**SAMPLE**

**Research & Development Committee**

**Designated Reviewer Checklist**

**Approval with Conditions**

1. **Project and Reviewer Identification**

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| **Project Number** |  |
| **Facility** |  |
| **Title of Project** |  |
| **Principal/**  **Local Site Investigator** |  |
| **Protocol Conditionally Approved by** | Convened Board Meeting Date:  Designated Review Date: |
| **Assigned Reviewer** |  |
| **Reviewer COI** | If the assigned reviewer has a Conflict of Interest (COI), check the box below and return to the Research Office  I have a conflict of interest and am returning this form without action. |

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| This research study was granted R&D Committee approval pending resolution of one or more of the following contingencies (select all that apply):  Privacy Officer (PO) final review  Information System Security Officer (ISSO) final review  Final subcommittee/committee approval provided no major changes were required since R&D Committee review and conditional approval:  Institutional Animal Care and Use Committee Approval (IACUC)  Institutional Review Board Approval (IRB)  Radiation Safety Committee Approval  Subcommittee on Research Safety Approval (SRS)  Other:  Minor changes required by the R&D Committee following convened board review  Specify Required Changes: |
| Comments: |

1. **Designated Reviewer Determination: (***For activities eligible for initial approval by designated review.)*

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| Approve as submitted  Additional modifications required  Defer for review by the convened R&D Committee |

1. **Additional Comments or Requested Modifications by the Reviewer:**

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1. **Approval Period:** *(For studies that are not followed by a subcommittee/committee and are therefore under the sole oversight of the R&D Committee, select the appropriate/recommended approval period. If study is followed/approved by a subcommittee/committee of the R&D Committee check NA below.*

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| 3 months  6 months  12 months  Other:  n/a |

**Signature of Reviewer Date**