

If a waiver of a signature is requested, indicate below how subjects will be informed:

An Information Sheet will be used. Explain rationale below.

Oral Consent will be obtained. Explain rationale below.

Electronic Consent

9. DATA & CONSENT COLLECTION

a. Data collection methods (check all that apply):

<input type="checkbox"/> Questionnaire or Survey	<input type="checkbox"/> Archival Data
<input type="checkbox"/> Web or Internet	<input type="checkbox"/> Intervention
<input type="checkbox"/> Interview	<input type="checkbox"/> Focus Groups
<input type="checkbox"/> Observation	<input type="checkbox"/> Testing/Evaluation
<input type="checkbox"/> Video or Audio Taping	<input type="checkbox"/> Instruction/Curriculum
<input type="checkbox"/> Computer Collected Task Data	<input type="checkbox"/> Physical Tasks
<input type="checkbox"/> Other:	

b. Will the data be collected with identifiers? Yes No

If yes, will the data be rendered anonymous for analysis? Yes No

Will the data be rendered anonymous for reporting? Yes No

c. Describe how consent forms and other study material (e.g., data instruments, interview questions) will be distributed and collected and how confidentiality/anonymity will be maintained throughout both the consent and data collection process.

d. Describe security of the data, including where the consent forms and other study material will be stored, who will have access, and how and when the material will be destroyed. Note that signed consent forms must be retained for **three years** after the end of the study. State who will maintain the consent forms for the specified three years. (Note: faculty/staff sponsors may retain the original or a copy of signed consent forms including those collected from student projects.)

10. METHODOLOGY: Describe in detail how the research will be conducted making sure to address (1) how subjects will be identified and the process of contacting, selecting and excluding subjects; (2) how consent will be obtained, and if children will be used, describe

how parental consent and child assent will be obtained; and (3) how data will be collected, including how data instruments, if used, will be distributed and collected, and the location where the study will take place.

11. RISK FACTORS: A research participant is considered to be at risk if he or she may be exposed through the procedures of the planned experiment to the possibility of physical or mental harm, coercion, deceit or loss of privacy. The most obvious examples of placing participants at risk of harm include administration of unusual physical exertion, deceit and public embarrassment or humiliation. Coercion may be present when the potential participants are not able to exercise their right to decline participation, particularly when the researcher is in a relationship of greater power over the participants.

a. Risk Criteria	CHECK ONE			
Deceit, coercion, or possible embarrassment/humiliation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Experimental drugs will be used.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Potential for medical problems exist.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Participants may experience physical discomfort.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Participants may experience mental discomfort.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electrical equipment will be used.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Participants will be tape recorded, photographed, or videotaped.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

b. Does any part of this activity have the potential for coercion of the subject? If yes, explain and describe the proposed safeguards. Yes No

c. Assess the likelihood and seriousness of risks (physical, mental, or other) to the subjects. Describe alternative methods that would not entail comparable risks and why these were not used.

d. Description of the anticipated benefits to subjects and contributions to general knowledge in the field of inquiry:

- e. If the research subjects will be compensated or rewarded, indicate the type and amount of compensation and the milestone for each payment. If subjects are being recruited from LMU classes, indicate whether students are receiving course credit (regular or extra credit) and, if so, what alternatives are offered to those students who do not wish to participate in the research.

12. SUBMISSION MATERIAL

The IRB must review copies of all final material presented to subjects. The IRB cannot approve a project without a complete and accurate application and final copies of all supporting materials. Please indicate below what materials have been attached to this application (check all that apply):

Recruitment material (flyer, announcement, oral script, email, letter, etc.)

Data instruments (surveys, interview questions, tests, web-survey, etc.)

Informed consent

Debriefing statement

Video clips, music CDs, photos, etc.

Other: (specify) _____

13. CERTIFICATION STATEMENT

In making this application, I certify that I have read and understood Lincoln Memorial University's policies and procedures governing research with human participants (specifically, those as described in Lincoln Memorial University's Institutional Review Board Policy). I shall comply with the letter and spirit of those policies and will not undertake the research without IRB approval. Furthermore, I am aware that certain departments may have their own standards for conducting research, and it is up to me to familiarize myself with them. I further acknowledge my obligation to: (1) obtain written approval of significant deviations from the originally approved protocol BEFORE making those deviations; and (2) report immediately all adverse effects of the study on the participants to the Chairperson of the Institutional Review Board and the Chairperson or Supervisor of my Department.

Principal Investigator signature	Date

Chair/Supervisor/Director signature	Date

Your signature verifies that (1) this application and attachments are accurate, clear, and complete; (2) permission has been granted to use instruments developed by others.

Dean Signature	Date

Your signature indicates that you have reviewed and approved of this research.

CO-INVESTIGATORS:

a. Name:		Title:
Signature:		Affiliation:
b. Name:		Title:
Signature:		Affiliation:

13.1 IRB CHAIR APPROVAL

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IRB Chair Reviewed as:

Date

Exempt Expedited Full

Category: _____

14. SUBMISSION INFORMATION

Original application with signatures and all supporting materials should be emailed to IRB@lmunet.edu. Handwritten or e-signatures will be accepted. *Adobe sign is the preferred signature method.*

The submission of incomplete packets may significantly delay the review process. Forms and policy guidelines are available at:

[Guidelines and forms](#)

For questions, comments, or assistance in completing the form, contact the ORGSP at 423-869-6485.

**Office of Research, Grants and Sponsored Programs
Lincoln Memorial University
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Harrogate, TN 37752**