

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. Does this study involve giving false or misleading information to subjects such that their "informed consent" is in question? (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. 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

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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 |
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 |

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9. On a separate piece of paper, please indicate:
- a. the objective(s) of the study

 - b. the researcher's qualifications for conducting the study (i.e., What is your experience with the procedures and instrumentation used in this study?) If a student researcher is conducting this study, please include the qualifications of the faculty advisor, as well as those of the student.

 - c. the research design and methodology (include instruments to be used and a description of how data will be recorded, stored, and destroyed)

 - d. the recruitment procedures (If an advertisement will be used to recruit subjects, then include a copy of the proposed advertisement.)

 - e. the requirements for subject participation and remuneration (i.e., Will subjects be paid, receive course credit, etc.?)

 - f. the potential risks and benefits of study participation

 - g. the precautions taken to provide anonymity and privacy

 - h. data destruction timeframes and data protection procedures (Policy requires that raw data be kept for a period of three (3) years, stored in a secure location. Please indicate the date after which data will be destroyed as well as where raw data will be stored.
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.

Proposer's signature _____ Date _____

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