**Certification for Project Review**

**for Research Involving Human Subjects**

***(to be completed after each review)***

**Project Title:** Click here to enter text. **IRB Number:** Click here to enter text.

**Faculty/Staff Investigator**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Student Investigator,** If applicable**:**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Project Status:**

[ ]  **A = Active** – Project ongoing

 The primary principal investigator must sign this form.

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 **Principal Investigator or Student Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Faculty/Faculty Advisor Date**

**IRB Use Only**

 **Review Criteria:**

[ ]  **Risk Assessment and Monitoring** (any new information provided that would alter the IRB’s previous conclusion that (1) risks to subjects are minimized, and (2) the risks to subjects are reasonable in relation to anticipated benefits, if any, to the subjects and the importance of the knowledge that may reasonably be expected to result.

 [ ]  **Adequacy of the process of obtaining informed consent-** review of a copy of the sample

informed consent document submitted by the investigator to verify that the investigator is using the most recently approved version and that the document contains the most accurate, up-to-date information about the research.

 [ ]  **Investigator and Institutional Issues** – changes in investigator’s situation or qualifications;

 evaluation, investigation, and resolution of complaints related to the investigator’s conduct of

 research; changes in the acceptability of the proposed research in terms of institutional

 commitments, and applicable regulations, state and local law or standards of professional

 conduct or practice; reports from any third party observations of the research carried out

 under CF CFR 46.109(e).

 [ ]  **Research Progress** – Continuing review information is consistent with IRB-approved protocol;

 Total subject enrollment; subject withdrawals

**IRB Use Only**

 [ ]  Continuation of Research Approved (no modifications)

 [ ]  Continuation of Research Approved (with the following modifications)

 [ ]  Continuation of Research Suspended or Terminated (Explain)

 (IRB Administrator will complete the *Project Termination/Suspension Form*)

 [ ]  Research completed

 (IRB Administrator will complete the *Project Completion Form)*

 Next Review Date (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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 Date

 cc Provost/Vice President for Academic Affairs

 Principal Investigator

 IRB Committee Chair