IRB Application for Use of Human Participants/subjects in research

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For use by ORI only:

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IRB Designate Approval:

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(*For use by UCR faculty researchers, students, visiting professors, and postdocs*)

Please Note: Given the COVID-19 pandemic, allowable research and scholarly activities are dependent on the current status of the University's Campus Return level and may continue to change. For up to date information on the status of the campus, please visit: <https://campusreturn.ucr.edu/>.

**I – General information**This IRB application must be typed out and submitted via e-mail ([irb@ucr.edu](mailto:irb@ucr.edu)) along with all the appendices and signatures. All the applicable questions should be answered. Do not delete or alter any questions on this application form. Try to follow the suggested length requirements and focus on ethical issues. There are embedded resources and tools on our website and throughout this IRB application. **Hand-written applications will not be accepted.**

**1. Title of Research Study**

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**2. Researcher (e.g., UCR faculty, student, postdoc, visiting professor)**

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| --- | --- | --- |
| Title (e.g., Dr., Mr., etc.): | Name: | |
| NetID: | Department: | |
| Phone: | Institutional e-mail: | |
| Alternate contact (e.g., research coordinator, department administrator) name: | | Alternate contact Institutional e-mail: |

**3. UCR Status**

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| Faculty (50% or f/t)  Doctoral  Masters  Undergrad  Post-Doctoral |
| Visiting professor/External researcher  Other  (specify:      ) |

**4. UCR Faculty Advisor or Sponsor**

1. **List the UCR Faculty Advisor or Sponsor. Advisor or Sponsor must meet PI eligibility as defined by** [**UCR Policy #527-3**](https://redit.ucr.edu/OrApps/RED/Policies.aspx?k=6). **(Q4a is to be filled out only if the person in Q2 is a UCR student, trainee, postdoc, or visiting scholar; for faculty research, this question should be blank):**

|  |  |
| --- | --- |
| Title (e.g., Dr., Prof): | Name: |
| Net ID: | Department: |
| Institutional e-mail: | |

1. **Department Information (for UCR faculty or Faculty advisor)**

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| Department Chair / Dean name: |

**5. Key Personnel**

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| **Are co-investigators involved in this project? Yes  No** |
| **List all key personnel in the** [**Project Roster**](https://research.ucr.edu/sites/g/files/rcwecm4286/files/2020-09/ori-irb-project_roster_form.docx)**. This is a separate document that must be attached with this IRB application as an appendix.** |

**6. Training: Provide details on your and the research team’s experience with this type of research. Please provide details on study-specific training that will be provided (excluding the** [**online CITI course**](https://research.ucr.edu/ori/irb-sb/citi-instruction)**).**

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| (Max ¼ page) |

**7. Funding**

1. **Is this study funded?**

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| Funding obtained If YES, provide the PAMIS award number(s): |
| Funding applied for If YES, provide the anticipated start date: |
| No Funding required If YES, explain why no funding is needed: |

1. **If obtained or applied for, what are the type(s) and source(s) of funding (check all that apply)? If No Funding required, skip to the next question. Please note it is your responsibility to update the IRB if your funding status changes.**

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| Government funding (e.g., NIH, NSF, CDFA, Riverside County, etc.)  Source: |
| Industry (e.g., Pharmaceutical, biotech, etc.)  Source: |
| Non-profit sponsor (e.g., AHA, Bill & Melinda Gates Foundation, John Templeton, etc.)  Source: |
| Other  Source: |
| Departmental Funds |

**8. Conflict of Interest review (**[**Promoting Research Objectivity**](https://research.ucr.edu/ori/pro)**):**

**Do you or any other study personnel (or the spouse, registered domestic partner and/or dependent children thereof) have a direct or related financial interest that might affect, or even appear to affect, the rights and welfare of participants involved in this research?**

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| Yes  No (If Yes, please contact [PRO](mailto:pro@ucr.edu) for a separate review) |

**9. Additional Reviews**

1. **Has the research project received a scholarly, scientific, or peer review prior to this submission (this may involve a review by a funder, faculty supervisor, or a departmental committee):**

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| Yes, specify: |
| No (NB: IRB recommends a prior scholarly review for studies that are more than minimal risk) |
| Pending, specify: |

1. **Will this research require review by any of the following (check all that apply)**:

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| None – UCR IRB is the only approval required |
| UCR Institutional Biosafety Committee ([IBC](https://research.ucr.edu/ori/ibc)): Research using biohazardous materials including any human-derived materials such as blood, body secretions, and tissues, primary and established cell lines |
| UCR Stem Cell Oversight Committee ([SCRO](https://research.ucr.edu/ori/scro)): Research using human pluripotent cells |
| UCR Institutional Animal Care and Use Committee ([IACUC](https://research.ucr.edu/ori/iacuc)): Research using vertebrae animals |

**II – Study Summary**

**10. Abstract (suitable for a lay audience)**

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| (Max ¼ page) |

**11. What is the scholarly rationale for this study?**

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| (Max ½ page) |

**12. What are the study hypotheses or research questions?**

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| (Max ¼ page) |

**III – Study Design and Methodology**

**13. Study Timelines**

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| **Estimated start date for involvement of participants:** |
| **Estimated completion date for the involvement of participants:** |

**14. Location of Research**

**a) Where will this study take place? If there is an online component, provide details.**

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| (Max ¼ page) |

**b) Is this a collaborative or multi-site study? Yes  No**

* **Collaborative or cooperative studies involve investigators from two or more institutions working together to conduct a research project. Different research activities can occur at different sites or the study can be a single-site study that involves personnel from multiple institutions.**
* **Multi-site studies use the same research procedures outlined in a single protocol that is carried out at multiple institutions (e.g., a clinical trial where participants will be enrolled at each participating site, or an educational intervention implemented at each participating site).**

**c) If YES, please provide details how this collaborative relationship will be established:**

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| **Will the investigators submit separate IRB applications at their own institutions to cover their own research activities?** | **Yes  No** |
| **If NO, will the investigators seek to establish a reliance agreement where one IRB will serve as the ‘IRB of Record’?**   * **If YES, please identify the institution whose IRB will be the IRB of record:**   **IRB reliance (or “single IRB review”) is a legal arrangement that allows one IRB to review a study that is occurring at multiple sites or to review a single-site study that involves personnel from multiple institutions. Opportunities for single IRB review are established by entering into formal IRB reliance agreements.** | **Yes  No** |

**d) If research is taking place within a community or an organization, describe how access will be obtained. Are there any special considerations for obtaining consent? Access letters may be requested from the community or organization. Sample Access Letter template can be found on the** [**ORI Resources page**](https://research.ucr.edu/ori/resources)**. Attach any relevant supporting documentation as appendices.**

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**15. Participant Population: Please describe the participants/subjects. List the inclusion/exclusion criteria. Include any** **age, language,** **gender, or** **race-related inclusion/exclusion criteria and provide a justification for the use of these criteria. If applicable, please provide a rationale for your choice in sample size and/or sample size calculation.   
  
If you are conducting research in languages other than English, translated versions of the participant-facing research materials (e.g., informed consent, recruitment materials, measures, etc.) must be submitted for review along with the** [**Certificate of Translation form**](https://research.ucr.edu/document/ori-certificateoftranslationdocx)**.**

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**16. Special Populations**

**a) Will any participants/subjects be specifically recruited from the following categories listed below (check**

**all that apply):**

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| **Under the age of 18** |
| **Prisoners, probationers, or parolees** |
| **Pregnant women, fetuses, or neonates** |
| **Other characteristics that may cause them to be considered ‘vulnerable’ (e.g., cognitively impaired, educationally/economically disadvantaged, patients, students, staff, history of distrust, etc).**  **Describe:** |

**b) If YES, please justify the use of the above populations, and detailing what additional safeguards will be included in the study to protect the rights and welfare of the subjects and will there be direct benefits. If NO, skip to the next question.**

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| (Max ¼ page) |

**17. Recruitment: Describe the mode of communication and how participants will be approached. Any recruitment materials, e-mails, & scripts must be submitted for review as appendices.**

**If you are recruiting participants through a subject pool (e.g., Psychology Department subject pool), please refer to the UCR** [**Policy on the Use of Subject Pools in Human Subjects Research**](https://research.ucr.edu/sites/g/files/rcwecm4286/files/2020-07/ori-subject_pools_in_human_subjects_research.pdf)**.**

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**18.** **Compensation: Will participants be compensated for their time? Describe the methods, amount and schedule for payment. What will happen to compensation if participants chose to withdraw? If no compensation is being offered, please justify why.**

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| (Max ¼ page) |

**19.** **Reimbursement: Will participants personally incur any expenses as a result of participation (e.g., fuel, missed work)? If no reimbursement is being offered, please justify why.**

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| (Max ¼ page) |

**20. Procedures  
a) Describe how human participants will be involved in the research. If there is to be an intervention or interaction with the participants, describe what the researcher and participants will do, who will conduct the procedures, where and when the procedures will take place, how frequently, for how long, what equipment will be used, etc.**

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| (Max ½ page) |

**b) If you are using a dataset, please list out the variables you will be accessing. If you are using the Psychology Subject Pool, please list out the pre-screening data you will be collecting on your participants.**

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| (Max ½ page) |

**21.** **Deception**

**a) Does this study involve deception or intentional lack of disclosure?**

**Yes  No**

**b) If YES, justify and indicate how participants will be debriefed. Indicate if participants are free to withdraw or selectively edit data after being fully debriefed. If NO, skip to the next question.**

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| (Max ¼ page) |

**22. Research Results: If relevant, please describe what information/feedback, if any, will be provided to the subjects and/or communities after their participation in the project is complete. How will they be able to access the information? If relevant, describe the debriefing process.**

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| (Max ¼ page) |

**23. Consent Process - Ensure you are following the** [**UCR Informed Consent Guide**](https://research.ucr.edu/document/ori-informedconsentguidepdf)**. Sample Informed Consent**

**Templates can be found on the** [**ORI Resources page**](https://research.ucr.edu/ori/resources#institutional_review_boards_irbsb_and_irbclin)**.**

**a) Describe the process that will be used to obtain informed consent. How will it be recorded? Who will be authorized to conduct the process? Note that it’s the quality of the consent that’s most important not the format.**

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| (Max ¼ page) |

**b) If you are applying for a waiver of documented consent (e.g., verbal, online, etc.) or a waiver or alteration**

**of the consent process (e.g., not obtaining consent at all), please explain how you are meeting the conditions for the waiver or alteration as outlined in the** [**UCR informed Consent Guide**](https://research.ucr.edu/document/ori-informedconsentguidepdf)**.**

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| (Max ¼ page) |

**24. Will anyone other than the participants provide consent (e.g., parents, guardians, legally authorized representatives, etc.)? Describe the process by which capacity/competency will be assessed.**

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| (Max ¼ page) |

**25. Withdrawal: Where applicable, please describe how participants will be informed of their right to withdraw from the study and outline the procedures that will be followed to allow them to exercise this right. Also, what will happen if data has already collected (e.g. previous data will be kept, all data will be destroyed, etc.)?**

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| (Max ¼ page) |

**26. Privacy, Confidentiality & Data**

1. **Privacy: Where and how will participants be providing information? Are the researchers collecting identifying information (e.g., names, addressed, phone numbers, DOBs, phone numbers, licenses, audio/video recordings, etc.)? If yes, please describe:**

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| (Max ¼ page) |

1. **Confidentiality: Describe the procedures used to protect the confidentiality of participants. If not relevant, describe any limitations to protecting the confidentiality of participants whether due to the law or method used (e.g., confidentiality is not appropriate). For storage of electronic identifiable information outside of a secure server environment, UCR requires the use of encryption software.**

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1. **Data: Where will the data be stored and for how long? Who will have access to identifying information and for what reason?**

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| (Max ¼ page) |

**27. Possible Risks**

1. **Please check off all potential risks to participants as individuals or as members of a community or to the researchers that may arise from this research. Please acknowledge risks even if remote or unlikely.**

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| **Physical Risks (e.g., bodily contact, administration of substance):  Yes  No** |
| **Psychological/emotional risks (e.g., feeling uncomfortable or upset):  Yes  No** |
| **Social risks (e.g., economic, loss of status or reputation):  Yes  No** |
| **Legal risks (e.g., arrest or subpoena):  Yes  No** |

1. **Describe the possible risks and consider the probability and magnitude of possible harms and discomforts. Describe the procedures that will be used to minimize potential risks to participants.**

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| (Max ¼ page) |

**28. Possible Benefits**

1. **Describe possible direct benefits to participants. If there are no direct benefits, please state so. Please note that compensation is not a benefit.**

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| (Max ¼ page) |

1. **Describe possible benefits to communities, society, or scientific knowledge in general.**

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| (Max ¼ page) |

**29. The US research regulations define ‘Minimal Risk’ as the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons. (45 CFR 46 & 21 CFR 50)**

1. **Do you believe your proposed research activities meet the above definition of ‘Minimal Risk’?**

**Yes  No**

1. **If yes, please elaborate by engaging your particular IRB proposal with the definition above.**

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| (Max ¼ page) |

**\*\*Final decision of whether an IRB application is minimal risk or higher is up to the IRB\*\***

1. **30. Provide a list of appendices here for all additional materials submitted with this IRB application (e.g., Appendix A – Informed Consent; Appendix B – Interview Guide; Appendix C – References, Appendix D – Recruitment flyers/materials; Appendix E – Access letters). The list should be in the same order as you append the materials at the end of the document with headers for ease of review and referencing.**

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**IV. Signatures**

**(If you have already provided signatures for this project in a previous application, there is no need to complete this section again. Electronic or scanned signatures are acceptable. Submitting a single picture/screenshot of all the signatures in place is acceptable. Inserting a jpeg of the signature is also acceptable.)**

**My signature as researcher, confirms that this study has been designed to protect human participants. I am responsible for the scientific and ethical conduct of the research and providing all reports and information to the IRB, as well as other related groups. I further confirm that I am not in violation of UCR’s conflict of interest policy while participating in this research. All members of the research team are appropriately credentialed and trained to perform the work undertaken and all the research-related activities. I will provide all continuing review documentation to the IRB.**

**Researcher’s signature ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My signature as UCR faculty advisor and/or sponsor, confirms that this study has been designed to protect human participants. I have read and approved all aspects of this proposal. As a UCR faculty supervisor, I am ultimately responsible for the scientific and ethical conduct of the research and providing all reports and information to the IRB, as well as other groups. I further confirm that I am not in violation of UCR’s conflict of interest policy while participating in this research. All members of the research team are appropriately credentialed and trained to perform the work undertaken and all the research-related activities. I will provide appropriate supervision to the undergraduate / graduate student or postdoc.**

**UCR Faculty Advisor’s / Faculty Sponsor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My signature as departmental chair, confirms that I am aware of the project and that it has received appropriate review prior to submission to the IRB. In addition, my administrative unit will follow guidelines and procedures to ensure compliance with all relevant UCR, state, federal govern research involving human participants. My signature also reflects the willingness of the department, faculty or division to administer the research funds, if there are any, in accordance with University policies.**

**If the chair is the faculty advisor or it is departmental chair’s research, the Dean should sign below; if it is Dean’s research, no additional signatures are required)**

**Chair’s / Dean’s (or designate’s) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IRB application submission instructions:**

**IRB applications must be submitted via email (**[**irb@ucr.edu**](mailto:irb@ucr.edu)**) with the required signatures in place. The application should be submitted as a single attachment in PDF or Word format. All the appendices are to be inserted in the single attachment in the order that they are listed in question Q30 with descriptive headers to facilitate cross-referencing and review of the application.**

**If this application is more than minimal risk, please note the submission deadlines for IRB meetings on our** [**website**](https://research.ucr.edu/ori)**. Ultimately, the IRB may choose to escalate an application for full board review if it deems the level of risk to be more than minimal. While this is a subjective assessment, it is not a haphazard one. For additional guidance and assistance, please visit the ORI IRB** [**FAQ’s**](https://research.ucr.edu/ori/irb/faq) **and** [**Resources**](https://research.ucr.edu/ori/resources#institutional_review_boards_irbsb_and_irbclin) **pages.**

**For student/trainee or UCR-faculty sponsored IRB applications, all 3 signatures are required (student/trainee + UCR faculty + chair). For faculty research, only two are required (faculty + chair).**