**Application for IRB Confirmation of Exempt status   
(for projects INvolving only data processing)**

Research projects on human subjects (outside of medical research), conducted by researchers affiliated with a French or European institution, which are non experimental in nature and only rely on the collection and/or analysis of data, are governed by Data Protection Legislation (Loi Informatique et Libertés, in France) and fall under the General Data Protection Regulation (GDPR). They are therefore not intended to be examined by the IRB. Where the funding organization requires an IRB certificate for such projects, this form can be used to request confirmation that the project is exempt from IRB review. The information provided on this form should allow the IRB to confirm that the considered research does not include any risk for human subjects other than those related to data protection, which are reviewed by the institutional Data Protection Office. Send your application and any question to the IRB: [irb@psemail.eu](mailto:irb@psemail.eu)

### BASIC INformation

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| 1. Title of Study | |
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| 2. Principal Investigator *If the Principal Investigator (PI) is not a faculty professor, his/her request must be countersigned by a professor who will be the guarantor of the PI’s research proposal.* | |
| Name: | Email: |
| Title: | Phone number: |
| Affiliation: |  |
|  |  |
| **3. Associated Investigator(s)** | |
| Name: |  |
| Title: |  |
| Affiliation: |  |
|  |  |
| Name: |  |
| Title: |  |
| Affiliation: |  |
|  |  |
|  |  |
| Name: |  |
| Title: |  |
| Affiliation: |  |
|  |  |
| **4. Co-operating Institutions** *(Academic teams and partners of the project)* | |
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| **5. Location of Research (if fieldwork is involved)** | |
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| **6. Funding.** *Please enclose one copy of the research proposal with your application. A draft of the research proposal is acceptable.* | |
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1. **STUDY INFORMATION**

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| **1. Purpose of Study.** *Please provide a concise statement of the background, nature and reasons for the proposed study. Use non-technical language that can be understood by non-scientist members.* |
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| **2. Use of existing datasets** |
| Does the research protocol rely on the secondary analysis of existing data (surveys, administrative datasets, commercial datasets) or on the collection of data from public web sites or registers?  YES, these are the only data sources used  YES, but some data are also collected directly by means of surveys, interviews or tests (see Q3)  NO  *If you answered “YES”, provide a list of data sources:* |
| **3 Primary data collection (non-experimental)** |
| Does the study protocol only involve interactions with research subjects through survey procedures, interview procedures, educational tests (cognitive, diagnostic, aptitude, achievement), or observation of public behavior (including visual or auditory recording)  YES  NO  Are there any real or perceived risks for respondents due to the survey or interview setting and content?  YES  NO  *If you answered “YES”, describe these risks; note that in this case, exempt status may not be granted.* |
| **4. Compliance with GDPR guidelines.** P*lease certify that you are following GDPR guidelines and that the data processing protocol has been submitted to your institution’s Data Protection Officer for registration (include the relevant contact email, e.g.* [*dpd.demandes@cnrs.fr*](mailto:dpd.demandes@cnrs.fr)*).* |
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**III. TRAINING**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We certify that we’ve completed a training in the ethics of research on human subjects (see IRB website) and have self-evaluated ourselves, or obtained a certificate that we have attached to this request.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Last name** | **First name** | **Training** | **Date of training** | **Signature** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *(Please add as many lines as necessary to include all participants in this project.)* |

Signature of Principal Investigator:

Date:

Print Full Name and Title:

**ANNEX**

**LIST OF ATTACHED DOCUMENTS (questionnaires, consent forms, etc.)**

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