APPENDIX C

Institutional Review Board Expedited Request
(Revised May 2022)

Clear Form

***If additional space is needed for description/information, please provide attachments.*

Human subject research activities involving no more than minimal risk to the subjects may be eligible for expedited review by the Rhodes State College (RSC) Institutional Review Board (IRB) Chair. The principal investigator/project director is authorized to make the first determination of eligibility for expedited review; however, Rhodes State College IRB bears the responsibility for concurring in that determination based on information provided by the principal investigator.

Approving an expedited review request for an activity from full review does not absolve the investigator(s) of the activity from ensuring that the welfare of subjects in the activity is protected and that methods used and information provided to gain subject consent are appropriate to the activity.

Information needed to properly complete this document is contained in the Rhodes State College Institutional Review Board Charter and Standard Operating Procedures. Questions about whether a research activity may be exempt from human subjects review or any other IRB issue should be directed to the Institutional Research Coordinator who serves as the IRB Chairperson.

Rhodes State College's IRB will determine whether your request for expedited review is approved based on the Federal guidelines for expedited review eligible research activities. If a question does not apply to your research project, please indicate this by typing "N/A" in the answer area.

Principal Investigator	Phone	Email
Additional Investigator	Phone	Email
Faculty Sponsor Name (for student PIs):		Email

A. Research Overview:

1. **Title of Project:**

2. **State the purpose/objective aims of your research:**

3. **If relevant, include your major hypotheses.**

4. **Source of Funding for Research (if any):**

5. **Projected Duration of Research:** **Projected Start Date:**

6. **Expected participants in research study will include:**

B. Research Procedures:

1. **Describe in detail the activities in which participants will participate, including any equipment that will be used. The IRB should be able to imagine every step the participant goes through.**

2. **Describe the amount of any biospecimens you are collecting and the mode of collection.**

3. **Specify the length of time each participant will be involved.**

4. **How are you obtaining informed consent from your participants? Specify if you are obtaining broad consent**. (Broad consent is required only when participants are identifiable, which can be done through demographic data in some cases. See Guidelines document for more information about broad consent.)

5. **If you believe that consent is not required, if you plan to obtain consent without using a consent form (e.g., verbal consent by illiterate adults), or if you would like to waive informed consent, describe your justification.**

6. **If you plan to use incomplete disclosure (withholding more information than your hypotheses in order to conduct an unbiased study), explain how you will debrief participants (e.g., written debriefing document, script for verbal debriefing).**

7. **How will you assure that participants are not coerced, in any way, to participate?**

Justification for Exemption (Indicate which of the following federally expedited review form(s) of research you are completing by checking a **"Yes" or "No"** response for each category. For any **"Yes"** responses, use the text box below to explain how that expedited review applies to your research.)

Collecting **blood samples by finger, heel, or ear stick** from healthy, non- pregnant adults weighting at least 110 pounds or from other adults and children as long as the following requirements are met: no more than 2 blood collections per week over a period of not more than 8 weeks, where blood drawn is less than 50 ml per kg of body weight in adults or less than 3 ml per kg of body weight in children.	☐ **YES** ☐ **NO**
If "yes," explain:	
Collecting **biological specimens for research in a non-invasive way,** such as non-disfiguring hair or nail clippings, sweat collection, saliva collections of unstimulated or stimulated forms (e.g., by chewing gum base), skin cells collected via buccal scraping, or other similar non-invasive ways.	☐ **YES** ☐ **NO**
If "yes," explain:	
Collecting data using non-invasive, regularly employed clinical means, such as external sensors, sensory acuity testing, strength-testing, or other means, but excluding x-rays or microwaves.	☐ **YES** ☐ **NO**
If "yes," explain:	
Engaged in **research on materials that were not collected solely for research purposes**, such as medical treatments.	☐ **YES** ☐ **NO**
If "yes," explain:	
Collecting **data from a preexisting recording made for research purposes,** including voice, video, digital, or image recordings.	☐ **YES** ☐ **NO**
If "yes," explain:	

Collecting **data on individual or group behaviors / characteristics**, such as research about perception, attitudes, identity, language, etc., using surveys, interviews, focus groups, or other methodologies.	☐ **YES** ☐ **NO**
If "yes," explain:	

C. Participant Information

1. **State the source of the participant population and how they will be recruited. Include any information about the use of incentives, if relevant.**

2. **State the total number of participants.**

D. Participant Harms and Benefits

1. **State any potential harms to your participants**

2. **State any anticipated benefits to your participants**

3. **State any anticipated benefits to society-at-large or others (e.g., your academic field). Benefits to the self are not included in this section.**

E. Data Storage/sharing – Only answer one set of questions.
For projects where data is protected/anonymous (must be used for biospecimen research)

1. **Describe your methods for protecting the identity of individual participants.**

2. **Describe your plans for keeping and disposal of the original data in a way that keeps the data private.**

3. **Describe how biospecimens are labeled and how documentation matching them to participants is secure.**

4. **Describe how biospecimens will be stored after collection, for what length of time, and procedures for destruction.**

For projects where participant identities are shared (not appropriate for biospecimen research):

1. **Describe how biospecimens will be stored after collection, for what length of time, and procedures for destruction.**

2. **Indicate how individual data will be shared and stored (e.g., location, length of time, format, etc.).**

F. Research Data and Surveys

1. **Do you intend to use campus email lists (student, faculty, staff, employee) to send a request to complete the survey?** ☐ **Yes** ☐ **No**

2. **If yes, have you communicated with the Rhodes State Institutional Research Coordinator (or similar position if you are from another college)?** (Please be aware that there are strict guidelines that must be followed to send research surveys out via institution email lists, and it must be approved by the Institutional Research Coordinator. Without such approval, you may NOT send your survey out via those email lists). ☐ **Yes** ☐ **No**

3. **Method(s) of Data Collection (check all that apply):**
   ☐ **In Person** ☐ **Phone** ☐ **Email** ☐ **Surveys** ☐ **Other:**

4. **Method of removing all personal and/or identifiable information from research data:**

5. **Indicate how data will be shared and stored (e.g., location, length of time, format, etc.):**

G. Additional Documents - All documents should be submitted as one additional file (Word or PDF) in the same email as a complete IRB form.

1. Informed consent document or script
2. Recording consent document, if necessary
3. All materials (e.g., questions to be asked, images to be shown, links to videos, etc.)
4. Debriefing document or script, if necessary
5. Survey Request Form, if necessary

Your signature below affirms that ALL components of the above research fall into exempt categories. If any part of your research does not fall into a category above, you may NOT request an exemption.

Investigator/Project Director Signature	**Date**	**Co-Investigator Signature (if applicable)**	**Date**

FOR IRB USE ONLY:

Signature of IRB Committee Chair			**Date**
IRB Chair Exempt Requirements Approval:	**Approved**	**Approved with Conditions**	**Refer to Full Committee Review**