

## INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS EVALUATION

Principal Investigator's Name:

Co-investigator's Name(s):

Project Title:

Proposed Project Start and End Dates:

1. Please briefly describe your research project.

2. Please read this statement and indicate if it is true or false: "No humans (living or dead) other than the researcher(s) will be involved in this project in any capacity, for any purpose, or for any duration."

True

False

*If the answer to this question is True, skip to the signatures section. If the answer is False, continue with Question 3.*

3. Are you and others involved in your research current on required CITI training (regarding rules and procedures for human subjects research)?

Yes

No

4. How will humans be involved in your research?

*Examples: as members of a studied population; by providing opinions, data, or information; some other type of involvement. Please provide a description, including what specific activities participants will do. This answer does not have to be lengthy but must be specific.*

5. Will the identity of humans in your study be known to you?

Yes

No

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6. Will participants in your study reveal information about themselves that could be considered private? This includes name, address, phone, email, place of employment, work title, job duties, health information, civil and criminal court cases, and any other information that a participant might not want others to know.
- Yes  
No
7. Will you (or other researchers) have physical contact with participants in your study?
- Yes  
No
8. Will participants be required to come in contact with, ingest, or be injected with any substance, or will biological samples (e.g., blood, saliva) be taken from participants?
- Yes  
No
9. Will study participants engage in activities they would not do in their normal lives?
- Yes  
No
10. Do the humans in your study fit in any of these categories? (check N/A if none of the categories apply)
- |  |                                    |
|--|------------------------------------|
| Children (younger than 18 years old)                     | Non-English speaking               |
| Persons with disabilities                                | Students in grades K-12            |
| Pregnant   | University students                |
| Prisoners  | Specific genders (provide details) |
| Persons with medical conditions related to your research | _____                              |
| N/A  | _____                              |
11. Do you plan to draw conclusions from your research that may be applicable to populations outside of your study participants? *This question is typically answered Yes if the researcher intends to publish or present the results of the study.*
- Yes  
No
12. If the answer to Question 11 is No, how do you intend to use the data collected in your research? *Otherwise, please type N/A as your response.*

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After this form is reviewed, you will receive a response that indicates:

- Your project does not involve humans and therefore does not require IRB review  
or
- Your proposed research, though it involves humans, is eligible for “exempt” review.  
or
- Your proposed research must be submitted to the IRB for further review.

Please keep in mind that no data collection or contact with participants can begin until these determinations are complete.

Principal Investigator:

Co-Investigator:

Attach a separate form that includes your project name, names of additional co-investigators, and their signatures.

Please email this completed form to [irb@dsu.edu](mailto:irb@dsu.edu)

THANK YOU FOR YOUR COOPERATION!