

**Institutional Review Board
Ethical Review Protocol**

City University of Seattle Ethics Training completed on this date: _____

1. **Title of Project:** _____

2. **For Faculty Researcher(s)**

Name: _____

Department/Division _____

Telephone _____

E-mail _____

3. **For Student Researcher**

Name: _____

Faculty Supervisor: _____

Department/Division: _____

Degree sought: _____

Telephone: _____

E-mail: _____

4. Project Coordinator: _____

5. Sponsor (if any): _____

Fill in this protocol completely, including appropriate consent form(s) at the end. Incomplete protocols will be returned for resubmission.

6. **Abstract/Lay Summary**

- Research question:

- Basis for the question including supporting quote from research:

- Purpose of the study:

- Methodology:

Minimal Risk per governmental regulation is defined as research that “poses no more risk to the human participants than that encountered in ordinary daily life”.

Check this box if faculty supervisor or faculty researcher believes this research constitutes minimal risk according to the above definition. The IRB will make final determination regarding the level of risk.

7. Description of participants (include number, ages or age range, location, and special characteristics to include gender and ethnicity).

8. If research is conducted through an agency or institution, complete the CityU Organizational Consent form to include the names, contact information, and contact persons for any institutions or agencies. If outside institution's consent form is used and attached, researcher is responsible to assure that all provisions are in concert with CityU approved Research Participant Informed Consent form.

Attach to the Email you send with this form the completed organizational consent as “ ‘Student Name’ Attachment A”.

9. Describe how participants will be identified or recruited. Include in your answer the exact wording of all notices, advertisement and/or scripts used to recruit participants. If the human participants include minors or vulnerable adults, include the script used to advise them of the study.

10. Include in your answer the exact wording to be used in information letters, emails, telephone scripts to participants and parents/guardians, oral scripts and/or email scripts.

11. What data collection tools will be used and how will they be administered? Include, as an attachment, an exact replica of data collection tools, e.g.: written questionnaires, interview questions, observation schedules and confirm the source and/or copyright permission for any collection tools from outside sources. Summarize the attachments here.

12. Will participants receive inducements or rewards? Give details.

13. How will the confidentiality of each participant be protected?

14. How and where will data be stored?

- Electronic data storage: _____
- Paper data storage: _____
- Other data storage, e.g. audiotapes, videotapes: _____

15. City University of Seattle requires data to be securely for a period of 5 years then permanently destroyed:

- Permanent destruction methods for each data item: _____

16. Describe the informed consent process, that is, how will researcher fully advise the participants (or parents/guardians) about the study? Sample consent forms are included with this document. You will need to download the appropriate informed consent form(s) from the IRB website in Word format and fill them out as they will be presented to participants. (Stating only that participants or parents will be given a letter is insufficient.)

17. Describe any possible risk or distress and safeguards in place to address risk or distress including access to counseling, with attention to vulnerable populations who may be participating in this research.

Submission of this form electronically signifies that the researcher takes responsibility for the accuracy of the contents of this submission and that student researcher's Supervisor approves of the submission, in an equivalent manner to an original signature.

Before signing, the research Supervisor/advisor is responsible for reviewing the scientific and scholarly validity of the proposed research study. As research supervisor/advisor confirm the following:

- 1. The research procedures are the least risky procedures that can be performed consistent with sound research design: Yes No**
- 2. The research is likely to achieve its aims: Yes No**
- 3. The proposed research is of sufficient importance to justify the risks entailed: Yes No**
- 4. There are adequate resources to complete this study: Yes No**

Name of Researcher: _____

Research Supervisor/Advisor: _____

Date: _____

School/Division of _____

CITYU RESEARCH PARTICIPANT INFORMED CONSENT

I, _____, agree to participate in the following research project to be conducted by _____, faculty member or student, in the _____ Program. I understand this research study has been approved by the City University of Seattle Institutional Review Board.

I acknowledge that I have received a copy of this consent form, signed by all persons involved. I further acknowledge that I have been provided an overview of the research protocol as well as a detailed explanation of the informed consent process.

Title of Project:

Name and Title of Researcher(s):

For Faculty Researcher(s):

Department: _____

Telephone: _____

Email: _____

Immediate Supervisor: _____

For Student Researcher(s):

Faculty Supervisor: _____

Department: _____

Telephone: _____

E-mail: _____

Program Coordinator (or Program Director):

Sponsor, if any:

Purpose of Study:

Research Participation:

I understand I am being asked to participate in this study in one or more of the following ways (the checked options below apply):

- Respond to in-person and/or telephone Interview questions;
- Answer written questionnaire(s);
- Participate in other data gathering activities, specifically, _____;
- Other, specifically, _____.

I further understand that my involvement is voluntary and I may refuse to participate or withdraw my participation at any time without negative consequences. I have been advised that I may request a copy of the

final research study report. Should I request a copy, I understand I may be asked to pay the costs of photocopying and mailing.

Confidentiality

I understand that participation is confidential to the limits of applicable privacy laws. No one except the faculty researcher or student researcher, his/her supervisor and Program Coordinator (or Program Director) will be allowed to view any information or data collected whether by questionnaire, interview and/or other means. If the student researcher's cooperating classroom teacher will also have access to raw data, the following box will be checked. All data (the questionnaires, audio/video tapes, typed records of the interview, interview notes, informed consent forms, computer discs, any backup of computer discs and any other storage devices) are kept locked and password protected by the researcher. The research data will be stored for _____ years (5 years or more if required by local regulations). At the end of that time all data of whatever nature will be permanently destroyed. The published results of the study will contain data from which no individual participant can be identified.

Signatures

I have carefully reviewed and understand this consent form. I understand the description of the research protocol and consent process provided to me by the researcher. My signature on this form indicates that I understand to my satisfaction the information provided to me about my participation in this research project. My signature also indicates that I have been apprised of the potential risks involved in my participation. Lastly, my signature indicates that I agree to participate as a research subject.

My consent to participate does not waive my legal rights nor release the researchers, sponsors, and/or City University of Seattle from their legal and professional responsibilities with respect to this research. I understand I am free to withdraw from this research project at any time. I further understand that I may ask for clarification or new information throughout my participation at any time during this research.

Participant's Name: _____
Please Print

Participant's Signature: _____ Date: _____

Researcher's Name: _____
Please Print

Researcher's Signature: _____ Date: _____

If I have any questions about this research, I have been advised to contact the researcher and/or his/her supervisor, as listed on page one of this consent form.

Should I have any concerns about the way I have been treated as a research participant, I may contact the following individual(s):

_____, Program Coordinator (and/or Program Director), City University of Seattle, at
_____ (address, direct phone line and CityU email address).

School/Division of _____

**CITYU RESEARCH INFORMED CONSENT
FOR PARENT-LEGAL GUARDIAN OF PARTICIPANT**

I, _____, the parent and/or legal guardian of _____ (hereafter referred to as "Participant") agree to allow him/her to participate in the following research project to be conducted by _____, faculty member or student, in the _____ Program. I understand this research study has been approved by the City University of Seattle Institutional Review Board.

I acknowledge that I have received a copy of this consent form, signed by all persons involved. I further acknowledge that I have been provided an overview of the research protocol as well as a detailed explanation of the informed consent process.

Title of Project:

Name and Title of Researcher(s):

For Faculty Researcher(s):

Department: _____

Telephone: _____

Email: _____

Immediate Supervisor: _____

For Student Researcher(s):

Faculty Supervisor: _____

Department: _____

Telephone: _____

E-mail: _____

Program Coordinator (or Program Director): _____

Sponsor, if any: _____

Purpose of Study: _____

Research Participation:

I understand that Participant is asked to participate in this study in one or more of the following ways (the checked options below apply):

- Respond to in-person and/or telephone Interview questions;
- Answer written questionnaire(s);
- Participate in other data gathering activities, specifically, _____;
- Other, specifically, _____.

I further understand that this involvement is voluntary and I may refuse to permit participation or withdraw my consent at any time without negative consequences to Participant or to me. I have been advised that I may

request a copy of the final research study report. Should I request a copy, I understand I may be asked to pay the costs of photocopying and mailing.

Confidentiality

I understand that participation is confidential to the limits of applicable privacy laws. No one except the faculty researcher or student researcher, his/her supervisor and Program Coordinator (or Program Director) will be allowed to view any information or data collected whether by questionnaire, interview and/or other means. If the student researcher's cooperating classroom teacher will also have access to raw data, the following box will be checked. All data (the questionnaires, audio/video tapes, typed records of the interview, interview notes, informed consent forms, computer discs, any backup of computer discs and any other storage devices) are kept locked and password protected by the researcher. The research data will be stored for _____ years (5 years or more if required by local regulations). At the end of that time all data of whatever nature will be permanently destroyed. The published results of the study will contain data from which no individual participant can be identified.

Signatures

I have carefully reviewed and understand this consent form. I understand the description of the research protocol and consent process provided to me by the researcher. My signature on this form indicates that I understand to my satisfaction the information provided to me about _____ participation in this research project. My signature also indicates that I have been apprised of the potential risks involved in _____ participation. Lastly, my signature indicates that I agree to Participant's participation as a research subject.

My consent herein does not waive my legal rights nor release the researchers, sponsors, and/or City University of Seattle from their legal and professional responsibilities with respect to this research. I understand I am free to withdraw consent from this research project at any time, and should I do so, Participant's participation will cease immediately. I further understand that I may ask for clarification or new information at any time during this research.

Parent/Legal Guardian's Name: _____
Please Print

Parent/Legal Guardian's Signature: _____ Date: _____

Researcher's Name: _____
Please Print

Researcher's Signature: _____ Date: _____

If I have any questions about this research, I have been advised to contact the researcher and/or his/her supervisor, as listed on page one of this consent form.

Should I have any concerns about the way Participant or I have been treated during this research, I may contact the following individual(s):
_____, Program Coordinator (and/or Program Director), City University of Seattle, at _____(address, direct phone line and CityU email address).

**CITYU RESEARCH PARTICIPANT INFORMED CONSENT
FOR ON-LINE SURVEYS AND INTERNET DATA COLLECTION**

Title of Project:

Name and Title of Researcher(s):

For Faculty Researcher(s):

Department: _____

Telephone: _____

Email: _____

Immediate Supervisor: _____

For Student Researcher(s):

Faculty Supervisor: _____

Department: _____

Telephone: _____

E-mail: _____

You are being invited to participate in an on-line survey that is part of a research study that has been approved by City University of Seattle Institutional Review Board.

Purpose of Study:

Research Participation:

The survey consists of _____ questions and is expected to take approximately _____ to complete. You may choose to answer as many questions as you decide and each question will have a "no response" choice.

Your involvement is completely voluntary and you may refuse to participate or withdraw from participation at any time without negative consequences, by refusing to answer any further questions or exiting from the survey entirely. You may request a copy of the final research study report. Should you request a copy, you may be asked to pay the costs of photocopying and mailing.

Confidentiality

Participation is confidential to the limits of applicable privacy laws. No one except the faculty researcher or student researcher, his/her supervisor and Program Coordinator (or Program Director) will be allowed to view any information or data collected whether by questionnaire, interview and/or other means. If a student-teacher researcher's cooperating classroom teacher will also have access to raw data, the following box will be checked. All data from the survey, computer discs, any backup of computer discs and any other storage devices are kept locked and password protected by the researcher. The research data will be stored for _____ years (5 years or more if required by local regulations). At the end of that time all data of whatever nature will be permanently destroyed. The published results of the study will contain data from which no individual participant can be identified.

You are advised that the company hosting this survey is located in the United States and as such is subject to U.S. laws, including the US Patriot Act which allows authorities access to the records of internet service

providers. Therefore, anonymity and confidentiality cannot be guaranteed. If you choose to participate in this survey, you understand that your responses to the survey questions will be stored and may be accessed in the USA.

If you have any questions about this research contact the researcher and/or his/her supervisor, as listed on page one of this consent form.

Should you have any concerns about the way you have been treated as a research participant contact the following individual(s):

_____, Program Coordinator (and/or Program Director), City University of Seattle, at
_____ (address, direct phone line and CityU email address).

ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "**agree**" button below indicates that:

- you have read and understand all of the above information, and
- you voluntarily agree to participate, and
- you are at least 18 years of age.

If you **do not wish to participate** in the research study, please decline participation by clicking on the "**disagree**" button.

Agree

Disagree

Thank you,

Name of Researcher