**Office Use Only:** UHD CPHS Application Number

Type of Review: [ ] Not HSR [ ] Exempt [ ] Expedited [ ] Full Category #\_\_\_\_\_

**UNIVERSITY OF HOUSTON DOWNTOWN**

**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

**APPLICATION TO CONDUCT RESEARCH USING HUMAN SUBJECTS**

(must be typed)

## PART A: INVESTIGATOR INFORMATION

Project Title:

Principal Investigator (check one):  Faculty  Staff  Student

*Note: Principal Investigator must provide an up-to-date* [*Human Subjects Training*](https://about.citiprogram.org/en/homepage/) *certificate to CPHS as part of their application materials.*

*Note: Please consult* [*Principal Investigator eligibility requirements*](https://www.uhd.edu/provost/office-research-sponsored-programs/human-subjects/Pages/pi-eligibility.aspx) *– a letter of support may be required*

Name: \_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_

Mailing address (student investigators): \_\_\_\_\_\_\_\_\_\_

Faculty Sponsor (required for all student investigators and PIs who are not UHD faculty)

Name: \_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_

Department/College: \_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_

If others contribute to this project please provide the following information:

*Note: All Co-Investigators must also provide up-to-date* [*Human Subjects Training*](https://about.citiprogram.org/en/homepage/) *certificates*

Name Educational Level Role Institutional Affiliation\*

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\**Co-Investigators from partner institutions may be asked to provide evidence of IRB review/approval.*

This project is (check all that are appropriate):

Professional Paper  Independent Study

Funded Research  Master’s Thesis

Other (specify, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If this application supports a proposal for funding, name of agency: .

I believe this project may be:

Not Human Subjects Research - [OHRP Decision Chart for reference](https://www.hhs.gov/ohrp/regulations-and-policy/decision-charts-2018/index.html#c1)

Exempt Category #\_\_\_\_\_\_\_\_\_\_ - [list of Exempt Categories](https://www.uhd.edu/provost/office-research-sponsored-programs/human-subjects/Pages/exempt-catagories.aspx)

Expedited Category #\_\_\_\_\_\_\_\_ - [list of Expedited Categories](https://www.uhd.edu/provost/office-research-sponsored-programs/human-subjects/Pages/expedited-categories.aspx)

Full Review

*Note: A final determination of the status of this project will be made by CPHS.*

**PART B: RESEARCH PROJECT SUMMARY**

**1. State the research hypotheses and research questions to be addressed in this study.**

**2. What is the importance/significance of the knowledge that may result?**

**3. Proposed Start Date** (may not precede approval date): OR

Upon CPHS Approval

**4**. **Subject Population** (check all appropriate)

Adults (18-64)  Adults (over 64)

Cognitively or Psychologically Impaired  Prisoners or Parolees

Children or minors (under 18)  Institutional Residents

Non-English speaking  UHD Faculty, Staff, or Students

**a**. Expected number of participants: [ ]

**b**. Age of proposed subject(s)(check all that apply):

Infants (under 3 yrs)  Children (3 – 10 yrs)

Adolescents (11 – 14 yrs)  Adolescents (15 – 17 yrs)

Adults (18 – 64 yrs)  Older Adults (65 yrs and older)

**c**. Inclusion/Exclusion:

Describe criteria for inclusion and exclusion of subjects in this study. Include justification, how it will be determined, and by whom.

Inclusion Criteria:

Exclusion Criteria:

Justification:

Determination:

**d**. If this study proposes to *include* children, this inclusion must meet one of the following criteria for risk/benefit assessment according to the federal regulations [(45 CFR 46, subpart D)](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm). Check the appropriate box:

(404) Minimal Risk

(405) Greater than minimal risk, but holds prospect of direct benefit to subjects

(406) Greater than minimal risk, no prospect of direct benefits to subjects, but likely to

yield generalizable knowledge about the subject’s disorder or condition.

Provide justification for the selected category:

**5. If the research involves any of the following, check all that are appropriate:**

Interview  Behavioral Observation

Survey/Questionnaire  Study of Existing Data

Other (specify)

**6. Location(s) of Research Activities:**

UHD campus  Other (specify)

Note: A letter of approval from sites other than the UHD **must** be included with the application. If it is not available, please explain:

**7. Informed Consent of Subjects**: Your study protocol must clearly address one of the following areas:

**Informed Consent**. A signed informed consent is the default. A model informed consent form is available at [UHD’s CPHS website](https://www.uhd.edu/provost/office-research-sponsored-programs/human-subjects/) and should be used as a basis for developing your informed consent document.   
A COPY OF THE DRAFT INFORMED CONSENT MUST BE INCLUDED WITH THIS APPLICATION.

**PART C: RESEARCH PROTOCOL**

**8. Describe the research study design.** (Describe the research method to be employed and the variables to be studied. Include a description of the data collection techniques and/or the statistical methods to be employed.)

**9. Describe what the subjects will be asked to do.**

**10. Describe how potential subjects will be identified and recruited?** (Attach a script or outline of all information that will be provided to potential subjects. Include a copy of solicitation, recruitment ad, and/or outline for oral presentation.)

**11. Describe the process for obtaining informed consent and/or assent. How will investigators ensure that each subject’s participation will be voluntary (i.e., free of direct or implied coercion)?**

**12. Briefly describe each measurement instrument to be used in this study** (e.g., questionnaires, surveys, tests, interview questions, observational procedures, or other instruments) AND attach to the application a copy of each (appropriately labeled and collated). If any are omitted, please explain.

**13. Describe the setting and mode for administering any materials listed in question 12 (e.g.,** telephone, one-on-one, group). Include the duration, intervals of administration, and amount of time required for each survey/procedure. Also describe how you plan to maintain privacy and confidentiality during the administration.

**14. Approximately how much time will be required of each subject? Provide both a total time commitment as well as a time commitment for each visit/session.**

**15. Will subjects experience any possible risks involved with participation in this project?**

Risk of Physical Discomfort or Harm  YES  NO

Risk of Psychological Harm (including stress/discomfort)  YES  NO

Risk of Legal Actions (such as criminal prosecution or civil sanctions)  YES  NO

Risk of Harm to Social Status (such as loss of friendship)  YES  NO

Risk of Harm to Employment Status  YES  NO

Other Risks  YES  NO

If yes to any of the above, please explain. Describe procedures, if any, to address risk (such as referrals to agency or other source).

**16. Does the research involve any of these possible risks or harm to subjects?** Check all that apply.

Use of a deception (attach debriefing)

Use of incomplete information to the subject regarding the actual purpose of the study (attach debriefing)

Use of private records (educational or medical records)

Manipulation of psychological or social variables such as sensory deprivation, social isolation, psychological stresses (attach debriefing)

Any probing for personal or sensitive information in surveys or interviews

Presentation of materials which subjects might consider sensitive, offensive, threatening or degrading

Possible invasion of privacy of subject or family (may require additional consent)

Other, specify:

**17. What benefits, if any, can the subject expect from their participation?**

**18. What inducements or rewards (e.g., financial compensation, extra credit, and other incentives), if any, will be offered to potential subjects for their participation?**

**PART D. RESEARCH DATA**

**19. Will you record any direct identifiers, names, social security numbers, addresses, telephone numbers, patient or student ID numbers, etc.?**

Yes  No

If yes, explain why it is necessary to record findings using these identifiers? Describe the coding system you will use to protect against disclosure of these identifiers.

**20. Will you retain a link between study code numbers and direct identifiers after the data collection is complete?**

Yes  No

If yes, explain why this is necessary and state how long you will keep this link.

**21. Will anyone outside the research team have access to the links or identifiers?**

Yes  No

If yes, explain why and to whom.

**22. Where, how long, and in what format (such as paper, digital or electronic media, video, audio or photographic) will data be kept?** In addition, describe what security provisions will be taken to protect these data (password protection, encryption, etc.).

**UHD IRB APPLICATION CHECK-LIST**

Principal-Investigator’s up-to-date certificate of [Human Subjects Training](https://about.citiprogram.org/en/homepage/) is included at the end of application or as a separate attachment

All Co-Investigators’ up-to-date certificates of [Human Subjects Training](https://about.citiprogram.org/en/homepage/) are included at the end application or as a separate attachment

If applicable, letters from partner institutions showing evidence of IRB review/approval are included at the end of the application or as a separate attachment

All sections of Part A: Investigator Information are filled in

All applicable sections of Part B: Research Project Review Summary are filled in

All applicable sections of Part C: Research Protocol are filled in

All applicable sections of Part D: Research Data are filled in

If applicable, letter(s) of approval/understanding from research sites other than UHD campus are included with application

A draft informed consent form is included with application

All Informed consent forms (paper and digital) include the following language:

*Any questions regarding your rights as a research subject may be addressed to the UHD Committee on Standards for Research involving Human Subjects through its current chair, [insert name of current chair] at [current chair’s office phone number] or humansubjects@uhd.edu. Projects that are carried out at the University of Houston-Downtown are governed by requirements of the University and the Federal Government*

Principal-Investigator has signed the signature page of the application

If applicable, faculty sponsor has signed the signature page of the application

**PART E: SIGNATURE PAGE**

**PRINCIPAL INVESTIGATOR** – **I hereby acknowledge and accept the responsibility for protecting the rights and welfare of all participating subjects in accordance with federal and institutional policies and procedures. Furthermore, I certify that:**

* NO involvement of human subjects in this project will begin before written approval of the Committees for the Protection of Human Subjects has been received.
* Any additions or changes to this protocol will require the submission of a Request for Revision form and for the review and approval by the Committee for the Protection of Human Subjects prior to initiation.
* Written documentation of any unanticipated problems or injuries connected with an approved protocol must be provided to the Committee for the Protection of Human Subjects within 5 working days of the problem/incident.
* All signed consent documents will be retained for at least 3 years past the completion of the research activity. (Note: Faculty sponsors are responsible for retaining signed consents for student projects.)
* I have completed Human Subjects training online and included my up-to-date certificates with this application.

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Signature of Principal Investigator Date

**FACULTY SPONSOR** (***required for all students or primary investigators who are not UHD faculty or students***) – **I hereby acknowledge and accept the responsibility for supervision of this study to ensure the protection of the rights and welfare of all participating subjects in accordance with federal and institutional policies and procedures. After careful review of this application, I further certify:**

* The accuracy of the information stated in this application AND
* The scientific merit of the proposed project.

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Signature of Faculty Sponsor Date

|  |
| --- |
| The Committee for Protection of Human Subjects defines protection as, “A legally binding written document that commits investigators to compliance with applicable federal minimum standards for the protection of human subjects prior to engagement in research. Please read this document carefully. It outlines the principles and policies of the University of Houston Downtown as well as the responsibilities of each area involved in human subjects research – from the investigator to CPHS to UHD. All investigators are expected to be familiar with this information prior to submission of an application to the Committee for the Protection of Human Subjects. |