AAUP-IRB APPLICATION FORM *(Electronic)*

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| **Applicant Information** | |
| **Name of Applicant(s):** |  |
| **University ID No.:** |  |
| **Faculty:** |  |
| **Department:** |  |
| **Program:** |  |
| **Name of main supervisor:** |  |
| **Name of co-supervisor(s):** |  |
| **Name of external supervisor:** |  |
| **General Information** | |
| **Study title:** |  |
| **Study summary:** |  |
| **Type of the study:** | 1. Experimental (interventional) study. 2. Non-experimental (non-interventional) study. |
| **Has this study been conducted at AAUP in the past?** | □ Yes □ No |
| If yes, give details: |  |
| **Has this study been conducted in Palestine in the past?** | □ Yes □ No |
| If yes, give details: |  |
| **Is this research funded?** | □ Yes □ No |
| If yes, give details: |  |
| **Research Details** | |
| **Study introduction and background:** | *(200 words)* |
| **Why it is important to conduct this study?** |  |
| **Study objectives:** |  |
| **Methodology** | |
| **Study design:** | 1. [Case Study design](https://library.sacredheart.edu/c.php?g=29803&p=185902#s-lg-box-wrapper-626721) 2. Case-control design 3. [Cohort (Longitudinal) design](https://library.sacredheart.edu/c.php?g=29803&p=185902#s-lg-box-wrapper-626725) 4. [Cross-Sectional design](https://library.sacredheart.edu/c.php?g=29803&p=185902#s-lg-box-wrapper-626726) 5. [Descriptive design](https://library.sacredheart.edu/c.php?g=29803&p=185902#s-lg-box-wrapper-626728) 6. [Observational design](https://library.sacredheart.edu/c.php?g=29803&p=185902#s-lg-box-wrapper-626736) 7. Randomized controlled trials (RCTs) 8. Quasi experiments; non-randomized, (non-controlled / one group) 9. Quasi experiments; non-randomized, (controlled / two groups) 10. Retrospective designs 11. Prospective designs 12. Others |
| **Method of data collection:** | 1. Quantitative method 2. Qualitative method 3. Mixed method |
| **Sampling method:** | 1. Simple random sampling 2. Systematic sampling 3. Stratified sampling 4. Clustered sampling 5. Convenience sampling 6. Quota sampling 7. Judgement (or Purposive) Sampling 8. Snowball sampling 9. Universal sampling |
| **Study population (sample size and target group):** |  |
| **How will the data be collected?** |  |
| **Who will collect the data?** |  |
| **How long will the study be?** |  |
| **Ethical Issues** | |
| **Are the patients file or medical records needed?** | □ Yes □ No |
| **Are human subjects involved?** | □ Yes □ No |
| **Does the study involve people from a vulnerable groups?** | □ Yes □ No |
| **How long is each participant going to be involved in the study?** |  |
| ***For experimental (interventional) study.*** | |
| **What is the intervention (educational program, drugs, therapy, treatment, medical device, …etc.) of this study?** | 1. Educational program, 2. Drugs 3. Therapy 4. Treatment 5. Medical device 6. Other |
| **Who will give the intervention?** |  |
| **Is the intervention of the study New?** | □ Yes □ No |
| 1. If yes, is the new intervention tested before? | □ Yes □ No □ Not applicable |
| 1. If yes, has the new intervention granted license? | □ Yes □ No □ Not applicable |
| 1. If yes, Who gave the licenses? |  |
| **How much is the intervention cost?** |  |
| **Who will pay?** |  |
| **Is there any continuity of treatment provided after the study is completed?** | □ Yes □ No |
| **Does this study involve any clinical procedure?** | □ Yes □ No □ Not applicable |
| **Does this study include taking blood, tissue, biological sample from human subjects?** | □ Yes □ No □ Not applicable |
| **What is the language of the questionnaires?** | 1. English 2. Arabic 3. Both |
| **Did you translate the questionnaires from the original language?** | □ Yes □ No |
| **Will the questionnaires / interview include sensitive, embarrassment, upsetting topics?** | □ Yes □ No □ Not applicable |
| **What are the benefits for the participants?** |  |
| **Is there any potential harm for the participants?** | □ Yes □ No □ Not applicable |
| 1. If yes, please specify? |  |
| 1. If yes, how are you going to minimize it? |  |
| **Is there an insurance coverage for the study?** | □ Yes □ No □ Not applicable |
| **Is there any payment for the participants?** | □ Yes □ No |
| **Is there any payment for the persons who will be recruited for the study?** | □ Yes □ No |
| **How will the data / records (e.g. questionnaires) of the participants be kept?** |  |
| **How will you keep the anonymity of the participants?** |  |
| **Who will have an access to the research data?** |  |
| **For how long will you keep the research data?** |  |
| **Are you going to provide a Participant Information Sheet, and Informed Consent?** | □ Yes □ No |
| **Does any researcher have a conflict of interest?** | □ Yes □ No |
| **To ensure participant’s confidentiality, I agree to comply to the Caldicott Principles as follows:**   1. I will not use identifiable information unless it is necessary. 2. I will only use the minimum necessary patient-identifiable information. 3. I will ensure that the access to patient identifiable information will be on a strictly need-to-know basis. 4. I will ensure that everyone with access to patient identifiable information is aware of their responsibilities. 5. I understand and will comply with the law. 6. I understand that the duty to share information can be as important as the duty to protect patient confidentiality. | |
| **Other information?** |  |
| **The required Documents:** | |
| 1. Approval of passing of proposal defense (for Master & PhD degree). 2. The research proposal. 3. AAUP-IRB Participants Information Sheet. 4. AAUP-IRB Informed Consent. 5. Study Questionnaires. | |

**Note:**

1. The applicant will submit the AAUP-IRB application for the Deanship of Scientific Research ([src@aaup.edu](mailto:src@aaup.edu)).
2. After submission, every application will be given an (application No.) by the system.