

**REQUEST FOR DETERMINATION OF EXCLUSION FROM IRB REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS**

**SUBMIT COMPLETED FORM TO *IRB@LAWRENCE.EDU***

**For questions about this form, contact** [**irb@lawrence.edu**](mailto:irb@lawrence.edu)

**SECTION 1: RESEARCH PROJECT**

**Project Title:**

**Anticipated Start Date: Anticipated End Date:**

**If project has grant funding, indicate grant title, award number, and source (clarify if internal or external to LU):**

**SECTION 2: PERSON MAKING REQUEST**

Name Email Phone LU Faculty/Staff/Student/Other?

**SECTION 3: RESEARCH PURPOSE, DESIGN, AND PARTICIPANTS**

1. **Briefly but clearly summarize your research goals. What are you investigating? What specific question(s) do you hope to answer? What hypotheses will you be testing (if hypothesis-driven)?**
2. **Briefly but clearly summarize your research type or design (e.g., observation, experiment, focus group, interview, questionnaire, etc.):**
3. **Will your research potentially lead subjects to divulge private, sensitive, or potentially stigmatizing information (e.g. about sexuality, criminal behavior, psychiatric problems, drug or alcohol abuse)?**
4. **Will participants receive any compensation for participating (e.g., course credit, raffle ticket, payment)?**
5. **Check all *VULNERABLE PARTICIPANTS* involved in the study.**

*\_\_\_* CHILDREN (ANYONE UNDER 18 YEARS OLD)

\_\_\_ PRISONERS

\_\_\_ PREGNANT WOMEN, OR HUMAN FETUSES/NEONATES

\_\_\_ PERSONS AT RISK FOR SUICIDE

\_\_\_ PERSONS ENGAGED IN STIGMATIZED OR CRIMINAL BEHAVIOR

\_\_\_ PERSONS WITH IMPAIRED DECISION-MAKING CAPABILITY

\_\_\_ PERSONS WHO ARE MEMBERS OF AT-RISK POPULATIONS (e.g, HOMELESS, VICTIMS OF CRIMES, VICTIMS OF ABUSE, DRUG USERS, ETC.

\_\_\_ UNDOCUMENTED IMMIGRANTS OR THEIR RELATIVES

**SECTION 4: PARTICIPANT RISKS AND BENEFITS**

1. **Indicate whether the project is Minimal Risk or Greater than Minimal Risk (CHECK ONE OF THE TWO BELOW):**

\_\_\_\_**MINIMAL RISK:** 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 or during the performance of routine physical or psychological examinations or tests.

\_\_\_\_**GREATER THAN MINIMAL RISK:** 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.

1. **If you checked “Greater than Minimal Risk” above, which risks listed below apply (CHECK ALL THAT APPLY):**

\_\_\_PHYSICAL (E.G., FATIGUE, PAIN, INJURY)

\_\_\_PSYCHOLOGICAL (E.G., DISTRESS, ANXIETY, DEPRESSION, NEGATIVE MOOD)

\_\_\_SOCIAL (E.G., STIGMA)

\_\_\_LEGAL (E.G., DISCLOSURE OF DRUG USE)

\_\_\_ECONOMIC (E.G., LOSS OF JOB OR ADVANCEMENT, LOSS OF INSURANCE)

\_\_\_OTHER (SPECIFY)

**SECTION 5: INFORMED CONSENT**

Informed consent means telling a participant about everything a ***REASONABLE PERSON would want to know BEFORE agreeing to participate***, (e.g., procedures, risks). This does NOT require revealing exact hypotheses. Rather, consider informed consent from the participant’s perspective: What exactly will I be asked to do? What will I experience? How long will it take? Are there any risks or discomfort?

**Do you plan to obtain informed consent from your participants? If so, briefly describe how you plan to do so.**

**SECTION 7: OFF-CAMPUS PROJECTS AND INTERNATIONAL RESEARCH**

Research taking place off campus generally requires IRB review. Review is particularly important if you project will be conducted outside of the United States because Human subjects protection guidelines may be different in the location where you plan to conduct research.

**Briefly describe where you plan to conduct your project.**

**FOR IRB USE ONLY:**

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_