WILLIAM PATERSON UNIVERSITY

Protocol No.: _____

Date Received: _____
For IRB Use Only

Institutional Review Board for Human Subject Research

APPENDIX C: STUDENT RESEARCH PROTOCOL REVIEW REQUEST

Instructions:

(1) Develop Your Research Plan: Discuss and fully develop your research plan, survey documents, interview questions or other data collection instruments, and your informed consent statements with your faculty sponsor before you begin completing this form. Sample informed consent statements are attached; a heading is required on all informed consent statements.

(2) Prepare the Protocol: Please write or type this form, or download a copy of this form to complete on your computer at: http://www.wpunj.edu/osp. Respond to the questions in the box provided (Box can be re-sized in MS-Word version). When the form is complete: sign it and submit it to your faculty sponsor to review and sign.

(3) Deliver this signed form with one copy of all proposed data collection instrument(s) and all proposed informed consent statements to the IRB at least one week prior to the initiation of any work involving human subjects or human material.

(4) Do not contact subjects or begin data collection until you have received approval from the IRB.

Project Title:_____

_____

Lead Student/Principal Investigator(s):_____

Other Students/Investigators:_____

Current Address, City, State and Zip:

_____

WPU Email Address(es) **_____Phone:_____

(: As per WPU policy, email responses are sent only to your WPU email address, not to others such as yahoo or gmail)**

Faculty Sponsor for this research:_____Dept:_____

Course, program or activity for which this research is being done: _____

Course No.:_____

Has this research been previously reviewed by the IRB? No _____ Yes _____: When? _____

1. What is the intent or goal of the study? What is your hypothesis?

2. Research Design

What is the research design of the study? How will the study be conducted?

What information will be collected? How will it be collected? How will it be analyzed?

3. Your Human Subjects

Who will be your subjects? How will you select or contact them?

Are your subjects children or minors, prisoners, or vulnerable for some other reasons?

Explain how the rights, identity and confidentiality of your subject will be protected.

If the study will be off campus, where will it be done and have you obtained permission to use this/these location/s?

4. Outcomes:

What is the anticipated outcome of the research? How will you use the results of this research?

5. Benefits:

What are the benefits of this research? Are there any direct benefits to the subjects? How will this information add to the general body of knowledge for your area of study?

6. Risks:

What are the physical or emotional risks to your subjects? How do you plan to minimize these risks?

What are the physical or emotional risks to the researchers involved in this study? How do you plan to minimize these risks?

7: What are the anticipated start and completion dates of your study?

Signatures:

Lead Student/Principal Investigator:_____ Date: _____

Faculty Sponsor:_____ Date: _____

..... For Completion by IRB Only .....

Initial Reviewer: _____ Type: _____ Decision: _____Date: _____

Committee Review Date: _____ Affirmed: Yes ___ No ___: _____

First Continuing Review Date: _____

APPENDIX D.1: Passive Informed Consent for Surveys or Questionnaires

The following is a sample consent form written in the format that is requested by the IRB. There are sections with required statements which are to be used in all consent forms and also a few sections have selected statements you may choose from depending on the type of study you are going to do. When writing your consent form(s), please use one tense throughout the document (either "I" or "You") for consistency and use headings if needed. When your consent form is approved, date it with the approval date. If a revision is approved change the date on all forms used after the approval, update them as well. The name of the research project must be on each page of the statement and each page must be numbered.

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Required Heading for Student Research:

William Paterson University
Project Title: _____
Principal Investigator: _____
Other Investigators: _____
Faculty Sponsor: _____
Contact Phone Number: _____
Department: _____
Course Name and Number: _____
Date: _____

Required Heading for Non-Student Research:

William Paterson University
Project Title: _____
Principal Investigator: _____
Contact Phone Number: _____
Other Investigators: _____
Department: _____
Date: _____

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This [insert survey or questionnaire] concerns [insert descriptive statement]. [If student research, insert: It is being conducted to fulfill the requirements of the above named course.] I understand that my participation is voluntary and I may stop completing the [insert survey or questionnaire] at any time and I do not have to answer any question(s) I choose not to answer. Risks associated with my completing this [insert survey or questionnaire] have been explained to me and I accept them. I understand that my identity will not be revealed in any way through my participation in this study; I will not write my name on this document and the results will not be reported in a way that will reveal individual participants. If I do not want to complete this [insert survey or questionnaire] I may return it uncompleted as instructed for completed documents or I may keep it. If I choose to participate, I will complete and return this document by [insert return instructions].

APPENDIX D.2.a: Active Informed Consent for Interviews and Other Minimal Risk Studies

The following is a sample consent form written in the format that is requested by the IRB. There are sections with required statements which are to be used in all consent forms and also a few sections have selected statements you may choose from depending on the type of study you are going to do. When writing your consent form(s), please use one tense throughout the document (either "I" or "You") for consistency and use headings if needed. When your consent form is approved, date it with the approval date. If a revision is approved change the date on all forms used after the approval. Update them as well. The name of the research project must be on each page of the statement and each page must be numbered.

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Required Heading for Student Research:

William Paterson University
Project Title: _____
Principal Investigator: _____
Other Investigators: _____
Faculty Sponsor: _____
Contact Phone Number: _____
Department: _____
Course Name and Number: _____
Date: _____

Required Heading for Non-Student Research:

William Paterson University
Project Title: _____
Principal Investigator: _____
Contact Phone Number: _____
Other Investigators: _____
Department: _____
Date: _____

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I have been asked to participate in a research study on [insert descriptive statement]. The purpose of this study will be to [insert descriptive statement]. I understand that I will be asked to [insert activity(s)]. Potential risks from participating in this survey include [insert list], they have been explained to me and I accept them.

I understand that my participation is entirely voluntary and I may end my participation in this research at any time. I understand that my identity will be protected at all times and that my name will not be used without my separate written permission. I understand that the results of this study will not be reported in a way that would identify individual participants. [If this is for a focus group or if multiple participants are present, insert: I understand that I must protect the identity of the other participants in this study and may not tell anyone outside this group what was said by any member of the group.

I may call the investigators [insert name(s)] or the other individuals listed in the heading of this document if I have any questions or concerns about this research and my participation. I may call the Associate Vice President and Dean for Graduate Studies and Research (973-720-3093) for information regarding my rights as a research subject.

By signing this consent form, I am agreeing to participate in this research study.

Name of Subject_____ Signature of Subject_____
Date: _____

Name of Investigator_____ Signature of Investigator_____
Date:_____

Name of Witness_____ Signature of Witness
Date:_____