zipline

Hello, Kaylea Hascall

Compare

Basic Study Information

Study Funding Sources

Local Study Team Members

Study Scope

Local Research Locations

Local Site Documents

You Are Here: Measuring Twitter Outcomes

Reading: STUDY00017128

Go to forms menu Print Help

Basic Study Information

1. * **Title of study:**
   Measuring Twitter Outcomes

2. * **Short title:**
   This will be used to identify your study in Zipline
   Measuring Twitter Outcomes

3. * **Brief description:**
   We will collect social media posts from Twitter and analyze their content and as well as the public user profile of the person making the post, including their posted biographical information, number of followers, and number of people they follow.

4. * **What kind of study is this?**
   Single-site study

5. * **Are you requesting authorization for an external IRB to review the study instead of the UW IRB?**
   ○ Yes ● **No**

6. * **Local principal investigator:**
   Can't find your PI? Make sure they have registered.
   Kaylea Hascall

7. * **Does the local principal investigator have a Financial Conflict of Interest (FCOI) related to this research?**
   ○ Yes ● **No**

8. * **Attach the IRB Protocol:**

	Document	Category	Date Modified	Document History
View	Measuring Twitter Outcomes IRB Protocol(0.02)	IRB Protocol	1/20/2023	History

Use one of these templates:

Exit

- APPLICATION IRB Protocol
- APPLICATION IRB Protocol, No Contact with Subjects

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9. * **Is the Principal Investigator for this study a student or resident?**

● Yes ○ No

Important:

- *The Faculty Advisor must be added as an Ancillary Reviewer prior to submitting your study.*
- *For studies reviewed by the UW IRB (not an external IRB) required training must also be uploaded to the Local Site Documents SmartForm.*

10. * **Select the role under which the Principal Investigator will conduct the research:**

Graduate student

Study Funding Sources

1. **Identify each organization supplying funding for the study:**

Funding Source	Sponsor's Funding ID	Grants Office ID	Attachments

There are no items to display

Local Study Team Members

1. **Identify each additional UW person who needs to be able to edit the study or serve as a PI Proxy. Students: do not list your faculty advisor here.**

Name	E-mail	Phone

There are no items to display

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1. * **Does the study specify the use of an approved drug or biologic, use an unapproved drug or biologic, or use a food or dietary supplement to diagnose, cure, treat, or mitigate a disease or condition?**
   ○ Yes ● **No**

2. * **Does the study evaluate the safety or effectiveness of a device or use a humanitarian use device (HUD)?**
   ○ Yes ● **No**

3. * **Is this study intended to develop information about a drug, device or biologic through its prospective use and assignment to subjects, which will then be submitted by you or someone else to or held for inspection by the Food and Drug Administration (FDA)?**
   ○ Yes ● **No**

4. * **Are any federal institutions (not already listed as a funding source) involved in your research because their employees are performing one or more of the following activities?**
   ○ Yes ● **No**

   - Obtaining informed consent for subjects in your study
   - Conducting research procedures that involve interacting or intervening with the subjects or manipulating the subjects' environment
   - Obtaining private identifiable data about or identifiable specimens from the subjects in the research

5. * **Will your research require access to, or obtaining of any identifiable health care information from, any records maintained in the State of Washington, without first obtaining the consent of the subjects?**
   ○ Yes ● **No**

6. * **Will your project involve any type of interaction (in-person or virtually) with individuals as human subjects who are known or likely to be under the age of 18 years old?**
   ○ Yes ● **No**

7. * **This question is only about UW Medicine facilities**

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study require any services, items or tests that are:
- Performed in a clinical facility that bills through UW Patient Financial Services (PFS), Northwest Hospital PFS, or UW Clinical Research Budget and Billing office (CRBB); and/or
- Furnished by a provider who bills through UW Physicians (UWP)?

○ Yes ● **No**

8. * **Does this research involve giving the subject any of the following? Check all that apply:**

None of the above

9. * **Does this research involve exposing subjects to radiation through any of the following? Check all that apply:**

None of the above

10. * **When do you estimate you will start enrolling subjects in your research? Select one.**

Not applicable, because this research involves no interaction of any kind with subjects

11. * **Does this project have any participant groups focused on employees/staff at any of the following organizations? Examples: residents; laboratory staff; nurses; physicians; custodians. Check all that apply:**

None of the above

12. * **This question is only about UW School of Medicine employed faculty. As part of this research, will the faculty member be practicing their licensed healthcare profession at a non-UW Medicine approved site of practice?**

Study does not involve any UW School of Medicine employed faculty

Local Research Locations

1. **Identify whether any of the following locations will be (1) where study procedures with participants will occur, or (2) places from which participants will be deliberately recruited.**

Location	Contact	Phone	Email

There are no items to display

Local Site Documents

1. **Consent forms:** (Include all site-specific consent, assent, par and translated consent materials. If requesting exempt or not hum research determination, do not include consent materials.)

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These should always be the forms that will be used by the site investigators. They may be based on one of the UW consent templates available on the HSD website, a template from another institution (such as a lead site), or no template (as long as the required elements are included).

Document	Category	Date Modified	Document History
There are no items to display			

2. Recruitment materials: (add all material to be seen or heard by subjects, including ads)

Document	Category	Date Modified	Document History
There are no items to display			

3. Other attachments:

	Document	Category	Date Modified	Document History
View	Kaylea Hascall IRB 101 certificate(0.01)	Supplement	1/12/2023	History

Suggested attachments:

- Curriculum vitae (CV) or biosketch for the local principal investigator
- Other documents specific to this site that are not already provided
- For student and resident PIs: IRB 101 Certificate

Final Page

You have reached the end of the IRB submission form. Read the next steps carefully:

1. Click **Finish** to exit the form.

2. **Important!** To send the submission for review, click **Submit** on the next page.

Exit

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