

## INFORMATION AND CONSENT FORM

For Teachers

**Study Title:** Bio-ITEST: New Frontiers in Bioinformatics and Computational Biology

**Study #:** N/A

**Sponsor:** National Science Foundation

**Study Organizer:** Jeanne Chowning  
Northwest Association for Biomedical Research  
100 W Harrison, North Tower, Ste. 430, Seattle, WA 98119

**Telephone Number:** (206) 957-3337

**After Office Hours:** (206) 957-3337

The study organizer wants to know if you would like to be part of a research study. This form describes the study in order to help you decide if you want to participate. This form will tell you what you will have to do during the study and the risks and benefits of the study.

If you have any questions about or do not understand something in this form, you should ask the study organizer or study staff. You should discuss your participation with anyone you choose in order to better understand this study and your options. Do not sign this form unless the study organizer or study staff has answered your questions and you decide that you want to be part of this study.

If you decide that you want to take part in this research study, you will be given a copy of the signed and dated consent form.

### WHAT IS THIS STUDY ABOUT?

We (the study organizer and study staff) are interested in the effect of the Bio-ITEST materials on students' perceptions and knowledge about bioinformatics, including about careers in bioinformatics. We are conducting a study to evaluate the impact of the Bio-ITEST program and materials.

We will ask you to complete two surveys (once before you receive the Bio-ITEST lessons, and once after you receive the lessons) regarding your experience and understanding of the information discussed in class. If you do not wish to participate, you will still complete the surveys but we will not include your answers in our study.

Our analyses will compare students' survey responses before and after they receive Bio-ITEST lessons, and correlate them with teacher's survey responses before and after they receive Bio-ITEST professional development

In addition to completing two surveys, some students may be invited to be interviewed. These data will be coded so that no identifiable student information is revealed.

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QUORUM REVIEW  
APPROVED

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INSTITUTIONAL  
REVIEW BOARD

Not all of the teachers who participate in the Bio-ITEST program will be in this study. About 25-50 teachers will be in this study.

### **WHO IS PAYING FOR THIS STUDY?**

The Innovative Technology Experiences for Students and Teachers (ITEST) program from the National Science Foundation (NSF) is funding this study through a grant to NWABR (Northwest Association for Biomedical Research).

### **HOW LONG WILL I BE IN THIS STUDY?**

If you decide to be in this study, you would be involved during the summer you participate in the NWABR workshop, as well as the following school year.

### **WHAT WILL HAPPEN DURING THIS STUDY?**

This study is designed to gather information about the Bio-ITEST program. You can participate in the Bio-ITEST program and choose not to participate in the study. If you choose to be in this study, you will be asked to do the following:

#### Two Surveys

Your students would receive short written in-class surveys before and after Bio-ITEST instruction that will help us to know how our materials are working. These written surveys are not graded, and will take about 15 minutes to complete.

In order to track the participation of different groups, questions pertaining to race, ethnicity and gender will be included on the first assignment. Data will be kept electronically in a double-password protected file that is accessible only to research staff, or if hard copy in a locked file cabinet. Further, all identifiable information will be destroyed after data collection is complete. Only the research team would have access to the assignments. They would be kept in a locked file cabinet or on a computer with a password.

#### Other Evaluation Activities

In order to better understand the impacts of the project, the evaluators will observe selected classrooms and classroom activities, and may review selected assignments. Some students will be invited to participate in group interviews.

Before proceeding with student surveys, observations, and/or interviews, we will obtain the assent of students and consent of their parents. If students are over the age of 18, they may be able to provide their own consent for the study. The description of measures taken to ensure your privacy and confidentiality also apply to information from students. The purpose of the

observations and interviews is to evaluate the Bio-ITEST program and not the participants themselves.

Your students do not have to be in this study, even if you choose to be in the study.

### Teacher's Surveys

You will complete a survey prior to your participation in the NWABR workshop and a survey afterwards. You may be asked to complete more than one survey afterwards.

### Teacher Observations and Interviews

You may be observed during instruction. You may also be interviewed. The study staff and/or evaluation team will take notes during the observations and interviews. No individual names will be connected to any opinions expressed in the observations or interviews.

You can stop being in the study at any time without any personal consequences.

While you are in the study, you must:

- Follow the instructions you are given.
- Tell the study organizer or study staff if you want to stop being in the study at any time.

## **RISKS AND DISCOMFORTS**

Some people feel stress when they are in studies, or feel that studies invade their privacy. We have taken steps to protect your privacy, and they are described above. Some people also feel uncomfortable talking about ethical issues related to science or discussing them with their students. Please let us know if you feel uncomfortable and we will stop whatever it is that makes you feel that way.

There may be other effects that are not known at this time.

## **NEW INFORMATION**

You will be told about anything new that might change your decision to be in this study. You may be asked to sign a new consent form if this occurs.

## **BENEFITS**

You may not directly benefit from taking part in this research. However, we hope that the results of this study will improve our program and teaching materials, and will help guide the development of similar education programs.

The benefits from participating in the Bio-ITEST program might include personal and professional growth and access to newly developed curriculum.

Participation in this study will contribute to helping Bio-ITEST improve our program and teaching materials. This could help teachers and students in the future.

### **WILL IT COST ANYTHING TO BE IN THIS STUDY?**

There is no cost associated with this study. You do not have to pay to participate.

### **PAYMENT FOR PARTICIPATION**

You will receive \$1000 total for your participation in our summer teacher professional development program as a stipend. Of the total, \$100 will be withheld until the completion of a follow-up assignment as well as the submission of anonymous pre/post surveys to NWABR.

You will also receive clock hours and teaching resources.

If you do not participate in the research study, you will still receive your program stipend, teaching resources, and clock hours.

You will be provided on-site meals during sessions.

### **ALTERNATIVES**

Your alternative is not to participate in this study.

### **CONFIDENTIALITY**

Study information collected about you will be given to the sponsor, the Northwest Association for Biomedical Research (NWABR). "Sponsor" means any persons or companies that are working for or with the sponsor, or owned by the sponsor. It may also be looked at and/or copied for research purposes by Cohen Research and Evaluation, or for regulatory purposes by Quorum Review, the contract Institutional Review Board.

Total confidentiality cannot be guaranteed because of the need to give information to these parties. The results of this research study may be presented at meetings or in publications. Your identity will not be given out during those presentations.

Information from this study may be published. No individual names will be connected to any opinions expressed in the assignments, surveys, observations, or interviews.

### **VOLUNTARY PARTICIPATION AND WITHDRAWAL**

Taking part in this study is voluntary. You may decide not to take part or you may leave the study at any time. Your decision will not cause any penalty or loss of benefits to which you are entitled.

The sponsor may stop your participation in this study at any time without your consent for any of the following reasons:

- it is in your best interest;
- you do not later consent to any future changes that may be made in the study plan;
- or for any other reason.

### **WHO CAN I TALK TO ABOUT THIS STUDY?**

You can ask questions about the study at any time. You can call the study organizer at any time if you have any concerns or complaints. You should call the study organizer at the phone number listed on page 1 of this form if you have questions about any aspects of this study.

Quorum Review reviewed this study. Quorum Review is a group of people who review research studies to protect the rights and welfare of research participants. If you have questions about your rights as a research participant, if you are not able to resolve your concerns with the study doctor, or if you have general questions about what it means to be in a research study, you can call Quorum Review or visit the Quorum Review IRB website at [www.quorumreview.com](http://www.quorumreview.com).

Quorum Review is located in Seattle, Washington.

Office hours are 8:00 AM to 5:00 PM Pacific Time, Monday through Friday.

Ask to speak with a Research Participant Liaison at 888-776-9115 (toll free).

**DO YOU WANT TO BE IN THIS STUDY?**

I have read this form, and I have been able to ask questions about this study. The study organizer or study staff has talked with me about this study. They have answered all of my questions. I voluntarily agree to be in this study. I authorize the release of my research records for research or regulatory purposes to the sponsor, Cohen Research and Evaluation, and Quorum Review.

By signing this form, I have not given up any of my legal rights as a research participant. I will get a signed copy of this consent form for my records.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Explaining Consent

\_\_\_\_\_  
Signature of Person Explaining Consent

\_\_\_\_\_  
Date

I attest that I or my representative discussed this study with the participant named above.

\_\_\_\_\_  
Signature of Principal Investigator or Sub-Investigator

\_\_\_\_\_  
Date