Attachment G

Battelle IRB Review Report: Current Implementation Approval – Entire Project November 28, 2007



Centers for Public Health Research and Evaluation 100 Capitola Drive, Suite 200 Durham, North Carolina 27713-4411 (919) 544-3717 Fax (919) 544-0830

Patricia Bolton, PhD Battelle CPHRE 1100 Dexter Avenue North Suite 400 Seattle, WA 98109

Dear Dr. Bolton:

As Chair of the Battelle/CPHRE Institutional Review Board (IRB) I have reviewed the continuing review and modifications submission dated 11/26/2007 for the study entitled "National Survey of 911 Emergency Treatment for Heart Disease and Stroke" (FG487112-01) and grant expedited approval to continue with the study. The study is minimal risk and the changes to do not affect the risk/benefits ratio. I do recommend that you include a statement in the consent form that there is no penalty for non-participation.

As with all Battelle/CPHRE studies, this study will be subject to continuing review again next year. The current approval expires 11/27/2008. We will send you notification at the appropriate time. In the meantime, should any additional changes occur in your protocol or questionnaire, please inform the IRB and submit the changes for review. Similarly, the I RB needs to be notified in the event of any injury or unexpected outcome arising from this study.

Sincerely,

Margaret R. Pennybacker, PhD, CIP

Mayout Benny Book

IRB Chair

cc: Brigette Brevard

Contracts
Jan Jaeger

Battelle/Centers for Public Health Research and Evaluation

100 Capitola Drive, Suite 301 Durham, NC 27713 Federal-wide Assurance No. FWA00004696 (IRB No. 284)

INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL

PROJECT DIRECTOR: Patricia Bolton, PhD		
PROJECT TITLE: National Survey of 911 Emergency Treatment for Heart Disease and Stroke		
CLIENT: CDC		PROTOCOL DATE: 11/26/07
BATTELLE PROJECT CODE: FG487112-01 or PROPOSAL NUMBER: _/tf prearward)		or PROPOSAL NUMBER: _/if preaward)
NATURE OF REVIEW: (check-one)		
FI	ULL MEETING DATE:	
X E	XPEDITED (specify reason): minimal i	risk; no change to risk/benefits
E	XEMPT (specify reason):	
TYPE OF APPROVAL: (check anc)		
PI	PRELIMINARY. SCHEDULE NEXT REVIEW PRIOR TO INVOLVEMENT OF HUMAN SUBJECTS.	
PI	RETEST/PILOT TEST. SCHEDULE N	EXT REVIEW PRIOR TO FULL IMPLEMENTATION.
FI	ULL IMPLEMENTATION.	
X R	ENEWAL/CONTINUING REVIEW.	
X A	MENDMENT DATED11/26/2007	
Please note the following requirements:		
PROBLEMS OR ADVERSE REACTIONS: If any problems in treatment of human subjects or unexpected adverse reactions occur as a result of this study, you must notify the IRB Chairperson immediately, then complete an Adverse Event/Incident Report and forward it to the CPHRE IRB Administrator.		
CHANGES IN PROTOCOL: If there are any changes in procedures or study protocol, you must notify the RB Chalrperson and submit the revisions for review before they are implemented.		
RENEWAL: You are required to apply for renewal of approval at least annually for as long as the study is active unless the Board finds it necessary to require more frequent reviews. Your next continuing review date should be on or before 11/27/08.		
Wagost PenyBoda 11,28,07 RB Chairperson Date		
Margaret R. Pennybacker, PhD, CIP Print or Type Name		
X Copy of approved Informed Consent on file.		

cc: Project Director IRB Administrator