Notice Of Exempt Review

Date: <Date>
To: <Protocol Director name, Department>
From: <Chair name>, M.D., Administrative Panel on Human Subjects in Medical Research
Protocol Title: <Title>
Protocol ID: <nnnnnn> IRB Number: (Panel: )

The IRB reviewed your research protocol on <date> and determined that the only involvement of human subjects in the research activities will be in one or more of the categories that are exempt from the regulations at 45 CFR 46 or 21 CFR 56. If this protocol is used in conjunction with any other human use it must be re-reviewed. The IRB requests prompt notification of any complications or incidents of noncompliance which may occur during any human use procedure.

Please remember that all data, including all signed consent form documents, must be retained for a minimum of three years past the completion of this research. Additional requirements may be imposed by your funding agency, your department, or other entities. (See Policy on Retention of and Access to Research at http://stanford.edu/dept/DoR/rph/2-10.html)

Chair signature

<Chair name>, M.D., Chair

Review Type: EXEMPT - NEW
Funding:
Exempt Under Category: 1, 2
Assurance Number: FWA00000935 (SU), FWA00000934 (SHC)