REQUEST FOR DETERMINATION OF RESEARCH STATUS

To be completed by the staff member with lead responsibility for the project and approved by branch chief (if applicable) and Division ADS.
A separate PGO funding memo is required if project is research and involves human subjects regardless of the CDC staff role.

Instructions: **(1) Use this form to declare: (a) the research status of any project, (b) role or roles of CDC staff**
(2) A short summary should be attached offering specific details about the project and the role of staff.
(3) Be sure to complete all applicable items, obtain appropriate signatures and submit this form for approval.

Tracking Number: _____
(Use PGO number if cooperative agreement, grant, etc.)

Date submitted: 04/02/2010

Title of Project: The National Quitline Data Warehouse

Dates for project period:
Beginning: 04/02/2010
Ending: 02/01/2011

Dates for funding (if applicable):
Beginning: _____
Ending: _____

Project is (choose one):
NOTE: Revision, as used below, refers to any substantive change made to the project including scope of project, funding restrictions, personnel, role of CDC staff member, determination of research status, etc.

[X] **New**
[ ] **Continuation, without revision(s)**
[ ] **Revision**
[ ] **Continuation, with revision(s)**

Lead staff member:
Name: ANN MALARCHER
User ID: AYM8
Scientific Ethics number: 19347

Contact information:
Division: OSH
Telephone: 770-488-8006
Mailstop: K50

Please indicate your role(s) in this project:
[ ] **Project officer** [X] **Technical monitor**
[ ] **Principal investigator** [ ] **Investigator**
[ ] **Consultant** [ ] **Other (please explain)**

1. **Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?**
[ ] **YES** [X] **NO**

If YES, list those activities which are research:

2. **Is this CDC project research or public health practice (check all that apply)?**
[ ] **Research**
Check one:
[ ] **Human subjects involved**
[ ] **Human subjects not involved**
[X] **Public health practice**
Check all that apply:
[ ] **Emergency Response**
[X] **Program evaluation**
[ ] **Surveillance**
[ ] **Other (please explain)**

3. **If RESEARCH involving human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?**
a. [ ] **NO, New project, not yet reviewed**
b. [ ] **NO, Existing project, not ready to submit**
c. [ ] **NO, Submitted for approval**
d. [ ] **YES, Reviewed and approved by CDC**
If YES, please list protocol number _ and expiration date _____
e. [ ] **NO, RESEARCH, no CDC investigators (CDC IRB not required)**
f. [ ] **N/A (Not Applicable)**

If RESEARCH, list any other CDC staff involved in this project, please include the name, role, and scientific ethics number

Name	Role (project officer, investigator, consultant, etc.)	Scientific ethics number Prin

IF YOU THINK THE RESEARCH PROJECT MIGHT QUALIFY AS EXEMPT RESEARCH (as identified in 45CFR46.101), PLEASE ANSWER questions 4-6, OTHERWISE SKIP TO question 7.

4. **Does the proposed research involve prisoners?**
   - [ ] **YES** **If YES, this research cannot be exempted and must be reviewed by an IRB (skip to question 7).**
   - [ ] **NO**

5. **Does the proposed research involve fetuses, pregnant women, or human in vitro fertilization as targets (such that Subpart B would apply)?**
   - [ ] **YES** **If YES, this research cannot be exempted and must be reviewed by an IRB (skip to question 7).**
   - [ ] **NO**

Educational Research

6.1 **Is this research conducted in established or commonly accepted educational settings, AND does the research involve normal educational practices (e.g., research on regular and special education strategies or research on the effectiveness of, or comparison among instrucational techniques, curricula or classroom management methods)?**

[ ] **YES** [ ] **NO**

Research Involving Surveys, Interview Procedures (including Focus groups), Observation of Public Behavior, or Educational Tests

6.2 **Will this research use educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior?**

[ ] **YES** [ ] **NO** **If NO skip to 6.3**

Will children (<18 years of age) be research subjects?

- [ ] **YES** **If YES, this research cannot be exempted and must be reviewed by an IRB (skip to item 7)**
- [ ] **NO**

6.2.1 **Is the information obtained recorded in such a manner that human subjects can be identified directly or indirectly through identifiers (such as a code) linked to the subjects;**

[ ] **YES** [ ] **NO**

6.2.2 **Will any disclosure of the human subjects' responses outside of the research setting have the potential to place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability or reputation? (Examples here may include: the collection of sensitive data regarding the subjects' (or relatives' or associates') possible substance abuse, sexuality, criminal history or intent, medical or psychological condition, financial status, or similarly compromising information).**

[ ] **YES** [ ] **NO**

6.3 **Will this research use educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior but the research is not exempt under paragraph 6.2 of this section:**

[ ] **YES** [ ] **NO** **If NO skip to 6.4**

6.3.1 **Will this research involve human subjects that are elected or appointed public officials or candidates for public office?**

[ ] **YES** [ ] **NO**

6.3.2 **Does federal statute(s) require(s) without exception that confidentiality of the personally identifiable information will be maintained throughout the research and thereafter? (Note: CDC can use this exemption criterion only in the case where a 308(d) Assurance of Confidentiality has been obtained to coverthe research).**

[ ] **YES** [ ] **NO**

Existing Data Which Is Publicly Available or Unidentifiable

6.4 **Does this research involve only the collection or study of existing* data, documents, records, pathological or diagnostic specimens? (* 'existing' means existing before the study begins)?**

[ ] **YES** [ ] **NO** **If NO skip to 7**

6.4.1 **Is this material or information publicly available?**

[ ] **YES** [ ] **NO**

6.4.2 **Is this material or information recorded in such a manner by the investigator that the subjects cannot be identified directly or indirectly through identifiers linked to the subjects?**

(Note: If a link is created by an investigator even temporarily, for research purposes, this criterion is not met. If a temporary link is created by clinical staff who already have access to the data, this criterion is met).

- [ ] **YES** **(there are no identifying information and no unique identifiers orcodes)**
- [ ] **NO** **(there are identifiers (including codes))**

7. **Please prepare and attach a short summary paragraph(<1 page); if this is new:**

   a. **Be sure to include the purpose of the project, specific details about the project and the role of the CDC staff member(s) in the project. In explaining one's role as a consultant be particularly careful to identify involvement in things like study design decisions, oversight of protocol development, participation in review of data collection procedures, and particpation in data analysis and/or manuscript preparation, as well as whether there will be access to identifiable or personal data.**

   b. **Explain your project status selection (research--non-exempt, exempt, no CDC investigator or not involving human subjects; public health practice). If you selected research not involving human subjects be sure to indicate if the data includes any personal information (e.g., name, SSN), linkable study identification numbers orcodes, or geographical information.**

   The purpose of this project is to create the National Quitline Data Warehouse (NQDW) to assist in the evaluation of funding under Component III:Quitlines of the Communities Putting Prevention to Work Inititive (OMB No. 0920-0820, exp. 12/31/2009)which was authorized by the American Recovery and Reinvesting Act of 2009. Component III:Quitlines asked states to report data to CDC regarding the callers to their quitline, who quit, and the services they provide. The NQDW will consolidate this information into an integrated database for ongoing program evaluation and improvement of quitline services. An OMB package has been submitted for the collection this data and no data is being collected or sent to CDC until the package is approved by OMB. There are not personal identifiers on any of the data to be collected.

   The NQDW will standardize data collected by state quitlines using three questionnaires (based on the North American Quitline Consortium's Minimum Data Set): an intake questionnaire, a 7-month follow-up questionnaire, and a quitline services questionnaire. The intake and 7-month follow-up questionnaires are administered to quitline callers and collect data on tobacco use, intention to quit, success with quitting, and use of counseling and/or medications to facilitate or maintain quit. The quitline services questionnaire is administered to tobacco control managers and gathers the types of information that normally would be gathered from grantees in maintaining accountability regarding expenditure of government funds. No personal identifiable information is collected on any of the questionnaires.

   All of the above data is already being collected by the states quitlines - the purpose of the current project is just to allow the states to send the data to CDC for the first time. CDC staff members will only use the data for evaluation purposes. No research is planned for the data. Only aggregate data will be reported at the states and national levels. There are no research activities; no activites involving human subjects in research.

   Separate contracts to clean and report on the data have their own 684 forms (all of which have already been classified as for public health practice). This form is for the overall project management of the NQDW.

8. **Please list the primary project site and all collaborating site(s).**

   Explanation of project components:

9. **If project involves research that is funded extramurally, list amount of award that should be restricted pending IRB approval and describe which project components will be affected, if known:**

Approvals (signature and position title)	Date	Research Determination / Remarks
Ann Malarcher - SENIOR STAFF EPIDEMIOLOGIST	04/02/2010	[X] Public health practice [ ] Research not involving human subjects [ ] Research involving human subjects, no CDC investigators [ ] Research involving human subjects, CDC investigators, exempt [ ] Research involving human subjects, CDC investigators, not exempt (check if applicable) [ ] Local IRB [ ] CDC Exemption [ ] CDC IRB Comments:
staff member completing this form		

Tracking NO. _____

David Stephens - SUPV PUBLIC HEALTH ANALYST Team Lead	04/08/2010	[X] Public health practice [ ] Research not involving human subjects [ ] Research involving human subjects, no CDC investigators [ ] Research involving human subjects, CDC investigators, exempt [ ] Research involving human subjects, CDC investigators, not exempt (check if applicable) [ ] Local IRB [ ] CDC Exemption [ ] CDC IRB Comments:
Rachel Kaufmann - Assoc Director Science Division ADS	04/08/2010	[X] Public health practice [ ] Research not involving human subjects [ ] Research involving human subjects, no CDC investigators [ ] Research involving human subjects, CDC investigators, exempt [ ] Research involving human subjects, CDC investigators, not exempt (check if applicable) [ ] Local IRB [ ] CDC Exemption [ ] CDC IRB Comments:
Joan Redmond Leonard - PUBLIC HEALTH ANALYST ADS, Deputy ADS, or Human Subjects Contact	04/12/2010	[X] Public health practice [ ] Research not involving human subjects [ ] Research involving human subjects, no CDC investigators [ ] Research involving human subjects, CDC investigators, exempt [ ] Research involving human subjects, CDC investigators, not exempt (check if applicable) [ ] Local IRB [ ] CDC Exemption [ ] CDC IRB Comments:

List of Grantees

Grantee #	Grantee Name