

**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.rspilstu.edu](http://www.rspilstu.edu).

**I. PROJECT DESCRIPTION**

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

**II. METHODOLOGY**

<b>A. Participants:</b>	
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 Ill <input type="text"/> Physically Disabled <input type="text"/> Pregnant Women <input type="text"/> Physically Ill <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 consent process that includes all of the elements? <input type="text"/> Yes <input type="text"/> No Is the parent/ guardian consent 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>B. Procedure(s)</b>	
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:
	<input type="text"/> Audio taping <input type="text"/> Videotaping

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"/>
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### 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:	