

**UNIVERSITY OF NOTRE DAME
HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD (HSIRB)**

REQUEST FOR EXEMPTION

PROJECT TITLE:

PRINCIPAL INVESTIGATOR(S):

Name _____ Department _____

Email _____ Phone _____

Name _____ Department _____

Email _____ Phone _____

Below, please justify the exemption request based on 45 CFR 46.101.(b):

I have reviewed the categories of research eligible for exemption and request authorization to conduct my research as described in the attached protocol under **45 CFR 46.101.(b) exempt category number** _____.

I understand that this research may not be approved for exemption, and I further understand that I may not proceed with this research until notified by the HSIRB that this request is approved.

Principal Investigator

Date

Forward this form along with two (2) copies of the protocol, consent documents, and instruments to:

Tracey Poston, PhD
Director of Research Compliance & HSIRB Administrator
Office of Research
511 Main Building

HSIRB USE ONLY		
Date Received _____		
HSIRB Number _____		
Institutional Approval by:	Exempt_	Submit Regular Application_____
_____Date_____		_____Date_____
HSIRB Administrator		HSIRB Chair

This form contains interactive "fillable" form fields. You may save it to your computer and type in your information. Then print, sign, and return.