

**Tarrant County Community College
Institutional Review Board
Full Committee Reviewer's Checklist**

IRB# : _____ **Researcher:** _____

Title: _____ **Reviewer:** _____

HUMAN RESEARCH PROTECTIONS - ADMINISTRATIVE CHECKLIST

Required Signatures Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Consent Document(s) Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Recruitment Material Included	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Data Collection Instrument Included	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Protocol Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Special Populations Identified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, Vulnerable Populations form(s) required _____
Source of Funding Identified	YES <input type="checkbox"/>	NO <input type="checkbox"/>		_____
Human Subjects section of Federal Grant Application/Proposal Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If federally funded, a copy of the "Human Subjects" section of funding proposal is required _____
Permission Letters	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If research is conducted at non-TCCD site, additional paperwork is required _____

ADMINISTRATIVE COMMENTS

ADMINISTRATIVE QUESTIONS/NOTES (Questions and notes directed to the committee.)

MAJOR CONCERNS (Ethical concerns, risk/benefit issues, subject capacity, consent issues, privacy and confidentiality issues.)

MINOR ISSUES (Typographical errors, grammar, pagination, and/or required UCI template language missing from consent.)

REVIEWERS:

A. Please review the federal criteria for IRB approval and indicate whether the research meets each criterion by checking the appropriate box. List any concern that you would like communicated to the researcher in the corresponding comment box.

CRITERIA FOR IRB REVIEW AND APPROVAL			
			COMMENTS or JUSTIFICATION (required)
1	The IRB has the expertise needed to review this research.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	I, the IRB reviewer, have a conflict of interest on this protocol.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	The statement of purpose/hypothesis is adequate.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	Study personnel appear appropriate and qualified.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	The study procedures in the narrative match the consent document(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
6	The risks described in the narrative adequately cover all of the study risks.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7	The risks described in the narrative are consistent with the consent document.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Risk*/Benefit Assessment			
8	Risks to subjects will be minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to	<input type="checkbox"/> YES <input type="checkbox"/> NO	

	risk.		
9	Risks to subjects will be minimized, whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
10	Risks to subjects are reasonable in relation to both: <ul style="list-style-type: none"> • anticipated benefits, if any, to subjects; and • the importance of the knowledge that may reasonably be expected to result. 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Subject Selection			
11	Selection of subjects is equitable in relation to the purposes of the research and the setting in which the research will be conducted.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12	Selection of subjects is appropriate (i.e., inclusion/exclusion criteria) based on the research and the setting in which the research will be conducted.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
13	The recruitment process will minimize the potential for undue influence or coercion.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14	Compensation - neither the amount of payment nor the proposed method and timing of disbursement is coercive or presents potential for undue influence.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15	Recruitment materials are appropriate	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Subject Protections			
16	The research plan makes adequate provisions to protect the privacy of subjects.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
17	The research plan makes adequate provisions to maintain the confidentiality of data.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18	The research does involve subjects likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons or economically or educationally	<input type="checkbox"/> YES <input type="checkbox"/> N/A	If Vulnerable Populations are involved, additional forms are required.

disadvantaged persons.	----- <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
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* **Risks** include possible physical, psychological, economic, social and legal harms.

B. Risk Assessment:

Virtually no risk [Exempt Registration]⁺

If research qualifies as Exempt, provide the category(ies): _

No more than Minimal Risk [Expedited review]⁺

If research qualifies as Expedited provide the category(ies):

Greater than Minimal Risk [Full Committee review]

+Please provide a brief rationale for your risk assessment - Exempt or Expedited review

C. Informed Consent Process:

Please review and confirm the circumstances of the consent process. Next, confirm the presence of all applicable elements of informed consent in the consent document (e.g., consent form, information sheet, or verbal telephone script). List any concerns that you would like communicated to the researcher in the corresponding comment box or in the open space below.

Circumstances of Consent			REVIEWER COMMENTS
1	Informed consent will be documented by obtaining the appropriate signatures on the informed consent form.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
2	The researcher will obtain legally effective informed consent of either the: <input type="checkbox"/> Subject <input type="checkbox"/> Subject's legally authorized representative.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	The circumstances of consent provide the prospective subject sufficient opportunity to consider whether or not to participate.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	The circumstances of consent minimize the possibility of coercion or undue influence.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	The information that will be given to the subject will be in a language understandable to the individual.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	No information will be provided to the subject that waives or appears to waive any of the subject's	<input type="checkbox"/> YES <input type="checkbox"/> NO	

	legal rights.		
7	No information will be provided to the subject that releases or appears to release the researcher, the sponsor, the institution or its agents from liability for negligence.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	The subject or the subject's surrogate decision maker will sign and date the informed consent form.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
9	A copy of the informed consent document will be given to the person signing the form.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	THE CONSENT DOCUMENT/PROCESS WILL...		COMMENTS
1	Explain the purpose of the research.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Disclose that the study involves research.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	Explain the expected duration of the subject's participation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	Describe the procedures to be followed.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	Identify any procedures that are experimental.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
6	Describe any reasonably foreseeable risks or discomforts to the subject.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7	Describe any benefits to the subject or to others which may reasonably be expected from the research.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	Disclose appropriate alternative procedures or courses of treatment, if any that might benefit the subject.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
9	Disclose the extent, if any, to which confidentiality of records identifying the subject will be maintained.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10	Includes a statement explaining whom to contact for answers to pertinent questions about the research and about the research subjects' rights.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11	Explain whom to contact in the event of a research-related injury to the subject.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12	Disclose that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled and that the subject may discontinue participation at any time without penalty or loss of benefits, to which the subject is otherwise entitled.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Additional Elements of Informed Consent, as appropriate

	THE CONSENT PROCESS WILL...		COMMENTS
13	<p>Choose one of the following:</p> <p><input type="checkbox"/> The approximate number of subjects involved in the study is not important in making a decision to participate in research.</p> <p><input type="checkbox"/> Explain the approximate number of subjects involved in the study (# at TCCD / total # for all study sites).</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
14	<p>Choose one of the following:</p> <p><input type="checkbox"/> The risk profile of all research-related interventions is well known and the research involves no investigational drugs or devices.</p> <p><input type="checkbox"/> Disclose that the particular treatment or procedure may involve risks to the subject which are currently unforeseeable.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
15	<p>Choose one of the following:</p> <p><input type="checkbox"/> The research excludes women of child bearing potential and pregnant women.</p> <p><input type="checkbox"/> The risk profile of all research interventions or interactions on embryos and fetuses is well known.</p> <p><input type="checkbox"/> Disclose that the particular treatment or procedure may involve risks to the embryo or fetus, if the subject is or may become pregnant, which are currently unforeseeable.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
16	<p>Choose one of the following:</p> <p><input type="checkbox"/> There are no costs to the subject that may result from participation in the research.</p> <p><input type="checkbox"/> Disclose additional costs to the subject that may result from participation in the research.</p> <p>AND</p> <p><input type="checkbox"/> Disclose study compensation.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>-----</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
17	<p>Choose one of the following:</p> <p><input type="checkbox"/> There are no anticipated circumstances under which the subject's participation will be terminated by the researcher without regard to the subject's consent.</p> <p><input type="checkbox"/> Disclose anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

18	<p>Choose one of the following:</p> <p><input type="checkbox"/> There are no adverse consequences (physical, social, economic, legal or psychological) of a subject's decision to withdraw from the research.</p> <p><input type="checkbox"/> Disclose the following information:</p> <ul style="list-style-type: none"> • The consequences of the subject's decisions to withdraw from the research. • The orderly termination of participation by the subject. 	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
19	<p>Choose one of the following:</p> <p><input type="checkbox"/> Significant new findings during the course of the research which may relate to the subject's willingness to continue participation are <u>unlikely</u>.</p> <p><input type="checkbox"/> Include a statement that significant new findings developed during the course of the research, which may relate to the subject's willingness to continue participation will be provided to the subject.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
20	<p>Choose one of the following:</p> <p><input type="checkbox"/> The research involves no more than minimal risk and there is not even the appearance of a financial conflict of interest.</p> <p><input type="checkbox"/> Disclose that that no one on the study team has a disclosable financial interest in the outcome of this study.</p> <p><input type="checkbox"/> Disclose that a member of the study team personal financial interest in either the Sponsor or another interested entity. The nature of this financial interest and the design of the study have been reviewed by the Office of Grants Development and Compliance and they determined that the investigator's financial interests would not compromise the quality or reliability of the study.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

Informed Consent Requirements Are: Met Not Met

- D. IRB Recommendation:**
- Approve
 - Minor Changes
 - Tabled to full Committee
 - Disapprove

E. IRB Review cycle: 12 mos. 6 mos.* 3 mos.* Other*:

*** Please provide a rationale below if recommended review cycle is less than 12 months.**

Additional Comments [optional]:

Reviewer's Signature:

Date:

Note: The information provided on this form may be preliminary and may not necessarily reflect the discussion and final decision and/or recommendation of the full IRB committee.