

Eastern Michigan University
Psychology Department Human Subjects Research Review Committee
Request for Approval of Research Involving Human Participants

Date Submitted: _____ Desired Study Start Date: _____

Title of Proposal: _____

Principal Investigator: _____

Department: _____ Phone: _____ Email: _____

Faculty Sponsor: _____

Funding source: _____

Do you feel this protocol may qualify for **exemption** from human subjects review: If so, please specify exemption met by this research project. For clarification of what types of research are exempt from review, please see guidelines posted at the ORD web site, http://www.gradord.emich.edu/downloads/grad_files/grad_humansubjects/HumanSub_e_mupolicy.pdf):

Is this application: New Renewal Modification

I. If Renewal or Modification:

- a. Date of last approval by this Committee _____
- b. Principal Investigator of previously approved protocol _____
- c. Describe any modifications to the previously approved protocol: _____

d. Were any Human Subjects problems encountered in previous research? No Yes
If yes, how were they addressed?

II. Numbers, Types and Recruitment of Research Participants

- a. Numbers and characteristics of participants to be enrolled (e.g., age range, sex, ethnic background, health status, handicapping conditions, etc.):

b. Special Classes: Explain the rationale for the use of special classes of participants, such as pregnant women, children, prisoners, mentally impaired, institutionalized, or others who are likely to be particularly vulnerable.

c. How are individual participants to be recruited for this study? Is it clear to participants that their involvement is voluntary, and that they may withdraw at any time without penalty/negative consequences?

III. Informed Consent: To what extent and how are participants to be informed of the research procedures prior to their involvement in the study?

IV. Risks

Does this study involve any of the following procedures:

- | | | |
|---|-----------------------------|------------------------------|
| Deception of the participant? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Punishment of the participant? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Use of drugs/medications in any form? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Electric shock? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Deliberate production of anxiety or stress? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Materials commonly regarded as socially unacceptable? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Use of radioisotopes? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Use of chemicals? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Drawing of blood? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Handling of any other bodily fluid? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Any other procedure that might be regarded as inducing in the participant any altered state or condition potentially harmful to his/her personal welfare? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Any other procedure that might be considered to be an invasion of privacy? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Disclosure of the name of individual participants? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Any other physically invasive procedure? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

VI. Benefits: Describe any anticipated benefits to participants.

VII. **Protocol:** Attach a full copy of the protocol to this application, if available. Regardless, please attach a **concise, 2-page summary** that includes: (a) a brief summary of the background literature stimulating this research; (b) the rationale for the proposed study, including specific aims and hypotheses; (c) a description of the participants, and how they will be recruited; (d) a detailed description of study methodology. You may “cut and paste” as appropriate from your full proposal, if available, and we may refer to the full proposal for clarification, if necessary.

PLEASE SUBMIT 3 COPIES OF THIS FORM, ALONG WITH 3 COPIES OF ALL OTHER REQUESTED MATERIALS, TO: Karen Saules’ mailbox

If this is a Master’s thesis _____ or Honor’s thesis _____ (check one), please attach your Thesis Committee Approval form.

Checklist of other required materials:

- _____ Consent form (Check here if not applicable ____)
- _____ Thesis proposal (Check here if not applicable ____)
- _____ Thesis Committee approval form (Check here if not applicable ____)
- _____ 2-page (maximum) protocol summary, as detailed above
- _____ Copies of all instruments, questionnaires, or tests to be used (if instruments are not fully developed yet, attach drafts, and so indicate).
- _____ Flyers to be posted on campus (**NOTE:** These must be stamped with Committee Approval prior to posting)

PLEASE NOTE: If this protocol involves more than minimal risk, it is advisable to submit it directly to the University Human Subjects Review Committee. Please consult with the Chair of the Psychology Department Human Subjects Review Committee if you have questions as to whether or not your project is beyond minimal risk. The Departmental committee is only empowered to approve those protocols which constitute minimal risk.

For clarification, please see

http://www.gradord.emich.edu/downloads/grad_files/grad_humansubjects/HumanSub_emupolicy.pdf

Signature of Principal Investigator

Date

Checklist of Required Elements of Informed Consent

Check wherever applicable

- _____ A statement that the study involves research
- _____ Purpose of the research
- _____ Duration of subject's participation
- _____ Description of the procedures followed
- _____ Means of public dissemination
- _____ Description of foreseeable risks or discomforts to subject
- _____ Description of benefits to subject or to others
- _____ Disclosure of appropriate alternative procedures or courses of treatment
- _____ Statement of extent to which confidentiality of records identifying subject is maintained
- _____ Statement of how participant confidentiality is maintained in public dissemination
- _____ For research of greater than minimal risk, information regarding medical treatments or counseling should personal injury or problems occur
- _____ List of contacts who can answer questions about the research and subject's rights, and respond to research-related injury to subject This must include the name and contact information of the human subjects committee Chair.
- _____ Statement that participation is voluntary
- _____ Statement that refusal to participate will involve no penalty or loss of benefits
- _____ Statement that the subject may discontinue participation at any time
- _____ Statements of significant new findings developed during the course of research that may relate to subjects' willingness to continue participation

Provide Rationale for Exclusion of a Required Element: