

## ATTACHMENT B - IRB DETERMINATION FORM (for Federal Funding Agencies)

This section is to be completed by the Principal Investigator when submitting grant proposals, involving human subjects, to Federal Agencies.

Date: \_\_\_\_\_

Title and Address of Funding Agency:

\_\_\_\_\_  
\_\_\_\_\_

Title of Proposed Project: \_\_\_\_\_

Project Period:

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Principal Investigator(s): (Please include name, department and phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This section is to be completed by the Chairperson of the University of Wisconsin-La Crosse Institutional Review Board for the Protection of Human Subjects.**

TO WHOM IT MAY CONCERN: The IRB has reviewed the above research project and has determined that:

1. \_\_\_\_\_ APPROVAL GRANTED – as submitted or as modified per attached  
(check one)

- a. the protocol does not contain procedures which place human subjects at risk, or
- b. the protocol contains procedures which place human subjects at minimal but acceptable risk, or
- c. the protocol contains or is likely to contain procedures that may place human subjects at greater than minimal risk; however, the risk(s) are outweighed by the sum of the anticipated benefits of the research.

2. \_\_\_\_\_ APPROVAL NOT GRANTED

On behalf of the board:

\_\_\_\_\_  
IRB Chairperson Signature

\_\_\_\_\_  
Date