

# Appendix B: Request for IRB Review for Faculty

Revised Date: 12/01/20

## Submission Instructions

Please complete the following form to request an Institutional Review Board (IRB) Review. Based on the information you provide below and the documents you submit, the IRB will determine the appropriate level of review (Exempt, Expedited, or Full Review). After completing this form and signing below (or e-sign) submit via [IRB@uagc.edu](mailto:IRB@uagc.edu)

## Expected Level of Review

My expected level of review:  Exempt  Expedited  Full

## Principal Investigator (PI) Information

Name: \_\_\_\_\_ Researcher Status:  Full-Time Faculty  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Co-Investigator Information (if applicable)

Name: \_\_\_\_\_ Researcher Status:  Student  FT Faculty  Assoc. Faculty  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Co-Investigator Information (if applicable)

Name: \_\_\_\_\_ Researcher Status:  Student  FT Faculty  Assoc. Faculty  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Co-Investigator Information (if applicable)

Name: \_\_\_\_\_ Researcher Status:  Student  FT Faculty  Assoc. Faculty  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

A. Research Project Title: \_\_\_\_\_

B. Proposed Starting and Ending Dates: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YY)  
(Please identify a 1-year period)

C. Have you completed the required CITI SBER online training?  Yes  No  
(Please attach Completion Certificate, which should be in force throughout the data collection period.)

D. Conflicts of Interest. Conflicts of interest shall be considered to include:

- Stock (holdings or options) in a sponsoring organization;
- Director, advisor, or consultant to the sponsoring organization; or
- Other vested interests, such as the inventor and/or patent holder of the drug, procedure, technique, device, or software being tested.

Does the PI or do any Co-PIs have an actual, potential, or perceived conflict of interest as outlined above?  Yes  No  
If yes, please identify which and explain below:

**E.** Has this project been submitted to any other IRB?  Yes  No  
If yes, please identify the other IRB and their action taken on your proposal below:

**F.** Is this project currently sponsored in full or partially by an entity outside of the University?  Yes  No  
If yes, describe the source and any potential conflicts below:

**G.** Will you be collecting or sharing Protected Health Information?  Yes  No

- H.** Will your research involve any of the following protected classes? This should be avoided wherever possible.
- Children/minors under age 18 (or the age of majority of the state in which the child lives):  Yes  No
  - Pregnant women:  Yes  No
  - Prisoners:  Yes  No
  - Cognitively impaired or mentally disabled:  Yes  No
  - Educationally or economically disadvantaged:  Yes  No

If you selected yes to any of the categories above (i.e., protected classes), **briefly** justify the appropriateness of conducting research on this population and what additional protections will be in place to mitigate risks below (Elaborate in the Research Summary):

- I. Will your study involve collecting personal or sensitive information that, if disclosed, may place your participants at personal or professional risk?  Yes  No  
If yes, **briefly** describe and justify the risk and describe protections to be put in place to minimize this risk below (Elaborate in the Research Summary):

- J. Will deception or concealment be used?  Yes  No  
If yes, **briefly** describe and justify its use below (Elaborate in the Research Summary):

- K. Will your study involve persons with clinical diagnosis or research in clinical setting?  Yes  No  
If yes, **briefly** discuss possible consequences; and/or additional stress and consequences of participating in research, and what supports or referrals you will have in place to address them below (Elaborate in the Research Summary):

- L. Will your study involve persons from different cultures or international contexts?  Yes  No  
If yes, briefly describe steps taken to ensure cultural responsiveness below (Elaborate in the Research Summary):

**M. Research Projects**

1. Project Summary: **Briefly** describe below the involvement of human participants in your research regarding what will happen to or with them so the IRB may evaluate the level of risk:

- a. **Briefly** describe below how data will be collected (e.g. Internet or pencil and paper assessment or survey, individual interviews, focus groups, observation with field notes, etc.):
- b. Will an existing instrument be used and/or modified?  Yes  No  
If yes, please append the signed permission form or proof of purchase of access to the instrument.
- c. Append the Research Summary and copies of all data collection instruments.

2. Population: **Briefly** describe below the population of the study, and how they will be accessed:

- a. Is permission needed to access the population?  Yes  No  
If yes, please append the signed permission form.

3. **Briefly** describe below how participants will be recruited to participate in the study. Append copies of any communications to be used to recruit or solicit participants.

4. **Briefly** describe below how informed consent will be obtained from participants prior to collection of any data. If the participants will be minors or other persons who are not legally able to provide informed consent, please identify who will consent on their behalf and the assent process, if applicable. Provide both the consent and assent forms.

5. **Briefly** describe below how participants may withdraw from the study should they choose to do so:

6. **Briefly** describe below the procedures for protecting participants' anonymity and maintaining confidentiality in data collection, storage, and reporting:

7. Attachments: (Check all that apply)

- Research Summary
- Organizational Permission Form
- Permission to Use or Modify an Existing Instrument Form
- Participant Solicitation or Recruitment Documents
- Informed Consent Form
- Informed Assent Form (if applicable)
- Data Collection Instruments
- Other (identify below):

### **Scientific Misconduct**

Scientific misconduct shall be considered to include:

- Fabrication, falsification, plagiarism, or other unacceptable practices in proposing, carrying out, or reporting results from research.
- Material failure to comply with Federal requirements for the protection of human participants, researchers, and/or the public.
- Failure to meet other material legal requirements governing research.
- Failure to comply with established standards regarding author names on publications.
- Failure to adhere to issues of patient confidentiality as provided in the participant consent form, the study protocol, and as outlined in the Code of Federal Regulations (45 CFR 46).

## Investigator's Continuing Responsibility to IRB

Once the protocol has been approved, it is the Principal Investigator's (PI) responsibility to:

- Report changes in research activity related to the project;
- Provide the IRB with all protocol and consent form amendments and revisions. IRB must approve these changes prior to their implementation. All advertisements recruiting study participants must also receive prior approval by the IRB;
- Promptly report all adverse and serious adverse events (including death, hospitalization or prolongation of hospitalization, and unanticipated adverse side effects);
- Renew protocols with the IRB prior to expiration. All projects must have a continuing review at least annually to renew the approval for the protocol. Some projects will have the continuing review more frequently as determined in the initial review and approval; and
- Notify the IRB if the protocol is complete.

***Failure to comply with these federally mandated responsibilities may result in suspension or termination of the project and/or employment.***

## Principal Investigator Acknowledgement

I have read the definitions of Scientific Misconduct and listed all potential Conflicts of Interest I (or my team) may have related to this project. I have read the Investigator's Continuing Responsibilities to the IRB. I understand the definitions of Scientific Misconduct and Conflicts of Interest and my continuing responsibilities to the IRB. My signature below attests to my agreement to conduct this research study in such a manner that acts of scientific misconduct and conflicts of interest will not be committed, and I will comply with the continuing responsibilities to the University of Arizona Global Campus IRB. I will conduct my study in compliance with the University of Arizona Global Campus IRB Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You have provided your consent to receive documents from the University of Arizona Global Campus in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.*