Institutional Review Board (IRB)
District of Columbia Department of Health (DOH)

Exempt From IRB Request Form

Protocol Title: ___________________________

Date of submission: ___________________________  IRB number: ___________________________

Principal Contact for Project: ___________________________  Tel: ___________________________

Address: ___________________________  e-mail: ___________________________

Name of Principal Investigator: ___________________________  Tel: ___________________________

Address: ___________________________  e-mail: ___________________________

If reviewed by another IRB: Yes ☐  No ☐  Name: ___________________________

State decision of IRB named above: ___________________________

This exempt registration does not expire nor does it require renewal.

Reporting Proposed Changes in Research
This exempt from IRB review determination only applies to the current protocol. Therefore, if there are any proposed changes to this exempted study, e.g., protocol, data gathering instruments, type of information being accessed or disclosed, increased risk, the changes must be reviewed by the DOH IRB PRIOR TO implementation. Such a review will be limited to determining whether the proposed changes result in the study requiring IRB review and approval, or new exemption determination.

Recommendations:

☐ Study Registered as Exempt. Category: _____________

☐ This research does NOT meet the federal regulatory requirements for exemption from IRB review. To conduct this research you must complete an IRB submission package for IRB review. For more information on completing a research submission, contact DOH-IRB@dc.gov

☐ This activity is NOT human subject research, and does not require exempt registration or IRB approval.

For internal use only:

IRB Chair/Designee ___________________________  Signature ___________________________  Date ___________________________

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