**INSTITUTIONAL REVIEW BOARD PROTOCOL REVIEW REQUEST**

The TCU Institutional Review Board (IRB) is responsible for protecting the welfare and rights of the individuals who are participants of any research conducted by faculty, staff, or students at TCU. Approval by the IRB must be obtained prior to initiation of a project, whether conducted on-campus or off-campus. While student research is encouraged at both the undergraduate and graduate level, only TCU faculty or staff may serve as Principal Investigator and submit a protocol for review.

Please submit this protocol electronically to [IRBSubmit](mailto:IRBSubmit@tcu.edu) (MS Word preferred). Include the Protocol Approval Form as a word document with highlighted sections filled in. Also submit a consent document, HIPAA form if applicable, Protecting Human Research Participants Training certificates, recruitment materials, and any questionnaires or other documents to be utilized in data collection. We prefer that you combine materials to make a single Word document to submit. A template for the consent document and HIPAA form, instructions on how to complete the consent, and a web link for the Protecting Human Research Participants Training are available on the [TCU IRB webpage](https://research.tcu.edu/research-compliance/irb/). Submission deadline for protocols is the 15th of the month prior to the IRB Committee meeting.

1. **Date:**
2. **Study Title:**
3. **Principal Investigator (must be a TCU faculty or staff):**
4. **Department:**
5. **Other Investigators: List all faculty, staff, and students conducting the study including those not affiliated with TCU.**

1. **Project Period (mm/yyyy - mm/yyyy):**
2. **If you *have* external funding for this project –**

**Funding Agency:**       **Project #:**       **Date for Funding:**

1. **If you *intend to seek/are seeking* external funding for this project –**

**Funding Agency:**       **Amount Requested From Funding Agency:**

**Due Date for Funding Proposal:**

1. **Purpose: Describe the objectives and hypotheses of the study and what you expect to learn or demonstrate:**
2. **Background: Describe the theory or data supporting the objectives of the study and include a bibliography of key references as applicable.**

1. **Location: Specifically describe where the research will take place. If on TCU campus please list the exact location. If off campus please describe the exact location(s) where you plan to conduct your research.**

1. **Subject Population: Describe the characteristics of the participant population, including the inclusion and exclusion criteria and the number of participants you plan to recruit:**

1. **Recruitment Procedure: Describe your recruitment strategies including how the potential participants will be approached and precautions that will be taken to minimize the possibility of undue influence or coercion. Include copies of the recruitment letters, leaflets, etc. in your submission.**

1. **Compensation: Describe in detail if participants will be compensated for their time and effort to complete the study procedures. Compensation can take on many forms and can include monetary (cash, gift cards, etc.) and/or non-monetary (gifts, course credit, extra credit, SONA credit etc.) payments to subjects.  Your consent document should clearly specify what form(s) of compensation would be provided to participants in your study and the amount of payment.  For non-monetary items, please provide an approximate value.**

1. **Consenting Procedure: Describe the consenting procedure, whether participation is completely voluntary, whether the participants can withdraw at any time without penalty, the procedures for withdrawing, and whether an incentive (describe it) will be offered for participation. If students are used as participants, indicate an alternative in lieu of participation if course credit is provided for participation. If a vulnerable population is recruited, describe the measures that will be taken to obtain surrogate consent (e.g., cognitively impaired participants) or assent from minors and permission from parents of minors.**

1. **Study Procedures: Provide a chronological description of the procedures, tests, and interventions that will be implemented during the course of the study. Indicate the number of visits, length of each visit, and the time it would take to undergo the various tests, procedures, and interventions. If blood or tissue is to be collected, indicate exactly how much in simple terms. Flow diagrams may be used to clarify complex projects.**

1. **Data Analyses: Describe how you will analyze your data to answer the study question.**

1. **COVID-19 SOP (If your study will involve in-person interaction): Describe the COVID-19 risk mitigation specific to your study. Any pre-screening plans/procedures before and during each study visit. Stopping procedures for an enrolled subject who self-reports they may have been exposed to COVID-19. Describe any specific requirements that may be required from your department, if any.**

1. **Potential Risks and Precautions to Reduce Risk: Indicate any physical, psychological, social, or privacy risk which the subject may incur. Risk(s) must be specified. Also describe what measures have been or will be taken to prevent and minimize each of the risks identified. If any deception is to be used, describe it in detail and the plans for debriefing.**

1. **Procedures to Maintain Confidentiality: Describe how the data will be collected, de-identified, stored, used, and disposed to protect confidentiality. If protected health information is to be re-identified at a later date, describe the procedure for doing so. All signed consents and hard data must be stored for a minimum of 3 years in a locked filing cabinet (and locked room) in the principal investigator’s office, lab, or storage closet at TCU. Your professional society may recommend keeping the materials for a longer period of time.**

1. **Potential Benefits: Describe the potential benefits of the research to the participants, to others with similar problems, and to society.**

1. **Training for Protecting Human Research Participants: Submit training certificates for all the study investigators. The training link is available on the TCU IRB webpage at** [**www.research.tcu.edu**](http://www.research.tcu.edu)**.**
2. **Check List for the Items That Need to be Submitted: Please combine all the files into one pdf document before submitting the materials electronically to the IRB. To prevent any delay in the approval of your protocol, use the most recent template for the protocol, consent document, and HIPAA form by downloading them from** [**www.research.tcu.edu**](http://www.research.tcu.edu) **each time you prepare your materials.**

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| 1. Protocol |  |
| 1. Consent document |  |
| 1. HIPAA form if applicable |  |
| 1. Protecting Human Research Participants Training certificate for each investigator |  |
| 1. Recruitment fliers, letters, ads, etc. |  |
| 1. Questionnaires or other documents utilized in screening and data collection |  |

**Principal Investigator Assurance**

1. **By signing below, I certify to the following:**

* As the Principal Investigator, I will be cognizant of any changes in TCU guidelines as it relates to COVID-19. Knowing the situation is fluid, I agree to comply with University guidelines as they change. I will also ensure there are appropriate protections in place in the protocol document and informed consent document to keep human subject research participants safe.

* The project described herein will be conducted in accordance with applicable TCU policies and procedures, as determined by the IRB of record. All Human Subject Research projects occurring at TCU must be conducted in compliance with the Office of Human Protection (“OHRP”) regulations at 45 CFR 46 and all other applicable federal and state laws and regulations (collectively “Applicable Law”)
* I have a working knowledge of Applicable Law
* All personnel who work with human participants under this protocol have received, or will receive, appropriate training in protocol procedures and protection of human subjects prior to working with humans.
* All experiments involving human participants will be performed only by the qualified individuals listed in this protocol and individuals not listed in this protocol will not participate in the protocol experiments.
* Procedures on experimental subjects described in this IRB protocol accurately reflect those described in the funding applications and awards, if externally supported.
* I and all personnel have read and will comply with any pertinent safety information, IRB requirements, and security procedures.
* I will maintain records of all human participants and the procedures carried out throughout the entire term of my project.
* As Principal Investigator, I am aware that I have the ultimate responsibility, on a day-to-day basis, for the proper care, treatment, and protection of the human participants.

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Signature of Principal Investigator Date