

New Protocol Reviewer Form

Section 1: Purpose & Background

Adequate statement of the research problem & specific aims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Suitable justification for study involving human participants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 2: Subject Population(s)/Recruitment

Justifiable source of participant population (medical records, private physicians, advertising)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Equitable participant selection with inclusion/exclusion criteria?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Recruitment procedures ensure voluntary participation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Rationale/justification for using special populations including children adequately addressed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Additional safeguards incorporated to protect the rights/welfare of participants likely to be vulnerable to coercion/undue influence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 3: Materials/Data Collection

Adequate description of all activities involving human participants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Clear explanation of frequency & duration of each activity proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Detailed summary of data collection (questionnaires, interviews, observations, standardized tests, etc.) and methods of data recording (audiotape, videotape, computer entry, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Clear description and inclusion of all measures, interventions, and instruments used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 4: Potential Risks/Benefits (includes physical, psychological, social, legal, and economic)

Risks (including physical, psychological, social, legal, and economic) to participants are minimized by using procedures which are consistent with sound research design and do not unnecessarily expose participants to risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Risks (as stated above) are minimized by using procedures already being performed on the participants for diagnostic or treatment purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Risks are reasonable as compared to anticipated benefits to participants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Risks are reasonable in relation to the importance of the knowledge that may reasonably be expected to result from the investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Adequate provisions will be made to protect the privacy of participants and to maintain confidentiality of data	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 5: Informed Consent

Person(s) from whom informed consent will be obtained is/are appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Informed consent document includes a space for the investigator signature	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Informed consent is sought under circumstances that give the participant sufficient opportunity to consider whether to participate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Informed consent is sought under circumstances that minimize possible coercion or undue influence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waiver of informed consent is requested for this study	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 6: Informed Consent (For Expedited or Full Board studies)

Statement that the study involves research	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Explanation of the purpose of the study	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Description of procedures to be followed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Identifies procedures that are experimental	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Expected duration of participant's participation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Description of foreseeable risks or discomforts to the participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Description of any benefits expected from the research	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Statement that confidentiality will be maintained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Explanation of whom to contact for questions about the study	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Explanation for whom to contact regarding research participants' rights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Statement that participation is voluntary and that refusal to participate will involve no loss or penalty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Statement that a subject may discontinue participation at any time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 7: Data Safety Monitoring

Adequate safety provisions for monitoring data that ensure the safety of subjects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Adequate provisions for ensuring confidentiality of data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 8: HIPAA & FERPA

HIPAA Authorization included	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Concerns with violating student FERPA rights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Section 9: Reviewer Recommendations

Approval of the protocol as written	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Approval of the protocol with minor changes (specified below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Table protocol until major changes are incorporated and/or additional material is provided for review	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Refer protocol for Full Board Review	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Comments:			
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Section 10: Overall Comments

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