

Evaluation Form for Reviewers

Date _____

IRB project # _____

Reviewer reaction:

_____ EXPEDITED under paragraph _____.

_____ RENEWED APPROVAL.

_____ APPROVED.

_____ No risk.

_____ The subjects will be at minimal risk.

_____ The subjects will be at some risk but the importance of the objective outweighs the inherent risk.

_____ CONTINGENT APPROVED (Please comment below.)

_____ NO DECISION (Please comment below.)

_____ DISAPPROVED (Please comment below.)

Reviewer's Signature