IRB REVIEWER CHECKLIST

*(For use by ORI staff and IRB members for New Applications)*

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| **APPLICATION INFORMATION** |
| **Researcher:**  | **Faculty Advisor (if applicable):** |
| Title of Application:  |

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| **ORI ADMINISTRATIVE CHECKLIST** | **COMMENTS** |
| Required signatures received  |  Yes [ ]  | No[ ]  |  |
| Project roster received and training completed |  Yes [ ]  | No[ ]  |  |
| Consent Document(s) received |  Yes [ ]  | No[ ]  | [ ]  Consent [ ]  Oral consent script[ ]  Assent [ ]  Information sheet |
| Special Populations Identified  |  Yes [ ]  | No[ ]  | [ ]  Pregnant women/neonates[ ]  Prisoners[ ]  Children[ ]  Cognitively impaired[ ]  Other ‘vulnerable’ population:  |
| Recruitment Material(s) received |  Yes [ ]  | No[ ]  |  |
| Measures/instruments received |  Yes [ ]  | No[ ]  |  |
| Funding identified |  Yes [ ]  | No[ ]  | [ ]  Government [ ]  Non-profit [ ]  Department[ ]  Industry [ ]  Unfunded [ ]  Other: *If funding is from DOD, DOJ, DOE, ED or EPA, review will have additional requirements.* |
| Supplemental Materials included |  Yes [ ]  | No[ ]  | [ ]  Debriefing form[ ]  Access / permission letters for external sites[ ]  Other:  |
| Additional reviews may be required |  Yes [ ]  | No[ ]  | [ ]  PRO [ ]  IBC [ ]  IACUC[ ]  SCRO [ ]  Other: |

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| **ORI ADMINISTRATIVE COMMENTS AND NOTES FOR THE IRB** |
| Comments for IRB and/or IRB reviewer: |
| Comments for researcher to be included in revision request: |

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| **IRB REVIEWER CHECKLIST** |
| Criteria for IRB Review and Approval: Please review the federal criteria for IRB approval and indicate whether the research meets each criterion by checking the appropriate box. List any concern that you would like communicated to the researcher in the corresponding comment box or in the open space below. Please write comments directly to the researcher. (Criteria for IRB approval of research in accordance with [45 CRF 46.111](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.111), [21 CFR 56.111](https://www.gpo.gov/fdsys/pkg/CFR-2011-title21-vol1/pdf/CFR-2011-title21-vol1-sec56-111.pdf) and [UCR Policy](http://research.ucr.edu/WebDocs/RI/Forms/IRB/ucr_irb_sops.pdf)) |
| **General** | **COMMENTS** |
| 1 | The IRB has the expertise needed to review this research |  Yes [ ]  | No[ ]  |  | *If no, contact ORI staff to arrange consultation with an ad hoc reviewer - ASAP.* |
| 2 | I, the IRB reviewer, have a conflict of interest with this application |  Yes [ ]  | No[ ]  |  | *If yes, contact ORI staff for reassignment - ASAP.* |
| 3 | The statement of purpose/hypothesis/research question is adequate |  Yes [ ]  | No[ ]  |  |  |
| **Risk/Benefit Assessment – Risks include possible** **[physical, psychological, economic, social and legal harms](#Risks" \o "Physical risks can include bodily contact or administration of a substance.  Psychological risks can include feeling uncomfortable or upset.  Social risks can include economic, loss of status/reputation.  Legal risks can include arrest or subpoena.).** |
| 4 | Risks to subjects are minimized by: * using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk
* whenever appropriate, using procedures already being performed on the subjects for diagnostic or treatment purposes
 |  Yes [ ] Yes [ ]  | No[ ] No[ ]  |   N/A [ ]  |  |
| 5 | Risks to participants are reasonable in relation to both: * anticipated benefits, if any, to participants; **and**
* the importance of the knowledge that may reasonably be expected to result
 |  Yes [ ]  | No[ ]  |  |  |
| **Participant Selection** |
| 6 | Selection of participants is equitable in relation to the purposes of the research and the setting in which the research will be conducted |  Yes [ ]  | No[ ]  |  |  |
| 7 | Selection of participants (i.e., inclusion/exclusion criteria) is appropriate based on the research and the setting in which the research will be conducted. |  Yes [ ]  | No[ ]  |  |  |
| 8 | The recruitment process minimizes the potential for undue influence or coercion |  Yes [ ]  | No[ ]  |  |  |
| 9 | [Compensation](#Compensation" \o "Compensation refers to money or item given to the research participatns that acknowledges the time and effort they have provided in participating in the research. ) - neither the amount of payment nor the proposed method and timing of disbursement is coercive or presents potential for undue influence |  Yes [ ]  |  No [ ]  | N/A[ ]  |  |
| 10 | Recruitment materials are appropriate |  Yes [ ]  |  No [ ]  | N/A [ ]  |  |
| **Informed Consent/Assent** |
| 11 | Informed consent is sought from each prospective participant or the participant’s legally authorized representative and appropriately documented in accordance with, and to the extent required by [45 CFR 46.116](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.116) and [45 CFR 46.117](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.117), and [21 CFR 50.25](https://www.gpo.gov/fdsys/pkg/CFR-2012-title21-vol1/pdf/CFR-2012-title21-vol1-sec50-25.pdf) and [21 CFR 50.27](https://www.gpo.gov/fdsys/pkg/CFR-2011-title21-vol1/pdf/CFR-2011-title21-vol1-sec50-27.pdf) as applicable |  Yes [ ]  |  No [ ]  | N/A [ ]  |  |
| 12 | Waiver of documented consent is requested and meets the requirements for waiving documentation according to [45 CFR 46.117](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.117)* Research involves no more than minimal risk
* Waiver or alteration will NOT adversely affect the rights and welfare of participants
* Research could not practicably be carried out without the waiver or alteration
* Whenever appropriate, participants will be provided with additional pertinent information after participation
 |  Yes [ ]  |  No [ ]  | N/A [ ]  |  |
| Child Assent *(Mark N/A if no children involved)* |
| 13 | Informed assent is sought from each prospective child and appropriately documented in accordance with, and to the extent required by [45 CFR 46.408](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.408) and [21 CFR 50.55](https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=50.55) as applicable |  Yes [ ]  |  No [ ]  | N/A [ ]  |  |
| 14 | Waiver of child assent is requested and meets the requirements for waiving assent according to [45 CFR 46.408](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.408)* The capability of some or all of the children is so limited that they cannot reasonably be consulted, OR
* The intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the children and is available only in the context of the research
 |  Yes [ ]  |  No [ ]  | N/A [ ]  |  |
| 15 | Waiver of parental assent is requested and meets the requirements for waiving documentation according to [45 CFR 46.408](http://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/#46.408)* The research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects (for example, neglected or abused children)
 |  Yes [ ]  |  No [ ]  | N/A [ ]  |  |
| **Subject/Participant Protections** |
| 16 | The research plan makes adequate provisions: * for monitoring the data collected to ensure the **safety** of participants
* to protect the **[privacy](#Privacy" \o "Privacy refers to how much control a participant/subject has over the extent, timing, and circumstance of sharing oneself with others.)** of participants
* to maintain the **[confidentiality](#Confidentiality" \o "Confidentiality refers to the methods used by researchers to ensure that information obtained about their participants/subjects is appropriately protected. )** of data
 |  Yes [ ]  |  No [ ]  |  |  |
| 17 | The research **does** involve participants likely to be vulnerable to coercion or undue influence, such as: children, prisoners, pregnant women, mentally disabled persons, or economically / educationally disadvantaged persons.**If YES,** the research plan **does** include additional safeguards to protect their rights and welfare. |  Yes [ ]  Yes  [ ]  |  No [ ]  No [ ]  |  |  |

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| **[IRB REVIEWER COMMENTS](#IRBmemberguide" \o "Write directly to the researcher(s) on behalf of the IRB; Use full sentences and not point form; Be specific by referencing the section of concern; Refer to specific guidelines that researchers may find useful in addressing; Use a friendly, collegial tone) (not included above):**  |
| Additional comments:  |

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| **DETERMINATIONS** |
| **Risk Assessment** | [ ]  [Minimal Risk](#MinimalRisk" \o "Minimal risk is the probability and magnitude of harm or discomfort anticipated in the research that are not greater in and of themselves than those encountered in daily life or during the performance of routine physical or psychological examinations/tests) [ ]  More than minimal risk | **Review Level** | [ ]  [Expedited Category](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiE1bLQ24nNAhVB5mMKHeH-ANYQFggcMAA&url=http%3A%2F%2Fwww.research.uci.edu%2Fcompliance%2Fhuman-research-protections%2Fdocs%2Fcategories-of-expedited-human-subjects-research.pdf&usg=AFQjCNE_1fLcJw4ywb6jZM5U62_fQuZNcw&sig2=rtd_JDiAMk248zN0qOzKTw): [ ]  [Exempt Category](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwiE1bLQ24nNAhVB5mMKHeH-ANYQFggqMAI&url=http%3A%2F%2Fwww.research.uci.edu%2Fcompliance%2Fhuman-research-protections%2Fdocs%2Fcategories-of-exempt-human-subjects-research.pdf&usg=AFQjCNEUyCtr62MhM11et20ybdKTVpS5DA&sig2=L0B7sZYVnrjiSLTwYRtFvw): [ ]  Full Board Review |
| **Review Period**  | [ ]  One year [ ]  6 months [ ]  Other:  | If requesting full board review, please provide rationale: |
| **Recommendation** | [ ]  Approve as submitted [ ]  Minor changes required (ORI/IRB member will review responses/documents) – (**default**)[ ]  Deferred for substantive changes (Revised documents will be returned to the reviewer for approval)[ ]  Deferred for Full Board Review  |
| **IRB Reviewer checklist and determinations completed by (name of reviewer):**  | **Date:**  |