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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_