EXPEDITED REVIEW CHECKLIST [Updated Spring-2021]
Study Title:
Principal Investigator (PI):
Faculty Sponsor:

Section A: Eligibility
Indicate which of the following are True or False (T or F) in the appropriate column (P.I. or IRB Reviewer):

P.I.	IRB (for IRB use only)	
____	____	Subjects DO NOT include protected groups such as children, prisoners, pregnant women, mentally disabled, or economically or educationally disadvantaged persons.
____	____	The study does not qualify for an EXEMPT review.
		Any ONE or more of the following are true.
____	____	Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.
____	____	Collection of data from voice, video, digital, or image recordings made for research purposes.
____	____	Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis).
____	____	Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x--rays or microwaves.
____	____	Clinical studies of medical devices when the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
____	____	Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture (limits exist).
____	____	Prospective collection of biological specimens for research purposes by noninvasive means (i.e., hair and nail clippings, excreta and external secretions (including sweat), mucosal and skin cells collected by buccal scraping or swab, or skin swab).

Section B: Data Collection, Informed Consent, Disclosures
Indicate which of the following are True or False (T or F) in the appropriate column (P.I. or IRB Reviewer): (All items need to be true for approval)

P.I.	IRB (for IRB use only)	
____	____	None of the investigator's serve in a dual role that may pose a conflict of interest
____	____	Selection of participants is equitable
____	____	Risk is not greater than encountered in daily life
____	____	There are adequate provisions to maintain the privacy and confidentiality of participants
____	____	Participants expect that any information collected will be kept private
____	____	The study involves generally healthy adults without physical or mental impairments
____	____	Informed Consent indicates: Activity involves research
____	____	Informed Consent indicates: Description of procedures with opportunity to ask questions
____	____	Informed Consent indicates: Participation is voluntary (without undue coercion)
____	____	Informed Consent indicates: Participants can withdraw at any time without repercussions

____	____	Informed Consent indicates: Information about potential risks and benefits to participants
____	____	Informed Consent indicates: All the information a reasonable person would what to know
____	____	Informed Consent indicates: Participants are given information on how to file a complaint
____	____	Informed Consent indicates: Participants must be at least 18 years old.

Section C: IRB proposal (Items no addressed above)
Indicate if each item is present and adequately explained in the IRB Proposal Document as described in the Instructions for Applicants, True or False (T or F) in the appropriate column (P.I. or IRB Reviewer): (All items need to be true for approval).

P.I.	IRB (for IRB use only)	
____	____	Title
____	____	Name and Role
____	____	Faculty Sponsor
____	____	Purpose
____	____	Subjects
____	____	Recruitment
____	____	Protecting Subjects' Rights
____	____	Time Frame
____	____	Methods/Procedures
____	____	Informed Consent
____	____	Other Appropriate Documents, as needed

By signing this document, you are agreeing that ALL items in the Research Proposal are ready for submission to the IRB.

Digital Signature of PI: Date:

Digital Signature of Faculty Sponsor: Date:

FOR IRB USE ONLY:
Approved _____
Not Approved _____
Approved pending Revisions _____ *(revisions need to be sent back to the IRB)*
Feedback Comments: