

**Illinois State University Institutional Review Board (IRB)
Department/ Unit Representative Protocol Review Form**

**IRB Number _____
(Number to be completed by REC)**

After completing this review form, please attach a copy of the entire protocol to this form and forward to the Research Ethics & Compliance ~ Campus Box 3330. For more information, templates, and forms go to www.rsp.ilstu.edu.

I. PROJECT DESCRIPTION

Project Title			
PI Name			
Co PI Last Names			
(Write one or two sentences briefly describing the proposed research)			

II. METHODOLOGY

A. Participants:	
1. How many of each type will be recruited?	<input type="text"/> Total Adults (over 18) = <input type="text"/> Males <input type="text"/> Females <input type="text"/> Total Minors (under 18) = <input type="text"/> Males <input type="text"/> Females
2. Of the above numbers, how many participants will be specifically recruited from the following populations?	<input type="text"/> Prisoners <input type="text"/> Mentally Handicapped <input type="text"/> Mentally III <input type="text"/> Physically Disabled <input type="text"/> Pregnant Women <input type="text"/> Physically III <input type="text"/> Other: (please specify)
3. How will they be recruited?	
4. Informed Consent for Participants over 18	Does the study include an informed consent process that includes all of the elements? <input type="text"/> Yes <input type="text"/> No Is the informed consent form included? <input type="text"/> Yes <input type="text"/> No
5. Consent for Minors or those requiring a guardian	Does the study include a parent/ guardian permission process that includes all of the elements? <input type="text"/> Yes <input type="text"/> No Is the parent/ guardian permission form attached? <input type="text"/> Yes <input type="text"/> No Are appropriate assent forms or scripts attached? <input type="text"/> Yes <input type="text"/> No
B. Procedure(s)	
1. Which techniques will be used to collect data	<input type="text"/> Questionnaire <input type="text"/> Files/ Records <input type="text"/> Task(s) <input type="text"/> Interview <input type="text"/> Physical Exercise <input type="text"/> Specimens <input type="text"/> Treatment <input type="text"/> Observation <input type="text"/> Tests <input type="text"/> Other:
	Recording: <input type="text"/> Audio <input type="text"/> Video <input type="text"/> Still Image Could identification of subjects and/or their responses be damaging to standing, employability, insurability, reputation, or be stigmatizing?
	<input type="text"/> Yes <input type="text"/> No

2. Will the study involve...	Psychological Intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Biomedical Procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Deception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the protocol adequately state a plan for...?	Storing the data securely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Access to the data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Use of the data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Disposition of the data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

III. RISKS

For each of the following potential risks below, does the protocol adequately describe how risks will be minimized?			
Psychological Intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Biomedical Procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Deception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Coercion of Minors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Coercion of Prisoners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Risks to Mother and Fetus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Risks to Social Standing and Reputation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:			

IV. BENEFITS

Does the protocol state anticipated benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

V. DEPARTMENT REPRESENTATIVE RECOMMENDATION:

Please review your responses above carefully! All shaded areas indicate an expedited or full level of review

Name (please print):	Date:
Recommended Level of Review: <input type="checkbox"/> Exempt <input type="checkbox"/> Expedited <input type="checkbox"/> Full	
Comments:	