

**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.

1. Request Type <input style="width: 100%;" type="text"/>	3. Name of Federal Department or Agency and, if known, Application or Proposal Identification No. _____
2. Type of Mechanism <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>	
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, 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 expiration date _____ IBR Registration No. _____

(If Applicable)

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, 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 with the Common Rule and any other governing regulations.

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 been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated and that appropriate 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 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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