

IRB Administration Office Coordinating Center Application Reviewer Checklist

If an eProtocol Submission, IRB reviewer please make comments/recommendations on the eProtocol		
Pl's Name		IRB#
Name of IRB Reviewer Assigned:		Committee Assigned:
Type of Submission: Initial Amendment Continuation		
Have all pertinent documents been provided?		Yes No If No, provide comments below
For new submissions or site additions has the PI submitted an adequate plan to communicate information among the sites that may affect the health or safety of participants or their willingness to continue to participate in the study? Coordinating Center Form questions 14 & 15		☐ Yes ☐ No If No, provide comments below
Approve	Specific Minor Revisions	Other:
Comments/Revisions Requ	uested:	
Reviewer's Name:		Date:
Reviewer's Signature:		