**UNIVERSITY OF LOUISIANA AT MONROE**

**Office of Sponsored Programs and Research**

**Reviewer’s Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reviewer #**: | Click or tap here to enter text. | | | | | **P.I. Name:** | | | | | Click to enter text. | | | **IRB Prop. #**: | | Click to type |
| **Date Proposal Submitted**: | | | | | Click for date. | | | **Date Review Submitted**: | | | | | | | | Click for date. |
| **Type of Review**: | |  | | Expedited Review | | | | | |  | | Full Board Review | | | |  |
| **Reviewer’s Decision**: | | |  | | Approve | |  | | Approve with revision | | | |  | | Revise and resubmit | |

*If the decision is to “Approve with revision” or “Revise and resubmit”, please check whether each of the following component(s) is “complete” or “not complete/needs clarification”. Give details if not complete or needs clarification.*

**REQUEST FOR REVIEW FORM COMPONENTS**

**Section I - All Key Personnel**

Complete

Not complete or needs clarification Click or tap here to enter text.

**Section II – Project Title**

Complete

Not complete or needs clarification Click or tap here to enter text.

**Section III - Research Type and Nature of the Activity**

Complete

Not complete or needs clarification Click or tap here to enter text.

**Section IV – Human Subjects Research Ethics Training**

Complete

Not complete or needs clarification Click or tap here to enter text.

**Section V - Description of Project**

**(C**=Complete; **NC**=Not Complete or Needs Clarification - **If NC, provide an explanation)**

1. **Project Purpose****:**  **C  NC** Click to enter text.
2. **Project Significance:  C  NC** Click to enter text.
3. **Description of Proposed Participants:  C  NC** Click to enter text.
4. **Criteria for Including or Excluding Subjects:  C  NC** Click to enter text.
5. **Population from which Participants will be Recruited/Obtained:  C  NC** Click to enter text.
6. **Recruitment Procedures:  C  NC** Click to enter text.
7. **Place of Data Collection and Data Analysis:  C  NC** Click to enter text.
8. **Is Data Derived from Existing Records:  C  NC** Click to enter text.
9. **Benefits to Participants, Discipline, Society:  C  NC** Click to enter text.
10. **Risks to Participants:  C  NC** Click to enter text.
11. **Follow-up Efforts in the Detection of Harm to Participants and how will the IRB be Informed:  C  NC** Click to enter text.
12. **Detailed Procedures of the study. What will the Participants experience? (How long will participation take, what will be involved):  C  NC** Click to enter text.
13. **A list of Instruments or Measurements used to Collect Data, Surveys and Instruments:  C  NC** Click to enter text.
14. **Protection of Confidentiality/Anonymity (if electronic survey, no one will be able to trace responses to a survey back to the participant’s computer or IP address,; will data or results of study be submitted to a professional conference or scholarly journal for publication purposes, if so, no names will be used, only aggregate data will be used):  C  NC** Click to enter text.
15. **Storage of Data, Where, Who, and for How Long:  C  NC** Click to enter text.
16. **Informed Consent is attached *(complete checklist below):*  C  NC** Click to enter text.
17. **Explanation of Debriefing Procedures:**  **C  NC** Click to enter text.
18. **Emergencies, how they will be Managed, Reported, Resolved, etc.:  C  NC** Click to enter text.
19. **Will Information about the Research Design and Purpose be withheld from the Participants:  C  NC clarification** Click to enter text.

**Section VI – Protected Health Information**

Complete

Not complete or needs clarification Click or tap here to enter text.

**Section VII – Conflict of Interest**

Complete

Not complete or needs clarification Click or tap here to enter text.

**INFORMED CONSENT COMPONENTS**

***(Information in Informed Consent must be consistent with information in above sections.)***

**(C**=Complete; **NC**=Not Complete or Needs Clarification - **If NC, provide an explanation)**

1. **Title of project:  C  NC** Click to enter text.
2. **Authors/researchers name, university or institution affiliation:  C  NC** Click to enter text.
3. **Purpose of Study:  C  NC** Click to enter text.
4. **What are participants being asked to complete or do:  C  NC** Click to enter text.
5. **Benefits to participants, discipline, society or to others:  C  NC** Click to enter text.
6. **Compensation (if any), volunteers, no compensation:  C  NC** Click to enter text.
7. **Will data or results of study be submitted to a professional conference or scholarly journal for publication purposes?:  C  NC** Click to enter text.
8. **Risks to participants: Harm to participants? If emotionally distressed where counseling options can be located and contacted?:  C  NC** Click to enter text.
9. **How will confidentiality or anonymity be managed: no one will be able to trace responses to a survey back to the participant’s computer or IP address, no names will be used, only aggregate data will be used:  C  NC** Click to enter text.
10. **A statement that informs participants that they may withdraw at any time without penalty or prejudice:  C  NC** Click to enter text.
11. **IRB approval statement and IRB contact information:  C  NC** Click to enter text.
12. **Author(s) contact information if participants want to know about the study/research project and findings/results:  C  NC** Click to enter text.

**VIII. Attached Surveys, Letters of Support, or MOU**

Complete

Not complete or needs clarification Click or tap here to enter text.

**IX. Other Observations or Revisions:** Click or tap here to enter text.