**Adelphi University Institutional Review Board Research Review Forms**

IRB ID # (to be completed by the committee)

**Please type all entries**

Date submitted to IRB:

TITLE OF PROJECT:

**PRINCIPAL INVESTIGATOR**:

Address:

Phone:

Email:

**Faculty Advisor (if not the PI): Please note: students are required to have a faculty advisor**

Address:

Phone:

Email:

You must complete a training program in the protection of human research participants before you can begin your research. Please indicate the date the training was completed ( ) and include a copy of the certification with this application.

If you have not completed a training program, please contact the Office of Sponsored Programs or take the following online program: [phrp.nihtraining.com](http://phrp.nihtraining.com/users/login.php)

**Please answer Yes or No to the following, and provide an explanation, if requested***:*

*1. Does this research* ***EXCLUDE*** *children, the elderly, prisoners, fetuses, pregnant women, the seriously ill, mentally or cognitively compromised adults or other vulnerable groups (institutionalized populations)? If your answer is* ***NO****, Please explain the* ***rationale for including the specific population(s)*** *and the* ***precautions you will use to protect them.***

*2. Do you believe this proposal should be* ***exempt from IRB review******(see IRB Policies and Procedures Manual, section VII RESEARCH EXEMPT FROM IRB REVIEW [part A&B])****? If* ***YES****, please explain*.

*3. Does this proposal* ***involve the use of deception****? If* ***YES****, please explain*.

*4. Are you requesting that* ***written informed consent be waived (see IRB Policies and Procedures Manual, section XIII INFORMED CONSENT [B,C, and D])****? If* ***YES****, please explain*.

5. Does your study distribute surveys to currently enrolled students, formerly enrolled students, recent graduates, alumni, faculty or staff Yes No

**If yes**, please be advised that the office of research, planning and assessment coordinates survey scheduling. Once you have received IRB approval, please contact the office to arrange for the distribution of your survey, <http://orap.adelphi.edu/> or 516-877-3233

6. Have all investigators listed on this protocol (including faculty adviser) completed the Adelphi Financial Conflict of Interest Disclosure? Yes No

7. Do any investigators including the faculty adviser have any other relevant conflicts of interest concerning this protocol? Yes No

If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**I. BRIEF DESCRIPTION OF THE PROJECT’S PURPOSES**:

**II. PLANNED DATES FOR INITIATION AND COMPLETION OF THE PROJECT**:

**III. NUMBER OF SUBJECTS**:

**IV. CHARACTERISTICS OF SUBJECTS** (e.g., age range, special populations, etc.)

**V. METHOD OF SUBJECT RECRUITMENT**:

**VI. BRIEF DESCRIPTION OF PROJECT’S METHODS AND RESEARCH DESIGN**:

**VII. SEQUENCE OF ACTIVITIES REQUIRED OF THE SUBJECT**, (for example, advertisement, consent, debriefing, etc.)

**VIII. ESTIMATED TIME COMMITMENT REQUIRED OF THE SUBJECTS:**

**IX. ANY POTENTIAL RISKS, DISCOMFORTS, OR STRESSES AND THE PRECAUTIONS TAKEN TO MINIMIZE THEM**

SIGNATURES AND DATE OF ALL RESEARCHERS WHO WILL BE WORKING IN DIRECT CONTACT WITH STUDY PARTICIPANTS. IN ADDITION, FACULTY ADVISORS MUST SIGN BELOW. THESE SIGNATURES INDICATE THAT ALL THE RESEARCHERS HAVE FAMILIARIZED THEMSELVES WITH UNIVERSITY POLICIES REGARDING THE LEGAL AND ETHICAL TREATMENT OF HUMAN SUBJECTS IN RESEARCH, AND ARE CERTIFIED IN HUMAN SUBJECTS PROTECTIONS TRAINING

Principal Investigator:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(institution/organization)

Faculty Advisor (if applicable):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(institution/organization)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(institution/organization)

**ATTACHMENTS CHECKLIST**:

\_\_\_\_1. Informed Consent Form (**Please note that the IRB has decided that all consent forms/letters should include the following statement)**

*This research has been reviewed and approved by the Adelphi University Institutional Review Board. If you have any questions, concerns or comments, please contact the IRB chair, Dr. Carolyn Springer 516-877-4753;springer@adelphi.edu*

\_\_\_\_2. Debriefing Form (if applicable)

\_\_\_\_3. Representative sample of materials/test/questionnaire items

\_\_\_\_4. Sign-up sheet, solicitation script or advertisement (whichever is applicable)

\_\_\_\_5. Other attachments