FLORIDA STATE

 UNIVERSITY OFFICE *of the* VICE PRESIDENT *for* RESEARCH

Institutional Review Board

Human Subjects Office

humansubjects@fsu.edu/850-644-7900

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| --- |
| PI of study/dissertation:      |
| Faculty Advisor (if applicable):      |
| Project Name:      |
| Is the project funded?      |
| Purpose of the project and what you hope to learn:      |
| Procedures to be employed in this project:      |

 **Determination of Human Subjects Research Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not sure** |
| **Section I. Does the activity involve human subjects?** | Is the information you’re obtaining about living individuals? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the data collected through intervention or interaction with individuals? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does the data contain identifiable, private information? | **[ ]**  | **[ ]**  | **[ ]**  |
| **If any question in the section above is “yes”, please go to Section II below.** **If all questions above are “no”, then please stop and submit this form to the Human Subjects Office with other supporting documentation.****If any questions above are “not sure”, please go to Section II below.** |
| **Section II. Is my study “research”?** | Is the activity a systematic investigation (including research development, testing and evaluation)? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity primarily designed to develop new knowledge? | **[ ]**  | **[ ]**  | **[ ]**  |
| **Section III. Is my study “Quality Assessment and/or Quality Improvement?** | Is this activity designed to assess, analyze, critique and/or improve current processes in an institutional setting, involving data-guided, systematic activities designed to bring about prompt improvements? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity primarily designed to improve care or improve some other program? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity designed to be applied to populations beyond your specific study population? | **[ ]**  | **[ ]**  | **[ ]**  |
| **Section IV. Further questions to determine if IRB review is required?** | Does the activity involve secondary data sets with identifiable private information? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does the activity use identified specimens or cell lines from other institutions or are they commercially available? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the data collected for administrative purposes with the intention of publication? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does the activity involve the use of publicly available data that contains sensitive, personal or identifiable data? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does the interview or survey focus on experiences, opinions and sensitive information about people? *If using surveys, attach a copy of survey(s) with this form submission.* | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity a biography that is generalizable? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity an oral history that is generalizable? | **[ ]**  | **[ ]**  | **[ ]**  |
| Does the activity involve case histories of multiple patients? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity a genetic study providing private information about live relatives? | **[ ]**  | **[ ]**  | **[ ]**  |
| Is the activity a class related project that will lead to publication or poster presentation? | **[ ]**  | **[ ]**  | **[ ]**  |
| If your research involves data, please describe further the source of your data, whether it will be coded and who has the code, and if the researcher will be able to identify individuals. Was the data originally collected for another purpose? Please include all pertinent information:       |
| **Section V. Does the research focus on a specific population?** | Does the research intentionally focus on or include one or more specific populations? If yes, please check all applicable boxes below. | **[ ]**  | **[ ]**  | **[ ]**  |
| Children **[ ]**  Institutionalized individuals **[ ]**  Neonates/fetuses **[ ]**  Prisoners **[ ]** Pregnant women **[ ]**  Crime victims **[ ]** Decisionally impaired **[ ]**  HIV/AIDS patients **[ ]**  Substance abusers **[ ]**  Non-English speaking **[ ]**  Terminally ill **[ ]** Student or employee under the supervisory or evaluative authority of the researcher **[ ]**  |

***Please submit this form, along with any documentation, to the Human Subjects Office for a determination:*** ***humansubjects@fsu.edu***