KISHWAUKEE COLLEGE

INSTITUTIONAL REVIEW

Research Request Form

Research Involving the Use of Human Subjects

Answer all questions and provide documentation as indicated. Submit completed research request form and all necessary documentation to the Director of Research & Data Mgmt./Chair of the IRB at mcrull@kish.edu

CONTACT INFORMATION OF RESEARCHER/PRIMARY INVESTIGATOR

Name:

Address:

Email:

Phone:

Employee of or student at KC? ☐ Yes ☐ No

Status as Researcher?
(Note: If you are conducting research as a graduate student, mark student)
Click to Select from the Following

Is This research study a course or educational program requirement? ☐ Yes ☐ No

PROJECT INFORMATION

Project Title:

Funding Source:
(if applicable)

Beginning Date: Expected Ending Date:

PROJECT DESCRIPTION

Provide a brief description in each of the following areas. Avoid using content specific jargon/acronyms.

Project Purpose
(Explain why the study is needed; include hypothesis/research questions.)

Project Procedure/Methodology
(Explain what the subjects will be asked to do as participants in the study. Include in your explanation the data to be collected, measures/tools for data collection, and data analysis.)
NOTE: Any measures to be used (e.g., surveys, questionnaires, or assessments) must be clearly labeled and attached to this form.

Subjects/Study Participants

(Provide a demographic description and sample/population size.)

Will subjects with potential diminished capacity[1] be participating in this study?	☐ Yes ☐ No If Yes, explain:
Will certain groups be excluded from participating in this study?	☐ Yes ☐ No If Yes, explain:
Will minors be participating in this study?	☐ Yes ☐ No If Yes, explain:

NOTE: *If you mark yes to participants with diminished capacity or minors, you must describe how consent will be obtained in the section below.*

Recruitment of Participants

(Explain how the subjects will be recruited or identified for participation in the study.)

Obtaining Informed Consent

(Explain how informed consent will be obtained for each participant of the study. If those with diminished capacity or minors will be participating, be sure to clearly distinguish how informed consent will be obtained.)

NOTE*: All consent forms to be used in this study must be clearly labeled and attached to this form.*

[1] Consent capacity describes an adult's ability to understand information relevant to making an informed, voluntary decision to participate in research can be impaired by a wide variety of diseases, disorders, conditions, and injuries, including, but not limited to mental disorders, neurological disorders (e.g., stroke or dementia), metabolic impairments, psychoactive medications, substance abuse, and head trauma. The context of the research should be considered when determining whether or not a prospective participant's diminished decision-making capacity affects his or her capability to provide informed consent.

Risks and Benefits

(Explain the potential risks and benefits to the participants of the study, including how the knowledge to be gained and/or benefits to the participants justify the potential risks. Also, explain support services to be provided in the event of harm and how participants will be debriefed.)

Does this study require deceiving participants in any way?	☐ Yes ☐No If Yes, explain the deception and its necessity in the study: If Yes, explain the process that will be used for debriefing study participants: If Yes, provide contact information if participants have concerns/questions/problems:
Will participants receive an incentive/reward for their participation?	☐ Yes ☐No If Yes, explain the incentive/reward and its necessity in the study:

Confidentiality

(Explain how the confidentiality of the participants will be maintained throughout the study. Include in your response, who will have access to study data; how study data will be maintained, stored, and disposed; and how participant identity will be protected in reporting.)

Reporting

(Explain how the study results will be reported/disseminated and who will receive or have access to them.)

Additional Comments

Please add any additional comments.

STATEMENT OF INTENT

I attest that the description of research provided in this document is comprehensive of and consistent with the study intent. If the proposed research is approved by the Institutional Review Board (IRB) of Kishwaukee College, I confirm that I will adhere to the described design. If any changes are made to this design, I will contact the Director of Research & Data Mgmt./Chair of the IRB to determine if further review is needed.

Print Name:

Signature: Date: .

REQUIRED SIGNATURES

Thesis/Dissertation Chair *(if applicable)*

Print Name:

Signature: Date:

Supervisor *(if applicable)*

Print Name:

Signature: Date: