

**State of Illinois  
Department of Children and Family Services**

**INSTITUTIONAL REVIEW BOARD RESEARCH PROTOCOL SUBMISSION FORM**

**INSTRUCTIONS:** Please submit **ten** copies of each of the following: a) "Summary of Proposed Research," organized as outlined in the Guidelines for Submission; b) consent forms with Consent Form Checklist attached to the top copy; c) the full-length research protocol, including all sections and appendices to **Brooke Taylor, IRB Coordinator, Department of Children and Family Services, 6201 South Emerald, Chicago, IL 60621**

**PLEASE TYPE**

Project Title: _____	
Priority Agenda: _____	
Expected Start Date: _____	Expected Ending Date: _____
Funding Source(s): _____	

**PRINCIPAL INVESTIGATOR (PI) INFORMATION:**

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address: \_\_\_\_\_

E-Mail Address (1) \_\_\_\_\_

2<sup>nd</sup> Email Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Which address do you prefer to receive correspondence?  Work  Home

Are you an employee of the Department of Children and Family Services?  Yes  No

If yes, name of Regional Administrator or Designee \_\_\_\_\_

If yes, has he or she given approval for the proposed research?  Yes  No

If a student, specify the institution you are attending \_\_\_\_\_

Degree you are working toward \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Name of Faculty Advisor \_\_\_\_\_

Ph. #: (\_\_\_\_\_) \_\_\_\_\_

List Co-Investigator(s) Name	Phone #	Fax #

Location/sites where research will be conducted:

<p><b>This proposal is a:</b></p> <input type="checkbox"/> First-time Proposal <input type="checkbox"/> Follow-up to a Previous <input type="checkbox"/> Re-submission of Previous Proposal	<p><b>This research involves access to</b> (<i>check as many as needed and indicate anticipated numbers</i>):</p> <input type="checkbox"/> DCFS Youth in care/Families # _____ <input type="checkbox"/> Non-Youth in care/Families # _____ <input type="checkbox"/> Foster Parents # _____ <input type="checkbox"/> Legal Guardians # _____ <input type="checkbox"/> Staff # _____ <input type="checkbox"/> If Others, specify: _____ <input type="checkbox"/> Confidential client records # _____ <input type="checkbox"/> Confidential client records including mental health records # _____ <input type="checkbox"/> Confidential information systems # _____
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***For follow-up or re-submission of a previous proposal, please indicate the following:***

Month/Year proposal submitted: \_\_\_\_\_ Month/Year interim or final report submitted: \_\_\_\_\_

Principal Investigator's Name: \_\_\_\_\_

Original Title of the study \_\_\_\_\_

Please assess the level of risk of the proposed research according to the following federal regulation codes. Based upon the criteria listed below, place a check mark in the box corresponding to the level of risk you believe is involved in the proposed research. Please explain the rationale for your choice in the "Summary of Proposed Research," Section V.

**Ck.**

<input type="checkbox"/>	I. (45 CFR 46.404) Research involves no more than minimal risk. "Minimal risk" is defined as no more risk than is encountered in everyday life or in routine medical and psychological examinations. "Everyday life" refers to the life of a child or adult residing in Illinois and not receiving services from the Department of Children and Family Services.
<input type="checkbox"/>	II. (45 CFR 46.405) Research involves greater than minimal risk, but presents prospect of direct benefit to the child.
<input type="checkbox"/>	III. (45 CFR 46.406) Research involves greater than minimal risk and presents no prospect of direct benefit to individual subjects, but is likely to yield generalizable knowledge about the subject's disorder or condition which is of vital importance for the understanding or amelioration of that disorder or condition and is either: 1) conducted in schools, camps, hospitals, or other similar settings in which the majority of children involved as subjects are not youth in care; or 2) related to the subject's status as a ward.
<input type="checkbox"/>	IV. (45 CFR 46.407) Research involves greater than minimal risk and is not approvable under categories II. Or III. As defined above, but presents an opportunity to further understand, prevent, or alleviate a serious problem affecting the health or welfare of children, as determined by a panel of experts from fields pertinent to the research area. Research must also be either: 1) conducted in schools, camps, hospitals, or other similar settings in which the majority of children involved as subjects are not youth in care; or 2) related to the subject's status as a ward.