AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS

REQUEST FOR EXEMPT CATEGORY RESEARCH

For Information or help completing this form, contact: **THE OFFICE OF RESEARCH COMPLIANCE**, 115 Ramsay Hall
Phone: 334-844-5966 **e-mail:** IRBAdmin@auburn.edu **Web Address:** http://www.auburn.edu/research/vpr/ohs/index.htm

Revised 2/1/2014 **Submit completed form to IRBsubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.**

Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

Project activities may not begin until you have received approval from the Auburn University IRB.

1. PROJECT PERSONNEL & TRAINING

PRINCIPAL INVESTIGATOR (PI):

Name _____ Title _____ Dept./School _____

Address _____ AU Email _____

Phone _____ Dept. Head _____

FACULTY ADVISOR (if applicable):

Name _____ Title _____ Dept./School _____

Address _____

Phone _____ AU Email _____

KEY PERSONNEL: List Key Personnel (other than PI and FA). Additional personnel may be listed in an attachment.

Name	Title	Institution	Responsibilities

KEY PERSONNEL TRAINING: Have all Key Personnel completed CITI Human Research Training (including elective modules related to this research) within the last 3 years? ☐ YES ☐ NO

TRAINING CERTIFICATES: Please attach CITI completion certificates for all Key Personnel.

2. PROJECT INFORMATION

Title: _____

_____

Source of Funding: ☐ Investigator ☐ Internal ☐ External

List External Agency & Grant Number: _____

List any contractors, sub-contractors, or other entities associate with this project.

_____

List any other IRBs associated with this project (including those involved with reviewing, deferring, or determinations).

_____

FOR ORC OFFICE USE ONLY

DATE RECEIVED IN ORC: _____ **by** _____ **APPROVAL #** _____

DATE OF IRB REVIEW: _____ **by** _____ **APPROVAL CATEGORY:** _____

DATE OF ORC REVIEW: _____ **by** _____ **INTERVAL FOR CONTINUING REVIEW :** _____

DATE OF APPROVAL: _____ **by** _____

COMMENTS:

3. PROJECT SUMMARY

a. Does the research involve any special populations?

- ☐ YES ☐ NO Minors (under age 19)
- ☐ YES ☐ NO Pregnant women, fetuses, or any products of conception
- ☐ YES ☐ NO Prisoners or Wards
- ☐ YES ☐ NO Individuals with compromised autonomy and/or decisional capacity

b. Does the research pose more than minimal risk to participants? ☐ YES ☐ NO

Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. 42 CFR 46.102(i)

c. Does the study involve any of the following?

- ☐ YES ☐ NO Procedures subject to FDA Regulation Ex. Drugs, biological products, medical devices, etc.
- ☐ YES ☐ NO Use of school records of identifiable students or information from instructors about specific students
- ☐ YES ☐ NO Protected health or medical information when there is a direct or indirect link that could identify the participant
- ☐ YES ☐ NO Collection of sensitive aspects of the participant's own behavior, such as illegal conduct, drug use, sexual behavior or use of alcohol
- ☐ YES ☐ NO Deception of participants

If you checked "YES" to any response in Question #3 STOP. It is likely that your study does not meet the "EXEMPT" requirements. Please complete a PROTOCOL FORM for Expedited or Full Board Review.
You may contact IRB Administration for more information. (Phone: 334-844-5966 or Email: IRBAdmin@auburn.edu)

4. PROJECT DESCRIPTION

a. Subject Population (Describe, include age, special population characteristics, etc.)

b. Describe, step by step, all procedures and methods that will be used to consent participants.

☐ N/A (Existing data will be used)

c. **Brief summary of project.** (Include the research question(s) and a brief description of the methodology, including recruitment and how data will be collected and protected.)

d. Waivers. Check any waivers that apply and describe how the project meets the criteria for the waiver.

- ☐ Waiver of Consent (Including existing de-identified data)
- ☐ Waiver of Documentation of Consent (Use of Information Letter)
- ☐ Waiver of Parental Permission (for college students)

e. Attachments. Please attach Informed Consents, Information Letters, data collection instrument(s), advertisements/recruiting materials, or permission letters/site authorizations as appropriate.

Signature of Investigator _____ Date _____

Signature of Faculty Advisor _____ Date _____

Signature of Department Head _____ Date _____