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**Institutional Review Board**

**Full Review Form**

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| **Project Title** |  |
| **Names of all MBU investigators** |  |
| **Email addresses and phone numbers of all MBU investigators** |  |
| **Faculty Research Advisor name, email address and phone number** |  |
| **Other non-MBU investigators (include affliations, email addresses and phone numbers)** |  |
| **Current Funding Sources** |  |

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| **Type of project:** Class Project, Senior Project, Honors Thesis Project, Master’s Thesis, Doctoral Project, Faculty Research, Other (please describe) |  |

1. Please answer Yes or No to the following questions. Will your study purposefully include:

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| Prisoners or persons awaiting trial? |  |
| Pregnant women (research related to pregnancy, or puts the women or fetus at risk)? |  |
| Minors (children under the age of 18 years)? |  |
| Mentally disabled persons? |  |
| Economically or educationally disadvantaged persons? |  |

1. Please answer Yes or No to the following questions, and provide an explanation for any questions that are answered Yes. Will your study include:

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| Potentially painful or purposely stressful procedures or activities? |  |
| Procedures that are not anonymous and which may be considered an invasion of privacy (e.g. survey or interview questions about sexual orientation, sexual behavior, drug or alcohol use, abuse, medical history or mental health history)? |  |
| Procedures that are not anonymous and where identification of subjects and/or their responses would place them at risk of criminal or civil liability, could be stigmatizing, or could be damaging to the subject’s financial standing, employability, insurability, or reputation? |  |
| Any risks that are more than a minimal risk to the subjects? *Minimal risk* means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. |  |

1. Describe the methods of your research, the selection and recruitment of participants (append any recruitment materials), data collection and storage procedures, procedures to maintain anonymity or confidentiality of your participants, any possible risks to participation, and any deception (if there is deception in your study, please include your debriefing procedures).
2. Will your study include collection of data from voice, video, digital or image recordings made for research purposes? If yes, please describe.
3. Describe how you will obtain informed consent, parental consent and/or assent of a minor, and append all consent or assent forms.
4. Append any educational materials that will be used or any questions that will be used in a survey, focus group or interview.
5. Will your study require access to any non-public locations? If yes, explain how you will request access or, if access has already been granted, append the letter(s) of permission.
6. Will your study require the use of equipment that you do not own personally or have permission to use? If yes, explain how you will request access or, if access has already been granted, append the letter(s) of permission.
7. **REQUIRED:** Append a CITI human subjects training certificate for every investigator, including faculty research advisors. Instructions for how to access the training are available on the IRB web page (<https://go.marybaldwin.edu/research/irb/>).

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| When MBU faculty are the principal investigators, they should submit this form electronically to [irb@marybaldwin.edu](mailto:irb@marybaldwin.edu).When students, non-academic staff members or non-MBU affiliated researchers are the principal investigators, they should submit this form electronically to [irb@marybaldwin.edu](mailto:irb@marybaldwin.edu) and copy their MBU faculty advisors or sponsors on the submission email. The faculty advisors or sponsors must then send an email stating that they:  1. Certify that he/she has reviewed the protocol and approves of the procedures described therein. 2. Agree to assume overall responsibility for the conduct of this investigator. 3. Agree to work with the investigator, and with the IRB as needed, in maintaining compliance with this agreement. 4. Assert that the Principal Investigator is qualified to perform this study.  Note that protocols submitted by MDCHS students must be pre-screened and forwarded to [irb@marybaldwin.edu](mailto:irb@marybaldwin.edu) by a member of the MDCHS Research Committee. **BY SUBMITTING THIS FORM, THE PRINCIPAL INVESTIGATOR AGREES:**   1. That no participant will be recruited until the Investigator has received a final approval letter signed by the Chair of the Institutional Review Board. 2. That any modifications of the research or consent form(s) will not be initiated without prior written approval from the Chair of the IRB, except when necessary to eliminate immediate hazards to the participants. 3. That any deviation from the protocol and/or consent form, adverse events that are serious, unexpected and related to the study or a death occurring during the study will be reported promptly to the IRB in writing. |