FORMAL RESEARCH ETHICS REVIEW APPLICATION
(HUMAN PARTICIPANTS, IRB form 2)

Ethics information about all research studies must be on file with the Office of Academic Affairs. Willful failure to submit information prior to collecting data or failure to follow the approved procedures will be considered an ethics violation or, in the case of student researchers, a case of academic dishonesty.

The Research Review Board (RRB) will review your proposal. The RRB will decide, with the guidance of the applicant if necessary, if the proposal requires further consideration by the Institutional Review Board (IRB).

IRB review will automatically be required for research that contains certain procedures. Please check any of the below that apply to your research:

- ☐ I will *not* be obtaining informed consent from a human participant and/or parent or caregiver. (Do not check if your study is a non-intrusive, naturalistic observation in a public venue)
- ☐ I will be using invasive procedures with human participants (e.g., taking blood samples)
- ☐ I will be administering drugs or other ingested, inhaled or injected substances to human participants (other than ingestion of items commonly found in typical grocery stores)
- ☐ My research uses procedures which risk physical harm to a human participant
- ☐ My research involves procedures not listed above that the RRB has, in past proposals, deemed require IRB approval.

If you have checked any of the boxes above, your proposal will automatically be sent to the IRB for review. Please check the box below if you are specifically requesting an IRB review, even in the absence of the above conditions.

- ☐ Regardless of whether the RRB deems it necessary, I would like for this proposal to be reviewed by the full Institutional Review Board (IRB). Such a review is desirable or required for my research.

TYPE or PRINT all information. IMPORTANT: You must include the instrument(s) [i.e., questionnaire(s), schedule(s)], and consent form(s), descriptions of specialized equipment or procedures]. Enclose a debriefing form if your participants are students who will receive extra credit for their participation. Omission of these items will delay the review process.

Primary Researcher Name: _____

Department: _____ Campus Address: _____

Campus Phone: _____ Home Phone: _____

E-mail address: _____

Check status: Faculty _____Staff member _____Student

Estimated Start Date of Data Collection:_____

Is this work required for a course? _____ Which one? _____

Contact Person for project if other than primary researcher (e.g., faculty supervisor, administrative aid):

_____

Contact Person's E-mail: _____ Contact Person's Phone: _____

Title of Proposal: _____

Will participants be obtained from **classes and/or offered academic credit?** Yes _____ No _____
(if yes, a debriefing form is required)

Will there be human participants be **under the age of 18**? Yes _____ No _____

Will **prisoners** or **juveniles in detention centers** be subjects? Yes _____ No _____

Does this study involve **secondary (archival) analysis**? Yes _____ No _____
(If Yes, include information in your study description about the databank from which the data will be collected, how confidentiality will be preserved and how informed consent will be obtained.)

STUDY INFORMATION (lengthier responses may be attached as an addendum, please maintain the numbering pattern)

1. Please attach an explicit summary description or abstract of your research procedures making sure to address: recruitment and sampling, interviewing of children, mental or physical stress, risk, invasion of privacy, deception, video/taped recording, protecting identity of subjects, consent, security of data, and other pertinent information.

2. How are the subjects to be recruited or obtained for this study? Be sure to specify the exact wording of requests, notices, or advertisements. Attachments of wording or fliers is appropriate.

   2a. How many participants are expected to be recruited/obtained?

   2b. Please indicate the location where this study will be conducted.

3. Does this study involve any of the following procedures?

Yes	**No**	
_____	_____	Deception
_____	_____	Punishment
_____	_____	Use of drugs
_____	_____	Covert observation
_____	_____	Interviewing of children (Age range: from ____ to ____)
_____	_____	Induction of mental and/or physical stress or pain
_____	_____	Materials commonly regarded as socially unacceptable
_____	_____	Procedures that might be regarded as an invasion or privacy
_____	_____	Procedures which exceed "minimal risk" to the participant

The Federal Government's definition of minimal risk reads: "The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life."

   3a. In the case of any item checked "Yes" in #3, attach a detailed explanation of the procedure.

   3b. Please attach an explanation of the theoretical and/or methodological necessity for employing any procedure(s) checked "Yes".

3c. If the study involves deception, attach an explanation of when and how will the participants be debriefed? (Generally, the nature of the deception and its necessity should be explained to the participants during debriefing).

4. Will any data from participants be gathered through photographic, video or sound-recording devices? Yes _____ No _____ If "Yes", how will the confidentiality of the materials produced by such devices be protected?

   4a. What will be done with the still photos, video or audio recordings after the study has been collected? Will this information be destroyed, kept a number of years, used in publication, etc.?

5. Will names of participants be recorded? Yes____ No____ (strictly anonymous). If "Yes", answer questions A - D below.

   5a. Where will the names be recorded (e.g., on a separate list with code numbers, etc.)?

   5b. For what purpose(s) will names be recorded?

   5c. Will access to names be under your exclusive control? Yes____ No____ If "No", what will be done to protect the confidentiality of the participants?

   5d. Will names of participants be included in any publication based on this study? Yes _____ No _____ If "Yes", for what reason(s)?

6. Sometimes research findings are presented in a manner that permits knowledgeable readers to infer the identity of a person used as a subject, even if names are omitted. Do you expect to present findings which may possibly provide such clues? Yes _____ No _____ If "Yes", explain.

7. Will information be obtained pertaining to persons other than immediate participants (e.g., their friends, relatives)? Yes _____ No _____ If "Yes", how will the confidentiality of such persons be protected?

8. Do you intend to obtain *written* consent from participants? Yes _____ No _____ If you do not intend to use written consent forms, please answer questions 8A, 8B, and 8C below.

   8a. Why do you not intend to use such forms?

   8b. In what manner and to what extent would potential participants be given advance information about the procedure in which they are asked to participate? If using a contact letter, please include it with this proposal.

   8c. In what manner would potential subjects be advised that their participation and continuation in the project would be entirely voluntary? Please provide a copy of the text to be used.

9. If using oral consent, please provide a copy (script) of the text that you will use.

10. If the draft of an oral or written consent form is attached which does not fully comply with the attached consent form guide, please indicate the nature of and reasons for that discrepancy.

This page is to be signed by the primary researcher. If the primary researcher is a student, a faculty supervisor must also sign.

Signature of the Primary Researcher: _____

Date: _____ Phone #: _____

NOTE: A research proposal by a student **must** have the following statement signed by a faculty supervisor.

"I have examined this completed form and I am satisfied with the adequacy of the proposed research design and the measures proposed for the care and protection of the research subjects. I take responsibility for this project and supervision of the student researcher."

Print Name and Title of Supervisor: _____

Signature of Supervisor: _____

Date: _____ Office Phone: _____

All proposals must be sent to the Institutional Review Board at OAAAdminAsst@manchester.edu.
Submit this form along with the Required Study Information.

Research Review Board

This proposal has been reviewed and the committee reached the following decision:

_____ Approval
_____ Approval pending revisions outlined in attached memo (please send evidence of revisions to committee)
_____ Forward the proposal for review by the full Institutional Review Board.

Signatures of Reviewers:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Institutional Review Board

This proposal has been reviewed and the committee reached the following decision:

_____ Approval
_____ Approval pending revisions outlined in attached memo (please send evidence of revisions to committee)
_____ Rejection for reasons outlined in attached memo. Researcher must revise and resubmit full application.

Signatures of Reviewers:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____