<u>Request for Project Determination & Approval – Office of the Associate Director for Science</u> (OADS)

This form should be used to submit proposals to the Office of the Associate Director for Science (OADS) for research/nonresearch determination(s) and requirements for IRB review/approval.

Project Title: The Performance Measures Project			Project Location/Country(ies);	
CDC Principal Investigator (SEV#):	J. Stan Lehman			
CDC Project Officer(SEV#): J. S	DC Project Officer(SEV#): J. Stan Lehman		Telephone: 404-639-2041	
Proposed Start Date (mm/dd/vvvv); 07/01/2019		Proposed End Date (mm/dd/yyyy): 06/30/2021		
Collaborating Institutions (List other c CoAg, Grant, or contract #:	ollaborating institution N/A	ns in the protocol or in a		
Title of CoAg, Grant, or Contract	N/A		IRB Exp. Date (if applicable): TBD	
Supported Institution/Entity Name	N/A			
Supported Institution/Entity FWA #	N/A	· .	FWA Exp. Date (mm/dd/yyyy):	
		a search and a search a	NY WEAK, AND	
lease check appropriate category and sub				
I. Activity is NOT human subjects re	esearch. Primary intent	is public health practice o	r a disease control activity (Check one)	
A. Epidemic or endemic dise	ease control activity; if ap	pplicable, Epi-AID #		
B. Routine surveillance activ		e events, injuries)		
XX C. Program evaluation acti	vity	1.3		
D. Public health program act	ivity*			
E. Laboratory proficiency te		Torne Aller and		
.g., service delivery, health education programs;	social marketing campaigns	; program monitoring; electron	tic database construction and/or support; development of pati	
gistnes; needs assessments; and demonstration p	ojects intended to assess or	ganizational needs, managemen	t, and human resource requirements for implementation.	
7				
] II. Activity is research but does NOT				
			ities or other organizations or units (NOT persons).	
B. Activity is research invo				
C. Activity is research invo			ected for another purpose.	
D. Activity is research invo				
Note: Approval by CDC Institutional Animal Care	e and Use Committee (IACL	JC) may be required.		
mployees or agents will not intervene or inter r ethics committee approval is required prior	ract with living individua	volvement does not constit als or have access to identifi	ute "engagement in human subject research." CDC able information for research purposes. Appropriate IR	
Check one)	1			
A. This project is funded une	ler a grant/cooperative ag	greement/contract award me	chanism.	
B. CDC staff provide technic	cal support that does not	involve possession or analy	sis of identifiable data or interaction with	
participants from whom d	ata are being collected (r	NO CDC Support ^e).	. For the project, CDC staff did not interact with	
participants and were not	involved with data collec	tion (No CDC Support)	r or the project, CDC start and not interact with	
D. Activity is research invol			75D is signad to	
	Ting milliou data, our OD	c non-diservoure torifi e to	1.121 to algreed.	
See definition of support on page 3. Access to linked data is permitted under any of th to an agreement using CDC form 0.1375B, prohit ntradict the terms of consent under which the info	iting the release of the key t	to CDC investigators under any	of the key linking the data to identifiable human subjects ente circumstances. The purposes of the planned research do not was documented or not documented.	
		and the second		
IV. Activity is research involving human	subjects that requires	submission to CDC Huma	n Research Protection Office (Check one)"	
 A. Full Board Review (Use for B. Expedited Review (Use sa 	orms 0.1250, 0.1370-research partners)			
C. Exemption Request** (Us				
\square D. Reliance ⁴	C THINK WE ADDRESS DECIDED	· · · · · · · · · · · · · · · · · · ·		
. 1. Request to allow C		C IRB (Use same forms as on CDC IRB (Use same for	A above, plus 0.1371) ms as A above, plus 0.1372)	
There are other types of requests not listed under Exemption and reliance request is approved by CI	category IV, e.g., continuation	on of existing protocol, amendr	nent, incident reports.	