Institutional Review Board

This form or a similar form must be used to indicate dean’s office oversight of scientific integrity and must be included with all protocol submissions [full, expedited, exempt] to the UAB IRB. Delete this text box for printing.

**Protocol Oversight Review Form**

Date Submitted to IRB:

Title of Project:

Name of Principal Investigator:

Signature of Principal Investigator:

(Please note this cannot be a student, resident, Post Doc, Fellow. If a trainee wishes to engage in human subjects research activities this must be undertaken by the mentor/supervisor).

School:

Department:

Division:

Review Process (Check One):

[ ]  Dean’s Office Review

[ ]  Departmental Review

[ ]  Divisional Review (Division Director or Designate)

[ ]  Center or Departmental Protocol Review Committee Review

[ ]  Project Review Panel (PRP)—Appointed by the Department Chairman or Division Director (PRP report attached)

I have reviewed the proposed research and concluded that the following apply:

[ ]  **The application has been proofread, and is accurate and complete.**

[ ]  The research is scientifically valid and is likely to answer the scientific question;

[ ]  The researcher and the study team are qualified and/or credentialed to conduct the procedures proposed.

[ ]  **All study personnel have completed training in human subjects protections and conflicts of interest.**

[ ]  The researcher has identified sufficient resources in terms of experienced research personnel (and if a trainee (e.g., student, resident, post-doc, fellow), appropriate faculty supervision), facilities, and availability of medical or psychological services that may be necessary as a consequence of participation in the research to protect the research participants.

Name of Official: Title:

(type or print)

Signature: Date:

(this document may only be signed an IRB-approved PORF signatory designated by the dean)