

INSTITUTIONAL REVIEW BOARD REVIEWER REPORT FORM

Reviewer Name:

Protocol Number:

Protocol Title:

Principal Investigator:

Level of Risk:

I have reviewed the proposed project in accordance with the University's policies related to the protection of human subjects and the institutional assurance to HHS. My comments and recommendations are furnished for use in arriving at the consensus and writing the minutes.

Full approval – no comments
Approved subject to the modifications noted below
Reconsideration
Disapproval

REVIEWER SIGNATURE: _____ DATE: _____

On the cover sheet,

On the renewal report form (if applicable),

In the protocol,

Specific Aims:

Background and Significance:

Research Design and Methods:

Data Collection and Statistical Considerations:

Human Subjects:

Recruitment Procedures:

Risk/benefit ratio:

Costs and Payments:

Qualifications of Investigators:

In the consent:

Description:

Risks and Benefits:

Alternative treatments:

New Information:

Costs and Payments:

Compensation for injury:

Confidentiality:

Right to Withdraw:

Voluntary Consent:

Investigator's Certification:

Newreviewreport/Dec. 99/smg