

Abbreviated Summary Protocol Form for Academic Department Review

For Minimal Risk Student Course Related Research Intended Solely for

Pedagogical Purposes Office of Research – Research Ethics and Compliance Unit: GM 900–514.848.2424 ex.
7481

oor.ethics@concordia.ca

This form is recommended for student research projects conducted as part of course requirements.

This form should only be used for research involving minimal or less risk to the participants. It may be completed either:

- By the instructors who will describe the research carried out by their students.
- By the students themselves. In this case, the form may be reviewed by the instructor and then transmitted to the appropriate Departmental representative responsible for the review of minimal risk course related research intended for pedagogical purposes.

Part One: Basic Information

Date: February 4th, 2025

1. <u>Name and Department/Program of Researcher:</u>

Researcher Name: Mik Driver

Department/Program: <u>Computer Engineering (Gina Cody)</u>

Telephone number: (613) 769 - 7713 E-mail address: Mikdriver7@gmail.com

Researcher Name: Liyan Al-mosaria

Department/Program: Computer Engineering (Gina Cody)

Telephone number: 514-458-8466 E-mail address: livana@softsim.ca

Researcher Name: <u>Sem Axiil Rais</u>

Department/Program: Computer Engineering (Gina Cody)

	Telephone number:	514-616-9612 E-mail address: axil-pacha@hotmail.com
	Researcher Name:	<u>Hawa Diallo</u>
	Department/Program:	Computer Engineering (Gina Cody)
	Telephone number:	E-mail address: <u>hawadiallo887@gmail.com</u>
	Researcher Name:	Vincent Nguyen (Gina Cody)
	Department/Program:	Computer Engineering
	Telephone number:	E-mail address:vincent7nguyen@gmail.com
	Researcher Name:	Nadir Chetouani (Gina Cody)
	Department/Program:	Electrical Engineering
	Telephone number:	438-346-5191
	E-mail address: <u>nadi</u>	r,chetouani@icloud.com
2.	Title of Research Proje	ct or Activity:
~ .	•	-
	-	ectrical Engineering Product Design Project: Safe Alcohol
Consu	mption App	
3.	Name and Number of C	Course:
	COEN/ELEC 390	

4. Type of Research:								
	a. 🗆	Survey Forms						
	b. □	Interviews						
	c. 🗆	Lab experime	nt					
	d. □	Anthropologic						
	e. 🗆	Other (explain	n below)):				
Part T	wo: Research	h Participants						
5.	Characteristic	cs: How many	participants are involved in this study? 2					
	Are they primarily:							
	The they prin		Colle	ge/University Students				
			Other					
		с. 🗆	Other	(specify):				
Part T	hree: Ethica	l Concerns						
1 ait 1	mee. Eimea	a concerns						
6.	Informed Co	nsent:						
	Have you dev	veloped a mear	is to gai	n participants informed consent?				
	_		No					
	□ Yes		110					
	∐ Yes		NO					
				form or an oral protocol?				
		ners be using a		form or an oral protocol? Oral				
7	Will research ☐ Writte	ners be using a		·				
7.	Will research	ners be using a		·				
7.	Will research Writte Freedom to I	ners be using a en Discontinue:	written	·				
7.	Will research Writte Freedom to I	ners be using a en Discontinue:	written	Oral				

8.	Conf	Confidentiality or Anonymity or Alternatives:					
	Will	Will your research offer participants anonymity (you will not be able to identify them)?					
		Yes		No			
		Will your research offer participants confidentiality (you will know who they are but their identities will not be evident in the research reports)?					
		Yes		No			
	Will	Will the identities of participants be evident in your research reports?					
		Yes		No			
	If ye	If yes, have you informed them of this fact?					
		Yes		No			
9.	<u>Dece</u>	eption:					
	Are y	Are you in any way deceiving participants about the nature of your research?					
		Yes		No			
	•	If yes, please describe below the nature of the deception and how you will de-brief participants. <i>Please attach any relevant information</i> .					
		_					
10.	Man	Managing Risky Situations:					
	(psyc	If as a result of your research, you discover that a participant(s) is at risk in some way(s) (psychological, physical, reputational), do you know someone to contact to help advise you how to respond?					
		Yes		No			

<u>11.</u>	Coerci	on:				
	Is ther this stu	_	or partic	cipants to perceive they are b	oeing co	perced into participating in
		Yes		No		
	If yes,	do you have a	written	plan to prevent this percept	ion?	
		Yes		No, I will have it on (give	a date):	
12.	Signat	ures:				
Resear	rcher(s):	Vincent Ngu Chetovani	Liyan A , Hav yen, Nad	ll-Mosaria , wa Diallo, lir	Date :	February 4th, 2025
Instruc	etor:				Date :	

APPENDIX I

CONSENT TO PARTICIPATE IN SAFE ALCOHOL CONSUMPTION APP INTERVIEW

I understand that I have been asked to participate in a research project being conducted by Mik, Liyan, Sem Axil, Hawa, Vincent, and Nadir of Gina Cody School of Engineering of Concordia University (514-848-2424, ext. 3109; reception.ginacody@concordia.ca). Under the supervision of Dr. William E. Lynch of Electrical and Computer Engineering of Concordia University (william.lynch@concordia.ca).

A. PURPOSE

I have been informed that the purpose of the research is to collect information in relation to our safe alcohol consumption app. The team hopes to use the information to refine the app's features.

B. PROCEDURES

- I understand that the interviews will be conducted remotely through zoom and that the interviews will last 1 hour
- I understand that during a zoom call, I will be asked questions related to my alcohol consumption and typical actions whilst drinking. I will be asked about problems I face, how I solve them, how I wish I could solve them,..etc.
- I have access to the necessary resources regarding mental wellbeing should I need them.

C. RISKS AND BENEFITS

• I understand that participating in this interview may lead to disclosing personal information about myself and may help the interviewers to develop their project based on the answers I provided.

D. CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences.
- I understand that my participation in this study is:

CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity)

• I understand that the data from this study may be published.

	UNTARILY AGREE TO PARTICIPATE IN THIS STUDY.
NAME (please print)	
SIGNATURE	

If at any time you have questions about the proposed research, please contact the study's Principal Investigator Liyan Al-mosaria, Gina Cody Computer Engineering student, at liyana@softsim.ca. Under

the supervision of Dr. William E. Lynch of Electrical and Computer Engineering of Concordia University (william.lynch@concordia.ca).

If at any time you have questions about your rights as a research participant, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 oor.ethics@concordia.ca