

INDIANA UNIVERSITY INSTITUTIONAL REVIEW BOARD (IRB)  
**DOCUMENTATION OF REVIEW AND APPROVAL (DRA)**

**Reviewing IRB (please choose one):**

IRB STUDY NUMBER: 1208009352

Biomedical: ☐ IRB-02 ☐ IRB-03 ☐ IRB-04 ☐ IRB-05  
Behavioral: ☐ IRB-01 ☒ IUB IRB

*Please type only in the gray boxes. To mark a box as checked, double-click the box, select "checked", and click "OK".*

**SECTION I: INVESTIGATOR INFORMATION**

**Principal Investigator** (advisor in the case of student/fellow/resident research):

Name (Last, First, Middle Initial): Smith, Eliot R.

Department: Psychological and Brain Sciences

Phone: 856-0196

E-Mail: esmith4@indiana.edu

Fax: \_\_\_\_\_

Address: 1101 E. 10<sup>th</sup> Street, Bloomington, IN 47405

**Co-Principal Investigator** (for student/fellow/resident research):

Name: Dustin Beasley

Phone: 360-888-2429

E-Mail: dubeasle@indiana

☒ Student: ☐ Fellow ☐ Resident  
☐ Undergraduate  
☒ Graduate

**Additional Study Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Project Title: Group Identities on Twitter

Anticipated Project Completion Date: 08/2014

Sponsor/Funding Agency: N/A

PI on Grant: N/A

Sponsor Protocol #/Grant #: N/A

Period: from: N/A to N/A

Sponsor Type: ☐ Federal ☐ State ☐ Industry ☐ Not-for-Profit ☐ Unfunded ☐ Internally Funded

Funding Status: ☐ Pending ☐ Funded ☒ N/A

Grant Title (if different from project title): N/A

**SECTION II: TYPE OF REVIEW**

☐ Exempt Review  
☒ Expedited Review  
☐ Full Board Review (Choose One) → ☐ Behavioral: ☐ IRB-01 ☐ IU Bloomington IRB  
☐ Biomedical: ☐ IRB-02 ☐ IRB-03 ☐ IRB-04 ☐ IRB-05

**SECTION III: DOCUMENTS INCLUDED WITH RESEARCH SUBMISSION**

<input type="checkbox"/> Assent, dated: _____ Number of assent documents: _____	<input type="checkbox"/> Protocol, dated: _____
<input type="checkbox"/> Authorization, dated: _____ Number of authorizations: _____	<input checked="" type="checkbox"/> Recruitment materials (please list and date): <u>08/10/2012</u>
<input type="checkbox"/> Clinical Investigator's Brochure, dated: _____	<input type="checkbox"/> Request form(s) for vulnerable population(s) (please list and date); _____
<input checked="" type="checkbox"/> Expedited Research Checklist, dated: <u>08/10/2012</u>	<input checked="" type="checkbox"/> Surveys, questionnaires (please list and date): <u>08/10/2012</u>
<input type="checkbox"/> Exempt Research Checklist, dated: _____	<input checked="" type="checkbox"/> Summary Safeguard Statement or HUD Form, dated: <u>08/10/2012</u>
<input type="checkbox"/> HIPAA & Recruitment Checklist, dated: _____	<input type="checkbox"/> Study Information Sheet, dated <u>08/10/2012</u>
<input checked="" type="checkbox"/> Informed Consent, dated: <u>08/10/2012</u> Number of consent documents: <u>1</u>	<input type="checkbox"/> Other (please list and date): _____
<input checked="" type="checkbox"/> Investigator List, dated: <u>08/10/2012</u>	

#### SECTION IV: INVESTIGATOR STATEMENT OF COMPLIANCE

By submitting this form, the Principal Investigator assures that all information provided is accurate. He/she assures that procedures performed under this project will be conducted in strict accordance with federal regulations and Indiana University policies and procedures that govern research involving human subjects. He/she acknowledges that he/she has the resources required to conduct research in a way that will protect the rights and welfare of participants, and that he/she will employ sound study design which minimizes risks to subjects. He/she agrees to submit *any* change to the project (e.g. change in principal investigator, research methodology, subject recruitment procedures, etc.) to the Board in the form of an amendment for IRB approval prior to implementation.

#### SECTION V: IRB APPROVAL

This research project, including all documents included with the submission (e.g., informed consent statement, authorization, and/or waiver of authorization) has been reviewed and approved by the Indiana University IRB for a maximum of a one year period unless otherwise indicated as follows: \_\_\_\_\_

- ☐ Exempt Category(ies), if applicable: \_\_\_\_\_  
☒ Expedited Category(ies), if applicable: 7

Authorized IRB Signature: John Kennedy Digitally signed by John Kennedy  
DN: cn=John Kennedy, o=Indiana University Bloomington,  
ou=IRB, email=kennedyj@indiana.edu, c=US  
Date: 2012.08.30 21:52:23 -0400 IRB Approval Date: 8/30/2012

Printed Name of IRB Member: \_\_\_\_\_

*For IU Human Subjects Office use only.*

Recorded in the Minutes of: \_\_\_\_\_