EXEMPT DETERMINATION

July 1, 2019

*<Name of Principal Investigator>*

*<Address of Principal Investigator>*

*<Phone Number of Principal Investigator>*

*<Fax Number of Principal Investigator>*

*<Email Address of Principal Investigator>*

Dear *<Hailing of Principal Investigator>*:

On *<Review Date>* the IRB reviewed the following protocol:

|  |  |
| --- | --- |
| Type of Review: | *<Indicate Initial, Continuing, or Modification>* |
| Title: |  |
| Investigator: |  |
| IRB ID: |  |
| Funding: | *<Indicate “None” if there is none.>* |
| Grant Title: | *<Indicate “None” if there is none.>* |
| Grant ID: | *<Indicate “None” if there is none.>* |
| IND, IDE or HDE: | *<Indicate “None” if there is none.>* |
| Documents Reviewed: |  |

The IRB determined that this protocol meets the criteria for exemption from IRB review.

Attached are stamped approved consent documents. Use copies of these documents to document consent. *<Delete if there are no consent documents.>*

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

Sincerely,

IRB Manager

cc: *<Protocol Contact>*