

PROTOCOL APPROVAL FORM

(To be returned to IRB Program Manager with copy of completed protocol form and attachments)

Human Subjects Committee Use Only (In absence of IRB-authorized Human Subjects Committee, send protocol to IRB.)

Recommended Review Status

Human Subjects Committee can approve as exempt because this research fits in the following category of research as described in section 9.02 of the IRB policies and procedures (**Cite reasons for exempt status.**):

Printed Name and
Signature of the HSC Chair _____ Date _____

Expedited Review by a designated member of the IRB because this research fits in the following category of research as described in section 9.03 of the IRB policies and procedures (**Cite reasons for expedited status.**):

Printed Name and
Signature of the HSC Chair _____ Date _____

Requires Full Review by the IRB because this research fits in the following category of research as described in section 9.04 of the IRB policies and procedures (**Cite reasons for full status.**):

Printed Name and
Signature of the HSC Chair _____ Date _____

IRB/RSSP Use Only

Project Number _____ Received RSSP _____

Sent to: _____ Date: _____

Final Status

Approved as **Exempt** under section 9.02 of the IRB Policies and Procedures (**Cite reasons for exemption.**):

Approved as **Expedited** under Section 9.03 of the IRB Policies and Procedures because (**Cite reasons for expedited status.**) _____

Printed Name and
Signature: _____ Date _____
IRB (for the Committee)

Approved by **Full** review under Section 9.04 of the IRB as meeting requirements of the IRB Policies and Procedures.

Printed Name and
Signature: _____ Date _____
IRB Chairperson