The purpose of this checklist is to provide support for Designated Reviewers conducting Non-Committee Review. This checklist or equivalent form is to be completed by the Designated Reviewer.

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<th>IRB Number:</th>
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<td>Protocol Name:</td>
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<td>Investigator:</td>
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- [ ] Initial review  
- [ ] Modification  
- [ ] Request for Human Research or engagement determination  
- [ ] Continuing review  
- [ ] Review of Modifications Required to Secure Approval

1. **Reviewer Criteria** (Check if “Yes.” All must be checked) Otherwise, sign the form, and return all materials.

   - [ ] I do not have a Conflicting Interest.

2. **Review Level** (Select one of the following if Approve checked above)

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<thead>
<tr>
<th>Level</th>
<th>Documents to use</th>
<th>Categories</th>
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   | Not Human Research | HRP-310 - WORKSHEET - Human Research Determination | (1) Educational settings  
| | | (2)(i) Tests, surveys, interviews, or observation (non-identifiable)  
| | | (2)(ii) Tests, surveys, interviews, or observation (low risk)  
| | | (2)(iii) Tests, surveys, interviews, or observation (identifiable); and for which limited IRB review was conducted via expedited review  
| | | (3)(i)(A) Benign behavioral interventions (non-identifiable)  
| | | (3)(i)(B) Benign behavioral interventions (low risk)  
| | | (3)(i)(C) Benign behavioral interventions (identifiable); and for which limited IRB review was conducted via expedited review  
| | | (4) Secondary research on data or specimens (no consent required)  
| | | (5) Demonstration projects  
| | | (6) Taste and food quality  
| | | (7) Storage or maintenance of data or specimens (broad consent required); and for which limited IRB review was conducted via expedited review  
| | | (8) Secondary research use of data or specimens (broad consent required); and for which limited IRB review was conducted via expedited review

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| Exempt. | HRP-312 - WORKSHEET - Exemption Determination  
| | HRP-319 - WORKSHEET - Limited IRB Review t | (1) Educational settings  
| | | (2)(i) Tests, surveys, interviews, or observation (non-identifiable)  
| | | (2)(ii) Tests, surveys, interviews, or observation (low risk)  
| | | (2)(iii) Tests, surveys, interviews, or observation (identifiable); and for which limited IRB review was conducted via expedited review  
| | | (3)(i)(A) Benign behavioral interventions (non-identifiable)  
| | | (3)(i)(B) Benign behavioral interventions (low risk)  
| | | (3)(i)(C) Benign behavioral interventions (identifiable); and for which limited IRB review was conducted via expedited review  
| | | (4) Secondary research on data or specimens (no consent required)  
| | | (5) Demonstration projects  
| | | (6) Taste and food quality  
| | | (7) Storage or maintenance of data or specimens (broad consent required); and for which limited IRB review was conducted via expedited review  
| | | (8) Secondary research use of data or specimens (broad consent required); and for which limited IRB review was conducted via expedited review

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| Expedited. | HRP-313 - WORKSHEET - Expedited Review  
| | HRP-314 - WORKSHEET - Criteria for Approval | Minor modifications to previously approved research  
| | | (1)(a) Drug studies  
| | | (1)(b) Device studies  
| | | (2)(a) Blood samples from healthy, non-pregnant adults  
| | | (2)(b) Blood samples from others  
| | | (3) Noninvasive biological specimens  
| | | (4) Noninvasive procedures  
| | | (5) Data, documents, records, or specimens  
| | | (6) Voice, video, digital, or image recordings  
| | | (7)(a) Behavioral research


mailto:
<table>
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<td><strong>NUMBER</strong></td>
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<tr>
<td>HRP-402</td>
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</table>

- ☐ (7)(b) Social science methods
- ☐ (8)(a) Long-term follow-up
- ☐ (8)(b) No subjects enrolled
- ☐ (8)(c) Data analysis
- ☐ (9) Convened IRB determined [Minimal Risk](mailto:)

| ☐ Delayed Onset | WORKSHEET: Delayed Onset: 46.118 |
| ☐ Personnel Change, ONLY |

3. **DETERMINATION** (Select one of the following)
- ☐ Meets criteria
- ☐ Modifications required to meet criteria
- ☐ Send to convened IRB

Delineate modifications required to secure approval or notes:

4. **Continuing Review** (for Expedited Review only)
- ☐ Continuing review not required.
- ☐ Continuing review required. Rationale:

Attach required completed checklists and documentation of protocol-specific findings justifying regulatory determinations.

Reviewer Signature: [Signature]

Date: [Date]