**Mississippi University for Women**

**Institutional Review Board**

**Cover Page**

*Instructions: Upon completion of this cover page, print it, and have your faculty advisor sign it. You will then scan it and include it with your proposed research review forms A, B, and C.* ***If this form becomes unresponsive, use the up and down arrow keys to navigate the text boxes and check boxes. If it still does not respond, save your document and reopen it.***

***Email this cover page and your completed proposal packet to Dr. Candy Grant at*** [***crgrant@muw.edu***](mailto:crgrant@muw.edu).

1. **About the Researchers:** Click or tap to enter a date.

Click or tap here to enter text.

Principal Investigator: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Department: Choose an item.

Telephone: Click or tap here to enter text.

If student, name of Research Advisor: Click or tap here to enter text.

Research Advisor’s E-mail Address: Click or tap here to enter text.

**\* Note: All advisors, principal investigators, co-investigators, and student researchers should have completed CITI Training. Attach all certificates of completion with this research review document.**

1. **Title of the Research:**

Click or tap here to enter text.

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

* **Please note: If you are a student, you are required to have your application reviewed by your faculty advisor. To indicate that it has been reviewed, the IRB requires that your faculty advisor sign this coversheet.**

**Mississippi University for Women**

**Institutional Review Board**

Identification of Investigators, Brief Description of Investigators, and

Brief Description of Proposed Research Reviewi

**Form A**

*Instructions: Completely fill out this form (parts A, B, and C).* ***If a question is not applicable, please write or mark not applicable.*** *Do not delete or add any item from or to this form. Along with this completed form, please submit all supporting documents. Supporting documents appear in blue font on the form.* ***If the form becomes unresponsive, use the up and down arrow keys to navigate the text boxes and check boxes. If the form still does not respond, save your document and reopen it.***

***Email this document with your scanned cover page to Dr. Candy Grant at*** [***crgrant@muw.edu***](mailto:crgrant@muw.edu)***.***

1. **About the Researchers:** Click or tap to enter a date.

Click or tap here to enter text.

Principal investigator(s): Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Department: Choose an item.

Telephone: Click or tap here to enter text.

If student, name of Research Advisor: Click or tap here to enter text.

Research Advisor’s E-mail Address: Click or tap here to enter text.

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1. **Purpose of the Research:**

Undergraduate Research

Master’s Thesis

Doctor of Nursing Practice

Coursework

Faculty Research

Assisting Faculty Research

Other: Click or tap here to enter text.

1. **Title of the Research:**

Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **External Funding:**

Has this project been submitted for external funding?  Yes  No

If yes, list all agencies. For each agency, list the status (Approved, Pending, Denied) and date.

Click or tap here to enter text.

1. **Location of the Study:**

Click or tap here to enter text.

1. **Projected Duration of the Study:**

Click or tap here to enter text.

1. **Project Summary: (2-3 sentences)**

Click or tap here to enter text.

1. **Number of Participants Expected:**

Click or tap here to enter text.

1. **Human Participants \*: (check all that apply)**

Adults (18 years or older)

Minors (less than 18 years) If yes, have you included a line on the consent form for

the parent/guardian signature

Pregnant Women

Fetuses

Economically or Educationally Disadvantaged

Elderly

Patients

Non-English Speaking

Mentally Disabled

Prisoners, Parolees, or Incarcerated

Elected or Appointed Officials or Candidates in Public Office

Students from a class taught by the principal investigator(s)

\*Human participants are living individuals, form whom an investigator obtains data through intervention or interaction with the individual or identifiable information from some other source (e.g., medical records, third party, etc.).

1. **Type of Data: (check all that apply)**

Interviews

Questionnaires or Surveys

Medical Records Review

Existing Data Banks, Archives, or Documents

Physiological Measurements or Blood Samples

Observations/Record of Public Record

Education Tests (e.g. Cognitive, Aptitude, or Achievement)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Nature of Information to Be Obtained: (check all that apply)**

Participants and their responses cannot be identified

Filming, Video, or Voice-Recording

Involving the use of instructional strategies and/or techniques

Collected with permission or in collaboration with another agency or institution

1. **Other: (check all that apply)**

Participants are given incentives (money, extra credit, etc.)

Research conducted in an educational setting

Project involves temporary deception of participant

Project is time sensitive or in response to an unforeseen research opportunity

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**Form B**

Check one of the following:

This is a new research project.

This is an on-going investigation. For on-going investigations

complete all items included those in the shaded areas.

1. **Research Summary**

Briefly describe the purpose and nature of the present research proposal. State what, if any, benefit is to be gained by the subject(s) or what information is to be added to the general body of knowledge as a result of this research.

Click or tap here to enter text.

1. **Participants and Recruitment**
2. How many subjects will be involved in the research? Estimates or ranges are acceptable. Please be aware that if you recruit over 10% more participants than originally requested, you will need to submit a request to modify your recruitment numbers.

Click or tap here to enter text.

1. Describe how subjects will be recruited. Describe any compensation or incentives that will be offered. Please provide the IRB with any recruitment materials that will be used (**flyers, letters of invitation, e-mail messages, recruiting scripts, etc.).**

Click or tap here to enter text.

1. Describe inclusion/exclusion criteria. List specific eligibility requirements for subjects (or describe screening procedures), including those criteria that would exclude otherwise acceptable subjects.

Click or tap here to enter text.

1. Explain any sampling procedure that might exclude specific populations.

Click or tap here to enter text.

1. Disclose any relationship between researcher and subjects, such as teacher/student, employer/employee, etc.

Click or tap here to enter text.

1. Check any vulnerable populations included in this study:

Minors (less than 18 years of age) If yes, have you included a line on

the consent form for the parent/guardian signature?

Pregnant Women

Fetuses

Economically or Educationally Disadvantaged

Elderly

Patients

Non-English Speaking

Mentally Disabled

Prisoners, Parolees, or Incarcerated

Elected or Appointed Officials or Candidates in Public Office

Students form a class taught by principal investigator

1. If you have checked any of the populations in item 6, state the necessity for doing so. Please indicate the approximate age range of the minors to be involved.

Click or tap here to enter text.

**Form C**

1. **Research Procedures and Methods**
2. Describe the **informed consent process**. Include a detailed description of
   1. From whom will you obtain consent. If a minor, you need to obtain consent from a parent/guardian.
   2. State exactly what you will tell the participant and/or parent/guardian.
   3. If a consent form is to be used, ***attach a copy.***
   4. Alternatively, provide an explanation of why informed consent will not be obtained.

Click or tap here to enter text.

1. In lay language, **describe completely all procedures** to be followed during the course of the experimentation. Provide sufficient details so that the Committee is able to assess potential risks to human subjects. In order for the IRB to completely understand the experience of the subjects in your project, please provide a detailed outline of everything subjects will experience as a result of participating in your project.

Click or tap here to enter text.

1. Describe how much time will be required with each participant.

Click or tap here to enter text.

1. Describe the **data collection procedures and materials.** To the extent possible, **provide actual or sample materials** (e.g., questionnaires, interview protocols, etc.).

Click or tap here to enter text.

1. How will data be recorded and stored?

Click or tap here to enter text.

1. **Potential Risks**
2. State the potential risks (psychological, social, physical, financial, legal, or other) connected with the proposed procedures and explain the steps taken to minimize these risks.

Click or tap here to enter text.

1. Will there be a request for information that subjects might consider to be personal or sensitive (e.g., private behavior, economic status, sexual issues, religious beliefs, or other matters that if made public might impair their self-esteem or reputation or could reasonably place the subjects at risk of criminal or civil liability)?

Yes

No

If yes, please describe and explain the steps taken to minimize these risks.

Click or tap here to enter text.

1. Could any of the study procedures produce stress or anxiety, or be considered offensive, threatening, or degrading?

Yes

No

If yes, please describe why they are important and what arrangements have been made for handling an emotional reaction from the subject.

Click or tap here to enter text.

1. Describe the necessary **safeguards** to be applied to protect the subject. In this section make sure to include provisions for protecting the privacy of participants and provisions for maintaining the confidentiality of data (including the location/procedure for data storage and the date for destruction of personal information).

Click or tap here to enter text.

1. Is there any deception of the human subjects involved in this study? If yes, please describe why it is necessary and describe the debriefing procedures that have been arranged.

Click or tap here to enter text.

1. Is this study going to administer a drug or other medical procedure to the participants in the study? If yes, potential or established side effects of drugs or procedures used in investigation are:

Click or tap here to enter text.

1. **On-Going Investigations Only.**
   1. Number of subjects studied:

Click or tap here to enter text.

* 1. Documented adverse psychological, behavioral, physiological and

pharmacological effects of study:

Click or tap here to enter text.

* 1. Precautions used to detect, prevent, minimize or reverse adverse side

effects:

Click or tap here to enter text.

* 1. Change in methods or procedures (when applicable):

Click or tap here to enter text.

* 1. Change in intent, direction or scope of research (when applicable):

Click or tap here to enter text.

1. **Potential Benefits**

*This does not include any form of compensation for participation.*

What, if any, direct benefit will be gained by the subject? If no direct benefit is expected, but indirect benefit may be expected (knowledge may be gained that could help others), please explain.

Click or tap here to enter text.

1. **Compensation**

*Please keep in mind that the logistics of providing compensation to your subjects (e.g., if your business office requires names of subjects who received compensation) may compromise anonymity or complicate confidentiality protections. If, while arranging for subject compensation, you must make changes to the anonymity or confidentiality provisions for your research, you must contact the IRB office prior to implementing those changes.*

1. Describe compensation.

Click or tap here to enter text.

1. Explain compensation provisions if the subject withdraws prior to completion of the study.

Click or tap here to enter text.

1. If class credit will be given, list the amount and alternative ways to earn the same amount of credit.

Click or tap here to enter text.

1. **Additional Information**

If a questionnaire, survey or interview instrument is to be used, attach a copy

to this proposal.

Attach a copy of the informed consent form to this proposal.

Please provide any additional materials that may aid the IRB in making its

decision.

1. **Additional Resources for IRB Federal & University Guidelines**
2. Mississippi University for Women Faculty Council, March 25, 1980.
3. United States Department of Health, Education, and Welfare: Policy on Protection of Human Subjects, 1971.
4. Human Subjects Research (45 CFR 46), Protection of Human Subjects, Effective July 14, 2009.

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

i *This revised IRB form is a reorganization of all the relevant information from the original IRB forms A, B and C referenced in the IRB policy:*

[*https://www.muw.edu/images/admin/policy/PS3503.pdf*](https://www.muw.edu/images/admin/policy/PS3503.pdf) *link: P.S. 3503 Institutional Review Board (pdf)*

*Form A – Identification of Investigators and Brief Review of Proposed Research (submitted by the researcher)*

*Form B – Evaluation Form for Committee Review (submitted by the researcher)*

*Form C – Sample of Informed Consent (submitted by the researcher)*

*This was done to improve clarity, ease of use, and to eliminate redundant information.*