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|  | **Tennessee Department of Children’s Services**  **Research Request Form** |

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| **BASIC INFORMATION: Please complete all fields.** | | |
| **Name and Title of Principal Investigator:** | |  |
| **Credentials of Principal Investigator (or attach academic CV):** | |  |
| **Academic, Agency, or Institutional Affiliation:** | |  |
| **Address:** |  | |
| **Telephone Number:** |  | |
| **Email Address:** |  | |
| **Title of Research Proposal:** |  | |
| **Is this Proposal:** | **New**  **Amended**  **Addendum** | |
| **Reason for Request:** | **Dissertation**  **Other Student Research**  **Faculty Research (funded)**  **Other Faculty Research**  **Pilot Study/Demonstration Project**  **Other (describe):** | |
| **TYPE OF REQUEST:**  **Indicate the type of request you are making with the Department and complete the required corresponding section.** | | |
| Request to Access Human Subjects or Records Which May Involve Consent:  Research project involves access to human subjects or access to confidential records).  **Complete Section A.**  Research involving Study of Existing Records or Data:  The proposed research only involves use of existing data/records, which do not require informed consent to access. **Complete Section B.** | | |

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|  | **Tennessee Department of Children’s Services**  **Section A: Requests for Access to Human Subjects or Records Which May Involve Informed Consent** |

Some research proposals require direct access to or observation of research subjects to gather data, or require access to records typically viewed as confidential. These research proposals require a higher level of scrutiny, as from an Institutional Review Board (IRB), which must examine additional issues such as informed consent and risks to the subject. In most cases, fully informed consent and minimal risk to the subject are mandatory elements, but there are a few grounds for exemption, which an IRB may consider (*e.g*., see CFR 46.101). Certain types of research cannot be allowed with children in the Department of Children’s Services’ custody, even with consent, such as medical, pharmaceutical, or cosmetic experiments. If your proposed research project involves access to human subjects or access to confidential records, please complete the following (feel free to attach documents and write "see attached" as applicable).

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| **SECTION A: REQUEST TO ACCESS HUMAN SUBJECTS OR RECORDS WHICH MAY INVOLVE INFORMED CONSENT** | |
| **Purpose of study and proposed methodology (or attach the introduction and methods sections used in a typical academic research proposal):** |  |
| **Anticipated Start Date:** |  |
| **Length of Project Period:** |  |
| **Describe in detail specifically what you plan to do with the subjects in your study (be sure to attach copies of any forms, tests, questionnaires, etc. you plan to administer), and/or what confidential records you wish to access. Include a discussion of any risks, discomforts, or inconveniences, which a subject might experience:** |  |
| **Describe how you propose to recruit research subjects and obtain their informed consent, and in cases of children under the age of eighteen, their parent(s) or guardian. Attach a copy of your proposed consent form. If claiming exemption from consent requirements, discuss the regulatory basis under which your IRB granted the exemption:** |  |
| **Describe the specific data and variable fields you plan to access and record (can attach your codebook or coding schema if already developed):** |  |
| **Describe how subject anonymity will be preserved and how confidentiality of the data will be maintained:** |  |
| **If your proposal is approved, once you have completed collecting the data, describe your plans for quantitative and/or qualitative data analysis (please provide sufficient detail so that a reviewer could examine the appropriateness of your approach):** |  |
| **If approved, once your research is completed, what do you intend to do with your results? What agencies might receive and/or benefit from receipt of your results? What types of scientific journals or publications might your findings be submitted to for review?** |  |
| **Optional (response will not affect approval): If your project yields an electronic database (e.g. raw data stored on computer disc, an SPSS system file, etc.), will you make a copy available to DCS for purposes of secondary data analysis?** | **Yes  No  N/A** |

Please sign and date the signature page at the end of the document.

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|  | **Tennessee Department of Children’s Services**  **Section B: Research Involving Study of Existing Records or Data** |

Some research proposes to obtain data from existing data bases, reports, or other records where the Department of Children’s Services (DCS) may grant consent and consistent with applicable laws/regulations, do not require consent by the subjects. This is often called archival research and does not involve any contact with a research subject. *Title 45 of the Code of Federal Regulations*, *Part 46*, (see, for example, *Appendix G*) allows for use of existing data, reports, and records when investigators do not record information which identifies anonymous subjects. Some records (*e.g.* see *TCA 10-7-504*) such as medical records are considered confidential and would require consent of the subjects involved and compliance with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*. If your proposed research only involves use of existing data/records, which do not require informed consent to access, please complete the following. DCS reserves the right to verify that informed consent (either subjects' or parents') is not required prior to release of archival data. Please attach documents and write "see attached" as applicable.

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| **SECTION B: RESEARCH INVOLVING STUDY OF EXISTING RECORDS OR DATA** | |
| **Purpose of study and proposed methodology (or attach the introduction and methods sections used in a typical academic research proposal):** |  |
| **Anticipated Start Date:** |  |
| **Length of Project Period:** |  |
| **Describe the specific data and variable fields you plan to access and record (attach your codebook or coding schema if already developed):** |  |
| **Describe how subject anonymity will be preserved and how confidentiality of the data will be maintained:** |  |
| **If your proposal is approved, once you have completed collecting the data, describe your plans for quantitative and/or qualitative data analysis (please provide sufficient detail so that a reviewer could examine the appropriateness of your approach):** |  |
| **If approved, once your research is completed, what do you intend to do with your results? What agencies might receive and/or benefit from receipt of your results? What types of scientific journals or publications might your findings be submitted to for review?** |  |
| **Optional (response will not affect approval): If your project yields an electronic database (e.g. raw data stored on computer disc, an SPSS system file, etc.), will you make a copy available to DCS for purposes of secondary data analysis?** | **Yes  No  N/A** |

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| **Signature Page** |

Your signature below indicates that you agree to abide by the following four requirements:

* You agree to furnish DCS a copy of your findings, conclusions, final report, and/or journal articles **prior to** publication or dissemination, as required by ACA/COA standards.
* You agree to obtain written permission from DCS before sharing the raw data or data base with anyone other than DCS and the above listed research team members (Note: this applies only to the data and is not intended to prevent or interfere with publishing the **results** of your research project in a customary format such as group statistics which do not identify individual subjects); and
* You and your staff agree to abide by all appropriate state laws and federal regulations regarding confidentiality of any data/records you access, review, obtain, or maintain in the course of conducting this research.
* In the event a participant has an adverse reaction as a result of participating in the study, you and your staff agree to promptly notify the appropriate office/facility, DCS Supervisor and Assistant Commissioner of the Office of Continuous Quality Improvement.

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| ***Principal Investigator***  *( Write or Type Full Name)* |

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|  |  | /     / |
| ***Principal Investigator’s Signature*** |  | ***Date*** |

Email your request to: ***EI\_DCSResearch\_and\_Data\_Request@tn.gov***