

RESEARCH REVIEW SUBMISSION SHEET

CSUDH Institutional Review Board
For the Protection of Human Subjects

Complete all available areas only.

Project Title: _____

Principal Investigator: _____ Academic Title: _____

Department: _____ Work Phone: _____ Email: _____

Mailing Address: _____ Campus _____ Home

Co-Investigator(s):

1. * _____ Student _____ Faculty _____ Staff-Email: _____

2. _____ Student _____ Faculty _____ Staff-Email: _____

3. _____ Student _____ Faculty _____ Staff-Email: _____

4. _____ Student _____ Faculty _____ Staff-Email: _____

*Primary contact for Co-Investigator - Daytime Phone for primary contact: _____

Mailing Address for Primary Contact (optional): _____

City: _____ State: _____ Zip: _____

Projected Start Date for Subject Recruitment: _____ Expected Duration of Study: _____

Funding Status: _____ Not Funded _____ Funded _____ Funded Source: _____

Do any of the investigators have a financial or commercial interest in this study, including compensation or other financial support from the study sponsor? _____ No _____ Yes (If yes, this information must be disclosed to the IRB)

Subject Recruitment Eligibility (check all that apply) _____ No subject recruitment

_____ Adults (18+ years) _____ Elderly / Aged Person _____ *Prisoners

_____ Minors (under 18) _____ Minorities _____ *Cognitively Impaired Person

_____ Students (specify): _____ Others (specify): _____

*Special regulations apply. Please contact IRB office at (310) 243-2136

Data will include (check all that apply)

_____ Name _____ Address _____ Social Security number

_____ Phone number _____ Age _____ Gender

_____ Ethnicity _____ Other unique information (specify): _____

If no name is included, will date be coded to link to subject? _____ Yes _____ No

Recruitment

If compensation offered? _____ Yes _____ No Type of compensation: _____

Projected Number of Subject: _____ Recruiting Method: _____

Is any deception involved in the research? _____ No _____ Yes (if yes, what is nature of deception?): _____

Potential Rick Exposure: _____ Physical _____ Psychological _____ Economic _____ Legal _____ Social

Findings Used for: _____ Publication _____ Evaluation _____ Needs Assessment _____ Thesis / Dissertation

Other (specify): _____

Attach a copy of each instrument (test, survey, questionnaire, interview questions, etc.)

(See next page for level of risk evaluation checklist)

Form A
Level of Risk Evaluation Checklist

Data Collection:

1. Will study involve use of existing data, documents, records, pathological specimens, or diagnostic specimens?
_____ No _____ Yes *(attached documentation indicating the authorization to access data if not publicly available.)*
2. Does research involve **only** normal education practices conducted in established or commonly accepted educational setting?
_____ No _____ Yes
3. Does research involve **only** the use of educational tests, survey procedures, interview procedure or observations of public behavior?
_____ No _____ Yes
4. Is the information obtained recorded in such a manner that human subjects can identify? _____ No _____ Yes
5. Could any disclosure of the human subjects' responses reasonable place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employment, or reputation? No Yes
6. Are the human subjects elected or appointed public officials or candidates for public office? No Yes
7. Does data collection involve the use of voice, video, digital, or images **recordings** made for research purposes?
_____ No _____ Yes

Investigator Training – As a condition of the University's Federal Wide Assurance, research investigators are require to complete appropriate training before conducting human subject research. Completion certificates must be attached for all investigators. For information on how to receive this training, contact the Office of Sponsored Research and Projects at (310) 243-2136.

Signatures:

Principal Investigators / Faculty Advisor: _____ **Date:** _____

Co-Investigator or Student Researcher: The signature below verifies that attaches proposal meets with the faculty advisor's approval and is in compliance with procedures/regulations designed to protect human subjects.

Co-Investigator or Student Researcher: _____ **Date:** _____

Co-Investigator or Student Researcher: _____ **Date:** _____

Co-Investigator or Student Researcher: _____ **Date:** _____

Co-Investigator or Student Researcher: _____ **Date:** _____

Once completed print one copy of the form and signed by all investigators. The signed form should be delivered to the Office Sponsored Research and Programs, Welch Hall D445.

Subject recruitments and data collection may not be initiated prior to formal written approval from the CSUDH Institutional Review Board