INSTITUTIONAL REVIEW BOARD (IRB)

APPENDIX A:

IRB RESEARCH REVIEW FORM

As of February 2017
Adapted with permission of Wheelock College, Boston, MA

Submit to:
Pandora Johnson, PhD
Chair, IRB
Email: irb@ub.edu.bs

IRB COMMITTEE USE ONLY	
IRB #	
Date Recv'd	
Review Type	
Review Date	
Review Status	

Please Note:
- Do not begin your research (including contacting potential research participants) until you are notified that your application has been approved by the IRB. Notification will take between two (2) and four (4) weeks. Consult the IRB Guidelines on [http\\www.ub.edu.bs]. **If you have any questions, contact the IRB Chair.**
- The IRB requires submission of the Research Review Form and all relevant documentation (including a copy of your current NIH Certification, accessed at this link - https://phrp.nihtraining.com/users/login.php***) electronically via*** irb@ub.edu.bs

APPLICANT INFORMATION		
TITLE OF STUDY		
PROPOSED PROJECT DATES	___/___/___ to____/___/___	
TYPE OF PROPOSAL	☐ **NEW** ☐ **RENEWAL (IRB approval valid for 1 year)** ☐ **Expedited (explain):**	
COURSE / PROGRAMME		
Name of Principal Investigator(s): (Faculty/Staff; Faculty supervisor in case of student)		Investigator Status (faculty, staff)
(1)		
(2)		
Principal Investigator 1 Contact Information:		
Mailing Address:		Campus Address (if different than mailing address)
Telephone:		Email:

Principal Investigator 2 Contact Information:	
Mailing Address:	Campus Address (if different than mailing address)
Telephone:	Email:
University of The Bahamas (UB) Co-Investigator(s) (OTHER FACULTY/STAFF AND/OR STUDENT(S) IF APPLICABLE)	
NAME(S) & STATUS	Contact Information (address, phone and email)
(1)	
(2)	
Collaborators outside UB: (if any)	
NAME(S) & STATUS	Contact Information (address, phone and email)
(1)	
(2)	

PROJECT SUMMARY

Type of Project: (check all that apply)

- ☐ **FACULTY RESEARCH**
- ☐ **CLASS PROJECT**
- ☐ **INDEPENDENT STUDY**
- ☐ **INDIVIDUAL STUDENT PROJECT**
- ☐ **OTHER (EXPLAIN):**

Method of Study: (Check all that apply and attach samples)

- ☐ **EDUCATIONAL TEST(S)**
- ☐ **STANDARD**
- ☐ **PSYCHOLOGICAL TEST(S)**
- ☐ **SURVEY OR**
- ☐ **QUESTIONNAIRE**
- ☐ **INTERVIEW(S)**
- ☐ **STUDY OF EXISTING DATA**
- ☐ **OTHER (DESCRIBE):**

Location(s) of Activity: (Identify and describe)

Participant Information	#
Children under 7	
Children 7-17	
UB Students	
Adult non-students	
HIV positive individuals	
Individuals with mental, physical, or emotional handicaps	
Pregnant Women	
Prisoners	
Economically or educationally disadvantaged	
Persons incapable of informed consent (explain)	

Funding	**Explanation (description and source)**
☐ No funding necessary	
☐ Funding necessary, will apply	
☐ Funding approved	

PROJECT DESCRIPTION

Research Project: (Describe)

Significance of the Study: (Describe)

Explanation of inclusion or exclusion of specific racial or ethnic groups.

Describe populations(s) from which participants will be drawn (age range, gender, health status, racial or ethnic groups, vulnerable participants).

Research Methods

What will participants be asked to do, what will be done to them, and what information will be gathered?

Describe research materials. (Append copies of interview guides, instructions, tests, or questionnaires.)

If participants will be interviewed or observed, who are the interviewers or observers and how will they be trained?

Describe number of times various procedures will be conducted and the estimated length of the procedure:

Describe the provisions for maintaining materials or data securely and confidentially.

How will participants be recruited? Is an inducement or remuneration offered?
(If so, append copy of letter or ad.)

How will you ensure that selection of participants with regard to gender, race, and ethnic background meet standards for inclusion?

Other relevant characteristics of participants, such as institutional affiliation:

- *If there is a cooperating institution, submit evidence that its approval of the project has been obtained: (Append letters)*
- *Is approval of another institution's IRB required? Why or why not? If required, submit evidence of approval.*

How will you explain the research to participants and obtain their Informed Consent to participate? (Append "Informed Consent Form")

If participants are minors or not competent to provide Informed Consent, how will Informed Consent be obtained?

How will participants be informed that they can refuse to participate in any aspects of the project or may terminate participation whenever they please?

If participants are students or clients, how will you protect them against feeling coerced to participate?

Are participants deliberately deceived in *any* way? If so, provide rationale for the deception; describe the deception; its likely impact on participants; and how you will later explain it to them.

How will the following be protected? (See Glossary for further information.)

(1) Privacy: (Protecting information about participants. This refers to an individual and his/her concerns about controlling access to **personal** information.)

(2) Confidentiality: (Protecting data about participants.) Access to data is limited. Consider how coding will be separated from information obtained; how data will be stored and when it will be destroyed; whether data will be used in the future and; if so, how permission for **future** use will be obtained.

(3) Anonymity: (Protecting access to unique names and identifiers. In most cases highly specific identifiers should never be attached to the data.)

Protection of human participants

Do participants risk *any* stress or harm by participating in this research? If so, how will participants be protected?

Benefits

How will participation in this study benefit participants?

How will participants be "debriefed" and what alternative referrals can you make, if necessary?

Will participants receive a summary of results or other educational materials? If so, explain.

Are there any other procedures or details of the project that the IRB should consider to assess how your project protects human participants?

Applicant's Electronic Signature[6]:_____**Date:** _____

Faculty Sponsor's Electronic Signature:_____**Date:** _____
(Required if Principal Investigator is a student.)

[6] **Note: Please append an electronic signature.**

ATTACHMENTS INCLUDED AS APPROPRIATE

(Please verify that you have included all necessary materials by placing a checkmark in each of the relevant boxes.)

- ☐ Recruitment letters or fliers
- ☐ "Informed Consent Form(s)"
- ☐ Instructions to participants
- ☐ Interview Guide or other research protocol (questionnaires, tests, observation system, etc.)
- ☐ Compensation guidelines
- ☐ Information sheets or "debriefing" method
- ☐ Letters of approval from cooperating institution(s)
- ☐ Explanation for exemption from federal regulations
- ☐ NIH Certification

Return completed application to:

Pandora Johnson,
PhD Chair, IRB
irb@ub.edu.bs