|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Title: |  | | | | | |
| PI: |  | | | WSU ID #: |  | | |
| College/Dept: |  | | | | |
| Phone: |  | email: |  | | |

*NOTE: This Exception Request form is intended to be used as a tool to provide the reviewers the appropriate information. If you elect to describe any items in an attached addenda (e.g., within your return to research plan or additional created plans), please indicate “see attached” below.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. | Briefly describe your project including an explanation of the concerns that may be preventing the project from moving forward at this time. | | | | | | |
|  |  | | | | | | |
| B. | Briefly indicate the departures from the guidance necessary to process the exception request or provide a description if your request is describing situations that are of similar risk, or risk/benefit, to what is allowed by the current guidance, but not specifically addressed by the guidance. | | | | | | |
|  | | | | | | | |
| |  |  | | --- | --- | | C. | Briefly indicate the guidance (e.g., WHO, CDC, WA DOH) or mitigation strategy used to support your request and explain the risks associated with this proposal. | | | | | | | | |
|  | | | | | | | |
| D. | Does the proposed research require oversight committee approval (e.g., IRB/IACUC/IBC/RSC)? If the project is already approved, please provide the protocol number. | No |  | Yes |  | Protocol #: |  | |
|  | | | | | | | | |
| E. | Is a protocol amendment needed for this research? | No |  | Yes |  | Protocol #: |  | |
|  | |
| F. | Is the project funded? | No |  | Yes |  | ORSO #: |  | |
|  | | | | | | | | |
| G. | Attach your staged return to on-site research, scholarship, and creative activities plan and indicate if it has been reviewed or approved by your Department Chair / Local Campus Unit Director (provide names). | | | | | | |
|  | | | | | | | | |
| |  |  | | --- | --- | | H. | Attach your [HRS return to campus/worksite plan](http://riskmanagement.wsu.edu/documents/2020/07/checklist.docx) completed by your College, Department, or Unit. | |  | | | | | | | | | | | |
| I. | Attach any additional documents or plans you would like considered with your request. | | | | | | |
|  | | | | | | | | |

**Routing and Concurrence (Step 2 – following review):**

**Department Chair / Local Campus Unit Director**

Based on my review of the attached request, and after review by the appropriate Subject Matter Experts on behalf of the principal investigator(s)/research lead(s) supporting their Return to Research plans, I concur this research program should be authorized to resume under the specified conditions and restrictions and in accordance with guidance from federal, state, and local officials. [all digital signatures are acceptable]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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