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

**REQUEST FOR DETERMINATION OF NON-HUMAN SUBJECT RESEARCH  
For Stem Cell Research**

For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: [**IRBAdmin@auburn.edu**](mailto: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.  
  
All research involving human subjects at Auburn University must be reviewed by the IRB. If you are unsure whether your study is “research” or involves “human subjects”, you may request a determination from the IRB. Determinations will be made after completion and submission of this form for IRB review.

Reference information:  
 1. List of identifiers that, if collected, would qualify the research as “human subject research”  
 2. Determination of “Research” or “Human Subject”

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

**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.   
**Key Personnel (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.

**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.

**2. Study Information  
  
 Study Title:** Click or tap here to enter text.

**Funded:  YES  NO If YES,  Investigator  Internal  External**

**List External Agency & Grant Number:** Click or tap here to enter text. **AU Facilities (**where research will be conducted)**:** Click or tap here to enter text. **BUA Authorization #:** Click or tap here to enter text.

**3. Project Description**

* 1. **Brief Summary:** Include a brief non-technical description of your research aims and methods. Include a brief summary as to how the research is intended to benefit human health and /or advance science and knowledge. (If you are requesting determination for use of human induced pluripotent stem cells, indicate that your research does not involve any of the following which would require IRB approval: introduction of the cells into humans; introduction of the cells into the central nervous system of non-human primates; introduction of the cells into non-human animals and there is a reasonable possibility of the cells giving rise to gametes; or creation of gametes or embryos.

Click or tap here to enter text.

* 1. **Cell Line Information:** Check the category that best describes this project and describe:

1) In vitro research involving human induced pluripotent stem cells (non-embryonic) – identify   
 source, IRB approvals relating to how they were obtained and methods of de-identifying the cell  
 line: Click or tap here to enter text.

2) In vitro research involving human embryonic stem cells (HES) cell lines that are listed on the  
 NIH Human Embryonic Stem Cell Registry. Include information describing source and   
 identification of cell line: 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.