**AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)**

**REQUEST FOR DETERMINATION OF NON-HUMAN SUBJECT RESEARCH (NHSR)**

For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: **IRBAdmin@auburn.edu** Web Address: [**http://www.auburn.edu/research/vpr/ohs**](http://www.auburn.edu/research/vpr/ohs) **Submit completed form and supporting materials as one PDF through the** [**IRB Submission Page**](https://aub.ie/irbsubmission)Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms are not accepted.
Where links are found hold down the control button (Ctrl) then click the link.

 **1. Project Identification Today’s Date:** Click or tap to enter a date.

1. **Project Title:** Click or tap here to enter text.

1. **Principal Investigator (PI):** Click or tap here to enter text.Degree(s): Click or tap here to enter text.Rank/Title: Choose Rank/Title Department/School: Choose Department/School

Role/responsibilities in this project:Click or tap here to enter text.

Preferred Phone Number:Click or tap here to enter text. AU Email: Click or tap here to enter text.
**Faculty Advisor Principal Investigator (if applicable):** Click or tap here to enter text.Rank/Title:Choose Rank/Title Department/School:Choose Department/SchoolRole/responsibilities in this project:Click or tap here to enter text.

Preferred Phone Number:Click or tap here to enter text. AU Email: Click or tap here to enter text. **Department Head:** Click or tap here to enter text.Department/School:Choose Department/SchoolPreferred Phone Number:Click or tap here to enter text.AU Email: Click or tap here to enter text.

Role/responsibilities in this project: Click or tap here to enter text.

**If additional key personnel are part of the project, list in item 4.**

**2. Project Summary** Answer yes or no to determine whether the activity is not human subjects research.

 **a.** Is the activity a systematic investigation designed to develop or contribute
 to generalizable knowledge? (If no, the activity is not research (at all) and
 IRB review is not required. If yes, the activity is research; answer item b.) YES [ ]  NO [ ]

 **b.** Does the research involve obtaining information about living individuals?
 (If no, the research is NHSR. If yes, answer item c.) YES [ ]  NO [ ]

 **c.** Does the research involve intervention or interaction with individuals? (If
 no, is the information (see b) individually identifiable? If no, the research is
 NHSR. If yes, the activity is research involving humans and requires
 submission of an Exempt application or Protocol Review Form.) YES [ ]  NO [ ]

 **d.** Will the PI have access to private information? (If no, the research is NHSR.) YES [ ]  NO [ ]

**3. Project Description**

 **a. Subject Population** (describe, including age, special population characteristics, etc. If data is publicly
 available, include the link. If not publicly available, describe PI access to the data.)
 Click or tap here to enter text.

 **b. Brief Summary of Project** Include the research question(s) and a brief description of the methodology, including
 recruitment and how data will be collected. If data is publicly available, include the link. If data will be shared, describe
 access to the data and submit agreement to share the data, and submit a copy of the signed agreement from the
 owner of the data to share the data with the study
 Click or tap here to enter text.

 **c. Study instruments** Attach a copy of any data collection instrument, survey, interview questions, etc. if applicable.
 Click or tap here to enter text.

**4. Other** Use this space to provide additional information, if needed.
 Click or tap here to enter text.

**Required Signatures** *(If a student PI is identified in item 1.a, the EXEMPT application must be re-signed and updated at every revision by the student PI and faculty advisor. The signature of the department head is required only on the initial submission of the EXEMPT application, regardless of PI. Staff and faculty PI submissions require the PI signature on all version, the department head signature on the original submission)* **Signature of Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Advisor (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Version Date:** Click or tap to enter a date.