

## INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS APPLICATION

Submit this application and all required materials to [irb@dsu.edu](mailto:irb@dsu.edu)

**Today's Date:**

**Project Title:**

*Attach a current CV or résumé for each investigator. CVs should include role(s) in previous research.*

**Principal Investigator:**

College / Department:

DSU email:

Phone:

CITI Training Date:

*CITI Training is valid for 3 years from the date of completion*

**Other Investigator:**

College / Department:

DSU email:

Phone:

CITI Training Date:

**Other Investigator:**

College / Department:

DSU email:

Phone:

CITI Training Date:

**DO NOT SUBMIT THIS FORM  
UNTIL CURRENT/VALID CITI TRAINING DATES AND CERTIFICATES  
FOR THEM ARE READY TO BE SUBMITTED ALONG WITH IT.**

**If additional researchers are involved, please attach a list with  
your project name and investigator information.**

**1. Do you or any other investigators listed have a potential conflict of interest associated with this study?**

Contact the IRB ([irb@dsu.edu](mailto:irb@dsu.edu) or 605-256-5100) with questions. Definitions are available on the IRB web page.

Yes

No

**If the answer to this question is Yes, please describe the potential conflict of interest in detail.**

**2. Is this study externally funded? (If yes, please attach documentation)**

Federal Tuition Reimbursement / Scholarship

Federally Sponsored

Industry Sponsored

State Sponsored

Other \_\_\_\_\_

No

**3. Is this research project required to earn a DSU academic degree?**

Yes

No

**If the answer to this question is Yes, your thesis, dissertation, or other research proposal must be approved and documentation of that decision included with your application.**

**4. Have you submitted, or plan to submit, this study to another IRB?**

Yes

No

**If the answer to this question is Yes, please submit copy of that IRB's approval and any related forms assessed by that IRB, along with your application.**

**5. Attach letters of approval from any (non-IRB) committees, schools or external organizations involved (Required prior to IRB approval).**

Attached

Not applicable

**6. What is the purpose of this research?**

**7. Please describe all tasks that participants will be expected to perform.**

**8. Please describe how you will contact potential participants. Include all steps in your process and describe how participant privacy will be maintained.**

**9. What is the maximum number of participants you will enroll in your study?**

**10. Please check all study populations that apply.**

Children (younger than 18 years old)

Persons with disabilities

Pregnant

Prisoners

Persons with medical conditions related to your research

Non-English Speaking

Students in Grades K-12

University Students

Specific Genders

**If Specific Genders is chosen, provide details:**

N/A

Individuals with diminished mental/physical capacity

Economically/educationally disadvantaged persons

Your students

Your employees

Pregnant women

Prisoners

N/A

**If you checked “Your students” and/or “Your employees”, they must be allowed to refuse participation without penalty. Describe how you will ensure equal treatment of participants and non-participants.**

**11. Are you specifically targeting an ethnic group? Check any that apply.**

- American Indian
- African American
- Caucasian
- Alaskan Native
- Asian
- Hispanic/Latinx
- Pacific Islander
- Other:
- N/A

**12. Age ranges of subjects to be enrolled:**

- Birth to 3 years
- 3 to 5 years
- 5 to 10 years
- 10 to 13 years
- 14 to 17 years
- 18 to 64 years
- 65 years and older

**13. Please describe any inclusionary and exclusionary criteria and how participants will be chosen for your study:**

**14. Where will the research take place?**

**If your research will take place outside the U.S., please contact [irb@dsu.edu](mailto:irb@dsu.edu) for more information.**

**15. Will participants receive compensation?**

Yes

No

**If yes, please describe:**

**16. What direct benefits (other than compensation) do you expect participants to receive from your study?  
If there is no direct benefit to the subjects, simply state that.**

**17. Check all private information that you plan to collect:**

Names

Phone numbers; fax numbers

Email addresses

Medical record numbers

Medical diagnoses or related information

Device identifiers

Full face photographs

Web Universal Resource Locators (URLs)

Social Security Numbers

Serial numbers or other unique identifiers

Geographical subdivisions smaller than a State: street address, city, county, precinct, zip code

Birthdates, medical admission dates, medical discharge dates, dates of death

Health plan beneficiary, account, or certificate/license numbers

Vehicle identification, serial, or license plate numbers

Educational records/information

**Please give a brief explanation of any items checked.**

**18. Will there be any way that anyone, including an investigator, could start with a data record and trace it back to the person being studied?**

Yes

No

**If the answer to this question is Yes, describe why this is necessary and describe specific procedures to prevent inappropriate use of study data. Please think this through thoroughly. This issue is closely evaluated by the IRB and will cause delays in processing your application if it is not completely/properly answered.**

**19. Do you agree to destroy data that can identify participants when your study is concluded?**

Yes

No

**If the answer to this question is No, describe why this is necessary and how participant identities will be protected.**

**20. Do you agree to keep a copy of de-identified data for 3 years after your study is concluded?**

Yes

No

**21. Are any of the following risks associated with your research? Please check all that apply.**

Use of identifiable audio or video for data collection.

Physical Risk

Economic Risk, Risk to Employability

Psychological Risk

Legal Risk

Social/Reputation Risk

Use of private records (including educational records or medical charts)

None of the above

**22. Check all consents required below for your project. Attach forms/scripts for review.**

Informed Consent (Adults)

Consent Statement (This can only be used on adults, and when no identifiers are collected)

Parental Consent

Assent (must be obtained from participating children in addition to parental consent)

**Please utilize templates for these documents that are posted on the DSU IRB web page.**

**23. How will you obtain consent?**

Verbal/Handout (face to face)

Verbal/Telephone

Web-based

Email

Postal Mail

**24. Does your study require authorization or waiver related to the Health Insurance Portability and Accountability Act (HIPAA)? (Contact irb@dsu.edu for additional information)**

Full Waiver

Partial Waiver

Authorization Addendum (*attach form*)

N/A

**SIGNATURES**

By signing below, I attest that:

- » The information provided in this form is correct and complete. I agree to seek and obtain prior written approval from the IRB for any modifications to this proposal, including changes in procedure, co-investigators, consent statements, survey/interview questions, etc.
- » I will immediately report any unexpected or unanticipated problems or incidents that occur during the study. I will report in writing any significant findings which develop during the course of the study which may affect the risks and benefits to the participants.
- » I will not proceed with the research until I have received approval from the IRB. I will abide by IRB requests for reports on the status of the study. I will maintain the records and documents of this research. If the above conditions are not met, I understand that approval of this research could be suspended or terminated, and that those statuses mean that all activity on the project must immediately cease.

Principal Investigator: \_\_\_\_\_  
Signature Date

Co-Investigator: \_\_\_\_\_  
Signature Date

**Attach a separate form that includes your project name if you have additional co-investigators.**

**Supervisor Assurances:**

By signing below, I attest that I reviewed this application and found:

- » the research scientifically and scholarly sound
- » that competencies and resources are adequate
- » that conflicts of interest do not exist.

Supervisor Name (print/type): \_\_\_\_\_

Supervisor signature: \_\_\_\_\_  
Date