Attachment A-6: RTI Institutional Review Board Approval

RTI INTERNATIONAL

IRB ID Number: 13336

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

Title of Study: Using Conjoint Analysis to Understand Individual Decisions about Health-Risk Behaviors and Cancer Screening
RTI Project Number: 0211965.025.001 **RTI Proposal Number** (if no Project Number)
Project Leader: Carol Mansfield
Project Team Member Contact (if different from Project Leader):
Source of Funding for this Study: CDC
Date Submitted to IRB: July 22, 2013
Level of Review *(check one)*:
Full ☐, IRB Meeting Date: _____
Expedited ☒, category: **7: Behavioral - surveys, focus groups, etc.**

Type of Review *(check one)*:
☐Preliminary review (The grant application/contract proposal and protocol submitted to the IRB are in concordance (45 CFR 46.103(f)). **Do not involve human subjects or data until pretest or full study is approved.**)
☐Amendment, describe:
☐Add study site(s): _____
☐Pretest/Pilot Test _____
☒Full Implementation _____
☐Renewal
☐Study Closure

IRB Approval of Special Conditions *(check all that apply to this review)*:
☒ Waiver of Signed Informed Consent/Parental Permission
☐ Waiver of elements of Informed Consent or requirement for Informed Consent/Parental Permission
☐ Participation of Pregnant Women (**Worksheet B** submitted by project team)
☐ Participation of Prisoners (**Worksheet C** submitted by project team)
☐ Participation of Prisoners in DHHS-funded studies (OHRP acknowledgement required)
☐ Participation of Minors (**Worksheet D** submitted by project team)
☐ IRB Agreement of Nonsignificant Risk Device Study Determination
☐ HIPAA Waiver of Authorization

Please note the following requirements:
- If **unexpected problems** or **adverse events** occur, the project team must notify the IRB.
- If there are **changes** in study procedures or protocol or any data collection materials (brochures, letters, questionnaires, etc.) the project team must notify the IRB before they are implemented.
- The project team is required to apply for **continuing review** as long as the study is active, which includes participation of human subjects or possession of human data or specimens.

Expiration Date of IRB Approval: May 8, 2014
(No human subjects research can occur after this date without continuing review and approval.)

Ina Wallace

Signature - IRB Member or Chair

July 26, 2013
Date of IRB Approval

Ina Wallace, PhD
Name - IRB Member or Chair (print or type)

☒Copy sent to project leader on: 8-9-13
☐Entered into MIS
☐ OHRP acknowledgement received for participation of prisoners in DHHS-funded studies on:_____

Office of Research Protection and Ethics, Institutional Review Board
3040 Cornwallis Road, Research Triangle Park, NC 27709-2194, USA
Telephone: 919-316-3358 Fax: 919-316-3897 orpe@rti.org

IRB ID Number: 13336

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RTI Project Number: 0211965.025.001 **RTI Proposal Number** (if no Project Number)
Project Leader: Carol Mansfield
Project Team Member Contact (if different from Project Leader):
Source of Funding for this Study: CDC
Date Submitted to IRB: November 13, 2013
Level of Review *(check one)*:
Full ☐, IRB Meeting Date: _____
Expedited ☒, category: **M: Minor changes in approved research**

Type of Review *(check one)*:
☐Preliminary review (The grant application/contract proposal and protocol submitted to the IRB are in concordance (45 CFR 46.103(f)). **Do not involve human subjects or data until pretest or full study is approved.**)
☒Amendment, describe: revisions to survey questions
☐Add study site(s): _____
☐Pretest/Pilot Test _____
☐Full Implementation _____
☐Renewal
☐Study Closure

IRB Approval of Special Conditions *(check all that apply to this review)*:
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Expiration Date of IRB Approval: May 8, 2014
(No human subjects research can occur after this date without continuing review and approval.)

Ina J Wallace

Signature - IRB Member or Chair

November 13, 2013
Date of IRB Approval

Ina Wallace, PhD
Name - IRB Member or Chair (print or type)

☒Copy sent to project leader on: 11-14-13
☐Entered into MIS
☐ OHRP acknowledgement received for participation of prisoners in DHHS-funded studies on:_____

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