Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)

Policy: Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule

Institutions must have an assurance of compliance that applies to the research to be conducted and should submit certification of IRB review and approval with each application or proposal unless otherwise advised by the Department or Agency.

Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule.	
1. Request Type [] ORIGINAL [] CONTINUATION [] EXEMPTION 2. Type of Mechanism [] CONTRACT [] FELLOWSHII [] COOPERATIVE AGREEMENT [] OTHER:	Name of Federal Department or Agency and, if known, Application or Proposal Identification No.
4. Title of Application or Activity	5. Name of Principal Investigator, Program Director, Fellow, or Other
6. Assurance Status of this Project (Respond to one of the following)	
[] This Assurance, on file with Department of Health and Human Services, Assurance Identification No, the expirat	covers this activity: ion date IRB Registration No
This Assurance, on file with (agency/dept)	, covers this activity.
Assurance No, the expiration date	, covers this activityIRB Registration/Identification No(if applicable)
[] No assurance has been filed for this institution. This institution declares approval upon request.	that it will provide an Assurance and Certification of IRB review and
[] Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph	
7. Certification of IRB Review (Respond to one of the following IF you have	an Assurance on file)
[] This activity has been reviewed and approved by the IRB in accordance by: [] Full IRB Review on (date of IRB meeting)	or [] Expedited Review on (date)
[] This activity contains multiple projects, some of which have not been re-	
8. Comments	
9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.	10. Name and Address of Institution
11. Phone No. (with area code)	
12. Fax No. (with area code)	
13. Email:	
14. Name of Official	15. Title
16. Signature	17. Date
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Public reporting burden for this collection of information is estimated to average less than an hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503 200 Independence Avenue, SW., Washington, DC 20201. *Do not return the completed form to this address.*