APPENDIX A

Institutional Review Board Exemption Request
(Revised May 2022)

Clear Form

***If additional space is needed for description/information, please provide attachment(s).*

ACTIVITIES EXEMPT FROM IRB REVIEW

Research activities involving human subjects in the following categories may be exempt from review by Rhodes State's Institutional Review Board. The principal investigator/project director is authorized to make the first determination of eligibility for exemption; however, the College bears the responsibility for concurring in that determination based on notice provided by the principal investigator to the Institutional Review Board.

Exempting an activity from review does not absolve the investigator(s) of the activity from ensuring that the welfare of subjects in the activity is protected and that methods used and information provided to gain subject consent are appropriate to the activity.

Information needed to properly complete this document is contained in the Rhodes State College Institutional Review Board Charter and Standard Operating Procedures. Questions about whether a research activity may be exempt from human subjects review or any other IRB issue should be directed to the Institutional Research Coordinator who serves as the IRB Chairperson.

Rhodes State College's IRB will determine whether your request for exemption is approved based on the Federal guidelines for exempted research activities. If a question does not apply to your research project, please indicate this by typing "N/A" in the answer area.

Principal Investigator	Phone	Email
Additional Investigator	Phone	Email

Faculty Sponsor Name and Email (for student PIs):

A. Research Overview:

1. **Title of Project**

2. **State the purpose/objective aims of your research:**

3. **If relevant, include your major hypotheses.**

4. **Source of Funding for Research (if any):**

5. **Projected Duration of Research:** **Projected Start Date:**

6. **Expected participants in research study will include:**

B. Research Procedures:

1. **Brief Explanation of Procedure for Research Participants** (Explain what participants will be asked to do, including example questions to answer, explanations of materials, etc.)**:**

2. **Source of Participants** (Include information about where and how participants will be recruited or obtained. Remember that in order to be exempt research, groups considered "vulnerable populations" may not be participants):

3. **Explanation of "no harm."** (Elaborate on how this research poses no risk of physical, psychological, or social harm to participants beyond what is generally encountered in the context of daily life):

4. **Informed Consent** (Evaluate whether an informed consent document is necessary or desirable, and if so, to include such a document in the email with this completed form)**:** ☐ **Yes** ☐ **No**

Justification for Exemption (Indicate which of the following federally exempted form(s) of research you are completing by checking a **"YES" or "NO"** response for each category. For any **"Yes"** responses, use the text box below to explain how that exemption applies to your research.)

Research is on **education methods or evaluation** in a normal educational setting (e.g., studying which type of exam works best in a scheduled college course or elementary/secondary school).	☐ **YES** ☐ **NO**
If "yes," explain:	
Research involves **observational, survey, interview (oral history), or educational (cognitive, diagnostic, aptitude, achievement) testing procedures** with any of the following: anonymous participants, no risk if participant identities are disclosed, or you are seeking approval for participant identities to be known.	☐ **YES** ☐ **NO**
If "yes," explain:	

Research involves **benign behavioral interventions paired with data collection**, with any of the following: anonymous participants, no risk if participant identities are disclosed, or you are seeking approval for participant identities to be known.	☐ **YES** ☐ **NO**
If "yes," explain:	
Research is **secondary research** that involves only **existing information or documents**, with any of the following: data/specimens are already public, identities are stripped and not easily matched to data, or research is federally mandated analysis of health data.	☐ **YES** ☐ **NO**
If "yes," explain:	
Research is **supported by federal government/agency** and is designed to evaluate or examine **public benefit or service programs.**	☐ **YES** ☐ **NO**
If "yes," explain:	
Research involves **taste and food quality** consumer acceptance using only wholesome food(s) which contain no ingredients at levels beyond those approved by the appropriate federal agency.	☐ **YES** ☐ **NO**
If "yes," explain:	
You are **planning to keep the data and/or store biospecimens** and you will **obtain broad consent** to store data/biospecimens. (See Guidelines document for information about broad consent.)	☐ **YES** ☐ **NO**
If "yes," explain:	
Research is **secondary research on stored raw data and/or biospecimens where participants are identifiable,** with ALL of the following: broad consent was obtained, informed consent is documented, and the IRB affirms that the secondary research falls under the broad consent that was obtained. (See Guidelines document for more information about broad consent.)	☐ **YES** ☐ **NO**
If "yes," explain:	

C. Research Data and Surveys

1. **Do you intend to use campus email lists (student, faculty, staff) to send a request to complete the survey?** ☐ **Yes** ☐ **No**

2. **If yes, have you communicated with the Rhodes State Institutional Research Coordinator (or similar position if you are from another college)?** (Please be aware that there are strict guidelines that must be followed to send research surveys out via institution email lists, and it must be approved by the Institutional Research Coordinator. Without such approval, you may NOT send your survey out via those email lists). ☐ **Yes** ☐ **No**

3. **Method(s) of Data Collection (check all that apply):**

   ☐ **In Person** ☐ **Phone** ☐ **Email** ☐ **Surveys** ☐ **Other:**

4. **Method of removing all personal and/or identifiable information from research data:**

5. **Indicate how data will be shared and stored (e.g., location, length of time, format, etc.):**

Your signature below affirms that ALL components of the above research fall into exempt categories. If any part of your research does not fall into a category above, you may NOT request an exemption.

Investigator/Project Director Signature	**Date**	**Co-Investigator Signature (if applicable)**	**Date**

FOR IRB USE ONLY:

Signature of IRB Committee Chair	**Date**

IRB Chair Exempt Requirements Approval: ☐ **Approved** ☐ **Approved with Conditions** ☐ **Refer to Full Committee Review**