

## CHECKLIST: Pre-Review

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3.102 (HRP-401)	11/30/24	1 of 1

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. This worksheet is in the eIRB+ system.

<b>IRB Number:</b>	
<b>Study Title:</b>	
<b>Short Title:</b>	
<b>Investigator:</b>	

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

<input type="checkbox"/>	<b>Common Rule Requirements prior to January 21, 2019</b>	<input type="checkbox"/>	<b>Common Rule Requirements as of January 21, 2019</b>
<input type="checkbox"/>	DHHS	<input type="checkbox"/>	DOD
<input type="checkbox"/>	FDA	<input type="checkbox"/>	DOE
<input type="checkbox"/>	OCR	<input type="checkbox"/>	NSF
<input type="checkbox"/>		<input type="checkbox"/>	DOJ
<input type="checkbox"/>		<input type="checkbox"/>	ED
<input type="checkbox"/>		<input type="checkbox"/>	Tribal Law
<input type="checkbox"/>		<input type="checkbox"/>	EPA
<input type="checkbox"/>		<input type="checkbox"/>	VA
<input type="checkbox"/>		<input type="checkbox"/>	EU GDPR
<input type="checkbox"/>		<input type="checkbox"/>	Other Federal Agency
<input type="checkbox"/>		<input type="checkbox"/>	ICH-GCP
<input type="checkbox"/>		<input type="checkbox"/>	None

### Restrictions *(Check if applicable)*

<input type="checkbox"/>	Principal investigator is <u>Restricted</u>
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### Missing Materials

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### Special Determinations *(Check all that apply)*

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

### Protocol Tracking *(Check all that apply)*

<input type="checkbox"/>	Social/ Behavioral/ Education	<input type="checkbox"/>	Biomedical/Clinical	<input type="checkbox"/>	<u>Clinical Trial</u>
<input type="checkbox"/>	Single-Site Study	<input type="checkbox"/>	<u>Collaborative Study</u> (Lead Site)	<input type="checkbox"/>	<u>Multi-Site Study</u> (Lead Site)
<input type="checkbox"/>	Deception	<input type="checkbox"/>	<u>Collaborative Study</u> (Participating Site)	<input type="checkbox"/>	<u>Multi-Site Study</u> (Participating Site)
<input type="checkbox"/>	<u>Certificate of Confidentiality</u>	<input type="checkbox"/>	FWA required for other sites for federally supported research when RU is the prime awardee	<input type="checkbox"/>	Other

### Notes

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### STUDY CLOSURE

<input type="checkbox"/>	Research can be closed.
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<b>Sign</b>		<b>Date</b>	
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