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| Investigators may use this checklist to conduct a self-audit or to prepare for a monitoring visit, compliance review, or audit. |
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| IRB STU # |  |
| Protocol Title  |  |
| Principal Investigator |  |
| Department |  |
| Sponsor |  |
| Velos # |  |
| Person Completing Checklist |  |
| Date Checklist Completed |  |
|  |
| **Required Basic Elements:** |
| [ ]  Yes [ ]  No | A statement that the study involves research |
| [ ]  Yes [ ]  No | An explanation of the purposes of the research |
| [ ]  Yes [ ]  No | The expected duration of the subject’s participation |
| [ ]  Yes [ ]  No | A description of the procedures to be followed |
| [ ]  Yes [ ]  No [ ]  N/A | Identification of any procedures which are experimental *(and procedures done soley for research)* |
| [ ]  Yes [ ]  No | A description of any reasonably foreseeable risks or discomforts to the subject |
| [ ]  Yes [ ]  No | A description of any benefits to the subject or to others, which may reasonably be expected from the research |
| [ ]  Yes [ ]  No | A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject |
| [ ]  Yes [ ]  No | A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained and, if applicable, that notes the possibility that FDA may inspect the records |
| [ ]  Yes [ ]  No [ ]  N/A | For research involving more than minimal risk, an explanation as to whether any compensation and any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained |
| [ ]  Yes [ ]  No | An explanation of whom to contact for answers to pertinent questions about the research and research subjects’ rights, and whom to contact in the event of a research-related injury to the subject*. (NOTE: Questions about research-related injuries are usually directed to the study doctor; questions about research subjects’ rights, complaints, etc. are usually directed to the IRB.)* |
| [ ]  Yes [ ]  No | A statement that participation is voluntary |
| [ ]  Yes [ ]  No | A statement that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled |
| [ ]  Yes [ ]  No | A statement that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled |
| **Additional Elements:** |
| **[ ]  Yes [ ]  No [ ]  N/A** | A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant), which are currently unforeseeable |
| **[ ]  Yes [ ]  No [ ]  N/A** | Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent |
| **[ ]  Yes [ ]  No [ ]  N/A** | Any additional costs to the subject that may result from participation in the research |
| **[ ]  Yes [ ]  No [ ]  N/A** | The consequences of a subject’s decision to withdraw from the research and procedures for orderly termination of participation by the subject |
| **[ ]  Yes [ ]  No [ ]  N/A** | A statement that significant new findings developed during the course of the research, which may relate to the subject’s willingness to continue participation, will be provided to the subject |
| **[ ]  Yes [ ]  No [ ]  N/A** | The approximate number of subjects involved in the study |
| **Other:** |
| **[ ]  Yes [ ]  No [ ]  N/A** | The amount and schedule of participant payments, if any |
| **[ ]  Yes [ ]  No [ ]  N/A** | Disposition of retained bodily fluids/tissue samples |
| **[ ]  Yes [ ]  No [ ]  N/A** | Explanation if genetic testing will be done |
| **[ ]  Yes [ ]  No [ ]  N/A** | Name of sponsor/funding agencies |
| **[ ]  Yes [ ]  No [ ]  N/A** | Statement of who/which entities may inspect/copy records |
| **[ ]  Yes [ ]  No [ ]  N/A** | If FDA-regulated, all FDA requirements including the ClinicalTrials.gov registration statement for applicable clinical trials subject to FDA regulation per FDAAA 801 and 21 CFR 50.25(c) |
| **[ ]  Yes [ ]  No [ ]  N/A** | Conflict of Interest/financial interests statement |
| **[ ]  Yes [ ]  No [ ]  N/A** | Any additional requirements for vulnerable populations |
| **[ ]  Yes [ ]  No [ ]  N/A** | Any additional requirements per sponsor/funding agencies |

For questions, please contact the HRPP Office at HRPP@utsouthwestern.edu or 214-648-3060.