

PROTOCOL  
APPLICATION FORM  
Human Subjects Research  
Stanford University

**Title :** Driving Times to Opioid Treatment Programs and Pharmacies

**Approval Period:**

Protocol Director				
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CITI Training current				Y

Admin Contact				
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CITI Training current				Y

Investigator				
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Other Contact				
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Academic Sponsor				
Name		Degree (Program/year if student)		Position, e.g. Assistant Professor, Resident, etc.
Department	Mail Code	Phone	Fax	E-mail
CITI Training current				

Other Personnel				
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**1. Title**

Driving Times to Opioid Treatment Programs and Pharmacies

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**Title :** Driving Times to Opioid Treatment Programs and Pharmacies**Approval Period:** -

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**2. Attachments**

Attachment Name	Attached Date	Attached By	Submitted Date
REVISED HSR form	11/12/2019	cwitwer	

**IRB Notes to Researcher:**

Please see below for HSR Determination.

**IRB Responses:****Yes/No**

- Based on the information provided in this application, the IRB has determined that this project does not meet the definition of research as defined in 45 CFR 46.102(d), nor the definition of clinical investigation as defined in 21 CFR 50.3(c)
- Based on the information provided in this application, the IRB has determined that this research does not involve human subjects as defined in 45 CFR 46.102(f) or 21 CFR 50.3(g).

N

Y