

LOUISIANA STATE UNIVERSITY AT
ALEXANDRIA

Instructions for Completing the Request to Use of Human Participants in Research

All research with human participants conducted by students, faculty, or staff at LSUA must be reviewed initially by a member of the University's Institutional Review Board, whether or not requests for outside funding are involved. To initiate this review, the investigator/project director must complete this application and submit it and a 3 to 5 page research proposal, including an informed consent form and copies of any questionnaires or surveys to be used, to the IRB member in his/her college/school/department. The IRB member determines the category of review appropriate for the study. The University IRB meets if full committee review is necessary. Criteria for exempt, expedited, and full committee review are available at: <<http://ohrp.osophs.dhhs.gov/polasur.htm>>.

Please submit **the original and one copy** of this request at least two weeks prior to the date you wish to initiate data collection. (You are advised to keep a copy for your records also.) **YOU MAY NOT COLLECT DATA PRIOR TO RECEIVING AN APPROVAL FORM FROM THE IRB.**

Faculty members will be informed by the IRB regarding the disposition of their applications and those of students they are sponsoring. Students do not receive direct notification of IRB disposition of proposals. Any changes in research protocol that affect human participants must be approved by the IRB prior to implementation unless the changes are necessary to eliminate apparent immediate hazards to the participant. Any unanticipated problems involving risks to participants or others must be promptly reported to the IRB.

COMPLETE PART A AND PART B NUMBERS 1-6. ATTACH THE APPROPRIATE CONSENT FORM INFORMATION ALONG WITH ANY OTHER REQUESTED INFORMATION. BE SURE TO SIGN THIS REQUEST AT THE END OF PART B.

Part A

Date: _____

Project Title: _____

Principal Investigator(s): _____

Email Address of Principal Investigator(s): _____

Phone Number of Principal Investigator(s): _____

Address of Principal Investigator(s): _____

Relationship to the University (specify): Faculty ____ Student ____ Other ____

If student, name of faculty sponsor: _____

Faculty sponsor's email address: _____

School/College: _____

- Any special situations (Example: Deception - Full disclosure prior to procedure is not feasible because biased data will result.)

- If data collection is done in class, explain what students who do not participate will be doing.

- How will the confidentiality of the participants information and the data be protected?

- Attach statement of approval from any agencies (e.g., schools, hospitals) that will be involved with recruitment of participants/participants or data collection.
 Statement Attached _____ No Statement needed for research _____

3. BENEFITS: Describe the benefits to individual participants and to society.

4. RISKS:

How would you describe the level of risk for participants participating in this project?

___ No risks ___ Minimal risks ___ More than minimal risks

Describe all potential risks to participants:

5. Briefly describe your participant population. Will you exclude persons on the basis of gender, race, color, or any other demographic characteristic? If so, justify.

6. Participant Consent: (Must attach a participant consent form with the request, if not included your request will automatically be denied.)

I certify that the statements made herein are accurate and complete. I agree to inform the Board in writing of any emergent problems or proposed procedural changes. Should changes be made, I further agree not to proceed with the research until the Board has reviewed and approved the changes that I propose to make in the protocol.

Principal Investigator Date

Principal Investigator Date

Faculty Sponsor (for student investigators) Date

THIS PAGE IS FOR IRB USE ONLY

(IRB Representative: Indicate appropriate category of review: exempt, expedited, or full review. Note: the standard requirements for informed consent apply regardless of the type of review utilized by the IRB.)

Part C - Exempt

This proposed research is judged to be exempt from full committee review because it falls in one or more of the following categories (see 45 CFR 46, June 18, 1991, p. 5). Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> 1. 46.101 (b)(1) | <input type="checkbox"/> 4. 46.101 (b)(4) |
| <input type="checkbox"/> 2. 46.101 (b)(2) | <input type="checkbox"/> 5. 46.101 (b)(5) |
| <input type="checkbox"/> 3. 46.101 (b)(3) | <input type="checkbox"/> 6. 46.101 (b)(6) |

Part D - Expedited or Full Review

This proposed project has been reviewed and was found to require:

Expedited Review (63 FR 60364-60367, November 9, 1998)

Expedited category. Check all that apply:

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1. (a) | <input type="checkbox"/> 6. |
| <input type="checkbox"/> 1. (b) | <input type="checkbox"/> 7. |
| <input type="checkbox"/> 2. (a) | <input type="checkbox"/> 8. (a) |
| <input type="checkbox"/> 2. (b) | <input type="checkbox"/> 8. (b) |
| <input type="checkbox"/> 3. | <input type="checkbox"/> 8. (c) |
| <input type="checkbox"/> 4. | <input type="checkbox"/> 9. |
| <input type="checkbox"/> 5. | |

Full IRB Review. Please explain:

I certify that this project has been reviewed by me as an IRB member and that the research was not proposed by me or by a student working under my supervision.

IRB Signature

Date

Print Name

Dept. /School

Send this request for IRB approval should be sent to:
From off Campus

On Campus

Dr. Richard L. Elder
Department of Behavioral and Social Sciences
8100 Highway 71 South
Alexandria, LA 71302

Dr. Richard L. Elder
Mail stop 34
The Campus

Part E - IRB Action

__ Exempt Review (Date: ___ / ___ / ___)

__ Expedited Review (Date: ___ / ___ / ___)

__ Full Review (Date: ___ / ___ / ___)

Comments:

IRB Chairperson

ORS Representative