



## APPLICATION FOR EXEMPT RESEARCH

### I. PROJECT INFORMATION

Study Title:

Contact Person:

Email:

Phone:

### III. STUDY SUMMARY

1. Exempt Category (please refer to regulation DHHS 45 CFR 46.101(b) for complete descriptions of the categories)
  - Research conducted in established or commonly accepted educational settings, involving normal education practices?
  - Research involving the use of educational tests, survey procedures, or observation of public behavior?
  - Research involving collection or study of existing data, documents, records, or pathological or diagnostic specimens?
  - Research studying, evaluating, or explaining public benefit or service programs?
  - Research involving taste and food quality evaluation or consumer acceptance studies?
2. Site of Study
  - Mercy Medical Center
  - St. Luke's Hospital
  - Other:
3. Summarize study methods and procedures:
4. Duration of the study:
5. Along with submission of this form please include a copy of your study protocol.

### XI. AFFIRMATION OF PRINCIPAL INVESTIGATOR

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

Submit to:

Mercy Medical Center & St. Luke's Hospital IRC  
Attn: Shannon Rieniets  
701 10<sup>th</sup> Street SE  
Cedar Rapids, IA 52403  
(319) 369-4466 [Office Phone]  
[srieniets@mercyare.org](mailto:srieniets@mercyare.org)