**Minimal Review Application**

Approval Date:

For IRB Use Only

File Number:

University of North Texas Institutional Review Board

OHRP Federalwide Assurance: FWA00007479

**Section I: Filling Out and Saving the Form**

***Save this file as a Word document on your computer, answer all questions completely within Word, and submit it along with all supplemental documents to the IRB Office as described in the Electronic Submission Checklist on page 6.***

***For Mac Users: To select your response for each check box, click on the appropriate check box and then hit the space bar to place an “X” in the box to indicate your answer.***

**Section II: Does this Form Apply?**

Please click the box indicating your answer to **each** of the following questions.

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| 1. Will your research study involve any vulnerable populations such as children, prisoners, pregnant women or mentally disabled persons? | Yes  No |
| 2. Could public disclosure of any identifiable data you collect place the participants at risk of criminal or civil liability or be damaging to the participants’ financial standing, employability or reputation? | Yes  No |
| 3. Will your study involve data collection procedures other than surveys, educational tests, interviews, or observation of public behavior? | Yes  No |
| 4. Will your study involve any sensitive subject matters such as: abortion, criminal activity, sexual activity, sexually transmitted diseases, prior diagnosis for mental health disorders, or victims of violence? | Yes  No |
| 5. Will your study involve audio-recording or video-recording the participants? | Yes  No |
| 6. Will your study involve obtaining individually identifiable information from health care plans, health care clearinghouses, or health care providers? | Yes  No |

***If you answered YES to any of the above questions, your study will not meet the criteria for Minimal Review. Please fill out the Expedited or Full Board Application for your study.***

**Section III: General Information**

Type only in the blue fields, and closely follow all stated length limits. Handwritten forms will not be accepted.

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| **1. Title of Study** |
| Must be identical to the title of any related internal or external grant proposal. |
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| **2. Investigator (or Supervising Investigator for Student Studies)** | | | | | | | | | | | | | | | | |
| Must be a full-time UNT faculty member or a full-time staff employee whose job responsibilities include conducting human subjects research. A faculty **Supervising Investigator** is required for all student studies which require IRB review, including some theses and dissertations. Student Investigator information is entered in Section 4. | | | | | | | | | | | | | | | | |
| First Name |  | | | Last Name | | | | | | | Title | | | | |  |
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|  | | | | |  | | | | | | |  | | | | |
| UNT Department | | | | Email Address | | | | | | | Office Phone Number | | | | | |
|  | |  | | |  | | | | |  | |  | | | | |
| **3. Co-Investigator (if applicable)** | | | | | | | | | | | | | | | | |
| First Name | | | | | | Last Name | | | | | | | | | E-mail Address | |
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| UNT Department or University | | | | | | |  | | Title | | | | | | | |
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| **4. Student Investigator (if applicable, for student studies such as theses and dissertations)** | | | | | | | |
| First Name | | Last Name | | | | E-mail Address | |
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| UNT Department | |  | | Degree Program | | | |
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| **5. Key Personnel** |
| List the name of all other Key Personnel (including students) who are responsible for the design, conduct, or reporting of the study (including recruitment or data collection). |
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| **NIH or CITI IRB Training** |
| Have you, any Co-Investigator, any Student Investigator, and all Key Personnel completed the NIH IRB training course (“Protecting Human Research Participants”) or the CITI IRB training course (“Human Subjects Research”) and electronically submitted a copy of the completion certificate to untirb@unt.edu? |
| Yes  No |
| If you answered “No,” this training is required for all Key Personnel before your study can be approved. The NIH IRB course may be accessed by visiting: <http://phrp.nihtraining.com>. The CITI IRB course may be accessed by visiting: [https://www.citiprogram.org/.](https://www.citiprogram.org/.%20) |

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| **6. Funding Information (if applicable)** |
| Has **external or internal funding** been proposed or awarded for this project? |
| Yes  No |
| **If yes**, please submit the statement of work or a project summary and provide the proposal number or project ID number for any external funding or the account number for any internal funding for this project. |
| Proposal Number or Project ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Statement of work or project summary attached?  Yes  No |
| **7. Financial Conflict of Interest Disclosure (if applicable)** |
| Has **external funding** been proposed or awarded for this project? |
| Yes  No |
| **If yes,** the UNT Conflict of Interest Policy for Sponsored Projects requires the Principal Investigator, any Co-Investigator, any project director, and any other person with responsibility for designing, conducting, or reporting of externally funded research to complete an online Financial Conflict of Interest disclosure each fiscal year. Have all Investigators and other key personnel for this proposed project completed an online Financial Conflict of Interest disclosure for the current fiscal year? (The online process for submitting a Financial Conflict of Interest Disclosure is available at: <https://research.unt.edu/faculty-resources/research-integrity-and-compliance/financial-conflict-interest>.)  Yes  No |
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| **8. Purpose of Study** |
| **In no more than a paragraph,** briefly state the purpose of your study in **lay language,** including the research question(s) you intend to answer. A brief summary of what you write here should be included in the informed consent form. |
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| **9. Recruitment of Participants** |
| Describe the projected number of subjects. |
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| Describe the population from which subjects will be recruited (including gender, racial/ethnic composition, and age range). |
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| Describe how you will recruit subjects (face-to-face, e-mail, flyer, classroom announcement, etc.). |
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| Have you attached a copy of all recruitment materials such as flyers, e-mails, and scripts for classroom announcements? |
| Yes  No |
| **10. Location of Study** |
| Identify all locations where the study will be conducted. |
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| For data collection sites other than UNT, have you attached a signed and dated letter on the cooperating institution’s letterhead giving approval for data collection at that site? |
| Yes  No |

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| **11. Informed Consent** |
| Describe the steps for obtaining the subjects’ informed consent (by whom, where, when, etc.). |
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| **12. Informed Consent Forms** |
| Written informed consent forms to be signed by the subject after IRB approval are required for most research projects with human participants (exceptions include telephone surveys, internet surveys, and other circumstances where the subject is not present; an informed consent notice may be substituted). Templates for creating informed consent forms are located on the IRB website at <http://research.unt.edu/faculty-resources/research-integrity-and-compliance/use-of-humans-in-research>**. Final drafts of all informed consent documents you plan to use must be submitted before IRB review can begin.** |

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| **13. Foreign Languages** |
| Will your study involve the use of any language other than English for informed consent forms, data collection instruments, or recruitment materials? |
| Yes  No |
| If “Yes,” after the IRB has notified you of the approval of the English version of your forms, you must then submit the foreign language versions along with a back-translation for each. Specify all foreign languages below: |
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| **14. Data Collection** | | |
| Which methods will you use to collect data? | | |
| Interviews  Surveys  Focus Groups  Other – Please list below. | | Internet Surveys  Review of Existing Records  Observation |
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| If “Focus Groups” is checked above, please describe how you will record the data from the focus group. | | |
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| If “Review of Existing Records” and/or “Observation” are checked above, please describe below the records you plan to review and/or the observations you plan to make for your study. | | |
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| Have you attached a copy of all data collection instruments, interview scripts, and focus group topics to be used? | | |
| Yes  No | | |
| What is the estimated time for a subject’s participation in each study activity (including time per session and total number of sessions)? | | |
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| **15. Compensation** |
| Describe any compensation subjects will receive for participating in the study. Include the timing for payment and any conditions for receipt of such compensation. If extra credit for a course is offered, an alternative non-research activity with equivalent time and effort must also be offered. |
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| **16. Risks and Benefits** |
| Describe any foreseeable risks to subjects presented by the proposed study and the precautions you will take to minimize such risks. |
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| Describe the anticipated benefits to subjects or others (including your field of study). |
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| **17. Confidentiality** | |
| Describe the procedures you will use to maintain the confidentiality of any personally identifiable data. | |
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| Please specify where your research records will be maintained, any coding or other steps you will take to separate participants’ names/identities from research data, and how long you will retain personally identifiable data in your research records. Federal IRB regulations require that the investigator's research records be maintained for 3 years following the end of the study. | |
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| **18. Publication of Results** | |
| Please identify all methods in which you may publicly disseminate the results of your study. | |
| Academic Journal  Academic Conference Paper or Public Poster  Session  Book or Chapter | A Thesis or Dissertation for One of Your Students  UNT Scholarly Works Repository  Other – Please list below. (Website, blog, etc.) |
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**Investigator or Supervising Investigator Certification**

By checking this box and e-mailing this application to the UNT IRB from my UNT e-mail account, I am certifying that the

information in this application is complete and accurate. I agree that this study will be conducted in accordance with the

UNT IRB Guidelines and the study procedures and forms approved by the UNT IRB.

**Electronic Submission Checklist**

1. Attach all supplementary documents, including:
   1. Copies of all NIH or CITI IRB Training completion certificates not previously submitted to the IRB Office;
   2. A copy of the statement of work or project summary for any internal or external funding for this study;
   3. A copy of all recruitment materials;
   4. A copy of the approval letter from each data collection site (other than UNT);
   5. A copy of all informed consent forms or notices; and
   6. A copy of all data collection instruments, interview scripts, focus group topics, and intervention protocols.
2. The application and all supplementary documents must be **e-mailed from the Investigator’s or Supervising Investigator’s UNT e-mail account to** [untirb@unt.edu](mailto:untirb@unt.edu). Please insert “Minimal Review” in the subject line of your email.

**Contact Jordan Harmon at** [**Jordan.Harmon@unt.edu**](mailto:Jordan.Harmon@unt.edu) **for any questions about completion of your application.**