

Request for HSR Approval

Project Title:

Researcher Name (1):

Phone:

Researcher Name (2):

Phone:

Anticipated Project Start Date:

Anticipated Duration:

Please respond to the following clearly and concisely. Ambiguity or a lack of information may delay the review and approval of your proposal.

1. Purpose. Describe the purpose of the study.
2. Location. Where is the study being conducted?
3. Subject Pool. Describe the subjects you will be studying.
4. Recruitment of Subjects. Explain how subjects will be recruited to the study.
5. Relationship. What is the relationship between the subjects and researcher?
6. Informed Consent. Explain the consent process for subjects (MUST include notification of voluntary participation and withdrawal).
7. Compensation. Will subjects be compensated (e.g. money, extra credit) for participation? If giving extra credit, what opportunities will be available to students who chose not to participate?
8. Deception. Is deception involved in this study?
9. Risks. Detail the study's benefits and the risks of harm to human subjects.

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10. Sponsorship. Indicate internal or external support or collaboration for funding. Include grant information if applicable.
11. Confidentiality. Describe how subjects confidentiality and/or anonymity will be protected.
12. Procedure. Please explain the procedure of the study in detail and attach copies of all materials which will be used during the study.
13. How will the study be disseminated, and will it be publicized (and how so)?

By submitting this Request, I certify that I have read and understand IECC's Human Subjects Research Policy and Procedure (200.7). I will not include anyone under the age of 18 in my research study and I will immediately report any adverse effects related to the study to the HSR Coordinator. I will adhere to the Quality Standard Guidelines:

1. I will conduct this project in compliance with applicable government regulations regarding research on human subjects.
2. I understand student education records are considered confidential and may not be released to third parties without written consent from the student unless disclosure is permitted through the IECC Release of Information Form.
3. I will obtain informed consent prior to involvement of the participant(s).
4. I will ensure data collection is confidential and participant privacy is protected.
5. I will notify participants orally and in writing of the voluntary nature of their participation and their right to withdraw from the study at any time.
6. I understand that topics for study must be related to the educational process or experience and an area of concern to IECC.
7. I will assume all responsibility for costs incurred. IECC will not be responsible for any costs related to the research study. (Exceptions require additional approvals in advance.)
8. I will provide all related records (i.e. consents, findings, etc.) to the IECC HSR Coordinator to be kept in a secure location for three years at the conclusion of the study.

Researcher (1) Signature: _____ Date: _____

Researcher (2) Signature: _____ Date: _____

===== **FOR OFFICE USE ONLY** =====

☐ Exempt ☐ Denied ☐ Expedited Approval ☐ IRB Review

HSR Coordinator Signature: _____ Date: _____