

**APPLICATION FOR LIMITED IRB REVIEW**

**Project Title:**

**Please answer the following questions:**

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| 1. Are potential participants members of a protected population? (please check all that apply)  1. Children (under the age of 18)  2. Pregnant women  3. Decisionally-impaired persons  4. Economically or educationally disadvantaged persons  5. Prisoners  6. Fetuses and human in vitro fertilization  7. Other potentially vulnerable groups (if applicable, describe): |
| 2. Description of what subjects will be asked to do and/or the nature of the data that will be collected from or about subjects. |
| 3. Will information be collected or recorded in such a way that subjects can be identified? Yes  No  Will information pose any risk to participants if it is disclosed outside the research? Yes  No  (For a description of risks to participants please see section 2 (ii) of Exempt Review on Appendix A) |
| 4. Describe any information that will be collected from the subjects that could directly identify them (e.g., names, social security numbers, addresses, telephone numbers, email addresses, etc.). Explain why it is necessary to collect this information: |
| 5. Describe any codes that will be used to identify subjects: |
| 6. Will there be a link between codes and direct identifiers *after the data collection is complete*? If so, explain why it is necessary and state how long this link will exist: |
| 7. Where, how long and in what format (such as paper, digital or electronic media, video, audio or photographic) will data be kept? |
| 8. Describe the security measures that will be taken to protect the data (locks, password protects, encryption, etc.), and any additional precautions taken to protect participants' identities: |
| 9. What is going to be done with the data when the study is complete? |
| 10. Does the study pose more than minimal risk to participants? Yes  No  See Part II, sec. A,1, (a),2, of SUNY Potsdam Policy on the Use of Human Subjects in Research, available on IRB website |
| 11. Will deception be used? Yes  No  If it will be used, will participants be informed of the use of deception in the consent form?  (To qualify for limited review, studies that involve deception MUST inform participants that  deception will be used and documentation of consent must be obtained) Yes  No  If applicable, please describe how deception will be used: |
| Description of how consent will be sought from potential participants. Please note that a formal consent form is required for studies involving identifiable private information or identifiable biospecimens. |
| Will data be obtained from or in collaboration with any other organization? Yes  No  If applicable, name of cooperating institution: |

**Attachments uploaded with this application to SUNY PACS Supporting Documents Smartform:**

Appendix A: Level of review (required)

Consent form(s) (required)

Research instruments: survey, interview questions, focus groups questions, etc. (required)

Letters of permission from cooperating organizations (if applicable)

Appendix B: Conflict of interest (if applicable)

Appendix C: External team member information (if applicable)

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I have read Appendix B Conflict of Interest guidelines and the SUNY Potsdam Conflict of Interest Policy and declare that I do not have a potential conflict of interest associated with this project.

I have read Article 24-A as amended to the New York State Public Health Law (available on the SUNY Potsdam IRB website) and agree to comply with SUNY Potsdam policy and state and federal regulations regarding the use of human subjects in research. I further agree to execute this project as described in this proposal; request approval from the IRB for changes; submit applications for continuation of approval as required; submit a final report at the conclusion of the study; and be responsible for the supervision and work of my staff and/or students.

**PI's electronic signature and date:**