

Modesto Junior College IRB Project Review Form

Investigator/Institutional Information

Project Title			IRB USE: <input type="checkbox"/> Exempt <input type="checkbox"/> Expedited <input type="checkbox"/> Full Board
Principal Investigator	Highest Degree Held	Phone	Email
Department/Institution			
Co-Principal Investigators	Highest Degree Held	Phone	Email
Department/Institution			
Federal-wide Assurance (FWA) number of Investigator's Institution (if applicable)		Name/contact information of External IRB (if applicable)	
Human Subjects Training Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Completed:			
<p>Project Summary. Briefly describe (a) the project or study and its purpose, and (b) what human participants will experience during the proposed study or project.</p>			
<p>Strategies and Methodologies. (Describe who the research participants will be, how they will be recruited and contacted, how much time will be required of each participant, what procedures or activities participants will encounter).</p>			
<p>Data, measures, observations to be collected. (Include description and one copy of the instruments).</p>			

Research Project Checklist (Check all that apply)

<input type="checkbox"/> No data will be collected that may identify individuals, (e.g., cohort databases that include SSN# data on individuals, surveys or interviews identifiable by name).
<input type="checkbox"/> Protections are in place to ensure individual, identifiable data will not be shared (published articles, conference, presentations).
<input type="checkbox"/> Participants may be offered incentives to participate (e.g., money, extra credit for the class). List the incentives here:
<input type="checkbox"/> Participants may be videotaped, audio taped or digitally recorded during the project or study.
<input type="checkbox"/> The funding source may have potential for financial or professional benefit from the outcomes for this study or project.
<input type="checkbox"/> Participation in this study is voluntary for the individuals participating in the program/project.
<input type="checkbox"/> Participants will be fully informed about any risks and indicate consent to participate by completing and signing a written form <i>prior</i> to beginning the project (Include copy of informed consent).
<input type="checkbox"/> Data sources are clearly identified (interviews, surveys, reports, grades, existing school records, focus groups. (Please list data sources to be used):
<input type="checkbox"/> Participants will be debriefed following completion of the project or study.

Project Type (check all that apply)

<input type="checkbox"/> Faculty research	<input type="checkbox"/> Sabbatical research
<input type="checkbox"/> Thesis or dissertation	<input type="checkbox"/> Undergraduate research
<input type="checkbox"/> Federal grant	<input type="checkbox"/> Non-federal grant
<input type="checkbox"/> Student class project (under faculty direction – list class/course number:	<input type="checkbox"/> Other (please describe)

Risks. List any potential risks to participants.

How they will be reduced or addressed (physical, psychological, or social injury).

Procedures to Maintain Confidentiality. Describe the methods to be used to safeguard the privacy of your participants and ensure the confidentiality of data obtained. (Include plans for publication, storage, and ultimate destruction of data).

Potential Conflict of Interest

__Yes __No	Do any of the involved Investigators or their immediate family (as described below) have consulting arrangements, management responsibilities or equity holdings in the Sponsoring company, vendor(s) provider(s) of goods, or subcontractors?
__Yes __No	Is any Investigator a member of an advisory board with the Sponsoring company?
__Yes __No	Do any Investigators receive gifts, honorarium, income or other funds from the Sponsoring company?
__Yes __No	Do any investigators or their immediate family have an ownership or royalty interest in any intellectual property utilized in this protocol?

- Approved**
- Approved, Subject to Restrictions**
- Tabled**
- Disapproved**

Project Director/Investigator **Date**

Chairperson, MJC IRB **Date**