



Institutional Review Board

- Faculty Application
- Student Application

A. GENERAL INFORMATION

Project/Study Title:	
Principal Investigator#1 Name:	
Email:	
Phone:	
Principal Investigator#2 Name:	
Email:	
Phone:	
Principal Investigator#3 Name:	
Email:	
Phone:	
Faculty Advisor Name: (if a student research project)	
Faculty Advisor Email:	
Faculty Advisor Phone:	
College Name:	
College Department:	
College Address:	
Other: (e.g., other university, community organization)	

Ethics and Compliance Training: All Principal Investigators and research team members, including *Faculty Advisors* involved in this project/study must receive training in the ethical use of human participants in research. WOU supports this federal training requirement and has identified an online training program offered through the National Institute of Health (NIH) Office of Extramural Research to meet this requisite. The NIH public access course in the Responsible Conduct of Research is available to the WOU community free of charge.

The NIH training is available at <http://phrp.nihtraining.com/users/login.php>
IRB applications must have **NIH Certificate of Completion attached** to them unless certificates were previously submitted and are on file with the IRB.

B. IRB APPLICATION DIRECTIONS

- a. Type your responses to each question. DO NOT leave a question blank. Throughout the application, if a question does not apply to your protocol, write "n/a".
- b. Review your application for grammar, spelling, thoroughness, and comprehensive information. Applications with errors such as these will be returned.
- c. Have the IRB representative from your College or Department review your application before submitting it to the IRB Chair.
- d. Student applications must be signed by a Faculty member. The faculty member's signature indicates s/he has read and approved the application.
- e. Please have one original and appropriate copies of your application depending on the level of review. Exempt and Expedited reviews require one original and two copies. Full Board requires one original and seven copies.
- f. Submit your application to the IRB via campus mail. If you have questions that are not answered on the website or in this application, you may contact the IRB by phone at 503.838.9200.
- g. The signature page must be mailed to the IRB or scanned and sent via email as a PDF before final review will begin.

C. ANTICIPATED LEVEL OF REVIEW

Investigator Prediction of Type of Review

See *Level of Review Categories* to determine your research – please select one **level** and **category number**.

Exempt Provide category # (1-6) _____

Expedited Provide category # (1-7) _____

Full Board

D. PURPOSE & DESIGN (Complete in a Word document & submit with this application).

PURPOSE: Describe the purpose of the study.

DESIGN: Describe the research design and procedures. Clearly specify what the participants will do.

E. DATA COLLECTION

Estimated data completion date: _____ mm-dd-yyyy

IRB Approvals are good for one full year from date of approval. Renewal applications are required if data collection is to continue after one year.

1. Check (X) the methods to be used

Survey, administered by	Interview
<input type="checkbox"/> Investigator <input type="checkbox"/> Participant Self-report <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Online	<input type="checkbox"/> One-on-One <input type="checkbox"/> Focus Group <input type="checkbox"/> E-mail or Online <input type="checkbox"/> Oral History <input type="checkbox"/> Other

Note: If you are using a survey or doing interviews, you must submit a copy of the survey items or interview questions.

Observation of Public Behavior	Examination of Archived Data or Records
<input type="checkbox"/> In classroom <input type="checkbox"/> At public meetings <input type="checkbox"/> Other	<input type="checkbox"/> Academic <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Other

INITIAL APPLICATION

Taste/Sensory Evaluation	
<input type="checkbox"/> Food Tasting	<input type="checkbox"/> Visual
<input type="checkbox"/> Olfactory	<input type="checkbox"/> Examination of Tissue Specimens
<input type="checkbox"/> Auditory	

Therapeutic	Experimental
<input type="checkbox"/> Biomedical	<input type="checkbox"/> Biomedical
<input type="checkbox"/> Psychological	<input type="checkbox"/> Psychological
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other

Other: Please describe.

2. Data from Participants – select one (X)

- Anonymous** – *You will not ask for participant’s name*
- Confidential** – *You will ask for participants’ names, but will keep the names confidential. Readers of your research will be unable to tell the identity of the participants and there will be no way to connect particular participants with particular data.*
- Intentionally Identified**

If participants will be identified, describe how permission to use data in connection with participants’ identities is obtained. If anonymous or confidential, describe how anonymity or confidentiality will be maintained (e.g., coded to a master list and separated from data, locked cabinet, office, restricted computer, etc.). Indicate who will have access to the data.

3. Will any of the following be recorded? Check to indicate Yes.

- Video tapes/recordings
- Audio tapes/recordings
- Photographs

If you answered YES for any of the above, where will tapes/recordings or photographs be stored? When will this material be destroyed (e.g., within 5 years of a published paper)? How will confidentiality be maintained? Describe below:

F. DESCRIPTION OF PARTICIPANTS

1. Approximate number: _____ Age Range (e.g., 18 to 24) _____
2. How will participants be selected or recruited? (Attach Word document).
3. Will participants be compensated (include extra credit)? yes no
If yes, how much, when and how? Must they complete the project to be paid?

4. What form of consent will be obtained? In most situations a written informed consent is required. (See [Frequently Asked Questions](#) about the Consent process.)
 - Implied (attach cover letter or describe terms)
 - Verbal (attach consent script)
 - Written – adult participants (attach adult consent form)
 - Written – minor participants (attach youth assent form)
 - Seeking Waiver of Consent (contact the IRB for further information)
 - Consent Not Applicable (e.g., archival data.)
Explain why consent is not applicable or necessary on a separate page.
5. Are any participants not legally competent to give consent? (e.g., those who are minors and/or under care of guardian). Yes No

If yes, please describe how consent will be obtained. *Please Note:* a parent or guardian must sign and return an informed consent form for participants who are under 18 years of age. In addition, it is recommended that you also obtain assent from minors if they are old enough to read and write.

6. Will any ethnic group or gender be excluded from the study pool? Yes No
If yes, justify the exclusion.

INITIAL APPLICATION

7. Is this study by design likely to involve any participants who are not fluent in English?
 Yes No

If yes, submit both the English and translated versions of consent forms and surveys, if applicable. If research participants do not speak or read English well enough to understand information about the research study/project and the Informed Consent and/or Student Assent forms, these documents must be provided in the language of the participant(s). Qualified translators should be used and translated documents should be included with this application. You should give a full explanation of your procedures in this section.

8. Does this study involve participants located outside of the United States? yes no

If yes, please explain exactly "who the participants are," and the identities (if possible) and responsibilities of any additional investigators.

G. DECEPTION

If the research protocol is designed to withhold complete information when consent is obtained, then some level of deception is involved. If deception is required for the validity of the research, explain why this is necessary. Include a description of when and how participants will be debriefed regarding the deception. If a participant objects to the deception and does not want his/her data included in the study, explain what you will do.

H. RISKS AND BENEFITS

1. Describe any potential risks to the participants, and describe how you will minimize these risks. These include stress, discomfort, social risks (e.g., embarrassment), legal risks, invasion of privacy, and side effects.

2. In the event that any of these potential risks occur, how will they be handled (e.g., compensation, counseling, etc.)?

3. Will this study interfere with participants' normal routines (e.g., prevent them from going to class and/or work)? yes no

If yes, the participant needs to agree that the researcher is not liable for the disruption.

4. Describe the expected benefits to the individual participants and to members of society.

5. If blood or other biological specimens will be taken please address the following

- a. Brief description of sampled tissue
- b. Describe the personnel involved and procedure(s) for obtaining the specimen(s). Note that the IRB requires that only trained certified or licensed persons may draw blood. Contact the IRB for more details on this topic.

I. DRUGS AND ALCOHOL

1. Will any investigational new drug (IND) be used? yes no
2. Will any other drugs be used? yes no
3. Will alcohol be ingested by the participants? yes no

J. RESEARCH/PROJECT FUNDING

1. Is there, or will there be extramural funding that directly supports this research?
 yes no

If yes, list the funding agency: _____

List the PI(s) of the funded grant: _____

K. INVESTIGATOR'S ASSURANCES

This investigation involves the use of human participants. I understand the university's policy concerning research involving human participants, and I agree:

1. To obtain voluntary and informed assent/consent of persons who will participate in this study, as required by the IRB.
2. To report to the IRB any adverse effects on participants which become apparent during the course of, or as a result of, the activities of the investigation.
3. To cooperate with members of the IRB charged with review of this project, and to give progress reports as required by the IRB.
4. To obtain prior approval from the IRB before amending or altering the project or before implementing changes in the approved consent form (i.e., changes that would alter what is required of the participant).
5. To not collect any data until full approval by the IRB has been acknowledged.
6. To maintain documentation of IRB approval, consent forms and/or procedures together with the data for at least three years after the project has been completed or paper has been published—whichever is later.
7. To treat participants in the humane manner specified on this form.

