



SJD Institutional Review Board

Title: Exemption Checklist & Assessment

Code: SJDIRB Form 5.9

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 <ul style="list-style-type: none"> ● Consumer acceptability test ● Evaluation of public service program ● Institutional quality assurance ● Public health surveillance ● Educational evaluation activities 	●	●	
6. What is/are the method/s of data collection? Please Mark Applicable <ul style="list-style-type: none"> ● Surveys and/or questionnaire, Interviews, or observations of public behavior ● Audio/video recordings of public behavior ● Research which only uses existing data ● Public health surveillance ● 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> <ul style="list-style-type: none"> • Any vulnerable groups? (i.e. prisoner, below 18 y/o, etc.) • Sensitive topics that may make participants feel uncomfortable (i.e. sexual behavior, illegal activities, racial biases, etc.) • Use of drugs • Invasive procedure (e.g. blood sampling). Please specify <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> • Physical stress/distress, discomfort • Psychological/mental stress/distress • Withholding information from subjects • Access to data by individuals or organizations other than the investigators • Conflict of interest issues • Or any other ethical dilemmas Please specify <p>_____</p> <p>_____</p> <p>_____</p>	•	•	
RECOMMENDED ACTION: (To be accomplished by the primary reviewer)			
• QUALIFIED FOR EXEMPTION	• NOT QUALIFIED FOR EXEMPTION		
RECOMMENDATIONS:			
<p>1.</p> <p>_____</p> <p style="text-align: center;">Primary Reviewer Signature over Printed Name</p> <p style="text-align: right;">DD Month YYYY</p>			