VA Pittsburgh Healthcare System

Research Scientific Evaluation Committee

Checklist for Continuing Review

Principal Investigator: MIRB#

Study Title:

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1. Type of study:  Science Only  Human Studies-EXEMPT
2. Are any modifications being made at this time?....................................................  YES  NO  N/A
   1. If yes, do these modifications adversely affect the science of this study:  YES  NO N/A
3. Were any changes made in the protocol which affect:

a. Determination of the study as science-only or human studies exempt?........ YES  NO  N/A

i. If yes, which committee should the project be deferred to:

1. IRB YES  NO  N/A

2. IACUC YES  NO  N/A

b. Budget or funding? YES  NO  N/A

c. Space?  YES  NO  N/A

d. Personnel? YES  NO  N/A

e. Investigator’s role at the VA? YES  NO  N/A

f. Safety measures to protect subjects and/or research personnel?................  YES  NO  N/A

If yes, summarize the changes:

4.Are there any real or perceived institutional conflicts of interest?………………. YES  NO  N/A

5. Has the investigator made satisfactory scientific progress?  YES NO

6. Is the investigator closing the study at this time? ……………………………….. YES NO

a. If yes, was a final report submitted?  YES  NO  N/A

7. Comments:

**Recommendation:**

Approve  Contingently Approve  Disapprove  Defer to full RSEC

Defer to other committee:

Additional reviewer comments / list of contingencies:

Reviewer name:       Date:

Reviewer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_