



SJD Institutional Review Board

Title: Exemption Checklist & Assessment

Code: SJDIRB Form 3.9

Version: 01

SJDEFIIRB Code		Date of Submission	
Sponsor Protocol Code		SJREB Code	
Protocol Title			
Principal Investigator		Sponsor	
INSTRUCTIONS FOR PRIMARY REVIEWER: Kindly confirm the submitted information and leave your comments in the space provided under "REVIEWER COMMENTS." Finish your review by indicating your conclusions under "RECOMMENDED ACTION" and signing in the space provided for the primary reviewer.			
Criteria for Exemption	Indicate if the assessment point applies to the study protocol		Primary Reviewer Comments
	Yes	No	
1. Does this research involve human participants?			
2. Does this research involve use of non-identifiable human tissue/ biological samples?			
3. Does this research involve use of non-identifiable publicly available data?			
<i>Protocols that neither involve human participants, nor identifiable human tissue, biological samples and data shall be exempted from review (National Ethical Guidelines for Research Involving Human Participants - NEGHRIP 2022)</i>			
4. Does this research involve interaction with human participants?			
5. Type of research as identified in the NEGRIHP as exemptible, as long as it does not involve more than minimal risk. Please mark applicable <input type="checkbox"/> Consumer acceptability test <input type="checkbox"/> Evaluation of public service program <input type="checkbox"/> Institutional quality assurance <input type="checkbox"/> Public health surveillance <input type="checkbox"/> Educational evaluation activities			
6. What is/are the method/s of data collection? Please Mark Applicable <input type="checkbox"/> Surveys and/or questionnaire, Interviews, or observations of public behavior <input type="checkbox"/> Audio/video recordings of public behavior <input type="checkbox"/> Research which only uses existing data <input type="checkbox"/> Public health surveillance <input type="checkbox"/> Educational evaluation activities <i>Kindly note that these have been identified in the NEGHRIP as exemptible, as long as anonymity and/or confidentiality is maintained.</i>			
7. Will the collected data be anonymized or de-identified? If yes, kindly indicate the page where Anonymization or de-identification is stated _____ _____ _____			



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<p>8. Is there a data protection plan? If yes, kindly indicate the page where data protection plan is stated</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Data protection plans, including the steps to be taken so that all who have access to the data and the identities of the respondents can safeguard privacy and confidentiality (ex. providing adequate instructions to research assistants, transcribers, or translators) NEGHRIP 2022; Data Privacy Act of 2012</i></p>			
<p>9. Is this research likely to involve any foreseeable risk of harm or discomfort to participants; above the level experienced in everyday life? (NEGHRIP 2022) If you answered yes, kindly accomplish the succeeding questions</p>			
<p>10. Does this research involve the following (Please mark all that apply):</p> <p><input type="checkbox"/> Any vulnerable groups? (i.e. prisoner, below 18 y/o, etc.)</p> <p><input type="checkbox"/> Sensitive topics that may make participants feel uncomfortable (i.e. sexual behavior, illegal activities, racial biases, etc.)</p> <p><input type="checkbox"/> Use of drugs</p> <p><input type="checkbox"/> Invasive procedure (e.g. blood sampling). Please specify</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Physical stress/distress, discomfort</p> <p><input type="checkbox"/> Psychological/mental stress/distress</p> <p><input type="checkbox"/> Withholding information from subjects</p> <p><input type="checkbox"/> Access to data by individuals or organizations other than the investigators</p> <p><input type="checkbox"/> Conflict of interest issues</p> <p><input type="checkbox"/> Or any other ethical dilemmas Please specify</p> <p>_____</p> <p>_____</p> <p>_____</p>			
RECOMMENDED ACTION: (To be accomplished by the primary reviewer)			
<input type="checkbox"/> QUALIFIED FOR EXEMPTION		<input type="checkbox"/> NOT QUALIFIED FOR EXEMPTION	
RECOMMENDATIONS:			
1.			
<p>_____</p> <p>Primary Reviewer Signature over Printed Name</p>		<p>DD Month YYYY</p>	