California State University, Long Beach Institutional Review Board (IRB) Class/Program Specific Umbrella Protocol for Administrative Review

Approved Version: 02/13/2020

Please refer to the **CSULB IRB Guidance on Student Projects**. In brief,

- A. If a student project falls within the scope of those projects specified in the Guidance Section III, there is no need for IRB submission/review.
- B. If a student project falls within the scope of Human Subject Research (HSR) projects specified in Guidance Section IV, each student needs to submit a separate IRB Application Form.
- C. As the class/program instructor/faculty adviser, you are submitting this Class/Program Specific Umbrella Protocol for Administrative Review. This is because this Class/Program Specific HSR Project meets the two key requirements as specified in the Guidance Section V, i.e., (1) to be conducted by more than one student but with a similar setting, instruments, informed consent forms, subject populations and methodology, and (2) not involve vulnerable populations, sensitive information/topics, or more than minimal risk to the subjects.

Instructions:

The Principal Investigator (PI) is responsible for all information in this form. The PI should fill out the form completely; incomplete forms will be returned. This form should be completed in Microsoft Word; any other word processing program may compromise the formatting of this document. Use as much space as necessary to answer each question adequately. Check boxes can be filled and unfilled by clicking once inside the box you intend to select or de-select. Please upload the completed application and all relevant appendices to IRBNet (www.irbnet.org).

IMPORTANT: NO ACTIVITY MAY BEGIN ON THIS PROJECT UNTIL THE CSULB IRB ISSUES FORMAL NOTIFICATION TO THE PI REGARDING PROJECT APPROVAL VIA IRBNet. In addition, the IRB will confirm that all individuals listed on this project have successfully completed the CITI online training for the Social & Behavioral Basic/Refresher course before issuing final approval (www.citiprogram.org).

Section I - Class/Program Instructor/Faculty Investigator Information

Full Name	Click or tap here to enter text.	
CITI Member ID #	Click or tap here to enter text.	
Telephone Number	Click or tap here to enter text.	
Email Address	Click or tap here to enter text.	
Department	Click or tap here to enter text.	

Section II - Project Overview

1. Class/Program/Lab Title/Course Number

Click or tap here to enter text.

2. Purpose/Abstract

Describe the learning objective/purpose of the project. Provide background context by explaining how the findings of this project will contribute to generalizable knowledge, which groups/populations may benefit from the research. Define any acronyms used for the first time.

Click or tap here to enter text.

Section III- Subject Recruitment & Informed Consent

- 1. Subject Population & Inclusion/Exclusion Criteria
- **❖** If your research population includes vulnerable populations specified in 45 CFR 46 Subparts B, C, D and those defined by CSULB, then this Class/Program Project Umbrella Protocol is not appropriate for this study.

Total number of subjects (Include a range if	Click or tap here to enter text.	
applicable):		
Define specific Inclusion/Exclusion Criteria of the subject populations (language requirements, enrollment or membership in any organization, job roles, students at institution, etc.). Insert charts		
if necessary or appropriate to show distribution and number of subjects for multiple subject groups.		
Click or tap here to enter text.		

2. Subject Recruitment

Select the method(s) of recruitment (Check all that apply):					
☐ Personal Network/Snowball Sampling ☐ Subject Pool (SONA or department pool)					
☐ Flyers/Letters	\square In Person				
☐ Social Media Post	☐ Letter				
☐ Telephone	☐ Other (Explain): Click or tap here to enter text.				
Describe the step-by-step method of recruiting pa	rticipants with each method selected above.				
Clearly define recruitment methods for different s	ubject groups if the recruitment methods differ.				
Click or tap here to enter text.					
☐ I have attached all relevant recruitment material (f	lyers, email/phone/verbal announcement script,				

3. Informed Consent Documentation. Please check method(s) & justification(s):

social media post, etc.) as an appendix to this project in IRBNet.

METHOD OF CONSENT	JUSTIFICATION	
\square Written informed consent, with signature	☐ Normal circumstances	
☐ Requesting a waiver of documentation of informed consent*	☐ The research presents no more than minimal risk of harm (procedures do not surpass normal everyday activities). "Implied consent" for online or anonymous surveys.	
☐ Requesting a waiver of the informed consent process*	☐ The research cannot practicability be carried out without the waiver or alteration, <u>AND</u> the research will not adversely affect the rights and welfare of subjects, <u>AND</u> the research involves no more than minimal risk to subjects (all conditions must be met for this justification).	
If more than one method and more than one	justification is selected above, please provide an	
explanation below (e.g. different procedures	for different subject groups).	

^{*}In cases where written informed consent will not be obtained, the IRB requires an informed notice to be issued or read to participants. Please attach the notice as an appendix to your project in IRBNet. The IRB will make the final determination whether to grant any waiver or alteration of the informed consent process.

4. Informed Consent Process

Describe the step-by-step process for obtaining informed consent or issuing an informed notice to subjects. For multiple subject groups, distinguish the methods for obtaining consent from each group. If the process is identical for each subject group, please state so. Do not include any data collecting steps in this section since data collection should not be conducted prior to informed consent.

Click or tap here to enter text.			
Section IV - Proced	dures & Methodology		
1. Location of Research Activities			
List the location(s) and setting(s) of the research	activities		
Location (i.e. names of schools, non-profit or	Click or tap here to enter text.		
government agencies, businesses, hospitals,			
parks, etc.)			
Setting(s) (Check all that apply):	☐ Online (Qualtrics, Survey Monkey, Google		
	Survey, etc.)		
	☐ One-on-one		
	☐ Public area		
	☐ Focus Group Setting		
	☐ Virtual (Skype, Zoom, email)		
	☐ Telephone ☐ Lab		
	☐ Classroom		
	Other (Explain): Click or tap here to enter tex		
2. Research Methodology List all assessments used in the research (Check	1		
Paper-based survey	☐ Online survey		
☐ Wearable devices/sensors	☐ Interview		
☐ Secondary data analysis	☐ Focus group		
☐ Public observation	☐ Weight lifting (minimal)		
☐ Classroom observation ☐ Taste Test	☐ Weight lifting (maximum)		
	☐ Running/Walking ☐ Vital signs		
☐ Video recording	☐ Vital signs ☐ Review/access to educational records		
☐ Audio recording☐ Blood draw	☐ Other (Explain): Click or tap here to enter te		
☐ Review of course assignments	Circle (Explain). Click of tap fiere to effect te		
- Heriem of course assigninelly			

Click or tap here to enter text.	
Do the research activities involve deception manipulation?	n or
*If yes, describe whether you will reveal th	e deception or manipulation in a debriefing to subjects.
Click or tap here to enter text.	
Section '	V - Risks & Benefits
1. Potential Risks	
Describe the neteration right because discours	fort or in convenience acceptated with the records
•	fort or inconvenience associated with the research #2, etc.) It is unacceptable to state "there is no risk" or
	, ,
leave it blank.	
Click or tap here to enter text.	
Click or tap here to enter text. 2. Mitigation of Potential Risks	
2. Mitigation of Potential Risks Describe the methods of mitigation (protect above. Each mitigation should correspond #1, Mitigation for Risk #2, etc.). In the even subjects to appropriate medical/profession	ction against risk and harm) for each potential risk listed to the numbered potential risk above (Mitigation for Ris nt of injury or emotional distress, outline a plan to refer nal services and a plan for reporting adverse events to th
2. Mitigation of Potential Risks Describe the methods of mitigation (protect above. Each mitigation should correspond #1, Mitigation for Risk #2, etc.). In the even	to the numbered potential risk above (Mitigation for Rist nt of injury or emotional distress, outline a plan to refer
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Click or tap here to enter text.	
List any potential benefits or contributions to the the results of this may generate. Stating there are project has no merit.	field of study, existing body of research or society no benefits is not acceptable; otherwise, this
Click or tap here to enter text.	
Section VI- Dat	a Management
	-
1. Data Storage	
List the location AND method of storage of raw da	•
recordings, etc.) for this project (Check all that ap	
LOCATION	METHOD OF STORAGE
☐ Faculty home	☐ Locked file cabinet
☐ Faculty office at CSULB	☐ Password protected computer
Other (explain): Click or tap here to enter text.	External hard drive
	☐ Cloud-based storage
	Other (explain): Click or tap here to enter text.
2. Data Destruction	
Please certify your plan to maintain the raw data years (IRB policy) or state your alternative and/or	and records to be parameted for this projection of
\square I certify that I will maintain the raw data and red	
destroy the data after 3 years.	
☐ I will not maintain and store the raw data and re	
justification and plan to store and destroy the proj	ect data and records: Click or tap here to enter text.
Section VII -	Appendices

App	pendix A – Class Syllabus
App	pendix B – When census data becomes available by the fourth week of each semester, Roster of
onl	y those students who want to take part in the potential of publication
App	pendix C – Informed Consent Form
App	pendix D – Interview/Survey Questions
App	pendix E – Recruitment Materials
App	pendix F – Permission Letter

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Section VIII Investigator Assurance

, the Principal Investigator (PI) for this project certify the following (please check and confirm all):				
\square All subjects in this project will be afforded the same rights and protections.				
\square All provisions to maintain subject confidentiality and protect subject data will be upheld.				
\Box The CITI online training is complete for myself and all students listed. Training will remain valid for the duration of research activity.				
\square Research activities will be conducted as described in the approved version of this application.				
\Box Any modifications, including personnel changes to this project will be submitted, reviewed and approved by the CSULB IRB prior to implementation.				
\square All adverse events will be reported to the CSULB IRB within 48 hours of being made aware of the event.				
☐ Will comply with the CSULB IRB research policies (http://web.csulb.edu/divisions/aa/research/compliance/huma	ans/#CSULBPolicies)			
☐ Will comply with the Department of Health and Human Services (HHS) research policy and regulation (https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html).				
Name: Click or tap here to enter text.	Date: Click or tap to enter a date.			

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Appendix A — Class Syllabus	
Appendix A Class Synabas	
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Appendix B – Students' Information & Their Specific Projects' Titles

List the name, CITI Member ID # and email address and specific project title for each student who will have access to <u>identifiable personal private</u> information.

Student Full	CITI member ID#	Email Address	Specific Project Title
Name			