



Signature Page for Human Research Review Protocols and Related Documentation

Ann date 8/1/07

Use this signature page when submitting HRPO forms to your center-level Human Subjects Contact. When submitting materials with these forms, please consecutively number all pages, beginning with the protocol title page and followed by consent form(s) and ancillary documents. See *HRPO Guide: Overview* for further details. **NOTE: IRB (Institutional Review Board) refers to the NIOSH HSRB (National Institute for Occupational Safety and Health (NIOSH) Human Subjects Review Board (HSRB) of the CDC Human Research Protection Office (HRPO).**

1 Protocol identifiers

CAN# _____ (optional)

Leave protocol ID blank if not yet assigned.

CDC protocol ID: HSRB 05-EID-01XP

Protocol version number _____ version date _____

Protocol title: Evaluation of an Occupational Safety and Health Program for the Small Business Wood Pallet Industry

Amendment number (if applicable): _____

2 Key CDC personnel

	Name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC NC/division
Primary contact (required)	Robert Malkin	rym8	19558	NIOSH/EID
Principal investigator (required)	Robert Malkin	rym8	19558	NIOSH/EID

SEV # is CDC's Scientific Ethics Verification Number. CDC NC/division is the national center or equivalent and division or equivalent, or coordinating center or office if submitted at that level.

3 Forms submitted with this signature page

Check all that apply in the appropriate column.

IRB-reviewed protocols

- 0.1250: Initial Review by IRB
- 0.1251: Continuing Review of Approved Protocol
- 0.1252: Review of Changes to Approved Protocol
- 0.1254: Incident Report
- 0.1254S: Supplemental Adverse Event Report
- 0.1253: End of Human Research Review
- 0.1370: CDC's Research Partners
- 0.1371: CDC Rely on a Non-CDC IRB
- 0.1372: Outside Institution Rely on a CDC IRB
- 0.1373: CDC Cover an Individual Investigator

Exempted protocols

- 0.1250X: Initial Review for Exemption
- 0.1251X: Continuing Review of Exempted Protocol
- 0.1252X: Review of Changes to Exempted Protocol
- 0.1253: End of Human Research Review
- 0.1370: CDC's Research Partners

4 Signatures

As principal investigator, I hereby accept responsibility for conducting this CDC-sponsored research project in an ethical manner, consistent with the policies and procedures contained in CDC's *Procedures for Protection of Human Research Participants*, and to abide by the principles outlined in federal policies for the protection of human subjects at 45 CFR part 46, 21 CFR part 50, and 21 CFR part 56.

Signature	Date	Remarks
Principal CDC Investigator: <i>Robert Melkin</i>	7/12/07	

As a supervisor of the principal investigator, I hereby accept responsibility for ensuring that this CDC-sponsored research project is conducted in an ethical manner, consistent with the policies and procedures contained in CDC's *Procedures for Protection of Human Research Participants*, and to abide by the principles outlined in federal policies for the protection of human subjects at 45 CFR part 46, 21 CFR part 50, and 21 CFR part 56.

Signature	Date	Remarks
Team Lead: <i>[Signature]</i>	7/16/07	Check if PI is Team Lead: <input type="checkbox"/>
Branch Official (e.g., Chief or Senior Scientist): <i>Carol M. Stephenson</i>	7/16/07	Check if PI is Branch Official: <input type="checkbox"/>
Division Official (e.g., Director or ADS): <i>Paul A. G. Schmitt</i>	7/16/07	Check if PI is Division Official: <input type="checkbox"/>

I concur that this CDC-sponsored research project is consistent with the policies and procedures contained in CDC's *Procedures for Protection of Human Research Participants* and with other applicable CDC and national center policies.

Signature	Date	Remarks
Chair, NIOSH HSRB: <i>[Signature]</i>	7-31-07	APPROVED

Other Clearance Official:
(e.g., Confidentiality Officer, Coordinating Center/Office Official)

I am approving the continuing review but not any of the amendment. Spoke with PI. He will come back with an amendment when he finishes his OMB approval.

5

6 Reminder regarding other regulatory clearance processes

The principal investigator is responsible for obtaining other regulatory reviews as needed, which may include OMB clearance under the Paperwork Reduction Act (PRA) for federally sponsored information collections. Approval by or exemption from the IRB is unrelated to OMB clearance requirements under the PRA. For more information on whether your study requires clearance under PRA or other regulations, please consult the appropriate officials within your national center.

7/23/07

Ann date 8/1/07



Request for Continuing Review of IRB-Approved Protocol

Use this form to submit a protocol for continuing review by a CDC IRB or a non-CDC IRB.
[See 45 CFR 46.109(e).] See *HRPO Guide: IRB Review Cycle* for further details on how to
complete this form.

1 Protocol identifiers

CDC protocol ID: HSRB 05-EID-01XP

Protocol version number _____ version date _____

Protocol title: Evaluation of an Occupational Safety and Health Program for the Small Business Wood Pallet Industry

2 Key CDC personnel

No change in key CDC personnel. If no changes, please list only the primary contact and principal investigator.

	Name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC NC/division
Primary contact (required)	<u>Robert Malkin</u>	<u>rym8</u>	<u>19558</u>	<u>NIOSH/EID</u>
Principal investigator (required)	<u>Robert Malkin</u>	<u>rym8</u>	<u>19558</u>	<u>NIOSH/EID</u>
Investigator 2	_____	_____	_____	_____
Investigator 3	_____	_____	_____	_____
Investigator 4	_____	_____	_____	_____
Investigator 5	_____	_____	_____	_____

SEV # is CDC's Scientific Ethics Verification Number. CDC NC/division is the national center (or equivalent) and division (or equivalent), or coordinating center or office if submitted at that level.

List all other CDC investigators, if any. Include name and degrees, user ID, SEV #, CDC NC/division:

3 CDC's research partners

Research partners include *all* direct and indirect recipients of CDC funding (e.g., grants, cooperative agreements, contracts, subcontracts, purchase orders) and other CDC support (e.g., identifiable private information, supplies, products, drugs, or other tangible support) for this research activity, as well as collaborators who do not receive such support. On continuing review, HRPO needs current information on partners that have been added or dropped since the last review and partners that, as of the last review, were receiving support for nonexempt research. See *HRPO Guide: CDC's Research Partners* for further details. Check one of the following.

- No research partners are reported with this submission. (This may occur because there are no partners, or because no partners are being added, or because no previously reported partners are still both supported by CDC and engaged in nonexempt research.)
- Research partners are listed on form 0.1370, which accompanies this form.

4 Study participants—cumulative demographic frequencies

Have any participants been enrolled in the last 12 months? yes no

Report estimated counts (rather than percentages). Include participants at domestic and foreign sites. See *HRPO Guide: IRB Review Cycle* for definitions.

Number of participants	0
Location of participants	
Participating at domestic sites	0
Participating at foreign sites	0
Sex/Gender of participants	
Female	0
Male	0
Sex/gender not available	0
Ethnicity of participants	
Hispanic or Latino	0
Not Hispanic or Latino	0
Ethnicity not available	0
Race of participants	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	0
More than one race	0
Race not available	0

Comments on demographics

5 Study status—participant involvement**5.1 Contact status**

“Contact” means intervention or interaction with participants, such as recruitment, screening, obtaining consent, enrollment, and collection of data and biological specimens directly from participants. Check one of the following.

- Study is not designed to involve research-related contact with participants (e.g., research using existing records); study activities involve only access to or analysis of data or biological specimens and writing reports.
- Study is designed to involve contact with participants. Check one of the following:
- Contact with participants has not yet begun.
 - Contact with participants has begun and continues; this may include follow-up for debriefing or notification of results.
 - Contact with participants is completed; study activities involve only data analysis or report writing.

5.2 Consent status

"Consent" includes adult consent, child assent, and parental permission. Check one of the following.

- The IRB previously waived all requirements both to obtain and to document consent in this study.
- Although not waived, there is no further need to obtain or document consent (e.g., enrollment is complete).
- Participants will be asked to provide consent (with or without documentation).

If you check the third box, please include all current consent, assent, and parental permission materials (e.g., scripts, documents) from each study site with this submission.

6 Study status—overall conduct

Summary of research activities to date. Briefly summarize study progress and interim findings. Include the number of potential subjects who declined enrollment and the number who withdrew from the study. If this study involves a registrable clinical trial, summarize registration status.

No research activities to date

Summary of study changes reviewed and approved since the last continuation. Do not include changes submitted with or before approval of this continuation but not yet approved.

None

Summary of any recent literature or other information relevant to the research study (not limited to information with CDC co-authorship).

None

Summary of all adverse events to date. In particular, address adverse events that were serious, unexpected (or more frequent or severe than expected), or at least possibly related to the research.

None

Summary of (a) incidents that are not adverse events and (b) other substantial concerns since last continuation.

None

List and include copies of progress or monitoring reports on safety or compliance (e.g., site monitor, safety review, DSM report, multi-center trial report, but not reports to PGO).

No monitoring reports on safety or compliance

Summary of remaining research activities, emphasizing future contact with subjects, use of identifiable private data and biological specimens, and preparation of primary reports.

Contact pallet companies by telephone and enroll study participants

7 Regulation and policy

7.1 Mode of IRB review on CDC's behalf

Location of IRB (check one):

- CDC IRB
- Non-CDC IRB through IRB authorization agreement [submit form 0.1371 if this is a new request]

Institution or organization providing IRB review: _____

IRB registration number (if known): _____

Federalwide assurance number (if any): _____

IRB-determined level of risk to subjects (check one):

- Minimal
- Greater than minimal

Suggested level of IRB review (check one):

See *HRPO Worksheet for Expedited Review* for detailed assistance. If relying on a non-CDC IRB, please indicate the level of review that you think is appropriate under human research regulations.

Convened-board review is suggested

Reason for convened review:

Expedited review is suggested, under the following categories (check all that apply):

- from 8/1/05 approval CTE*
- 1a Study of drugs not requiring Investigational New Drug exemption from FDA
 - 1b Study of medical devices not requiring Investigational Device Exemption from FDA
 - 2a Collection of blood from healthy, nonpregnant adults; below volume limit, minimally invasive
 - 2b Collection of blood from other adults and children; below volume limit, minimally invasive
 - 3 Prospective noninvasive collection of biological specimens for research purposes
 - 4 Collection of data through routine, noninvasive procedures, involving no general anesthesia, sedation, x-rays, or microwaves
 - 5 Research that uses materials collected solely for nonresearch purposes
 - 6 Collection of data from voice, video, digital, or image recordings made for research purposes
 - 7 Research that uses interview, program evaluation, human factors, or quality assurance methods

Continuing review of research previously approved by the convened IRB where

- 8a the research is permanently closed to the enrollment of new subjects; all subjects have completed all research-related interventions; and the research remains active only for long-term follow-up of subjects
- 8b no subjects have been enrolled and no additional risks have been identified
- 8c the remaining research activities are limited to data analysis
- 9 Continuing review of research, not under IND/IDE, where categories 2 through 8 do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified

8 Material submitted with this form

Check all that apply. Describe additional material in the comments section. Required items are indicated. Optional items may be requested by HRPO or the IRB.

- Complete protocol (required if research poses more than minimal risk to subjects, is under IND/IDE, or has changed in the past 12 months)
- Consent, assent, and permission documents or scripts (required if consent will be sought in the future from prospective subjects or their representatives [see section 5.2])
- Other information for recruits or participants (e.g., ads, brochures, flyers, scripts; required if consent will be sought in the future from prospective subjects or their representatives)
- Data collection instruments (e.g., questionnaires, interview scripts, record abstraction tools; required if protocol has changes in the past 12 months)
- Certification of IRB approval or exemption for research partners (required only for partners being added or for supported/nonexempt partners)
- Progress and monitoring reports (recommended when available)

9 Additional comments

Based on OMB's requirement we have increased recruiting to assure adequate sample size and added certain required words to the introduction. The introduction was reworded to improve its readability. No changes were made to the final sample size of the project and nothing was removed from the introduction.

7/23/07
Ann date 8/1/07



CDC's Research Partners

Use this form to report current information on CDC's research partners whenever a partner institution or individual is added or information changes. Supply individual name and SEV number only for investigators collaborating with CDC under an individual investigator agreement (IIA). See *HRPO Guide: CDC's Research Partners* and either the *HRPO Worksheet for Basic Tracking of Research Partners* or the *HRPO Worksheet for Advanced Tracking of Research Partners* for details on how to complete this form.

Leave protocol ID blank if not yet assigned.

CDC protocol ID: HSRB-015-EID-01XP

Protocol version number

version date

Protocol title: Evaluation of an Occupational Safety and Health Program for the Small Business Wood Pallet Industry

Partner 1 ✓

Institution name: Convergys
Institution location: Cincinnati, OH
Individual name (IIA only): _____
Reporting status: Previously reported
Regulatory coverage: Engaged/non-exempt
Financial support: Contract/subcontract
Support award number: 211-2005-M-13379
Support end date: 08/31/09
Nonfinancial support: Identifiable private information
FWA number: 00009353
SEV number (IIA only): _____
IRB review status: Relying on CDC IRB
IRB approval expiration date: 08/01/2007
Comments:

Partner 2

Institution name: _____
Institution location: _____
Individual name (IIA only): _____
Reporting status: Reporting status?
Regulatory coverage: Engaged? Exempt?
Financial support: Financial support?
Support award number: _____
Support end date: _____
Nonfinancial support: Nonfinancial support?
FWA number: _____
SEV number (IIA only): _____
IRB review status: IRB review status?
IRB approval expiration date: _____
Comments:

Partner 3

Institution name: _____
Institution location: _____
Individual name (IIA only): _____
Reporting status: Reporting status?
Regulatory coverage: Engaged? Exempt?
Financial support: Financial support?
Support award number: _____
Support end date: _____
Nonfinancial support: Nonfinancial support?
FWA number: _____
SEV number (IIA only): _____
IRB review status: IRB review status?
IRB approval expiration date: _____
Comments:

Partner 4

Institution name: _____
Institution location: _____
Individual name (IIA only): _____
Reporting status: Reporting status?
Regulatory coverage: Engaged? Exempt?
Financial support: Financial support?
Support award number: _____
Support end date: _____
Nonfinancial support: Nonfinancial support?
FWA number: _____
SEV number (IIA only): _____
IRB review status: IRB review status?
IRB approval expiration date: _____
Comments: