Human Research Protections (HRP) strives to ensure that people with disabilities have access to all services and content. If you experience any accessibility-related issues with this form or any aspect of the ZOT IRB application process, email [OR-Web-Support@uci.edu](mailto:OR-Web-Support@uci.edu) for assistance.

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| INSTRUCTIONS |

This information is necessary for the Education and Quality Improvement Program (EQUIP) to conduct a quality assurance review of the self-determination.

Answer all questions succinctly using non-technical language as much as possible.

* If a question is a numbered list, respond with a corresponding numbered list.
* If a question is not applicable to the research, state “N/A”.
* If a question is not answered, EQUIP does not know if the question was overlooked. This will result in unnecessary “back and forth” for clarification.

Attach this protocol to the “Basic Study Information” section of the ZOT IRB application.

1. STUDY OVERVIEW

**Short Title:** Specify the short study title.

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| Click or tap here to enter text. |

**Background & Purpose:**

1. Provide a summary of the background for this study and explain how it will contribute to existing knowledge.
2. Describe the purpose, specific aims or objectives and specify the hypotheses or research questions to be studied.

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| Click or tap here to enter text. |

2. PROCEDURES

**Study Procedures:**

1. Using lay language, provide a detailed chronological description of the procedures.
   1. If the research involves participant observation, indicate who and what will be observed, describe the information that will be recorded in the research records (indicate whether data will include personally identifiable information), and outline the procedures for collecting data (written notes, audio/video recording).
2. Specify the setting (public vs private) and location where research procedures will be conducted.
   1. If the research involves participant observation, explain where the observations will occur, including whether locations are public/private.
3. Specify the total duration of a participant’s participation in the study and clearly outline the duration of participation for each study visit and sub-study, as applicable.
4. List all procedures involving the use and/or collection of photographs, or audio/video recording.
5. If available, provide a study flow sheet or table of procedures.
6. List all information collection tools (e.g., measures, questionnaires, observational tool) below; include citations for standardized/validated measure(s). Maintain in PI’s record: Collection tools that are not standardized or not validated.

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| Click or tap here to enter text. |

**Deception or Withholding of Information:** If the study will involve any type of deception or incomplete disclosure to participants, respond below to provide the requested information.

Provide scientific rationale for the use of deception or incomplete disclosure in the research.

1. Describe the information that will be withheld from, or misinformation that will be provided to participants. For exempt research, the consent document must disclose the use of deception/incomplete disclosure.
2. Explain whether the subjects would consider the information being withheld from them important when deciding about whether to participate in the research.
3. Explain why the research could not practicably be carried out without the alteration of consent.
4. Explain when and how the participants will be told of the deception/incomplete disclosure.
   1. Maintain in PI’s record as applicable: Debriefing script.
5. Specify if participants will be given an opportunity to withhold use of their data given that they will not be fully informed about the purpose of the study until after data collection. For guidance, see [APA Ethical Standard 8.07](https://www.apa.org/ethics/code#807).

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| Click or tap here to enter text. |

**Non-UCI Performance Sites:** Specify if UCI researchers engaged in human subjects research activities (e.g., interact with subjects; have access to identifiable information) at a non-UCI site and specify the locations.

No

Yes, the non-UCI site does not require IRB approval.

Yes, the non-UCI site requires separate approval from their IRB.

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| Click or tap here to enter text. |

**Non-UCI Collaborators:** Specify if researchers without a formal affiliation with UCI (i.e. not in UC path) are engaged in human subjects research activities and specify the locations.

No

Yes, the non-UCI researchers have obtained their own IRB or it is pending.

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| Click or tap here to enter text. |

3. PARTICIPANTS

**Participant Populations:** Select all that apply and address the required action, as applicable.

Adults

Pregnant individuals/fetuses

UCI inpatients or outpatients

UCI students/staff/faculty

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| Click or tap here to enter text. |

**Inclusion Criteria:** Describe the specific criteria that will be used to decide who will be included in the research from among interested or potential participants. Provide a breakdown per participant cohort, as applicable.﻿ Define any technical terms in lay language.

***This is included in a separate scientific protocol.***

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**Exclusion Rationale:** If eligibility is based on age, gender, pregnancy/childbearing potential, social/ethnic group, or language spoken (e.g., English speakers only), provide the scientific rationale for excluding each population.

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| Click or tap here to enter text. |

**Number of Participants:** For each participant group, use the table below to provide the estimate of the desired number of individuals who will complete the research. *Insert separate rows for each category/group*.

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| **Category/group** | **Age Range** | **Number of individuals prescreened without consent** | **Max number of individuals to be consented, include including withdrawals and screen failures** | **Expected/targeted number of individuals needed to complete the study** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Pre-screen Number:** Explain how the pre-screen number was determined (e.g., cohort discovery, anticipated rate of enrollment). This number should reflect an estimate based on the anticipated rate of screen failure and/or rate of enrollment.

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| Click or tap here to enter text. |

4. SCREENING PARTICIPANTS WITHOUT CONSENT

***This section is not applicable.***

**Source of Eligibility Information:** Select all that apply and address the required action, as applicable.

|  | **Source of Eligibility Information** | **Required Action** |
| --- | --- | --- |
|  | Oral or written communication with the prospective participant or Legally Authorized Representative (LAR) (i.e. self-report of medical information; medical records will not be screened) | Maintain in PI’s record: Screening script that adheres to [Recruitment Requirements](https://research.uci.edu/human-research-protections/research-subjects/) and includes the following:   * + - 1. **Description of the information that will be obtained and the reasons for performing the screening tests.**       2. Statement that if the individual is not eligible their identifiable information will not be used for research purposes and will be destroyed at the earliest opportunity consistent with conduct of the research. |
|  | Non-UC student records or student health medical records | 1. Specify the types of education records. 2. Maintain in PI’s record: [Letter](https://research.uci.edu/wp-content/uploads/HRP-504-TEMPLATE-LETTER-School-Permission-to-Conduct-Research.docx) of [FERPA](https://studentprivacy.ed.gov/ferpa) clearance from the local school/district site. |

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| Click or tap here to enter text. |

**Screening Variables:** Provide a complete list of ALL data points/variables/information that will be collected/recorded. Information collected/recorded from medical/student records must be limited to the contact information unless justified otherwise.

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| Click or tap here to enter text. |

5. RECRUITING PARTICIPANTS

***This section is not applicable.***

**Recruitment Methods:** Select all that apply and address the required action, as applicable.

|  | **Recruitment Method** | **Required Action** |
| --- | --- | --- |
|  | Colleagues provide participants with information about the research and how to contact investigators[[1]](#footnote-2) |  |
|  | Colleagues seek or obtain the participants’ permission for investigators to contact them1 |  |
|  | Email/Postal Mail/Phone | 1. Specify how contact information will be obtained. 2. Maintain in PI’s record: Recruitment letter or phone script. |
|  | Flyers/Brochures | 1. Specify where recruitment will be posted. 2. Specify whether the location is public (open access) or private (controlled access). 3. Maintain in PI’s record: Recruitment material. |
|  | Individual/Group/Class Presentation | 1. Specify whether the location is public (open access) or private (controlled access). 2. Maintain in PI’s record: Recruitment script. |
|  | Newspaper/Radio/Television | 1. Specify where recruitment will be posted. 2. Maintain in PI’s record: Recruitment material. |
|  | Online/Social Media | 1. Specify where recruitment will be posted. 2. Specify whether the location is public (open access) or private (controlled access). 3. Maintain in PI’s record: Recruitment material. |
|  | Study team will approach students, employees, patients, economically, educationally, or cognitively disadvantaged | **Maintain in PI’s record: Recruitment and consent documents that reflect an individual’s decision to participate in research will not affect:**   * **their relationship with UCI,** * **how their doctor cares for them as a patient or their care at UC Health in general and/or** * **how their instructor grades their performance in the course.** |
|  | Study team will contact potential participants who have given prior permission to be contacted for research studies | Specify how permission was granted and documented. |
|  | UCI Participant Pool | Specify pool(s). |
|  | Other | Describe below. |

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| Click or tap here to enter text. |

**Relationship with Participant Population:** Address whether members of the study team have an existing relationship with the study population(s).

No, describe how invasion of privacy will be reduced or managed.

Yes, describe the nature of the relationship.

1. Specify how the potential undue influence of this relationship will be minimized.
2. If applicable, specify how therapeutic misconception will be minimized in the recruitment/consent process.
3. Specify the precautions taken to avoid compromised objectivity.

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| Click or tap here to enter text. |

6. FINANCIAL CONSIDERATIONS FOR PARTICIPANTS

**Payment to participants:**

1. Describe any payments made to participants their time & efforts in research. For more information visit, [Payments to Participants](https://research.uci.edu/human-research-protections/research-subjects/#payments).
2. List the total payments for research participation.
3. If there are multiple study sessions, payment should be offered on a pro-rated basis. Describe how payment will be pro-rated.
4. Specify when payment will be made.
5. If participants receive greater than or equal to $600, the protocol and the consent document must disclose that participant names and social security numbers are reported to UCI Accounting for tax purposes.

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| Click or tap here to enter text. |

**Costs to participants:**

1. Describe any research-related cost to participants, include covering parking costs.
2. Describe any requirements for reimbursement (e.g. receipt) of out-of-pocket expenses paid by participants.

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| Click or tap here to enter text. |

7. INFORMED CONSENT

**Consent Methods:** Select all that apply and address the required action, as applicable.

|  | **Consent Methods** | **Required Action** |
| --- | --- | --- |
|  | Verbal/implied consent | Maintain in PI’s record: [Study Information Sheet](https://research.uci.edu/wp-content/uploads/study-information-sheet.docx) |
|  | No consent (passive observation only) | N/A |

**Consent Process Description:** Provide a step-by-step description of the consent process, including:

1. Provide a breakdown of the groups and procedures for each consent process (i.e., consent process applies only to certain parts of the study).
2. Describe the type of setting(s) in which the consent process will be conducted – if the setting is not private, describe the measures to protect confidentiality.
3. Describe the measures that will be taken to provide prospective research participants with sufficient opportunity to consider participating in the study.
4. Specify the length of time participants are given to decide whether they wish to participate in the study.
5. Explain how the study team will assess whether participants understand the information conveyed during the consent process.

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| Click or tap here to enter text. |

**Non-English Speaking Participants:** Indicate how the participants or their LAR will be consented in their language.

A member of the study team is fluent in the language that will be used for communication, and that study team member will be available during emergencies.

Other, *describe/explain*.

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| Click or tap here to enter text. |

8. STUDY INFORMATION AND BIOSPECIMENS SOURCES OTHER THAN THE

PARTICIPANT (SECONDARY DATA ANALYSIS)

***This section is not applicable.***

**Information/Biospecimen Source:** Select all that apply and address the required action, as applicable.

|  | **Source of Eligibility Information** | **Required Action** |
| --- | --- | --- |
|  | Non-UC Student records or student health medical records | 1. Specify the types of education records. 2. Maintain in PI’s record: [Letter](https://research.uci.edu/wp-content/uploads/HRP-504-TEMPLATE-LETTER-School-Permission-to-Conduct-Research.docx) of [FERPA](https://studentprivacy.ed.gov/ferpa) clearance from the local school/district site. |
|  | Other | 1. Describe/explain. 2. Specify the types of non-UC records or biospecimens. 3. Explain how the study team will obtain the records. 4. Specify whether the information/biospecimen was originally collected for research purposes.    1. If yes, maintain in PI’s record: IRB approved consent form that documents the sharing of information. |

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| Click or tap here to enter text. |

**Information Variables:**

1. Specify the date-range of the information used for the project (e.g. January 2002 to January 2020).
2. Provide a complete list of ALL information points, variables, and/or information that will be collected/recorded (i.e. information abstraction form) from sources other than the participant (e.g., non-UC student records).

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| Click or tap here to enter text. |

9. PRIVACY AND CONFIDENTIALITY

**Identifiable Information: Indicate the** personally identifiable information **collected or retained for information analysis, recruitment, consenting and/or compensation. Select all that apply.**

Not applicable

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| Names  All elements of dates that are directly related to an individual: birth date, admission date, discharge date, death date, and all ages over 89  All geographic subdivisions smaller than a state: street address, city, county, precinct, ZIP code, and geocodes  Telephone numbers  Email address  Social Security number | Account numbers  Vehicle identifier and serial numbers: license plate  Web URLS  IP addresses  Biometric Identifiers: finger and voice prints  Full-face photographs and any comparable images  Any other unique identifier (does not include a code assigned by the investigator to identify the information) |

**Social Security Number: Explain why social security numbers are necessary, how they will be used, how they will be protected, and how long they will be retained.** Social security numbers should not be used if other unique codes (not derived from the social security numbers) can practicably be utilized to conduct the research.

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| Click or tap here to enter text. |

**Identifiable/Personal Information Rationale:**

1. Explain why the identifiable and/or personal information indicated in the prior sections are needed to conduct the research.
2. Explain why the identifiable and/or personal information indicated in the prior sections are not more than the minimum necessary to conduct the research.

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| Click or tap here to enter text. |

**De-identification Methods:** Select all that apply and address the required action, as applicable.

|  | **De-identification Methods** | **Required Action** |
| --- | --- | --- |
|  | A code will be used. Participant identifiers will be kept separately from the information/biospecimens. The code key will be destroyed at the earliest opportunity, consistent with the conduct of this research. | N/A |
|  | A code will not be used. Participant identifiers will be kept separately from the information/biospecimens. | Provide the rationale below. |
|  | A code will not be used. Participant identifiers will be kept directly with the information/biospecimens. | 1. Provide the rationale below. 2. Explain how identifiers are attached. |
|  | Participant identifiers will be removed from identifiable images/photographs/video/audio. | 1. Specify if recordings will be transcribed, how it will be done, and the timeframe for transcription. 2. Specify timeframe for the de-identification of the images/recordings and explain how they will be de-identified. |
|  | Participant identifiers will be kept directly with identifiable images/photographs/video/audio. | 1. Provide the rationale below. 2. Specify if recordings will be transcribed, how it will be done, and the timeframe for transcription. |

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| Click or tap here to enter text. |

**Publications/Presentation:** Specify whether participant identifiers will be disclosed in presentations or publications.

Yes, participant identifiers will be disclosed. Text regarding the disclosure must be included in the consent document and specific permission to disclose will be discussed with participants.

No, participant identifiers will not be disclosed.

**Identifier Retention:** Indicatehow long all subject/patient identifiers will be retained. This includes identifiers stored in paper format, stored electronically as well as video recordings, audio recordings, photographs, etc.

Destroyed after initial collection

Destroyed after compensation

Destroyed after information analysis

Destroyed after publication/presentation or end of protocol

Maintained indefinitely, *provide rationale*.

Other, *describe/explain*.

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| Click or tap here to enter text. |

**Information/Biospecimen Storage:** Select all that apply and address the required action, as applicable. For best practices for electronic research data security, review the UCI Information Security website: [Information and Resource Classifications](https://security.uci.edu/security-plan/plan-classification-protection.html#P2).

|  | **Information/Biospecimen Storage** | **Required Action** |
| --- | --- | --- |
|  | Biospecimens will be stored in a locked lab/refrigerator/freezer with limited access by authorized personnel. | Specify where biospecimens will be stored. |
|  | Information will be maintained on UCI [enterprise cloud storage](https://security.uci.edu/security-plan/Cloud.html) that adheres to the UCI [Protection Level](https://security.uci.edu/security-plan/plan-classification-protection.html) required for the research information. | Specify the UCI cloud platform. |
|  | Information will be maintained electronically. It will be password protected and maintained in an encrypted format. | Specify where the information will be stored electronically. |
|  | Information will be maintained in paper copy. Information will be stored in a locked area with limited access by authorized personnel. | Specify where the information will be stored. |
|  | Other | 1. Describe/explain. 2. Verify the storage method has received Security Risk Assessment (SRA) through [HS ServiceNow](https://ucihealth.service-now.com/itportal). |

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| Click or tap here to enter text. |

**Information/Biospecimen Transport:** If participant identifiers be transported or maintained on portable devices (e.g., laptop, smartphone, external hard drive, etc.), address the following:

1. Specify the device/method of transportation.
2. Explain why transporting or maintaining participant identifiers on portable devices is necessary.

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| Click or tap here to enter text. |

**Information/Biospecimen Retention:** Indicate how long research information/biospecimens will be retained.

In accordance with UCOP policy, information/biospecimens will be retained for 10 years after the end of the calendar year in which the research is completed, unless otherwise specified in the award agreement.

This research includes the potential for future secondary research using information/biospecimens which will be stored and maintained indefinitely.

Other, *describe/explain.*

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| Click or tap here to enter text. |

10. INFORMATION AND BIOSPECIMEN SHARING

***This section is not applicable.***

All appropriate data use and/or materials transfer agreements will be finalized before sharing.

* **When transferring data to a non-profit, contact Wanda Seang, Ancillary Agreements Officer, at** [**wandas@uci.edu**](mailto:wandas@uci.edu)**.**
* **When transferring data to a for-profit, contact the** [**Industry Contract Officer**](https://innovation.uci.edu/about-uci-beall-applied-innovation/#team) **assigned to your department.**
* **When transferring tangible research material to an organization, contact** [**MaterialTransfer@uci.edu**](mailto:MaterialTransfer@uci.edu)**.**

**Sharing Within Scope:**

1. Specify if information/biospecimens are shared with collaborators (i.e., researchers not covered under the UCI IRB), for purposes within the scope of the current project.
2. Specify the collaborator and explain why they need access to the information/biospecimens.
3. Specify whether identifiable or de-identified (participants cannot be identified by other researcher) data will be shared.
4. Provide a complete list of all identifiers to be shared and provide rationale.

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| Click or tap here to enter text. |

**NIH Data Sharing:** Indicate whether the study is subject to NIH data sharing requirements.

Not applicable

[NIH Policy for Data Management and Sharing](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-013.html). *Insert the following language into the consent:* [*Consent Language: NIH Data Management and Sharing (DSM)*](https://research.uci.edu/wp-content/uploads/nih-dms-consent-language.docx)

[NIH Genomic Data Sharing Policy](https://grants.nih.gov/grants/guide/notice-files/not-od-14-124.html). *Insert the following language into the consent:* [*Consent Language: NIH Genomic Data Sharing (GDS)*](https://research.uci.edu/wp-content/uploads/informed-consent-template-language-for-gds.docx)

Other, *describe/explain*.

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| Click or tap here to enter text. |

**Future Contact with Participants:** If there is a plan to retain participant contact information to recruit them for future research, address the following:

1. Describe the purpose of the future contact.
2. Specify whether use of the contact information will be limited to the UCI study team.
   1. If applicable, describe who else could be provided with the contact information and criteria for approving requests.

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| Click or tap here to enter text. |

**Future/Secondary Research:** If information/biospecimens be shared, used again, or stored for undefined future research purposes beyond the aims/scope written in the current protocol (i.e. secondary research), address the following:

1. Describe the broadest possible future uses, including limitations or restrictions (if any) on future uses or users.
2. Specify who will establish and manage the biorepository/registry/database.
   1. If applicable, specify who on the UCI study team will manage the biorepository/registry/database (i.e., person responsible for receiving requests, stripping identifiers, distributing information/biospecimens).
3. Specify what information/biospecimens will be included in the biorepository/registry/database.
4. If applicable, explain why participant identifiers are required to manage the biorepository.
5. Describe what information/biospecimens be shared with researchers including whether participants identifiers will be shared.
6. If biorepository/registry/database is managed by the UCI study team, address the following:
   1. **Describe the process for researchers to request information/biospecimens. Include v**erification that documentation of the recipients' IRB approval, as applicable for human subject research, will be kept on file.
   2. Provide the physical location where the information/biospecimens will be stored (i.e. building and room number, indicate if freezer is involved, etc.).
   3. Describe the security plan for the biorepository/registry/database. Specify if there are automated backup security systems to monitor storage equipment, including a backup power source in the event of a freezer failure or other emergency.
7. Specify how long information/biospecimens will be stored in the biorepository/registry/database.

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11. RISK/BENEFIT ASSESSMENT

**Benefits:**

1. If there are any direct research-related benefits that some or all individual participants are likely to experience from taking part in the research, describe them below.
2. Describe the potential benefits to society including the importance of the knowledge to be gained.

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| Click or tap here to enter text. |

**Alternatives to Participation:** Describe the alternatives to participation in the study available to prospective subjects. Include routine (standard of care) options as well as other experimental options, as applicable. Select all that apply.

Alternatives to earn extra credit.

No alternatives exist. The only alternative to study participation is not to participate in the study.

Other, *describe/explain*.

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| Click or tap here to enter text. |

1. Colleagues do not obtain consent for research or act as representatives of the investigators. [↑](#footnote-ref-2)