## **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

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

	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 (IF review and approval to the Department or Agency in accordance with the Common Rule.	ng	
	1. Request Type  2. Type of Mechanism	3. 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	
	following)		
	This Assurance, on file with Department of Health and Human Services, covers this activity:  Assurance Identification No the expiration date IBR Registration No		
This Assurance, on file with (agency/dept), covers this activity.			
	Assurance Identification No the extended the extend	xpiration date IBR Registration No	
No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request			
	Exemption Status: Human subjects are involved, paragraph	, but this activity qualifies for exemption under Section 101(b),	
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7. Certification of IRB Review (Respond to one of the following IF yo	ou have an Assurance on file)
This activity has been reviewed and approved by the IRB in acc regulations.	cordance with the Common Rule and any other governing
By: Full IRB Review (date of IRB meeting)	or Expedited Review on (date)
If less than one year approval, provide expiration	date
This activity contains multiple projects, some of which have not that all projects covered by the Common Rule will be reviewed further certification will be submitted.	
8. Comments	
9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will	10. Name and Address of Institution
be performed until study closure and certification will be provided.	
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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