**Moraine Park Technical College**

**IRB Research Request Form**

**Research Integrity & Compliance Review - MPTC Institutional Review Board**

If there is *any* question as to whether your project is **human subject research**, please submit this form to the Moraine Park Technical College IRB department’s chair Laura Waurio; **complete all sections** and email to: [lwaurio@morainepark.edu](mailto:lwaurio@morainepark.edu)

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| PROJECT CONTACT |
| Principal Investigator:  Email:  Phone: |
| Alternative Contact:  Department:  Email:  Phone: |

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| PROJECT |
| Project Title:  Purpose of the project:*provide a 3-5 sentence lay-language description.* |
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| PROJECT PROCEDURES |
| Description:  Source of Data:  Source of Specimens:  Collection Circumstances: |
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| IS THIS RESEARCH ACTIVITY? |  |
| **Research: A systematic investigation designed to develop or contribute to *generalizable knowledge*.** | |
| Do you consider this project to meet the definition of research? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| If **“No”** explain why: | |

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| DOES THIS RESEARCH INVOLVE HUMAN SUBJECTS? |  |
| Does your project include obtaining data or specimens about a living individual through intervention or interaction or by collecting personal identifying information about the individual? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| If **“Yes”** how long will collected data/specimens be kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| USE OF EXISTING DATA OR SPECIMENS? |  |
| Does your project involve the use of existing data or specimens? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| If ‘**“Yes”** answer the following: | |
| 1. Do the data or specimens contain identifiable private information (i.e. the identity of the subject is or may be readily ascertained or can be associated with the information)? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| 1. Are the data or specimens coded such that a link exists that could allow the data or specimens to be identified? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| 1. If ‘yes’, is there an agreement prohibiting the PI and their staff access to the key to the code? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| 1. Were the data or specimens originally collected for this project? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| 1. Were the data or specimens originally collected during standard clinical care? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| 1. Were the data or specimens originally collected for research purposes under an IRB approved protocol? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |

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| COLLECTION OF NEW DATA OR SPECIMENS? | |  |
| Does your project involve the collection of new data or specimens? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| If “Yes” what is the approximate size of the survey population? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| For new data collection, potential participants must be provided with a consent form. | | | |
| Does the consent form include the **study purpose**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| Does the consent form include **foreseeable risks**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| Does the consent form include **potential benefits**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| Does the consent form **describe confidentiality and anonymity protections**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| If there is a **compensation plan**, does the consent form describe the plan? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| Does the consent form provide **investigator contact information**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| Does the consent form include **conditions of participation**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| Does the consent form communicate **voluntary participation and withdrawal at any time**? | | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | | |
| **Note: A copy of the consent form must be included with the IRB Research Request Form.** | | | |

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| OTHER CONSIDERATIONS? |  |
| Does your project involve human embryonic stem cells (hESC), adult human stem cells, pluripotent cells or somatic nuclear transplantation? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| Does your project involve the use of fetal tissue? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| Does your project involve the need for any MPTC resources?  Note: MPTC will pass along surveys or coordinate interviews, but MPTC employees will not conduct research, collect data or analyze data on behalf of a researcher.  If **“Yes”** please describe: | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |

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| EXTERNAL FUNDING? |  |
| Is your project supported by external funding? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| **If “Yes” provide a copy of the grant application, contract, agreement, etc. for this project.** | |

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| EXTERNAL IRB? |  |
| Are you seeking IRB approval from another institution? | |  |  |  |  | | --- | --- | --- | --- | | **Yes:** |  | **No:** |  | |
| If **“Yes”** what institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If IRB approval has already been obtained, please submit that documentation with this form.  If not yet obtained, when is approval expected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If applicable, please include the following with this form submission:**

* IRB approval from other institution
* Participant consent form
* Research instrument: survey, interview questions, etc.
* External funding documentation

**Email all application materials to Laura Waurio, MPTC Director of Institutional Effectiveness & Planning**: [lwaurio@morainepark.edu](mailto:lwaurio@morainepark.edu)

The MPTC IRB will send you a review decision or will contact you if more information is needed. The review process typically takes about two weeks.

For approved research, the MPTC IRB requests that researchers share their final product with MPTC after project completion.