

IRB #: IRB-FY2026-377  
Title: Application Template  
Creation Date: 6-12-2026  
Status: **Unsubmitted**  
Principal Investigator:

## 1- Basic Information

### **Preparing and Completing the Application**

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You do not have to finish the application in one sitting; just make sure you save frequently. As you complete the various sections of the application new sections relevant to the type of research being conducted will appear on the left; therefore, not all numbered sections may appear. You may go to another section using the menu on the left or the arrows at the bottom of each page. When adding attachments, each attachment button will allow you to add multiple documents and most common file types can be uploaded, including .pdf, .docx, and images.

**Additional help information has been added throughout the form for guidance and clarity. That additional information can be found by clicking the question mark in the top-right corner of various questions. You are strongly encouraged to use this feature.** Once you have answered all required sections (indicated with a red asterisk), a checkmark will appear for that section. **After all required sections are marked as complete, the option to submit the application will appear at the bottom left underneath all of the sections.**

For more information about the TWU IRB submission process, IRB tracking, and Cayuse IRB Tasks, please refer to the [TWU IRB Procedures](#), [TWU IRB website](#), and Cayuse help features.

\*required

**TWU Campus**

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*Note: If you are a student on a different campus than your faculty advisor, your faculty advisor's campus IRB will be the reviewing IRB.*

Denton

Houston

\*required

### **Is this activity research?**

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*Research is a systematic investigation designed to test hypotheses, evaluate programs, draw conclusions, or contribute to generalizable knowledge. Research is usually described in a formal protocol that sets forth objectives and a set of procedures designed to reach those objectives.*

Yes

No

Unsure

\*required

### **Does this research involve human subjects?**

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*Does research involve a living individual about whom a researcher obtains information or biospecimens through intervention or interaction with the individual OR does the research involve data that comes from a living individual about whom the researcher obtains, uses, studies, or generates identifiable private information or biospecimens?*

Yes

No

## 2- Research & Review Type

\*required

### Type of Project

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*Select the type of project (Check all that apply).*

Thesis

Professional paper

Dissertation

Class project

Faculty research

Pilot

Other

\*required

### Study Review Category

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*Indicate the level of review for this study.*

Exempt

Expedited

Full

### Drugs, Biologics, and Devices

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Will the study involve administering/investigating any of the following outside of the FDA-approved use? Check all that apply.

Drug/Supplements

Biologics

Devices

None of the above

## Funding Source

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*Have you already received funding for this research project?*

Yes

No

\*required

## Study Dates

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*Provide an estimated start and end date for this study.*

\*required

### Estimated Start Date

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*This is an estimated start date. You may NOT start your study until you receive IRB approval.*

\*required

### Estimated End Date

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*We will use the estimated end date you provide here as a basis for your expiration date.*

\*required

**Does this study involve working with more than one institution's IRB?**

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Yes

✓ No

### 3- Study Personnel Information

\*required

#### What is the Principal Investigator's status at TWU?

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Faculty

Student

Staff

Other

#### Study Personnel

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*Note: If you cannot find a person in the people finder, please contact the IRB Office: [irb@twu.edu](mailto:irb@twu.edu).*

\*required

#### Principal Investigator

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*Provide the name of the Principal Investigator of this study.*

\*required

#### Primary Contact

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*Provide the name of the Primary Contact of this study.*

#### Co-Principal Investigator(s)

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*Provide the name(s) of Investigator(s) for this study.*

#### Other TWU Research Team Members

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*Provide the name(s) of other TWU research team members for this study. Note: If you cannot find a person in the people finder, please contact the IRB Office.*

#### Human Subjects Training Certificates

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*If a research team member has not completed the CITI human subjects training but has a current certificate from another program (must be less than 3 years old), please attach it here.*

### **Other Non-TWU Research Team Members**

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*Provide the name(s), email address(es) and the role(s) of other Non-TWU research team members for this study.*

\*required

Please attach a human subjects training certificate for each non-TWU research team member listed.

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*Note: If the Non-TWU research team member has not completed the CITI human subjects training but has a current certificate from another program (must be less than 3 years old), please attach it here.*

### **Other Research Personnel**

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*Provide the name(s) of any other research personnel who will have access to study data (e.g., transcriber of recorded interviews, transcription agencies, phlebotomist, translator, survey analyst, etc.), but will not be included as part of the research team.*

\*required

Attach signed [confidentiality agreement](#) form for each person listed.

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\*required

### **Conflict of Interest**

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*Do you or any research team member(s) participating in this study have a financial interest related to this research project?*

Yes

No

## 4- Study Purpose & Research Questions/Hypotheses/Objectives

\*required

**Is this study a clinical trial?**

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Yes

No

\*required

**Type of Clinical Trial**

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*Select the type of clinical trial below. Check all that apply.*

Randomized

Non-Randomized

Placebo

Blinded

Other

\*required

**Clinical Trial Phase(s)**

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*Select the phase of the clinical trial. Check all that apply for this study.*

Pilot Study

Phase I

Phase II

Phase III

Phase IV

N/A

\*required

**Study Purpose**

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*Describe the purpose of the study and/or the rationale for conducting this study.*

\*required

**Research Questions/Hypotheses/Objectives**

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*Provide the research question(s), study hypotheses and/or study objectives.*

## 5- Subject Information

\*required

### Subjects to be Enrolled

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*Provide a description of the subjects in this study.*

\*required

### Approximate Number of Subjects to be Enrolled

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*Please enter the estimated total number of subjects to be enrolled in this study. If your study involves different parts/phases, provide the total for each part/phase, then the estimated total for the entire study.*

\*required

### Vulnerable Populations

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*Select below any population(s) that you will specifically recruit for this study. Check all that apply. If no vulnerable populations will be recruited, check "None of the Above."*

Pregnant women

Fetuses

Minors

Prisoners

Individuals with Impaired Decision-Making Capacity

Other

None of the Above

**If you are recruiting any vulnerable populations for this study, explain the necessity of using these particular groups.**

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\*required

**Necessity of Inclusion**

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\*required

**Age (or age range)**

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*Provide the age or age range of study subjects.*

\*required

Provide a rationale for the inclusion/exclusion based on age.

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\*required

**Sex of Study Subjects**

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*Select the sex of the subjects that will be enrolled in this study.*

Female

Male

Both

\*required

**Ethnicity of Subjects**

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*Will subjects be included/excluded based on ethnicity?*

Yes

No

### **Additional/ Other Inclusion Criteria**

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*List any other inclusion criteria to be considered for participation in the study. Provide a rationale for all inclusion criteria listed.*

### **Additional/Other Exclusion Criteria**

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*List any other exclusion criteria to be considered for participation. Provide a rationale for all exclusion criteria listed.*

\*required

### Secondary Data Analysis

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*Will this study **ONLY** utilize secondary data for which consent is not required?*

Yes

No

\*required

### Recruitment Process

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*Describe subject recruitment process in detail. Include information on how potential participants will receive information about the study.*

\*required

### Recruitment Documents/Materials

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*Attach all study recruitment materials you will use in this section. This includes (but is not limited to) flyers, email/phone/verbal scripts, social media posts, letters, advertisements, etc.*

\*required

### Eligibility Screening/Testing

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*Will the study utilize screening/eligibility questionnaires, tests, forms to be completed by or administered to the subject?*

Yes

**Explain the process for screening subjects.**

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\*required

**Attach the screening/eligibility questionnaire link(s) and/or document(s).**

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*If uploading a survey/questionnaire link, please also upload a pdf version for IRB records.*

*\*Note: You may only ask screening questions that will be used to determine eligibility. All other questions need to be asked after obtaining informed consent.*

No

\*required

**Will the subjects be told about the intent of the study prior to participating?**

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Yes

No

\*required

### Research Procedures

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*Describe the research procedures in detail. (See the question mark on the right side for information that should be included here.)*

\*required

### Will Audio/Video Recording be used in this study?

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Audio Only

Video Only

Both Audio and Video

No

\*required

### What device will you use to audio/video record?

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\*required

### What is the purpose of the audio/video recording?

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\*required

### Who will have access to the audio/video recording?

\*required

**Is internet/email a part of the study?**

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Yes

No

\*required

**Apps, Programs, Software, etc.**

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*Please list all apps/programs/software, etc., that you will use to manage, gather, process, or use with participant data.*

*(This includes, but is not limited to programs/apps such as Google Forms, Qualtrics, Zoom, Otter.ai, etc.)*

\*required

**Artificial Intelligence (AI)**

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*Do any of the apps/programs/software you listed above use AI?*

✓ Yes

Since your study uses AI software, you must explicitly explain in your consent form that you will use Artificial Intelligence software with their data. You must also inform participants what the AI software will do with their data. You will need to look into the software's policies to see what they will do with any data loaded into their system, and inform participants of that in the consent form. The participants need to be informed that once the AI software has access to their data, there is no guarantee that the data will be protected.

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\*required

## Non-TWU Study Site

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Will any direct recruitment or research activity occur at a specific Non-TWU agency, institution, or organization location/site? (This does not apply to online studies.)

Yes

\*required

Name and location of the site(s)?

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\*required

Affiliation of the **Principal Investigator** to this site(s)?

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*If the PI has no affiliation to the site, state, "None."*

\*required

Affiliation of the **Subjects** to this site(s)?

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Agency Approval Letter(s)

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*Agency approval letters are required by the IRB before data can be collected at a site. Indicate whether or not you have obtained an agency approval letter.*

Yes

No

No

\*required

## Location/Setting of the Study

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*Where will the study take place? Describe the physical and privacy aspects of this location.*

\*required

### **Time Commitment**

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*What is the time commitment for the subjects? Include the number of sessions/visits, maximum time commitment per session, and the maximum total time commitment.*

\*required

### **Subject Data, Specimens, and Records**

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*Does this project involve the collection or use of materials (data or specimens) recorded in a manner that could identify the individuals who provided the materials, either directly or through identifiers linked to these individuals?*

Yes

No

\*required

### Questions about the Study

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*Subjects should be provided the opportunity to ask the researchers questions about the study at any time before, during and after the completion of the study. Describe how subjects can contact the researchers if they have questions about the study.*

\*required

### Does this study require documented (handwritten or digitally signed) informed consent?

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*This is intended for studies where consent is documented with the participant's signature or typed name on a consent form.*

Yes

\*required

### Signed Informed Consent

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*Describe in detail the process for obtaining written/documented informed consent.*

\*required

### Consent Form(s) Documents

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*Attach the study consent form(s).*

No

\*required

### Assent of Minors

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\*required

**What is your process for obtaining assent?**

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*Explain how you will obtain assent from minors even if you do not use an assent form.*

\*required

**Assent Form**

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*Does this study use an assent form?*

✓ Yes

\*required

*Attach the assent form for this study.*

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No

## 9- Study Instruments & Other Attachments

\*required

### Study Instruments

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Will any data collection instruments (e.g., data collection forms, surveys, questionnaires, interview guides, focus group discussion guides, etc.) be used in the study?

Yes

No

\*required

**Will the survey, interview, or other instruments ask any questions where the participant's response(s) can identify them?**

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Yes

No

### Other Attachments

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*Are there other attachments (Standard Operating Procedures, Supplementary Documents, References, Device/App brochures, etc.) that you need to upload?*

\*required

**Potential Risks and the Steps to Minimize the Risks**

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\*required

**List all the potential risks to the human subjects involved in this research. All risks must be identified and listed on the consent form as well.**

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*Please ONLY list the risks here. Descriptions and steps to minimize will be requested below.*

\*required

**Describe how each risk will be minimized.**

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*Make sure all steps listed here match the steps listed in the consent form.*

\*required

**Benefits/Remuneration**

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\*required

**What direct benefits will participants receive for participating in the study?**  
*This includes incentives (gift cards/cash), free services, access to information, and access to an intervention. If there are none, state below that there are no direct benefits to the subjects.*

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\*required

***What are the generalizable benefits of this study?***

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*(i.e., contribution to knowledge in a particular field)*

\*required

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Will you provide results of the study to the subjects after the completion of the study?

✓ Yes

\*required

Explain how (*e.g., mail, email, posting online, etc.*) you will provide the results of the study to the subjects.

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No

\*required

### **Identifiable Private Information to be Collected**

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*List all documents, consent forms, recordings, electronic data, health records, biospecimens, etc., that contain identifiable private information to be collected in this study.*

\*required

### **Will you analyze the identifiable data listed above?**

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✓ Yes. Data analysis will be conducted on identifiable data.

No. Data analysis will only be conducted after the data are de-identified.

\*required

### **What software/application/program, etc. will you use to analyze the identifiable data?**

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*(e.g., Atlas.ti, NVivo, SPSS, etc.)*

\*required

### **Storage Location of Identifiable Private Information/Data/Specimens**

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*Where will the identifiable private information or data be stored? Describe the security measures you will take to protect the stored data.*

*(e.g., in a locked file cabinet with limited access, or a password protected computer.)*

## Storage of Signed Consent Forms

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*Where will signed consent form will be stored? Note, signed consent forms must be stored for a minimum of 3 years after the close of the study. They must be stored separately from the data/information listed in the section above.*

\*required

### **Electronic Transmission of Identifiable Private Information**

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*Will the identifiable private information be transmitted electronically? (This includes, but is not limited to downloading, emailing, transferring from cloud storage to computer/hard drive/flash drive, and/or video conferencing .)*

Yes

\*required

**Explain how data will be protected during transmission.**

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*Provide the steps/security measures you will take to protect the data during transmission.*

No

\*required

### **Identifiable Private Information Destruction Timeline**

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*Will the documents containing Identifiable Private Information be destroyed?*

Yes

\*required

**Timeline for the Destruction**

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*Provide a time frame for when the documents containing identifiable private information will be destroyed. (e.g., 5 years after the completion of the study.)*

\*required

## Method(s) of Destruction

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*Identify specific ways that the documents containing identifiable private information will be destroyed at the end of this period of time.*

No