Form B
Institutional Review Board
Le Moyne College

APPLICATION FOR EXPEDITED REVIEW

Title of Project: _____

Name of Primary Investigator(s)/Researcher(s): _____

Type of Investigator(s):

_____ Faculty or staff of Le Moyne College
_____ Student of Le Moyne College
_____ Individuals other than faculty, staff, or students of Le Moyne College
(Le Moyne researchers must identify all outside investigators / collaborators and explain their role on the Research Outline.)

Name of Student Research / Lab Assistant(s): _____
(On the Research Outline, explain the role of student research / lab assistants who will assist in data collection or analysis but will not be otherwise involved in preparing the final products.)

CITI Completion Certificates must be submitted for all primary investigators, researchers / collaborators, student research / lab assistants, and faculty sponsors.

Primary Investigator's Contact Information:

Address _____
City, State & Zip Code _____
Phone number _____
E-mail address _____

For Student Researchers only:

Degree program (e.g., BA, MS, EdD, DNP): _____
Program(s) of Study: _____
Name of faculty sponsor: _____
Email address of faculty sponsor: _____

For External Researchers only:

Name of Le Moyne sponsor: _____
Email address of Le Moyne sponsor: _____

Date Application Submitted: _____
Proposed Date to Commence Data Collection: _____
(Please allow a minimum of 6-8 weeks between the application submission date and the proposed date to commence data collection.)

Nature of Activity (check all that apply):

_____ Faculty research project
_____ Project to be submitted for extramural funding from a federal agency (e.g., NSF, FDA)
Agency: _____ Grant Submission Deadline: _____
_____ Pilot Study for future research project
_____ Undergraduate thesis / capstone project (including Departmental / Integral Honors)
_____ Master's thesis / capstone project
_____ Doctoral dissertation
_____ Course project (not thesis or capstone related). Course number & title: _____
_____ Staff (non-faculty) research project
_____ Other (please explain): _____

Abstract of Project (maximum 150 words):

Please answer the following questions with regard to the proposed research activity. (An affirmative response to any of these might necessitate a Form C with Full Board review.)

Does the research involve:	YES	NO
a. drugs or other controlled substances?	____	____
b. participants taking internally or having externally applied any substance(s)?	____	____
c. removing any fluids (e.g., blood) or tissue from participants?	____	____
d. participants experiencing stress (physiological or psychological) above a level that would be associated with normal everyday activities?	____	____
e. misleading (deceiving) participants about any aspect of the research?	____	____
f. participants who would be judged to have limited freedom of consent (e.g. minors or individuals with impaired decision-making ability)?	____	____
g. any procedures or activities that might place the participants at more than minimal risk (psychological, physical, or social)?	____	____
h. sensitive aspects of the person's own behavior, such as illegal conduct, drug use, sexual behavior, or alcohol use?	____	____
i. activity or data collection whereby the disclosure of participants' responses outside the research could place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, educational advancement, or reputation.	____	____

Under which of the following categories are you applying for EXPEDITED REVIEW? (check one)

_____Moderate exercise by healthy volunteers.

_____The study of existing data, documents, records, pathological specimens, or diagnostic specimens, if the individuals from whom the data collected are identifiable.

_____Research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory, or test development, where the investigator does not manipulate participants' behavior and the research will not involve stress to participants.

_____Collection of: hair and nail clippings, in a non-disfiguring manner; deciduous teeth; and permanent teeth if patient care indicates a need for extraction.

_____Collection of excreta and external secretions including sweat, uncannulated saliva, placenta removed at delivery, and amniotic fluid at the time of rupture of the membrane prior to or during labor.

_____Recording of data collected from participants 18 years of age or older in the course of noninvasive procedures routinely employed by professionally certified/licensed individuals in the clinical practice of medicine, psychology and social work. This includes the use of physical practice sensors that are applied either to the surface of the body or at a distance and do not involve input of matter or significant amounts or energy into the research participant or an invasion of the participant's privacy. It also includes such procedures as weighing, testing sensory acuity, electrocardiography, electro-encephalography, thermography, detection of naturally occurring radioactivity, diagnostic echography, and electroretinography. It does not include exposure to electromagnetic radiation outside the visible range (e.g. x-rays, microwaves.)

_____Collection of blood samples by venipuncture, in amounts not exceeding 450 milliliters in an eight-week period and no more often than two times per week, from participants 18 years of age or older and who are in good health and not pregnant.

_____Collection of both supra- and subgingival dental plaque and calculus, provided the procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques.

Certification:

1. I am familiar with the policies and procedures of Le Moyne College regarding human research participants. I subscribe to the standards described in the document, *Institutional Review Board Policies and Procedures*.

2. I am familiar with the published guidelines for the ethical treatment of human research participants associated with my particular field of inquiry (e.g., as published by the American Psychological Association, American Sociological Association.)

3. I am familiar with and will adhere to any official policies in my department concerning research

with human research participants.

4. I understand that upon consideration of the nature of my project, the IRB may request a Form C application for full Board review of my research at their discretion.

5. If changes in procedures involving research participants become necessary, I will submit these changes for review before initiating the changes.

SIGNATURE _____ DATE _____
Investigator/Researcher

SIGNATURE _____ DATE_____
Investigator/Researcher

All student-led research applications and all applicants from outside Le Moyne College must have a faculty / college sponsor whose signature is here affixed:

SIGNATURE_____ DATE_____
Sponsor

Additional signatures (as needed):

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE_____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE_____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

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