CDC

**Instructions:** 

## **REQUEST FOR DETERMINATION OF RESEARCH STATUS**

*To be completed by the staff member with lead responsibility for the project and approved by branch chief (if applicable) and Division ADS.* A separate PGO funding memo is required if project is research and involves human subjects regardless of the CDC staff role.

- (1) Use this form to declare: (a) the research status of any project, (b) role or roles of CDC staff
  - (2) A short summary should be attached offering specific details about the project and the role of staff.
  - (3) Be sure to complete all applicable items, obtain appropriate signatures and submit this form for approval.

Tracking Number: To Be Determined

(Use PGO number if cooperative agreement, grant, etc.)

Title of Project:       Dicbactes & Heart Disease & Stroke         Dates for project period:       Dates for funding (if applicable):         Beginning:       09/30/2018         Beginning:       09/30/2018         Detes for project period:       Dates for funding (if applicable):         Beginning:       09/30/2018         Detes for project is (choose one):       06/29/2023         Project is (choose one):       Dates for funding of project including scope of project, funding restrictions, personed, role of CDC staff member, determination of research status, etc.         [X]       New       []       Revision         []       Continuation, without revision(s)       []       Continuation, with revision(s)         Lead staff member:       Contact information:       Please indicate your role(s) in this project:         Name:       Jeannette May       Division:       DDT       []       Project officer       []       Investigator         Scientific Ethics number:       10297       Mailstop:       F75       []       Consultant       [X]       Other (please explain)         Assisting with funding package       []       No       If YES, list those activities which are research:       []       Investigator         []       YES       [X]       NO       If YES, list those activitises which a	Da	te submitted:	06/20/2018								
Beginning:       09/30/2018       Beginning:       09/30/2018         Ending:       06/29/2023       Ending:       06/29/2023         Project is (choose one):       NOT:: Revision, as used below, refers to any substantive change made to the project including scope of project, funding restrictions, personnel, role of CDC staff member; determination of research status, etc.         [X]       New       []       Revision         []       Continuation, without revision(s)       []       Continuation, with revision(s)         []       Continuation, without revision(s)       []       Project officer       []       Technical monitor         []       Mame:       Jeannette May       Division:       DT       []       Project officer       []       Technical monitor         []       JXM5       Telephone:       770-488-5016       []       Nother (please explain)         Assisting with funding package       1027       Maitsop:       F75       []       Consultant       [X]       Other (please explain)         Assisting with funding package       [X]       NO       If YES, list those activities which are research:       []       Emergency Response       []       Surveillance         []       YES       [X]       NO       [X]       Program evaluation       []       Other (please expla	Title of Project:										
Ending:       06/29/2023       Ending:       06/29/2023         Project is (choose one):       NOTE: Revision, as used below, refers to any substantive change made to the project including scope of project, funding restrictions, personnel, role of CDC staff member, determination of research status, etc.         [X]       New       []       Revision         []       Continuation, without revision(s)       []       Continuation, with revision(s)         Lead staff member:       Contact information:       Please indicate your role(s) in this project:         Name:       Jeannette May       Division:       DT       []       Project officer       I       Technical monitor         User ID:       JXM5       Telephone:       770-488-5016       []       Proincipal       []       Investigator         Scientific Ethics number:       10297       Mailstop:       F75       []       Consultant       [X]       Other (please explain) Assisting with funding package         1.       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       []       YES       [X]       NO         If YES, list those activities which are research:       [X]       Public health practice       Check all that apply)?       []       Research       [X]       Program evaluation       []       Surveillance	Da	tes for project per	iod:		Dates for fundi	ng (if	applicable):				
Project is (choose one):         NOTE: Revision, as used below, refers to any substantive change made to the project including scope of project, funding restrictions, personnel, role of CDC staff member, determination of research status, etc.         [X] New       [] Revision         [] Continuation, without revision(s)       [] Continuation, with revision(s)         Lead staff member:       Contact information:       Please indicate your role(s) in this project:         Name:       Jeannette May       Division:       DT       [] Project officer       [] Technical monitor         User ID:       JXM5       Telephone:       770-488-5016       [] Investigator       [] Investigator         Scientific Ethics number:       10297       Mailstop:       F75       [] Consultant       [X] Other (please explain) Assisting with funding package         1.       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       []         []       YES       [X]       NO       If YES, list those activities which are research:         2.       Is this CDC project research or public health practice (check all that apply)?       []       Research       [X]       Public health practice Check all that apply:         []       Human subjects involved       [X]       Program evaluation       []       Other (please explain) <td< th=""><th>]</th><th>Beginning:</th><th>09/30/2018</th><th></th><th colspan="2">Beginning:</th><th colspan="2"></th><th></th></td<>	]	Beginning:	09/30/2018		Beginning:						
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Image: Continuation, without revision(s)       []       Continuation, with revision(s)         Lead staff member:       Contact information:       Please indicate your role(s) in this project:         Name:       Jeannette May       Division:       DDT       []       Project officer       []       Technical monitor         User ID:       JXM5       Telephone:       770-488-5016       []       Principal       []       Investigator         Scientific Ethics number:       10297       Mailstop:       F75       []       Consultant       [X]       Other (please explain)         Assisting with funding package       NO       If YES, list those activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       []       YES       [X]       NO         If YES, list those activities which are research:       Is this CDC project research or public health practice (check all that apply)?       []       Research       [X]       Public health practice         Check and:       []       Human subjects novlved       []       Program evaluation       []       Surveillance         []       Human subjects not involved       [X]       Program evaluation       []       Surveillance         []       Human subjects not yet reviewed       []       []       YES, Reviewed and approved by CDC </th <th>i</th> <th>NOTE: Revision, a</th> <th>s used below, refers to</th> <th></th> <th></th> <th></th> <th>e project including sco</th> <th>pe of pro</th> <th>ject, funding restrictions,</th>	i	NOTE: Revision, a	s used below, refers to				e project including sco	pe of pro	ject, funding restrictions,		
Lead staff member:       Contact information:       Please indicate your role(s) in this project:         Name:       Jeannette May       Division:       DT       []       Project officer       []       Technical monitor         User ID:       JXM5       Telephone:       770-488-5016       []       Principal       []       Investigator         Scientific Ethics number:       10297       Mailstop:       F75       []       Consultant       [X]       Other (please explain)         Assisting with funding package       no       F75       []       Consultant       [X]       Other (please explain)         Assisting with funding package       NO       If YES, list those activities which are research:       []       YES       [X]       NO         If YES, list those activities which are research:       []       Research       [X]       Public health practice         Check one:       Check all that apply?       []       Human subjects involved       [X]       Program evaluation       []       Other (please explain)         3.       If RESEARCH involving human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       []       NO, New project, not yet reviewed       []       YES, Reviewed and approved by CDC       []       NO, Submitted for approval       e	[	[X] <b>New</b>				[]	Revision				
Name:       Jeannette May       Division:       DDT       []       Project officer       []       Technical monitor         User ID:       JXM5       Telephone:       770-488-5016       I       Principal investigator       I       Investigator         Scientific Ethics number:       10297       Mailstop:       F75       I       Consultant       [X]       Other (please explain) Assisting with funding package         1.       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       []       YES       [X]       NO         If YES, list those activities which are research:       [X]       Public health practice       Check all that apply?         []       Research       [X]       Public health practice       Check all that apply?         []       Human subjects involved       []       Emergency Response       []       Surveillance         []       Human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       []       YES, Reviewed and approved by CDC       []         []       NO, New project, not yet reviewed       d. []       YES, please list protocol number and expiration date       e. []       NO, RESEARCH, no CDC investigators (CDC IRB not required)	[	[] Continuatio	on, without revision(s	)		[]	Continuation, with	revision	( <b>s</b> )		
User ID:       JXM5       Telephone:       770-488-5016       I       Principal investigator         Scientific Ethics number:       10297       Mailstop:       F75       I       Consultant       [X]       Other (please explain) Assisting with funding package         1.       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       [X]       YES       [X]       NO         [I]       YES       [X]       NO       If YES, list those activities which are research:       Image: Science of the activities which are research:       Image: Science of the activities which are research:         [I]       YES       [X]       NO       If YES, list those activities which are research:       Image: Science of the activities which are research:         [I]       Research       [X]       Public health practice       Check all that apply?         [I]       Human subjects involved       [I]       Emergency Response       [I]       Surveillance         [I]       Human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       Image: Science of the activities been reviewed by the CDC IRB for human subjects protection?         [I]       NO, Existing project, not ready to submit       If YES, Please list protocol number and expiration date         [I]       NO, Submitted for appro	Lea	ad staff member:		Contact info	rmation:	Ple	ase indicate your role	e(s) in th	is project:		
User ID:       JXM5       Telephone:       770-488-5016       I       Principal investigator       I       Investigator         Scientific Ethics number:       10297       Mailstop:       F75       I       Consultant       IX       Other (please explain)         Assisting with funding package         1.       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       I       YES       IX       NO         If YES, list those activities which are research:       IX       Public health practice       Check all that apply?         I       Human subjects involved       IX       Public health practice       Surveillance         I       Human subjects not involved       IX       Program evaluation       I       Other (please explain)         3.       If RESEARCH involving human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       I       I       YES, Reviewed and approved by CDC         b.       NO, Existing project, not ready to submit       If YES, please list protocol number and expiration date       e.       INO, RESEARCH, no CDC investigators (CDC IRB not required)	I	Name: Jeanne	ette Mav	Division:	DDT		-				
Scientific Ethics number:       10297       Mailstop:       F75       [1]       Consultant       [X]       Other (please explain) Assisting with funding package         1.       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?       Are any or all of the activities within this project DESIGNED to contribute to generalizable knowledge (i.e., research)?         []       YES       [X]       NO         If YES, list those activities which are research:       If the activities which are research:         2.       Is this CDC project research or public health practice (check all that apply)?       Research       [X]       Public health practice         Check one:       Check all that apply:       Image: Check all that apply:       Surveillance         []       Human subjects involved       [X]       Program evaluation       Image: Surveillance         []       Human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       Image: Surveillance         []       NO, New project, not yet reviewed       Image: Surveillance       Image: Surveillance         []       NO, Existing project, not ready to submit       If YES, please list protocol number and       c. []         []       NO, Submitted for approval       expiration date       c. []       NO, RESEARCH, no CDC investigators (CDC IRB not				Telephone:		[]	Principal	[]	Investigator		
	9	Scientific Ethics	number: 10297	-	F75	[]	-	[X]	Other (please explain)		
[]       YES       [X]       NO         If YES, list those activities which are research:         2.       Is this CDC project research or public health practice (check all that apply)?         []       Research       [X]         []       Research       [X]         []       Human subjects involved       [X]         []       Human subjects involved       []         []       Human subjects not involved       [X]         []       Human subjects not involved       [X]         []       Human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?         a.       []       NO, New project, not yet reviewed       d.         b.       []       NO, Submitted for approval       If YES, please list protocol number_and         c.       []       NO, RESEARCH, no CDC investigators (CDC IRB not required)				-		-					
[]       Research       [X]       Public health practice <i>Check one: Check all that apply:</i> []       Human subjects involved       []         []       Human subjects not involved       [X]         []       Human subjects not involved       []         []       Human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?         a. []       NO, New project, not yet reviewed       d. []         YES, Reviewed and approved by CDC       If YES, please list protocol number_and         c. []       NO, Submitted for approval       expiration date         e. []       NO, RESEARCH, no CDC investigators (CDC IRB not required)		[] YES	[X] <b>NO</b>	)					.,		
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Check one:       Check all that apply:         []       Human subjects involved       []       Emergency Response       []       Surveillance         []       Human subjects not involved       [X]       Program evaluation       []       Other (please explain)         3.       If RESEARCH involving human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       a. []       NO, New project, not yet reviewed       d. []       YES, Reviewed and approved by CDC         b. []       NO, Existing project, not ready to submit       If YES, please list protocol number and expiration date       expiration date         c. []       NO, Submitted for approval       e. []       NO, RESEARCH, no CDC investigators (CDC IRB not required)		_		1							
[]       Human subjects not involved       [X]       Program evaluation       []       Other (please explain)         3.       If RESEARCH involving human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?       a.       []       NO, New project, not yet reviewed       d.       []       YES, Reviewed and approved by CDC         b.       []       NO, Existing project, not ready to submit       If YES, please list protocol number_and         c.       []       NO, Submitted for approval       expiration date         e.       []       NO, RESEARCH, no CDC investigators (CDC IRB not required)		Check	one:		Chec	k all i	that apply:				
<ul> <li>3. If RESEARCH involving human subjects, has the project or research activities been reviewed by the CDC IRB for human subjects protection?</li> <li>a. [] NO, New project, not yet reviewed</li> <li>b. [] NO, Existing project, not ready to submit</li> <li>c. [] NO, Submitted for approval</li> <li>e. [] NO, RESEARCH, no CDC investigators (CDC IRB not required)</li> </ul>		[]	Human subjects inv	olved	[]	Er	nergency Response	[]	Surveillance		
subjects protection?       a. [] NO, New project, not yet reviewed       d. [] YES, Reviewed and approved by CDC         b. [] NO, Existing project, not ready to submit       for approval       If YES, please list protocol number_and         c. [] NO, Submitted for approval       expiration date         e. []       NO, RESEARCH, no CDC investigators (CDC IRB not required)		[]	Human subjects not	t involved	[X]	Pr	ogram evaluation	[]	Other (please explain)		
b. [] NO, Existing project, not ready to submit       If YES, please list protocol number_and         c. [] NO, Submitted for approval       expiration date         e. [] NO, RESEARCH, no CDC investigators (CDC IRB not required)	3.			jects, has the	project or rese	arch	activities been review	ed by th	e CDC IRB for human		
c. [] NO, Submitted for approval expiration date e. [] NO, RESEARCH, no CDC investigators (CDC IRB not required)		a. [] NO, Nev	w project, not yet rev	iewed	<b>d.</b> []	YES	, Reviewed and appr	oved by	CDC		
e. [] NO, RESEARCH, no CDC investigators (CDC IRB not required)		b. [] NO, Exi	dy to submit		If YES, please list protocol number_and						
required)		c. [] NO, Sul	omitted for approval				expiration date				
f. [] N/A (Not Applicable)					<b>e.</b> []			C invest	igators (CDC IRB not		
					<b>f.</b> []	N/A	(Not Applicable)				

If RESEARCH, list any other CDC staff involved in this project, please include the name, role, and scientific ethics number

## Tracking NO. <u>To Be Determined</u>

\_\_\_\_\_

Name				F C	Scientific ethics number Prin			
Je	annette	May						10297
			EARCH PRO ns 4-6, OTH					H (as identified in 45CFR46.101),
	Does	the propo	sed research	involve p	risoners?			
[]	YES		If YES, thi	s research	cannot b	e exempt	ted and must be reviewed	by an IRB (skip to question 7).
[]	NO							
	the prop 1 apply)?		arch involve	fetuses, pi	regnant v	vomen, o	r human in vitro fertilizat	ion as targets (such that Subpart I
[]	YES		If YES, th question 7		ch canno	ot be exe	mpted and must be rev	iewed by an IRB (skip to
[]	NO							
lucation	al Resea	urch						
6.1	norma	al educati	onal practice	es (e.g., res	earch on	regular a	and special education stra	ngs, AND does the research involv tegies or research on the ssroom management methods)?
	[]	YES		[]	NO			
	Involvin	<u>g Surveys</u>	, Interview H	Procedures	(includi	ng Focus	groups), Observation of H	Public Behavior, or Educational
<u>ests</u> 6.2	Will t	his resear	ch use educa	ntional test	s (cogniti	ive, diagn	ostic, aptitude, achieveme	ent), survey procedures, interview
			observation of			,8	·····, ·· <b>r</b> ·····, ·····	
	[]	YES		[]	NO		If NO skip 6.3	
	Will c	hildren («	<18 years of a	age) be res	earch su	bjects?		
	[]	YES	If YES, th	is research	a cannot	be exemp	ted and must be reviewed	by an IRB (skip to item 7)
	[]	NO						
	6.2.1						nanner that human subjec lked to the subjects;	cts can be identified <u>directly or</u>
		[]	YES		[]	NO		
	6.2.2	place th employa subjects	e subjects at ability or rep s' (or relative	risk of cri outation? ( es' or assoc	minal or Example iates') po	civil liab s here ma ossible su	ility, or be damaging to that include: the collection of the colle	ch setting have the potential to ne subjects' financial standing, of sensitive data regarding the criminal history or intent, medical cormation).
		[]	YES		[]	NO		
6.3		dures, or		of public b	ehavior		esearch is not exempt und	ent), survey procedures, interview er paragraph 6.2 of this section:
	[]	YES		[]	NO		If NO skip to 6.4	
	6.3.1	public o	office?	volve hum	U		re elected or appointed p	ublic officials or candidates for
		[]	YES		[]	NO		
	6.3.2	informa	ntion will be n n only in the	maintaineo	l througl	nout the r	research and thereafter? (	the personally identifiable Note: CDC can use this exemption been obtained to cover the
		[]	YES	_	[]	NO		
0			licly Availab				e • ,• ,• ,• -	, <b>, , , , ,</b> .
6.4	diagn	ostic spec			ans exist		e the study begins)?	ts, records, pathological or
	[]	YES		[]	NO		If NO skip to 7	
	6.4.1	Is this n	naterial or in	formation	publicly	available	e?	
		[]	YES		[]	NO		

Form 684R\_NR (revised January 2003)

[]

6.4.2 Is this material or information recorded in such a manner by the investigator that the subjects cannot be identified directly or indirectly through identifiers linked to the subjects?

(Note: If a link is created by an investigator even temporarily, for research purposes, this criterion is not met. If a temporary link is created by clinical staff who already have access to the data, this criterion is met).

- [ ] YES (there are no identifying information and no unique identifiers or codes)YES
  - NO (there are identifiers (including codes))
- 7. Please prepare and attach a short summary paragraph (<1 page); if this is new:
  - a. Be sure to include the purpose of the project, specific details about the project and the role of the CDC staff member (s) in the project. In explaining one's role as a consultant be particularly careful to identify involvement in things like: study design decisions, oversight of protocol development, participation in review of data collection procedures, and participation in data analysis and/or manuscript preparation, as well as whether there will be access to identifiable or personal data.
  - b. Explain your project status selection (research--non-exempt, exempt, no CDC investigator or not involving human subjects; public health practice). If you selected research not involving human subjects be sure to indicate if the data includes any personal information (e.g., name, SSN), linkable study identification numbers or codes, or geographical information.

This is a new cooperative agreement program jointly funded by the Division of Diabetes Translation (DDT) and the Division for Heart Disease & Stroke Prevention (DHDSP), through a non-research Notice of Funding Opportunity. This NOFO is non-competitive (funds will be awarded to the 50 states & DC), and will support state investments in implementing/evaluating evidence-based strategies to prevent and manage cardiovascular disease (CVD) and diabetes in high-burden populations/ communities within each state and the District of Columbia, contributing to improved health outcomes. High burden populations are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. Category A strategies focus on diabetes management and type 2 diabetes prevention. Category B strategies focus on CVD prevention and management. In both categories, applicants will select from a menu of strategies, and should focus in areas where they have capacity, subject matter expertise, and potential to achieve greatest reach and impact. Where appropriate, applicants will apply their selected Category A and B strategies in the same targeted communities/settings, so that work on these strategies may be mutually reinforcing.

CDC will provide guidance and technical assistance (TA) to ensure the success of the cooperative agreement by: • Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes; Providing TA to revise annual work plans; Assisting recipients in advancing program activities to achieve project outcomes; Providing scientific subject matter expertise and resources to support selected strategies; Collaborating with recipients to develop/implement evaluation plans that align with CDC evaluation activities; Providing TA on recipients' evaluation/performance measurement plans; Providing TA to define and operationalize performance measures; Using webinars and other social media for recipients and CDC to communicate and share tools/resources; Establishing learning communities to facilitate information-sharing among recipients; Providing professional development/training opportunities, to share the latest science, best practices, success stories, and program models; Participating in relevant meetings, committees, etc., related to the program requirements to achieve outcomes; Coordinating communication with other CDC programs and Federal agencies; Providing surveillance TA and state-specific data collected by CDC; Providing TA expertise to other CDC programs and Federal agencies on how to interface with recipients; Translating/disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and Hosting a meeting/training during the first year of the project period and later in the project period.

8. Please list the primary project site and all collaborating site(s).

**Explanation of project components:** 

9. If project involves research that is funded extramurally, list amount of award that should be restricted pending IRB approval and describe which project components will be affected, if known:

Approvals (signature and position title) Date		Research Determination / Remarks
Jeannette May - Public Health Advisor	06/22/2018	<ul> <li>[X] Public health practice</li> <li>[] Research not involving human subjects</li> <li>[] Research involving human subjects, no CDC investigators</li> <li>[] Research involving human subjects, CDC investigators, exempt</li> <li>[] Research involving human subjects, CDC investigators, not exempt</li> <li>[] Research involving human subjects, CDC investigators, not exempt</li> <li>[] Local IRB</li> <li>[] CDC Exemption</li> <li>[] CDC IRB</li> </ul>

staff member completing this form		<u>Comments:</u> Hi Pat, Here's the human subjects form for the 1815 funding package for your review. Thanks. Jeannette		
Patricia Schumacher - SENIOR TEAM LEAD	06/22/2018	<ul> <li>[X] Public health practice</li> <li>[] Research not involving human subjects</li> <li>[] Research involving human subjects, no CDC investigators</li> <li>[] Research involving human subjects, CDC investigators, exempt</li> <li>[] Research involving human subjects, CDC investigators, not exempt</li> <li>[] Research involving human subjects, CDC investigators, not exempt</li> <li>[] Local IRB</li> <li>[] CDC Exemption</li> <li>[] CDC IRB</li> </ul>		
Team Lead		<u>Comments:</u> Approved		
Elizabeth Luman - EPIDEMIOLOGIST	06/26/2018	<ul> <li>[X] Public health practice</li> <li>[] Research not involving human subjects</li> <li>[] Research involving human subjects, no CDC investigators</li> <li>[] Research involving human subjects, CDC investigators, exempt</li> <li>[] Research involving human subjects, CDC investigators, not exempt</li> <li>[] Local IRB</li> <li>[] CDC Exemption</li> <li>[] CDC IRB</li> </ul>		
Division ADS		Comments: Approve		
Joan Redmond Leonard - PUBLIC HEALTH ANALYST	06/28/2018	<ul> <li>[X] Public health practice</li> <li>[] Research not involving human subjects</li> <li>[] Research involving human subjects, no CDC investigators</li> <li>[] Research involving human subjects, CDC investigators, exempt</li> <li>[] Research involving human subjects, CDC investigators, not exempt</li> <li>[] Local IRB</li> <li>[] CDC Exemption</li> <li>[] CDC IRB</li> </ul>		
CUC ADS, Deputy ADS, or Human Subjects Contact		<u>Comments:</u>		