RIDOC Planning & Research – Research Request Initial Review Checklist

| Research | Title: |
|----------|--------|
| | |

Primary Researcher's Name:

Phone # and email: ____

Date Research Request submitted:

Instructions: Please check one box for each item.

Complete for all research requests:

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|------------|----|----|--------|---------|----------|-----------|--|
| ⊥ Yes | sЦ | No | 1-Page | project | abstract | (summary) | |

- \Box Yes \Box No Goals and objectives of research
- \Box Yes \Box No Measurable outcomes
- \Box Yes \Box No Identify RIDOC resources (including personnel) needed to conduct research
- \Box Yes \Box No Description of the sampling procedures for selecting subjects and/or records
- \Box Yes \Box No Description of selection criteria for subjects and/or records (eligibility)
- \Box Yes \Box No Description of procedures for data collection
- \Box Yes \Box No Copies of all questionnaires, data collection forms, tests to be used
- \Box Yes \Box No Schedule of administration
- \Box Yes \Box No Potential impact on institutional operations
- \Box Yes \Box No Description of anticipated finished product (presentation, journal article, paper for school)
- $\Box~$ Yes $\Box~$ No $\Box~$ N/A If researcher is a student, name and contact information for professor supervising research

 \Box Yes \Box No \Box N/A Copy of research request forwarded to affected Warden(s): _____

Complete for *behavioral and medical research requests ONLY*, please check one box for each item:

- \Box Yes \Box No Copies of Informed Consent documents addressing:
- \Box Yes \Box No A statement describing the research
- \square Yes \square No A description of potential risks and/or discomforts to subjects
- \Box Yes \Box No A description of any benefits of the research
- \square Yes \square No \square N/A A statement regarding financial compensation, if applicable
- □ Yes □ No Disclosure of appropriate alternative procedures/treatments
- \Box Yes \Box No An adequate description of how confidentiality will be maintained and records will be stored

| | Yes 🗆 | No 🗆 |] N/A | A statement regarding compensation and medical treatment if study invol | lves |
|----|-----------|----------|-------|---|------|
| mo | re than m | inimal i | risk | | |

- \Box Yes \Box No An explanation of who to contact for answers to questions
- \Box Yes \Box No A statement that participation is voluntary
- \Box Yes \Box No A statement that confidentiality must be broken if a threat to institutional security is disclosed
- \Box Yes \Box No IRB Approval (usually noted on the Informed Consent)
- \Box Yes \Box No MRAG Application Form