


Application for Research Involving Human Subjects

Date of Submission

Month Day Year  Hour Minutes

Title of Project *

Student Researcher

First Name Last Name

E-mail

example@example.com

Principal Investigator (this must be the faculty research advisor if the project is being conducted by a student researcher) *

First Name Last Name

E-mail

example@example.com

Other Researchers

Proposed Start Date

Month Day Year 

Proposed End Date



Day Year

Section 1: General Information about the Research Project

This project is *

Faculty research

Student project for class

Independent student research

Other

Class number and name

Have you requested external funding for this project?

Yes

No

Name of the agency providing funding

Will any group other than Defiance College be involved in this study?

Yes

No

Name of group(s) involved in research

You must obtain written permission to work with any outside group from an agent of that group. A written

statement of permission from any external group is required.

This includes any state or local agencies with which you may be working. Please upload the document granting you permission below. PDF is the preferred file type.

Does any member of the research team work or volunteer at this group?

Yes

No

Please explain whether the member of the research team, while fulfilling their normal work or volunteer obligations at this group, will have access to information about subjects and/or interact with subjects

Section 2: Characteristics of the Subject Population

Estimated number of subjects *

Will people in any of the following vulnerable populations be specifically recruited for the study?

Children under the age of 18 *

Yes

No

Adults over the age of 65 *

Yes

Economically or educationally disadvantaged people *

Yes

No

Institutionalized people *

Yes

No

Victims of crime or other traumatic experience *

Yes

No

Pregnant individuals or fetuses *

Yes

No

People with known physical, mental, or learning disabilities *

Yes

No

Will this project involve a pre-existing data set? *

Yes

No

Source of the data set

If the project involves a pre-existing data set, did the subjects give permission for their information to be used for research purposes?

Yes

No

Will this project involve observation of public behavior?

Yes

No

Section 3: Potential Risk to Subjects

Purpose of Project *

Briefly describe the purpose of your project or study. In your response, clearly explain what the human subjects will experience during the proposed study or project. Indicate what data will be collected and used in the study or project.

Will samples of blood or other bodily fluids be obtained from the subjects? *

Yes

No

Describe how the sample will be obtained, who will obtain it, and how it will be disposed of after the study.

Will subjects be required to reveal personal or private information? *

Yes

No

Describe the information

Will subjects be exposed to anything that could cause physical harm or distress? *

Yes

No

Describe the harm or distress.

Will participation in this study potentially compromise the subject's financial standing, employability, reputation, and or pose legal risk? *

Yes

No

Describe the risk(s).

Will subjects be exposed to anything they might consider to be offensive or threatening? *

Yes

No

Describe the material to which subjects will be exposed.

Will deception be involved? *

Yes

No

Explain the deception.

Will participation in the study pose risks to the subjects that exceed those encountered in normal daily activities? *

Yes

No

Describe these risks and explain how the benefits to the subjects and society outweigh the potential risks.

Is there a reasonable chance that the subject would experience an adverse reaction that would qualify as an emergency? *

Yes

No

Explain your plans of handling such emergencies and how the benefits to the subject and society outweigh the risk of emergency.

Will the subjects receive compensation for their participation in the study? *

Yes

No

Describe the compensation.

Methodology *

Section 4: Privacy and Confidentiality

Will the data be collected with identifiers that will allow the researchers to determine the identity of the subject? *

Yes

No

Will you make an audio recording of the subjects?

Yes

No

Will you make a video recording of the subjects?

Yes

No

Describe the methods you will use to safeguard the privacy of our participants.

Who has access to the identity of the subjects? *

Only members of the research team

Explain why the research team needs access to subjects' identity and how you will conceal the identity of the subject from people who are not part of the research team.

Explain why it is necessary to reveal the identity of the subject and indicate how this information will be used. The subject must be informed in writing how their identity will be used.

Describe how you will ensure the confidentiality of the data you collect. Include information regarding the storage of data, plans for publication or presentation of data, and disposition and destruction of data. *

Section 5: Informed Consent

Will you require your subjects to sign a statement indicating their informed consent to participate in the study? If the subject is under the age 18 or is otherwise legally incapable of providing consent, written consent must be obtained from the parent or guardian and verbal consent from the subject. *

Explain why you will not obtain written consent.

If your participants are under the age of 18 or otherwise legally incapable of providing consent will you require your participants to sign a statement indicating their assent ? *

Yes

No

Not applicable - participants are over the age of 18 and legally capable of providing consent

Explain why you will not obtain written assent.

Section 6: Signatures

Please print and sign the form below. The signed form must be submitted before your proposal may be reviewed by the IRB. Completed forms may be scanned and sent to irb@defiance.edu.

My signature on this form indicates that the above information is accurate. I understand that it is my responsibility to protect the rights and the welfare of my subjects. I will protect the confidentiality of the information provided by my subjects unless I have obtained their written permission to disclose this information to others.

Faculty advisor: As a faculty advisor I understand that it is my responsibility to insure that I and all students working on this project have received the training needed to conduct the study and to safeguard the wellbeing of the subjects with whom they will interact.

Signature of Principle Investigator

Date

Signature of Faculty
Advisor

Date

Please print this page, sign it, and email a scanned copy to irb@defiance.edu. Please keep a copy for your records.

Email

example@example.com