

This document is simply a template for drafting and personal records. All submissions should be made direct within the current NIU IRB portal digital form.

**Section A: ADMINISTRATIVE INFORMATION**

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|  | **BE SURE TO CLICK SUBMIT OUTSIDE OF THIS DOCUMENT WHEN YOU ARE READY TO SUBMIT EVERYTHING!!!** |  |

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|  | *DO NOT USE THE****PRINT****BUTTON AT THE TOP OF THE FORM* |  |

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|  | **To print, select "control" (or "command") P - then use "More Settings" in order to select "Minimum" margins** |  |

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|  | **Department** | : |

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|  | Have all researchers completed the **CITI course "Social and Behavioral Research - Basic Course"** in the past 5 years? |
| **Yes  No** |

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|  | BE SURE TO ADD ALL PERSONNEL TO THIS PROTOCOL RECORD USING THE **PERSONNEL TAB** ON THE INITIAL REVIEW SUBMISSION PAGE (all personnel need to be linked to the entire record rather than entered into this application). |  |

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|  | **Within the personnel page, use the drop down menus to indicate each person's role (PI for main Principal Investigator), Mentor (faculty advisor overseeing thesis or dissertation), co-Investigator (all other researchers included faculty when the project is NOT a thesis or dissertation).** |  |

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|  | PLEASE BE AWARE THAT ALL COMMUNICATIONS WILL BE **SENT TO NIU EMAIL ACCOUNTS** - CHECK YOUR ACCOUNT REGULARLY OR LINK IT TO A PREFERRED EMAIL ACCOUNT |  |

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|  | Is the main researcher on this project a student (either undergrad or grad)? **[Is a student submitting the project?]** |
| **Yes  No** |

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|  | Is this project grant funded - through either internal or external funds? |
| **Yes  No** |

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|  | Select any items below that are relevant for your protocol [**Note** - item selection will open additional sections to complete including new tabs on the left] : |  |

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|  | \_\_ | This study involves deception |

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|  | ­­\_\_ | This study involves compensation (e.g., class credit, payment) |

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**SECTION B: PURPOSE AND PROCEDURES**

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|  | **PURPOSE:** |  |

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|  | Describe the purpose of your study and the reason(s) this study is needed. Include any necessary background information and a description of your hypothesis or your research question. |
| **CLICK HERE TO TYPE** |

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|  | ***The following items will help the IRB reviewers understand the step-by-step procedures of your study:*** |
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|  | **PARTICIPANTS:** |  |

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|  | **Gender/Biological Sex:** |  |

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|  | \_\_ | All (from below) |

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|   | \_\_ | Woman/Female |

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| \_\_ |  | Transman |

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|  | \_\_ | Transwoman |

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|  | \_\_ | Nonbinary/Genderqueer |

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|  | \_\_ | Agender |

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|  | \_\_ | Other |

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|  | **Age:** |  |

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|  | Will any participants be under age 18? |
| Yes  No |

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| Estimated Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Special Populations:** |  |

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|  | Select any special populations being targeted in this study: |  |

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|  | \_\_ | Pregnant women |

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|  | \_\_ | Fetuses |

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|  | \_\_ | Prisoners |

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|  | \_\_ | Homeless individuals |

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|  | \_\_ | Victims of physical or psychological trauma |

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|  | \_\_ | Those with decisional impairments/mental disabilities |

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|  | \_\_ | Specific racial/ethnic groups |

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|  | \_\_ | People in a different country |

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|  | **Total Count:** |  |

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| Target number of ALL participants in the entire study (keep in mind that this is just an estimate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Students as Participants:**

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|  | Will the participants be students in one of the researcher's classes? |
| **­­ Yes  No** |

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|  | **RECRUITMENT:** |  |

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|  | Explain the recruitment procedures (how will participants learn about the study?). If using the snowball technique, please explain who contacts potential participants (other participants or the researcher). |
| **CLICK HERE TO TYPE** |

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|  | **UPLOAD:** Using the **ADD** button next to "Document/Form" on the submission page, upload any **RECRUITMENT SCRIPTS OR FLYERS**. |  |

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|  | Explain the participant eligibility and exclusion criteria that will be used. |
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|  | Will any outside institutional approval (e.g., schools, hospitals) be needed before being able to access potential participants? |
| Yes  No |

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|  | **INFORMED CONSENT PROCESS:** |  |

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|  | **Changes to requirements:** Please be aware that the federal requirements for consent forms were updated in 2019. **You are now required to include a "key information" section** at the beginning of the consent form. In addition, all studies involving the collection of identifiable data (even if matched using a code) will **need to include a statement regarding how the data will be handled after de-identification occurs**. Please see the updated sample consent form on the IRB "Documents" page. |  |

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|  | Explain the consent process (verbal and/or written procedures for informing participants of the nature of the study and what they will do). |
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|  | **UPLOAD:** Using the **ADD** button next to "Document/Form" on the submission page, upload all **CONSENT RELATED DOCUMENTS** (assent, consent, parent permission) that are appropriate for each group of subjects participating in the study. Consent forms: 18 and over; assent forms for under 18; parent permission forms for parents or legal guardians. A script may be more appropriate for a very young participant. Parent permission alone is acceptable if the research will provide direct benefit to the subject, a member of the subject's family, or other children with the same condition as the subject. |  |

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|  | **MATERIALS:** |  |

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|  | **UPLOAD:** Using the **ADD** button next to "Document/Form" on the submission page, upload copies of all **MATERIALS** including questionnaires, interview items, a listing of all information/data to be collected, etc. |  |

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|  | It is the responsibility of the researcher to **obtain any relevant permission for copyrighted materials**. |  |

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|  | If the research involves an **oral interview or focus group discussion** that could evolve as it progresses, include a list of discussion topics and any "starter" questions for each topic that can reasonably be expected to be covered. |  |

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|  | If a **draft of a written questionnaire** is attached, it should be clearly labeled as such and a final version must be submitted before data collection begins. |  |

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|  | **DATA COLLECTION:** |  |

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|  | Describe the data collection procedures including what data will be collected, how it will be collected (include a description of any interventions to be used), the duration of participation in the study session(s), and how the session(s) will end. |
| **CLICK HERE TO TYPE** |

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|  | **DEBRIEFING:** |  |

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|  | Will participants be debriefed? |
| Yes  No  |

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**SECTION C: RISKS AND BENEFITS**

**Risks in the current study (select all that apply):**

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|  | \_\_ | Use of identifiable, private information |

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|  | \_\_ | Psychological stressors (e.g., social isolation, threat of embarrassment) |

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|  | \_\_ | Collection of personal or sensitive information (through surveys, interviews, etc.) |

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|  | \_\_ | Presentation of content that people may consider sensitive, offensive, or threatening |

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|  | \_\_ | Invasion of privacy of participant or family |

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|  | \_\_ | Social or economic risk |

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|  | \_\_ | Risk associated with exercise or physical exertion |

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|  | \_\_ | Legal risk |

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|  | \_\_ | Review of medical records |

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|  | \_\_ | Review of criminal records |

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|  | \_\_ | Review of educational records |

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|  | \_\_ | Employment/occupational risk |

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|  | \_\_ | Other |

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**Risk/benefit information:**

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|  | What knowledge/benefit(s) to the field will be gained from the study? |
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|  | What direct benefits (if any) are there for the participants from the proposed research? [e.g., learning a skill, psychological insight - please note: compensation is NOT a direct benefit.] |
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|  | Describe any potential risks (e.g., breach of confidentiality, economic loss, legal risk, physical harm, social embarrassment) to the participants posed by the proposed research. [Note: Some studies may have "no reasonably foreseeable risks.] |
| **CLICK HERE TO TYPE** |

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|  |  | **NOTE:** Investigators are required to report all unexpected and/or adverse events to the IRB. Therefore, it is important that you list all reasonably anticipated risks because unanticipated adverse events may need to be reported by NIU to OHRP. |  |

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|  | Federal regulations require that researchers use procedures that minimize any risks to participants. What procedures will be used to minimize each risk listed above? |
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|  | How do the potential benefits of the study justify the potential risks to the participants? |
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**Support services:**

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|  | Will support services be required to minimize risk of harm to participants? |
| Yes  No |

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**SECTION D: INFORMED CONSENT DETAILS**

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|  | Select the items below that are relevant for the current study (and answer any additional items that are presented): |  |

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|  | ­ | \_\_The use of audio, video, or film recording |

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|  |  | \_\_The use of consent/assent documents written in a language other than English |

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|  |  | \_\_The use of any HIPAA protected health information |

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|  |  | \_\_The use of any protected school records |

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|  |  | \_\_A request for a waiver of a signature on the informed consent document |

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|  |  | \_\_A request for a waiver/alteration of some other aspect of the informed consent document [This section is particularly relevant for studies involving deception.] |

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**SECTION E: CONFIDENTIALITY/ANONYMITY**

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|  | Will identifying information be connected to the data? **Check "yes" even if connection only occurs through an identification key linking identities to a pseudonym or code that is kept separate from the data.** |
| Yes  No |

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|  | Will data be collected through an on-line survey tool (e.g., Qualtrics)? |
| Yes  No |

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|  | How will the records (data, recordings, consent forms) be stored and for how long? |
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|  | Signed informed consent documents must be maintained for **3 years** following completion of data collection. |  |

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|  | Explain how the data records will be disposed of/destroyed. |
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|  | **Please note:** |  |

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|  | Some electronic survey items may not be accessible to people who use screen readers as a way of accommodating their visual impairments. We recommend that you follow the link below to check the accessibility of your Qualtrics survey items: https://www.qualtrics.com/support/survey-platform/survey-module/survey-tools/check-survey-accessibility/) |  |

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**INVESTIGATOR INFORMATION**

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|  | Do any of the researchers working on the project have any potential conflicts of interest? [These may include financial or personal interest or any condition in which the investigator's judgment regarding a primary interest may be biased by a secondary interest.] |
| Yes  No |

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|  | List each investigator's qualifications to conduct any procedures to be used in this study. This item is referring to training whether in the classroom, lab, or field. |
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|  | PLEASE BE AWARE THAT ALL COMMUNICATIONS WILL BE **SENT TO NIU EMAIL ACCOUNTS** - CHECK YOUR ACCOUNT REGULARLY OR LINK IT TO A PREFERRED EMAIL ACCOUNT |  |

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|  | **MANDATORY:** |  |

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|  | Ready to submit? |  |

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|  | \* Selecting "yes" indicates that I am aware that **I still need to click "submit"**after I close out of this e-form application. |
| **Yes  No**  |

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|  | **READ THIS BEFORE SUBMITTING:** |  |

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**Office of Research Compliance, Integrity & Safety**

**Northern Illinois University**

DeKalb, IL 60115

**PHONE:**815-753-8588

**FAX:**815-753-1631

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