UNIVERSITY OF ARKANSAS – FORT SMITH
Request for Review of Human Subjects Research

Request for Review of Human Subjects Research		
IRB Use Only	UAFS IRB Registration No.	E-mail to: irb@uafs.edu
Principle Investigator (if UAFS student, consult with your professor **before** submitting)	Last Name:	First Name:
	Phone Number:	E-mail:
	Investigator Status (click on the box to select): ☐Faculty ☐ Staff ☐ Undergraduate student ☐ Graduate student	
Faculty Advisor	Last Name:	First Name:
	Department:	Office Address:
	Phone Number:	E-mail:
Project Type (click on the box to select)	☐ Faculty research ☐ Staff research ☐ Class project ☐ Honors project ☐ Thesis/Dissertation ☐ Other (Please specify)	
Project Title		
Funding	Is the project receiving extramural funding? If yes, specify source. ☐ Yes ☐ No	
Number of participants	_____ Children under 18 _____ UA Fort Smith students (18 and over) _____ Adult non-students _____ Other (Identify and specify no. needed)	
Dates of contact with participants	Date of first contact:	Date of last contact:

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Informed consent procedures	Forms to include: ☐ Signed consent form(s) ☐ Other method (e.g., implied consent or assent, attach explanation) ☐ Not applicable to this study, attach explanation
Confidentiality of data	Explain how the Researcher will maintain confidentiality.
Risks or Benefits	Will participants be exposed to more than minimal risk? Attach a description of any risks or discomforts associated with the study and the precautions to minimize them. ☐ Yes ☐ No
Check all that apply (B, C, D, and E require an explanation of procedures and safety precautions.) (F, G, and H require an explanation of informed consent procedures) (I and J require letters of approval from agencies)	☐ A. Deception of or withholding information from participants. Justify use of the practice. ☐ B. Medical clearance necessary prior to participation ☐ C. Samples (blood, tissue, etc.) from participant ☐ D. Administration of substances (food, medicine, etc.) to the participants ☐ E. Physical exercise or conditioning for subjects ☐ F. Research involving children ☐ G. Research involving pregnant women or fetuses ☐ H. Research involving participants of institutions ☐ I. Research involving IRB at another institution ☐ J. Research requiring approval from another institution
Checklist for completion	☐ IRB application ☐ Brief review of the literature ☐ Full description of the project (include how collected data will be used) ☐ Methodology (methods to be used) See details below. ☐ Ethics certification (If initial application to UA Fort Smith IRB or Cert # if not first time) (Appendix A) ☐ Letter to participants, script of oral protocols to read to participants, etc. (Appendix B) ☐ Letter of approval from cooperating institutions and/or other IRB approvals as applicable (Appendix C) ☐ Copies of the data collection instruments (Appendix D) ☐ Informed consent form(s) (Appendix E) ☐ Debriefing form(s) (Appendix F) ☐ References with complete citations

Instructions: In accordance with Federal Regulations, the UAFS IRB must approve your research proposal before you collect data. If you are from an outside institution, you must obtain approval from the Office of the Provost and Senior Vice Chancellor before submitting to the IRB. Please complete the following sections carefully, clearly, and concisely as this will minimize review time and quicken our response to you.

Brief Review of the Literature (200 words exclusive of references)

Full Description of the Project (In space provided, enter a full description of the study. What is the nature of this proposed project? What is your research question? What is its significance? What is/are your hypothesis(es)? What is/are your expected outcome(s)?) Who will this information be shared with? How will the data be shared?

Methodology (Describe whom you plan to recruit as participants, a description of the materials, equipment, or instruments you plan to use to collect your data.)

Participants (Anticipated demographics)

Materials, Equipment, Instruments (Thoroughly describe. Place a copy of your proposed instrument(s) in Appendix D.)

Procedures (Describe exactly how you plan to recruit your participants. What script will you use to recruit them? How will you seek consent? What letters of approval will be needed? Describe exactly how you plan to collect data (i.e., what will the participants engage in to complete your study?).

LIST OF APPENDICES

APPENDIX A	Ethics Certification
APPENDIX B	Letters to Participants, Scripts
APPENDIX C	Letter(s) of Approval from Other Institutions / IRB Approvals
APPENDIX D	Instrument(s)
APPENDIX E	Informed Consent Form(s)
APPENDIX F	Debriefing Form(s)

APPENDIX A

Ethics Certification

If this is your initial application to the UAFS IRB Committee, you (and your faculty advisor/professor) need to submit a copy of the ethics certification in Appendix A. As a student, you can earn certification through UAFS IRB online certification course. (Your professor will contact the Institutional Support to add your name to the Blackboard Certification course.) This certification takes about two hours to complete. The online course allows you to complete the certification as time allows.

APPENDIX B

Letters to Participants, Scripts

Provide a copy of the letters, flyers, etc., that you plan to use to recruit your participants or any literature you intend to use to communicate with you participants about your study. For example, if you intend to recruit via flyers on campus, provide an exact copy of what you would like to use and the associated UAFS Student Activities form.

APPENDIX C

Letter(s) of Approval from other Institutions / IRB Approvals

APPENDIX D

Instrument(s)

If you are planning to use a published instrument *or* if you plan to modify (to any degree) a published instrument, please be sure to cite the reference here and include the compete citation in your list of references. The instrument you place here is to be the exact one you plan to present to your participants.

If the UAFS IRB approves this proposal, any changes to it should be reviewed by the IRB. The IRB will respond within 48 hours.

APPENDIX E

Submit only the Informed Consent you will use for the research project. Be sure to delete the ones that are samples. Be sure to complete the form using your information.

APPENDIX E
Informed Consent Form
Sample 1

Name of Institution:

Department:

Title of the Research Project:

Purpose of the Study:

The purpose of the Gender Differences in Mate Selection after First Marriage is to better understand the degree to which career, money, and spiritually play a significant role and to measure socially maturity.

Procedures:

Confidentiality/Safeguards:

Risks:

Benefits:

Right to Withdraw:

Contact Information:

A copy of this form is yours to keep.

PARTICIPANT COPY

Participation Consent Form

You are making the decision whether or not to participate in the _____ study. Your signature indicates that you have read and understood the information provided and have decided to participate in the study.

I am willing to participate in this study, and verify that I am 18 years of age or older.

_____
Participant's Name (Printed)

_____ _____
Participant's Signature Date

_____
Witness (Researcher) (Printed)

_____ _____
Witness (Researcher) Signature Date

OFFICE COPY

Participation Consent Form

You are making the decision whether or not to participate in the _____ study. Your signature indicates that you have read and understood the information provided and have decided to participate in the study.

I am willing to participate in this study, and verify that I am 18 years of age or older.

_____
Printed Name of Participant

_____ _____
Participant's Signature Date

_____
Printed Name of Witness (Researcher)

_____ _____
Witness (Researcher) Signature Date

APPENDIX E
Informed Consent Form
Sample 2

This sample is adopted from the following Website:
https://rcr.gradsch.wisc.edu/cfwizard/start.asp?wisc#

UNIVERSITY OF ARKANSAS - FORT SMITH
Research Participant Information and Consent Form

Title of the Study:

Principal Investigator:

Student Researcher: *Student name at 479.788.0000 or student@uafortsmtih.edu*

Description of the Research:

*You are invited to participate in a research study about the way you study and learn. You have been asked to participate because we are interested in how college students study and learn. The purpose of the research is to gain an understanding of how college students study and learn. It is also an assignment in **** course this Fall 2009 semester. This study will include male and female college students here at UA Fort Smith. Data for this research study will be collected on UA Fort Smith's campus.*

What will my participation involve?

If you decide to participate in this research, you will be asked to complete a five-minute survey containing true and false items. Your participation will last approximately five-minute and will require only one session.

Are there any risks to me?

There are no risks associated with this research study.

Are there any benefits to me?

The benefit of your participation will be the satisfaction of knowing that you have helped a colleague with a required assignment in a required course. Thank you!

How will my confidentiality be protected?

This study is anonymous. Neither your name nor any other identifiable information is recorded.

Whom should I contact if I have questions?

You may ask any questions about the research at any time. If you have questions about the research after you leave today, you should contact the Principal Investigator, at .

If you are not satisfied with response of research team, have more questions, or want to talk with someone about your rights as a research participant, you should contact the IRB Office at 479.788.0000. Your participation is voluntary. If you decide not to participate or to withdraw from the study, it will have no effect on your grade in this class. Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research, and voluntarily consent to participate. You will receive a copy of this form for your records.

See attached signature pages.

Participation Consent Form

You are making the decision whether or not to participate in the _____ study. Your signature indicates that you have read and understood the information provided and have decided to participate in the study.

I am willing to participate in this study, and verify that I am 18 years of age or older.

_____
Printed Name of Participant

_____ _____
Participant's Signature Date

_____
Printed Name of Witness (Researcher)

_____ _____
Witness (Researcher) Signature Date

Participation Consent Form

You are making the decision whether or not to participate in the _____ study. Your signature indicates that you have read and understood the information provided and have decided to participate in the study.

I am willing to participate in this study, and verify that I am 18 years of age or older.

_____
Printed Name of Participant

_____ _____
Participant's Signature Date

_____
Printed Name of Witness (Researcher)

_____ _____
Witness (Researcher) Signature Date

APPENDIX F

Debriefing Form Sample

Thank you for participating in this study. Please read all of the following information.

The purpose of the study is

Please remember that your individual responses will remain anonymous and that the data will be examined on a grouped basis only. Your informed consent form, which contains your name, will be kept separate from the answers that you gave on the questionnaires. The student investigator to whom you have given your responses will deliver all consent forms to the Principal Investigator for this study (*Dr. John/Suzie Q. Public, Department of Services*) who will keep all consent forms in a locked file to which only *he or she* will have access.

If you have any questions about this study, if you should experience any negative feelings as a result of participating in this study or if you are interested in knowing the results of this study, please contact Dr. John/Suzie Q. Public, Department of Services at State University (phone: 479.788.0000). If you should have any concerns that Dr. John/Suzie Q. Public is not able to address, you may also contact the State University Counseling Center located on the 3rd floor of the Pendergraft Bldg., (phone: 479.788.0000)

Again, your cooperation and participation are greatly appreciated.

REFERENCES

All citations noted anywhere in this application must be presented here in full citation format. Alphabetize by the last name of the first author. Please include page numbers. If you plan to use a published instrument (or a modified one), place the complete citation here and make note of it in Appendix D where you placed this instrument.

Citation examples:

Feingold, A. (1992). Gender differences in mate selection preferences: A test of the parental investment model. Psychological Bulletin, 112(1), 125-139.

Wood, D., Brumbaugh, C. C. (2009). Using revealed mate preferences to evaluate market force and differential preference explanations for mate selection. Journal of Personality and Social Psychology, 96, 1226-1244.