

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,  
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

**INSTRUCTIONS**

Use this form to request a determination for activities that involve **prospective collection** of data only, including:

- o Use of **educational tests** (cognitive, diagnostic, aptitude, achievement), **survey procedures, interview procedures** or **observation of public behavior**<sup>1</sup>
  
- o **Educational Research:** conducted in established or commonly accepted educational settings, involving normal educational practices, such as research on regular and special education instructional strategies, or research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.<sup>2</sup>
  
- o Program evaluation or demonstration project designed to study, evaluate, or otherwise examine:
  - o Public benefit or service programs;
  - o procedures for obtaining benefits or services under those programs;
  - o possible changes in or alternatives to those programs or procedures; or
  - o possible changes in methods or levels of payment for benefits or services under those programs,
  - o Quality assurance activities

Please attach the survey, questionnaire, interview script or test to the completed form together with the consent language that will be administered before the subject participates in the activity.

For assistance completing the form, call OHSRP at (301) 402-3444. Submit a PDF of the completed form with required signatures and attachments to:  
PDF and E-mail: [ohsr\\_nih\\_ddir@od.nih.gov](mailto:ohsr_nih_ddir@od.nih.gov)

---

<sup>1</sup> The following activities involving educational tests, survey, interviews or observation of public behavior **are not** eligible for exemption and must be reviewed by an IRB if:

- the information obtained is recorded such that human subjects can be identified, directly or through identifiers linked to the subjects; **and**
- any disclosure of the responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation; **or**
- the research involves children, unless it involves observation of public behavior and the investigator will not participate in the activities being involved.

<sup>2</sup> Note that educational research may include children and use identifiable information, however other local or federal regulations may apply such as The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and/or The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98); however OHSRP cannot provide advice on these regulations.

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,  
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

Fax: 301-402-3443 Interoffice mail: Building 10, Room 2C146

REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,  
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH

Date of Request: \_\_\_\_\_

Requestor's name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Role:  Administrative support  Investigator  Other, explain: \_\_\_\_\_

Name of NIH Senior Investigator: \_\_\_\_\_  
(The investigator must be an NIH employee)

IC \_\_\_\_\_ Laboratory/Branch \_\_\_\_\_

Building & Room No. \_\_\_\_\_ Tel. No. \_\_\_\_\_ FAX No. \_\_\_\_\_

Is the NIH Senior Investigator an NIH employee(FTE)?  Yes  No

Senior Investigator Signature: \_\_\_\_\_  
(Signature of Investigator who will conduct research)

Supervisor Signature: \_\_\_\_\_  
(Signature of official for IC, e.g., Lab/Branch Chief)

Name of NIH investigator conducting research if not the NIH Senior Investigator: (i.e., junior investigator, contractor investigator, fellow, student)

---

Please provide the name and e-mail of any others who should receive a copy of the OHSRP determination: \_\_\_\_\_

1. What role will the NIH investigator(s) have in this research project? (check all that apply)

- Conduct research activity
- Analyze samples/data only
- Consultant/advisor to collaborator(s)
- Author on publication(s)/manuscript(s) pertaining to this research
- Other, please describe: \_\_\_\_\_

2. Title: \_\_\_\_\_  
(Provide a short title to distinguish this activity from other projects that you may have)

3. Describe in lay terms the research activity that will be performed:  
\_\_\_\_\_

4. Proposed start date \_\_\_/\_\_\_/\_\_\_ Proposed completion date \_\_\_/\_\_\_/\_\_\_

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,  
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

**5. Specify the nature of the data:** *(select all that apply)*

- Interview procedure
- Survey
- Educational Testing
- Educational Research
- Research on public benefit or service programs
- Other, describe: \_\_\_\_\_

**6. What kind of human data (e.g., private information, responses to questionnaires, test results, recordings) will be collected in your research?**

---

**7. Will human data be?** *(select all that apply)*

- Collected    Yes\_\_ No\_\_
- Received     Yes\_\_ No\_\_
- Sent            Yes\_\_ No\_\_

**8. If receiving or sending, list the collaborating investigator(s):**

Name	Institution/IC	Address/e-mail	FWA number*
------	----------------	----------------	-------------

---

**9. Where are the subjects of this research activity located?** *(Provide a general description or complete the institutional information below)*

Institution: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**10. Will NIH investigator(s) have direct contact or intervention with the subjects of the study?** *(For example, by interviewing, surveying or recording the subjects?)*

Yes\_\_ No\_\_

If yes, what is the age range of subjects involved in the research?

- Children aged < 18 years
- Adults aged  $\geq$  18 years

**11. Who will collect the data or information?**

- (a)  NIH Investigator
- (b)  non-NIH Collaborator
- (c)  NIH Contractor
- (d)  Other, specify \_\_\_\_\_

**REQUEST FORM: OHSRP DETERMINATION FOR SURVEYS, INTERVIEW PROCEDURES,  
PROGRAM EVALUATION, EDUCATIONAL TESTING AND RESEARCH**

If b or c, will an Honest Broker or data use agreement be used? Yes\_\_ No\_\_

If yes, complete and attach the Honest Broker Assurance or data-use agreement to this submission; e-mail [ohsr\\_nih\\_ddir@od.nih.gov](mailto:ohsr_nih_ddir@od.nih.gov) to request a form.

**12. Select the best description that applies to the human data or information:**

- Data or information will not contain any identifiable information, nor can it be linked to individual subjects by you or your collaborators.
- Data or information will be recorded in such a manner that subjects can be identified directly or through identifiers linked to the subjects

**13. Per NIH guidance, are all conflicts of interest by NIH employees (sender or receiver), if any, resolved? \_\_\_\_\_Yes \_\_\_\_\_No\*\***

\*A Federalwide Assurance (FWA) is issued by the U.S. Department of Health and Human Services (DHHS)/ Office of Human Research Protections (OHRP) to institutions which receive Federal funds/support to conduct human subjects research. To search for the FWA# for domestic or international institutions go to <http://ohrp.cit.nih.gov/search/fwasearch.aspx?styp=bsc>

\*\*If the answer is "No", note that OHSRP will be unable to make a determination and research may not proceed until all conflicts are resolved. For more information, see the October 2011, [A Guide to Preventing Financial and Non-Financial Conflict of Interest in Human Subjects Research at NIH](#). For assistance review the list of Ethics Coordinators and find the contact for your IC: <http://ethics.od.nih.gov/coord.pdf>