

Pre-Review Checklist

Study Number:

Study Title:

Principal Investigator:

1. Regulatory oversight: (check all that apply)

Federal Agency	Related Worksheet
<input type="checkbox"/> DOD (Department of Defense)	HRP-318
<input type="checkbox"/> DOE (Department of Energy)	HRP-318
<input type="checkbox"/> DOJ (Department of Justice)	HRP-318
<input type="checkbox"/> ED (Department of Education)	HRP-318
<input type="checkbox"/> EPA (Environmental Protection Agency)	HRP-318
<input type="checkbox"/> FDA (Food and Drug Administration)	
<input type="checkbox"/> HHS (Department of Health and Human Services)	
<input type="checkbox"/> ICH-GCP (International Center for Harmonization of Good Clinical Practice)	
<input type="checkbox"/> VA (Department of Veterans Affairs)	HRP-318

2. Special determinations and waivers: (check all that apply)

Determination	Related Checklist
<input type="checkbox"/> Children	HRP-416
<input type="checkbox"/> Children who are wards of the state	HRP-416
<input type="checkbox"/> Neonates of uncertain viability	HRP-414
<input type="checkbox"/> Non-viable neonates	HRP-413
<input type="checkbox"/> Pregnant women	HRP-412
<input type="checkbox"/> Prisoners	HRP-415
<input type="checkbox"/> Cognitively impaired adults	HRP-417
<input type="checkbox"/> Students	
<input type="checkbox"/> Nonsignificant risk device (FDA)	HRP-418
<input type="checkbox"/> Waiver of consent documentation	HRP-411
<input type="checkbox"/> Waiver of consent for emergency research	HRP-419
<input type="checkbox"/> Waiver/alteration of the consent process	HRP-410
<input type="checkbox"/> Waiver of HIPAA authorization	HRP-441
<input type="checkbox"/> Waiver of Master Subject List (VA)	

3. * Risk level:

- ☐ No greater than minimal risk
- ☐ Greater than minimal risk

4. * Type of research: (check all that apply)

- ☐ Biomedical / clinical
- ☐ Social / behavioral / educational
- ☐ Other

5. Missing materials:

6. Final Contingencies:

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7. Other supporting documents:

Protocol involves:	Related Worksheet
<input type="checkbox"/> Short Form of Consent Documentation	HRP-317
<input type="checkbox"/> Advertisements	HRP-315
<input type="checkbox"/> Payments	HRP-316
<input type="checkbox"/> Drugs	HRP-306
<input type="checkbox"/> Devices	HRP-307
<input type="checkbox"/> HUD	HRP-323
<input type="checkbox"/> FERPA Compliance	HRP-331
<input type="checkbox"/> HIPAA Authorization	HRP-330
<input type="checkbox"/> Emergency Use	HRP-322

HRPO Staff:

Name

Email

Phone

Pre-Review Checklist

The purpose of this checklist is to provide support for IRB staff conducting screening of submission materials.

1 INITIAL REVIEW and MODIFICATION (when the modification affects one of the following)

- ☐ Determine the laws that apply to the Human Research and indicate these in the "Regulatory Oversight" section.
- ☐ Determine whether the principal investigator is Restricted. If so, note in the "Restrictions" section.
- ☐ Determine risk level of research and note in the "Risk Level" section.
- ☐ If the research involves the use of a drug use the "WORKSHEET: Drugs (HRP-306)."
- ☐ If the research involves the use of a device (including an humanitarian use device) use the "WORKSHEET: Devices (HRP-307)"
- ☐ Determine whether any special determinations are required. If so, note in the "Special Determinations" section.
- ☐ Determine whether any protocol tracking items apply. If so, note in the "Protocol Tracking" section.
- ☐ If there is a HIPAA authorization, review using "WORKSHEET: HIPAA Authorization (HRP-330)"
- ☐ If a HIPAA waiver of authorization is required, grant using "CHECKLIST: HIPAA Waiver of Authorization (HRP-441)"

Note any missing materials necessary in the "Missing Materials" section:

- | | |
|---|---|
| <input type="checkbox"/> Investigator Protocol | <input type="checkbox"/> Investigator brochure for investigational drug |
| <input type="checkbox"/> Point-by-point response | <input type="checkbox"/> Package inserts for marketed drugs |
| <input type="checkbox"/> Evaluation of any Related Financial Interest. | <input type="checkbox"/> Product information for medical devices |
| <input type="checkbox"/> Application form and appendices | <input type="checkbox"/> For the Department of Energy (DOE) research: "Checklist for IRBs to Use in Verifying that HS Research Protocols are In Compliance with DOE Requirements" |
| <input type="checkbox"/> Materials to meant to be seen or heard by subjects | <input type="checkbox"/> For the Department of Education (ED) research letter attesting FERPA and PPRA compliance. |
| <input type="checkbox"/> Consent documents and scripts | |
| <input type="checkbox"/> Sponsor protocol | |
| <input type="checkbox"/> DHHS grant application, protocol, and sample consent | |

Note missing/inappropriately answered Investigator Protocol sections in the "Missing Materials" section:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> IRB Review History | <input type="checkbox"/> Inclusion/Exclusion Criteria | <input type="checkbox"/> Data Management | <input type="checkbox"/> Consent Process |
| <input type="checkbox"/> Objectives | <input type="checkbox"/> Compensation for Injury | <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Consent Documentation |
| <input type="checkbox"/> Background | <input type="checkbox"/> Local Number of Subjects | <input type="checkbox"/> Provisions to Monitor Data | <input type="checkbox"/> Vulnerable Populations |
| <input type="checkbox"/> Setting | <input type="checkbox"/> Total Number of Subjects | <input type="checkbox"/> Withdrawal of Subjects | <input type="checkbox"/> Drugs or Devices |
| <input type="checkbox"/> Resources Available | <input type="checkbox"/> Study Timelines | <input type="checkbox"/> Risks to Subjects | <input type="checkbox"/> Multi-Site Research |
| <input type="checkbox"/> Prior Approvals | <input type="checkbox"/> Study Endpoints | <input type="checkbox"/> Potential Benefits to Subjects | <input type="checkbox"/> Community-Based |
| <input type="checkbox"/> Study Design | <input type="checkbox"/> Procedures Involved | <input type="checkbox"/> Provisions to Protect Privacy | <input type="checkbox"/> Participatory Research |
| <input type="checkbox"/> Recruitment Methods | <input type="checkbox"/> Data and Specimen Banking | <input type="checkbox"/> Economic Burden to Subjects | <input type="checkbox"/> Sharing of Results |

Note any of the following in the "Final Contingencies" section:

- | | |
|---|---|
| <input type="checkbox"/> The type of research is not conducted or overseen by the organization | <input type="checkbox"/> There are inadequate provisions to control the device(s) |
| <input type="checkbox"/> The type of research is reviewed by an external IRB | <input type="checkbox"/> There are inadequate provisions for an investigator held IND |
| <input type="checkbox"/> Positive financial declaration without a Conflict of Interest report | <input type="checkbox"/> There are inadequate provisions for an investigator held IDE |
| <input type="checkbox"/> Protocol information relates to an item in the list of institutional financial interests | <input type="checkbox"/> External site getting federal funds from the organization does not have a federalwide assurance (FWA) |
| <input type="checkbox"/> An IND is required and there is no IND | <input type="checkbox"/> The research involves adults unable to consent and statements by the investigator and legal regarding which individuals are legally authorized representatives do not match. |
| <input type="checkbox"/> An IND is required and there is insufficient documentation | <input type="checkbox"/> The research involves children and statements by the investigator and legal regarding which persons do not match. |
| <input type="checkbox"/> If an IDE/HDE is required and there is no IDE/HDE | |
| <input type="checkbox"/> An IDE/HDE is required and there is insufficient documentation | |
| <input type="checkbox"/> There are inadequate provisions to control the drug(s) | |

2 CONTINUING REVIEW or MODIFICATION

- ☐ Determine whether any new information has been provided. (For example, a new risk.) If so, follow "SOP: New Information (HRP-024)."
- ☐ Note missing Continuing review form in the "Missing Materials" section:

3 STUDY CLOSURE

- ☐ Confirm that the research meets the criteria for closure and note in the Study Closure Section.
- ☐ Determine whether any new information has been provided. (For example, a new risk.) If so, follow "SOP: New Information (HRP-024)."