



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

Form 2

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.

For internal use only:

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.

IRB Chair/Designee

Signature

Date