Troy University
Institutional Review Board
Checklist for Application Review

Please provide an X or check mark that you have reviewed each section before submitting application to irb@troy.edu.

1	☐	Ensure that all sections are filled out before submitting application.
2	☐	Ensure that all materials that will be used, such as letters of support, informed consent and measurement tools, are attached at the end of the application as appendices.
3	☐	Fill out the appropriate Informed Consent form, if necessary (Please review Informed Consent Checklist, located on the IRB website, for requirements). Reading level: ○ 3rd ○ 8th ◉ 12th Attach this in your application and submit as a separate MS Word file.
4	☐	List all anticipated risks/benefits ("no risks/no benefits" will not be accepted as an answer). At the very least, privacy and confidentiality of person and data is always a risk.
5	☐	Include signatures from everyone involved in the research (e. g. Principal Investigators, Additional Investigators, Faculty Advisor/Supervisor).
6	☐	Attach Letters of Approval from other research institutes (if applicable).
7	☐	Attach proof of completion for the Troy IRB Training (e.g. certificate or email).

Troy University
Institutional Review Board
Application for Institutional Review Board Review

General Instructions for Completion of Protocol:

- Unless otherwise instructed, type all information in the area below each question, using as much space as necessary
- All fields MUST be completed for the application to be considered "Complete." Incomplete applications WILL NOT be processed.
- DO NOT delete or omit any sections.
- Submit your completed application to the IRB as one document in either MS Word or .pdf format.
- Informed consent documents MUST be submitted as a separate MS Word document.

I. Principal Investigator(s) *Note: Supervising faculty members who will be co-authoring with their students should list themselves as co-principal investigators.*

Name		Title	
Department		Campus	
Email		Phone	

If PI is a student:

Is this study part of a Thesis, Dissertation, or DNP project? ◯ Yes ◯ No

Faculty Advisor information:

Name		Title	
Department		Campus	
Email		Phone	

Additional Investigator(s): *Add all additional researchers that will be involved in the project. Replicate this page to add more researchers as necessary.*

Name		Title	
Department		Campus	
Email		Phone	

Name		Title	
Department		Campus	
Email		Phone	

Name		Title	
Department		Campus	
Email		Phone	

I. Title of the project:

III. Dates of proposed research:

Beginning: Ending:

Note: Beginning date cannot predate IRB approval.

IV. Source of funding for the protocol:

Any grants or other financial or material support must be documented and included in your application.

V. Purpose of the study:

Brief explanation of why you are doing this study (200 words or less):

Hypotheses (if applicable):

Anticipated findings:

VI. Description of Participants and Recruitment:

Age of participants

◯ 18 and over OR ◯ under 18 (*specify age(s)*):

Anticipated number of participants:

From where will you recruit the participants? *Note that to minimize the perception of coercion, the IRB strongly discourages PIs from recruiting students from their (or their supervisor's) courses.*

What is your relationship to the participants?

How will you recruit the participants? *If using printed material, attach a copy. If verbally describing the study to a pool of potential participants, attach your script.*

Compensation: *If compensation (of any kind -- monetary, extra credit, gift, etc.) is to be awarded for participation in the study, describe below. Be specific and include the monetary value of any gifts. If extra credit, describe the comparable alternative options. If no compensation will be given, state "None."*

VII. Methodology
Study Format: Choose a format

*Explain exactly what the participants will be asked to do. Include the amount of time that each participant will need to devote to the study. Insert copies of any questions or surveys that will be given to the participants. **You should not collect any data, especially demographics, unless doing so is necessary and you have specific plans to analyze or otherwise make use of the data.** Explain how each variable measured supports the purpose of your study. If methodology involves interviewing participants, include a list of interview questions, and attach them as an appendix to this application. If this is part of a thesis, dissertation, or Doctor of Nursing Practice paper, insert your entire Methodology section below. Use as much space as necessary.*

VII. Methodology (continued)

VIII. Data Collection and Storage

How will data be collected: Choose a Format

Data storage location and duration (be as precise and detailed as possible). Data must be stored for at least three years:

Data destruction:

IX. Informed Consent Process:

1. *Explain the process through which you will provide the potential participant all the information they need to decide whether or not to participate.*
2. *Append a copy of any written forms, cover letters, verbal scripts, and/or assent scripts that you will use.* ***Informed consent documents must be submitted as a separate MS Word document.***
3. *Informed consent documents must be written at an appropriate level for participants:*

    - *For the general population, no higher than an* ***8th grade level****;*
    - *For college students, no higher than a* ***12th grade level****;*
    - *For prisoners, no higher than a* ***3rd grade level****.*

    The Flesch-Kincaid Grade Level for the attached informed consent form is

    OR

    I have attached a copy of the Flesch-Kincaid Grade Level readability report for the attached informed consent form ☐ YES ☐ NO

The IRB will verify readability using Flesch-Kincaid Grade Level as measured in MS Word

X. Risks of participation: *List all physical, economic, social, legal and/or psychological risks. Include risks to confidentiality, reputation and employability. Specify what you will do to minimize the risks and protect the participants.*

XI. Benefits: *Describe potential benefits to the participants and/or others as a direct result of this research project.*

Principal Investigator's Name(s)

Project Title:

XI. Signatures *This page must be printed out, signed by the appropriate individuals and then scanned and inserted back into your application package.*

Principal Investigator(s):

I understand and will abide by federal policy concerning human subject research. In addition, I agree to:

- Obtain approval from the IRB prior to instituting any change in project protocol.
- Inform the IRB immediately of any unforeseen risks or adverse effects.
- Keep signed consent forms, if required, from each participant for the duration of the project, including publications.
- Submit a Continuation/Conclusion report at 12- month or shorter time intervals (as indicated on the approval letter).

I accept the responsibilities indicated above. I have attached a copy of my training certificate.

PI Signature _____ Date _____

Faculty Advisor (if student-only project)

I have collaborated in the development of the research proposal described in the attached and have reviewed all of the information enclosed and will oversee the work described. I will endeavor to ensure that all of the PI responsibilities are fulfilled. I have read the IRB application submitted for this project for content, clarity, and methodology to ensure it is in compliance with Troy University IRB Policies and Procedures.

Print Name _____ Signature _____ Date _____

Supervisor (if faculty or staff project)

By my signature as supervisor, I certify that I am aware of this research project and I will report any violation of TROY policies and procedures and/or human subject research protection laws to the IRB.

Print Name _____ Signature _____ Date _____

Additional Investigator(s):

_____	_____
Investigator Signature	Date
_____	_____
Investigator Signature	Date
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