Attachment 3

Institutional Review Board Approval

Battelle

The Business of Innovation

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

August 3, 2007

Howard Fishbein, Dr. P.H. Battelle CPHRE 2101 Wilson Boulevard Suite 800 Arlington, VA 22201-3008

Dear Dr. Fishbein:

As Chair of the Battelle/CPHRE Institutional Review Board (IRB) I have reviewed the modifications submission dated 7/30/2007 for the study entitled "Program Assessments and Evaluations for NIEHS" (FG609916-DERTWA301) and grant expedited approval for the changes. The changes do not affect the risk/benefits ratio.

Should any additional changes occur in your protocol or questionnaire, please inform the IRB and submit the changes for review. In addition, the IRB needs to be informed in the event of any injury or unexpected outcome arising from this study.

Sincerely,

Magaret Bengborler Margaret Pennybacker, PhD, CIP

IRB Chair

cc:

Brigette Brevard Contracts Office 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: Howard Fishbein				
PROJECT TITLE: Program Assessments and Evaluations for NIEHS				
CLIENT: NIEHS PROTOCOL DATE: 7/30/07				
BATTELLE PROJECT CODE: FG609916-DERTWA301 or PROPOSAL NUMBER: _(if preaward)				
NATURE OF REVIEW: (check one)				
FULL MEETING DATE:				
X EXPEDITED (specify reason): no change to risk/benefits				
EXEMPT (specify reason):				
TYPE OF APPROVAL: (check one)				
PRELIMINARY. SCHEDULE NEXT REVIEW PRIOR TO INVOLVEMENT OF HUMAN SUBJECTS.				
PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION.				
FULL IMPLEMENTATION.				
RENEWAL/CONTINUING REVIEW.				
X AMENDMENT DATED _7/30/07				
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 Chairperson 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 //08.				
May ant Penaps oden 8/3/07 Date				
Margaret R. Pennybacker, PhD, CIP Print or Type Name				
X Copy of approved Informed Consent on file.				
cc: Project Director IRB Administrator				

BATTELLE CENTERS FOR PUBLIC HEALTH RESEARCH AND EVALUATION INSTITUTIONAL REVIEW BOARD

Federal-wide Assurance No. FWA00004696

REQUEST FOR APPROVAL OF RESEARCH PROTOCOL

SECTION 4: REQUEST FOR MODIFICATION TO AN IRB APPROVED PROTOCOL

1. Describe the proposed changes.

Include any proposed changes to the sampling plan, method of recruiting subjects, type or number of data collection procedures, length of data collection procedures, added questions or topics, or how informed consent will be obtained. Are there any changes to the potential risks and benefits of study participation?

The Battelle IRB previously granted approval for two activities involving human subjects. The first is to conduct formative key-informant interviews with 8 highly funded NIEHS asthma researchers, 1 NIEHS-funded institutional trainee grant recipient, and 1 small business researcher grant recipient who holds a U.S. Patent. These have been completed. The second activity involves interviews with end users of asthma research to measure impacts as assessed by each end user. These are curently ongoing. The third activity is to implement a survey developed with input from the first activity described above. The survey will be implemented with the universe of principal investigators who have received asthma funding from NIEHS or designated comparison agencies. This application is for approval of the survey.

Attach relevant documents

L		Amended study protocol
		Revised informed consent form(s)
	X	Modified data collection form(s)
		Added topics or questions to be added to existing data collection forms
		Other, specify:

SECTION 5: REOUEST FOR INSTITUTIONAL REVIEW BOARD REVIEW

A. STUDY DESCRIPTION

1. Study aims/hypothesis (200-300 words) The purpose of the proposed primary data collection is to obtain information from grantees regarding the impact of their funded asthma research in the short-, intermediate- and long-term. This will be done through a survey of grantees that includes questions about the impact of funding on career development, the field of asthma research, public attitudes, commercial product development, clinical practice, business and industry practices, and long-term human and environmental health. The survey is attached. Vulnerable populations (as defined by 45 CFR 46) None Minors Newborns Pregnant women HIV infected **Prisoners** Alcohol, drug or mental health clients Incompetent Other, specify: 3. Describe sampling procedures (sampling plan; power calculations; stratifications) and eligibility criteria Survey respondents will be identified through a search of two databases for principle investigators with the word 'ASTHMA' in either research or training grant abstracts or titles: an NIH-wide database of extramural research and training grants (IMPAC II), and an EPA grants database. We will survey the universe of NIEHS-funded asthma researchers (N=179) and comparison agency asthma researchers (N=1371). Comparison agencies include other NIH institutes (NICHD, NIAID, NIA, NHLBI), the CDC, AHRQ, and the EPA Sample size: 1550 Describe participant recruitment procedures, including advertisements, flyers, brochures, etc. (50-100 words) An initial hardcopy letter on NIEHS letterhead will be sent to all survey respondents alerting them to the survey and noting that an email will come from Battelle asking them to complete a web-based survey related to asthma research. Returned letters will be tracked. An initial email will then be sent to the respondents identified through the NIH and EPA grants databases inviting them to participate in the survey, explaining the study, and obtaining informed consent. The email will provide the name and toll-free number of a staff member to call with questions about the study. The letter will also include the name and telephone number of a person to call with questions regarding Human Subjects protection. The text of the initial recruitment materials is attached. 6. Will participants receive monetary or other compensation? Yes ⊠ No If Yes, describe. B. DATA COLLECTION PROCEDURES 1. Type(s) (check all that apply, indicate methods): Survey: No Yes

April 2006 Version

Mail return

Self-administered at site Telephone/CATI questionnaire In-person interview/CAPI Other, specify: web survey with paper option
Record Abstraction/Match: No Yes
Computerized data Hard copy data Other, specify:
Biological Specimen Collection: No Specimen Collection: No Describe Type of Specimen:

Environmental Specimens/Measures: No	Yes
	Air Soil Water Food Other, specify:
Laboratory Procedure or Measurement: No	Yes Describe Type of Laboratory Procedure:
	Psychological Physical Focus group Other, specify:
Other (e.g., device, drug)	Yes Describe:
Private Health Information (PHI) Provided by a "	HIPAA Covered Entity": No
If Yes, is a Business Associate Agreemen	at (BAA) Required? No Yes (attach copy of BAA)
2. Describe the data collection procedures (200-300	words)
complete the survey by web. The initial email will also inversion of the survey. A paper copy of the survey with a purchase respondents who request a paper version or for who mailing, a mailed reminder postcard will be sent to all nor after three email follow-up reminders, those respondents was a paper copy. Survey email invitations will be sent continuous surveys in the computer system upon receipt. Within one respondent to encourage survey completion. Two subsequenct yet been completed. The email (Attachment 3-3) will questions about completing the survey or needs to have a email reminder, a mailing of the survey packet via express the survey, one telephone follow-up call will be made to a	clude an email address and telephone number to request a paper postage-paid return envelope will be sent via express mail to all m we do not have a valid email address. Within two weeks of this n-respondents. After tracing and verifying bounced-back emails, and who have not yet completed the survey via the web will also be sent accountly over a one-month period. Battelle will track all returned week of the initial email, a reminder email will be sent to each tent email reminders will be sent at 4-day intervals if the survey has include a toll-free number that can be called if a respondent has any copy of the survey mailed. Within two weeks of sending the final is mail will be sent to non-respondents. Within two weeks of mailing all remaining non-respondents to remind them to complete the ill offer to conduct the interview over the telephone, otherwise a
3. Is there a data analysis plan? \square No \square Yes	If yes, please describe
The survey data will be analyzed using standard univariete analyses, crosstabs) and multivariate analyses. The	· · · · · · · · · · · · · · · · · · ·
Intermediate Outcomes:	
Laws, regulations and standards Healthcare guidelines and recommendations Accumulation of knowledge Knowledge and attitudes	
Outputs and Short-term Outcomes: Dissemination	
April 2006 Version	C

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	INI	Training and career deverage Training and certification Curricula/Interventions Patents and new drug ap Community outreach Communities of science Replication and new rese Commercial products an Public awareness Commissions, Task Force FORMED CONSENT P	ns plications earch d drugs ces, Advisory Pan	els, Workgroups	
u.				f the informed consent forms must be attached to this application.	
	1.	Type (Check all that app	-	i die illiorilled collsent forms must be attached to dits application.	
				nvitation letter and invitation email	
		Written, not signed Written and signed Verbal, not signed			
		CONSENT # 2	Form Title:		
		Written, not signed Written and signed Verbal, not signed			
		CONSENT # 3	Form Title:		
		Written, not signed Written and signed Verbal, not signed			
	2.	Is/are copy(ies) of the co	onsent form(s) lef	t with the respondent? : No Yes	
	3.	Informed consent is a pr will be answered (200-3		now participants will be informed and how their questions	
		tells them why they were subsequent email reitera questions they may have are told that their particip prefer not to answer and form. We assume that a	e selected, and give tes the purpose are about the survey pation is voluntare to quit the survey fter reading throu	receive an invitation letter that states the purpose of the survey, wes them information about how long the survey will take. The ad provides telephone numbers for respondents to call to clarify, the purpose of the study, and how data will be used. Respondents y and that they have the option to skip any question they would at any time. We will not ask respondents to complete a consent gh the invitation materials, their willingness to go to the link and opy version) is evidence of implied consent.	
D.		POTENTIAL RISKS	3		
	1.	Type (check all that appl	ly)		
		Minimal physical Minimal psychologi Substantial physical			
Apr	ril 20	06 Version			7

		Substantial psychological/social/legal
	2.	Description of potential risks (100-200 words)
		There is no physical risk or direct benefit to participants in this study. Psychological risks and benefits are estimated to be minimal. Respondents may feel uncomfortable answering questions, although the questions are not personal in nature
E.	PO	TENTIAL BENEFITS
	1.	Information provided to study participants
		No direct benefit Medical or physical data Sociological data Psychological data Environmental data Other, specify:
	2.	Services provided to study participants
		No direct services provided Medical or rehabilitation treatment Social/economic service Psychological counseling Environmental cleanup or correction Other, specify:
F.	PR	OTECTION OF SUBJECTS
F.	PR	Guarantees
F.		
F.		Guarantees Anonymity (no link between individual and data)
F.		Guarantees Anonymity (no link between individual and data) Confidentiality
F.		Guarantees Anonymity (no link between individual and data) Confidentiality Special procedures to reduce or alleviate risks Medical treatment Counseling Environmental remediation Application has been made for a Certificate of Confidentiality

G. RISK/BENEFIT RATIO

1.	Weigh the potential risks and benefits of participation (100-200 words)
	There is no physical risk to participating and psychological risks are minimal. Respondents may feel uncomfortable answering questions, however, the questions are not personal in nature. Participants are also free to not answer a question if they choose. There are no direct benefits from participating, although participants may feel that by sharing their opinions they are making a valuable contribution to our understanding of the impact of NIEHS and other agency funded asthma research
2.	Special issues, type of risk
	None Collaborative research Follow-on studies Required to release information to authorities (e.g., reporting suspected child abuse) Other, specify:
3.	Conclusion
	Minimal risk, minimal benefit Minimal risk, substantial benefit Substantial risk, substantial individual benefit Substantial risk, substantial research/society benefit Other, describe:
COLLI	MBER TO ATTACH COPIES OF PROPOSED CONSENT FORMS, INTERVIEW SCRIPTS, DATA ECTION INSTRUMENTS, DESCRIPTION OF RECRUITMENT MATERIALS,IF ANY, AND ANY OTHER VANT DOCUMENTS YOU FEEL WILL BE HELPFUL TO THE BOARD IN THIS REVIEW. THANK YOU.