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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: |       |