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| The purpose of this checklist is to provide support for Designated Reviewers conducting Non-Committee Review.  This checklist is to be completed by the Designated Reviewer, signed, dated, and retained. | | | | | | | | |
| **IRB Number:** | |  | | | | | | |
| **Protocol Name:** | |  | | | | | | |
| **Principal Investigator:** | |  | | | | | | |
|  | Initial review |  | Review of revisions required to secure approval | | |  | | Modification/Amendment |
|  | Request for Human Research or engagement determination | | |  | | Continuing review |
|  | | | | | | | | |
| 1. REVIEWER CRITERIA (Must be checked to conduct the review. If you have a Conflicting Interest, notify the HSPP.) | | | | | | | | |
|  | I do **not** have a Conflicting Interest. | | | | | | | |
|  | | | | | | | | |
| 1. REVIEW LEVEL (Select one of the following if “Meets criteria” is checked below) | | | | | | | | |
| **Level** | | | | **Documents to use** | **Categories** | | **Continuing Review Interval** | |
|  | Not Human Research | | | WORKSHEET: Human Research (HRP-310) | n/a | | n/a | |
|  | Human Research Not Engaged | | | WORKSHEET: Engagement (HRP-311) | n/a | | n/a | |
|  | Exempt. | | | WORKSHEET: Exemption (HRP‑312) |  | | n/a | |
|  | Expedited. | | | WORKSHEET: Expedited Review (HRP‑313)  WORKSHEET: Criteria for Approval (HRP-314) |  | | annual (one year) | |
|  | | | | | | | | |
| 1. DETERMINATION (Select one of the following) | | | | | | | | |
|  | Meets criteria | | | | | | | |
|  | Modifications required to meet criteria | | | | | | | |
|  | Send to convened IRB | | | | | | | |
|  | | | | | | | | |

Delineate modifications required to secure approval or notes:

|  |  |  |  |
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| Attach required completed checklists and documentation of protocol-specific findings justifying regulatory determinations. | | | |
| Reviewer Signature: |  | Date: |  |