



## CHECKLIST: Pre-Review

The purpose of this checklist is to provide support for IRB Staff conducting Pre-review. This checklist is to be completed by the IRB staff, signed, dated, and retained.<sup>1</sup>

### Submission Information

Basic Information	Submission Details
IRB Number:	Click or tap here to enter text.
Study Title:	Click or tap here to enter text.
Short Title:	Click or tap here to enter text.
Investigator:	Click or tap here to enter text.

### Regulatory Oversight *(Check all that apply)*

- Common Rule Requirements prior to January 21, 2019
- Common Rule Requirements as of January 21, 2019
- Applying equivalent protections
  - DHHS
  - Tribal Law
  - FDA
  - EPA
  - OCR
  - VA\*
  - DOD
  - EU GDPR
  - DOE
  - Other Federal Agency
  - NSF
  - ICH-GCP
  - DOJ
  - None
  - ED / ED\*

*\*The conduct of this research is disallowed by institutional policy per the HRPP Plan.*

### Restrictions (Check if applicable)

- Principal Investigator is Restricted

### Missing Materials

Click or tap here to enter text.

### Special Determinations (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Children                          | <input type="checkbox"/> Neonates of uncertain viability                    |
| <input type="checkbox"/> Wards                             | <input type="checkbox"/> Individuals with impaired decision-making capacity |
| <input type="checkbox"/> Pregnant women                    | <input type="checkbox"/> Waiver/alteration of the consent process           |
| <input type="checkbox"/> <u>Prisoners</u>                  | <input type="checkbox"/> Waiver of HIPAA authorization                      |
| <input type="checkbox"/> Students/Employees                | <input type="checkbox"/> Waiver of consent documentation                    |
| <input type="checkbox"/> Not significant risk device (FDA) | <input type="checkbox"/> Waiver of consent for emergency research           |
| <input type="checkbox"/> Non-viable neonates               | <input type="checkbox"/> Broad Consent                                      |

### Protocol Tracking (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Social/Behavioral/Education            | <input type="checkbox"/> <u>Collaborative Study</u> (Participating Site) |
| <input type="checkbox"/> Single-Site Study                      | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Deception                              | <input type="checkbox"/> <u>Clinical Trial</u>                           |
| <input type="checkbox"/> <u>Certificate of Confidentiality</u>  | <input type="checkbox"/> <u>Multi-Site Study</u> (Lead Site)             |
| <input type="checkbox"/> Biomedical/Clinical                    | <input type="checkbox"/> <u>Multi-Site Study</u> (Participating Site)    |
| <input type="checkbox"/> <u>Collaborative Study</u> (Lead Site) |  |

### Notes

Requesting DUA to be signed

### STUDY CLOSURE

- Research can be closed.

### Reviewer Signature

Date of Signature: Click or tap here to enter text.

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<sup>i</sup> This document satisfies AAHRPP elements I.1.A, I.1.E, I.6.A, I.6.B, I.7.A, I.7.C. I-9, II.3.G, II.4.B, III.2.C