Carnegie Mellon University

For IRB Office Use
IRB: IRB No:_____
Rec'd:_____

REQUEST FOR IRB REVIEW OF EXEMPT RESEARCH INVOLVING HUMAN SUBJECTS

FOR PROTOCOLS INVOLVING TESTS, SURVEYS, INTERVIEWS, OR OBSERVATION OF PUBLIC BEHAVIOR

45 CFR 46.101(b)(2)

Please complete this application as thoroughly as possible. Your application should include the following:

1. A copy of any questionnaires, interviews, surveys, scripts, etc. that will be used.
2. A copy of any recruitment documents (including advertisements, flyers, letters, invitations, email) to be used; A copy of the training certificates for all individuals working on the research unless it is on file with the CMU IRB. Training is available at http://www.citiprogram.org. See the IRB website for details.
3. If the PI is a student, the faculty advisor must submit a Faculty Advisor Assurance Form.

Please email all documents to irb-review@andrew.cmu.edu. For assistance call CMU Research Compliance @ 412-268-5460 or email irb-review@andrew.cmu.edu. Additional information and templates are available at http://www.cmu.edu/osp/regulatory-compliance/human-subjects.html

1. Protocol		
Title: What Determines Involvement at Carnegie Mellon?		
☐ This is a previously approved study that has lapsed.	Previous IRB No: HS	
2. Principal Investigator (PI)		
Name: Christina Swierkocki	Department: Statistics	
Telephone: 973-766-6433	E-mail: cswierko@andrew.cmu.edu	Training Cert. ☐ Attached ☒ On File
☒ I am a student. If so, please provide information about your faculty advisor below.		
Faculty Advisor Name: Brian Junker	E-mail:brian@stat.cmu.edu	Training Cert. ☐ Attached ☒ On File
If a student is the PI, the faculty advisor must complete and submit a Faculty Advisor Assurance Form.		
If there is someone other than PI to correspond with regarding this protocol, please list below.		
Contact Person Name:	Telephone:	E-mail:
Business Manager for your department:	E-mail:	
3. Co-investigators		
Name: Ellie Gurary	E-mail: egurary@gmail.com	Training Cert. ☐ Attached ☒ On File
Name: Jennifer Sung	E-mail: jens@andrew.cmu.edu	Training Cert. ☐ Attached ☒ On File
Name: Bruce Jackson	E-mail: bjackson@andrew.cmu.edu	Training Cert. ☐ Attached ☒ On File
Name: Maggie Soderholm	E-mail: masoderholm@gmail.com	Training Cert. ☐ Attached ☒ On File
Name:	E-mail:	Training Cert. ☐ Attached ☐ On File
4. Funding		
☒ Unfunded research	Sponsor/Source:	
☐ External Funding	SPEX Proposal #:	

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☐ Internal Funding	Oracle String:
Grant Title:	

If you don't know the funding/grant information, please get it from your department's business manager.

5. Eligibility for Exempt Determination per 45 CFR 46.101(b)(2)

a. What type(s) of instruments/activities will be used *(check all that apply)*? ☐ Educational tests (cognitive, diagnostic, aptitude, achievement) ☒ Surveys ☐ Interviews ☐ Observation of public behavior

If the research involves other activities, it is not eligible for this exemption. Do not proceed. Use the standard CMU IRB Application.

b. Will information be recorded in a manner that participants can be identified ☐ Yes ☒ No

c. Would disclosure of information obtained put participants at risk for civil or criminal liability or damage to their financial standing, employability or reputation? ☐ Yes ☒ No

If the answer to b and c is Yes, the research is not eligible for this exemption. Do not proceed. Use the standard CMU IRB Application.

6. Protocol Description

Provide, in lay terms, a summary of your proposed study as outlined below. You may attach the protocol to this form if you like.

Purpose of the study. Our study aims to understand how groups form on campus. This information can be used to unify the student body and improve attendance at school events.

Describe the research procedures (include the activity, location and time required of the participant).Participants will be randomly selected via a stratified clustering method of undergraduate classes from the "Schedule of Classes" website. At least one class from each of the colleges will be selected. All students in that class will be asked to fill out a survey either before or after class. The survey should take no longer than three minutes. The survey will ask

about the participant's friends and relationships, and involvement on and off campus.

Who will be asked to participate?All students in the randomly selected classes.

Will tasks be done on a computer? ☐ Yes ☒ No If yes, how will the tasks be accessed? ☐ Remotely via the internet?

☐ In the research lab? ☐ Other, please explain:

Will the research be conducted on the CMU campus? ☒ Yes ☐ No If no, please indicate the location(s).

7. Participants

Research including prisoners is not eligible for exempt status. Research with minors is only eligible if it's an education test, is done in an educational setting or it is only observation of public behavior.

How many participants are needed for the study? about 300

What is the age range of participants in the proposed study? 17-22

What will the ratio of males to females be? The same as CMU's undergraduate ratio

What percentage will be from minority groups? The same as CMU's undergraduate ratio

Please provide inclusion and exclusion criteria: none

8. Participant Recruitment

Describe how participant recruitment will be performed. Include how and by whom potential participants are introduced to the study *(check all boxes below that apply).* Undergraduate classes will be randomly selected by the researchers. Every student in the selected class will be recruited. We will be giving the survey to the students in

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the class.

Check all boxes below that apply.

☐ CMU directory	☐ Postings, Flyers	☐ Radio, TV

☐ E-mail solicitation Indicate how the email addresses are obtained:

☐ Web-based solicitation. Specify sites:

☒ Participant Pool. Specify what pool:All students in the classes we ranomly select.

☐ Other, please specify:

Please attach any recruiting materials you plan to use, including an introductory script and the text of e-mail or web-based solicitations you will use. Note: the introductory script is used in lieu of a consent form.

9. Participant Compensation and Costs

Are participants to be compensated for the study? ☐ Yes ☒ No If yes, what is the amount, type and source of funds?

Amount**:**	Source:	Type:

Will participants who are students be offered class credit? ☐ Yes ☒ No ☐ NA

How will you facilitate payment to participants without linking them to study data?

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Are other inducements planned to recruit participants? ☐ Yes ☒ No If yes, please describe.

Are there any costs to participants? ☐ Yes ☒ No If yes, please explain.

10. Risks and Benefits

Will participants receive intangible benefit from the study? ☐ Yes ☒ No

Discuss the direct and indirect benefits to participants. There are no direct or indirect benefits to the participants except those that are discovered through the study.

Discuss the risks to participants. No greater than those from everyday life.

Discuss how any risks will be managed and/or minimized. There are no risks.

If deception is involved, please explain. No deception involved.

11. Confidentiality and Data Security

Will personal identifiers be collected? ☐ Yes ☒ No	Will identifiers be translated to a code? ☐ Yes ☐ No

Will recordings be made (audio, video)? ☐ Yes ☒ No If yes, please describe.

Who will have access to data (surveys, questionnaires, interview records, etc.)? PI and co-investigators

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Describe how you will protect participant confidentiality and secure research records (Will they be stored on a secure computer, locked cabinet, etc?). Not asking the participants for their names; surveys will be kept in folder the secure living quarters of an investigator; the data will then be transferred to a secure computer and the paper surveys shredded.

Describe your process for monitoring data to ensure that study goals are met. (Review of lab notebooks, meetings to review data, etc.) We will meet to review our paper surveys and to enter the information into the computer.

12. Conflict of Interest

Do you or any individual who is associated with or responsible for the design, the conduct of or the reporting of this research have an economic or financial interest in, or act as an officer or director for any outside entity whose interests could reasonably appear to be affected by this research project: ☐ Yes ☒ No

If yes, please provide detailed information to permit the IRB to determine if such involvement should be disclosed to potential research subjects.

13. Cooperating Institutions

Is this research being done in cooperation with any institutions, individuals or organizations not affiliated with CMU?

☐ Yes ☒ No If yes, please list.

Have you received IRB approval from another IRB for this study? ☐ Yes ☒ No ☐ Pending

If yes, please attach a copy of the IRB approval.

If applicable, please provide the name(s) and address(es) of all officials authorizing to access human subjects in cooperating institutions not affiliated with CMU.

Please attach documentation of approval.

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Principal Investigator's Assurance Statement for Using Human Subjects in Research

I certify that the information provided in this IRB application is complete and accurate.

I understand that as Principal Investigator, I have ultimate responsibility for the conduct of IRB approved studies, the ethical performance of protocols, the protection of the rights and welfare of human participants, and strict adherence to the studies protocol and any stipulations imposed by Carnegie Mellon University Institutional Review Board.

I understand that it is my responsibility to ensure that the human participants' involvement as described in the funding proposal(s) is consistent in principle, to that contained in the IRB application. I will submit modifications and/or changes to the IRB as necessary.

I agree to comply with all Carnegie Mellon University policies and procedures, as well as with all applicable federal, state, and local laws, regarding the protection of human participants in research, including, but not limited to:

- Ensuring all investigators and key study personnel have completed human subjects training program;
- Ensuring protocols are conducted by qualified personnel following the approved IRB application;
- Implementing no changes in approved IRB applications without prior IRB approval in accordance with CMU IRB policy (except in an emergency, if necessary to safeguard the well-being of a human participant, and will report to the IRB within 1 day of such change);
- Informing participants of any relevant new information regarding their participation in the research that becomes available.
- Promptly reporting to the IRB any new information involving risks to research participants, including reporting to the IRB, Data Safety and Monitoring Boards, sponsors and appropriate federal agencies any adverse experiences and all unanticipated problems involving risks to human subjects or others that occur in the course of the research.
- If unavailable to conduct research personally, as when on sabbatical leave or vacation, arrangements for another investigator to assume direct responsibility for studies will be made through modification requests to the IRB;
- Promptly providing the IRB with any information requested relative to protocols;
- Promptly and completely complying with IRB decisions to suspend or withdraw approval for projects;
- Obtaining Continuing Review approval prior to the date the approval for a study expires (approval for the study will automatically expire);
- Maintaining accurate and complete research records, including, but not limited to, all informed consent documents for 3 years from the date of study completion;
- Informing the CMU IRB of all locations in which human participants will be recruited for protocols and being responsible for obtaining and maintaining current IRB approvals/letters of cooperation when applicable;
- Complying with federal, state and local laws and regulations and sponsor terms and conditions; and
- Complying with CMU policies on the responsible conduct of research.

Christina Swierkocki 2/10/11

Principal Investigator Name and Signature Date

Note: If e-mailed from the PI's CMU e-mail account a hand written signature is not needed. Please type in name and date.
If the PI is a student, the faculty advisor must submit a Faculty Advisor Assurance Form.

Please email all documents to irb-review@andrew.cmu.edu.

Note: Links to the policies and Federal regulations for the protection of human research subjects (including the Code of Federal Regulations [.CF.R.] Title 45 CFR Part 46, and Title 21 C.F.R. parts 50 and 56) are available on the IRB web page (http://www.cmu.edu/provost/spon-res/compliance/hs.htm).

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Comments: