ETHICS REVIEW DETERMINATION FORM

جـامـعـة الـدوحـة
للعلوم والتكنولوجيا
UNIVERSITY OF DOHA
FOR SCIENCE & TECHNOLOGY

For master's Theses Projects

Instruction(s):

- ***Ensure you complete all sections of this form by selecting "YES" or "NO" for each question.***
- ***Submit the completed and signed form together with your proposal to Applied Research and Graduate Studies (ARGS) Office.***
- ***ARGS Office will provide you with a determination as to whether your proposed project requires an IRB Review.***

Study Title	
Name of Student	
Student ID Number	
Program of Study	

1. RESEARCH		
SYSTEMATIC INVESTIGATION	**YES**	**NO**
1.1. Does the study **propose to collect and analyze primary or secondary data**?	☐	☐
1.2. Does the study attempt to **answer a research question** or **hypothesis**?	☐	☐
1.3. Will **preliminary conclusions** be drawn from the results?	☐	☐
GENERALIZABLE KNOWLEDGE	**YES**	**NO**
1.4. Will the conclusions be **applied beyond the specific population** from which it was collected?	☐	☐
1.5. Will the findings be **disseminated** (e.g. published or presented)?	☐	☐
2. HUMAN SUBJECTS		
	YES	**NO**
2.1. Are you gathering information or biospecimens **about living individuals**?	☐	☐
2.2. Does your proposed project involve an **intervention** - a physical procedure or manipulation of an individual or their environment to obtain information?	☐	☐
2.3. Does your proposed project involve an **interaction -** communication or contact with an individual (in person, online, or by phone) to obtain information?	☐	☐
2.4. Does your proposed project involve the collection or analysis of **identifiable private information** or **identifiable biospecimens** of an individual?	☐	☐
2.5. Does your proposed project involve **coded information/biospecimens** - where a link exists that could allow information about a living individual to be re-identified AND you are able to access the link?	☐	☐
3. STUDY CONTEXT		
	YES	**NO**

3.1. Are you intending to collect **information on individuals'** mental processes, personal viewpoints, health records and biological specimens as part of your study?	☐	☐
3.2. Is the primary purpose of your proposed project to provide **quality assessment or quality improvement** (i.e. will you assess, analyze, establish and/or improve a current service or process for a specific institution or organization)?	☐	☐
3.3. Is this study in **collaboration** with another institution?	☐	☐
If **yes**, please provide the name of the institution(s) and their role (e.g. funding, provide data, survey distribution, etc.):		

4. APPLICANT SIGNATURE

I confirm that all the information provided is accurate and correct at the time of submission

Name of Student	**Signature**	**Date**

5. ACADEMIC COLLEGE APPROVAL

Once this form is completed, please submit to the following for signatures.

Name of Research Supervisor	**Signature**	**Date**
College Research Committee Chair	**Signature**	**Date**
Name of Assistant Dean, Research and Graduate Studies	**Signature**	**Date**

ARGS Office Use Only

6. DETERMINATION	
UDST IRB File Number	
I have fully reviewed this protocol and have made the following determination *(Please select one):*	
☐	**Non-human subjects research**
☐	**IRB Review Required**
Comments:	
I certify that I do not have any conflict of interest related to this research or my review.	
Name of IRB Specialist	
Signature	
Date	