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)