



**Institutional Review Board for the
Protection of Human Participants
(IRBPHP)**

SAMPLE FORMS:

Consent Form to Act as a Research Participant

Proxy Consent Form for Research Participation

Letter of Introduction to Participants in Anonymous Survey Research

Letter of Permission to Dominican Faculty

Letter of Permission to Agency Directors

Letter of Permission to use a Psychological Request

Incident Report

SAMPLE CONSENT FORM TO BE A RESEARCH PARTICIPANT

DOMINICAN UNIVERSITY OF CALIFORNIA

1. I understand that I am being asked to participate as a Participant in a research study designed to [INSERT RESEARCH TOPIC]. This research is part of [NAME OF RESEARCHER] research project at Dominican University of California, in San Rafael. This research project is being supervised by [NAME OF FACULTY RESEARCH SUPERVISOR, TITLE, DEPARTMENT].
2. I understand that participation in this research will involve taking part in [DATA COLLECTION METHOD, for example interview or survey], which will include a [WHAT ARE THE TYPES OF QUESTIONS THEY WILL BE ANSWERING, for example personal life history].
3. I understand that my participation in this study is completely voluntary, and I am free to withdraw my participation at any time.
4. I have been made aware that the [DATE COLLECTION METHOD] will be recorded. All personal references and identifying information will be eliminated before analysis, and all Participants will be identified by numerical code only; the master list for these codes will be kept in a locked file, separate from the raw data. Coded data will be seen only by the researcher and faculty advisor. One year after the completion of the research, all written and recorded materials will be destroyed.
5. I am aware that all study participants will be furnished with a written summary of the relevant findings and conclusions of this project. Such results will not be available until [INSERT DATE].
6. I understand that I will be discussing topics of a personal nature and that I may refuse to answer any question that causes me distress or seems an invasion of my privacy. I may elect to stop the [DATA COLLECTION METHOD] at any time.
7. I understand that my participation involves no physical risk, but may involve some psychological discomfort, given the nature of the topic being addressed in the research. If I experience any problems or serious distress due to my participation, the researcher can be contacted at [INSERT CONTACT INFORMATION].
8. I understand that if I have any further questions about the study, I may contact the researcher or the supervisor, [INSERT FACULTY CONTACT INFORMATION], If I have further questions or comments about participation in this study, I may contact the Dominican University of California Institutional Review Board for the Protection of Human Participants (IRBPHP), which is concerned with the protection of volunteers in research projects. I may reach the IRBPHP Office by calling (415) 458-3759 and leaving a voicemail message, by FAX at (415) 257-0165 or by writing to the IRBPHP, Office of Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA 94901.
9. All procedures related to this research project have been satisfactorily explained to me prior to my voluntary election to participate.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE EXPLANATION REGARDING THIS STUDY. I VOLUNTARILY GIVE MY CONSENT TO PARTICIPATE. A COPY OF THIS FORM HAS BEEN GIVEN TO ME FOR MY FUTURE REFERENCE.

Signature

Date

[IF COLLECTING ELECTRONICALLY, INDICATE THAT HERE]

APPENDIX H

PROXY CONSENT FOR RESEARCH PARTICIPATION

SAMPLE

**DOMINICAN UNIVERSITY of CALIFORNIA
PROXY CONSENT FOR RESEARCH PARTICIPATION**

Purpose and Background

Ms. Susan Fielding, an undergraduate student, and Dr. Samuel Togood, Professor, Department of Nursing at Dominican University of California, are doing a study on the social skills of children who have chronic ear infections. Because children with chronic ear infections miss many days of school and sometimes have difficulty hearing, the researchers are interested in learning whether these children are slower to develop social skills as compared with children who do not suffer from chronic ear infections.

My child is being asked to participate because s/he suffers from chronic ear infections.

Procedures

If I agree to allow my child to be in this study, the following will happen:

1. I will complete a questionnaire about my child's health, development, and friendship relationships.
2. My child will be observed through a one-way mirror while she plays with three other children she does not know but who are similar in age. The play period will be for 30 minutes.
3. The researchers will review my child's medical records to obtain information about the nature and extent of my child's ear infections.
4. I will complete the questionnaire and my child will participate in the 30-minute free play period at my pediatrician's office.

Risks and/or discomforts

1. My child may become uncomfortable or upset during the 30-minute free-play period. If this happens, the researchers will attempt to comfort my child. If my child continues to be upset, the researchers will return my child to me in the waiting room.
2. Study records will be kept as confidential as is possible. No individual identities will be used in any reports or publications resulting from the study. All personal references and identifying information will be eliminated when the data are transcribed, and all Participants will be identified by numerical code only, thereby assuring confidentiality regarding the Participant's responses. The master list for these codes will be kept by Ms. Fielding in a locked file, separate from the transcripts. Only the researcher and her faculty advisors will see coded transcripts. One year after the completion of the research, all written and recorded materials will be destroyed.

Benefits

There will be no direct benefit to me or to my child from participating in this study. The anticipated benefit of this study is a better understanding of the effect of the chronic ear infections on the development of children's social skills.

Costs/Financial Considerations

There will be no costs to me or to my child as a result of taking part in this study.

Payment/Reimbursement

Neither my child nor I will be reimbursed for participation in this study.

Questions

I have talked to Ms. Fielding about this study and have had my questions answered. If I have further questions about the study, I may call her (510) 444-4444 or Dr. Togood (415) 778-9999. If I have any questions or comments about participation in this study, I should first talk with the researchers. If for some reason I do not wish to do this, I may contact the Dominican University of California Institutional Review Board for the Protection of Human Participants (IRBPHP), which is concerned with protection of volunteers in research projects. I may reach the IRBPHP Office by calling (415) 482-3547 and leaving a voicemail message, or FAX at (415) 257-0165, or by writing to IRBPHP, Office of Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA 94901.

Consent

I have been given a copy of this consent form, signed and dated, to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to have my child be in this study, or to withdraw my child from it at any point. My decision as to whether or not to have my child participate in this study will have no influence on my child's present or future status as a patient in my pediatrician's office.

My signature below indicates that I agree to allow my child to participate in this study.

Signature of Participant's Parent/Guardian Date

Signature of Person Obtaining Consent Date

(Model letter adapted from USF IRBPHP Handbook)

APPENDIX I

**LETTER OF INTRODUCTION TO PARTICIPANTS IN
ANONYMOUS SURVEY RESEARCH**

SAMPLE

Dear Study Participant,

My name is Steve Student and I am an undergraduate Psychology major at Dominican University of California. I am conducting a research project as part of my senior thesis requirements, and this work is being supervised by Matthew S. Davis, Ph.D., Professor of Psychology at Dominican University of California. I am requesting your voluntary participation in my study, which concerns people's television viewing habits and their attitudes regarding the content of popular TV programs.

Participation in this study involves keeping a record of the television shows you watch in the course of a one week period, and then filling out a five page questionnaire containing items on your opinions of television programming today, as well as some demographic questions to be used for statistical purposes. Please note that your participation is **completely voluntary** and you are **free to withdraw your participation at any time**. Likewise, your participation or non-participation **will not affect your class grade**. In addition your survey responses are designed to be **completed anonymously**. Anonymity cannot be guaranteed, however, and in the unlikely event an identity becomes known, all information will be held as completely confidential. Aside from keeping the television viewing record, filling out the survey is likely to take approximately 15 minutes of your time.

If you choose to participate in this study, please fill out the attached materials as honestly and completely as possible. You may then return them to me at your earliest convenience in the envelope provided via the Psychology Student research drop-box, located in the basement of Bertrand Hall. Remember, this survey is completely anonymous; do not put your name or any other identifying information on your survey form. If you choose not to participate, please return your unused survey materials to me in the envelope provided.

If you have questions about the research you may contact me at the email address below. If you have further questions you may contact my research supervisor, (insert Faculty research supervisor's name and phone # here) or the Dominican University of California Institutional Review Board for the Protection of Human Participants (IRBPHP), which is concerned with protection of volunteers in research projects. You may reach the IRBPHP Office by calling (415) 482-3547 and leaving a voicemail message, or FAX at (415) 257-0165, or by writing to IRBPHP, Office of Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA 95901.

If you would like to know the results of this study once it has been completed, a summary of the results will be presented at Dominican University of California's Academic Showcase in April, 2010. Contact me at the email address below for further information.

Thank you in advance for your participation.

Sincerely,

Steve S. Student
Psychology Student Research Box
Dominican University of California
50 Acacia Avenue
San Rafael, CA 94901
Email address: [INSERT: Student's Dominican email address]

APPENDIX J

LETTER OF PERMISSION TO DOMINICAN FACULTY

SAMPLE

DOMINICAN UNIVERSITY of CALIFORNIA

LETTER OF PERMISSION TO DOMINICAN FACULTY

Joseph Professor, Ph.D.
Psychology Department
Dominican University of California

RE: PRESENTATION OF RESEARCH PROJECT

Dear Dr. Professor:

This letter confirms that you have read a brief description of my research project that examines student attitudes about the food served at the Student Cafeteria and that I have your permission to recruit participants for this project from your Research Methods class at a date and time convenient for you. I would only need 5-7 minutes of class time to summarize my project, ask for volunteers, and leave my materials.

This project is an important part of my undergraduate research requirements as a Biology major at Dominican. Dr. Richardson, Ph.D., Professor of Biology, is supervising my research. If you have questions about the project you may contact me at phone number or email address below. If you have further questions you may contact Dr. Richardson, at 666-6666, or the Institutional Review Board for the Protection of Human Participants at (415) 482-3547.

Shortly after completion of my study, I will send you a brief summary of relevant findings and conclusions.

If my request to contact the students in your class meets with your approval, please sign this letter on the line provided below, date, and return this letter to me as soon as possible. I have enclosed a stamped self-addressed envelope for your convenience. I will then contact you to arrange a convenient time for visiting your class.

Thanks for your assistance.

Sincerely,

Sharon A. Senior
50 Acacia Avenue
Psychology Student Research Box
Dominican University of California
San Rafael, CA 94901
Email address: [INSERT: Student's Dominican email address]
(415) 457-5533 x669

I agree with the above request

Signature

Date

APPENDIX K

LETTER OF PERMISSION TO AGENCY DIRECTORS

SAMPLE

DOMINICAN UNIVERSITY of CALIFORNIA
LETTER OF PERMISSION TO AGENCY DIRECTORS

Mr. Stanhope
Manager, Vanna White Health & Fitness Center
123 Playa Del Sol, Suite C
Marina Del Ray, CA 90111

Dear Mr. Stanhope:

This letter confirms that you have been provided with a brief description of my senior thesis research project, which concerns factors related to successful weight loss, and that you give your consent for me to visit your facility to interview a random sample of your clients. This project is an important part of my undergraduate requirements as a Nursing major, and is being supervised by Dr. Fred Montague, Professor of Nursing at Dominican University of California.

As we discussed in our phone conversation, I will make every effort to ensure that my data collection does not interfere with your regularly scheduled classes and workshops, and that your clients are treated with the utmost discretion and sensitivity. If you have questions about the research you may contact me at phone number or email address below. If you have further concerns you may contact my research supervisor, Dr. Montague, at 666-6666 or the Institutional Review Board for the Protection of Human Participants at Dominican University of California by calling (415) 482-3547.

After my research project has been completed in May 2004, I will be glad to send you a summary of my research results.

If my request to visit your establishment and to interview your clients meets with your approval, please sign and date this letter below and return it to me in the enclosed self-addressed, stamped envelope as soon as possible. Please feel free to contact me if you have any questions about this project.

Thank you very much for your time and cooperation.

Sincerely,

Bruce T. Rockford
43 Thesis Terrace
San Rafael, CA 94903
Email address: [INSERT: Student's Dominican email address]
(415) 457-5533 x669

I agree with the above request

Signature

Date

APPENDIX L

LETTER REQUESTING PERMISSION TO USE A PSYCHOLOGICAL TEST

SAMPLE

DOMINICAN UNIVERSITY of CALIFORNIA
LETTER REQUESTING PERMISSION TO USE A PSYCHOLOGICAL TEST

September 1, 2003

Princeton University Press
41 Williams Street
Princeton, NJ 08540

RE: Couch Potato Inventory

Dear Madame or Sir:

I am writing to request written permission to use the Couch Potato Inventory (Remote, 1993) in my undergraduate research project relating stress levels to the amount of time adolescents spend watching television. This project is part of an undergraduate senior thesis research requirement in psychology at Dominican University of California.

I would also appreciate receiving copies of the test/questionnaire, the standard instructions for administering the test, and scoring procedures.

My research is being supervised by my advisor, Dr. Robert Knodoz, Psychology Department, Dominican University of California, San Rafael, CA, 94901, (415-889-9000).

If this request meets with your approval, please sign, date, and return this letter to me in the enclosed self-addressed, stamped envelope. I am also enclosing an additional copy of this letter for your records.

If you have any questions, please do not hesitate to contact me or, if you prefer, Dr. Knodoz.

Thank you for your help.

Sincerely,

Samantha J. Student
2001 Graduation Gardens
San Rafael, CA 94903
510-667-8888

I agree to the above request.

(Addressee's name)

Date

APPENDIX M

IRBPHP HUMAN PARTICIPANT INCIDENT REPORT

DOMINICAN UNIVERSITY of CALIFORNIA
HUMAN PARTICIPANT INCIDENT REPORT

All incidents of injury or other adverse effects experienced by human Participants must be reported to the IRBPHP, Office of Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA. 94901 (415-482-3547).

A written report, along with a copy of the original signed consent form, should be submitted as soon as possible, but NO LATER THAN 10 WORKING DAYS after first awareness of the problem.

Name of Researcher: _____
University Title: _____
Department: _____
Home and/or Campus Address (s): _____
Home and/or Work Phone (s): _____
E-mail address: _____

Name(s) and University Title(s) of Other Investigators: _____

Name of Faculty Advisor: _____
University Title: _____
Campus Address: _____
Campus Phone: _____
E-mail Address: _____

Project Title: _____

IRBPHP # _____

Name of Human Participant(s) _____

Respond to the items 1-4 on separate sheets of white paper, single-sided, typed in black ink using standard 12-point font. Responses to #1-4 should be stapled to this Human Participant Incident Report form.

1. Nature of Injury/Adverse Effect
2. Treatment(s)/Response Provided to Human Participant
3. Reporting (to whom has this already been reported?)
4. Additional Comments

_____ Signature of Person Reporting Incident	_____ Date
Name of Person Reporting Incident: _____	
Home and/or Campus Address(s): _____	
Home and/or Work Phones(s): _____	
E-Mail Address(s): _____	