

IRB Application

Robert Morris University Institutional Review Board.

Important Notes About This Stage

For your convenience, prior to this stage, you have been able to complete any of the fields that you've chosen to, save the application, and come back to it at any time. At this point of the application, you must ensure that **all required fields** have been completed. You will not be able to advance any further until they have. Please review your application carefully.

Once you submit your application, you will be able to **view** your submission at any time; however, you will no longer be able to **edit** any of the information. Only in the event that there is an issue with your application, an IRB member will release your form for you to go in and make changes.

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Research ID

2510

IRB Case Number:

202011202510

Agreed to Terms:

11/20/2020 2:39:11 PM

Begin Date

11/20/2020

**End Date**

11/20/2020

**ApplicantSchool**

School of Business (SBUS) ▾

Research Title

SAMPLE

Please refer to the "Applicant Checklist" on the IRB Website to ensure the application is complete.

1. Participant Information

1a.

Number of Participants

0

1b.


Participant Age Range

Ages 18 and Older ▾



Parental consent is **required** for children ages 18 and under.

1c.

GenderBoth (Male and Female) **Will any of the following classes of vulnerable subjects be involved in the proposed study?***Pregnant women, infants, prisoners, individuals with compromised mental status, or children.*

1d.

Vulnerable subjects?No If **yes**, you must select **all** that apply.

- Pregnant women (if they are specifically targeted)
- Infants
- Prisoners
- Individuals with compromised mental status
- Children*

*If you selected children above, you **must complete the following section**.

1e.

What is the age range of the children:

Example: 9-14

1f.

*Approximate number of children in the study:

0

1g.

Choose one:

- The research is limited to educational tests or observations of behavior
- Investigator(s) will interact directly with the children
- Retrospective Chart Review

2. CITI Program (required for all faculty, staff, and students)

2a.

Have you completed the CITI (Collaborative Institutional Training Initiative) Program training?

- No
- Yes

If yes, please upload proof that you have completed this training:

2b.

Choose File:**Uploaded file: NaumanLisa-2020112037-CitiFileNm-IRB APPLICATION TEST PAGEpdf****The applicant is responsible for uploading the CITI completion reports for the Advisor and Co-PI's, if any, as well as their own completion report.***You can only upload one file. If you add another file, it will remove the current one (above).* No file chosen**Only .pdf files are accepted.** If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

3. Additional IRB Approval

3a.

Do you have an additional outside (other than Robert Morris University) IRB approval?

- No
- Yes
- Not applicable (N/A)

If yes, please provide proof of your other approval:

3b.

Choose File:

No file chosen

Only .pdf files are accepted. If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

4. Consent Form, Script with IRB Contact Information and any Relevant Data

4a.

Please include a copy of the consent form with IRB contact information, script and any relevant data gathering instrument. Please merge all files into one .pdf document and upload it below.

Choose File:

Uploaded file: NaumanLisa-2020112037-ConsentFileFileNm-IRB APPLICATION TEST PAGEpdf

You can only upload one file. If you add another file, it will remove the current one (above).

No file chosen

Only .pdf files are accepted. If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

5. Co-Investigators

Please provide up to five co-investigators.

Please do not include your name or your advisor's name.

5a.

Name

Name

5b.

Email

email@example.com

5c.

Primary Phone

Phone Number

5d.

Name

5e.

Email

5f.

Primary Phone

5g.

Name

5h.

Email

5i.

Primary Phone

5j.

Name

5k.

Email

5l.

Primary Phone

5m.

Name

5n.

Email

5o.

Primary Phone

6. Research Information

6a.

The study is being conducted as part of (check one):

- Faculty Research
- Doctoral Dissertation
- Master's Thesis
- DNP Project
- Graduate Student Research
- Honors or Individual Problems Project
- Class Project
- Grant or Contract
- Other

If other, please specify:

6b.

B I U    

SAMPLE

6

6c.

What is the research intended to accomplish?

B I U    

SAMPLE

6

6d.

Provide a brief summary (400 words or less) of previous research in this field including a few sample citations:

B I U    

SAMPLE

6

6e.

Please check the types of measures to be used

- Observation of behavior
- Education Tests (cognitive, diagnostic, aptitude)
- Survey
- Interview
- Focus Groups
- Audio Recordings
- Video Recordings
- Other

If other, please specify:

6f.

B *I* U ☰ ☷ ☹ ☺

Type something

0

6g.

Please select the type of data to be collected:

- Quantitative
- Qualitative
- Mixed Methods

6h.

Please provide a description of your research design and procedures.

B *I* U ☰ ☷ ☹ ☺

SAMPLE

6

7. Instruments in Study

7a.

Please select one:

- Yes**, this study is using an instrument, such as a questionnaire, survey, etc.
- No**, this study is **not** using an instrument, such as a questionnaire, survey, etc.

If you selected "**Yes**" above, please include the instrument being used in the study:

Choose File:

Uploaded file: NaumanLisa-2020112037-InstrumentFileNm-IRB APPLICATION TEST PAGEpdf

You can only upload one file. If you add another file, it will remove the current one (above).

Choose File No file chosen

Only .pdf files are accepted. If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

If you have more than one instrument being used, please scan all documents into one PDF document and attach it above.

8. Researching in an Organization

8a.

Choose one:

If this research is being conducted outside of RMU, you must have a Letter of Support/Permission from that organization.

- Yes**, the research will be conducted at a particular organization (workplace, school, military base, retail outlet, etc.)
- No**, the research will not be conducted at a particular organization (workplace, school, military base, retail outlet, etc.)

*If **Yes** checked, please provide a letter of consent from the organization where the research will take place. The letter should be dated and signed by the organization's administrator and should state that they understand and give consent for your research to be conducted. Please make sure that this letter is*

done on official company letterhead.

Choose File:

Uploaded file: NaumanLisa-2020112037-LetterOfConsentFileNm-IRB APPLICATION TEST PAGEpdf

You can only upload one file. If you add another file, it will remove the current one (above).

No file chosen

Only .pdf files are accepted. If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

If the research takes place at RMU, NO letter of support is needed.

9. Financial Support

9a.

Please select the type of funding being used:

- Unfunded
 Internal Funding

Source:

Internal Funding source

- External Funding

Sponsor/Source

External sponsor

- Grant

Award Number

Award Number

9b.

Please select the source of financial support:

- None
 Federal Aid
 Department of Education
 Commercial
 Other

Source

Other source name

10. Risk Factors

10a.

Discuss the direct and indirect risks to participants and how any risks will be managed:

Please specify:

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SAMPLE

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10b.

Is deception involved in this research project?

- Yes
- Not applicable (N/A)

10c.

If yes, please explain:

B *I* U ☰ ☷ ☹ ☹

Type something

0

10d.

***Indicate the degree of physical or psychological risk you believe the research poses to human subjects:**

- Minimal Risk:** the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological tests or examinations.
- Greater than Minimal Risk*:** the probability and magnitude of harm or discomfort anticipated in the research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological tests or examinations.

*If Greater than Minimal Risk, please attach detailed information of the procedures that will create the harm, as well as the script to be followed by the researcher

10e.

Choose File:

No file chosen

Only .pdf files are accepted. If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

11. HIPAA Compliances

11a.

- I am submitting an IRB Waiver of HIPAA Privacy Authorization for Research-Retrospective Chart Reviews
- Not applicable (N/A)

Below, please upload the completed version of the IRB Waiver of HIPAA Privacy Authorization for Research-Retrospective Chart Reviews from above:

Choose File:

No file chosen

Only .pdf files are accepted. If using Microsoft Word, you can use the "Save As" feature to save as a PDF.

12. Recruitment Information

12a.

Select the levels of recruitment being used:

- RMU Directory

- Postings, Flyers
- Radio, TV
- Email solicitation

12b.

Please specify how email addresses are obtained:

B I U [List Icon] [List Icon] [List Icon] [List Icon]

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- Web-based solicitation

12c.

Specify websites:

B I U [List Icon] [List Icon] [List Icon] [List Icon]

Type something

0

- Participant pool

12d.

Specify what pool:

B I U [List Icon] [List Icon] [List Icon] [List Icon]

Type something

0

- Other

12e.

Please specify:

B I U [List Icon] [List Icon] [List Icon] [List Icon]

Type something

0

12f.

- The research requires special evaluation and screen of potential participants to determine appropriateness for inclusion.

12g.

Please elaborate on screening process:

B I U [List Icon] [List Icon] [List Icon] [List Icon]

Type something

0

13. Participant Compensation and Costs

13a.

- Participants will be compensated for the study
- Not applicable (N/A)

13b.

Please explain:**B** **I** **U**    

Type something

0

13c.

-
- Students will be offered class credit for participation

13d.

-
- There will be costs to the participants

13e.

Please explain:**B** **I** **U**    

Type something

0

14. Confidentiality and Data Security

14a.

-
- Personal identifiers, recordings, files, and any other material used in the study will be held in a secured location.

14b.

Briefly describe how personal identifiers, recordings, files, and any other material used in the study will be secured:**B** **I** **U**    

SAMPLE

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15. Conflict of Interest

15a.

Do you or any individual who is associated with or responsible for the design, the conduct of, or the reporting of this research have an economic or financial interest in, or act as an officer or director for any outside entity whose interests could reasonably appear to be affected by this research project?

- Yes
- Not applicable (N/A)

15b.

If yes, please explain:**B** **I** **U**    

Type something

0

[Submit Application](#)

