AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD

Assurance of Anonymous Data Collection

Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

For help, contact: THE OFFICE OF RESEARCH COMPLIANCE (ORC)

Phone: 334-844-5966 e-mail: IRBAdmin@auburn.edu Web Address: http://www.auburn.edu/research/vpr/ohs

Revised 10.08.2020

Submit completed form through the IRB Submission Page

Principal Investigator

Protocol #

Title of Study

When conducting surveys within SONA that collect data which with electronic data collection are considered greater than minimal risk, documentation of further protection is required. . "Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests." See the Common Rule at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.102. For survey data, the IRB has determined that certain data if linked in any way to a participant would constitute greater than minimal risk and electronic collection and storage of these data in a linked or identifiable form would constitute unwarranted social risk to participants. These data include but are not limited to: collection of sensitive aspects of the participant's own behavior, such as illegal conduct, drug use, sexual behavior or use of alcohol, collection of data regarding evaluations of supervisors, employers, teachers, or others in positions of authority over them, and collection of protected health information.

To provide additional protection for these data, the IRB asks that the following be documented:

SONA Administrator

DATE RECEIVED IN ORC:

Signature of IRB Reviewer

IRB Acknowledgement of Documentation

I attest that the above study has been la collection whereby at no point could linki allocation of extra credit.		
Signature of SONA Administrator	Print Name	Date
Investigator set up in Qualtrics		
I attest that I have followed all procedure mechanism of participants to the data in participation or respor	cluding email addresses, IP address	
Signature of Principal Investigator	Print Name	Date
F	OR OR C OFFICE USE ON LY	

DATE OF IRB REVIEW:

Print Name

bv

Date