

MONTANA STATE UNIVERSITY
Request for Designation of Research as Exempt from the
Requirement of Institutional Review Board Review
(12/1/2017)

THIS AREA IS FOR INSTITUTIONAL REVIEW BOARD USE ONLY. DO NOT WRITE IN THIS AREA.

Confirmation Date:

Application Number:

DATE: 2020-02-12

I. INVESTIGATOR(s):

Name: Sara Mannheimer

Complete Department and/or Home Address (where you want the approval letter sent):

307 N Broadway Ave., Bozeman, MT, 59715

Telephone: 907-223-6323

E-Mail Address: sara.mannheimer@montana.edu

DATE TRAINING COMPLETED: 07-Sep-2018 [Required training: CITI training; see website for link]

SIGNATURE (INVESTIGATOR):



II. TITLE OF RESEARCH PROJECT: Connecting communities of practice: Using strategies from qualitative data curation to support big social research

III. BRIEF DESCRIPTION OF RESEARCH METHODS (also see section VII). If using a survey/questionnaire, provide a copy with this application.

The purpose of the study is to understand overlapping issues in qualitative data reuse and big social data research in order to support data curation strategies to address these issues. Data will be collected via semi-structured interviews using critical incident technique. I plan to interview about 30-40 subjects selected from qualitative researchers, big social researchers, and data curators.

IV. RISKS AND INCONVENIENCES TO SUBJECTS (also see section VII; **do not answer 'None'**):

Subjects will use their time to participate in the interview, which is of no direct benefit to them.

V. SUBJECTS:

A. Expected numbers of subjects: 45-60

B. Will research involve minors (age <18 years)? No

C. Will research involve prisoners? No

D. Will research involve any specific ethnic, racial, religious, etc. groups of people? No

E. Will a consent form be used? (Please use accepted format from our website. Be sure to indicate that participation is voluntary. Provide a stand-alone copy. Do not include the form here.)

Yes

VI. FOR RESEARCH INVOLVING SURVEYS OR QUESTIONNAIRES:

(Be sure to indicate on each instrument, survey or questionnaire that participation is voluntary.)

A. Is information being collected about:

Sexual behavior?	No
Criminal behavior?	No
Alcohol or substance abuse?	No
Matters affecting employment?	No
Matters relating to civil litigation?	No

B. Will the information obtained be completely anonymous, with no identifying information linked to the responding subjects? No

C. If identifying information will be linked to the responding subjects, how will the subjects be identified? (Please circle or bold your answers)

By name	Yes
By code	No
By other identifying information	No

Interview subjects will be identified by participant name during the data collection process. All research data will be stored securely and in confidence. Final dataset will be de-identified.

D. Does this survey utilize a standardized and/or validated survey tool/questionnaire? No

Remaining categories are not applicable.

VII. FOR RESEARCH BEING CONDUCTED IN A CLASSROOM SETTING:

A. Will research involve blood draws? (If Yes, please follow protocol listed in the "Guidelines for Describing Risks: blood, etc.", section I-VI.)

VIII. FOR RESEARCH INVOLVING PATIENT INFORMATION, MATERIALS, BLOOD OR TISSUE SPECIMENS RECEIVED FROM OTHER INSTITUTIONS:

A. Are these materials linked in any way to the patient (code, identifier, or other link to patient identity)? Yes No

B. Are you involved in the design of the study for which the materials are being collected? Yes No

C. Will your name appear on publications resulting from this research? Yes No

D. Where are the subjects from whom this material is being collected?

- E. Has an IRB at the institution releasing this material reviewed the proposed project?
(If 'Yes", please provide documentation.) Yes No
- F. Regarding the above materials or data, will you be:
- | | | |
|-----------------|-----|----|
| Collecting them | Yes | No |
| Receiving them | Yes | No |
| Sending them | Yes | No |
- G. Do the materials already exist? Yes No
- H. Are the materials being collected for the purpose of this study? Yes No
- I. Do the materials come from subjects who are:
- | | | |
|----------------|-----|----|
| Minors | Yes | No |
| Prisoners | Yes | No |
| Pregnant women | Yes | No |
- J. Does this material originate from a patient population that, for religious or other reasons, would prohibit its use in biomedical research?
- | | | |
|-----|----|----------------|
| Yes | No | Unknown source |
|-----|----|----------------|

IX. FOR RESEARCH INVOLVING MEDICAL AND/OR INSURANCE RECORDS

- A. Does this research involve the use of:
- | | | |
|--|-----|----|
| Medical, psychiatric and/or psychological records | Yes | No |
| Health insurance records | Yes | No |
| Any other records containing information regarding personal health and illness | Yes | No |

If you answered "Yes" to any of the items in this section, you must complete the HIPAA Worksheet.