NOTE: This form covers all types (levels) of review for projects using human subjects and is intended to guide IRB review and discussion and to guide application development by investigators (see also IRB Application Guide). Its use may help investigators to develop more complete applications and move through IRB faster. Not all items are relevant to every proposal.

USE OF THIS CHECKLIST for review of assigned applications, other than as a guide, is optional. New IRB members are encouraged to use it to become familiar with the scope of reviews. The FORM: Reviewer Response Sheet which summarizes the criteria and is shorter is available, is preferred for expedited reviews. Reviewers of full board applications may complete this checklist or the shorter Reviewer Response Sheet. Regardless of which form is used, comment on missing or inadequately explained items in reference to the relevant criteria.

Both forms can be used for initial or continuing review or reviews of modified proposals.

IF YOU USE THIS LONG FORM FOR REVIEWS: please assess the presence of CONFLICT OF INTEREST of interest with each application assigned to you, whether for expedited or full board review, and sign the COI statement below for each. If you have a conflict, return the first page of this checklist to the Research Compliance Specialist (FAX 348-7189) as soon as possible so that the application can be reassigned. (The shorter Reviewer Response Sheet has its own place to indicate COI.)

If you have no conflict, review the application and return the first page of this checklist with your completed review or to the meeting of the full board at which the application is reviewed and give it to the Research Compliance Specialist.

REVIEWER COI STATEMENT:

I _____DO _____DO NOT have a conflict of interest with this application.

SIGNATURE____________________________________________________

DATE________________________

Reviewer Statement of COI for shorter Reviewer Response Sheet (Document # 181)

Study Title _________________________________________________________
CONFLICT OF INTEREST: YES (Sign below) NO (Continue)

Type of Review (Circle):
   INITIAL    CONTINUING    MODIFICATION (REVISION)    EXPEDITED

IRB #___________   DATE ________

EXPEDITED APPROVAL OR COI SIGNATURE ________________________________

FULL BOARD REVIEW: CITE CRITERION AND COMMENTS