
Investigator: _____ Program: _____

Street address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ E-mail: _____

PROJECT TITLE

PROJECT DESCRIPTION

Please provide the following information:

- ◆ A concise statement of purpose and objectives of research.
- ◆ A description of who will be involved as subjects in the research.
- ◆ A description of the tasks that the subjects will be performing; circumstances of testing, and nature of the subjects' involvement. A copy of the questionnaires, interview items or other instruments must be included.
- ◆ The possible benefits and risks associated with participation.
- ◆ The safeguards for minimizing risks and for protecting subjects' privacy.
- ◆ The confidentiality of collected data records and how they will be handled.

INFORMED CONSENT STATEMENT

Please attach a copy of the Informed Consent Form used.

The form should contain the following information:

- ◆ An introduction of researcher and research.
- ◆ A statement detailing benefits and risks.
- ◆ A guarantee of anonymity and confidentiality.
- ◆ The subject's right to withdraw.
- ◆ A signature and date block for subject.
- ◆ The statement: "I understand that if I have any questions regarding this research that have not been answered by the researcher, I can contact the program director,

_____ at _____."

**This information I have provided about my research is complete and accurate.
No changes will be made without advance approval of the Human Subjects Committee.**

Investigator signature: _____ **Date:** _____

Faculty/Advisor signature: _____ **Date:** _____

HUMAN SUBJECTS REVIEW CHECKLIST

The Human Subjects Review Checklist is completed during the review process.

TECHNICAL ADEQUACY

- _____ Instrument addresses the purpose and objectives.
- _____ Instructions are complete.
- _____ Items are clear.
- _____ Scales (if used) are appropriate.
- _____ Sequence of items is understandable.

SUBJECT PROTECTION

- _____ All subjects are identified.
- _____ Risks are clearly stated.
- _____ Risks are minimized.
- _____ Benefits are actual.
- _____ Privacy safeguards are clearly stated.
- _____ Privacy safeguards are appropriate.
- _____ Methods are not unduly invasive causing physical harm, embarrassment or shame.
- _____ Confidentiality/anonymity is guaranteed as appropriate.
- _____ Data records are securely maintained.
- _____ Consent form is complete.

REVIEW REVIEW BY HUMAN SUBJECTS COMMITTEE IS NECESSARY

- _____ Approve
- _____ Approve with revisions without resubmitting
- _____ Approve with revisions and resubmit
- _____ Disapprove

Reviewer signatures:

Program Director

Date

Member of Policies and Procedures Committee

Date

Dean

Date