



Los Angeles County Public Health, Ambulatory Care Network and
 Health Services Administration Institutional Review Board (IRB)
 313 N. Figueroa St., Room 127
 Los Angeles, CA 90012
 Phone: (213) 288-8675 Email: irb@ph.lacounty.gov
<http://publichealth.lacounty.gov/irb/>

APPLICATION FOR EXEMPT REVIEW (CHECKLIST NOT NEEDED)

1. Title of project _____ 2. Date Application Prepared _____

2. Principal Investigator: Name, degree _____

3. Telephone _____ 4. Email _____

5. DPH/DHS Liaison if applicable: Name, department or organization and title _____

6. Contact person/study coordinator _____

7. Telephone _____ 8. Email _____

9. Funding source(s) (check all that apply)
 Federal, state, government (name of agency) _____
 Commercial County commitment of in-kind resources No specific budget – funding out of operating expenses
 Other (explain) _____

10. Total amount of funding \$ _____

11. New proposal Amendment (IRB approval # _____)

12. Source of subjects _____

13. Sample: Size _____ Age group _____
 Children Adults ≥ 18

14. Form of consent (include script if applicable)
 Written Verbal consent Embedded consent in instrument
 Other (explain) _____

15. Describe how your study addresses community-engaged research needs and involves the community in the research plan and conduct of the study including how the findings will be disseminated to the community

Please include with this application:

- Request for Exempt Review HIPAA Individual Authorization or Waiver Request if applicable
- Protocol summary (*project aim, study design and methodology including recruitment method, consent procedures and script, explanation of how privacy and confidentiality of subjects will be protected and data collection instruments*)
- Certificate of IRB or Human Subjects Protection training (*PI, co-PI, study coordinator and research personnel dealing with data collection or analysis*)

