

**Cedar Crest College
Request for Institutional Review Board Approval
for Research Involving Human Subjects**

DATE: _____

TO: Institutional Review Board, Cedar Crest College
100 College Drive, Allentown, PA 18104-6196

FROM: Researcher(s) Position (circle one)

1. _____	Faculty	Staff	Student
2. _____	Faculty	Staff	Student
3. _____	Faculty	Staff	Student
4. _____	Faculty	Staff	Student

Mailing address of researcher #1 from above:

Email of researcher #1 from above: _____

Phone number of researcher #1 from above: _____

Supervisor Endorsement (if applicable): _____

Title of Research: _____

Place a check in the box of the category of review requested.

Expedited Review - Designation given to studies that have no apparent risks for the research subjects and thus are designated as exempt by an institutional review board. This type of review requires seven (7) business days* for processing.

Limited Review - Institutional review process for studies that have some risks, but the risks are minimal or no greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations. This type of review requires ten (10) business days* for processing.

Full Review - Research is conducted that does not qualify for an Expedited or Limited review. The research is conducted with a vulnerable population (e.g., infants, children, adolescents, physically or mentally disadvantaged, elderly) and/or presents some risk to the human subjects. This type of review requires fifteen (15) business days* for processing.

*** For the purposes of IRB, business days are considered Monday – Friday, 8:30 AM – 4:30 PM.**

IRB Request for Approval (continued)

Please answer all of the following questions:

1. This application involves human subjects participating in:
 - a. biomedical procedures No Yes n/a
 - b. procedures to elicit information (personality test, surveys, questionnaires, observations, etc.) No Yes n/a
 - c. procedures specifically designed to directly modify the knowledge, thinking, attitudes, feelings, or other aspects of behavior of the subjects No Yes n/a

2. If biomedical procedures are involved:
 - a. are provisions for emergency medical care necessary? No Yes n/a
 - b. has a qualified M.D. or other health professional participated in planning the projects? (If the answer is yes, then attach a signed letter from the physician or health professional that indicates his/her level of involvement in the study.) No Yes n/a
 - c. will this study involve drugs or chemical agents (dosages), ionizing radiation, non-ionizing radiation (microwaves, lasers) or high intensity sound? No Yes n/a

3. If your study employs deception, does that use of deception hinder a participant's ability to make an informed decision about participation? (i.e.: would the participants decline to participate if they knew the true nature of the research? (If yes, then you must include a justification of the deception and submit a plan for debriefing subjects.)) No Yes n/a

4. Are the procedures to be used new or innovative (not established or accepted)? No Yes n/a

5. Beyond the criteria of "minimal risk," will the procedure cause any degree of discomfort, harassment, invasion of privacy, risk of physical injury, threat to the dignity of subjects, or otherwise be potentially harmful to the subjects? (If the answer is yes, then submit specific provisions to correct harmful or adverse conditions that may arise.) No Yes n/a

6. Can the potential risks of this study be considered to outweigh the benefits to subjects? No Yes n/a

IRB Request for Approval (continued)

7. Is the research specifically designed to involve subjects who are:

- | | | | |
|---|----|-----|-----|
| a. fetuses? | No | Yes | n/a |
| b. pregnant women? | No | Yes | n/a |
| c. prisoners? | No | Yes | n/a |
| d. children (minors less than 18 years of age)? | No | Yes | n/a |
| e. physically handicapped (e.g. uses wheelchair, walker, etc.)? | No | Yes | n/a |
| f. mentally disabled (e.g. brain damaged, psychiatric patients, mentally retarded, etc.)? | No | Yes | n/a |
| g. suffering from acute or severe physical illness? | No | Yes | n/a |
| h. economically disadvantaged? | No | Yes | n/a |
| i. educationally disadvantaged? | No | Yes | n/a |
| j. subject to military discipline? | No | Yes | n/a |
| k. institutionalized? | No | Yes | n/a |
| l. Cedar Crest College students? | No | Yes | n/a |
| m. Cedar Crest College faculty? | No | Yes | n/a |
| n. Cedar Crest College staff? | No | Yes | n/a |
| o. Non-Cedar Crest College students? | No | Yes | n/a |
| p. Non-Cedar Crest College faculty? | No | Yes | n/a |
| q. Non-Cedar Crest College staff? | No | Yes | n/a |
| r. Other individuals not categorized above, please elaborate: | | | |

8. Will subjects be identified:

- | | | | |
|--|----|-----|-----|
| a. by a code number known only to the researcher(s)? | No | Yes | n/a |
| b. by a code number keyed to their name? | No | Yes | n/a |
| c. on videotape? | No | Yes | n/a |
| d. on audiotape? | No | Yes | n/a |

IRB Request for Approval (continued)

9. Have you included the required "Research Description Supplement"? No Yes

10. If appropriate, provide references to any published materials that would help the Committee make a judgment regarding the procedures for safeguarding the rights and safety of subjects.

11. Please attach copies of all instruments, informed consent procedures, consent forms, and debriefing procedures.

12. For student research, faculty advisor must sign indicating they have reviewed the submission and its contents for accuracy, completeness and professionalism (grammar, etc.).

Proposer's signature: _____ Date _____

Print name clearly: _____

Advisor's signature: _____ Date _____
(when/if applicable)

Print name clearly: _____