

## Appendix B Outline of Project Description

*Please provide a summary of your proposed project (approximately two pages) that uses the following outline as a model. **Include the headings that are capitalized.** Please include each subsection, clearly marked by its heading. Italicized information is to help you. Do **not** include the italicized phrases.*

**INVESTIGATOR:** *Name and department*

**FACULTY SPONSOR:** *If different from Investigator*

**TITLE:** *Please use the same title as used on the Application for Review of Research Involving Human Subjects.*

**RATIONALE:** *Provide a brief statement of the project's general aims in relation to the broader area of research in the field.*

**SPECIFIC AIMS:** *Identify the variables to be manipulated and/or measured and describe their expected relationships.*

**SUBJECT SELECTION:** *Identify the sample population and describe the method of subject recruitment, including any incentives offered for participation.*

**PROCEDURE:** *Describe the activities in which the participants will be engaged. **DESCRIBE IN DETAIL ANY DECEPTION USED** and explain why there is no other acceptable alternative.*

**DISSEMINATION:** *Explain plans for dissemination of study findings*

**POTENTIAL RISK:** *Identify possible sources of physical, psychological, or social risk, including potential violations of rights to privacy and free choice.*

**SAFEGUARDS:** *Identify procedures designed to reduce the risks involved. If debriefing is to be used as a safeguard, please describe the text in detail.*

**BENEFIT TO SUBJECTS:** *Explain how participants might gain from the experience, including any educational benefits.*

**OTHER BENEFITS:** *Describe any potential personal or social benefits to nonparticipants.*

### **Notes:**

- *Attach Informed Consent form and a copy of the materials used.*
- *Read and follow the "Review Procedure" guidelines.*
- *An agency to which you might apply for sponsorship will stipulate its own requirements. A frequently used form by some agencies is the Assurance Identification Form (OMB No. 0990-0263 or HHS 596). Consult your sponsoring agency to determine if they require a completed copy of this form.*

- *Do not forget to submit one copy of all of the above to Mary Inman, Chair, HSRB, 1162 Schaap Science Center. The HSRB can answer your questions regarding the review process. Should you need additional information or assistance, please contact the HSRB chair at ext. 7148 or via email at [inman@hope.edu](mailto:inman@hope.edu)*