

Form B
Institutional Review Board
Le Moyne College

APPLICATION FOR EXPEDIATED REVIEW

Name of Investigator(s)/Researcher _____
Date Submitted _____
Address _____
City _____ Zip Code _____
Phone number _____
E-mail address _____
Program of Study _____
Name of faculty/staff sponsor (if different) _____
Phone number of sponsor _____
Proposed Date To Commence Data Collection _____
Title of Project:

Abstract of Project:

Type of Investigator and Nature of Activity:

- _____ Faculty or staff of Le Moyne College
_____ Student of Le Moyne College
_____ Individuals other than faculty, staff, or students of Le Moyne College.
(Please identify investigator and explain nature of research activity.)

Note: All applications from applicants outside Le Moyne College and all student applicants must be co-signed by the faculty or administrator supervising the research activity.

Form B, continued

Please answer the following questions with regard to the proposed research activity. (An affirmative response to any of these might necessitate formal review.)

<u>Does the research involve:</u>	<u>YES</u>	<u>NO</u>
a. drugs or other controlled substances?	_____	_____
b. access to subjects through a cooperating institution?	_____	_____
c. subjects taking internally or having externally applied any substance(s)?	_____	_____
d. removing any fluids (e.g. blood) or tissue from subjects?	_____	_____
e. subjects experiencing stress (physiological or psychological) above a level that would be associated with their normal everyday activities?	_____	_____
f. misleading subjects about any aspect of the research?	_____	_____
g. subjects who would be judged to have limited freedom of consent (e.g. minors, mentally disabled, elderly)?	_____	_____
h. any procedures or activities that might place the subjects at more than <i>minimal risk</i> (psychological, physical or social)?	_____	_____
i. sensitive aspects of the person's own behavior, such as illegal conduct, drug use, sexual behavior, or alcohol use?	_____	_____

Form B, continued

Under which of the following categories are you applying for EXPEDITED REVIEW? (check one)

- Voice recordings made for research purposes such as investigations of speech defects.
- Moderate exercise by healthy volunteers.
- The study of existing data, documents, records, pathological specimens, or diagnostic specimens, if the individual from whom the data collected are identifiable.
- Research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory, or test development, where the investigator does not manipulate subjects' behavior and the research will not involve stress to subjects.
- Collection of: hair and nail clippings, in a non-disfiguring manner; deciduous teeth; and permanent teeth if patient care indicates a need for extraction.
- Collection of excreta and external secretions including sweat, uncannulated saliva, placenta removed at deliver, and amniotic fluid at the time of rupture of the membrane prior to or during labor.
- Recording of data collected from subjects 18 years of age or older in the course noninvasive procedures routinely employed by professionally certified/licensed individuals in the clinical practice of medicine, psychology and social work. This includes the use of physical practice sensors that are applied either to the surface of the body or at a distance and do not involve input of matter or significant amounts or energy into the subject or an invasion of the subject's privacy. It also includes such procedures as weighing, testing sensory acuity, electrocardiography, electro-encephalography, thermography, dection of naturally occurring radioactivity, diagnostic echography, and electroretinography. It does not include exposure to electromagnetic radiation outside the visible range (e.g. x-rays, microwaves.)
- Collection of blood samples by venipuncture, in amounts not exceeding 450 milliliters in an eight week period and no more often than two times per week, from subjects 18 years of age or older and who are in good health and not pregnant.

Collection of both supra- and subgingival dental plaque and calculus, provided the procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques.

Form B, continued

Certification

1. I am familiar with the policies and procedures of Le Moyne College regarding human subjects. I subscribe to the standards described in the document, IRB Policies and Procedures for the Protection of Human Subjects.
2. I am familiar with the published guidelines for the ethical treatment of subjects associated with my particular field of inquiry (e.g. as published by the American Psychological Association, American Sociological Association.)
3. I am familiar with and will adhere to any official policies in my department concerning research with human subjects.
4. I understand that upon consideration of the nature of my project, the IRB may request a full application for review of my research at their discretion and convenience.
5. If changes in procedures involving human subjects become necessary, I will submit these changes for review before initiating the changes.

DATE _____ SIGNATURE _____

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Investigator(s)/Researcher(s)

DATE _____ SIGNATURE _____

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Investigator(s)/Researcher(s)

All applicants from outside Le Moyne College and all student applicants must have a college sponsor whose signature is here affixed.

DATE _____ SIGNATURE _____

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Sponsor