Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)

Policy: Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule

Institutions must have an assurance of compliance that applies to the research to be conducted and should submit certification of IRB review and approval with each application or proposal unless otherwise advised by the Department or Agency.

Review Board (IRB) i Agency in accordance	review and approval to the Department or e with the Common Rule.		
1. Request Type [] ORIGINAL [] CONTINUATION [] EXEMPTION	2. Type of Mechanism [] GRANT [] CONTRACT [] FELLOWSHII [] COOPERATIVE AGREEMENT [] OTHER:	3. Name of Federal Departm Application or Proposal Iden	nent or Agency and, if known, tification No.
4. Title of Application or Activity		5. Name of Principal Investigator, Program Director, Fellow, or Other	
[] This Assurance, on fil	nis Project (Respond to one of the following) e with Department of Health and Human Services,	covers this activity:	
Assurance Identifica	tion No, the expirat	ion date IRB Registra	ation No
[] This Assurance, on fil Assurance No	e with (agency/dept), the expiration date	IRB Registration/Identification No	, covers this activity. (if applicable)
[] No assurance has be approval upon request.	en filed for this institution. This institution declares t	that it will provide an Assurance and Co	ertification of IRB review and
[] Exemption Status: Hu	uman subjects are involved, but this activity qualifies	s for exemption under Section 101(b),	paragraph
7. Certification of IRB Re	view (Respond to one of the following IF you have a	an Assurance on file)	
[] This activity has been	reviewed and approved by the IRB in accordance	with the Common Rule and any other	governing regulations.
	view on (date of IRB meeting)		
	an one year approval, provide expiration date multiple projects, some of which have not been rev		on condition that all projects
	mon Rule will be reviewed and approved before the		
8. Comments			
9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.		10. Name and Address of Institution	
11. Phone No. (with area	code)		
12. Fax No. (with area co	nde)		
13. Email:			
14. Name of Official		15. Title	
16. Signature			17. Date
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collection is estimated to average 30 minutes per response. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer