

Submit Designated Review

1. * **I do NOT have a conflicting interest:**

2. * **Determination:**

Name	Related Worksheet
<input type="radio"/> Approved	HRP-314 - Worksheet - Criteria for Approval and Additional Considerations
<input type="radio"/> Modifications Required to Secure "Approved"	HRP-314 - Worksheet - Criteria for Approval and Additional Considerations
<input type="radio"/> Not Human Research	HRP-310 - Worksheet - Human Research Determination
<input type="radio"/> Modifications Required to Secure "Not Human Research"	HRP-310 - Worksheet - Human Research Determination
<input type="radio"/> Human Research, Not Engaged	HRP-311 - Worksheet - Engagement Determination
<input type="radio"/> Modifications Required to Secure "Human Research, Not Engaged"	HRP-311 - Worksheet - Engagement Determination

[Clear](#)

3. **Review level:** (select one if "Approved" or "Modifications Required to Secure 'Approved'")

Name	Related Worksheet
<input type="radio"/> Exempt	HRP-312 - Worksheet - Exemption Determination
<input type="radio"/> Expedited	HRP-313 - Worksheet - Eligibility for Review Using the Expedited Procedure

[Clear](#)

If exempt, indicate the categories (see HRP-312 for full regulatory criteria):

(check all that apply)

- (1) Educational settings
- (2) Tests, surveys, interviews, or observation
- (3) Public officials or protected information
- (4) Data, documents, or specimens
- (5) Demonstration projects
- (6) Taste and food quality
- Other


If expedited, indicate the categories (see HRP-313 for full regulatory criteria):

(check all that apply)

- (1)(a) Drug studies
- (1)(b) Device studies
- (2)(a) Blood samples from healthy, non-pregnant adults
- (2)(b) Blood samples from others
- (3) Noninvasive biological specimens
- (4) Noninvasive procedures
- (5) Data, documents, records, or specimens

- (6) Voice, video, digital, or image recordings
- (7) Behavioral research/social science methods
- (8)(a) Long-term follow-up
- (8)(b) No subjects enrolled
- (8)(c) Data analysis
- (9) Convened IRB determined minimal risk
- Other

4. Dates:

Last day of approval period(Use 11/5/2015 if 12-month approval period): 

 **5. If modifications are required, enter them below:** **6. Notes:****7. Supporting documents:** (attach any relevant checklists completed as part of the review)

Name

There are no items to display

8. * Are you ready to submit this review?  Yes No [Clear](#)