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| When conducting research that requires additional privacy protections, a Limited IRB Review is conducted to ensure adequate privacy practices are in place to protect the identity of research participants. | | | |
| **Section A** | | | |
| 1. | Please select the Exempt Category that best describes your research as you have indicated in the Protocol Application Form.  Category 2  Category 3 | | |
| 2. | Please describe the nature of the date being collected. | | |
| 3. | Are there any potential risks of harm to individuals should the information be lost, stolen, compromised or otherwise used in a way contrary to the contours of the research? | | No  Yes, Describe: |
| 4. | What security controls do you have in place to protect the confidentiality and integrity of the information? | | |
| 5. | Please describe where your data will be stored. | | |
| 6. | Will the data be shared with other members of the research team, sponsors, or any other collaborators? | | No – **Skip to #7**  Yes – |
| 6a. | How will the data be shared? | |
| 6b. | Will any identifiable data be shared? | No  Yes |
| 6c. | Describe at what point the de-identification will occur, who will de-identify the data and how the data will be de-identified prior to sharing with any outside party. | |
| 6d. | List the parties which the information will be shared. | |
| 7. | How long will the data be retained? | | |
| Exempt studies that require a limited IRB review as a condition of the exemption are required to update the status of the study with the IRB annually. If after completing this appendix you have determined that your research does qualify for an exempt review under this category, please fill out the Protocol Application Form found on the IRB website under Forms (<http://www.sru.edu/offices/institutional-review-board/how-to-apply-to-the-irb>) and submit this appendix with your protocol.  You can receive submission guidance by emailing your questions to [irb@sru.edu](mailto:irb@sru.edu). | | | |