**Southeastern Louisiana University**

***IRB Application for Projects Using Human Subjects***

Title of Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator(s) (PI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Box Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Research Expected

Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Must be after Approval Received)*

Please mark the appropriate classification:

 Southeastern Student  Southeastern Faculty  Southeastern Staff

 Student From Another Institution  Faculty From Another Institution

Human participants will be involved in the proposed research as:

 Adults  Prisoners

 Minors  Individuals with Disabilities

 Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please summarize your research procedures. Include what instructions will be given to the participants, the experimental manipulation (if any), how participants are assigned to groups, and what participants will be expected to do. **(Limit your response to 250 words)**

|  |  |  |
| --- | --- | --- |
| 1. Please answer each of the following items.
 | Yes | No |
| a. The participants are volunteers. |  |  |
| b. All participants will consent by signature. |  |  |
| c. Participants have the freedom to withdraw at any time. |  |  |
| d. The data collected will be used only for purpose(s) approved by the participants. |  |  |
| e. The participants will be informed beforehand as to the nature of the activity.  |  |  |
| h. All questions concerning the proposed research will be answered to the participant's satisfaction.  |  |  |

For each "No" answer to any of the above, the PI must provide an explanation. If more space is needed for statements a-h than is provided, please attach additional sheets of paper.

|  |  |  |
| --- | --- | --- |
| 1. Please answer each of the following items.
 | Yes | No |
| a. Individual performances/responses will be disclosed to persons other than those involved in the research or authorized by the participants. |  |  |
| b. Data collected is related to illegal activities. |  |  |

For each "Yes" answer to any of the above, the PI must provide an explanation. If more space is needed for statements a-c than is provided, please attach additional sheets of paper.

1. Will anyone, including the researcher, be able to identify a participants response with the participant at any time?

  Yes  No

If yes, please explain what steps will be taken to ensure the participants confidentiality. If no, please explain why.

1. If minors will not be used in this study, please explain how you will ensure they will be excluded. If minors or interdicts are to participate in this experiment, explain how valid consent will be obtained from parents or guardians and how valid assent will be obtained from participants. **(This question MUST be answered, Not Applicable is not an acceptable response).**
2. Does this research entail stress or possible psychological, social, legal, or physical harm to participants? Please explain. What steps have been taken to minimize these risks? Have provisions been made to ensure that appropriate facilities and professional attention necessary for the health and safety of participants are available and will be utilized?
3. University policy requires that any risk associated with participation be outweighed by potential benefits to participants and to humankind in general.

a. Identify any benefits to participants resulting from participation in this research.

b. Identify any benefits to humans in general resulting from the research.

1. Please describe your participants. Include all of the following:

a. Number of participants

b. Age range of participants

c. From where will you recruit your participants (if from an external source provide proof of permission to use source)

d. How participants will be recruited (include a description of any incentives or compensation used)

1. Please describe your procedures in detail.
2. How data will be collected
3. How data will be stored
4. When (provide Month and Year, based on your discipline’s standards) and how data will be destroyed
5. How confidentiality will be maintained
6. How informed consent will be obtained
7. If deception (e.g., masking procedures, providing false information) is necessary, justify and describe debriefing procedures to be used

1. If minors or other vulnerable participants are involved, outline procedures to be used in obtaining their individual agreement to participate, in addition to the consent of the parent or guardian.
2. Attach a copy of all advertisements, flyers, emails, cover letters, instruments, informed consent forms, handouts, verbal/phone scripts, etc.

I assure Southeastern Louisiana University that I will comply with all requirements to ensure the protection of human participants and that the statements made above are correct. I will permit the University to conduct reviews as may be required for the implementation of this assurance.

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature Date

Signature of Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Date

**FOR PROJECTS PROPOSED BY STUDENTS**

This research involving human participants, if approved, will be conducted under my immediate supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name of Faculty Sponsor Signature of Faculty Sponsor Date

For IRB Use Only:

The proposed research received: Committee Action:

\_\_\_\_\_\_\_\_Full Review \_\_\_\_\_\_\_\_ Full Approval

\_\_\_\_\_\_\_\_Expedited Review \_\_\_\_\_\_\_\_ Denied Approval

 \_\_\_\_\_\_\_\_Exempt

Comments or Conditions:

Signature of IRB Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Date