Administrative & Limited Review Research Projects

Version: 01/02/2018

Before proceeding to the application on the next page, please confirm that your research activities satisfy one of the following criteria. Otherwise, your project may require Expedited or Standard Review. *If your project involves the use of identifiable secondary or existing data, please complete the IRB Application for Existing & Secondary Data.*

You should only fill this form out if your project involves any of the following:

Normal educational practices in an educational setting. The research activities cannot adversely affect students' opportunity to learn required educational content OR adversely affect the instructors who provide instruction.

Example: Comparing multi-media lesson plans in Fall Semester to paper-based lesson plans in Spring semester. The same educational material is covered, only the teaching technique varies.

- Surveys, interviews, observation, educational test or behavioral interventions where the data collection is verbal, in writing or recorded (audio or video) and *MUST* satisfy one of the following:
 - o Anonymous data collection (no links to identifiers such as names)
 - Data collected does not place subjects at risk or harm
 - Data that are identifiable, but protections are provided for confidentiality

Data collection <u>involving children (under 18) or other vulnerable populations</u> requires Expedited Review and submission via the IRB Application for Expedited and Standard Review.

Example 1: Qualtrics survey to collect data on CSULB students' study habits during finals for the purpose of a senior thesis; whether data are collected anonymously or confidentially.

Example 2: Interviews with transgender women to understand the harassment they endure in the workplace. No names, employers or company names are used. Pseudonyms used instead. Interviews will be audio recorded with permission in the consent form prior to the interview.

Benign behavioral interventions involving authorized deception (subjects must consent to deception prior to the research procedures). The use of <u>concealed deception or manipulation</u> requires Expedited Review and submission via the IRB Application for Expedited and Standard Review.

Example: Group activity involving a white woman in scenario 1 and a black man in scenario 2 who both demonstrate an anger problem and subjects are surveyed to determine underlying gender and racial bias. Subjects were consented to participate in a puzzle competition that involved an element of deception that the PI agrees to reveal at the conclusion of the experiment.

Public benefit and service programs that are federally funded or conducted by the federal government.

Example: An assessment of emergency room wait times in a Veterans Affairs hospital.

Taste and food quality tests involving ingredients the FDA determines safe for consumption.

Example: A marketing taste test evaluation of a chocolate chip cookie compared to a nutrition bar flavored like a chocolate chip cookie. Participants will submit surveys to determine whether the healthy nutrition bar is a tasty substitute for real chocolate chip cookies

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Projects involving less than minimal risk

Instructions: Complete all questions regarding the proposed project. Use as much space as necessary and be specific. Refer to the end of the document for term definitions. Check boxes can be filled in by clicking inside the box once.

IMPORTANT: NO ACTIVITY MAY BEGIN ON THIS PROJECT UNTIL THE PRINCIPAL INVESTIGATOR HAS RECEIVED FORMAL NOTIFICATION FROM THE CSULB IRB THAT THE PROJECT HAS BEEN ACKNOWLEDGED AS A QUALITY ASSESSMENT/QUALITY IMPROVEMENT PROJECT UNDER ADMINISTRATIVE REVIEW.

1. BASIC INFORMATION

PI's Name (Last, First, Degree)	Click or tap here to enter text.	
Telephone Number	Click or tap here to enter text.	
Email	Click or tap here to enter text.	
CITI Member ID #	Click or tap here to enter text.	
Completion of CITI Social & Behavioral	☐ Yes ☐ No ☐ Not Sure	
Basic/Refresher Course (Check one)		
Department	Click or tap here to enter text.	
Affiliation	☐ Student* ☐ Staff ☐ Faculty ☐ Other	
*If you are a student, please complete the information below for your Faculty Advisor:		
Faculty Advisor Name	Click or tap here to enter text.	
Email	Click or tap here to enter text.	
Telephone Number	Click or tap here to enter text.	
☐ I have attached a signed and completed letter from my faculty advisor as an appendix to this		
project in IRBNet.		

2. PROJECT SUMMARY

Title of Project				
Click or tap here to enter text.				
Describe the purpose of the project. Provide context to the importance of the research and explain				
how the results of this study will contribute to the field of study or specific population.				
Click or tap here to enter text.				
Total number of subjects anticipated:	Click or tap here to enter text.			

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Describe the subject population (Select all that apply):						
□ 18+	☐ All genders		☐ Non-English Speakers			
□ 65 +	\square Females only		☐ College Students			
☐ Other age range (Explain):	☐ Males Only		☐ General public			
Click or tap here to enter text.	☐ Other (Explain)	: Click or tap	☐ Public officials			
	here to enter text.		☐ Agency/Institutional officials			
Provide any other subject chara	cteristics for inclus	ion in your proje	ct:			
Click or tap here to enter text.						
List all methods of subject recru	itment (Select all t	hat apply):				
☐ Flyers/letters	☐ Subject pool		☐ Passive recruitment			
☐ Emails	☐ Tabling in publi	С	\square Social media post			
☐ Telephone	☐ Personal netwo	rk/Snowball	☐ Other (Explain): Click or tap			
☐ In-class announcement	sampling		here to enter text.			
Describe the step-by-step recru	itment methods fo	r each subject gro	oup (do not include any other			
project procedures in this section	on):					
Click or tap here to enter text.						
List the setting(s) of the research	h activities (Select	all that apply):				
☐ CSULB (in class)	☐ Public setting		☐ Telephone			
☐ CSULB (out of class)	☐ Nonprofit or Ot	her Agency	☐ Email			
☐ CSULB (online)	☐ Government Fa	cility	\square Social media			
☐ Other College Campus	☐ Foreign Countr	y	☐ Amazon mTurk			
☐ K-12 School	☐ Subject's work/	'home	☐ Online (general public)			
□ Lab	☐ Prison/Jail		☐ Other			
List the location of the research	activities (Agency/	school names, ci	ty, county or social media site):			
Click or tap here to enter text.						
Do you have permission from the	ne facility, institution	on or director of t	the organization to conduct your			
project? * If yes, please attach signed	d permission letter or d	ata sharing agreeme	nt to this package.			
☐ Yes* ☐ No ☐ In Progress						
Is the project primarily for training purposes?						
☐ Yes ☐ No ☐ Other (Explain): Click or tap here to enter text.						
List all methods of data collection (Select all that apply):						
☐ Surveys/Questionnaires		□One-on-One interviews				
☐ Focus Groups		☐ Data Mining				
☐ Educational Tests/Assessments		☐ Digital media (videos, pictures, simulation)				
☐ Accessing Public Records		☐ Access to medical/academic records				
☐ Observation		☐ Biospecimen Analysis				
\square Audio recording		☐ Experimental Controls				
\square Video recording		☐ Other (Explain) Click or tap here to enter text.				
Is there an experimental group compared to a control group?						
□ Voc □ No						

Describe the step-by-step procedures of your project beginning with the informed consent process and continuing with all other project activities (all project activities must occur <i>AFTER</i> IRB approval):				
Click or tap here to enter text.				
Will subjects be compensated for their participation? If monetary compensation is to be provided, please specify the amount and provide a justification for that amount that avoids potential coercion.				
□ No				
☐ Yes (Complete below):				
- · · · · · · · · · · · · · · · · · · ·	Gift Card \square Course credit \square Other (Explain):			
Click or tap here to enter text.	anter toyt			
Total Amount per Subject: Click or tap here to e Justification (Explain): Click or tap here to enter				
Justinication (Explain). Click of tap here to effect	LEAL.			
3. RISKS AND MITIGATIONS				
Describe any reasonable risks subjects may ex				
#1: Loss of confidentiality, Risk #2: Discomfort	t answering questions, Risk #3: etc):			
Click or tap here to enter text.				
Provide a reasonable mitigation to reduce each				
should directly correspond to each risk (Mitig	ation for Risk #1, Mitigation for Risk #2, etc.):			
Click or tap here to enter text.				
4. DATA ACCESS				
Who will have access to the data?	Click or tap here to enter text.			
Where will the data be stored?	Click or tap here to enter text.			
Will identifiable data be collected (names,	☐ Yes* ☐ No ☐ Not Sure			
student ID numbers, address, etc.)?				
*If yes, why is it necessary for identifiable data	Click or tap here to enter text.			
to be collected?				
Will you have access to external data i.e.	☐ Yes* ☐ No			
medical charts, public records, proprietary				
information?				
*If yes, please describe the additional data you will have access to:				
Click or tap here to enter text.				
Is it possible for the information collected to be	☐ Yes* ☐ No			
traced back to identify the individual with				
*If yes, describe the method(s) to protect subject privacy and confidentiality:				
Click or tan here to enter text				

5. FUNDING

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Is the project funded? (If no, skip to Section 5)		☐ Yes ☐ No	
Name of Funding Agency:		Click or tap here to enter text.	
Grant Title or Number:		Click or tap here to enter text.	
Funding Dates:	Start: Click or tap to enter a	date. End: Click or tap to enter a date.	
6. RESULTS Will the results of this pro	piect be published?		
☐ Yes* ☐ No	oject be published.		
	will the results be published	? (Check all that apply)	
☐ Thesis	•	Course/Department Improvements	
☐ Dissertation		Course Assignments	
☐ Research Journal/Artic		Evidence Based Practice	
☐ Employee Manual		Training	
☐ Pilot Data		Other (Explain) Click or tap here to enter	
☐ Research Conference	te	xt.	
What knowledge base wi	Il the results contribute to?		
☐ Personal knowledge7. ADDITIONAL PER	☐ Generalizable knowledge SONNEL	e □ Program Evaluation	
7. ADDITIONAL PER List the name, email an that will have access to	SONNEL d CITI Member ID # for an the research data:	Program Evaluation y additional research staff or assistants	
7. ADDITIONAL PER List the name, email an that will have access to Click or tap here to enter	SONNEL d CITI Member ID # for an the research data:		
7. ADDITIONAL PER List the name, email an that will have access to	SONNEL d CITI Member ID # for an the research data:		
7. ADDITIONAL PER List the name, email an that will have access to Click or tap here to enter Not Applicable 8. Investigator Assu	SONNEL d CITI Member ID # for an the research data: text.	y additional research staff or assistants	
7. ADDITIONAL PER List the name, email and that will have access to click or tap here to enter Not Applicable 8. Investigator Assu	SONNEL d CITI Member ID # for an the research data: text.		
7. ADDITIONAL PER List the name, email and that will have access to Click or tap here to enter Not Applicable 8. Investigator Assume the Principal Investigator	SONNEL d CITI Member ID # for an the research data: text. trance r (PI) for this project certify t	y additional research staff or assistants	
7. ADDITIONAL PER List the name, email and that will have access to click or tap here to enter. Not Applicable 8. Investigator Assume the Principal Investigator. All subjects in the content of the principal investigator.	SONNEL d CITI Member ID # for and the research data: text. text. Irance r (PI) for this project certify this project will be afforded the	y additional research staff or assistants he following (please check and confirm all):	
7. ADDITIONAL PER List the name, email and that will have access to Click or tap here to enter Not Applicable 8. Investigator Assume the Principal Investigator All subjects in the All provisions to The CITI online valid for the duration	SONNEL d CITI Member ID # for an the research data: text. text. Irance r (PI) for this project certify the project will be afforded the maintain subject confidential training is complete for myse on of research activity.	y additional research staff or assistants he following (please check and confirm all): e same rights and protections.	

 $\hfill \square$ I will comply with the CSULB IRB research policies

(http://web.csulb.edu/divisions/aa/research/compliance/humans/#CSULBPolicies)

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☐I will comply with the Department of Health an regulation (https://www.hhs.gov/ohrp/regulation46/index.html).	. , ,
Name: Click or tap here to enter text.	Date: Click or tap to enter a date.
PLEASE ATTACH ALL OTHER RELEVANT DOCUMENTS SUCH AS CONSENT FORMS AND RECRUITMENT MATERIAL AS APPEND	

DEFINITIONS

Research: A systematic investigation (including research development, testing and evaluation) designed to produce information to expand knowledge of a scientific discipline (Or other scholarly field of study) and contributes to generalizable knowledge.

Human Subjects: A living individual about whom an investigator conducting research obtains information or biospecimens through intervention or interaction with the individual and uses studies or analyzes the information or biospecimens or obtains, uses, studies or generates identifiable private information or identifiable biospecimens.

QA/QI Projects: Activities that are not designed to produce information that expands the knowledge base of a scientific discipline (or other scholarly field) and <u>does not constitute as research</u> when it is designed and implemented for internal knowledge/purposes. Some activities that qualify as QA/QI include: case management, internal course assignment assessments, patient care coordination, policy and guideline development, benchmarking activities and department procedural analyses.

Generalizable Knowledge: Information that contributes to a theoretical framework of an established body of knowledge. The results are expected to be generalized or applied to a larger population beyond the site of data collection or population studied. Results are intended to be replicated in other settings.

Internal Knowledge: Information that solely benefits the intended site or population investigated. The results are used to assess the quality of procedures, services or activities and used to improve the quality of those procedures, services or activities.

Identifiable Data/Personal Information: Private health information such as medical record numbers, social security numbers, address, diagnosis, etc. Alternatively, personal identifiable information such as name, student ID numbers, demographic information, etc.

For federal regulations regarding QA/QI activities, please visit the Department of Health and Human Services (DHHS) website: https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/quality-improvement-activities/index.html