DEPARTMENT OF COMMUNICATION PROPOSAL APPROVAL

	IVIA	PND [
Name		Date	
Address		UIN	
		 E-Mail	
City/State/Zip		Phone	
TITLE of PRO	PPOSAL (title must not exce	eed 105 characters, including spaces)	
	ttee Members rint Names	Signatures	Approve Yes No
1. This resear	ch appears to involve human	sor should check one of the following on subjects. You will submit an IRB application or IRB approval before	on (Exempt or Initial
Activity Represer		uman subjects. You will submit a "Determina ch" to OPRS. You must obtain documentatio our research.	
3. This resear the "Determination submit the "Deter satisfy one of the	rch does not use human subjin of Whether an Activity Reprination" form to OPRS pric	ects because <u>it meets one of the specific co</u> presents Human Subjects Research" form. Yor to beginning your research, though you neck the one that applies. If you do not check	ou do not need to nay. You must
Center Na Election S Alcohol a	ational Center for Health Statistics, Natudies, National Crime Victimization and Related Conditions (NESARC), N	ore of the following public use datasets: U.S. Bureau lational Center for Educational Statistics, U.S. Bureau of Survey: School Crime Supplement, 2003, National Epi National Survey of America's Families (NSAF), Inter-Ur	of Laboar Statistics, National demiologic Survey on niversity Consortium for
☐ Your proje	ect only involves commercially ava	ailable, de-identified non-embryonic human cell line	S.
☐ Your proj	ects guided by the care provider's ju	dgment regarding the best interest of the individual.	
	ect involves research that is limited	to death records, autopsy materials, or cadaver special investigations.	mens (provided that the