IRB#

# APPLICATION FOR REVIEW OF HUMAN SUBJECTS RESEARCH (PURSUANT TO 45 CFR 46)

**SOUTHERN NAZARENE UNIVERSITY INSTITUTIONAL REVIEW BOARD**

THIS FORM MUST ACCOMPANY ALL REQUESTS AND MAY NOT BE RETYPED OR REPRODUCED

PLEASE TYPE ALL INFORMATION OTHER THAN SIGNATURES

**Title of Project** (please type):

Anticipated Start Date: Anticipated End Date:

# Please attach copy of research, project, thesis, or dissertation proposal.

I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected. Additions to or changes in procedures affecting the subjects after the project has been approved will be submitted to the committee for review.

# PRINCIPAL INVESTIGATOR(S):

(If student, list advisor’s name first) (Signatures are required)

Project Director/Instructor Signature

Committee Member (for Graduate Programs) Signature

Student Name Signature

Department College

Project Director/Instructor E-Mail Campus Phone Number/Fax Number

Student’s Address E-Mail Address/Phone Number

TYPE OF REVIEW EXPECTED:

[ ] EXEMPT [ ] EXPEDITED [ ] FULL BOARD

1. **Briefly** describe the background and purpose of the research.
2. Who will be the subjects in this study, and how will they be solicited or contacted? *Subjects must be informed about the nature of what is involved as a participant, including particularly a description of anything they might consider to be unpleasant or a risk. Please provide an outline or script of the information that will be provided to subjects prior to their volunteering to participate. Include a copy of the written solicitation and/or statement of the oral solicitation.*
3. **Briefly** describe each condition or manipulation to be included within the study. **Include the details of interventions or manipulations for your study, including control groups (if any), and describe how and when interventions (experimental manipulations) were actually administered.**
4. What measures or observations will be taken in the study?

**You must include copies of any questionnaires, tests, or other written instruments that will be used**

1. Will the subjects encounter the possibility of stress or psychological, social, physical, or legal risks that are greater, in probability or magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests?

Yes [ ] No [ ]

If **yes,** please describe.

1. Will medical clearance be necessary before subjects can participate due to tissue or blood sampling, or administration of substances such as food or drugs, or physical exercise conditioning?

Yes [ ] No [ ]

If **yes,** please describe.

1. Will the subjects be deceived or misled in any way? Yes [ ] No [ ]

If **yes,** please describe.

1. Will there be a request for information that subjects might consider to be personal or sensitive?

Yes [ ] No [ ]

If **yes,** please describe.

1. Will the subjects be presented with materials that might be considered offensive, threatening, or degrading?

Yes [ ] No [ ]

If **yes,** please describe.

If **yes,** please describe.

# If extra course credit is offered, what alternative means of obtaining additional credit are available for non-participants?

1. Will a written consent form be used? Yes [ ] No [ ]

If **yes,** please include the form, and if **not,** please indicate why not and how voluntary participation will be secured.

**Note:** The attached Consent Form Guidelines illustrate elements that must be considered in preparing a written consent form. Conditions under which the IRB may waive the requirements for informed consent

are to be found in 45 CFR 46.117 (c), (1) and (2). Examples of approved informed consent forms are on file in the IRB office, at 6729 N.W. 39th Expressway, Library 325.

1. Will any aspect of the data be made a part of any record that can be identified with the subject?

Yes [ ] No [ ] If **yes,** please explain.

1. Please describe, in detail, the steps to be taken to ensure the confidentiality of the collected data.
2. Will the fact that a subject did or did not participate in a specific experiment or study be made a part of any record available to supervisor, teacher, or employer?
3. Describe the benefits that might accrue to either the subjects or society.

*(See 45 CFR 46, Section 46.111 (a)(2).)*

Signature of Chairperson or Project Leader Date

Department or Administrative Unit Date

Signature of College/Division Research Director Date

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Checklist for Application Submission

[ ] Proposal

[ ] Informed Consent Form/Assent

[ ] Prospectus Form (proof of prospectus presentation)

[ ] Outline or script to be provided prior to subjects’ volunteering [ ] Instrument(s) (questionnaire, survey, testing, field)

[ ] Curriculum Vita (not necessary for Exempt review) [ ] Departmental/College/Division Signatures

Only one copy (paper or electronic) needs to be submitted for any type (EXEMPT, EXPEDITED, or FULL BOARD) of review.

**CONSENT FORM GUIDELINES**

“I,

(Participant’s name)

, hereby authorize or direct

 , or associates or assistants of his / her

(Researcher’s name)

choosing, to perform the following treatment or procedure.”

**NOTE:** The researcher should include the following elements in his/her description of the procedure:

* 1. Purpose of the research
	2. Procedure – describe the general procedure. Specifically indicate (if relevant) that portion of treatment or procedure that is experimental.
	3. Duration of subject’s participation (How much of their time will it take?)
	4. Extent, if any, to which confidentiality of records identifying the subject will be maintained
	5. Possible appropriate alternative methods of treatment (if relevant)
	6. Possible discomforts or risks
	7. Possible benefits for subjects/society

“I understand that participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty.”

I may contact at or .

Project director or researcher’s name phone number email

I may also contact the SNU IRB, 6729 N.W. 39th Expressway, Bethany, OK 73008; (405)491-6686.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Signature of Subject Person authorized to sign for subject (if required)

Date

**NOTE TO RESEARCHER(S):** There are circumstances under which (a) some or all of the elements in the above form may be altered or waived and/or (b) the requirement for the consent form to be signed may be waived. See 45 CFR 46, Sections 46.116 and 46.117, or contact the IRB at (405)491-6686