFIDENTIALITY: Specify the following information in the box provided: a) Indicate what **personal identifying indicators**, if any, will be kept on subjects. b) Specify steps to be taken to guard the anonymity of subjects and/or the confidentiality of their responses. c) Specify procedures for storage and ultimate disposal of personal information.

CONSENT: Most research involving human subjects requires written consent to be obtained from participants. Some research requires oral informed consent for specific reasons that must be presented to the IRB by the researcher. Please check one of the two following boxes, and provide the requested information:

This research requires written consent.

Please provide the Consent Form that will be used to indicate the following to subjects:

a) The nature of subject's participation in the project, b) That subject's participation is voluntary; c) that subject may withdraw from the research at any time; d) that subject's responses are confidential.

I am requesting consideration to use oral informed consent.

Please provide a statement that addresses the reasons for requesting oral consent.

Considerations that may be addressed in the statement include: 1) If the consent document would be the only form linking the subject and the research; 2) If the risk of harm would derive from the breach of confidentiality or if the research is of minimal risk and/or 3) Signing a consent document would be culturally inappropriate in the context of the research project.

XKGY 'EQUGPV'HQTO 'EJ GEMNKUV'QP'NCUV'RCI G'TO COMPLETE YOUR CONSENT FORM

NAME OF FACULTY SPONSOR, if applicable: _____

SOURCE OF FUNDING FOR PROJECT:

- Not Funded Student Faculty Research Grant Program
- Faculty Research Grant Program Department Funds
- External Funds - please indicate source: _____
- Other - please indicate source: _____

SUBJECTS SELECTION:

Are subjects to be drawn from a subject pool? Yes No

If yes, a copy of the sign-up intention sheet must be submitted

If no, describe how subjects will be selected for participation in this project and any payment to be received by the subject.

Note: If your project is funded by Research Foundation monies, you must complete a [Participant Stipend Form](#) for each subject.

Note: If subjects are to be drawn from an institution or organization that has the responsibility for the subjects (e.g., hospital, social services agency, prison, school), you must provide documentation of permission from that institution to the IRB before final approval can be given.

EXPECTED STARTING DATE FOR PROJECT: _____

ANTICIPATED COMPLETION DATE: _____

Approval for projects is valid for **one year only**. Upon completion of this period a summary report should be submitted to the Chair of the IRB. Failure to comply with this request may jeopardize re-approval and/or approval of future proposals. Investigators must request a continuation of the approval annually if the activity lasts more than one year. No more than two continuations will be granted for a given project. After three years, the project must be resubmitted for IRB review.

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This page should be printed, signed and sent via campus mail to: Sponsored Programs, 29A Bacon Hall.

PROJECT TITLE: _____

INSTITUTIONAL/AGENCY APPROVAL: If you are conducting your research in another institution/agency such as a school, nursing home, etc., please attach a copy of the approval form signed by that institutional representative.

SIGNATURES:

Principal Investigator (PI): I hereby certify that:

- The information provided for this project is accurate.
- No other procedures will be used in this project.
- Any modifications in this project will be submitted for IRB approval prior to use.
- If this is determined to fall under human subjects regulations, I will complete the **CITI course in human research subjects protection** (www.citiprogram.org) or will provide documentation of a **current** and comparable certification.

Signature of PI

Date

Faculty Supervisor (if PI is a student): I certify that:

- This project is under my direct supervision.
- I am responsible for insuring that all provisions of approval are complied with by the PI.
- If this is determined to fall under human subjects regulations, I will complete the **CITI course in human research subjects protection** (www.citiprogram.org) or will provide documentation of a **current** and comparable certification.

Name of Faculty Supervisor: _____

Campus Address & Telephone: _____

Signature of Faculty Supervisor

Date

Department Chair/Supervisor (If the Principal Investigator is a faculty/staff member):
O { "signature hereby indicates that I am aware of this proposal.

Name of Department Chair/Supervisor: _____

Campus Address & Telephone: _____

Signature of Department Chair/Supervisor

Date

Consent Form Checklist

- ___ Primary Investigator's name and affiliation
- ___ Purpose of the study, described in non-specialist terms
- ___ Description of what the subjects can expect, such as the time that he or she will spend Participating in the study, whether or not the activities will be recorded and on what media (audio, video, etc)
- ___ Description of potential risks, such as discomfort that might arise from discussion of Sensitive topics
- ___ Detailed statement concerning confidentiality, explaining how confidentiality will be maintained, such as how and where information will be stored
- ___ A statement indicating the participation is voluntary, and that the subject:
 - May decline to participate, which also should be emphasized when the research requires the subject to complete all tasks (e.g., answer *all* questions on an inventory test)
 - May refuse to answer questions
 - May withdraw at any time without penalty

___ a statement explaining that the subject's signature indicates consent, with space for the signature and the date

If the subject is a minor or a member of a protected category of human subjects, then consent of a parent or guardian must be obtained.

___ the following statement should appear on the consent form, prefacing contact information:

If you have any questions or concerns about this study or about your rights as a subject in this research, you are encouraged to contact the investigators on this study or the co-chairs of the Institutional Review Board at SUNY Oneonta:

- ___ contact information for Primary Investigator(s)
- ___ faculty supervising the research (if the researcher is a student)
- ___ Dr. Craig Bielert (phone: 436-3219 or email: bielercf@oneonta.edu) or Dr. Joanne Curran (phone 436-2541 or email: curranjm@oneonta.edu), Co-Chairs of the Institutional Review Board (IRB) at SUNY Oneonta