SUNY CANTON

Institutional Review Board

# Initial Application

***Please read through the entire application before beginning.*** *Requested information must be typed and submitted to the Human Subjects Review Board.* ***Be sure to allow adequate time for review and comments. Incomplete requests will delay the review process****. Applications will be returned without review if the application involves technical language without common explanations or if the application is poorly constructed grammatically. Applications and attachments must be submitted via email. The signature page (page 4) must be mail or faxed to complete the application. Send an email to irb@canton.edu or call (315) 386-7951 with any questions.*

| | | |
|---|---|---|
| **Project Title:** | | **IRB Application #: (**Assigned by IRB Office) |
| **Principal Investigator:** | | **Department:** |
| **PI Email:** | | **PI Telephone:** |
| **Student Researcher:** | | **Class or Degree Program:** |
| **Primary Contact Person:** | **Email:** | **Telephone:** |
| **Campus or US Mail Address (to send correspondence):** | | **Date:** |

1. **Level of Request**

☐ Exempt for Full Board Review – Allow a **minimum of two weeks for the initial review** and additional time for modifications, if required for approval.

☐ Expedited – Allow a **minimum of one month for the initial review** and additional time for modifications, if required for approval.

☐ Full Board – Allow a **minimum of one month for the initial review** and additional time for modifications, if required for approval.

2. **External Funding** (present or proposed):

☐ **Yes** Contract or grant title:
Funding source: "
**If funded by NIH, DHHS, PHS (including subcontracts), submit a copy of the grant.**

☐ **No**

**3. ! Certification of Education**

**All research staff involved** in this project must receive training in the ethical use of human participants in research. To document this training, the **Certification of Education (CITI) form** must be submitted. The CITI form needs to be submitted only once for each researcher. ***Submission of all necessary certificates is a prerequisite to review.**

| Research Staff Name | Role in Project | Certification of Education Submitted |
|---|---|---|
| | Principal Investigator | ☐ Yes ☐ No * |
| | Student Researcher | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |
| | | ☐ Yes ☐ No * |

**Attach additional sheets if necessary.**

**4. Project Start Date** (i.e., recruitment of human participants):

**5. Expected Duration of the Study**

**6. Does this study involve de-identification of data or samples?**

Yes

☐ a. My research involves the collection or study of existing data, documents, records, tissue culture cells, or pathological/diagnostic specimens, where these sources are publicly available or the information has been recorded by the previous investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

☐ b. My research involves collection of new data through surveys or research studies where I will de-identify the data obtained from my subjects so they cannot be identified directly or through identifiers in my study that are linked to them.

☐ No

**7. ! Risk/Benefits Assessment**

☐ Minimal risk

☐ Greater than minimal risk, but holds prospect of direct benefit to the subjects

☐ Greater than minimal risk, no prospect or direct benefit to subjects but likely to yield generalizable knowledge about the subject's disorder or condition

☐ Research not otherwise approvable but presents an opportunity to understand, prevent, or alleviate a serious problem affecting the heath or welfare of the subjects.

**8. Subject Population**

Number of subjects that will be enrolled over the life of the study: "
In order to enroll more than the number specified, a Project Revision request must be approved. "

Participant age range (check all that apply):
Populations designated with an asterisk (*) are vulnerable populations and ineligible for exempt review.

☐ *0-7: Youth (include parental consent)

☐ * 8-17: Youth (include assent and parental consent)

☐ 18-65

☐ 65 and older

**9. If the research involves any of the following check the appropriate box:**

☐ Audio or videotaping

☐ Survey/questionnaire

☐ Deception
**Requires review at Full Board level**

☐ Behavioral observation

☐ Radiation

☐ Study of existing data

☐ Human materials (i.e., blood or other bodily secretions)

☐ Microorganisms or recombinant DNA

☐ Waiver or documentation (signature) of informed consent
**Include justification in the protocol**

☐ Waiver of informed consent
**Include justification in the protocol**

☐ Consent material in another language
**Include consent material in other language and an English translation: provide details regarding qualifications of translator and of research staff obtaining consent in other language**

☐ Other research site (i.e., school, tribal reservation, etc)
**Provide documentation of the approval of the relevant IRB, school principal, tribal office, etc.**

☐ International research site
**Provide documentation of the approval of the relevant IRB, community leader, FWA, etc.**
Name of international research site(s):

☐ Submitted to another institution's IRB for review
Name of institution:

**10. Attachments** !

☐ Protocol (**required**)

☐ Consent Document

☐ Assent Document

☐ Attachment A: Radiation

☐ Attachment B: Human Materials

☐ Grant (required for NIH, DHSS, PHS funded projects "

☐ Recruiting tools (scripts for recruitment/screening) "

☐ Test instruments (e.g., questionnaires, surveys) "

☐ Material in other languages "

☐ Additional information (e.g., debriefing materials) "

☐ Approvals from other research sites (other IRB, school principal, tribal office, etc.)

**11. Conflict of Interest**

Federal Guidelines require assurances that there are no conflicts of interest in research projects that could affect the welfare of human subjects. If this study presents a potential conflict of interest, additional information will need to be provided to the IRB. Examples of potential conflicts of interest may include, but are not limited to:

- A researcher or family member participating in research on a technology, process or product owned by a business in which the faculty member holds a financial interest
- A researcher participating in research on a technology, process or product developed by that researcher
- A researcher or family member assuming an executive position in a business engaged in commercial or research activities related to the researchers University responsibilities
- A research or family member serving on the Board of Directors of a business from which that member receives University-supervised Sponsored Research Support

**Conflict of Interest Statement:**

Could the results of the study provide a potential financial gain to you, a member or your family, or any of the co-investigators that may give the appearance of a potential conflict of interest?

☐ **Yes** Please describe any potential conflicts of interest in a cover letter and disclose in the informed consent document.

Has this potential conflict been disclosed and managed? ☐ **Yes *** ☐ **No**

☐ **No**

Final IRB approval cannot be granted until all potential conflict matters are settled. The full IRB committee grants final approval regarding the disclosure of conflict statement in the consent form.

By signing below, I certify that the above information is accurate and complete. I understand that research involving human participants**, including recruitment**, may not begin until full approval has been granted by the IRB.

Signature: _____ Date: _____

*Principal Investigator (required)**