

APPLICATION FOR EXEMPT RESEARCH

I. STUDY/PROJECT INFORMATION

Study/Project Title:

Applicant Name:

Email:

Phone:

II. EDUCATIONAL INSTITUTION (as applicable)

This study/project fulfills a requirement for my educational program:

Degree Program:

Institution:

Faculty Sponsor:

III. STUDY/PROJECT SITE:

1. Site of Study Mercy Medical Center
 St. Luke's Hospital
 Other:

2. At the project site I will be working with the following:
 - a.) Department:

 - b.) Name of Site Sponsor:

 - c.) Signature of site sponsor indicating site/department approval:

Signature

Title

IV. STUDY/PROJECT SUMMARY

1. This study/project is a:
 - a. retrospective study of existing data:
 - b. quality improvement project:
 - c. patient survey
 - d. other:

2. Exempt Category (please refer to regulation DHHS 45 CFR 46.101(b) for complete descriptions of the categories)

- Research conducted in established or commonly accepted educational settings, involving normal education practices?
- Research involving the use of educational tests, survey procedures, or observation of public behavior?
- Research involving collection or study of existing data, documents, records, or pathological or diagnostic specimens?
- Research studying, evaluating, or explaining public benefit or service programs?
- Research involving taste and food quality evaluation or consumer acceptance studies?

3. Summarize study methods and procedures:

4. Duration of the study:

Along with submission of this form please include a copy of your study protocol.

V. ADDITIONAL PARTICIPANTS:

The following team members are involved in this project

- a.)
- b.)
- c.)
- d.)

****Please note that prior to beginning your study you are required to submit documentation showing completion of human subjects protection training for yourself and for each team member identified above.**

VI. AFFIRMATION OF PRINCIPAL INVESTIGATOR

Signature of Principal Investigator

Date

Submit to:

Mercy Medical Center & St. Luke's Hospital IRC
Attn: Shannon Rieniets/Jim Bonewald
701 10th Street SE
Cedar Rapids, IA 52403
(319) 861-7874 [Office Phone]
medicalstaffoffice@mercyare.org