

# MCMURRY UNIVERSITY INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS RESEARCH PROPOSAL FORM

| McMurry University IRB proposal and committee review process follows Office for Human |             |                   |  |           | Reviewed |  |  |
|---|-------------|-------------------|--|-----------|----------|--|--|
| Research Protections regula   | tions.      | ALL rese          | archers are required to affirm familiar  | Yes       | No       |  |  |
| THE BELMONT REPORT  |             |                   |  |           |          |  |  |
| TITLE 45: Public Welfare Der  | artmer      | nt of Hea         | Ith & Human Services PART 46: PROTECTION OF  |           |          |  |  |
| HUMAN SUBJECTS  |             |                   |  |           |          |  |  |
| COOPERATIVE RESEARCH  |             |                   |  |           |          |  |  |
| RESEARCH INTEGRITY  |             |                   |  |           |          |  |  |
|   |             |                   |  |           |          |  |  |
| <b></b>   | ****        | . * * * * * * * * | ************   | ****      | ****     |  |  |
| Principal Investigator (PI)   | ****        | *****             | ************************************   | ****      | ****     |  |  |
| , , ,   |             |                   |  |           |          |  |  |
| Project Title   |             |                   |  |           |          |  |  |
| PI's telephone: cell/office   |             |                   |  |           |          |  |  |
| PI's e-mail   |             |                   |  |           |          |  |  |
| PI's Department/Agency  |             |                   |  |           |          |  |  |
|   |             |                   |  |           |          |  |  |
| <b>Principal Investigator's State</b>   | us          |                   |  |           |          |  |  |
| McMurry Univers   | ity Facı    | ıltv/Staff        | External Agency/University   |           |          |  |  |
| Wicivially Officers   | ity i act   | aity/Stari        | External Agency/ Onliversity   |           |          |  |  |
| BELMONT REPORT Confirma   | ation St    | atement           |  |           |          |  |  |
| Subjects of Research" and su  | ıbscribe    | e to the p        | nical Principles and Guidelines for the Protection of<br>principles therein. In light of this declaration, I pres<br>ard's (IRB) consideration the following information | ent for t |          |  |  |
| Primary Investigator Affirma  | tion Sig    | nature:_          | Date:  |           |          |  |  |
| Carefficial of Indonesia Chalanna   |             |                   |  |           |          |  |  |
| Conflict of Interest Stateme  |             |                   |  |           |          |  |  |
| Is the primary investigator (8  | द्रे/or fac | culty sup         |  |           |          |  |  |
| Investigator Status   | No          | Yes               | If Yes, identify source of conflict  |           |          |  |  |
| Primary Investigator  |             |                   |  |           |          |  |  |
|   |             |                   |  |           |          |  |  |
| Faculty Supervisor  |             |                   |  |           |          |  |  |
|   |             |                   |  |           |          |  |  |
| External Funding Statement  |             |                   |  |           |          |  |  |
|   |             | ng for pro        | oject:   |           |          |  |  |
| External Funding Statement  |             | ng for pro        | oject:   |           |          |  |  |
| External Funding Statement Source of external or interna                              | ıl fundii   |                   |  | )         |          |  |  |

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PROTOCOL NUMBER:

Name of Study:

## **Investigative or Research Study Required Information**

| 1. Research Pro   |  |  |  |                               |  |  |  |
|---|--|--|--|-------------------------------|--|--|--|
| ±. Nescarcii i'10   | posal Information  | n – Explanations – Questi  | ons – Rationale: Provid                          | e concise, yet, detailed      |  |  |  |
| information to enable IRB members understand exactly the investigate purpose of and how the study wil |  |  |  |                               |  |  |  |
| be conducted  | be conducted (design). (minimum 250-word description)  |  |  |                               |  |  |  |
| As required   | As required by Federal Human Study Research – a quality IRB proposal review necessitates members |  |  |                               |  |  |  |
| understand  | d: the rationale fo  | r study related to advancing (   | discipline knowledge, recru                      | iitment through               |  |  |  |
| •   |  | ipation consent, safeguards f  | or vulnerable groups, and                        | data collection,              |  |  |  |
| manageme  | ent, and storage o   | f the proposed study.  |  |                               |  |  |  |
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|   |  |  |  |                               |  |  |  |
| WITHIN THE A  | APPENDIX: Attac  | ch copies of ALL supporting  | g documents used to ga                           | ther data from or with        |  |  |  |
|   |  | include, but are not limite  |  |                               |  |  |  |
| •   |  | , measurement/testing ins  | •  |                               |  |  |  |
| •   | •  | er letters or instructions to  | · ·  |                               |  |  |  |
| appendix).  |  |  | participante or recearding                       | personner (actaon as an       |  |  |  |
| ,   |  |  |  |                               |  |  |  |
|   |  |  |  |                               |  |  |  |
| <b>HUMAN SUBJEC</b>   | TS (SAMPLE) IN   | JEORMATION   |  |                               |  |  |  |
| Proposed Number of Subjects   |  |  |  |                               |  |  |  |
| <b>Proposed Numbe</b>   |  | <u> </u>   |  |                               |  |  |  |
| Proposed Numbe  |  |  |  |                               |  |  |  |
| •   | r of Subjects<br>_   |  |  |                               |  |  |  |
| Proposed Numbe  | r of Subjects<br>_   |  |  |                               |  |  |  |
| Subject Population  | r <b>of Subjects</b><br>—<br>o <u>n</u> (check all that  | apply)   |  |                               |  |  |  |
| •   | r of Subjects<br>-<br>on (check all that<br><u>Vulner</u>  | apply) able Populations (VP)   |  |                               |  |  |  |
| Subject Population  | r <b>of Subjects</b><br>—<br>o <u>n</u> (check all that  | apply) able Populations (VP)   | fy Other VP:                                     |                               |  |  |  |
| Subject Population  | r of Subjects<br>-<br>on (check all that<br><u>Vulner</u>  | apply) able Populations (VP)   | fy Other VP:                                     |                               |  |  |  |
| Subject Population Adult  | r of Subjects on (check all that Vulner Minor  | apply) able Populations (VP) Children Speci  | ·  |                               |  |  |  |
| Subject Population Adult Project Data Col   | on (check all that  Vulner  Minor  | apply)  able Populations (VP)  Children Speci  | edures:  |                               |  |  |  |
| Subject Population Adult Project Data Col   | on (check all that  Vulner  Minor  | apply) able Populations (VP) Children Speci  | edures:  | ndix of IRB proposal.         |  |  |  |
| Subject Population Adult Project Data Col   | r of Subjects  on (check all that  Vulner  Minor  Blection Method that applies): N               | apply)  able Populations (VP)  Children Speci  d – Description and Product include a copy of instr                 | edures:  | ndix of IRB proposal.<br>Task |  |  |  |
| Adult  Project Data Col  Method (check all  Questionn   | r of Subjects on (check all that Vulner Minor  Blection Method that applies): Maire(s)           | apply)  able Populations (VP)  Children Speci  d – Description and Product include a copy of instruction interview | e <b>dures:</b> ument within the Apper Treatment | Task                          |  |  |  |
| Adult  Project Data Col  Method (check all  | r of Subjects on (check all that Vulner Minor  Blection Method that applies): Maire(s)           | apply)  able Populations (VP)  Children Speci  d – Description and Products  flust include a copy of instr         | e <b>dures:</b><br>ument within the Apper        |                               |  |  |  |

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PROTOCOL NUMBER:

Name of Study:

| HU | HUMAN SUBJECTS STUDY CONSIDERATIONS: In the sections below, |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|
| 1. | Res   | search Study Objective: Provide a thorough description of the proposed research study's purpose                          |  |  |  |  |  |  |
|    | (hy   | (hypothesis) and the rationale (need) for this research study.   |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    | Α.  | Explain the purpose (hypothesis) of the research study.  |  |  |  |  |  |  |
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|    | B   | Provide a detailed rationale of why there is a need for this study. Base rationale on review of                          |  |  |  |  |  |  |
|    | ъ.  | literature that demonstrates need for further human subject research is warranted.                                       |  |  |  |  |  |  |
|    |   | interature that demonstrates need for further fluinan subject research is warranted.                                     |  |  |  |  |  |  |
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| 2. |   | man Subject Interaction: EXPLAIN all information related to human subject recruitment, selection for                     |  |  |  |  |  |  |
|    | &/0   | or exclusion from study participation, & intervention interactions (if applicable) proposed by this study:               |  |  |  |  |  |  |
|    | A.  | <b>Recruitment &amp; Selection</b> procedures of individual participants for this study (sample, assistants, group       |  |  |  |  |  |  |
|    |   | leaders, teams, classroom, etc.).  |  |  |  |  |  |  |
|    |   | Additional information to include:   |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   | • If applicable, provide rationale for the study's use of deceptive <b>and/or</b> coercive (enticer) tactics (+          |  |  |  |  |  |  |
|    |   | or -) with subjects.   |  |  |  |  |  |  |
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|    | В.  | Study Protocols: FULLY EXPLAIN protocol/procedure descriptions for all aspects of the study.                             |  |  |  |  |  |  |
|    |   | (APPENDIX: SUBMIT a copy of all data collection scripts, instruments, surveys, questionnaire scripts, research           |  |  |  |  |  |  |
|    |   | team training, data collection worksheets & protocols, informed consents, etc.).   |  |  |  |  |  |  |
|    |   | EXPLAIN exactly how data collection with human subjects will be conducted &/or administered.                             |  |  |  |  |  |  |
|    |   | · —————  |  |  |  |  |  |  |
|    |   | Additional information to include - IF:  |  |  |  |  |  |  |
|    |   | <ul> <li>If assistants or experimental interventions are used, <u>SUBMIT</u> the training protocols for study</li> </ul> |  |  |  |  |  |  |
|    |   | administrators, testing protocols, etc. in the APPENDIX.   |  |  |  |  |  |  |
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**PROTOCOL NUMBER:** 

Name of Study:

**C. Potential Risks**: Please select the level of risk associated with subjects participating in this study.

If selecting the \*HIGH RISK category OR if working with any vulnerable populations, <u>FULLY EXPLAIN</u> a research based or supported risk-to-benefit analysis statement addressing why a subject would consider participating.

<u>CIRCLE or HIGHLIGHT</u> the level of potential or known risk(s) for subjects electing to participate in this study.

Does the content or practices associated with this research study pose any foreseeable physical, emotional, psychological, etc. risks **and/or** benefits to or for the study's subjects?

| Risk Category | Yes | No | Briefly explain potential or known risk (i.e. discomfort, stress, anxiety, etc.) |
|---------------|-----|----|--|
| Minimal Risk  |     |    |  |
| Average Risk  |     |    |  |
| *High Risk    |     |    | *Fully Explain Risk-to-Benefit   |

- 3. Human Subject Understanding and Care of Information:
  - A. Rationale for providing or withholding information about the study's purpose, use, findings, etc. to the following:

| 1. | Study's sar | mple and/oi | r study assistant(s) |
|----|-------------|-------------|----------------------|
|----|-------------|-------------|----------------------|

- 2. Will you tell the subject the purpose of the study at the beginning?
  - If no, SUBMIT a research/literature base rationale for withholding this information
- 3. Will you debrief sample at the conclusion of the study?
  - If no, SUBMIT a literature base rationale as to why you will withhold this information.
  - If yes, explain debriefing protocol

**B.** Human Subjects' Data management/use protocols (who has access to data, when is data destroyed, etc.). Human subject data collection, storage, use, and destruction must be addressed and included in proposal submission.

High priority is placed on data collection and storage security. Subject identities must not be decipherable to anyone but the PI or other researchers – be sure to address how the data will be stored securely during the course of the study (i.e. on a laptop with a password is not sufficient). Subject data coding is expected to be explained and must demonstrate know of and planning for data security and maintaining subject anonymity.

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PROTOCOL NUMBER:

Name of Study:

|      | Name  |
|------|---|
| Wh   | o has access to the raw data?   |
|      |   |
|      |   |
| Dat  | a Collection Protocols – explain exactly how data will be gathered.                         |
|      | a concession recovers explain exactly now data will be gathered.                            |
|      |   |
|      |   |
| Dat  | a Storage Protocols – explain exactly how the raw data will be stored to ensure confidentia |
|      |   |
|      |   |
|      |   |
| Dat  | a Destruction Plan – explain when raw data will be destroyed. Provide the name of the       |
| resi | ponsible Party, relationship to the study/institution, & contact information.               |

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**PROTOCOL NUMBER:** 

Name of Study:

#### **PRIMARY INVESTIGATOR:**

The Principal Investigator must sign this form.

I hereby certify that

- a) the information provided is complete and accurate,
- b) no other procedures will be used in this project, and
- c) the study will be conducted exactly as approved and that I will not \*modify, in any form (includes every aspect: process, protocol, procedure, etc.) the approved study.
- d) if any modification is needed, I will submit a modification request to the McMurry University IRB Chairperson to <u>notify, seek, and gain modification approval PRIOR TO CHANGING any aspect of the approved project.</u>

#### Signature of Primary Investigator

Date

#### **ADDITIONAL INVESTIGATOR:**

Each investigator must provide the following information and sign this form.

I certify that

• I have read the Belmont Report, "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," and subscribe to the principles therein.

#### **Belmont Report Statement: Additional Investigator's initials**

I certify that

• I agree to follow Federal Guidelines for human subject research and abide by McMurry IRB Research proposal and summary protocols. .

#### **Compliance Statement: Additional Investigator's initials**

I hereby certify that

- a) the information provided is complete and accurate,
- b) no other procedures will be used in this project, and
- c) the study will be conducted exactly as approved and that I will not \*modify, in any form (includes every aspect: process, protocol, procedure, etc.) the approved study.
- d) if any modification is needed, I will submit a modification request to the McMurry University IRB Chairperson to <u>notify, seek, and gain modification approval PRIOR TO CHANGING any aspect of the approved project</u>.

**Signature of Additional Investigator** 

Date

**Additional Investigator's Phone Number** 

Additional Investigator's e-mail

**Additional Investigator's Address** 

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PROTOCOL NUMBER:

Name of Study:

## **Attach relevant Appendix Documents – possible examples include:**

| Appendix Document   | Resource/Explanation  |  | Included with Proposal? |    |  |
|---|---|--|-------------------------|----|--|
|   |   |  | No                      | NA |  |
| Research Objectivity:<br>Title 42 Part 50.605               | Conflict of Interest Statement (addressed within proposal)  |  |                         |    |  |
| Informed Consent Forms                                      | http://www.hhs.gov/ohrp/policy/consent/index.html   |  |                         |    |  |
| Research Protocols  | Scripts, Research Personnel Training, Measurement/Testing Protocols, etc.   |  |                         |    |  |
| Research Instruments  | Surveys, Questionnaires, Evaluation, etc.   |  |                         |    |  |
| Data Use Agreements   | Submit If data result sharing occurs with outside agencies or other group not directly associated with this study.  |  |                         |    |  |
| Research Summary<br>Statement                               | At the completion of the human subjects data collection phase, PI will submit a written statement acknowledging the completion of human subject interaction.  The <b>Research Summary Statement</b> should address the  |  |                         |    |  |
| Date due to IRB Chair:                                      | following:  |  |                         |    |  |
| (maximum: 21 days following completion of data collection). | <ul> <li>adherence to proposed:</li> <li>sampling techniques &amp; number of subjects, data collection</li> <li>data collection protocols</li> <li>data storage/management</li> <li>proposed date of data destruction</li> <li>individual responsible for data destruction</li> </ul> |  |                         |    |  |
| Human Research Protection<br>Training                       | Click <u>here</u> for the HHS-Office for <i>Human Research Protections Training</i>   |  |                         |    |  |
| Other:  |   |  |                         |    |  |

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