Universität Hamburg
DER FORSCHUNG | DER LEHRE | DER BILDUNG

Faculty of
Mathematics, Informatics and
Natural Sciences Department of
Informatics

Evaluation of research projects by the local Ethics Commission at the Department of Informatics in the Faculty of Mathematics, Informatics and Natural Sciences at Universität Hamburg

Basic Questionnaire

Every executive researcher must complete and sign this basic questionnaire for each study, if an evaluation by the Ethics Commission is required.
Student researchers must have the basic questionnaire signed by their responsible supervisor.

Forms for written clarification and informed consent must be attached to each application.

Abbreviated Designation of the Study:

_____

1. General Data

Study or series thereof to be performed in the following context (please check):

☐ Study, e.g. Practical Course or Project
☐ Bachelor Thesis
☐ Master Thesis
☐ Dissertation
☐ Habilitation
☐ Research Project (e.g. Funded Project)
☐ Other (please specify)

_____

Executive Researcher:

Full Name: _____

Research Group: _____

Email Address: _____

Status (please check):

☐ Student Bachelor's Degree
☐ Student Master's Degree
☐ Research Assistant
☐ Other (please specify): _____

Responsible Supervisor, if applicable:

Full Name: _____

Research Group: _____

Email Address: _____

2. Affiliation to other Studies

a) Is this a study within the framework of a project or another study for which a vote of the Ethics Commission is already available or is the currently planned study designed analogue to a study for which an approval of the Ethics Commission is already available?

☐ No (continue with checklist)
☐ Yes

If yes, please indicate the abbreviated designation of the study:

_____

Supervisor of the study for which a vote of the Ethics Commission is already available:

_____

b) Has the design been altered concerning relevance of the responses in this checklist?

☐ No (please sign)
☐ Yes

If yes, please explain in a separate document which modifications have been made.

_____ _____
Place, Date Signature of the Executive Researcher

_____ _____
Place, Date Signature of the Supervisor, if applicable

Checklist for the Study

- If one or more questions on the checklist on pages 3 and 4 have been answered with **"yes"**, please describe the study scheme in the separate **"Ethics Assessment Form"** and send it together with other relevant information (e.g. questionnaires, informed consent document) on your study to the Ethics Commission.
- If you can answer all boxes with **"no"**, you do not need to consult the Ethics Commission. Please store the completed questionnaire with your project documentation.

Checklist	Yes	No
1. Does the study involve participants who are unable to give informed consent (e.g. under the age of 18 or persons unable to legally give consent)?	☐	☐
2. Does the study involve participants, who belong to a particularly vulnerable group (e.g. participants of clinical samples, persons with learning disabilities, residents of a hospital or nursing home or persons serving a sentence)?	☐	☐
3. Is it required that persons participate without being informed about their participation or without having given informed consent (e.g. covert observation) at this point?	☐	☐
4. Is it required that the participants are not entirely informed about purpose and content of the study? (Remark: entire information does not imply the disclosure of the hypothesis, but refers to the purpose and procedure of the study. For example, incomplete or false information exists when, in order to address the question, the creation of a cover story is necessary).	☐	☐
5. Is it required to actively mislead participants concerning the purpose of the study?	☐	☐
6. Is it required to ask questions of an intimate nature which may be conceived as stigmatizing (e.g. relating to illegal or deviant behaviour)?	☐	☐
7. Is it expected that participants are going to suffer from physiological stress, anxiety, exhaustion, physical pain or other negative effects beyond the anticipated norms?	☐	☐
8. Does the study involve the administration of medicine, placebo or any other substances?	☐	☐
9. Will the participants be subject to any invasive or potentially harmful procedures?	☐	☐
10. Does this research involve the potential discovery of incidental findings (i.e., unexpected results that have medical, legal, or social implications)? Please provide a mitigation plan with your materials if this is the case.	☐	☐

Checklist	Yes	No
11. Will personal data be collected which cannot be processed anonymously (e.g. video or audio recordings of the participants, collection of body substances such as saliva samples)? If yes, please specify what kind of data: _____ Will the participants be informed about this? ☐ Yes ☐ No May the participants demand the deletion/destruction of said data at any time and will they be informed about this? ☐ Yes ☐ No	☐	☐
12. Will the participants receive financial remuneration in exceedance of the average amount of 10 Euro per hour? If yes, which amount? _____ Euro per hour Why is it required to pay this amount to the participants hourly? _____	☐	☐
13. Does this research have the potential to be used for purposes other than those explicitly intended, which could be harmful or unethical (e.g. for criminal or military activity)? Please provide a mitigation plan with your materials if this is the case.	☐	☐

Comments:

The work of the Ethics Commission is based on the requirements of data protection at University of Hamburg, along with other relevant ethical guidelines. Please visit our website for more information: https://www.inf.uni-hamburg.de/en/home/ethics.html. Students and staff of the Department of Informatics at University of Hamburg can additionally inform themselves with an online Research Ethics workshop, also provided at above link.

Please note that in all cases it is required to inform participants in advance in as detailed a manner as possible about the procedure of the study, collect their informed consent in writing and ensure confidentiality of data collection and storage thereof. **Forms of clarification and informed consent must be attached to this application**. The Ethics Commission must be reconsulted if essential modifications of the study occur during data collection.

I certify that to the best of my knowledge all information in this application is accurate.

_____ _____

Place, Date Signature of the Executive Researcher

_____ _____

Place, Date Signature of the Supervisor, if applicable