

**IRB Research Approval Request Form**

**For all researchers**:

Please use this worksheet for your IRB application. Answer each question thoroughly, placing N/A for those that do not apply. You may include further information (e.g. instruments) in subsequent pages following the completed worksheet below, or you may include these documents as attachments in the email submission; please list those attached documents in the “Additional files” field below.

**Student researchers**:

In order to be processed, the IRB application must have approval from the advisor and/or instructor. The easiest and most convenient way to gain this approval – and the highly preferred means of submission – is for the application to be sent by the advisor. (Even if the application is simply forwarded by your advisor to the IRB email address, the IRB will assume that this act indicates approval of the application for submission.) A student may send the application directly to the IRB email address, but the processing time for the application may be longer (because the advisor’s approval will need to be sought and confirmed prior to any beginning the process of an official review of the application).

Please send all IRB application materials to: [irb@lcc.lt](mailto:irb@lcc.lt).

All questions may be directed to the chair of the Institutional Review Board, at [jschneider@lcc.lt](mailto:jschneider@lcc.lt) or [irb@lcc.lt](mailto:irb@lcc.lt) . Every effort will be made to provide a decision within 10 working days.

**Please indicate answers to important identifying information for the purposes of IRB processing**:

Are you INTERNAL to LCC (ex. student, faculty, etc.) or EXTERNAL to LCC?

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What is your status: Bachelor’s student? Master’s student? Faculty researcher? Other?

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If you are internal to LCC, to which program do you belong?

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Is your methodological approach primarily Quantitative, Qualitative, or Mixed Methods?

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Does your research involve the use of animals?

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**FIRST PAGE**

**Identifying information**

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| YOUR NAME (first and last) |  |
| YOUR LCC EMAIL  (if you are a guest, please enter your preferred email address) |  |
| PROJECT TITLE |  |
| ADVISOR'S NAME (first and last)  (if you are a guest or a faculty member, please write "N/A" ) |  |
| ADVISOR'S LCC EMAIL  (if you are a guest or a faculty member, the email is "[irb@lcc.lt](mailto:irb@lcc.lt)") |  |
| YOUR PROGRAM  (e.g. International Business, MA in TESOL, etc…) |  |
| IS THIS A NEW REQUEST, RESUBMISSION, OR UPDATE?  Resubmissions are for requests which were rejected initially by either the advisor or IRB; updates are for projects that were approved, but something in the request has changed (larger sample size, etc) |  |
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**IRB FORM**

**More identifying Information**

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| INCLUSIVE DATES OF PROJECT  give the beginning and ending dates for data collection and reporting of the results |  |
| CO-INVESTIGATOR(S)  name, college dept., email |  |
| FUNDING AGENCY  organization name, contact person’s name, email, other identifier |  |

**Participants**

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| TYPE OF PARTICIPANTS  Describe the age, race, and gender of participants. Who makes up the target sample? |  |
| INSTITUTIONAL AFFILIATION  please identify if participants are affiliated with some organization or institution through which they will be recruited, i.e., schools, prisons, hospitals, human services organizations, etc. |  |
| APPROXIMATE NUMBER OF PARTICIPANTS |  |
| HOW PARTICIPANTS ARE CHOSEN  records, classes, referrals, canvassing, etc.; be specific in describing this; if records are used, indicate who gave approval for the use of records |  |
| INDUCEMENTS  describe what, if any, inducements before or rewards after the study will be offered |  |
| MONETARY CHARGES  if participants will be charged for any research-related procedure, please describe |  |
| INSTRUMENT:  Please include a copy of your instrumentation for data collection (questionnaire; interview guide, etc. ) |  |

**Abstract and Protocol**

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| HYPOTHESIS AND RESEARCH DESIGN  Clearly state the hypothesis or the research question of the study, and describe the design that will be used to address it. |  |
| PROTOCOL – Summary  Describe exactly what will be done to and for the participants. |  |
| DATA COLLECTION  when and where the data will be collected (attach copies of permission letters if participants are being recruited and/or tested in a field location) |  |
| INSTRUCTIONS  what instructions will be given to the participants (attach a copy if the instructions are written out for the researcher and/or the participants to read) |  |
| DEBRIEFING  how the participants will be debriefed regarding the purpose of the study |  |

**Informed consent**

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| INFORMED CONSENT  precisely how and when the informed consent will be requested |  |
| CONSENT FORM  Make an *informed consent form* that includes all the elements listed on the last page, using the sample consent forms as guides. Attach a copy of your *informed consent form* to the proposal. |  |

**Additional files**

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| If you have attached additional files, please list them here (e.g. questionnaire, permission letters, etc.) |  |

**Risks**

Evaluate the following items carefully to see which may apply. If any do, state which one(s) and what precautions will be taken to minimize risk to the participants. If you see no risks, please state, “No known risks identified.” If, in the course of review, the committee finds evidence of possible risk that is not addressed, the proposal will be immediately rejected.

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| PRIVACY  any possible invasion of privacy of the participants or their families, including the use of personal information or records |  |
| PHYSICAL STIMULI  administration of any stimulus other than sensory stimuli associated with normal classroom situations and/or daily life |  |
| DEPRIVATION  withholding of physiological requirements such as nutrition or sleep, manipulation of psychological and/or social variables, e.g., sensory deprivation, social isolation, psychological stresses, etc. |  |
| DECEPTION  any situation in which full informed consent cannot be obtained before the study begins; in these cases, the protocol must include a statement of why the deception is necessary and how participants will be debriefed upon completion of the study; informed consent is NOT waived when deception is used; it must be obtained after the data are gathered but before analysis is performed |  |
| SENSITIVE INFORMATION  anything participants are being asked that they may consider to be personal or sensitive |  |
| OFFENSIVE MATERIALS  presentation of any materials which participants might find to be offensive, threatening, or degrading |  |
| PHYSICAL EXERTION  any exertion beyond normal classroom and daily life situations |  |

**Confidentiality**

Specify steps that will be taken to insure the confidentiality of the information. If data will become part of a participant’s permanent record or if some third party will be informed of anyone’s participation in the study, explain exactly why this is necessary. If video- or audio-taping is used, specify when and how the tapes will be destroyed.

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**SUBMISSION**

By typing your full name below, followed by your initials (e.g. “Jay Daniel Mininger, jdm”), you agree to the following statement:

“I certify that the information furnished concerning the procedures to be taken for the protection of human participants is correct. I will seek and obtain prior approval for any substantive modification in the proposal and will report promptly any unexpected or otherwise significant adverse effects in the course of this study.”

**ELEMENTS OF INFORMED CONSENT DOCUMENT**

1. Statement that the study involves research and an explanation of the purposes of the research,
2. The approximate number of participants involved in the study.
3. A description of the procedures to be followed.
4. A description of any reasonably foreseeable risks, discomforts, or costs to the participant.
5. A description of any benefits to the participants or to others, which may reasonably be expected from the research.
6. With respect to confidentiality, reporting of data must be done in such a way that individuals will not be identifiable. If tape recordings, photographs, movies or videotapes are used, they should be described. The time they will be retained before they are destroyed should be specified. Use of such data for other purposes must be disclosed and permission obtained in a special portion of the consent form. If the data collected will be provided to other parties, these parties must be fully identified.
7. A statement that participation is voluntary, the person may refuse to participate, and may discontinue participation at any time without penalty or loss of benefits to which he/she is otherwise entitled.
8. An explanation of whom to contact for answers to pertinent questions about the research and research participants’ rights, and whom to contact in the event of a research-related problem. Include telephone number.
9. Space for the participant’s signature and date. If applicable, there should be space for signature by parent or guardian, along with a space for the signer to indicate his/her relationship to the participant. If researchers plan to collect data from children younger than 16 years of age, a parent or guardian must sign the informed consent form.
10. If the consent form will be provided to non -English speakers, explain provisions for translation into native language of the participants.