

Notre Dame de Namur University Institutional Review Board
Forms: Non-Exempt Checklist
(For Expedited and Full Review)
No Handwritten Forms will be accepted

Fall Spring Summer Year _____

Name of Principal Investigator _____

Name of Student Investigator _____

1. Yes No This study uses a survey or questionnaire. If yes, please attach a copy. Also,
a. Yes No The survey or questionnaire is completely anonymous and confidential. If not, please consult IRB Chair.

Must check one of following if using a survey:

- b. I have obtained permission to use this copyright survey (Attach permission documentation)
c. This survey is public domain.
2. Yes No This study uses existing data, documents, or records. If yes,
a. Yes No This study is recorded in such a manner where participants cannot be identified directly or through identifiers linked to participants. If yes, please attach a brief explanation. If not, please consult IRB Chair.

If "Yes" is checked in any of the following items, please provide more information in Project Details.

3. Yes No This study uses video or audio tapes. If yes,
a. Yes No The participants will watch or listen to a tape.
b. Yes No The participants will be audio or video taped.
4. Yes No This study involves face-to-face interview with participants.
5. Yes No This study involves physical activities for participants. If yes,
a. Yes No The activities incur more than minimal risk for participants.
6. Yes No This study prescribes food or drugs for participants to intake. If yes,
a. Yes No The food or drug is not FDA approved or contains harmful additives or is above federal limits of chemical additives.
7. Yes No This study administers radioactive materials to participants.
8. Yes No This study uses medical devices.
9. Yes No This study includes procedures or devices not covered above (elaborate in project details).

Note: Should the response to any item in the list change after approval, the principal investigator is required to get the approval from the IRB committee before the change can be implemented.

For IRB Committee Use:

Approved by _____ NOT Approved by _____ Date _____

Resubmit with recommended changes (please see letter attached)

IRB Approval # _____ Committee Comments: _____