

**APPLICATION FOR IRB REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS**

(Not for exempt research)

Please complete this application as thoroughly as possible. Your application should include the following:

1. A consent form using the current CMU template that the participants and/or parent/guardian will be required to sign.
2. A copy of any questionnaires, surveys, images, de-briefings that will be used.
3. A copy of any recruitment documents (including advertisements, flyers, letters, invitations, email) to be used;
4. A copy of the training certificates for all individuals working on the research unless they are on file with the CMU IRB. Training is available at: <http://phrp.nihtraining.com/users/login.php>
5. If the PI is a student, the faculty advisor must submit a Faculty Advisor Assurance Form.

Please email all documents to [irb-review@andrew.cmu.edu](mailto:irb-review@andrew.cmu.edu). For assistance call CMU Research Compliance @ 412-268-5460 or email [irb-review@andrew.cmu.edu](mailto:irb-review@andrew.cmu.edu). Additional information and templates are available at <http://www.cmu.edu/osp/regulatory-compliance/human-subjects.html>

<b>1. Protocol</b>			
Title: CMU Student Perceptions of Academic Integrity and Old Course-Materials Archives			
<input type="checkbox"/> This is a previously approved study that has lapsed.		Previous IRB No: HS	
<b>2. Principal Investigator (PI)</b>			
Name: Victoria Docherty		Department: Tepper School of Business	
Telephone: 4127596552	E-mail: <a href="mailto:vdochert@andrew.cmu.edu">vdochert@andrew.cmu.edu</a>	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
<input checked="" type="checkbox"/> I am a student. If so, please provide information about your faculty advisor below.			
Faculty Advisor Name: Brian Junker	E-mail: <a href="mailto:brian@stat.cmu.edu">brian@stat.cmu.edu</a>	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
<i>If a student is the PI, the faculty advisor must complete and submit a Faculty Advisor Assurance Form.</i>			
If there is someone other than PI to correspond with regarding this protocol, please list below.			
Contact Person Name:	Telephone:	E-mail:	
Business Manager for your department:		E-mail:	
<b>3. Co-investigators</b>			
Name: William Ouyang	E-mail: <a href="mailto:wouyang@andrew.cmu.edu">wouyang@andrew.cmu.edu</a>	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Name: Penelope Daphne Tsatsoulis	E-mail: <a href="mailto:ptsatsou@andrew.cmu.edu">ptsatsou@andrew.cmu.edu</a>	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Name: Bin Yang	E-mail: <a href="mailto:biny@andrew.cmu.edu">biny@andrew.cmu.edu</a>	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Name:	E-mail:	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Name:	E-mail:	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Name:	E-mail:	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
Name:	E-mail:	Training Cert. <input type="checkbox"/> Attached <input type="checkbox"/> On File	
<b>4. Funding</b>			
<input checked="" type="checkbox"/> Unfunded research		Sponsor/Source:	
<input type="checkbox"/> External Funding		SPEX Proposal #:	
<input type="checkbox"/> Internal Funding		Oracle String:	

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Grant Title:	
<i>If you don't know the funding/grant information, please get it from your department's business manager.</i>	
<b>5. Protocol Description</b>	
Provide, in lay terms, a summary of your proposed study as outlined below. You may attach the protocol to this form if you like.	
Purpose of the study. To see whether Carnegie Mellon undergraduate students are aware of the academic archives kept by fraternities and sororities that contain old class notes, exams, projects, and homework. Also, whether students have access to such documents, whether they use them, and if they believe that the use of these documents is ethical.	
Describe the research procedures (include the activity, location and time required of the participant). The survey will be conducted via internet in a location to be determined by the participant. The participant will fill out an online survey for about 5 minutes and do so whenever and wherever they wish.	
Who will be asked to participate? A random sample will be selected from the 5800 undergraduate student population at Carnegie Mellon University	
Will questionnaires or surveys be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Will tasks be done on a computer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will the tasks be accessed? <input checked="" type="checkbox"/> Remotely via the internet? <input type="checkbox"/> In the research lab? <input type="checkbox"/> Other, please explain:	
Will deception be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe how participants will be debriefed. Please include the debriefing material and/or script.	
Will the research be conducted on the CMU campus? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate the location(s). <i>If applicable, please attach documentation of permission to conduct research in private, non-CMU space.</i>	
<b>6. Participants</b>	
Will any of the following classes of vulnerable subjects be involved in the proposed study? (check all that apply)	
<b>Class</b>	<b>Comments</b>
Pregnant women, human fetuses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Pregnant women will not be specifically included or excluded. (See <a href="http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm">http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm</a> , research that is incidental to pregnancy and has no risk to the fetus can only include pregnant women if ALL aspects of Subpart B are met.)	
Neonates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Prisoners <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Children <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individuals with compromised mental status <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate how this will be determined.	
Will the participants be capable of understanding the nature of the study and the consent process? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.	
What is the age range of participants in the proposed study? 17-30	
How many participants are needed for the study? 600	How was that number determined? Using a response rate of 25%, a probability of 50% for each question, and a Random Sampling with Replacement scheme. We aimed for 95% confidence interval with a +/-8% error.
What do you estimate the ratio of males to females be? 50 Will this be reflective of the local population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you target a certain population? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain	
What do you estimate the percentage of minorities will be? 15%	
<b>Please list inclusion and exclusion criteria.</b> Minorities are non white, and non asian students. Black, Hispanic, and	

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Native American students are considered minorities.

**7. Participant Recruitment**

Describe how participant recruitment will be performed. Include how and by whom potential participants are introduced to the study. All intended participants will be emailed with a request to complete our survey within a given time frame. We will address non response with a second round of emailed requests a week after the initial request. Participants will be randomly selected from the Carnegie Mellon directory C-Book, and will be introduced to the survey with a personal email.

*Check all boxes below that apply.*

☒ CMU directory      ☐ Postings, Flyers      ☐ Radio, TV

☒ E-mail solicitation    Indicate how the email addresses are obtained: Random selection using C-Book

☐ Web-based solicitation. Specify sites:

☐ Participant Pool. Specify what pool:

☐ Other, please specify:

*Please attach any recruiting materials you plan to use and the text of e-mail or web-based solicitations you will use.*

**8. Consent**

Do you plan to use consent forms? ☒ Yes ☐ No

If no, you must complete the section below on waiver of informed consent.

If yes, describe how consent will be obtained and by whom. The consent will be obtained by the online site we use to administer our questionnaire.

If participants are minors will assent forms be used? ☐ Yes ☒ No    If No, please explain. We cannot obtain parental consent, therefore, we will exclude the responses of minors.

Will the consent form be presented on paper or online? ☐ Paper ☒ Online

Are you requesting to use a consent format that is different from the CMU model consent? ☐ Yes ☒ No

If yes, please explain.

Are you requesting a waiver of informed consent? ☐ Yes ☒ No

If yes, please explain how each of the elements listed apply to your study:

1. The research involves no more than minimal risk to the subjects;
2. The waiver will not adversely affect the rights and welfare of the subjects;
3. The research could not practicably be carried out without the waiver and ;
4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

Are you requesting a waiver of written documentation (signed) of informed consent? ☐ Yes ☒ No

If yes, please answer the following questions.

1. Will the only record linking the participant and the research be the consent document and the principal risk to the participant harm would be from breach of confidentiality? ☐ Yes ☐ No
2. Do you consider this a minimal risk study that involves no procedures for which written consent is normally required outside of research? ☐ Yes ☐ No

**9. Risks and Benefits**

Will participants receive intangible benefit from the study? ☐ Yes ☒ No

Discuss the direct and indirect benefits to participants. Indirectly the knowledge they provide can benefit their academic campus' approach to student integrity.

Discuss the risks to participants. There are no risks to the individual, however, they have the right to withdraw from any

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time during the survey.		
Discuss how any risks will be managed and/or minimized. N/A		
If deception is involved, please explain. Not involved		
Indicate the degree of physical or psychological risk you believe the research poses to human subjects ( <i>check which one applies</i> ).		
<input checked="" type="checkbox"/> Minimal Risk: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life of during the performance o routine physical or psychological examinations or tests.		
<input type="checkbox"/> Greater than Minimal Risk: A risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.		
Describe how the study fits in this risk level.		
<b>10. Participant Compensation and Costs</b>		
Are participants to be compensated for the study? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the amount, type and source of funds?		
Amount:	Source:	Type (gift card, cash):
Will participants who are students be offered class credit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are other inducements planned to recruit participants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. A raffle will be organized, and the winner will receive a \$20 gift certificate to Starbucks.		
Are there any costs to participants? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain.		
Will you compensate participants for injury resulting from participation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, please describe. Participation only includes typing on a computer, no injury is expected other than what is at their own risk.		
<b>11. Confidentiality and Data Security</b>		
Will personal identifiers be collected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Will identifiers be translated to a code? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will recordings be made (audio, video)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe.		
Is the information so sensitive that you will obtain a certificate of confidentiality from NIH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Who will have access to data (surveys, questionnaires, recordings, interview records, etc.)? Only primary researchers and our professor		
Describe how you will protect participant confidentiality and secure research records (Will they be stored on a secure computer, locked cabinet, etc?). Results will be stored online with access granted to only one researcher		
Describe your process for monitoring data to ensure that study goals are met. (Review of lab notebooks, meetings to review data, etc.) Twice weekly review meetings will be held to analyze results and from that we will determine if more people need to be contacted.		
<b>12. Conflict of Interest</b>		
Do you or any individual who is associated with or responsible for the design, the conduct of or the reporting of this research have an economic or financial interest in, or act as an officer or director for any outside entity whose interests could reasonably appear to be affected by this research project: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please provide detailed information to permit the IRB to determine if such involvement should be disclosed to potential research subjects.		
<b>13. Cooperating Institutions</b>		
Is this research being done in cooperation with any institutions, individuals or organizations not affiliated with CMU? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list and describe their role.		
Have you received IRB approval from another IRB for this study? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending		

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If yes, please attach a copy of the IRB approval.
If applicable, please provide the name(s) and address(es) of all officials authorizing to access human subjects in cooperating institutions not affiliated with CMU. <i>Please attach documentation of approval.</i>

**Principal Investigator's Assurance Statement for Using Human Subjects in Research**

I certify that the information provided in this IRB application is complete and accurate.

I understand that as Principal Investigator, I have ultimate responsibility for the conduct of IRB approved studies, the ethical performance of protocols, the protection of the rights and welfare of human participants, and strict adherence to the studies protocol and any stipulations imposed by Carnegie Mellon University Institutional Review Board.

I understand that it is my responsibility to ensure that the human participants' involvement as described in the funding proposal(s) is consistent in principle, to that contained in the IRB application. I will submit modifications and/or changes to the IRB as necessary.

I agree to comply with all Carnegie Mellon University policies and procedures, as well as with all applicable federal, state, and local laws, regarding the protection of human participants in research, including, but not limited to:

- Ensuring all investigators and key study personnel have completed human subjects training program;
- Ensuring protocols are conducted by qualified personnel following the approved IRB application;
- Implementing no changes in approved IRB applications or informed consent documents without prior IRB approval in accordance with CMU IRB policy (except in an emergency, if necessary to safeguard the well-being of a human participant, and will report to the IRB within 1 day of such change);
- Obtaining the legally effective informed consent from human participants or their representative, using only the currently approved date-stamped informed consent documents, and providing a copy to the participant.
- Ensuring that only IRB-approved investigators for this study obtain informed consent from potential subjects.
- Informing participants of any relevant new information regarding their participation in the research that becomes available.
- Promptly reporting to the IRB any new information involving risks to research participants, including reporting to the IRB, Data Safety and Monitoring Boards, sponsors and appropriate federal agencies any adverse experiences and all unanticipated problems involving risks to human subjects or others that occur in the course of the research.
- If unavailable to conduct research personally, as when on sabbatical leave or vacation, arrangements for another investigator to assume direct responsibility for studies will be made through modification requests to the IRB;
- Promptly providing the IRB with any information requested relative to protocols;
- Promptly and completely complying with IRB decisions to suspend or withdraw approval for projects;
- Obtaining Continuing Review approval prior to the date the approval for a study expires (approval for the study will automatically expire);
- Maintaining accurate and complete research records, including, but not limited to, all informed consent documents for 3 years from the date of study completion;
- Informing the CMU IRB of all locations in which human participants will be recruited for protocols and being responsible for obtaining and maintaining current IRB approvals/letters of cooperation when applicable;
- Complying with federal, state and local laws and regulations and sponsor terms and conditions; and
- Complying with CMU policies on the responsible conduct of research.

Victoria Docherty \_\_\_\_\_ March 3, 2010\_\_

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Principal Investigator Name and Signature

Date

*Note: If e-mailed from the PI's CMU e-mail account a hand written signature is not needed. Please type in name and date. If the PI is a student, the faculty advisor must submit a Faculty Advisor Assurance Form.*

**Please email all documents to [irb-review@andrew.cmu.edu](mailto:irb-review@andrew.cmu.edu).**

Note: Links to the policies and Federal regulations for the protection of human research subjects (including the Code of Federal Regulations [CFR] Title 45 CFR Part 46 and Title 21 C.F.R. parts 50 and 56) are available on the IRB web page (<http://www.cmu.edu/provost/spon-res/compliance/hs.htm>).

**Comments:**