

**APPLICATION FOR INITIAL REVIEW OF HUMAN SUBJECTS  
RESEARCH**



**DEPARTMENT  
of RESEARCH**

<b>OFFICE USE</b>	<b>DATE RECEIVED:</b>	<b>DATE VERIFIED COMPLETE</b>	<b>APNTS PROTOCOL NUMBER</b>

**1. PROJECT TITLE**

**2. PRINCIPAL INVESTIGATOR**

Last Name:		First Name:	
Dept. or Unit:		Phone:	E-mail:
Affiliation:	APNTS Affiliate: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad Student <input type="checkbox"/> Visiting Scholar, or Non-APNTS Affiliate <input type="checkbox"/> Affiliate of (Institution):		

**3. CO-INVESTIGATOR(S) (or Advisor)**

Last Name:		First Name:	
Dept. or Unit:		Phone:	E-mail:
Affiliation:	APNTS Affiliate: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad Student <input type="checkbox"/> Visiting Scholar, or Non-APNTS Affiliate <input type="checkbox"/> Affiliate of (Institution):		

Last Name:		First Name:	
Dept. or Unit:		Phone:	E-mail:
Affiliation:	APNTS Affiliate: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad Student <input type="checkbox"/> Visiting Scholar, or Non-APNTS Affiliate <input type="checkbox"/> Affiliate of (Institution):		

Last Name:		First Name:	
Dept. or Unit:		Phone:	E-mail:
Affiliation:	APNTS Affiliate: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad Student <input type="checkbox"/> Visiting Scholar, or Non-APNTS Affiliate <input type="checkbox"/> Affiliate of (Institution):		

**4. TIME FRAME**

Proposed Start Date:	Anticipated Completion:
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**5. EXEMPT/EXPEDITED REVIEW**

Are you requesting **Exempt or Expedited Review**?

- Yes, Exempt Review (Application reviewed by one IRB member)
- Yes, Expedited Review (Application reviewed by at least two IRB member)
- No, Full Review (Application reviewed by full IRB)

#### 6. CONFLICT OF INTEREST

Does any **investigator** or any other person responsible for the design, conduct, or reporting of this research have any perceived or potential conflicts of interest that may impact the integrity of the data?  **Yes**  **No**

If **Yes**, explain:

#### 7. SUMMARY OF THE RESEARCH (Lay Language)

Provide a brief description of the background and purpose of research using **non-technical** language that can be readily understood by someone outside of the discipline. **Use complete sentences (limit 200 words).**

#### 8. RESEARCH OBJECTIVES

List the specific aims of the research study, including hypotheses and/or research questions.

#### 9. LOCATION OF THE RESEARCH

List the specific site(s) at which the APNTS research will be conducted.

LOCATION NAME	STREET ADDRESS	CITY, STATE OR COUNTRY

**Please attach letters of support/agreement showing that you have permission to conduct research at each location.**

#### 10. RESEARCH METHODS AND PROCEDURES

- A. Describe completely the study design/methodology and all the procedures to which human subjects will be subjected. Be sure to estimate the time required from each

participant. If more than one visit/session will be required, described the time commitment in detail. Also outline specifically how data will be collected. Note if audio, video, etc. will be used.

- B. The IRB must approve all measures that will be administered to subjects (e.g., interview schedules, surveys, psychological measures). List all measures here and attach copies to this application:

<b>Measure 1</b>		<input type="checkbox"/> Attached <input type="checkbox"/> Will Follow
<b>Measure 2</b>		<input type="checkbox"/> Attached <input type="checkbox"/> Will Follow
<b>Measure 3</b>		<input type="checkbox"/> Attached <input type="checkbox"/> Will Follow

## 11. SUBJECT POPULATION

- A. Provide the total number of subject (e.g., number of subject records, number of specimens) needed to reach the enrollment goal of the study.

**MALES:**

**FEMALES:**

- B. Specify the age range of the population(s) to be studied. Mark all that apply.

0-7 years  8-17 years  18-64 years  65+ years

- C. Specify the population(s) to be studied. Mark all that apply.

- Children (18 years) —→ complete sections 12 d, e, f, and g  
 Decisionally impaired —→ complete sections 12 d, e, f, and g  
 Non-English speaking —→ complete sections 12 d, e, f, and g  
 Pregnant Women —→ complete sections 12 d, e, f, and g  
 Prisoners —→ complete sections 12 d, e, f, and g  
 Healthy volunteers  
 APNTS Students, faculty, or employees  
 Unknown (e.g. non-targeted surveys)

- D. State the rationale for selecting a specific vulnerable population.

- E. Describe the expertise of project personnel for dealing with the specific vulnerable population.

- F. Explain the suitability of the facilities for the special needs of the vulnerable population.

- G. State how the number of subjects is sufficient to generate meaningful results.

## 12. SUBJECT SELECTION, IDENTIFICATION AND RECRUITMENT

- A. Describe the step-by-step method(s) that will be used to select subjects (i.e., sampling strategy). State who (investigators and/or key personnel) will recruit subjects and what procedures will be used to determine subject eligibility. Specifically, what are the criteria for inclusion and exclusion?
- B. Attach copies of proposed recruitment materials (e.g., ads, flyers, website postings, recruitment letters, oral/written scripts), and explain how and from where recruitment will take place.

Are attachments included?  Yes  No

- C. Explain how you will assure that selection and recruitment of subjects is equitable.

## 13. USE OF DECEPTION

Will subjects be deceived about the purpose of the research study or any of the study's elements? **If Yes**, describe how and when deception will occur, as well as your plans for debriefing the subject.  Yes  No

## 14. INCENTIVES TO PARTICIPATE

Will subjects receive compensation or other inducement (e.g., free services, cash payments, gift certificates, parking, classroom credit, travel reimbursement) to participate in the research study? **If Yes**, describe the inducement. *Note that compensation should be pro-rated (e.g., per visit) and not contingent upon study completion.*  Yes  No

## 15. INFORMED CONSENT PROCESS

- A. Indicate type(s) of consent processes to be used in the research study. Provide copies of all recruitment materials.

- Informed Consent Document  
 Informed Consent-Addendum  
 Assent Form  
 Verbal Assent (script)

- Parental Permission Form  
 Permission Form, Legally Authorized Representative

- B. Explain the steps that will be taken to avoid coercion or undue influence. If any of the researchers have an association with the subject (e.g. students, employees), what special safeguards are in place?  N/A

## 16. PRIVACY AND CONFIDENTIALITY

A. Does the research require access to personal-identifiable private information? **If Yes**, describe the steps you will take to ensure protection of the subjects' privacy. Include a discussion of how and where the data will be kept, for how long and who will have access to the data.  Yes  No

B. Will personal or sensitive information (e.g., relating to illegal behaviors, alcohol or drug use, sexual attitudes, mental health) be accessed or collected from subjects?  Yes  No

**If Yes**, list type(s) of information:

C. Explain how you will protect the confidentiality of identifiable data. Be sure to outline how and where the data will be kept, for how long, and who will have access to the data.

D. Will you be obtaining a **Certificate of Confidentiality**?

Yes → Provide a copy to the IRB before you begin the research  
 No

E. Explain any circumstances where it would be necessary to break confidentiality.  
 N/A

F. Indicate point at which identifiers will be separated or permanently removed from the data.  N/A

G. Indicate what will happen to the data at the end of the study. Check all that apply:

Documents will be shredded/tapes or files erased. How long will data be kept?  
 Data will be archived  
 Other, specify:

H. Indicate how study results might be disseminated. Check all that apply:

<input type="checkbox"/> Classroom Presentation	<input type="checkbox"/> Sharing with Industry of Agency
<input type="checkbox"/> Thesis	<input type="checkbox"/> Conferences/Presentation
<input type="checkbox"/> Publication/Journal article	<input type="checkbox"/> Other, specify:

**17. RISKS, HARMS, AND DISCOMFORTS** N/A

A. Indicate all risks/harms/discomforts that may apply to the research study:

- |  |  |
|--|--|
| <input type="checkbox"/> Breach of confidentiality   | <input type="checkbox"/> Physical injury or discomfort |
| <input type="checkbox"/> Discovery of previously unknown condition (e.g. disease, suicidal intentions, depression, genetic predisposition) | <input type="checkbox"/> Psychological stress          |
| <input type="checkbox"/> Economic risk   | <input type="checkbox"/> Risk to reputation            |
| <input type="checkbox"/> Invasion of privacy (subjects or other individuals)   | <input type="checkbox"/> Social or legal risk          |
|  | <input type="checkbox"/> Other, specify:               |

B. For each category of risk checked above, describe the specific risk and include the frequency/likelihood of occurrence, potential severity of the harm/discomfort and the possible (long-term) consequences.

C. Will participants in your study be asked to increase their level of physical or psychological performance beyond that ordinary encountered in daily life or during the performance of routine physical or psychological tests? **If Yes**, explain:  Yes  No

**18. MINIMIZING RISKS** N/A

Describe the steps you will take to minimize the risks or harms identified.

**19. REASONABLY ANTICIPATED BENEFITS**

List the potential direct or indirect benefits that subjects and/or society may expect as a result of this research study. *Compensation is not be considered a benefit.*

**20. ASSESSMENT OF RISKS AND BENEFITS**

Weigh the potential risks with regard to the potential benefits. Provide evidence that benefits outweigh risks.

\_\_\_\_\_  
Principal Investigator                      Date

\_\_\_\_\_  
Co-Investigator                              Date

\_\_\_\_\_  
Co-Investigator                              Date

\_\_\_\_\_  
Co-Investigator                              Date

**IMPORTANT NOTE:** Please check to make sure that the following are included: site permission letter, verbal script, letter, informing subject or parent/guardian, and informed consent form. Also, please make sure that the copies of the measurement tools match the description of information being sought in description and/or abstract.

Downloaded from APNTS Website