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| **uiucLogo2** | **University of Illinois**  **at Urbana–Champaign** | **Institutional Review Board Office**  528 East Green Street, Suite 203, MC-419  Champaign, IL 61820  tel: 217-333-2670 fax: 217-333-0405  E-mail: [irb@illinois.edu](mailto:irb@illinois.edu)Web: [www.irb.illinois.edu](http://www.irb.illinois.edu) | | |
|  | |
| **IRB-1 Temp** | |
| **Application for Review of Research Involving Human Subjects** | | | | **IRB-1 v6 1012rev** |
| This Section is for Office Use Only | | | | |
| UIUC IRB Protocol No. | | | Track: | |
| Exempt under 45 CFR §46.101(b) (1) (2) (3) (4) (5)  (6) | | | Reviewer 1: | |
| Expedite, Category (1) (2) (3) (4) (5) (6) (7) (8) (9) | | | Reviewer 2: | |
| **All forms must be completed, signed by the RPI, and submitted by FAX, Email, or single-sided hard copy.** | | | | |
| **Please, no staples!** | | | | |

Initial Submission

Revised IRB-1, date of revised IRB-1

**1. RESPONSIBLE PROJECT INVESTIGATOR (RPI)** The RPI must be a nonvisiting member of UIUC faculty or staff who will serve as project supervisor at UIUC. Please complete the Research Team Attachment to list all individuals engaged in the research study, including those from other institutions. Include all persons who will be 1) directly responsible for the project’s design or implementation, 2) recruitment, 3) obtain informed consent, 4) involved in data collection, data analysis, or follow-up.

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| --- | --- | --- | --- | --- | --- | --- |
| Last Name: Eke | | First Name: Janet | | | Academic Degree(s): MLIS | |
| Dept. or Unit: CIRSS, GSLIS | | Office Address: 311 LIS Bldg | | | | Mail Code: 493 |
| Street Address: 501 E. Daniel | | City: Champaign | | State: IL | | Zip Code: 61820 |
| Phone: 217-333-1980 | Fax: 217-244-3302 | | E-mail: jeke | | | |
| UIUC Status: Nonvisiting member of (Mark One)  Faculty  Academic Professional/Staff | | | | | | |
| Training  CITI Training, Date of Completion, 8/30/2011  UIUC Human Subjects Training, Date of Completion, 3/20/2011 | | | | | | |

**2. PROJECT TITLE**

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| National Parks Data Commons Survey |

**3. FUNDING** Indicate whether this research is funded by, or application has been made for, a grant, contract, or gift.

**3A. STATUS**  Research is **not funded** and is **not pending** a funding decision (Proceed to Part 6).

Research is **funded** (funding decision has been made).

Funding decision is **pending**. Funding proposal submission date:

**3B. SOURCE(S)** If the research is funded or pending a funding decision, mark and name all sources:

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| **Type of Funding—check all that apply** | | **Name of Source** |
|  | **UIUC Department, College, or Campus**  (includes Research Board and Campus Fellowship Training Grants) |  |
|  | **Federal**  (from federal agencies, offices, departments, centers) |  |
|  | **Commercial Sponsorship**  (from corporations, partnerships, proprietorships) |  |
|  | **State of Illinois Department or Agency**  (from any state office or entity) |  |
|  | **Gift or Foundation (including UIF)**  (public or private foundations, not-for-profit corporations, private gifts) |  |

Check here if the funding is through a Training Grant:

**3C. PROPOSAL** Attach a complete copy of the funding proposal or contract.  Attached

Sponsor-assigned grant number, if known:

Title of Funding Proposal or Contract, if different from Project Title in Part 2:

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**3D. FUNDING AGENCY OFFICIAL, IF ANY, TO BE NOTIFIED OF IRB APPROVAL**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | First Name: | | Salutation: | | | |
| Agency: | | Office Address: | | | | Mail Code: | |
| Street Address: | | City: | | | State: | | Zip Code: |
| Phone: | Fax: | | E-mail: | | | | |

**4. FINANCIAL INTERESTS:** Indicate below if any investigators or any members of their immediate families have any relationships, commitments, or activities with the sponsor of this research that might present or appear to present a conflict of interest with regard to the outcome of the research. (If a financial conflict of interest exists, please submit the UIUC approved conflict management plan. If you have questions about conflict of interest contact the Office of the Vice Chancellor for Research at 217-333-0034.)

Ownership, equity or stock options

Has been disclosed to the UIUC campus **OR**  has not been disclosed to the UIUC campus

Personal compensation such as royalties, consulting fees etc.

Has been disclosed to the UIUC campus **OR**  has not been disclosed to the UIUC campus

Intellectual property such as patents, trademarks, copyright, licensing, etc.

Has been disclosed to the UIUC campus **OR**  has not been disclosed to the UIUC campus

Other conflict of interest:

Has been disclosed to the UIUC campus **OR**  has not been disclosed to the UIUC campus

No conflicts exist

**5. SUMMARIZE THE RESEARCH.** In **LAY LANGUAGE**, summarize the objectives and significance of the research.

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| Our objectives are to gather information from scientists who conduct research in National Parks, and on National Park Service (NPS) Lands in order to better understand motivations for sharing, archiving and making data publically available to . This research will inform the design of future cyberinfrastructures that serve these communities, as well as public policies aimed at creating a more cooperative environment to share the results of research conducted on public lands. Participants will benefit from more flexible policies, and a better set of facilities to manager their own data. An online survey will be sent to individuals who have been granted a \*NAME OF PERMIT\* to conduct research on National Park Service lands from 1990 - 2014. Following the survey, selected individuals (by indicating on the survey their interest in further participating in this research) may be contacted for a brief, 30-minute open-ended interview to understand their individual experiences with data sharing and conducting research in national parks.As the results may be reported outside of the department and individually identifiable information will be collected (but securely stored and in no way reported), we are seeking IRB approval. |

**6. PERFORMANCE SITES**

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| Including UIUC sites,describe ALL the research sites for this protocol. For each non-UIUC site, describe: Whether the site has an IRB. Whether the site has granted permission for the research to be conducted. Contact information for the site. If the site has an IRB, whether the site’s IRB has approved the research or planned to defer review to a UIUC IRB. | | For non-UIUC sites, documentation of IRB approval is: |
| 1. | Online Survey | Attached  Will Follow  N/A |
| 2. | Telephone Interviews | Attached  Will Follow  N/A |
| 3. |  | Attached  Will Follow  N/A |

List and describe any additional Performance Sites information on an attachment and check here:

**7. DESCRIBE THE HUMAN SUBJECTS**

**7A. SECONDARY DATA ONLY?** If this research *only* involves the analysis of data that *has already been collected* from human subjects and *no new data collection will occur,* check here:

**7B. MATERIALS OF HUMAN ORIGIN?** Will this research involve the collection, analysis, or banking of human biological materials (*e.g.,* cells, tissues, fluids, DNA)?  **Yes  No**  If yes attach **Appendix C**, the[*Biological Materials Form*](http://www.irb.uiuc.edu/?q=forms-and-instructions/bio-materials.html)*.*

**7C. ANTICIPATED NUMBERS** How many subjects, including controls, will you study in order to get the data that you need?

If you plan to study disproportionate numbers of a given sex, race, or minority group, provide scientific rationale in Part 11.

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| --- | --- | --- | --- | --- |
| **Performance Site** | | **# Male** | **# Female** | **Total** |
| 1. | Online Survey | N/A | N/A | 5,000 |
| 2. | Telephone Interviews | 15 | 15 | 30 |
| 3. |  |  |  |  |
| **TOTALS** | | 15 | 15 | 5000 |

List Anticipated Numbers for additional Performance Sites on an attachment and check here:

**7D. AGE RANGE** Mark all that apply. Researchers planning to include children in research projects involving *more than minimal risk* must provide written documentation of the benefits that are likely to accrue to a child participating in the project. This should include information gathered on adults, if it exists, or an explanation about why it does not exist.

0–7 years 8–17 years  18–64 years  65+ years

If applicable, written documentation of benefits for including children in ***more than minimal risk*** research is attached.

**7E. SPECIAL OR VULNERABLE POPULATIONS** Mark groups that will be targeted by design. Also indicate groups likely to be involved in the research even though they are not targeted by design.

None of the following special populations will be targeted

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| --- | --- | --- | --- |
| Children (age < 18 years) |  | | |
| Neonates | Mentally disabled or cognitively impaired persons | | |
| Fetuses *(in utero)* | Adults with legal guardians | | |
| *in vitro* fertilization subjects | Persons with limited civil freedom (*e.g.,* members of military) | | |
| Pregnant or lactating women | Specific racial or ethnic group(s)— describe: |  | |
| Inpatients | Low income or economically disadvantaged persons | | |
| Outpatients | UIUC Students—name subject pool, if applicable: | |  |
| Elderly (age > 65 years) | Other College Students—name subject pool, if applicable: | |  |
| Other (describe here): |  | | |

**7F.** If you checked any of the groups in question 9E, describe additional safeguards included in the protocol to protect the

rights and welfare of special or vulnerable populations.

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**8. Recruitment**

**8A-1 RECRUItING Procedures** Specifically describe the systematic procedures for finding and recruiting subjects or requesting pre-existing data or materials. 1) State whether any of the researchers are associated with the subjects (*e.g.,* subjects are students, employees, patients). 2) Name any specific agencies or institutions that will provide access to subjects or subject data. 3) Who will contact the prospective subjects? 4) Who gives approval if subjects are chosen from records? 5) Describe solicitation through the use of advertising (*e.g.,* posters, flyers, announcements, newspaper, radio, television, Internet), face-to-face interaction, direct mail or phone contact, classrooms, subject pools, health care registries, patient referrals, and institutional “gatekeepers,” as applicable.

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| --- |
| 1) Researchers are not associated with the subjects.  2) Participants have been identified from public documents that [ Explain permit data here – note its public accessiblity ]  3) The research team will send an email to participants inviting them to complete the survey. Nicholas Weber will contact any individuals who express interest in further participating in open-ended interviews.  4) No specific approval will be applied other than having conducted research in a national park.  5) We will additionally post links and invitations to the survey on email message boards (invitation to participate is attached) – these include [ List potential places to post email ]. For participants that we have identified through permit approval data, an initial email plus two reminders will be employed. |

**8 A-2 Attach final copies of recruiting materials** including the final copy of printed advertisements and the final version of any audio/taped taped advertisements and check here: Attached  Will Follow

**8B. WITHHELD INFORMATION** Do you propose to withhold information from subjects prior to or during their participation?

Yes  No

If yes, describe what will be withheld, justify the withholding (address risks, provide rationale), describe the debriefing plan, and attach a labeled copy of a written debriefing form, to be provided to subjects.  Debriefing Attached  Will Follow

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**8C. PROTECTED HEALTH INFORMATION (PHI)** The IRB must address the privacy and use of health information that is created, received, or housed by health care providers, health plans, or health care clearinghouses and that identifies or could be used to identify an individual. During *either recruiting or data collection*, will you use or have access to such information that is related to the past, present or future health or conditions of a *living or deceased* individual, provision of health care to the individual, or the payment for the provision of health care to the individual?  Yes  No

**8D. SCHOOLS-BASED RESEARCH** If subjects will be recruited from Illinois public or private elementary or secondary schools, additional deadlines and procedures apply. Criminal background clearances might be required. Special consideration must be given to the exclusion of protected populations. Please contact the Office of School–University Research Relations (OSURR) (217.244.0515 or <http://www.ed.uiuc.edu/BER/OSURR.html>) for more information. Mark one:

Illinois schools **will**be used  Illinois schools **will not** be used

**9. INCLUSION AND EXCLUSION CRITERIA** Address all four of the following items in explaining who will and will not qualify for participation and how that determination will be made: (1) Describe procedures to assure equitable selection of subjects. Justify the use of any special or vulnerable groups marked in Part 9E. Selection criteria that target one sex, race, or ethnic group require a clear scientific rationale. (2) List specific criteria for inclusion and exclusion of subjects in the study, including treatment groups and controls. (3) Name and attach copies of measures and protocols that will be used to screen applicants. (4) Explain how the inclusion/exclusion criteria will be assessed and by whom. If special expertise is required to evaluate screening responses or data, tell who will make this evaluation and describe their training and experience.

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| 1) No special or vulnerable population is proposed. Selection is based solely on experience collecting data on public lands - specifically national parks and monuments. All researchers will be invited. There is no general intent to skew the research to one gender or race.  2) No specific criteria for inclusion or exclusion will be employed. We will not be able to employ a control by this design, only a treatment group that will complete the survey and potentially interview voluntarily.  3) No screening measures applied.  4) No inclusion / exclusion criteria applied other than experience collecting data in national parks and monuments. |

**10. RESEARCH PROCEDURES: Using LAYMAN’S LANGUAGE,** specifically describe what the participants (treatment groups and controls) will do and where the research activities will take place. Give approximate dates and durations for specific activities, including the total number of treatments, visits, or meetings required and the total time commitment.

(For schools-based research where class time is used, describe in detail the activities planned for nonparticipants and explain where (*e.g.,* in a classroom, in a private area) both participants and nonparticipants will be located during the research activities. Include a concise description of procedures, locations, time commitments, and alternate activities on the relevant consent and assent forms.)

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| An online survey invitation will be sent to permit holders. The contents of this survey are attached along with survey coding instructions. We plan to conduct this survey in the spring of 2014. The survey would remain open for 16 weeks during which time 2 reminders would be sent out to the participants. Following the survey, selected individuals (who volunteer to further participate in this research) may be contacted for a brief, 30-minute, open-ended interview to probe deeper into their experiences within collecting data, and conducing research in national parks and monuments. Potential questions for this interview are also attached. These interviews would also be conducted in the spring of 2014. We will incur the costs of the phone call and will arrange a time at the convenience of the participant. As the results may be reported outside of the department and individually identifiable information will be collected (but securely stored and in no way reported), we are seeking IRB approval. |

**11. EQUIPMENT** Will any physical stimulation or physiological data acquisition equipment be used with the subjects?

Yes  No If yes, attach **Appendix A**, the [*Research Equipment Form*](http://www.irb.uiuc.edu/?q=forms-and-instructions/research-equipment.html)*.*

**12. DEVICES** Will any devices be used with the subjects?

Yes  No If yes, attach **Appendix B-1.**

**13. DRUGS AND BIOLOGICS** Will any drugs or chemical or biological agents be used with the subjects?

Yes  No If yes, attach **Appendix B-2**.

1. **MRI AT BIC** To use the Beckman Institute Biomedical Imaging Center (BIC) in human subject’s research, you must obtain *prior approval* from the BIC (217.244.0600; [bmrf@bmrl.bmrf.uiuc.edu](mailto:bmrf@bmrl.bmrf.uiuc.edu)) and use BIC-approved screening and consent forms. Attach:

BIC approval  Attached

BIC screening form  Attached

BIC consent form  Attached

**15. MEASURES** If subjects will complete questionnaires, surveys, interviews, psychological measures, or other measures, however administered, the IRB must review and approve the measures. List all such measures here and attach complete, labeled copies (including translations, if applicable) to this application:

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| --- | --- | --- |
| Measure 1: | Online Survey | Attached  Will Follow |
| Measure 2: | Telephone Interviews | Attached  Will Follow |
| Measure 3: |  | Attached  Will Follow |
| Measure 4: |  | Attached  Will Follow |

List additional Measures on an attachment and check here:

**16. SUBJECT REMUNERATION**

Will subjects receive inducements or rewards before, during, or after participation?  Yes  No

If yes, will payment be prorated for partial participation? Yes  No

If remuneration will be given, for each subject group:

(1) specify the form of remuneration, including $, course credit, lottery, gift certificate, or other;

(2) state the $ amount or the approximate $US value, or the course credit and its percentage of the final grade;

(3) explain the remuneration plan, including whether and how prorating will be made for partial participation;

(4) for lotteries, include (a) the number of prizes, (b) the nature and value of each prize, (c) the approximate odds of winning, (d) the date(s) of the drawing(s), and (e) how winners will be notified, by whom, and by when; and

(5) include all this information on the relevant consent forms.

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**17. SUBJECT OUTLAY** Will subjects incur costs for research-related procedures (*e.g.*, longer hospitalization, extra tests), use of equipment, lost compensation, or transportation (over 50 miles)? Yes  No If yes, describe here:

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**18. CONFIDENTIALITY OF DATA** Answer each of the following to describe methods that will ensure the confidentiality of individually identifiable data. Confidentiality is required unless subjects give express, written permission to have their identifiable information published, presented, or shared.

**18A. CHECK IF USED IN DATA COLLECTION:**  Audio tapes/  Video tapes  Still photos  Other imaging

Digital voice

**18B. DATA COLLECTION** Explain how the data will be collected. If anonymous data collection is proposed, provide details of how investigators *will not have the ability to trace responses to subject identities.* For multiphase data collection or if multiple contacts will be made with subjects, specifically explain the subject tracking and coding systems.

Address the confidentiality of data collected via e-mail, databases, Web interfaces, computer servers, and other networked information, as applicable.

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| Survey data will be collected through googleForms - and following the closure of the survey will be exported to a MySQL database and erased from Google Drive. The security of the database system is maintained by GSLIS systems personnel. Individually idenfiable information such as email may be included in this data if individuals would like to participate in further interviews; however such information will remain confidential and no individual information will be reported.  Interviews will be coded by date and time. A password protected Excel file will be maintained by a researcher that will match the interviews to individuals to allow matching of interviews to surveys that were completed by that individual. Once all interviews are matched, this file will be deleted. Interviews will be digitally recorded and transcribed with identifying information removed. Once transcribed, digital recordings are deleted. Transcriptions are stored on a secure file system at GSLIS. |

**18C. DATA SECURITY** Describe how and where the data be kept so that the data remain confidential.

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| Survey data will be stored in a secure MySQL database at GSLIS. The security of this system is maintained by GSLIS systems personnel. Although the survey data does not include names, other individually identifiable information such as email addresses may be included. All individually identifiable information will remain confidential and will not be reported. Some such as email is used only for subsequent contact purposes. Interview data will initially be stored on digital audio recorders that are stored in a locked room. Transcriptions have individually identifying information redacted. Once transcribed, the recordings are deleted. Transcriptions are stored on a secure GSLIS file system that only the researchers (and systems personnel) have access to. A password protected Excel file will be maintained by a researcher to allow matching of interviews to individual's surveys. Once all interviews are matched, this file will be deleted. Transcriptions will be stored for 5 years. All researchers are trained in the handling of data and the ethical issues associated with research. GSLIS system administrators are responsible for maintaining the data server and protecting the information from external threats (virus corruptions and hackers). |

**18D. STAFF TRAINING** Describe the training and experience of all persons who will collect or have access to the data.

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| All researchers have completed the required IRB training, including online research module. Researchers also have experience conducting surveys and interviews as well as maintaining the confidentiality of data. |

**18E. DATA RETENTION** How long will the data be kept?

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| Data is intended to be retained for a 5-year period in raw and/or processed forms. Data keys used to link interview transcriptions to survey data are only retained as needed. |

**18F. DISSEMINATION OF RESULTS** What is(are) the proposed form(s) of dissemination (*e.g.,* journal article, thesis or academic paper, conference presentation, sharing within industry or profession)?

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| The results may be disseminated as part of journal articles, academic papers, and/or conference papers or poster as appropriate. |

**18G. PRIVACY** Describe provisions to protect the privacy interests of subjects.

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| All recordings will be erased following transcriptions, and transcriptions will have personally identifying information removed. Survey data may contain personally identifiable information; however, and will remain in a secure database that only researchers have access to. No personally identifiable information will be reported. Reporting of data beyond key quotes will only be done in aggregate and only assuring that no identifiable information is revealed. |

**18H. INDIVIDUALLY IDENTIFIABLE INFORMATION** Will any individually identifiable information, including images of subjects, be published, shared, or otherwise disseminated?  Yes  No

**If yes,** subjects must provide explicit consent or assent for such dissemination. Provide appropriate options on the relevant consent documents.

**19. INFORMED CONSENT:** University policy requires the execution of a comprehensive, written document that is signed by the subject (or the subject’s authorized representative) as the principal method for obtaining consent from subjects. The language in the document must be understandable to the subject or the subject’s legally authorized representative.

An investigator may request a Waiver or Alteration of Informed Consent or a Waiver of Documentation of Informed Consent (e.g., online consent, oral consent). If requesting a waiver please complete the appropriate waiver form at: [www.irb.illinois.edu](http://www.irb.illinois.edu) and submit it with the IRB Application for review.

**Children must *assent*** (or, voluntarily agree) to participation and a parent must separately consent on behalf of their child (*i.e.,* two different forms are generally required). Children under age 8 may assent either orally or passively, depending on their level of maturity. Children 8–17 years old should sign a written form unless the UIUC IRB approves a different process.

**19A. TYPE OF CONSENT** Check all that apply and attach one copy of each relevant form, letter, or script on university letterhead. Include translations, if consent will be obtained in a foreign language. Use headings, headers, or footers to uniquely identify each document and associate it with the subject group for which it will be used.

**Written** **informed consent (assent) with a document signed by**

adult subjects  parent(s) or guardian(s)  adolescents aged 8–17 years

**Waiver or Alteration of Informed Consent (Attach waiver form.)**

adult subjects  parent(s) or guardian(s)  adolescents aged 8–17 years

**Waiver of Documentation (signature) of Informed Consent (Attach waiver form.)**

adult subjects  parent(s) or guardian(s)  adolescents aged 8–17 years

**19B. USE OF PROXY** Will others (*e.g.,* next of kin, legal guardians, powers of attorney) act on behalf of adult subjects in giving consent to participate in this research?  Yes  No if yes, describe in Section 20D.

**19C. USE OF PROXY OUTSIDE THE UNITED STATES** If a proxy is used in research conducted outside Illinois, provide justification (e.g., statement of an attorney or copy of applicable law) that the proxy is authorized under the laws of the jurisdiction in which the research will be conducted to consent to the procedures involved in this protocol.

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**19D. CONSENT PROCESS** Describe when and where voluntary consent will be obtained, how often, by whom, and from whom. If cognitively impaired subjects (including children under age 8) will be involved, explain how the subject’s understanding will be assessed and how often; include the questions that will be asked or actions that will be taken to assess understanding.

Describe any waiting period between informing the prospective subject and obtaining the consent. Describe steps taken to minimize the possibility of coercion or undue influence. Indicate the language used by those obtaining consent.

Indicate the language understood by the prospective subject or the legally authorized representative.

If the research involves pregnant women, fetuses, or neonates, indicate whether consent will be obtained from the mother, father, or both. If the research involves children, indicate whether consent will be obtained from: Both parents unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child; or from one parent regardless of the status of the other parent.

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| In the spring 2013, participants will receive an invitation to participate from the GSLIS Alumni office that will include a unique userid, password, and URL to complete an online survey. They will then have approximately 4 weeks to voluntarily go to a website to participate. Two reminders spaced at one week will be sent. Those willing who go to the website will view an online consent form written at an understandable level. If they select a consent button to indicate that they understood the consent form and agree to participate, they are then taken to the survey. All questions are optional. Participants may leave the survey at any time without submitting any data.  No vulnerable populations are proposed as part of this research. Consent language at the appropriate level will be utilized. Invitation, reminder, and consent texts are attached. The participants have no known affiliations or relationships with the researchers to indicate coercion or undue influence. |

**20. RISKS**

**20A. DESCRIPTION** Specifically describe all known risks to the subjects for the activities proposed and describe the steps that will be taken to minimize the risks. Include any risks to the subject’s physical well-being, privacy, dignity, self-respect, psyche, emotions, reputation, employability, and criminal and legal status. Risks must be described on consent forms.

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| There are no risks to the subjects' physical well being, privacy, dignity, self-respect, psyche, emotions, reputation, employability, or criminal and legal status beyond those risks that exist in everyday life. |

**20B. RISK LEVEL:**  **No more than minimal risk**

(the probability and magnitude of harm or discomfort anticipated for participation 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).

**More than minimal risk**

**20C. Data Monitoring Plan:** If you checked that the research is more than minimal risk, describe the provisions for monitoring the data to ensure the safety of subjects (Who will periodically monitor harms and benefits experienced by subjects to ensure that the relationship of risks to potential benefits remains unchanged? How often will monitoring occur? What analyses will be performed? If appropriate, what criteria will be used to stop the research based on monitoring of the results?)

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**21. BENEFITS** Describe the expected benefits of the research to the subjects and/or to society.

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| This research will help us to improve LIS education and planning including program content, delivery options, and continuing education. Participants benefit, as they may learn of potential continuing education opportunities that are improved through this process. |

**22. RISK/BENEFIT ASSESSMENT** Weigh the risks with regard to the benefits. Provide evidence that benefits outweigh risks.

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| The benefits can be seen to outweight the negligible risks involved. No risks beyond those in ordinary life are present, while the potential exists to improve the graduate program to the potential benefit of the participants and others. |

If additional Risk/Benefit information is attached, check here:

**23.** Is this a multi-center study in which the UIUC investigator is the lead investigator of a multicenter study, or the UIUC is the lead site in a multi-center study.  **Yes**  **No**

If yes, describe the management and communication of information obtained that might be relevant to the protection of subjects, such as: unanticipated problems involving risks to subjects or others, interim results and protocol modifications.

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**24. INVESTIGATOR ASSURANCES: The signature of the Responsible Project Investigator is required** (scanned or faxed signatures are acceptable). Other investigators are also responsible for these assurances and are encouraged to sign.

I certify that the information provided in this application, and in all attachments, is complete and correct.

I understand that I have ultimate responsibility for the protection of the rights and welfare of human subjects, the conduct of this study, and the ethical performance of this project.

I agree to comply with all UIUC policies and procedures, the terms of its Federal Wide Assurance, and all applicable federal, state, and local laws regarding the protection of human subjects in research.

I certify that

* the project will be performed by qualified personnel according to the UIUC IRB-approved protocol.
* the equipment, facilities, and procedures to be used in this research meet recognized standards for safety.
* no change will be made to the human subjects protocol or consent form(s) until approved by the UIUC IRB.
* legally effective informed consent or assent will be obtained from human subjects as required.
* Unanticipated problems, adverse events, and new information that may affect the risk–benefit assessment for this research will be reported to the UIUC IRB Office (217.333.2670; [irb@illinois.edu](mailto:irb@illinois.edu)) and to my Departmental Executive Officer.

* I am familiar with the latest edition of the UIUC *Handbook for Investigators*, available at [www.irb.illinois.edu](http://www.irb.illinois.edu), and I will adhere to the policies and procedures explained therein.
* student and guest investigators on this project are knowledgeable about the regulations and policies governing this research.
* I agree to meet with the investigator(s), if different from myself, on a regular basis to monitor study progress.
* if I will be unavailable, as when on sabbatical or other leave, including vacation, I will arrange for an alternate faculty sponsor to assume responsibility during my absence. I will advise the UIUC IRB by letter of such arrangements.

I further certify that the proposed research has not yet been done, is not currently underway, and will not begin until IRB approval has been obtained.

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| Responsible Principal Investigator | Date |  | Investigator | Date |
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| Investigator | Date |  | Investigator | Date |

**26. (OPTIONAL) DEPARTMENTAL ASSURANCE** To be completed by the RPI’s Departmental Executive Officer or their designee.

The activity described herein is in conformity with the standards set by our department and I assure that the principal investigator has met all departmental requirements for review and approval of this research.

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| Departmental Executive Officer (or designee) | Date |

**\***  For units that conduct **scientific merit review,** the signature above documents the following:

1. The research uses procedures consistent with sound research design.

2. The research design is sound enough to yield the expected knowledge.