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| **STANDARD IRB APPLICATION FOR RESEARCH INVOLVING HUMAN SUBJECTS last updated:** 07/28/22  **To submit your IRB proposal, send the following documents to the Chair of the IRB (irb\_chair@whitman.edu):** | | | | | |
| This completed proposal |  | | |  | | |
| Consent form(s), if needed | | | | | |
| Research instruments, including surveys, questionnaires, debriefing forms, list of interview topics, etc. | | | | | |
| **PART 1: General Information** |  | | |  | | |
| Name of Principal Researcher: **Click or tap here to enter text.** | | Department: **Click or tap here to enter text.** | | | | | |
| Email: **Click or tap here to enter text.** | | Project Title: **Click or tap here to enter text.** | | | | | |
| If a student project, faculty advisor and email: **Click or tap here to enter text.** | | |  | | |
| Anticipated dates | Start: **Click or tap here to enter text.** | | | | End: **Click or tap here to enter text.** | |
| Enter below any Whitman College faculty or staff co-researchers, names and emails:  **Click or tap here to enter text.** | | | | | |
| Funding: |  | | |  | | |
| Check if the project receives any internal funding from Whitman College: | | | | | |
| If yes, describe: | **Click or tap here to enter text.** | | | | | |
| Check if the project receives any external funding: |
| If yes, describe: | **Click or tap here to enter text.** | | | | | |

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| Include grant funding agency, grant/contract number, and title of grant (if different from study title) |  | | |
| Other institutions: |  |  | |
| Check if this is a collaborative research project involving *researchers* at multiple institutions: | | |
| If checked above, check if Whitman College is serving as the IRB of Record for this project for all other researchers? | | |
| Check if the research involves *participants* from any other institutions, or if it will require the *support of other institutions, organizations, or governments.* (Examples: members of Native American Tribes, research in the school district, research requiring an organization to assist with recruitment):  Name of the institution, organization, or government whose support is required:  **Click or tap here to enter text.** | | |
| If yes, the researcher must submit a letter or statement of support from that organization. If that institution has their own IRB | | |
| (e.g., another College, a Tribal government), the researcher must seek IRB approval from that IRB as well. Whitman’s IRB can | | |
| initiate review but will not approve research before this occurs. | | |

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| **PART 2: Research Description** | |
| Provide a thorough but concise description of proposed research, including background, research questions, hypotheses (if applicable), general research methods, and plan for analysis. Recommended length is 1 page single spaced. Include references to peer reviewed sources as appropriate. | |
| **Click or tap here to enter text.** | |
| Qualification of researchers: Briefly describe why the researcher is qualified to conduct this research (e.g., prior experience or education/coursework).  **Click or tap here to enter text.** | |
| Describe the research ethics training that has been completed by the researcher. If the researcher has not completed adequate ethics training in a Whitman College class, they must complete the CITI Basic certification (additional information available on the Whitman IRB website).  **Click or tap here to enter text.** | |
| **PART 3: Study Population** |  |
| Who will be participating in this study? | **Click or tap here to enter text.** |
| How many participants will be recruited? | **Click or tap here to enter text.** |
| Does the research involve any vulnerable populations as research participants, including (check any that apply): | |
| Prisoners | The seriously ill |
| Fetuses | Mentally or cognitively compromised persons |
| Minors (under 18 years of age) | Members of economically, educationally, or politically oppressed groups |
| Pregnant women | Other: **Click or tap here to enter text.** |
| If you checked any above, explain why these populations need to be included.  **Click or tap here to enter text.** | |
| How will participants be recruited? Based on IRB review, the IRB may require copies of recruitment materials before approval.  **Click or tap here to enter text.** | |
| Check if participants will receive any incentives or compensation: | |
| If checked above, describe the incentives or compensation. Explain why this level of compensation is appropriate for this study. Refer to Whitman College’s “Gift card and research participant compensation policy” for more information and tax reporting requirements.  **Click or tap here to enter text.** | |

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| **PART 4: Risks and Benefits** |
| **Minimal risk** means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those  ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. |
| In the researcher’s opinion, this research presents (check one and explain): |
| No greater than minimal risk. Briefly explain in the text box below. |
| Greater than minimal risk. Briefly explain in the text box below. |
| Explain: **Click or tap here to enter text.** |
| How will risks to participants be minimized?  **Click or tap here to enter text.** |
| Risks to researchers: |
| Check if there are possible risks to researchers: |
| How will risks to researchers be minimized?  **Click or tap here to enter text.** |
| Benefits: Describe any benefits to participants, to the academic area of research, and/or to society from this research. **Click or tap here to enter text.** |

Deception:

Check if the research involves deception:

If checked above, what potential risks are associated with this deception? Why does the researcher consider this deception to be necessary for the research? Describe procedures associated with deception, including de-briefing.

**Click or tap here to enter text.**

Does this research involve any of the following (relevant for medical or clinical research)? Check all that apply.

A clinical trial of a drug or medical intervention  Use of previously-collected blood or other biological samples

Collection of blood samples  Protected health information

Collection of other biological samples  Genetic information or DNA Samples

Other clinical or medical procedures

If any checked above, explain why collecting this information and/or performing these procedures is necessary for your research.

**Click or tap here to enter text.**

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| **PART 5: Confidentiality** |
| Does the research involve the collection of any data that (check any that apply): |
| Could be used to identify the participants *in any way* (including emails, IP addresses, combinations of demographic information, etc.) |
| Could place participants at risk of criminal or civil liability |
| Could be damaging to participants’ financial standing, employment, or reputation |
| Involves the collection of sensitive information (e.g., illegal conduct, sexual behavior) |
| Will participants’ identities be disclosed in any way? |
| Yes  No |
| If yes, explain why disclosure of participants' identities is necessary.  **Click or tap here to enter text.** |
| What procedures will be taken to protect participants’ confidential information? Include explanations for confidentiality protections related to recruiting participants, recording/collecting data, storing data and research materials (including consent forms), and destruction of raw data. If relevant, include an explanation of how compensation-related identifying information will be protected, stored, and destroyed.  **Click or tap here to enter text.** |
| **Note:** The IRB’s general expectation is that any electronic files containing personally identifying information will be stored in password-protected or encrypted files on a password-protected computer, and that any physical materials containing personally identifying information will be stored in a locked container (e.g., filing cabinet or library cubby) in a secure space. |
| Does the research involve the use of data, specimens, or records that were *previously collected* ? If so, describe the data.  **Click or tap here to enter text.** |
| Can participants be *identified* , directly or indirectly, within this previously collected data? If yes, explain how confidentiality will be protected.  **Click or tap here to enter text.** |

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| **PART 6: Informed Consent:** |  |
| What kind of consent will be used in this study? (check one) | |
| Written informed consent | |
| Verbal informed consent | |
| Implied consent  You must submit copies of any written informed consent documents as well as the script for verbal informed consent, if relevant. | |
| If either verbal informed consent or implied consent will be used, explain 1) why that is necessary for the research and 2) how researchers will protect the rights of participants and minimize potential risks to them.  **Click or tap here to enter text.** | |
| Will the research be conducted in any language other than English? | |
| Yes | No |
| If yes, the IRB will need to see translated copies of materials including written recruitment materials, research instruments (e.g., surveys or lists of interview questions), and consent forms, and a completed the Translation Certification Form (available on the Whitman IRB website) before research can be approved. Researchers may wish to submit English-language versions of your materials at the time of initial submission, and have the IRB review these materials before they are translated. In the space provided, explain how and when you will secure translated materials and share them with the IRB.  **Click or tap here to enter text.** | |
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| **PART 7: Approvals and Signatures** | |
| Type your full name below to accept responsibility for this study, including adherence to federal, state and Whitman College policies | |
| regarding the rights and welfare of human participants participating in this study. | |
| **Note*:*** In the case of student protocols, the faculty sponsor and the student share responsibility for adherence to policies. The faculty sponsor must review this form and all required materials (consent form, research instruments, etc.) before submission. The faculty sponsor should add their name and the date below indicating they have reviewed this proposal and approve of sending it to the IRB for review. The IRB will include the faculty sponsor on all email correspondence related to student proposals. | |
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| Name: **Click or tap here to enter text.** Date: **Click or tap here to enter text.** | |
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| Faculty Sponsor Approval, if relevant: **Click or tap here to enter text.** Date: **Click or tap here to enter text.** | |
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