

**APPLICATION FOR USE OF HUMAN SUBJECTS IN RESEARCH**

**Instructions:**

- Prepare your research project according to the following outline. (**Hand written forms will not be accepted.**)
- Submit the signed form to the Office of Academic Affairs. All forms must be completed in full with appropriate signatures to be reviewed by the committee.

**Principal Investigator** \_\_\_\_\_ Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_ Email \_\_\_\_\_

Correspondence Address \_\_\_\_\_  
\_\_\_\_\_

**Faculty Sponsor (If Applicable)** \_\_\_\_\_ Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_ Email \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Type of Project:** Faculty Research

Student Directed Research

Thesis  Dissertation  Other (\_\_\_\_\_)

Course Requirement:  16 week  8/9 week (course #: \_\_\_\_\_)

**Duration of Project:** Starting Date \_\_\_\_\_, **but not before written approval is obtained.**

Expected End Date \_\_\_\_\_

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I certify that to the best of my knowledge the information presented herein is an accurate reflection of the proposed research project. I accept the responsibility for the conduct of this research, the supervision of human subjects and maintenance of informed consent documentation as required by IRB. I certify that the research procedures for this project and the method of obtaining consent (if any), as approved by the IRB, will be followed during the period covered by this research. Any future changes will be submitted for Board review and approval prior to implementation. An End-of-Project Form must be submitted upon completion.

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Faculty Sponsor (If PI is a student) Date

\_\_\_\_\_  
Chair of Department Date  
(If PI is a Faculty Member & Project is Level II)

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**REVIEWER(S)**

\_\_\_\_\_  
Primary Reviewer (Level I) Date

\_\_\_\_\_  
Co-Reviewer (Level II) Date

**ACTION TAKEN:**

- Approved through \_\_\_\_\_
- Contingent
- Disapproved

**COMMENTS OR CONTINGENCIES:**

- See Attached

**GENERAL INSTRUCTIONS**

1. This form (1040EZ-A) is to be completed if you are conducting research utilizing existing public or private records. Webster records containing confidential information require Academic Affairs approval for release, prior submitting application.
2. You may NOT use this form if you intend on contacting subjects or their families as part of your data collection.
3. You should make every effort to protect the confidentiality of subject data.
4. All researchers, instructors and students are expected to examine the information available on the IRB web site <http://www.webster.edu/irb> before beginning this form and prior to investigating public or private records.

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**PART I:** Attach a summary of your project. This addendum should include the following components:

- **Introduction** – Discuss the goals and purpose of the present study. Include citations to relevant studies if you feel this would help the Board make their decision.
- **Methods** – Describe the procedures you will be using to conduct the study. This should be **very** detailed. The Board should be able to “conduct” your research using this description.
- **Stimulus materials** – Provide all scripts, consent forms and questionnaires cited in the Methods section.

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**PART III:** Please answer **all** of the following items providing additional information where appropriate. Use NA when questions are not applicable.

**A. Public Data**

1. Will the research be utilizing pre-existing Public Records (e.g., court or police records)? Yes  No 
  - If yes, describe what type of records will be gathered, where the files are kept and who will gather the information.

**B. Private Data**

1. Will the research be utilizing pre-existing Private Records (e.g., medical, employment, insurance, school records)? Yes  No 
  - If yes, describe what type of records will be gathered, where the files are kept and who will gather the information.

**C. Confidentiality** (helpful tips to protect confidentiality are available at the IRB web site - <http://www.webster.edu/irb/>)

1. Is this information in which there is an expectancy of privacy? If so, how have you obtained permission to use this data?
  
2. How do you intend to record information so participants can not be identified directly or through identifiers? Address how you will protect their rights, welfare and privacy. (Identification of subjects requires Level II approval.)

**D. Risks**

1. Does research deal with sensitive aspects of subjects' behavior, such as illegal conduct, drug use, sexual behavior, Yes  No   
or use of alcohol?
  - If yes, explain
  
2. Could subjects be at risk of criminal or civil liability, damage to employability, financial standing or undue embarrassment, if responses became known outside this research project? Yes  No 
  - If yes, explain
  
3. What safeguards will you use to protect the subjects from risks?

**E. Benefits**

1. Describe the benefits you expect to gain from this project. (This should include any direct benefits to the participants as well as any general gain in knowledge.)

**F. Other**

1. What do you intend to do with the data collected? (e.g., publish data, present paper, etc.)
  
2. Does the proposed study take place at an off-campus site or via email? Yes  No   
If Yes, please indicate the Site(s) \_\_\_\_\_
  
3. Does this project involve approval/permission from other institutions? Yes  No   
Guidelines for determining whether off-site approval is needed can be found at <http://www.webster.edu/irb/offsite.html>
  - If yes, please attach documentation stating you have permission to conduct research at that specific site. This includes IRB approval from that site (if applicable). If documentation is not yet available, it must be submitted to the committee prior to the beginning of data collection. In addition, the principal investigator (and the faculty sponsor if the PI is a student) must sign below to certify the following statement: "I/we will not begin research at other institutions before having obtained their permission to do so."

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Sponsor (If PI is a student)

\_\_\_\_\_  
Date