



HRP-401 | 2/2/2024

CHECKLIST: Pre-Review

The purpose of this checklist is to provide support for IRB Staff conducting Pre-review. This checklist is to be completed by the IRB staff, signed, dated, and retained.¹

Submission Information

Basic Information	Submission Details
IRB Number:	Click or tap here to enter text.
Study Title:	Click or tap here to enter text.
Short Title:	Click or tap here to enter text.
Investigator:	Click or tap here to enter text.
Person Completing Checklist (Name):	Click or tap here to enter text.
Date Checklist Completed:	Click or tap here to enter text.

Regulatory Oversight *(Check all that apply)*

- ☐ Common Rule Requirements prior to January 21, 2019
- ☐ Common Rule Requirements as of January 21, 2019

¹ This document satisfies AAHRPP elements I.1.A, I.1.E, I.6.A, I.6.B, I.7.A, I.7.C, I-9, II.3.G, II.4.B, III.2.C



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- | | |
|-------------------------------|---|
| ☐ DHHS | ☐ ED / ED* |
| ☐ FDA | ☐ Tribal Law |
| ☐ OCR | ☐ EPA |
| ☐ DOD | ☐ VA* |
| ☐ DOE | ☐ EU GDPR |
| ☐ NSF | ☐ Other Federal Agency |
| ☐ DOJ | ☐ ICH-GCP |
| | ☐ None |

**The conduct of this research is disallowed by institutional policy per the HRPP Plan.*

Restrictions (Check if applicable)

- ☐ Principal Investigator is Restricted

Missing Materials

Click or tap here to enter text.

Special Determinations (Check all that apply)

- | | |
|--|---|
| ☐ Children | ☐ Neonates of uncertain viability |
| ☐ Wards | ☐ Individuals with impaired decision-making capacity |
| ☐ Pregnant women | ☐ Waiver/alteration of the consent process |
| ☐ <u>Prisoners</u> | ☐ Waiver of HIPAA authorization |
| ☐ Students/Employees | ☐ Waiver of consent documentation |
| ☐ Not significant risk device (FDA) | ☐ Waiver of consent for emergency research |
| ☐ Non-viable neonates | ☐ Broad Consent |

Protocol Tracking (Check all that apply)

- | | |
|--|--|
| ☐ Social/Behavioral/Education | ☐ <u>Collaborative Study</u> (Lead Site) |
| ☐ Single-Site Study | ☐ <u>Collaborative Study</u> (Participating Site) |
| ☐ Deception | ☐ Other |
| ☐ <u>Certificate of Confidentiality</u> | ☐ <u>Clinical Trial</u> |
| ☐ Biomedical/Clinical | ☐ <u>Multi-Site Study</u> (Lead Site) |
| | ☐ <u>Multi-Site Study</u> (Participating Site) |



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Notes

Click or tap here to enter text.

STUDY CLOSURE

☐ Research can be closed.

Reviewer Signature

X _____

Date of Signature: Click or tap here to enter text.