Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)

Policy: Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or

Institutions must have an assurance of compliance that applies to the research to be conducted and should submit certification of IRB review and approval with each application or proposal unless otherwise advised by the

Common Rule for ex proposals for support	ce with the Common Rule. See section 101(b) of the kemptions. Institutions submitting applications or must submit certification of appropriate Institutional eview and approval to the Department or Agency in ommon Rule.			
Request Type ORIGINAL CONTINUATION EXEMPTION	2. Type of Mechanism [] GRANT [] CONTRACT [] FELLOWSH [] COOPERATIVE AGREEMENT [] OTHER:	P Application or Proposal Identification	Name of Federal Department or Agency and, if known, Application or Proposal Identification No.	
4. Title of Application or	Activity	5. Name of Principal Investigator, F	Program Director, Fellow, or	
National Radiology Data Registry		Cther Laura P Coombs, PhD		
6. Assurance Status of the	his Project (Respond to one of the following)			
[] This Assurance, on fil	le with Department of Health and Human Services,	covers this activity:		
Assurance Identificat	tion No, the expiration date IRB	Registration No		
f.1				
Assurance No.	e with (agency/dept), the expiration date	IRB Registration/Identification No.	, covers this activity.	
[] No assurance has be approval upon reques	en filed for this institution. This institution declares t t.	that it will provide an Assurance and Certificati	on of IRB review and	
[X] Exemption Status: H	duman subjects are involved, but this activity qualifi	ies for exemption under Section 101(b), parag	raph4	
7. Certification of IRB Re	view (Respond to one of the following IF you have	an Assurance on file)		
by: [] Full IRB Rev [] If less that [] This activity contains	reviewed and approved by the IRB in accordance view on (date of IRB meeting) an one year approval, provide expiration date multiple projects, some of which have not been rev mon Rule will be reviewed and approved before the	or [] Expedited Review on (date)	lition that all projects	
8. Comments				
9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.		10. Name and Address of Institution		
11. Phone No. (with area	code) 215-574-3150	American College of Radiology 1818 Market Street 16 th FI Philadelphia, PA 19103		
12. Fax No. (with area co	245 574 0200			
13. Email:				
14. Name of Official		15. Title		
C. Jules Rominger, M.D.		Chairman, ACR IRB		
16. Signature	Only Comingues	17. Da	te Tabu 17 2007	

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