Appendix B. Request for Expedited Review

If you believe that the proposed research requires expedited review by the IRB, complete the form below and submit an electronic copy to the IRB Chairperson. The IRB Committee will review the research proposal and determine if approval will be granted. If granted, the expedited request will be returned to you and you may begin your project. In some instances, you may be asked to provide additional information before beginning this project, and must wait until confirmation of receipt of this information before proceeding with the project. You must notify the IRB if the project changes in any way, because certain changes may require a full committee review. If the expedited request cannot be granted, the IRB will conduct a full review of the proposal and may request that you provide additional materials.

Please direct questions to the IRB Chairperson before final submission.

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Primary Researcher: ___________________________________________________
Additional Researchers: ___________________________________________________
Faculty Sponsor: _______________________________________________________
Project Title: __________________________________________________________
Study Dates: ___________________________________________________________

In order for the project to be deemed appropriate for an expedited review, the researcher(s) must have answered NO to all of the questions for full review and be able to respond YES to any of the following questions:

__ 1. Is this project presenting minor changes to a project previously approved by the IRB? (within one year or less of initial IRB approval)
   *If the researcher(s) answers YES to question 1, they should consult with the Departmental Coordinator for appropriate forms. If there is no Departmental Coordinator, proceed to Appendix B and submit as instructed.

__ 2. Does this project involve only minimal risk to the participants?
   Minimal risk, as defined by federal guidelines (46.102i.), means that the probability or magnitude of harm or discomfort anticipated are not greater than those ordinarily encountered in daily life or during routine physical or psychological examinations.

Research Plan

1. Purpose and Background
   a. State the aims and specific objectives of the research. Include relevant references which give background to the main questions the current study intends to address.

   b. Describe the characteristics of the subject population, including the estimated number of subjects, their age range, gender, and any other inclusion or exclusion criteria.
2. Procedures and Data Security
   a. State the procedures to be used to accomplish these aims.

   b. Describe the methods of identification and recruitment of prospective subjects.

   c. What precautions will be taken to insure the privacy and anonymity of the subjects? (Please include the reporting of data.)

   d. What specific measures will be taken to safeguard the data in your possession?

3. Risks and Benefits
   a. Since there are always some risks in any study, even if minimal, describe in detail the possible physical, psychological, social, legal, economic, or other risks to the subjects, either immediate or long range. Explain any deception involved in the experiment and provide a justification for the deception. Estimate the seriousness and extent of the risks.

   b. Describe the procedures that will be used to reduce the risk. If applicable, provide a brief description of your debriefing. How effective do you think the procedures to reduce risk will be?

   c. Assess the benefits of this research to both the subjects of the study as well as society at large and explain how these benefits outweigh the risks involved.
4. Documentation
Provide all relevant documentation which will be used during data collection, including Informed Consent Forms, Surveys, Questionnaires, Interview Protocol.

Signature of Researcher(s) ______________________________________________________

Date_______________________

Signature of Researcher(s) ______________________________________________________

Date_______________________