To: Social Work

From: Sherryl Browne Graves, Chair
      Andrea Savage, Chair

Date: 1/9/2006

Re: Human Subjects Review

Protocol #: HC-

Project: “A Descriptive Secondary Data Analysis Study of Geriatric Mental Health Treatment and Services”

The Hunter College Committee for the Protection of Human Subjects has declared your project exempt under 45 CFR 46.101(b)(4). If any changes are made to the study, the Committee must be notified. If your project is still running twelve months after the date of this memo, please be advised that we will need an update for our files.

Good luck with your work!

By signing below, I acknowledge that I have received this letter and am aware of and agree to abide by all of its stipulations in order to maintain active approval status, including prompt reporting of adverse events/serious problems and annual continuing review. I am aware that it is my responsibility to be knowledgeable of all federal and state regulations including CUNY’s Federalwide Assurance (FWA) with the U.S. Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP).

Signed: _____________________________

Social Work

SIGN AND RETURN ONE COPY OF THIS MEMO TO CAROLYNN JULIEN, INSTITUTIONAL REVIEW BOARD, 695 PARK AVENUE, NEW YORK, NY 10021.

YOUR PROJECT WILL NOT BE APPROVED UNTIL WE RECEIVE THE SIGNED
SERIOUS PROBLEM/ADVERSE EVENT REPORT

Breaches in protocol, adverse events and unanticipated problems, include, but are not limited to breakdowns in the consent process, violations of confidentiality of the data, complaints by participants, and adverse physical events. Serious problems and adverse events must be reported to the IRB within 48 hours.

Investigator should complete, sign and date this form. Submit it to the IRB Chairperson at your campus. Upon receipt, the IRB Chair should review the report and take appropriate action to include immediately sending a copy of the reports to the CUNY Office of Research Compliance.

TO BE FILLED OUT BY PRINCIPAL INVESTIGATOR

Principal Investigator: ________________

Department: Social Work

Project Title: *A Descriptive Secondary Data Analysis Study of Geriatric Mental Health Treatment and Services*

Protocol Number: HC-_______

Subject's ID (if applicable/available): __________________________

Date of Problem/Breach: __________________________

Date First Known To You: __________________________

1) Describe in detail the nature of the breach or unanticipated problem and time of the event (attach addendum if necessary):

2) Describe impact on subjects (s) (attach addendum if necessary):

3) Describe corrective actions taken: (Check all that apply and explain fully with attachment if necessary):
   - Stop enrollment of new participants
   - Halt the study
   - Change data management/coding procedures
   - Form committee to review procedures
   - Change confidentiality and privacy protection procedures
   - Staff education and training
   - Other (please specify)

Signature of Principal Investigator __________________________

Printed Name of Principal Investigator __________________________

Date: ________________

Phone Number: ________________
 Hunter College
INSTITUTIONAL REVIEW BOARD (IRB) FOR THE PROTECTION OF HUMAN SUBJECTS
655 PARK AVENUE, ROOM E-1242
NEW YORK, NY 10021
PHONE (212) 650-3053 ❖ FAX (212) 650-3055
http://www.hunter.cuny.edu/IRB

IRB PROTOCOL COVERSHEET

INSTRUCTIONS: This form must be reviewed and completed in its entirety. This form must be signed by the Principal Investigator, and if applicable, the Faculty Advisor or Co-Principal Investigator(s). Attention to these elements will facilitate the IRB's review of your protocol. PLEASE TYPE OF PRINT LEGIBLY.

PROTOCOL INFORMATION

TITLE: A DESCRIPTIVE SECONDARY DATA ANALYSIS STUDY OF GERIATRIC MENTAL HEALTH TREATMENT AND SERVICES

FUNDING SOURCE: ( )

DOES THE FUNDING SOURCE REQUIRE NOTIFICATION OF THE IRB'S DECISION? ( ) Yes ( ) No

PRINCIPAL INVESTIGATOR (PI) and FACULTY ADVISOR (if applicable) INFORMATION

1) PI NAME

DEPARTMENT: SCHOOL OF SOCIAL WORK

E-MAIL ADDRESS: Hunter
cuny.edu

HOME ADDRESS:

(necessary for mailing)

FACULTY ADVISOR:

HUNTER FACULTY/STAFF:

GRADUATE STUDENT:

UNDERGRADUATE STUDENT:

OTHER:

2) PI NAME

DEPARTMENT:

E-MAIL ADDRESS:

HOME ADDRESS:

(necessary for mailing)

FACULTY ADVISOR:

HUNTER FACULTY/STAFF:

GRADUATE STUDENT:

UNDERGRADUATE STUDENT:

OTHER:

3) PI NAME

DEPARTMENT:

E-MAIL ADDRESS:

HOME ADDRESS:

(necessary for mailing)

FACULTY ADVISOR:

HUNTER FACULTY/STAFF:

GRADUATE STUDENT:

UNDERGRADUATE STUDENT:

OTHER:

4) PI NAME

DEPARTMENT:

E-MAIL ADDRESS:

HOME ADDRESS:

(necessary for mailing)

FACULTY ADVISOR:

HUNTER FACULTY/STAFF:

GRADUATE STUDENT:

UNDERGRADUATE STUDENT:

OTHER:

OTHER PROTOCOL INFORMATION

Will the study be administered in a language other than English? ( ) No ( ) Yes

Be sure to attach translations of all instruments, consent and/or assent form(s), script(s) and instrument(s) or submit these for approval after the English version has been approved.

How many participants will be surveyed, interviewed, tested or otherwise involved in the project? ( ) # of participants

How many: ( ) # male, ( ) # female

(estimate if doing a random sample)

Will your sample include participants from diverse ethnic groups? ( ) No ( ) Yes

If yes, what are the groups and their anticipated proportions?

Does the study involve vulnerable subjects? ( ) No ( ) Yes

Will participants have health or mental health issues? ( ) No ( ) Yes

Is the health or mental health of the participants the focus of the research? ( ) No ( ) Yes

If yes to either above, please provide details in the narrative.

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PLEASE CHECK THE BOX NEXT TO EACH ITEM THAT YOU HAVE ADDRESS.

SECTION 1 - ITEMS REQUIRED FOR AN IRB PROTOCOL

COVERSHEET

☑ Did you complete and review this coversheet in its entirety?

APPLICATION

☑ Did you complete the Hunter College Institutional Review Board Application for Approval to Use Human Subjects in Research (8 pages)? You must answer all questions asked in the format requested. Not adhering to the questions or format will result in delays, as your protocol will be returned.

☑ Did you summarize your research question(s) and their significance. DO NOT ATTACH YOUR WHOLE RESEARCH PAPER.

☑ Did you select the type of review requested (Expedited, Exempt or Full Review)?

☑ Did you number all pages consecutively?

☑ Did you sign the protocol forms and obtain the signature of the Co-Principal Investigator or Faculty Advisor?

KEY PERSONNEL FORM

☑ Did you complete a key personnel form? Key personnel are defined as any individual who will be involved in the design and conduct of human subjects research project. A copy of this form is available on our website.

EVIDENCE OF TRAINING

☑ Did you complete the CUNY Computer Based Training (CBT) and attach a copy of the certificate for all key personnel. Training can be completed at: http://www.rfcuny.org/ResCompliance/CBT/. If your certificate is on file at the IRB Office, you do not need to re-submit. We cannot accept certificates from other institutions.

CONSENT

☑ Did you follow the template in Section 4 of this document?

☑ Did you copy the first page of all consent/assent documents on letterhead? Studies conducted by Hunter students, faculty or staff must be on Hunter College letterhead. If you are unable to locate Hunter College letterhead, please leave a 2 inch margin at the top of the document, and upon approval it will be copied onto Hunter College letterhead.

INSTRUMENTS

☑ Did you include your research instrument (questionnaire, interview protocol, record review summary sheet, etc.)? If your instrument is a questionnaire or interview, be mindful of the way the study is presented to the participants.

☑ Is the language of the instruments to be used compatible with the reading/literacy level of the possible research participant?

☑ Did you label all instruments clearly?
LETTER FROM COOPERATING AGENCY

Did you include a letter from an executive in the cooperating agency or organization (if applicable)?

If the agency has an IRB, the approval letter must be from the IRB.

RECRUITMENT

Did you provide recruitment materials?

- You can contact participants by use of flyers, postcards, advertisements, press releases, brochures, verbal exchanges, and postings on the Internet.

- For written contact (e-mail, letters, etc.) the recruitment script should be in the form of a letter. For some anonymous studies, researchers may choose to combine the consent form and recruitment letter. (see Chapter 8 of the Policies & Procedures Manual)

- For in-person contact, a recruitment script should be an introduction which the researcher will use with potential participants to introduce the study.

- For telephone contact, a recruitment script should be an introduction that the researcher will use with potential participants to introduce the study. Researcher should establish that the participant fits the group or class of participants you are seeking, i.e., "Are you/ I assume you are... ."

- For flyers and advertisement did you include names of the researchers and contact information, Hunter's name and researcher's affiliation, purpose of the research, general eligibility criteria, accurate and honest description of benefits and/or compensation (free treatment, payment), a statement that it is a research study?

Did you indicate in the recruitment materials that you are conducting a research study?

Did you include a brief synopsis of the study, your name, affiliation and contact information and criteria for participation in your recruitment materials?

Did you specify how participants are selected? Are you using an entire population? Are you using (number) potential participants from (number) of the available population? Is it a random or systematic (5th person out of every 10 people) sample? Are participants from a public list?

Did you include language on how you will obtain your subject pool?

Did you describe the challenges to privacy and confidentiality in the study and describe how you will address them?

Were you sensitive to actual or perceived coercion?

In describing your recruitment in the narrative, did you describe how you will eliminate or minimize actual or perceived coercion?

REFERRALS

If your study involves more than minimal risks, did you provide specific contact information for referrals? This includes a contact person within an agency and a direct phone number. e.g., Jane Doe, North General Hospital, (212) 595-1234.

Did you include a list of referrals to help participants deal with unexpected outcomes, if participants should need them, which are appropriate to your research?

If it is an agency based research did you provide in agency and out of agency referrals?

If your study involves more than minimal risks, does this referral agency have specific expertise in the area of risk?
FOR EXEMPT STUDIES ONLY

- Did you explain which exempt category your protocol qualifies for and justify why your protocol meets the exempt criteria?

- For review of records, did you attach a copy of the tool that will be used to transfer the data?

- For review of records, did you provide a model record which will be reviewed?

- For review of records from an agency, does the letter from the official state that you have permission to use the data?

- For review of records from an agency, does the letter from the official state how the data can be used?

SECTION 2 - OTHER ITEMS THAT MAY BE NECESSARY

PERMISSION TO AUDIOTAPE OR VIDEOTAPE

- Did you complete a Video Recording or Audio Recording Release Consent Form if you will audio or video record participants? You should select the options that are appropriate for your study. A copy of this form is available on our website. You must use this format.

UNAFFILIATED INVESTIGATOR FORM

- If you are a non-CUNY person, did you indicate a Hunter College faculty contact and complete the Unaffiliated Investigator Agreement Form? A copy of this form is available at the IRB Office.

DATA USE AGREEMENT

- If your study involves the use existing data and it is created by or obtained from a HIPAA covered entity, you must provide a data use agreement. This form is completed by an official in the institution granting access to the data and specifies how the data may be used. Did you provide this form?

TRANSLATIONS

- Did you attach translations of all instruments, consent and/or assent form(s), script(s) and instrument(s) if your study is in a language other than English?

OR

- Will you submit the translations once the English version is approved?

SECTION 3 - OTHER ISSUES

RESEARCH WITH MINORS

Federal regulations specify that minors deserve special care and protection as human subjects. This includes all children under the age of 18. All of these research projects require full committee review.

- Did you provide an assent form? Assent is required for children age 5 and up. It should be in language appropriate for the age group. If you are using a range of ages you will need separate assent forms.
Typically you should group ages 4-5, 6-9 10-12 and 13-17.

Did you provide a consent form for the parent/guardian?

Is the assent form written in language the child can understand?

Did you provide this language in the assent form?

"You do not have to participate even if your parent gave permission for you to do so."

Did you provide this language in the parental consent form?

"My child will also be asked to participate. He/she does not have to participate, or he/she can withdraw at any time, even if I have given my permission."

Did you remember that research involving participants at New York City public schools, must be approved by the NYC Department of Education IRB?

Please note that the concept of “passive consent” is not acceptable. Passive consent, is providing parents with information regarding the study and asking them to return a form only if they do not want their child to participate with instructions that say that if the form is not returned the child will participate in the research.

RESEARCH WITH COGNITIVELY OR MENTALLY IMPAIRED PERSONS

Federal regulations specify that cognitively or mentally impaired adults deserve special care and protection as human subjects. The category of cognitively or mentally impaired includes, but is not limited to, people suffering from mental retardation, neurological diseases and disabilities affecting judgment, mental disorders producing delusion or confusion, and/or dementia. All of these research projects require full committee review.

Does the informed consent process address the need to preserve participant decision-making autonomy?

Did you show that you have made every possible attempt to seek the informed consent of the participant as well as the informed consent of the participant’s proxy? As a general rule, all adults regardless of their diagnosis or condition, should be presumed competent to consent unless there is evidence of serious mental disability that would impair reasoning or judgment?

Did you assure that potential participants are fully informed about the voluntary nature of their participation, and that they remain free to withdraw at any time, even when proxy consent has been obtained?

Are both participants and their proxies fully informed about the risks, costs, and risk/benefit ratio of the study?

If there is evidence of serious mental disability that would impair reasoning or judgment, did you explain how you will assess competency?

Did you include a description of appropriate psychological or medical screening criteria for competency and indicate how and when you will use them?

RESEARCH WITH PRISONERS

Federal regulations specify that research which involves prisoners deserve special care and protection as human subjects. At Hunter, the category of prisoners includes, but is not limited to, prisoners, parolees and those on probation. All of these research projects require full committee review.

The following research is normally permissible:

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a. Study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the participants;

b. Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more inconvenience to the participants.

c. Research on conditions particularly affecting prisoners as a class.

d. Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the participant.

The following criteria must be met:

_within_ Are any possible advantages accruing to the prisoner through his/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, of such a magnitude that his/her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison impaired?

_within_ Are the risks involved in the research commensurate with risks that would be accepted by non-prisoner volunteers?

_within_ For prisoners, 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.

_within_ 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? Unless the principal investigator provides justification in writing to the IRB for following some other procedures, control subjects must be selected randomly from the group of available prisoners who meet the characteristics needed for that particular research project.

_within_ Is the information presented in language which is understandable to the subject population?

_within_ Are there adequate assurances that parole boards will not take into account a prisoner’s participation in the research in making decisions regarding parole; each prisoner is clearly informed in advance that participation in the research will have no effect on his or her parole?

_within_ Did you add to the consent form a statement that participants should not discuss open cases? This includes cases pending in the criminal justice/judicial system as they may be subject to subpoena.

*_Note:* Research that is conducted or supported by HHS must be certified by OHRP. The IRB Office will aid in certification, after the protocol is approved.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

_within_ Do you use individually identifiable health information created by a covered entity?  _No_  _Yes_

_within_ Do you use or disclose health information that has been created by or obtained from HIPAA-covered entities, such as hospitals, physicians' offices, or social service and mental health agencies?  _No_  _Yes_

_within_ If you answered yes to the last question, have you attached a HIPAA Waiver Application or a HIPAA Research Authorization?  _No_  _Yes_

_within_ Are you using key personnel that are not affiliated with CUNY?  _No_  _Yes_
If you answered yes to the previous question, have you attached a Subject Information Confidentiality Agreement for each non-CUNY key personnel?  Yes  No

Do you have a completed and signed Data Use Agreement between yourself and the covered entity?  (see Section 2 on Data Use Agreements)

SPECIAL RELATIONSHIPS
Clients, students or staff of Hunter College or any other agency or institution may feel they HAVE TO or MUST participate in a study if their practitioner, teacher or supervisor asks them. It is recommended that teachers not use class time to complete interviews or questionnaires. It is also preferable, if possible, to avoid having teachers, staff or practitioners recruit their own workers, students or clients directly for your study. If you are asking staff/teachers to recruit participants on your behalf, it is preferable for the staff/teacher not to know if their worker/students have actually participated. Here are ways to handle that:

a)  they could provide information to the clients/students asking them to contact the researcher directly;

b)  They could get permission from the client/students to give client names to researcher. You, the researcher, would then contact them directly;

If staff must or cannot help but know who participates, it must be stated in the recruitment script and consent form that the participant's participation is still voluntary, and there will be no withdrawal of services or other penalties if they choose not to participate.

Be sensitive to the impact of group pressure when recruiting participants in a group session, public meeting or class setting. To minimize, the researcher (or someone else) could distribute cards to the potential subjects, asking people interested in participating to write down their contact information, and then the researcher can contact them. Collect the cards from everyone so no one in the group will be overtly aware of who volunteered. Alternatively, the researcher can distribute a recruitment flyer, which asks the potential subjects, in writing, to contact the researcher.

RESEARCH WITH GROUPS
It is important to convey to the participants in focus groups, that they should not discuss what is said in the group outside of the group.

Did you include the following statement or similar appropriate language to the consent form:
"To protect the privacy of the group members, please refrain from speaking to others about what is said within the group."

Did you include a statement that group members will know what the subject says and therefore confidentiality cannot be guaranteed?


## SECTION 4 - CONSENT INFORMATION AND TEMPLATE

Valid informed consent requires:
1. Disclosure of relevant information to prospective participants about the research;
2. Their comprehension of the information, and
3. Their voluntary agreement, free of coercion and undue influence, to research participation.

Consent forms should be in the second person voice. Listed below are elements that should be included. The model that appears uses a block format to make it easier to read, though this format is not mandatory. The following elements must be included in the consent form.

This template uses standard language for normal adults with a relatively high literacy level (8th Grade). For some populations (cognitively or mentally impaired, children, non-native English speakers and those with lower literacy levels) you will need to alter the language.

If you alter the standard language, please be sure to explain how and why this was done.

You can check the reading level of a document in Microsoft Word. (Click on Tool, then Options, then the Spelling & Grammar tab, then click the box ‘Show readability statistics.’ Check the document as you normally would and the readability statistics will appear.)

<table>
<thead>
<tr>
<th>ELEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose And Background</strong></td>
</tr>
<tr>
<td>This section should present the introduction to the study, indicating who is conducting the research, stating the aim of the study, giving a brief summary of the background or reason for the project, and explaining why the individual has been asked to participate.</td>
</tr>
<tr>
<td><strong>Who is the researcher?</strong></td>
</tr>
<tr>
<td><strong>What is the researcher’s affiliation with Hunter College?</strong></td>
</tr>
<tr>
<td><strong>What the study is about?</strong></td>
</tr>
<tr>
<td><strong>Criterion for Participation</strong></td>
</tr>
<tr>
<td><strong>How did the researcher find and/or select this participant?</strong></td>
</tr>
<tr>
<td><strong>Number of Anticipated Participants</strong></td>
</tr>
<tr>
<td><strong>A statement of voluntary participation</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedures</strong></td>
</tr>
<tr>
<td>Each procedure should be discussed preferably in the sequence in which it occurs. If the study involves screening procedures, these should be mentioned first and identified as tests that will determine eligibility to participate in the study. This section should clearly state what will be done to the individual as a result of participation in the study, and, where appropriate, how this differs from standard treatment or practice or what would happen to the individual if he/she did not participate in the study.</td>
</tr>
<tr>
<td><strong>What will the participants be asked to do?</strong></td>
</tr>
<tr>
<td>Will it be interviews, focus groups, etc.</td>
</tr>
<tr>
<td>You are being asked to participate in an in-person interview. During the interview you will be asked questions about your day-to-day experiences as a nurse. The interview will take place at a mutually agreed upon public location and will take about one hour.</td>
</tr>
<tr>
<td><strong>Where will it take place?</strong></td>
</tr>
<tr>
<td><strong>Expected duration of the participant’s participation. How long will it take?</strong></td>
</tr>
</tbody>
</table>

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**Risks and/or Discomforts**

The risks and/or possible discomforts of all study procedures should be listed and explained in this section. It is best to describe the risks of each procedure in a separate point and arrange them according to severity and the likelihood of occurrence. Where appropriate, the precautions that will be taken to avoid certain outcomes from occurring should be indicated and what will be done should they occur. It is important to consider the emotional impact of the research on the people who are your research participants, even if the study is of a seemingly impersonal subject matter. PLEASE NOTE: There is always the possibility of harm to the participants, even if remote and minor. Examples of types of risks to participants are: Physical - risk of heart attack if project involves participants working out on a treadmill; Psychological - survey questions remind participants of traumatic or emotional events; Social - disclosure of individual responses could lead to a loss of community standing; Legal - survey questions may be self-incriminating; Economic - disclosure of individual responses could result in loss of employment.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Indicate risks</td>
<td>The study may raise difficult issues about stress in your life. In the event that this happens, the researcher has a list of resources that you may contact for assistance should you need them. You can choose to not answer any particular question. You may also stop the interview process at any time.</td>
</tr>
<tr>
<td>? Indicate what the participant should do if he/she is bothered or upset as a result of participation.</td>
<td></td>
</tr>
<tr>
<td>? Include a statement about the participant’s ability to not answer any question.</td>
<td></td>
</tr>
</tbody>
</table>

**Benefits**

Any potential direct benefits to the participant should be described. In behavioral research there typically are no direct benefits.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Indicate the Benefit(s) to the participant. Note that accumulating knowledge that might help to understand a problem or change a policy in the future is not a benefit to the participant and should not be advertised as such.</td>
<td>There are no direct benefits. However, participating in the study may increase your knowledge of stress as it relates to nurses.</td>
</tr>
</tbody>
</table>

**Alternatives**

This section should discuss any alternatives to participation in the study. If the study involves only normal, healthy volunteers, and thus the only alternative is to decline participation in the study, this need not be mentioned in a separate section because the individual’s right to choose not to participate will be made clear in the last section of the form. If the study involves the use of a student’s class time, alternatives that the child will be given if they choose not to participate must be detailed.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Indicate Alternative</td>
<td>None</td>
</tr>
</tbody>
</table>

**Financial Considerations**

This section should state the total dollar amount that the participant will be paid for participation in the study, and should give any other relevant information such as pro-rating if a participant does not complete the study. If appropriate, a payment schedule should be included in this section. Participants should not be required to complete the entire study in order to be reimbursed.

Participants should be informed how payment will be made (e.g., in cash, by check) and when they will be paid (e.g., immediately after the interview, approximately six weeks after completion of the study or one-third upon completion of the first of three phases of the study). It is important that this information be clear and complete. If there will be no payment or reimbursement to participants for study participation, this information should be stated in this section.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>? Indicate Payment</td>
<td>You will be paid $10 for your participation. Even if you do not complete the entire interview, you will still receive the $10.</td>
</tr>
</tbody>
</table>

**Privacy and Confidentiality**
Indicate how confidentiality in the study will be maintained. If there are limits to confidentiality this must be spelled out.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell participants how the data will be collected.</td>
<td>The researcher will tape record the interview with your permission. No one but the researcher and her faculty advisor will listen to the tape. The tapes will use identifying codes. Your name will not appear on the transcripts. Tapes will be destroyed after interviews are transcribed. No personal identifiers can be linked to the data. All materials will be kept in a locked file cabinet in the faculty advisor's locked office to which only the researcher and her faculty advisor have access. The data will be stored for a minimum of three years. After that, all materials may be destroyed. As long as the data exists it will be kept secured. The information will be used to produce a paper for a graduate research project. Only aggregate data will be reported in any reports or publications derived from this research. All identifying information about you and others who participated will be omitted or disguised. The researcher is mandated to report to the proper authorities suspected child abuse, and any indications that you are in imminent danger of harming yourself or others.</td>
</tr>
<tr>
<td>Explain how the data will be handled and stored.</td>
<td></td>
</tr>
<tr>
<td>State when and how data will be destroyed.</td>
<td></td>
</tr>
<tr>
<td>Tell participants what will happen to the data that is collected.</td>
<td></td>
</tr>
<tr>
<td>Indicate if anyone will know if they have participated in this study, and if so, who will know.</td>
<td></td>
</tr>
<tr>
<td>Briefly describe how the confidentiality of private information will be protected, i.e., coding of records, limiting access to the study records, not using any individual identifiers in publications or reports resulting from the study.</td>
<td></td>
</tr>
<tr>
<td>Limits to confidentiality - This language is necessary in almost all instances regardless of subject matter. If the researcher becomes concerned that you are a danger to yourself or others, she/he will alert (counselor, agency director/police, etc.).</td>
<td>If you are talking to professionals or key informants about their feelings, this language is required. You need not use this language with professionals or other key informants if you are asking about organizational or professional practices. Instead, use the phrase, &quot;The information you disclose will be kept confidential to the full extent permitted by law.&quot; Do not use this language if you are using anonymous surveys.</td>
</tr>
</tbody>
</table>

Withdrawal
Some form of these two statements must appear in the consent form:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include a statement about discontinuing the study</td>
<td>You may discontinue participation at any time without penalty or loss of benefits or services to which you are entitled.</td>
</tr>
</tbody>
</table>

Contact Information
The contact information should read as follows:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have questions about the study, you can contact the researcher, (name of researcher at (xxx) xxx-xxxx or his/her faculty advisor (name of faculty advisor) at (xxx) xxx-xxxx. You should contact the Hunter College IRB Office at (212) 650-3053, if you have</td>
<td>If you have questions about the study, you can contact the researcher, Sarah Brown at (555) 555-5555 or her faculty advisor Joe Black (555)555-5577. You should contact the Hunter College IRB Office at (212) 650-3053, if you have questions regarding your rights as a subject or if you feel you have experienced a research-related injury.</td>
</tr>
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</table>
questions regarding your rights as a subject or if you feel you have experienced a research-related injury."

Or alternately

"If you have questions about the study, you can contact the researcher, (name of researcher at (xxx) xxx-xxxx) or his/her faculty advisor (name of faculty advisor) at (xxx)xxx-xxxx. "You should contact the Hunter College IRB Office at (212) 650-3053, if you have questions regarding your rights as a subject or if you feel you have been harmed as a result of your participation in this research."

Signatures

? For a waiver of signed consent
(i.e., use of an Information Sheet rather than a consent form)
The last paragraph should read:
"The information you provide is anonymous. No one will know how you responded to these questions. Please do not put your name or other identifying information on the questionnaire to assure anonymity. By completing and returning the instrument you are giving consent"

? For a signed consent form

? The last paragraph should read:
"I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received (or will receive) a copy of this form for my records and future reference." (Note: this statement should be in the first person.)

? This should be followed by lines for the participant's printed name, his or her signature and the date of signature.

? This should be followed with the signature of person obtaining consent. This provides participants with a record of who explained the study to them. This should include the printed name of the specific individual obtaining consent, his or her signature and the date of signature.

---

** IRB Protocol Forms, Manuals and FAQs may be downloaded from:
http://www.hunter.cuny.edu/IRB

IRB Protocol Coversheet - Page 11
HC-IRB 9/05
I certify that I have read, completed and addressed all items in the IRB Protocol Coversheet.

Principal Investigator
Date: 11-28-05

Co-Principal Investigator/Faculty Advisor
Date: 

Co-Principal Investigator/Faculty Advisor
Date: 

Co-Principal Investigator/Faculty Advisor
Date: 

Co-Principal Investigator/Faculty Advisor
Date: 
THE CITY UNIVERSITY OF NEW YORK
INSTITUTIONAL REVIEW BOARD (IRB)
APPLICATION FOR APPROVAL TO USE HUMAN SUBJECTS IN RESEARCH

Step-by-step instructions and other information relevant to filling out this form are contained in CUNY's Principal Investigator's (PI) Manual for Research Involving Human Subjects, available at your campus IRB Office or by accessing it on-line at http://www.rfcony.org/ResCompliance/pi_manual.html.* All Principal Investigators are expected to be familiar with the policies and procedures it contains. Failure to follow the instructions may result in a delay in the approval process. Be sure to sign where indicated by the ☑.

1. Project Title: A DESCRIPTIVE SECONDARY ANALYSIS STUDY OF GENETIC MENTAL HEALTH TREATMENT AND SERVICES

PRINCIPAL INVESTIGATOR INFORMATION (See Page 4 of the PI Manual)

2. Principal Investigator: ____________________________________________
   Department: SCHOOL OF SOCIAL WORK Phone: (212) __________________ Fax: (212) __________________
   Email (Required): ☑ hunter.cuny.edu

3. Co-PI (if any) ____________________________________________
   Department: ______________________ Phone: ______________________ Fax: ______________________
   Email (Required): ____________________________________________

4. Status (check one): ☑ Faculty ☐ Doctoral Student ☐ Graduate Student ☐ Undergraduate Student
   ☐ Other (please explain) _______________________________________

For student and non-CUNY researchers only, please give your home address and telephone number:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FACULTY ADVISOR INFORMATION (See Page 4 of the PI Manual)

NOTE: The IRB will not review protocols submitted by students without the signature of a faculty advisor on page 8 of this application.

5. Faculty Research Advisor: ________________________________________
   Department: ______________________ Phone: ______________________ Fax: ______________________
   Email (Required): ____________________________________________

* A revised version of the PI Manual that includes instructions on the questions in this form related to the Research Authorization required by the Privacy Rule issued under the Health Insurance Portability and Accountability Act (HIPAA) will be available shortly. In the meantime, please refer any concerns you have about these questions to your IRB Chair or IRB Administrator.

For IRB Use Only
Date Received: ________________________
(Form Revised March 2003)
Protocol Number: ________________________
Page 1
6. Does your study involve individually identifiable protected health or mental health information (PHI), including demographic information and biological specimens identified to an individual, created or maintained by, or received from, a person or an entity covered by the Privacy Rule issued under the Health Insurance Portability and Accountability Act (HIPAA) (e.g., a hospital; a physician, or a practice in psychology, psychotherapy, or social work; a health insurer, HMO, or health plan; or a community clinic, or a social service or mental health agency)?

☐ Yes ☒ No

7. If your answer to question (6) is Yes, please list below or on a separate sheet the PHI that is necessary for your research and that you intend to use in your research.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. If your answer to question (6) is Yes, please list below or on a separate sheet the name and address of each person or entity that is creating, maintaining or providing the PHI for your research.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. If your answer to question (6) is Yes, please note that a person or entity covered by the HIPAA Privacy Rule can use or disclose PHI only under narrow conditions. Check below the authority under which you intend to obtain, use and/or disclose PHI in your research:

☐ You will seek each subject’s HIPAA authorization (this HIPAA authorization is required in addition to each subject’s informed consent). If so, please attach a copy of the appropriate CUNY IRB HIPAA Research Authorization form prepared by you (PI), or the covered entity’s HIPAA authorization, to this application. (These forms are available at http://www.cuny.edu under Research and Funding on the Faculty and Staff page.)

☐ You intend to request a waiver or alteration of HIPAA authorization. If so, please attach a copy of the CUNY IRB Request for Waiver of Alteration of HIPAA Authorization form prepared by you (PI). (This form is available at http://www.cuny.edu under Research and Funding on the Faculty and Staff page.)

☐ The covered entity will provide you with a “limited data set” for your research. If so, please attach a copy of the covered entity’s Data Use Agreement to this application (consult the covered entity’s Privacy Officer for additional information).

CUNY Investigators whose research involves PHI are required to ask all non-CUNY personnel who will have access to research data (e.g., co-investigators, outside statisticians, contractors) to sign the CUNY Subject Information Confidentiality Agreement, a copy of which is available at http://www.cuny.edu under Research and Funding on the Faculty and Staff page.

* Until the revised PI Manual that includes instructions on the questions in this form related to the Research Authorization required by the HIPAA Privacy Rule is available, please refer your concerns about these questions to your IRB Chair or IRB Administrator.

** Until the revised PI Manual including information regarding “limited data sets” under the HIPAA Privacy Rule is available, please refer your concerns about “limited data sets” to your IRB Chair or IRB Administrator.
10. Does your study involve the collection of data from a vulnerable population? 
   If yes, please specify type of population:
   □ Yes  ☐ No
   ☐ Children/Minors  ☐ Prisoners  ☐ Fetuses  ☐ Pregnant Women  ☐ Cognitively Impaired Persons  ☐ Other

For a complete list of categories of vulnerable populations, as well as the special safeguards required when conducting research with them, see pages 4-5 of the PI Manual. Special Informed Consent procedures are necessary when conducting research with minors. See page 19 of the PI Manual for information.

11. Does this study involve deception (research in which the subject is purposely led to have false beliefs or assumptions)?
   □ Yes  ☐ No

12. If the study involves risk to subjects, is the risk greater than that incurred in ordinary life or tasks?
   □ Yes  ☐ No

13. Has this study ever been previously approved by this IRB?
   □ Yes  ☐ No

14. Is this proposal new or revised in response to previous IRB review?
   □ Yes  ☐ No

15. Is funding being sought for this study? If yes, through what sponsoring agency?
   Agency: __________________________

I certify that the research plan and safeguards to human subjects described in this application conform to that which has been submitted/will be submitted to an external funding source.

-register- Principal Investigator: __________________________
   Date: __________________________

16. Is this study being reviewed by an IRB at another institution? If yes, please list the institutions below.
   __________________________
   __________________________

Documentation of IRB reviews of this study conducted at other institutions must be provided when it becomes available. Research may not begin until IRB review has been concluded at all institutions involved.
17. Have you (PI) completed the federally required CUNY Human Subjects Protection Education Program [see www.rfcuny.org/ResConduct/CBT]? Documentation needs to be provided only once; if this is your first time submitting an Application for Approval, please attach a copy of your certificate.

I certify that each of the following key personnel (as defined in the PI Manual) involved in this project either have completed an approved training program for the protection of human subjects in research and have certificates on file with the IRB office, or they will have completed an approved training program and certificates will be placed on file before their participation in the research project actually begins.

Principal Investigator: __________________________
Date: ____________

Name | Role on Project | Date Training Completed

PLEASE COMPLETE KEY PERSONNEL FORM

PLEASE COMPLETE KEY PERSONNEL FORM

PLEASE COMPLETE KEY PERSONNEL FORM

18. Please indicate the type of review requested:

☒ Exempt
Provide the information requested on pages 5 and 7 and sign pages 4 and 8.

☐ Expedited
Provide the information requested on page 5 and sign on pages 4 and 8.

☐ Full IRB Review
Provide the information requested on page 5 and sign on pages 4 and 8.
ALL Applicants must answer questions 1-8 (See Pages 12-20 of the PI Manual)

All researchers must submit a fully complete application and detailed research protocol to the IRB, addressing all questions, regardless of type of review the researcher is requesting. Please consult pages 7-12 of the PI Manual for an explanation of expedited, full and exempt IRB review and the types of research that may be reviewed under each procedure. The IRB chair will determine the type of review for which your project qualifies under federal guidelines. Research cannot start until written IRB approval notification is obtained. Final judgment rests with the IRB.

Please answer the following questions on a separate sheet.

1. State the purpose of the research. Include major hypotheses and research design. If the study is part of a larger study, briefly describe that larger study and indicate whether it has received IRB approval from another institution (see page 12 of the PI Manual). Please keep in mind that the IRB is composed of individuals from many disciplines and thus the description of your research should be written in terms readily comprehensible by non-experts.

2. Describe the source(s) of subjects and the selection criteria. Selection of subjects must be equitable and, in the case of protected populations such as children, prisoners, pregnant women, the mentally disabled, etc. should address their special needs. Include the number of subjects. (See pages 12-14 of the PI Manual for a discussion of equity in subject selection and pages 4-5 for a discussion of protected populations). The text of any advertisement, letter, flier, oral script or brochure used to solicit potential subjects must be attached.

3. Provide a description of the procedures to be followed. If available, include copies of questionnaires and/or interview protocol, or a sufficiently detailed description of the measures to allow the IRB to understand the nature of subjects' involvement.

4. Describe any potential harms or benefits to be derived by subjects, with a discussion of the risk/benefit ratio. For approval of any study with more than minimal risk, the benefits must clearly be shown to outweigh the risk. Describe how the study may expose participants to stress, physical, psychological or interpersonal hazard, including the possibility of pain, injury, disease, discomfort, embarrassment, worry or anxiety.

5. Describe the specific methods by which confidentiality and anonymity will be protected, including the use of data coding systems, how and where data will be stored and who will have access to them, and what will happen to data after the study has been completed. (If your study requires a waiver or alteration of HIPAA authorization, you should provide the information requested here on a separate sheet and in the CUNY IRB Request for Waiver or Alteration of HIPAA Authorization form).

6. If applicable, provide the following: 1) a description of the debriefing procedures to be used in cases where deception has occurred; 2) a statement describing what actions you will take should the research reveal the possibility of a medical or other potentially troubling condition.
7. Before submitting this application, all investigators should familiarize themselves with the discussion of informed consent contained in pages 16-20 of the PI Manual. Describe the oral and written consent processes and attach all informed consent documents, including scripts for oral consent and assent form for research involving minors ages 12-17. When the informed consent form to be used will be in a language other than English, an English translation must be provided. Unless one or more of the required elements described below is explicitly waived by the IRB, informed consent documents should contain:

A. A fair 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;

B. A description of any possible discomforts and risks reasonably expected. This includes any potential financial risks that could ensue;

C. A description of any benefits reasonably expected;

D. A disclosure of any appropriate alternative procedures;

E. 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;

F. An offer to answer any current or future inquiries concerning the goals of the research or the research procedures, and to provide a summary of results upon request and information on 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*;

G. An instruction that the subject is free to withdraw or discontinue participation at any time without prejudice.

H. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained; and

I. Provisions for parent or guardian approval for participation of minors or for subjects from vulnerable populations when appropriate.

Upon approval of the study, the informed consent document will be stamped with an expiration date. Only this document may be used when enrolling subjects. Studies extending beyond the expiration date must be submitted for a continuation review. Any changes in the informed consent form must be approved by the IRB.

8. Please provide any other information that might be pertinent to the IRB’s decision.

If you are requesting exempt status, please continue on page 7.
For expedited or full review, please continue on page 8.

*Note: Questions about the rights and welfare of individuals as participants in human subjects research and notice of a research-related injury should be directed to the IRB Chair on your campus.
For EXEMPT STATUS Requests ONLY (See Pages 7-9 and 20 of the PI Manual)

Following are the categories of research eligible for Exempt Review. Please indicate the category in which you believe your research fits:

☐ (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as
   (i) research on regular and special education instructional strategies, or
   (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

☐ (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
   (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and
   (ii) any disclosure of the human subjects’ responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.

☐ (3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:
   (i) the human subjects are elected or appointed public officials or candidates for public office; or
   (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

☒ (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

☐ (5) Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads, and which are designed to study, evaluate, or otherwise examine:
   (i) Public benefit or service programs;
   (ii) procedures for obtaining benefits or services under those programs;
   (iii) possible changes in or alternatives to those programs or procedures; or
   (iv) possible changes in methods or levels of payment for benefits or services under those programs.

☐ (6) Taste and food quality evaluation and consumer acceptance studies,
   (i) if wholesome foods without additives are consumed or
   (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

FINAL DETERMINATION ON EXEMPTION RESTS WITH THE IRB.

EXEMPT RESEARCH INVOLVING PHI IS NOT EXEMPT FROM THE REQUIREMENTS OF THE HIPAA PRIVACY RULE.

IF YOUR RESEARCH INVOLVES PHI, YOU MUST INDICATE YOUR AUTHORITY FOR OBTAINING, USING AND/OR DISCLOSING THE PHI.
SIGNATURE and CERTIFICATION (See pages 20-21 of the PI Manual)

I agree to use procedures with respect to safeguarding human subjects in this activity that conform to University policy. If significant change in investigative procedure involving human subjects is called for during the activity covered by this application, I shall seek prior approval for such change from the IRB and agree to follow the advice of the IRB. If my research is subject to the requirements of the HIPAA Privacy Rule, I agree to meet those requirements and to see that other persons and entities from which I obtain PHI also meet those requirements to the extent they assist me in this research. Where required, I will obtain a HIPAA authorization or an IRB waiver of HIPAA authorization. The faculty sponsor's signature indicates that s/he has reviewed this application and accepts the responsibility of insuring that the procedures approved by the IRB are followed.

Signed:

Principal Investigator ____________________________ Date 11-28-05

Co-PI ____________________________ Date ____________

Faculty Advisor ____________________________ Date ____________

(required for student research)

Before submitting this form, consult pages 21-23 of the PI Manual, "Frequent Oversights."

For EXPEDITED and EXEMPT reviews, submit the original and 3 copies of this Application together with the informed consent form, recruitment materials, HIPAA Authorization form or Request for Waiver or Alteration of HIPAA Authorization form (where applicable), and other relevant information.

On most campuses, for FULL IRB reviews, submit the original and 10 copies of this Application, together with the informed consent form, recruitment materials, HIPAA Authorization form or Request for Waiver or Alteration of HIPAA Authorization form (where applicable), and other relevant information no less than 12 days prior to the IRB meeting at which you wish your application to be reviewed. Please consult your IRB Chair, IRB Administrator, or grants or sponsored programs officer on your campus for the exact requirements.
1. The purpose of this research is to conduct a descriptive study that will describe a sample of clients obtained from . The purpose of the research is also educational for students to learn the basic principles of conducting research and analyzing data.

2. The sources for the subjects will be 25 closed case records that will be randomly selected from

3. Student intern will randomly select 25 closed case records from the agency. These records will be stripped of identifying information such as data of birth; dates of receiving services; address including street, city and state; social security number; case record number; and telephone number.

4. There is no potential for harm or risks to clients. Only closed case records stripped of identifying information will be used in this research.

5. Confidentiality and anonymity will be protected by using only records that have been stripped of identifying information. A copy of the record instrument that will be used attached on pages 11-13. It will not be possible to link a closed record with a client. After the data has been coded in SPSS, the copy of the record will be destroyed. PI will retain a copy of the coded in locked file cabinet in PI’s office for a period of 3 years. Prior to the end of the class, PI students and the agency will have access to the data. Only PI will access to the data after the class ends in May 2006. Students will destroy their copy of the data after class ends. The data will be used for classroom only.

6. Deception will not be used in this research.
CLIENT IDENTIFICATION INFORMATION

NAME

DATE OF BIRTH

GENDER

RACE OR ETHNICITY

ADDRESS
Screening Information Form

Client: ____________________________________________________________

Address: __________________________________________________________

Telephone #: _______________________________________________________  

DOB: ___________  

Emergency Contact: ________________________________________________

Referred By: ____________________________ Telephone #: ________________________  

Medical Doctor: ____________________________ Telephone #: ________________________

Medical Problems: ________________________________________________

Danger to Self or Others: __________________________________________

Presenting Problem: ______________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Date of Screening: ___________ Signature of Screener: ______________________

Disposition: _______________________________________________________
INTAKE / PSYCHOSOCIAL ASSESSMENT

1) **Development of the Presenting Problem:** (description of the presenting problem, time of onset, history of presenting problem, precipitant for current episode)

2) **Alcohol/Substance Abuse Assessment:** (client’s current use of alcohol and drugs, assessment of the impact of use on his/her life. If there is a pattern of abuse, assess frequency, amount and types of alcohol and drugs being used)

3) **History of Mental Health Treatment:** (type of provider and/or treatment modality, outcome of treatment and reactions to medication OR statement of no previous treatment)

4) **History of Alcohol/Substance Abuse Treatment:** (type of provider and/or treatment modality, outcome of treatment and reactions to medication OR statement of no previous treatment)

5) **Work:** (work history, present work status, retirement issues, significance of work on present life status)

6) **Present Living Situation:** (person(s) with whom client lives, physical space and reported concerns and strengths of living arrangement)

7) **Sexuality:** (significant history and reported concerns regarding sex and sexuality)

8) **Relationships:** (significant people in client’s life, formal and informal supports)

9) **Leisure Time:** (how client views and utilizes leisure time)

[Signature]  [Date]

Staff signature and title
November 1, 2005

Dear Social Work Research Students,

In response to your recent letter regarding your research study, I would be pleased to give you access to materials and agency assistance to the best of our ability.

I hope that either myself or a representative of our program might participate in a discussion of your findings when the time comes.

Please let me know how I might be of further assistance.

Sincerely,
HUNTER COLLEGE
KEY IRB PERSONNEL FORM

PROJECT DIRECTOR: 

PROTOCOL #: 

PROJECT TITLE: A descriptive secondary data analysis of genetic markers used in treatment and outcome 

PLEASE LIST THE NAMES OF ALL KEY PERSONNEL INVOLVED WITH THE ABOVE PROTOCOL. STUDENT PROJECTS SHOULD INCLUDE THE FACULTY ADVISOR AS KEY PERSONNEL. PLEASE USE ONE FORM FOR EACH PROTOCOL.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE IN PROTOCOL</th>
<th>COMPLETION OF IRB TRAINING - as of 10/1/00 (IRB use only)</th>
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<tr>
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<td>RESEARCH ASSISTANT</td>
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### HUNTER COLLEGE
#### KEY IRB PERSONNEL FORM

**PROJECT DIRECTOR:**

**PROTOCOL #:**

**PROJECT TITLE:**

A descriptive secondary data analysis of

PLEASE LIST THE NAMES OF ALL KEY PERSONNEL INVOLVED WITH THE ABOVE PROTOCOL. STUDENT PROJECTS SHOULD INCLUDE THE FACULTY ADVISOR AS KEY PERSONNEL.

PLEASE USE ONE FORM FOR EACH PROTOCOL.

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<tr>
<td></td>
<td>Research Assistant</td>
<td>as of 10/1/00 (IRB use only)</td>
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</table>
## HUNTER COLLEGE
### KEY IRB PERSONNEL FORM

**PROJECT DIRECTOR:**

**PROTOCOL #:**

**PROJECT TITLE:**

_A descriptive secondary data analysis of genetic mental health treatment and services_

---

**PLEASE LIST THE NAMES OF ALL KEY PERSONNEL INVOLVED WITH THE ABOVE PROTOCOL. STUDENT PROJECTS SHOULD INCLUDE THE FACULTY ADVISOR AS KEY PERSONNEL. PLEASE USE ONE FORM FOR EACH PROTOCOL.**

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