

Institutional Review Board Review Response Form

Project Title: _____

Researcher's name: _____

Advisor's name: _____

Date of response: _____

Determination of Risk: **Minimal Risk** **Not Minimal Risk**

Decision: (Check Appropriate Box and indicate all feedback in the boxes below)

APPROVED: IRB approval indicates that the IRB reviewer has concluded that the research and consent forms meet the federal criteria for approval.

REVISIONS REQUIRED IN ORDER TO MEET CRITERIA FOR APPROVAL: Approval is contingent pending submission of revisions/additional information.

FULL REVIEW REQUIRED: The IRB reviewer(s) may determine that the protocol requires full review by the IRB at a convened meeting.

Reviewer Feedback:

Reviewer(s):