

## Appendix A

# Hawai'i Pacific University Institutional Review Board Project Application **SAMPLE**

Please complete and submit the form to the IRB chair via email: to [irbchair@hpu.edu](mailto:irbchair@hpu.edu)

Study title: **Full Title here**

Investigator:

Name: **Investigator's full name**

(Please check one)

Faculty  Student  Outside Investigator

Phone: **Investigator's primary phone number, with area code**

Email: **Investigator's my.hpu.edu email if applicable, otherwise primary email**

Sponsoring HPU Faculty Member: **Include the faculty's highest degree, example: Sue Kim, Ph.D.**

(if Investigator is not an HPU faculty member)

Please attach a brief summary of the project. This should include an explicit statement of methods, data collection, and how confidentially of subjects/data will be protected including consent form. ([Attach Appendix B and Appendix C](#) (if applicable), [the Brief Summary of a Research Project](#), and [the Debriefing form](#).)

### Category for Review:

*Check one level of review (Exempt, Expedited, Full) for which you believe the project qualifies, and each criterion that your project meets.*

\_\_\_ **Exempt from review (nil or minimal risk study, or already reviewed by an IRB)**

\_\_\_ Research involves ONLY investigation into or comparison of normal instructional strategies.

\_\_\_ Tests, interviews, and surveys are unlikely to elicit emotion or place subjects at risk of civil/criminal liability or damage to their reputation, financial standing, employability, etc. AND information will not be recorded in such a way that subjects can be identified.

\_\_\_ Research involves only the study or analysis of existing data, documents, records, or specimens that are publicly available or recorded in such a way that subjects cannot be identified.

\_\_\_ If study involves ingestion of food: only wholesome food without additives in excess of USDA recommended levels is consumed.

\_\_\_ Brief informed consent will be done (except in the case of existing data, etc.).

\_\_\_ No use of vulnerable subjects (children, prisoners, pregnant women, mentally ill, etc.).

\_\_\_ Has already been approved by IRB at \_\_\_\_\_.

## Appendix A

(Include copy of signed IRB approval form.)

\_\_\_ **Expedited review (minor risk study)**

- \_\_\_ Research and data collection methods are unlikely to elicit strong emotion and deception is not involved.
- \_\_\_ Research involves only noninvasive, painless, and non-disfiguring collection of physical samples, such as hair, sweat, excreta.
- \_\_\_ No use of vulnerable subjects (children, prisoners, pregnant women, mentally ill, disabled, etc.).
- \_\_\_ Data are recorded using noninvasive, painless, and non-disfiguring sensors or equipment, such as EKG, weighing scales, voice/video recording.
- \_\_\_ Research involves only moderate levels of exercise in healthy volunteers.
- \_\_\_ Research does not involve ingestion of drugs or use of hazardous devices.
- \_\_\_ If existing data, documents, records, or specimens with identifiers are used, procedures are in place to ensure confidentiality.
- \_\_\_ Informed consent process will be done (attach copy of informed consent form).
- \_\_\_ Data will be kept confidential and not reported in identifiable fashion.

\_\_\_ **Full review required (more than minor risk)**

*Attach a statement that describes the use of vulnerable subjects or the study procedures and conditions that place subjects at risk. Describe the precautions that will be taken to minimize these risks. Attach a copy of the informed consent form that will be used.*

Certification by Principal Investigator: The above represents a fair estimate of risks to human subjects.

---

**Name/ Title/ Date**

-----  
*FOR IRB USE ONLY*

Certification by IRB Chair: I have read this application and believe this research qualifies as:

- \_\_\_ Exempt from IRB review
- \_\_\_ Appropriate for expedited review, and  
\_\_\_ approved  
\_\_\_ disapproved
- \_\_\_ Appropriate for review by the full IRB

---

IRB Chair Date