Attachment 6 Waiver of Human Subjects Committee



January 3, 2005

Centers for Public Health Research and Evaluation 100 Capitola Drive, Suite 301 Durham, North Carolina 27713-4411 Telephone (919) 544-3717 Fax (919) 544-0830

Ping Yu, PhD Battelle/CPHRE 2101 Wilson Boulevard Suite 800 Arlington, VA 22201-3008

Dear Dr. Yu:

As chair of the Battelle/CPHRE Institutional Review Board (IRB) I have reviewed the request for exemption dated 12/23/2004 for the study entitled "Drug-Free Communities Support Program National Evaluation" (FG467191-01) and grant an exemption for this study. This study is exempt per 45 CFR 46.101(b)(5).

Should any changes occur in your protocol that would change the scope of this project, please inform the IRB and submit a revised protocol for review. Similarly, the IRB needs to be notified in the event of any injury or unexpected outcome arising from this study.

Sincerely,

Margaret R. Pennybacker, PhD, CIP

IRB Chair

Brigette Brevard cc:

> Lynda Huffines Pamela Sutherland

Battelle/Centers for Public Health Research and Evaluation

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

INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL

PROJECT DIR	ECTOR: Ping Yu, PhD		
PROJECT TITLE: Drug-Free Communities Support Program National Evaluation			
CLIENT: Office	ce of National Drug Control Policy	PROTOCOL DATE: 12/23/04	
BATTELLE PF	ROJECT CODE: FG467191-01	or PROPOSAL NUMBER: _(if preaward)	
NATURE OF REVIEW: (check one)			
FULL	MEETING DATE:		
EXPE	DITED (specify reason):	taction	
	MPT (specify reason):Government program/require	ed by Congress; 45 CFR 46.101(b)(5)	
TYPE OF APPROVAL: (check one)			
PRELIN	PRELIMINARY. SCHEDULE NEXT REVIEW PRIOR TO INVOLVEMENT OF HUMAN SUBJECTS.		
PRETE	PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION.		
FULL II	FULL IMPLEMENTATION.		
RENEW	VAL.		
AMENI	DMENT DATED	+.*	
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 significant changes in procedures or study protocol, you must notify the IRB 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. Your next continuing review date should be on or before <u>//</u> .			
M R Per	nnefacleer 1	<u>13</u> 105 Date	
Margaret R. Pennybacker, PhD, CIP Print or Type Name			
N/A Copy of approved Informed Consent on file.			
cc: Project Director IRB Administrator			