R&D Committee Checklist for Continuing Review

Principal Investigator:

Study Title:

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**1.** **Were any changes made in the protocol, either by the investigator or as required by the subcommittee(s), which affect the following items:**

 a. Budget or funding? **[ ]** YES [ ]  NO [ ]  N/A

 b. Space? **[ ]**  YES [ ]  NO [ ]  N/A

 c. Equipment & supply needs? **[ ]**  YES [ ]  NO [ ]  N/A

 d. Personnel? **[ ]** YES [ ]  NO [ ]  N/A

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

 f. Programmatic relationship to the VAPHS R&D activity? **[ ]**  YES **[ ]**  NO **[ ]**  N/A

g. Safety measures to protect subjects and/or research personnel?...................................... **[ ]**  YES  **[ ]**  NO **[ ]**  N/A

If yes, summarize the changes:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. Has the investigator made satisfactory scientific progress?** **[ ]**  YES **[ ]** NO

Comments:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Do you approve of the subcommittee(s) actions?** **[ ]**  YES **[ ]**  NO **[ ]**  N/A

Comments:

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**4. Was a final report submitted for this study?** **[ ]**  YES **[ ]**  NO **[ ]**  N/A

**Recommendation:**

**[ ]**  Approve **[ ]**  Contingently Approve **[ ]**  Disapprove **[ ]**  Defer to Committee

Additional reviewer comments / list of contingencies:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer name:       Date:

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