

15. Claim of Exemption Form

PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR'S NAME:	PROPOSAL NO:
INSTITUTION:	

- | | | |
|---|-----|----|
| 1. Will existing or archived data, documents, medical records, or database records be used? | Yes | No |
|---|-----|----|
- | | | |
|---|-----|----|
| 2. Will biological specimens (e.g., cells, tissues, blood) be used? | Yes | No |
|---|-----|----|
3. Indicate below the sources of existing or archived data or biological specimens or cell lines (e.g., cell lines purchased from ATCC).

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| 4. Will the donors of the original biological specimens be able to be identified, directly or indirectly, through identifiers linked to the donor? | Yes | No |
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| 5. Will data be recorded in writing? | Yes | No |
|--------------------------------------|-----|----|
- | | | |
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| 6. Will data be recorded by audiotape? | Yes | No |
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- | | | |
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| 7. Will data be recorded by videotape? | Yes | No |
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- | | | |
|--|-----|----|
| 8. If survey instruments are used, will sensitive or private topics be explored? | Yes | No |
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- | | | |
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| 9. Will subjects be identifiable either by name or through demographic data? | Yes | No |
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If the answer to any question 4-9 is yes, describe on a separate sheet of paper how the confidentiality of a subject's identity will be maintained. Also describe plans for maintaining or destroying identifying links to subjects after the protocol has been completed.

Principal Investigator's Signature

Date