



<b>II. RESEARCH? [OHRP &amp; FDA]</b>	<a href="#">More info</a>	Yes	No
<b>Research:</b> A systematic investigation designed to develop or contribute to generalizable knowledge <b>FDA: Clinical investigations involving human subjects: <i>Must</i></b> submit eProtocol application to IRB			
1. Do you consider this project to meet the definition of <b>research</b> ?			
2. Is the activity a systematic investigation, including (but not limited to) a hypothesis, research development, testing, and evaluation?			
3. Is the activity primarily designed to develop <b>generalizable</b> knowledge?			
4. Is the activity for thesis or dissertation research?			

<b>III. ACTIVITY INVOLVES HUMAN SUBJECTS?</b>	<a href="#">More info</a>	Yes	No
<b>Does your project involve:</b>			
1. Living individuals?			
2. Intervention, including manipulation of a person, or a person's environment?			
3. Interaction (through surveys, interviews, tests, or observations)? → If "yes", attach the survey, interview, or test questions			
4. Obtaining identifiable private information <b>about</b> living individuals?			

<b>IV. DOES THIS PROJECT USE EXISTING DATA OR SPECIMENS? (IF NO, SKIP QUESTIONS 1-8 BELOW).</b>		Yes	No
1. Source of the data or specimens:			
2. Are the data or specimens publicly available?			
3. Can the researcher identify the individual associated with the data or specimens?			
4. Are the data or specimens de-identified? → If "yes", who did, or will, de-identify the data or specimens?			
5. Are the data or specimens coded? → If "yes", will you have access to the key to the code?			
6. Were the data or specimens originally collected for this project?			
7. Were the data or specimens originally collected as part of clinical care?			
8. Were the data or specimens originally collected for research purposes under a Stanford IRB approved protocol? → If "yes", provide the IRB (eProtocol) number: _____ . If not obtained at Stanford, attach the consent form under which the data or specimens were obtained.			
<b>NOTE:</b> For activities that involve obtaining, using, or disclosing protected health information (PHI) you must contact the <a href="#">Privacy Office</a> at 650-725-1828 or <a href="#">email</a> .			

<b>V. CLINICAL INVESTIGATION? [FDA]</b>	<b>Yes</b>	<b>No</b>
1. Does your project include testing the safety and efficacy of a drug or device in a human subject, including analysis or comparison of outcome data about a drug or device?		
2. Does your project include a non-FDA-approved assay or In <i>Vitro</i> Diagnostic Device?		
3. Will any data resulting from this activity be submitted to the FDA?		

<b>VI. OTHER CONSIDERATIONS</b>	<b>Yes</b>	<b>No</b>
1. Does your project involve the use of fetal tissue? If yes, name the source in procedures on p.1		
2. Does your project involve human embryonic stem cells (hESC), adult human stem cells, pluripotent cells or somatic nuclear transplantation?		
3. Is your project being conducted all or in part at the VA, or with VA resources or personnel? ➔ If "yes", contact the VAPAHCS IRB Coordinator prior to performing this activity		