Category: Use of Existing Data: Records Review and Analysis

- 1. Project Title:
- 2. Principal Investigator
  - a. Name:
  - b. E-mail :
  - c. Telephone:
  - d.  $\Box$  Faculty  $\Box$  Student  $\Box$  Other
  - e. Human Subjects Training Completed? 
    □ Yes □ Pending
- 3. Brief description of your research methodology and source of data.

- 4. Is the data you are gathering publicly available?  $\Box$  Yes  $\Box$  No
  - a. If, No do you have permission to access the records?  $\Box$  Yes  $\Box$  No
  - **b.** Will the records you received be void of **ALL** identifiers that would make it possible to identify subject?
    - □ Yes

## No: This research does not qualify for exempt status. Please complete the full IRB application.

5. I assure the IRB that the information provided in this form is accurate. I will seek and obtain prior approval from the IRB for any substantive changes or modifications to this research proposal. I will report any unanticipated problems with the procedures outlined in this study.

Signature: Principle Investigator		Date	
Signature: Advisor (if app	plicable)	Date	
IRB # HS 20	Approved : IBR Chair (or designate)	Not Approved:	_
Revised: 01/2009 Revised 12/2018	IBR Chair (or designate)	Signature	Date