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|  | **Special Population Review Form—Prisoners** | **irb - forms** |

**Title of Protocol:**

*Prisoner:* Any individual involuntarily confined or detained in a penal institution or sentenced to an institution or alternative to criminal prosecution or incarceration, detained or pending arraignment, trial or sentencing. This includes situations where a human subject becomes a prisoner after the research has commenced.

**1. State reasons for including the prisoner population in your project:**

**2. Check the category in which your research project falls:**

Study of the possible causes, effects and processes of incarceration and of criminal behavior

• Will there be minimal risk and no more than inconvenience to the participants? Yes No

Provide protocol-specific justification in your response:

Study of prisons as institutional structures or of prisoners as incarcerated persons.

• Will there be minimal risk and no more than inconvenience to the participants?

Yes No

Provide protocol-specific justification in your response:

Research on conditions affecting prisoners as a class.

(Federal Government (DHHS) approval required)

Provide protocol-specific justification in your response:

Research on practices both innovative and accepted, which have the intent and reasonable probability of improving the health or well being of the participant.

• Will there be a control group where participants will not benefit from the research?

Yes (DHHS approval required)  No

Provide protocol-specific information in response:

**3. Will the advantages of participating in the project impair the ability of the prisoners to weigh the risks against the benefits?** Yes No

Provide protocol-specific information in response:

**4. Are the risks commensurate with risks accepted by non-prisoner volunteers?**

Yes No

Provide protocol-specific information in response:

**5. Is the participant selection voluntary and random for those who meet the criteria?**

Yes No

Provide protocol-specific information in response:

**6. Are there appropriate provisions for any follow-up care, if applicable?** Yes No

Provide protocol-specific information in response:

**PI Name:**      **PI Signature: Date:**