REVIEW OF CATEGORY 1 AND CATEGORY 2 RESEARCH INVOLVING HUMAN SUBJECTS

This research study is a (check one):

___ student project
___ faculty project

TITLE OF PROPOSED RESEARCH:

PRINCIPAL INVESTIGATORS:

SUPERVISOR (if the principal investigator is a student)

DATES OF PROPOSED PROJECT:

SOURCE OF FUNDING (if any) FOR PROPOSED PROJECT:

BRIEF DESCRIPTION OF PROPOSED PROJECT:

DESCRIBE WHO THE SUBJECTS ARE (how many, ages, etc.) AND HOW THEY WILL BE RECRUITED:

DESCRIBE THE SURVEY INSTRUMENTS, INTERVIEW PROTOCOLS, OR OTHER MATERIALS USED TO COLLECT THE DATA (include copies):

POTENTIAL BENEFITS TO SUBJECTS WHO PARTICIPATE (if monetary compensation will be awarded, describe that procedure):

POTENTIAL RISKS TO SUBJECTS WHO PARTICIPATE:

DESCRIBE THE METHOD FOR OBTAINING INFORMED CONSENT (include copy of the informed consent form):

DESCRIBE METHOD FOR INSURING THE SUBJECTS’ RIGHTS TO PRIVACY AND CONFIDENTIALITY OF DATA:

ATTACHMENTS:

_____ Copy of the informed consent form

_____ Copy of all survey/interview instruments used for data collection
Signature of Principal Investigator

date

Signature of Principal Investigator/Supervisor

date

APPROVED:

Department Chair

date

Chair, Human Subjects Committee, COLA

date

Dean, College of Liberal Arts

date
SAMPLE INFORMED CONSENT FORM
(While yours may look different and contain some different information, it must
address the information contained in this sample form.)

Title of Project:

Investigator:

Department:

Phone number:

The purpose of this project is: (BRIEFLY describe the purpose of the project)

I understand that, as part of this project, I will: (describe what will be expected of the subject)

I understand that the risks associated with this procedure include: (describe any potential risks to the subject)

I understand that my participation is voluntary; I may refuse to participate and/or
discontinue my participation at any time without penalty or prejudice. I understand that my participation or lack thereof will in no way affect my ____________ (e.g., grade in this course, treatment in this facility, etc.).

I understand that all information collected in this project will be held confidential;
(please BRIEFLY describe the procedures being taken to ensure confidentiality).

I understand that by agreeing to participate in this project and signing this form, I have not waived any of my legal rights.

I understand that any questions or concerns I have will be addressed by the above named investigator. If I have further questions, I may contact the chairperson of the Human Subjects' Committee, Dr. Bambi Robinson at 651-2822.

Signature_____________________________________________

Date__________________________________________________