

Office Use Only	
_____	Chair Approved
_____	Reviewer approved / _____ date
_____	Required revisions / _____ date

Appendix L
 INSTITUTIONAL REVIEW BOARD
 Survey Research Proposal Checklist

Investigator's Name: _____ Date: _____

Protocol Title & Number: _____

- A. Descriptions of Proposed Research
 Purpose is clear Hypothesis or specific aims are clear Brief review of literature
- B. Descriptions of Subjects/Participants
 Source of participant population maximum number Characteristics of participants as individuals and as a pool
 criteria for inclusion/exclusion Recruitment procedure and related documents
Decision: Selection of subjects is equitable. Yes No Dependent on revision(s) Revisions approved (if applicable) date:
- C. Procedures
 Specify location List variables studied Description data collection, record-keeping, data analysis Copy of survey
 Describe activities involving participants, include frequency and duration, total time commitment
Decision: Research uses procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk. Yes No Dependent on revision(s) Revisions approved (if applicable) date:
Decision: Research uses procedures already being performed on the subject's for diagnostic or treatment purposes
 Yes No Not applicable
- D. Risk Statements
 Description of risks Description of precautions to minimize risks Other
Decision: Risks are minimized. Yes No Dependent on revision(s) Revisions approved (if applicable) date:
Decision: Safeguards are included for vulnerable subjects. Yes No Dependent on revision(s)
 Revisions approved (if applicable) date: Not applicable
Decision: Level of risk is minimal risk or below greater than minimal risk
- E. Benefit Statements
 Description of anticipated benefits to subjects (if none so state) Description of anticipated benefit to others
 Description of anticipated benefits to society at large
Decision: Risks are reasonable relative to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. Yes No Dependent on revision(s) Revisions approved (if applicable) date:
- F. Confidentiality Statements: Description of confidentiality insurance procedures
 Methods used to protect identity Plans for maintaining data Storage
Decision: Privacy and confidentiality provisions are adequate. Yes No Dependent on revision(s)
 Revisions approved (if applicable) date:

G. Justification for Exempt Status as Survey 45CFR46.101(b)(2)

Questions 1-11 answered with "yes".

H. Appropriate Signatures

Page 2 of application completed (checked and signed) Other signatures as applicable

I. External IRB Approval

Present if applicable

Decision: Exempt _____ Category No. _____

Needs Other Review _____

Needs Modifications _____

Decision: Additional CITI Modules needed Yes

International Res. Vul. Subj. – Women & Fetuses

HIPAA Vul. Subj. – Group/Community Harms

Res. using Internet Records Based Research

Genetics Research VA Research

With revisions listed on the Survey Research Proposal Checklist this would qualify for exemption.

Yes No

Signature of Reviewer: _____ Date: _____

KEY: X = adequate
O = missing or not acceptable
NA = not applicable