

Home Applications Internships Institutional Tools IRB

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В	IRB Admin	IRB Setup	IRB User Management			
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	andra Penick					
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reis	Some			Add Personnel		
D				,		
PI Cass	andra Penick (08/18	3/2025)				
PI						
	andra Penick					
Pur	pose & Procedures	Required Questi	ions Unanswered: 20			
Ado	I/Edit Answers					
* Pro	ovide a brief, non-t	echnical descripti	on of the purpose of the resear	rch study, including the research questions you hope to answer:		
□ F	Request Revisions					
	Answer Required					
* 📵	Approximately, he	ow many participa	ents do you anticipate enrolling	in this study (at all research locations/sites)?		
П	Request Revisions					
	wer Required					
	<u> </u>					
Ado	I/Edit Answers					
				sis, etc.) must participants have to be in this research? Answer for each		
	icipant group, if th	ere are multiple gi	oups.			
	Request Revisions					
	wer Required					
				who are otherwise eligible from this research? (Exclusion criteria are not the h participant group, if there are multiple groups.		
If no	t applicable, write N	/A.				
□ F	Request Revisions					
	wer Required					
Ado	I/Edit Answers					
* De	scribe the study d	esign and data and	alysis used to determine if the	proposed methodology is likely to accomplish the stated objectives.		
□ F	Request Revisions					
	wer Required					
	In non-technical I	anguage:				
_						
1. D	escribe the procedu	res participants will	be asked to complete or undergo	D.		

2. Explain step-by-step what participants will be asked to do. 3. If your study includes multiple variations of the procedures, please make clear the procedures included in the variations.					
Request Revisions					
Answer Reg					
Options:	Select the appropriate description of your study:				
Options.	tions: Anonymous Confidential				
Request	Revisions				
Answer Red	quired				
Add/Edit An	swers				
	confidentiality/anonymity procedures you have put in place:				
Options:	Use of pseudonyms				
	Use of participant ID numbers that do not link participants to answers				
	Institution at which research is conducted will not be named				
	Data will be reported in aggregate/summary				
	Signed consents will be stored separate from data so that they cannot be re-associated				
	Data is collected without identifiers or assigned participant numbers				
	Audio/visual transcription will be conducted by only you or a member of your study team				
	Audio/visual transcription will be conducted by a service that is confidential				
	Audio/visual recordings will be destroyed upon transcription (required for exempt applications)				
	Other				
☐ Request	Revisions				
Answer Req	juired				
* Data is bei	ing collected electronically. I have turned off IP capture in the online software.				
Options:	Yes				
	No				
□ Damuast	Devisions				
	Revisions				
Answer Rec	_l uired				
* Data and c	consent are:				
Options:	Only being collected electronically (Survey Monkey, Qualtrics, etc.).				
	Only being collected by paper, handwritten methods.				
	Being collected by a combination of electronic and nonelectronic methods.				
Request	Revisions				
Answer Rec					
* \A/I==4 =1==4					
	ronic storage procedures are you utilizing?				
Options:	Data will be stored on a password protected computer				
	Data will be stored in a password protected file				
	Data will be stored on a password protected disk				
	Data will be stored in a secure confidential online storage system (also password protected)				
	Consents will be stored in a secure, confidential online storage (also password protected)				
	Consents will be stored on a password protected computer				
	Consents will be stored in a password protected file				
	Consents will be stored on a password protected disk				
	Other				
Request	Revisions				
Answer Req					
Answer					
* \\/\b a+ == ==	electronic eterage precedures will you be utilizing?				
	electronic storage procedures will you be utilizing?				
Options:	Storage will be in researcher's office				
	Storage will be in mentor/chair/advisor's office				
	Storage will be in researcher's home				
	Consents will be stored in a locked cabinet				
	Data will be stored in a locked cabinet				
	Other				

Request Revisions
Answer Required
Answer
Add/Edit Answers
* Is this a resubmission of a previously IRB approved study that has been terminated or has expired?
Options: Yes
No
Request Revisions
Answer Required
* Will you be collaborating with any researchers at other institutions to carry out this study? Options: Yes
No
Request Revisions
Answer Required
* (1) Explain, where the research activities will take place (including recruitment, data collection, consenting, etc.) - be as specific as possible:
Request Revisions
Answer Required
* Will any of your research procedures occur outside of the United States?
Options: Yes
No
Request Revisions
Answer Required
* Will Missouri Western IRB act the IRB of Record (other institutions will enter into a reliance agreement with us)?
Options: Yes
No
☐ Request Revisions
Answer Required
Add/Edit Answers
* Explain your familiarity with and knowledge of the local research context, including cultural norms and local languages. If there are any local
customs/cultural norms that could affect the consent process, please explain those customs/norms and how you will take those into account in the consent process.
Request Revisions
Answer Required
* Explain if there are any local laws that could impact how you carry out your research (such as laws that affect age of majority to consent to research participation, or laws that impact mandatory reporting of abuse/neglect).
Request Revisions
Answer Required
Allower required
* Is this project funded?
Options: Yes No
INU
Request Revisions
Answer Required
Answer

Recruitment Required Questions Unanswered: 5

* Who will be	recruiting potential participants?	
Options:	PI	
	Other members of the INSTITUTION research team	
	Collaborating researchers from other institutions (listed on this protocol)	
	Collaborating researchers from other institutions (not listed on this protocol)	
	Another third party (please describe)	
	Other (please describe)	
	Departmentally used recruitment tool (i.e. SONA)	
Request F	Revisions	
Answer Req	uired	
* Select each	item used in the recruitment of subjects:	
Options:	Advertisements	
	Flyers	
	Contact letters or emails	
	Telephone contact protocols/scripts	
	Website template or description (including SONA announcements)	
	Other recruitment materials (please specify).	
Request F	Revisions	
Answer Req	uired	
* Provide de	ails on your recruitment methods, including names of any publications/websites in which you will post recruitment information:	
Request F		
Answer Req		
* Identify the	group, agency, or institution from which participants will be recruited:	
(Please note,	if research will take place outside of Missouri Western, a signed letter from the external organization on letterhead is required).	
Request F	Revisions	
Answer Req		
_		
	easures that will be taken to ensure voluntary participation:	
☐ Request F	Revisions	
Answer Req	uired	
Requested Do	ocuments	
Upload Multipl		
	t Materials (Recruitment Materials) upload	
Data Collect	ion, Protection, and Records Retention Required Questions Unanswered: 5	
* Will direct p	participant identifiers be recorded?	
(names; Socia	al Security numbers; patient, hospital, laboratory or claim numbers; addresses; telephone numbers; email addresses; locator information; etc.)	
Options:	Yes	
	No	
Request F	Revisions	
Answer Requ	uired	
Answer		
7 110 110 11		
Add/Edit Ans	wers	
	ypes of potentially identifiable information will be collected?	
(Select all that apply)		

Options:	Names of people				
	Addresses				
	Phone number				
	Social Security Number				
	Names of employers, types of employers, job title				
	Other, please specify.				
Request	Revisions				
Answer Red	uuired				
* wny is it n	necessary to collect identifiable information and specifically describe the coding system you will use to protect against disclosure?				
Request	Revisions				
Answer Red	quired				
* Will a link	between research code numbers and direct identifiers be retained after the data collection is complete?				
Options:	Yes				
	No				
Request	Revisions				
Answer Red					
* How will d	lata be protected against accidental disclosure to the public, other researchers, or non-researchers?				
Request	Revisions				
Answer Red	quired				
Risks & Be	nefits Required Questions Unanswered: 7				
	below, select the potential risks to participants that could result, either from participating in your study or the inadvertent release of				
identifiable Options:	Criminal / legal (e.g., admitted law violations, past illegal behaviors or actions, threats to				
Options.	others)				
	Social status (e.g., public embarrassment, loss of reputation, or threat to social respect)				
	Physical well-being (e.g., bodily injury, pain, sickness, physical discomfort, or trauma)				
	Psychological / emotional (e.g., stress, anxiety, depression, anger, emotional reactions, painful memories, etc.)				
	Economic / employment (e.g., impact on conditions of employment, work assignments, job				
	opportunities)				
	Privacy / dignity / self-respect (e.g., control of confidential information, control of public				
	access, privacy)				
	Other				
Request	Revisions				
Answer Red	quired				
Answer					
	more than everyday life?				
Options:	Yes				
	No				
Request	Revisions				
Answer Red	guired				
Answer					
* Explain wh	nat steps you will take to minimize risks of harm and to protect subjects' rights and welfare:				
Request	Revisions				
Answer Red	quired				
Answer					
	ple that you will discover a participant's previously unknown condition (disease, suicidal intentions, genetic predisposition, etc.) as a presearch procedures?				
Options:	Yes				
	No No				
_ Request Revisions					
Answer Rec	ujrad				

Answer	
* Are there a	any benefits for society?
Options:	Yes
	No
Request	Revisions
Answer Rec	
Answer	
Allowei	
* Are there a	any anticipated benefits of this research for individual participants?
(Do not inclu	de compensation or incentives offered to participants as a benefit to be gained from the research).
Options:	Yes
	No
Request	Revisions
Answer Rec	uired
Answer	
* Will a (Certificate of Confidentiality (CoC) be obtained for this study? Please note, the Missouri Western IRB may require a CoC for studies that lecting identifiable, sensitive information.
Options:	Yes
	No
Request	Revisions
Answer Rec	
Answer	uneu
Allowel	
Add/Edit An	sware
_	ere costs that the subject may incur as a result of participation?
Options:	Yes No
Request	Revisions
Answer Red	juired
* Will your s	tudy offer any reimbursement, compensation, or recruitment incentives to participants?
Options:	Yes
	No
Request	Revisions
Answer Red	uired
Add/Edit An	swers
	u be reimbursing participants for out of pocket expenses incurred as a part of research participation?
Options:	Yes No
•	Revisions
Answer Red	juired
* 🕕 Will yo	u be compensating participants for the time or burden associated with research?
Options:	Yes
opuons:	no n
Request	Revisions
Answer Red	uuired

* Will you pay	partial compensation for participants who do not complete all of the research procedures?			
Options:	Yes			
	No			
Request F	levisions			
Answer Requ	lired			
Answer				
* Will you	be offering any recruitment incentives?			
Options:	Yes, please explain.			
	No			
Request F	levisions			
Answer Requ	nired			
Answer				
Surveys/Que	estionnaires/Psychometric Testing Required Questions Unanswered: 4			
Add/Edit Ans	wers			
* Please prov	ride:			
r icuse prov				
	e names of all surveys/questionnaires/psychometric tests to be used in this study. Include both established (i.e. instruments used in previous,			
2. Provid	ned research/methodologies) and study-specific instruments (i.e. instruments created for this specific study). e a description of each instrument that is study-specific, study-created, or not otherwise established tools. Please remember to submit all data			
collec	ion tools that are not established instruments to the IRB for review.			
Answer Tem	plate:			
	s of all surveys/questionnaires/psychometric tests to be used in this study. Include both established (i.e. instruments used in previous, published nodologies) and study-specific instruments (i.e. instruments created for this specific study).			
10000101711101				
	cription of each instrument that is study-specific, study-created, or not otherwise established tools. Please remember to submit all data collection not established instruments to the IRB for review.			
Request F	Revisions			
Answer Requ	uired			
* How often v	vill participants be asked to complete the surveys/questionnaires?			
Request F	Revisions			
Answer Requ	uired			
* Approxima	rely how long will it take to complete the surveys/questionnaires?			
Request F	Revisions			
Answer Requ				
	using any survey software such as Qualtrics or Survey Monkey?			
Options:	Yes			
	No			
Request F	Revisions			
Answer Requ	uired			
Please uploa	d a copy of each survey you entend to use:			
(Note: please do not provide links to surveys. We need the full survey in MS Word or PDF format.)				
Answer:	as not provide minio to durroys. Fro node the fair our roy in the front of 1 or formally			
Dominant 5	Journa .			
☐ Request F	REVISIONS			

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