

**PI Name:** \_\_\_\_\_ **Phone and Email** \_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

*Please answer the following questions about your ND Department of Health (DoH) or ND Department of Human Services (DHS) project.*

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. <b>(DoH/DHS Employees only)</b> Will you be actively participating in the requested study?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you requesting only data from DoH/DHS with no DoH/DHS participation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your data already been reviewed by another agencies IRB<br>a. IF yes, name of Agency/IRB _____                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your data contain information on deceased persons only?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your study use existing data only?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the study require any individual participant level data?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the data being collected contain any individual health information?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are confidential identifiers needed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are two data sets being linked?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the study looking at sensitive information (HIV, adoptions, WIC, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the study being performed to improve or evaluate a program or service in ND only?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the study looking only at program or policy information, data improvement options, opinions, satisfaction on topics or study ideas? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide a brief summary (paragraph or two) of 1) What the study is about, 2) Who are the participants, 3) why you are doing it, 4) purpose or intent of study and 5) the health department or human services' role? Please attach additional page if needed.

Once completed, email this form to the NDDoH IRB Administrator, Tracy K. Miller, PhD, MPH at [tkmiller@nd.gov](mailto:tkmiller@nd.gov)

**DO NOT FILL OUT. IRB ADMINISTRATOR USE ONLY**

- Does not need to be submitted to IRB; project can proceed.
- Needs Data Agreement/Submit to HIPAA compliance officer \_\_\_\_\_
- Needs to be submitted to IRB. Please fill out the appropriate paperwork located at: [www.ndhealth.gov/IRB/](http://www.ndhealth.gov/IRB/)