Do I Need to Submit an Application to the Human Subjects Institutional Review Board?

Please circle Yes or No to Items 1 through 3 below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>Is this activity a “classroom exercise” that: takes place in a Rider classroom, department, dormitory, or other Rider campus setting, or in a public setting with generally unlimited access to the public, such as a shopping center, park or street, AND involves only the learning of research techniques AND does not put the subjects at more than minimal risk, with the data recorded anonymously by the student researchers (i.e., with no names, social security numbers, or any other codes that can be linked to a list of names of the research subjects), AND the findings will not be presented or published?</td>
<td>STOP: An IRB Application Is Not Required.</td>
<td>An IRB Application May Be Required.</td>
</tr>
<tr>
<td>Item 2</td>
<td>Does this activity involve research? <strong>Definition of Research</strong>: A systematic investigation (i.e., the gathering and analysis of information) designed to develop or contribute to generalizable knowledge (e.g. to be published or disseminated to the public).</td>
<td>continues to Item 3.</td>
<td>STOP: An IRB Application Is Not Required.</td>
</tr>
<tr>
<td>Item 3</td>
<td>Do the individuals that will participate in this activity meet the definition of human subjects? <strong>Definition of Human Subject</strong>: Living individual(s) about whom an investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2) identifiable private information.</td>
<td>An IRB Application Is Required.</td>
<td>STOP: An IRB Application Is Not Required.</td>
</tr>
</tbody>
</table>

A “YES” to Item 1 or a “No” to questions 2 or 3 indicates that
1. Your project does not involve BOTH research and human subjects, therefore, 2. No IRB application is required.

A “No” to Item 1 and “YES” to Items 2 and 3 indicates that
1. Your project involves BOTH research and human subjects, therefore, 2. You need to submit a formal application to the IRB. Please proceed to IRB Review Forms 1 and 2.
Please contact the appropriate IRB representative below if you have any questions concerning the need to submit an IRB application or need any assistance while completing an IRB form.

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<td><a href="mailto:_kprice@rider.edu">_kprice@rider.edu</a></td>
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# Human Subjects Institutional Review Board Form 1

Please respond to Items 1 through 7 by deleting the unnecessary response—that is, if your response is “YES” then delete the “NO”. Items 1 through 7 must be completed before your application will be processed.

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<tr>
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<th>Yes</th>
<th>No</th>
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<td>Item 1</td>
<td>Does the activity present more than minimal risk to subjects?</td>
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<tr>
<td></td>
<td><em>Definition of Minimal Risk:</em> A risk is minimal where the probability</td>
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<td></td>
<td>and magnitude of harm or discomfort anticipated in the proposed</td>
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<td>research are not greater, in and of themselves, than those ordinarily</td>
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<td>encountered in daily life or during the performance of routine</td>
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<tr>
<td></td>
<td>physical or psychological examinations or tests.</td>
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<tr>
<td>Item 2</td>
<td>Does the research involve children, prisoners, fetuses or pregnant</td>
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<tr>
<td></td>
<td>women, or cognitively impaired participants?</td>
<td></td>
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<tr>
<td></td>
<td><em>Children:</em> You must complete IRB Supplement A.</td>
<td></td>
<td></td>
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<td></td>
<td><em>Prisoners:</em> You must complete IRB Supplement B.</td>
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<td></td>
<td><em>Fetus/Pregnant Women:</em> You must complete IRB Supplement C.</td>
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<td></td>
<td><em>Cognitively Impaired:</em> You must complete IRB Supplement D.</td>
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<tr>
<td>Item 3</td>
<td>Does the research involve ANY form of deception or incomplete disclosures</td>
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<tr>
<td></td>
<td>OR the use of Internet data collection services that DO NOT collect</td>
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<td>informed consent?</td>
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<tr>
<td></td>
<td><em>Deception:</em> You must complete IRB Supplement E.</td>
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<td></td>
<td><em>Internet:</em> You must complete IRB Supplement F.</td>
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<tr>
<td>Item 4</td>
<td>Does the research involve the long-term storage of confidential</td>
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<td>information that will be analyzed in the future that could result in the</td>
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<td></td>
<td>identification of participants or cause them financial or legal risk or</td>
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<td>defamation of character?</td>
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<td></td>
<td>You must complete IRB Supplement G.</td>
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<tr>
<td>Item 5</td>
<td>Does the research involve the measurement of biological samples (i.e., blood or serum, tissues)?</td>
<td></td>
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<td></td>
<td>You must complete IRB Supplement H.</td>
<td>Yes</td>
<td>No</td>
</tr>
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| Item 6 | Does your research involve the potential for conflicts of interest? Is your research being conducted with an organization with which you, a member of your research team, or a family member has any financial or commercial interest? |
|-------|---------------------------------------------------------------------------------------------------------------------------------|      |    |
|       | You must complete IRB Supplement I.                                                                                             | Yes  | No |

| Item 7 | Is the information that is obtained from individuals recorded in such a manner that the participants can be identified either directly or through identifiers linked to the subject (e.g. home addresses, specific personal information)? |
|-------|---------------------------------------------------------------------------------------------------------------------------------|      |    |
|       | You must complete IRB Supplement G.                                                                                             | Yes  | No |

**If you responded with a “YES” to Item 1, 2, 3, 4, 5, 6 or 7 a full IRB review IS NECESSARY** and it will be scheduled **AFTER** the receipt of all necessary information. Please

1. Continue to IRB Form 2 and complete it,
2. Complete appropriate IRB Supplement Form(s) as indicated above, and
3. Expect to receive a confirmation of the receipt of your application and regular updates once all of the necessary information and forms have been received.

**If you responded with a “NO” to Items 1, 2, 3, 4, 5, 6, and 7 a full IRB meeting MAY NOT be necessary** and the IRB Representative for your school or college will review your materials and determine if a full IRB meeting is necessary **AFTER** the receipt of all necessary information. Please:

1. Continue to IRB Form 2 and complete it, and
2. Expect to receive a confirmation of the receipt of your application and regular updates once all of the necessary information and forms have been received.

**All IRB materials must be submitted by email to the IRB Representative for your school or college. When classes are in session**, the IRB representative to whom you submit your materials should acknowledge their receipt within three (3) working days, and at that time may request additional information. Your completed application will be printed by the IRB Representative and the date and time stamp of the Rider University email system will mark the formal date of your submission.

Projects that do not require a full IRB meeting **and** for which all necessary information and forms have been received should, under normal circumstances, be reviewed within five (5) working days.

Projects requiring a full IRB meeting **and** for which all necessary information and forms have been received should, under normal circumstances, require ten (10) working days to schedule and an additional ten (10) working days to complete.
Instructions: Please complete this form and the two (2) required documents described below.

Project Title: ___________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Principal Investigator(s) __________________________________________________________________
Name ______________________________ Signature __________________
_____________________________________________________________________________________
Name ______________________________ Signature __________________
_____________________________________________________________________________________
Name ______________________________ Signature __________________

If student(s), faculty sponsor: __________________________________________________________________
Name ______________________________ Signature __________________

Department _______________________ Phone __________________ Email ________________________

Funding sources, if any: ____________________________________________________________________

Attach the following two documents:

1. Document 1 is a copy of your informed consent and it should contain clearly-identifiable information related to each of the following six (6) core areas:

   a. An explanation of the purpose(s) of the research, the expected duration of the subject's participation, a description of the procedures to be followed, and the identification of any procedures which are experimental;

   b. A description of any reasonably foreseeable risks or discomforts to the subject and a description of any benefits to the subject or to others which may reasonably be expected from the research;
c. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

d. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;

e. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and

f. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

**Additional note on informed consent:** If you are working with children or minors with cognitive disabilities you must also attach a copy of the informed consent statement that will be signed by parental and/or legal guardians.

2. **Document 2 is a complete description of the procedures you are proposing to use, including how you will select research participants, who your participants will be, what participants will be exposed to and required to do, and explain potential risks for research participants.**

**Completed copies of IRB Forms 1 and 2, the two necessary documents described above (informed consent and experimental procedures), and all applicable IRB Supplemental Forms should be EMAILED to the IRB representative designated below:**

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IRB Guidance on Informed Consent Statements

Informed consent statements are required to be submitted with all IRB applications, and should include each of the following:

(1) A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;

(2) A description of any reasonably foreseeable risks or discomforts to the subject;

(3) A description of any benefits to the subject or to others which may reasonably be expected from the research;

(4) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;

(5) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

(6) For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;

(7) An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and

(8) A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

A sample of two informed consent statements used by IRB members is attached for your review. The IRB has no mandate on the format of the informed consent statement as long as the necessary information can be easily located.
Rider University supports the practice of protection for human subjects participating in research, and the following information is provided for you to decide whether you wish to participate in this study. This project:

1. Consists of a questionnaire assessing attitudes towards participation in organized athletics. The anticipated benefits include a better understanding of motivations to exercise and how involvement in organized athletics affects these motivations.
2. There are no experimental manipulations, no deception, and no known risks or discomforts.
3. Has been approved by Rider University’s Institutional Review Board (the governing body that oversees research activities involving human participants).
4. Should take approximately 15 minutes to complete and you are required to read and sign this form to participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time.
5. Ensures that all responses are anonymous.

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call the faculty sponsor of this project, Dr. Brosvic, at (609) 895-5437, or email him at brosvic@rider.edu.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

_________________________________________         _____________________
Print Participant's Name    Date

_________________________________________
Participant's Signature

---------------------------Tear bottom off and keep for your records ---------------------------

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding this study (PROJECT SPORTS-16). I understand that if I have any additional questions about my rights as a research participant, I may call the faculty sponsor of this project, Dr. Brosvic, at (609) 895-5437, or email him at brosvic@rider.edu.

Gary Brosvic, Ph.D.
Department of Psychology
Rider University
Lawrenceville NJ 08343
609-895-5437
brosvic@rider.edu
Academic Identification and Self-Concept

We are graduate students in Education and are conducting a study on academic identification and self-concept. If you consent to participate in this study you will complete four questionnaires. These include measures of attitudes about your racial identity, self-concept, academic identification, the importance of various group memberships, and a background questionnaire. The time to complete these questionnaires should be about one hour. You will receive $10.00 for agreeing to participate in this study.

Should you agree to participate, you are free to refuse to answer any questions and/or to withdraw at any time from the study without penalty. Should you withdraw, you will still receive your $10.00 payment.

Beyond payment it is unlikely that you will directly benefit from participation in this study. However, the knowledge gained from this study may contribute to understanding factors that affect the academic success of college students. So as to ensure confidentiality, do not place your name on your questionnaires. We will keep consent forms separate from questionnaires so as to ensure that your participation remains confidential. Results will only be reported in group form and you will be provided with a group summary of the results on request.

There are no predictable physical ill effects associated with participating in this study. Answering some questions about self-concept and racial or academic identity might create transitory discomfort. If participating in this study causes any problems, such as anxiety created by answering personal questions Dr. X in the counseling center is available to assist you. Dr. X can be contacted in Room Z of College.

If you have questions about this study or your rights as a research participant, please contact our instructor: Dr. O, Assistant Professor, Rider University, 609-888-8888, dro@rider.edu

I have read and understood this consent form, and I agree to participate in this study.

Signature ______________________________ Date ________________

Printed Name _________________________________________________
Rider University
IRB Supplement Form A
Research Involving Children as Participants

Investigator: ________________________________________________

Project Title: ______________________________________________

Date: ______________________________________________________

Please attach all answers on a separate sheet.

1. Children as Participants

   a. What is the age range of the children in this research?

   b. Where will the children participate?
      - Home
      - School
      - University lab/office
      - Other Specify:

   c. Will any of the research take place in school settings?  □ Yes  □ No

      If yes, have you obtained the necessary permission from the school district?
      - Yes  □ No (Attach documentation of permission)

   d. Are any of the children wards of the State or any other agency, institution, or entity?
      - Yes  □ No. If yes, provide details:

2. Allowable Categories

   Check the category below that best represents the degree of risk and benefit to which the children in this study will be exposed. Note: more than one category may be indicated such as when a protocol involves both a study group and a control group; in these cases, please specify.

   □ Category 1: The proposed research poses risks no greater than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (i.e., minimal risk).

      How does the procedure present experiences to Participants that are reasonably commensurate with those inherent in their actual or expected situations? Attach your explanation.

   □ Category 2: The proposed research poses a greater than minimal risk with the potential for direct benefit to Participants.

      How is the benefit to risk assessment at least as favorable as that presented by alternative research approaches? Attach your explanation.

   □ Category 3: The proposed research poses a greater than minimal risk with no potential for direct benefit to individuals, but likely to yield generalizable knowledge about the Participants’ conditions.

      How is the risk to the minor greater than minimal risk? Attach your explanation.
How is the knowledge to be gained of vital importance for the understanding or amelioration of the condition? Attach your explanation.

☐ Category 4: The proposed research does not meet the criteria in the above categories but presents an opportunity to understand, prevent, or alleviate serious problems affecting the health or welfare of children.

Provide justification for why this research should be approved and attach your explanation:

3. Parental Permission

a. What permission will be obtained from the parents?

In general permission from both parents is required for research involving children unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child. For Categories 1 & 2, however, the IRB may find that the permission of one parent is sufficient.

☐ Permission will be obtained from both parents where possible.
☐ Permission from only one parent is being requested

b. If the research is being conducted in a group setting (e.g., a classroom), explain what provisions have been made for children whose parents have not given permission for them to participate:

4. Assent from Children

Adequate provisions must be made for soliciting the assent of children when in the judgment of the IRB the children are capable of providing assent and for soliciting the permission of their parents or guardians.

a. Please indicate whether the children you will study are generally capable of providing assent; evaluate age, maturity and psychological state of the children involved. Please be specific:

☐ All are capable:

☐ None are capable: Explain and attach your explanation.

☐ Some are capable: Explain and attach your explanation.

b. Describe how assent is will be obtained, including what information will be provided to the Participants:

c. Describe how assent will be documented. Attach copies of all assent forms, if any.
Rider University
IRB Supplement Form B
Research Involving Prisoners as Participants

Investigator: __________________________________________________________________________
Title: ________________________________________________________________________________
Date: ________________________________________________________________________________

Please attach all answers on a separate sheet.

1. Prisoners as Participants

   a. The Participants in this study include:

      □ Individuals involuntarily confined or detained in a penal institution.
      □ Individuals detained in other facilities by virtue of statutes or commitment procedures that provide alternatives to criminal prosecution or incarceration in a penal institution. Attach your explanation.
      □ Individuals detained pending arraignment, trial, or sentencing. Attach your explanation.
      □ Other individuals involuntarily detained under a criminal or civil statute. Attach your explanation.

   b. Where are the prisoners located?

   c. Do you have permission from the facility and the appropriate authorities? Attach all documentation.
      □ Yes  □ No

   d. Are any of the Participants in this research minors in the jurisdiction where the research is taking place?
      □ Yes  □ No
      If YES, complete IRB Supplement A.

2. Allowable Categories

Check the category below that best represents the nature of the research and the degree of risk and benefit to which the prisoners in this study will be exposed.

Note: The definition of minimal risk for prisoners is slightly different than the definition for other Participants. The definition of minimal risk for research involving prisoners is as follows:

   Minimal risk is the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons.

   □ Category 1: The study of the possible causes, effects, and processes of incarceration, and of criminal behavior, where the study presents no more than minimal risk and no more than inconvenience to the Participants. Attach your explanation.

   □ Category 2: The study of prisons as institutional structures or of prisoners as incarcerated persons, where the study presents no more than minimal risk and no more than inconvenience to the Participants. Attach your explanation.
☐ Category 3: The study of conditions particularly affecting prisoners as a class (for example, research on social and psychological problems such as alcoholism, drug addiction, and sexual assaults). **Attach your explanation.**

☐ Category 4: The study of practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject. **Attach your explanation.**

Does the study in Category 4 involve a control group which will not receive a benefit from being in the study? **Attach your explanation.**

3. Additional Criteria

a. Are there any possible advantages accruing to the prisoner through his or her participation in the research, when compared to the general living conditions, medical care, quality of food, amenities and opportunity for earnings in the prison, are not of such a magnitude that his or her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison is impaired? **Attach your explanation.**
   ☐ Yes ☐ No

b. Are the risks involved in the research commensurate with risks that would be accepted by non-prisoner volunteers? **Attach your explanation.**
   ☐ Yes ☐ No

c. Are the procedures for the selection of Participants within the prison fair to all prisoners and immune from arbitrary intervention by prison authorities or prisoners? **Attach your explanation.**
   ☐ Yes ☐ No

d. Is the information presented in language which is understandable to the subject population? **Attach your explanation.**
   ☐ Yes ☐ No

e. Does adequate assurance exist that the parole Board will not take into account a prisoner's participation in the research in making decisions regarding parole, and each prisoner is clearly informed in advance that participation in the research will have no effect on his or her parole? **Attach your explanation.**
   ☐ Yes ☐ No

f. If there may be a need for follow-up examination or care of Participants after the end of their participation, have adequate provisions been made for such examination or care, taking into account the varying lengths of individual prisoners' sentences, and for informing Participants of this fact? **Attach your explanation.**
   ☐ Yes ☐ No
Rider University
IRB Supplement Form C
Research Involving Pregnant Women, Fetuses and Neonates

Investigator: ________________________________________________________________
Project Title: ________________________________________________________________________________________________
Date: _____________________________________________________________________________________________

Please attach all answers on a separate sheet.

1. Research involving Pregnant Women and Human Fetuses:
   a. Does this research pose a greater than minimal risk to the woman or fetus?
      □ Yes □ No

      IF NO, THEN THIS FORM IS COMPLETE.

   b. Is risk to the fetus caused solely by interventions/procedures that hold out the prospect of direct benefit
      for the woman or the fetus? Attach your explanation.
      □ Yes □ No

      NOTE: if the research holds out the prospect of direct benefit solely to the fetus, then the consent of the
      pregnant woman and the father must be obtained, except that the father's consent need not be obtained if he
      is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy
      resulted from rape or incest. Otherwise, the consent of the mother is sufficient.

   c. Where scientifically appropriate, have preclinical studies, including studies on pregnant animals, and
      clinical studies, including studies on non-pregnant women, been conducted to provide data for assessing
      potential risks to pregnant women and fetuses? Attach your explanation.
      □ Yes □ No

   d. Explain why the level of risk is the least possible for achieving the objectives of the research and provide
      justification for your explanation:

   e. Describe how you will ensure that individuals providing consent are fully informed regarding the
      reasonably foreseeable impact of the research on the fetus:

   f. Check off that the Principle Investigator assures that:
      □ No inducements, monetary or otherwise, will be offered to terminate a pregnancy;
      □ Individuals engaged in the research will have no part in any decisions as to the timing, method, or
      procedures used to terminate a pregnancy; and
      □ Individuals engaged in the research will have no part in determining the viability of a neonate.

2. Research involving Neonates:
   Please note, newborns are only considered neonates until they are determined to be viable. Once they are
   determined to be viable, they are considered children; Supplement A should be completed for viable
   newborns. When neonates of uncertain viability and nonviable neonates are to be involved in research please
   answer the following questions. Attach your explanation.
a. Will there be any added risk to the neonate resulting from the research?
☐ Yes  ☐ No

b. The Principal Investigator assures that individuals engaged in the research will have no part in determining the viability of the neonate. Attach your explanation.
☐ Yes  ☐ No

c. Where scientifically appropriate, have preclinical and clinical studies been conducted to provide data for assessing potential risks to neonates? Attach your explanation.
☐ Yes  ☐ No

d. Does the research hold out the prospect of enhancing the probability of survival of the neonate to the point of viability, and is any risk the least possible for achieving that objective? Attach your explanation.
☐ Yes  ☐ No

e. Is the purpose of the research the development of important biomedical knowledge that cannot be obtained by other means and will there be no added risk to the neonate as a result of the research? Attach your explanation.
☐ Yes  ☐ No

f. Will legally effective informed consent from either parent* be obtained in the case of a neonate of uncertain viability? Attach your explanation.
☐ Yes  ☐ No

g. Will legally effective informed consent from both parents* be obtained in the case of nonviable neonates? Attach your explanation.
☐ Yes  ☐ No

h. In the case of nonviable neonates, will vital functions of the neonate be artificially maintained? Attach your explanation.
☐ Yes  ☐ No

i. In the case of nonviable neonates, will the research terminate the heartbeat or respiration of the neonate? Attach your explanation.
☐ Yes  ☐ No

*The legally effective informed consent of either parent may be waived because of unavailability, incompetence, or temporary incapacity, in which case the legally effective informed consent of either parent's legally authorized representative is obtained in accord with subpart A of CFR 45 part 46, except that the consent of the father or his legally authorized representative need not be obtained if the pregnancy resulted from rape or incest.
1. Cognitively Impaired Participants
   a. Describe the cognitively impaired Participants to be included in this research:

   b. Explain why these Participants need to be included in this research. **Attach your explanation.**

   c. Are any of these Participants institutionalized?

   □ Yes  □ No. If yes, describe the setting and attach ALL documentation of permission from the host institution:

2. Risk/Benefit
   a. Are the risks to Participants in this research no more than minimal?

   □ Yes  □ No.

   b. If the research involves greater than minimal risk to Participants, are there direct benefits to the individual Participants? □ Yes  □ No. If yes, **attach your explanation.**

3. Consent and Assent
   a. Describe the procedures to be used to determine the individual subject’s capacity to provide consent:

   Note: the decision-making capacity of individual Participants should not be assumed because of a condition or diagnosis. The decision-making capacity of individual Participants should be determined through the use of a standardized measure or by consultation with a qualified professional.

   b. For Participants where it has been determined that they lack the capacity to give consent, describe the provisions for obtaining consent from the Participants’ legally authorized representative:

   c. Describe how the assent of the Participants will be obtained and documented.
Rider University
IRB Supplement Form E
Research Involving Deception

Investigator: ______________________________________________________________________________

Project Title: ______________________________________________________________________________

Date: ____________________________________________________________________________________

Please attach all answers on a separate sheet.

1. Deception
   
a. Describe the deception being used in this study:

   b. Explain why deception is necessary in this research:

   c. Are the risks to Participants in this research greater than minimal?
      ☐ Yes ☐ No. IF YES, DECEPTION CANNOT BE USED IN THIS RESEARCH.

2. Information
   
a. Describe what information is being provided to Participants when they decide to participate:

   b. Describe the how the Participants will be provided with additional pertinent information after participation (debriefing):
Rider University  
IRB Supplement Form F  
Research Involving the Internet  

Investigator: _______________________________________________________

Project Title: _____________________________________________________________

Date: ______________________

Please attach all answers on a separate sheet.

1. Use of the Internet

   a. How is the Internet being used in this research?
      □ Recruiting Participants over the Internet
      □ Observation of Internet activity
      □ Collecting data over the Internet
      □ Other, specify:

   b. Describe the use of the internet in this research. Attach your explanation.

2. Informed Consent

   a. Describe how informed consent is being obtained. Attach your explanation.

   b. Describe how informed consent is being documented. Attach your explanation.

3. Privacy & Confidentiality

   a. Is online activity (e.g., chat rooms) being observed? Attach your explanation.
      □ Yes  □ No

      If yes, describe the setting and nature of the online activity. Attach your explanation.

      If yes, will the Participants be aware that their activity is being observed?
      □ Yes  □ No  If no, provide a justification. Attach your explanation.

   c. How will you protect the confidentiality of subject information? Attach your explanation.

4. Expertise

   a. Describe the technical expertise of the investigator and/or research team with regard to conducting research on the Internet. Attach your explanation.

   b. Have any technical consultants been involved in designing this research?
      □ Yes  □ No  If yes, please specify and describe their expertise. Attach your explanation.
Rider University
IRB Supplement Form G
Research Involving Stored Data for Future and Current Use

Investigator: _____________________________________________________________________________
Project Title: _____________________________________________________________________________
Date: ___________________________________________________________________________________

Please attach all answers on a separate sheet.

1. Data Use
   a. Who will use the data? Check all that apply:
      - Principle Investigator (PI)
      - The PI’s students
      - Other researchers at Rider
      - Researchers at other institutions
      - Future use is unknown at this time

      Note: Future use of this data by the Principle Investigator and/or students will require a separate application to the IRB for approval unless that use is included in this application.

   b. If the data is to be released to other researchers, describe policies to ensure that data is used appropriately. Attach your explanation.

2. Data Storage
   a. Describe how the data is to be stored, including location. Attach your explanation.

   b. Who will have access to the data? Attach your explanation.

   c. Describe protections in place to restrict access to authorized persons. Attach your explanation.

   d. Will the stored data be identifiable?  
      - Yes  - No  If yes, explain why this is necessary. If no, explain how the data will be de identifies. Attach your explanation.

   e. Will the data be coded?  
      - Yes  - No  If yes, explain how the data will be coded and how the key will be secured. Attach your explanation.

3. Consent
   a. Will the Participants give their consent to have their data stored for future use?  
      - Yes  - No  If yes, explain how this will be done. Attach your explanation. If no, explain why this is necessary.
Rider University
IRB Supplement Form H
Research Involving Physiological Processes

Investigator: ______________________________________________________________________________
Project Title: ______________________________________________________________________________
Date: ____________________________________________________________________________________

Please attach all answers on a separate sheet.

1. **Physiological Intervention**
   
a. Indicate what physiological interventions are used in this research:

   - [ ] Collection of blood samples through venipuncture
   - [ ] Collection of biological samples (e.g., sweat, urine, saliva, sputum)
   - [ ] Physiological monitoring (e.g., EEG, EMG)
   - [ ] Exercise or stress tests
   - [ ] Medical imaging (e.g., MRI, fMRI, PET)
   - [ ] Administration of alcohol or drugs
   - [ ] Other, specify:

   b. Describe the physiological intervention. **Attach your explanation.**

   c. Explain why this intervention is necessary to your research. **Attach your explanation.**

2. **Subject Safety**
   
a. Describe the procedures in place to protect the safety of the Participants. **Attach your explanation.**

   b. Is there medical supervision for this intervention?
   - [ ] Yes  [ ] No

   If yes, describe the supervision; if no, explain why it is not necessary. **Attach your explanation.**
IRB Supplement Form I
Research Involving Conflicts of Interest

Investigator: ______________________________________________________________________________

Title: ____________________________________________________________________________________

Date: ____________________________________________________________________________________

1. Description of Conflict

   a. Who has the conflict?

      ☐ Principle Investigator (PI)

      ☐ PI’s immediate family. Specify and attach:

      ☐ Member of the research team. Specify and attach:

      ☐ Member of the research team’s family. Specify and attach:

   b. Name of organization or business.

   c. Nature of the relationship:

      ☐ Has an ownership interest, stock options, or other equity interest in the organization noted above greater than 5% of total equity.

      ☐ Received or will receive payments from the organization noted above that exceed $10,000 when aggregated for immediate family members in one year.

      ☐ A financial interest in the research with value that exceeds $10,000 when aggregated for immediate family members in one year.

      ☐ A proprietary interest in the research, such as a patent, trademark, copyright, or licensing agreement.

      ☐ A proprietary interest in the research other than copyrights and patents without royalties.

      ☐ Serves as an executive or director of the organization noted above.

      ☐ Income from seminars, lectures or teaching engagements sponsored by the organization noted above.

      ☐ Income from service on advisory committees or review panels for the organization noted above.

      ☐ Any compensation whose amount would be affected by the outcome of the research.

      ☐ A financial interest that requires disclosure to the sponsor or funding source.

      ☐ A financial interest in the research with value that cannot be readily determined. Specify and attach:
Any other financial interest that the investigator believes may interfere with his or her ability to protect participants. **Attach your explanation.**

2. **Relationship to the research**
   a. How is the organization or business noted above related to the research? **Attach your explanation.**

   b. Could the financial relationship described above be affected by the outcome of the study? **Attach your explanation.**
      □ Yes □ No. **Attach your explanation.**

3. **Disclosure & Management**
   a. Has this financial relationship been disclosed to the Chair of the Institutional Review Board? Contact Dr. James Castagnera (phone: 609-896-5035; email: castagne@rider.edu) for more information. **Attach your explanation.**
      □ Yes □ No

   b. If the answer above is yes, has a conflict management plan been approved? **Attach your explanation.**
      □ Yes □ No If yes, specify and **attach your explanation.**