

Illinois Central College Project Approval Form



Illinois Central College
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East Peoria, IL 61635-0001

Website:

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Phone: (309) 694-5754

Principal Investigator

Phone

Email Address

Department/Campus Site

Campus Address

Project Title: _____

Funding Information: _____ Pending funding decision _____ Funded _____ Unfunded

List source of funding:

Federal Agency _____

Grant/Contract #: _____

Foundation _____

Internal to institution _____

Other: _____

Grant/Contract/Project Title: _____

If externally funded, please provide a copy of the proposal for which the research is requested.

Type of participant: (Check all appropriate blanks)

_____ Adult, non-student

_____ ICC student

_____ Minor

_____ Other (please explain): _____

Number of subjects in study (including controls): _____

Indicate how you will obtain informed consent* from subject(s):

_____ Subject (or Parent/Guardian) read complete consent form and signs

_____ Other (Oral briefing and signed consent form, etc.)

Attach the consent forms to be signed by each participant. Attach a summary of all verbal information to be read to each subject. All subjects must receive a copy of the consent form.

Participation must be voluntary!

*** If the study will not involve full informed consent, please attach a document justifying the lack of informed consent – and describe additional safeguards employed**

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2. Summarize the involvement of humans in this project (who, how many, age, sex, length of involvement, frequency, etc.) and the procedures to which they will be exposed:

3. Research involving humans often exposes the subjects to risks:

For the purpose of this application, “risk” is defined as exposure of any person to the possibility of injury, including but not limited to physical, psychological, or social injury, as a consequence of participation as a subject in any research, development, or related activity which departs from the application of those established and accepted methods necessary to meet his needs, or which increases the ordinary risks of daily life, including the recognized risks inherent in a chosen occupation or field of service.

a. Check all reasonable and foreseeable risks to human subjects that apply to your project:

- | | |
|--|---|
| <input type="checkbox"/> Physical trauma or pain | <input type="checkbox"/> Experimental diagnostic procedures |
| <input type="checkbox"/> Psychological pain | <input type="checkbox"/> Experimental treatment procedures |
| <input type="checkbox"/> Loss of privacy | <input type="checkbox"/> Loss of legal rights |
| <input type="checkbox"/> Other (please explain): _____ | |

b. Check procedures that will be used to reasonably protect human participants from anticipated and foreseeable risks:

- Precautions in use of stressor or emotional material (explain on next page)
- When deception used, subjects fully informed as to nature of research at feasible time (explain on next page)
- Procedures to minimize changes in self-concept (explain on next page)
- Anonymity of subjects maintained via code numbers and protected files
- Other (please explain)

Explanations:

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c. Risk to human subjects involving injuries requiring medical treatment:

Not applicable

The following language should appear in the written consent form:

d. Are there non-therapeutic tests for which the research subject may be required to pay?

Not applicable

No

Yes, Explain:

4. Describe mechanism for safety monitoring:

How will you attempt to detect if greater harm is accruing to your subjects than you reasonably anticipated at the beginning of the project? What will you do if such increased risk is detected?

5. Briefly describe the benefits that may accrue to each human subject or to mankind in general, as a result of the individual's participation in this project, so that the committee can access the risk/benefit ratio.

6. Are there any other committees reviewing this proposal?

Yes Committee/location: _____

No

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7. I affirm that all materials submitted are accurate and that the statements I have made herein are truthful, to the best of my knowledge.

Signed _____ Date _____
(Principal Investigator)

Signed _____ Date _____
(Supervising professor, if applicable)

Prepared by _____ Date _____

Signed _____ Date _____
(Department Chairman)

Signed _____ Date _____
(Dean of the College)



Proposal approved

Chair: Institutional Review Board Date _____



Comments:



Proposal denied

Chair: Institutional Review Board Date _____

Explanation: