

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

Date of Request: May 27, 2014

Requestor's name: Rebecca Minneman e-mail: rebecca.minneman@mail.nih.gov

Role: Administrative support Investigator Other, explain: _____

Name of NIH Senior Investigator: Annette Galassi

(The investigator must be an NIH employee)

IC NCI Laboratory/Branch Center for Global Health

Building & Room No. 9609 Medical Center Dr. RM 3W250 Tel. No. 240-276-6632

FAX No. N/A

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)*

N/A

Please provide the name and e-mail of any others who should receive a copy of the OHSRP determination: Annette Galassi (agalassi@mail.nih.gov) Karla Bailey (karla.bailey@nih.gov) and Vivian Horovitch-Kelley (horovitchkellv@mail.nih.gov)

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: Assessment of Oncology Nursing Education and Training in Low and Middle Income Countries (LMICs)

(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:

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We will send out a questionnaire to the Directors of Nursing for NCI-Designated Cancer Centers. The proposed assessment requests information about oncology nursing education and training projects including: descriptions of projects, partner organizations, types of activities, cost, and impact. The information will be collected annually. NCI's Center for Global Health (CGH) is in the process of developing its strategic plan for oncology nursing education in LMICs. This information will help inform this strategic planning process and provide evidence to inform decisions on potential investments in grants for oncology nursing education in LMICs. Additionally, this information will be used in an online, interactive map that is being developed by CGH which will allow external organizations, such as cancer centers, to explore what projects are being done in which countries, which will facilitate collaborations and minimize duplication.

4. Proposed start date 09/01/2014 **Proposed completion date** 08/30/2017

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?

Responses to questionnaires

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*
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Annette Galassi	National Cancer Institute	Email: agalassi@mail.nih.gov	FWA00005897
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Rebecca Minneman	National Cancer Institute	Email: rebecca.minneman@nih.gov	FWA00005897
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Sudha Sivaram, Ph.D.
National Cancer Institute
Email: sivarams@mail.nih.gov
FWA00005897

Makeda Williams, Ph.D.
National Cancer Institute
Email: willimak@mail.nih.gov
FWA00005897

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

NCI Designated Cancer Centers

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 ≥ 18 years

11. Who will collect the data or information?

(a) NIH Investigator

(b) non-NIH Collaborator

(c) NIH Contractor

(d) Other, specify _____

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 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**

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**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>*