

IRB ID Number: 14280

Office of Research Protection Institutional Review Board Notice of Approval Federalwide Assurance No. 3331

Ittle of Study: Qualitative Study on Nicotine Exposure	
	oposal Number (if no Project Number):
Project Leader: <u>Jennifer Alexander</u> Project Team Member Contact (if different from Project	t London)
Source of Funding for this Study: FDA	t Leader).
Date Submitted to IRB: January 3, 2018	
Level of Review (check one):	
Full ☐, IRB Meeting Date:	
Expedited ⊠, category: 7: Behavioral - surveys, focu	s groups, etc.
Type of Review (check one): Preliminary review (For DHHS grants where RTI is p submitted to the IRB are in concordance (45 CFR 46.10 pretest or full study is approved.) Amendment, describe:	rime, the grant application/contract proposal and protoco 03(f)). Do not involve human subjects or data until
Add study site(s):	
Pretest/Pilot Test:	□Renewal
□ Full Implementation	☐Study Closure
IRB Approval of Special Conditions (check all that apple waiver of Signed Informed Consent/Parental Perm Waiver of elements of Informed Consent or require Participation of Pregnant Women (Worksheet B sure Participation of Prisoners (Worksheet C submitted Participation of Prisoners in DHHS-funded studies Participation of Minors (Worksheet D submitted by IRB Agreement of Nonsignificant Risk Device Stud HIPAA Waiver of Authorization	ission ment for Informed Consent/Parental Permission ubmitted by project team) by project team) (OHRP acknowledgement required) project team)
 Please note the following requirements: If unexpected problems or adverse events occur, If there are changes in study procedures or protocol questionnaires, etc.) the project team must notify the The project team is required to apply for continuing participation of human subjects or possession of human subjects or possession of human subjects research can occur after this displayed. 	I or any data collection materials (brochures, letters, e IRB before they are implemented. review as long as the study is active, which includes man data or specimens.
Dra HWallare	01-04-2018
Signature - IRB Member or Chair	Date of IRB Approval
Ina Wallace, Ph D Name - IRB Member or Chair (print or type)	
☐Copy sent to project leader on:	
☐ Entered into MIS ☐ OHRP acknowledgement received for participation of prisor	ners in DHHS-funded studies on: