SUTD Institutional Review Board (IRB)  
APPLICATION FORM FOR   
EXEMPTION FROM FULL IRB REVIEW FORM

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| Please refer to IRB-Guide-003 *-* RESEARCH WHICH CAN BE EXEMPTED FROM FULL IRB REVIEW, before completing this form. | |
| 1  **Protocol Title** |  |
| 2  **Study** | Site(s) of Research *(Building/Institute, Address)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Single-Centre / Singapore Multicentered / International Multicentered  If single-centered, has a similar study been conducted elsewhere? **\* Yes / No**  If Yes, state where : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous Ethics Committee submission? **\* Yes / No**  *(If yes, please provide details separately.)* |
| 3  **Type of Study** | *(Please refer to our Guidelines On Which Research Can Be Exempted From IRB Review - IRB-Guide-003)*  Educational settings research, educational tests or instructional techniques and methods  Survey, interview or public observation without identifiers  Analysis of publicly available data or dataset stored without identifiers |
| 4  **Financial Declaration** | This study is initiated by the \* Investigator / Commercial ^  Source of funding for study : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount of Sponsorship / Grant : \_\_\_\_\_\_\_\_\_\_\_\_  Status of grant: \* Approved / Pending / Not applicable  Financial benefits to Subjects *(if any)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The financial benefits or other benefits derived from this study to PI / Co-investigators / Department / Institution are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please provide a copy of the financial agreement with sponsor company, if applicable.)*  ^ If commercial, indicate:  Name of Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of Business : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5  **Documents Checklist** | **Mandatory** *(Please submit the following documents.)*   * Study Protocol / Proposal with details on:   + Purpose of Study   + Type and number of subjects involved   + Location(s) of the research   + Experimental procedures   + Procedures for obtaining informed consent *(If a waiver of written informed consent is requested, an explanation of an alternative consent mechanism must be submitted.)*   + Procedures to ensure confidentiality   + Method of recruitment *(Attach recruitment materials, flyer, poster, email message, internet posting, etc.)*   + Length of subject involvement   + Subject compensation * Grant Application Form / Letter of Award (if applicable) * Supporting documents (e.g., Questionnaire or standardized test(s) to be used, Participant Information Sheet and Consent Form) * Investigator(s)’ CV (not more than 2 pages per investigator) |

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| 6 **Declaration**  This Research Proposal has the approval of the Head of Pillar/Associate Provost (Education)/Provost\*.  *(If the PI in the project is a Head of Pillar, the countersigning officer should be the Associate Provost (Education). If the PI in the project is Associate Provost (Education), the countersigning officer should be the Provost)*  Signature of Head of Pillar/Assoc. Provost (Education)/Provost : \_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_  Name of Head of Pillar/Assoc. Provost (Education)/Provost :  I confirm that the information submitted in this application is correct and I will conduct the study in accordance with the  IRB-approved protocol, IRB requirements/policies, and all applicable rules and regulations.  Signature of Principal Investigator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Principal Investigator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pillar/Department / Institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| All co-investigators who have a responsibility for the consent process or direct data collection for this research should be listed below. Multiple copies of this form may be submitted as necessary. All co–investigators need not sign on the same form. |
| Name: Email:  Position: Phone:  Pillar/Department: Fax:  Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-investigator Date |
| Name: Email:  Position: Phone:  Pillar/Department: Fax:  Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-investigator Date |
| *\* Please circle accordingly.*  *Please submit this form with the protocol and other documents to apply for exemption from IRB review. Thank you.* |

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| **FOR INTERNAL USE ONLY** | | | |
| IRB Application No. |  | IRB Approval No. |  |