

UCLA Office of the Human Research Protection Program  
**GIRB STAFF SCREENING CHECKLIST**

**CRITERIA FOR COMPLETE SUBMISSION:**

Determine whether the researcher has provided the materials outlined below, as applicable. Missing materials and/or inconsistent content should be communicated to the investigator in order to request the materials/corrections necessary to provide the IRB reviewers with complete and accurate information.

**1. Application Form:** YES NO N/A

- a. 2.1 Indicates appropriate application type
- b. 5.1 Level of Review and Committee Assignment:
  - Expedited Review     Exempt     Full Committee Review
  - North (College of Letters & Science OR Professional Schools)
  - South (Nursing, Public Health, NPI or Medicine (not biomedical or clinical research))

**2. Funding:** YES NO N/A

- 6.1 Indicates whether the proposed research is/will be funded.     
*If funded by ED, DOJ, DOD, EPA, or DOE, see OHRPP checklists for additional requirements.*
- 6.2 Relevant funding documents and information attached in Item 1.7     
***If project is federally funded & UCLA is the primary awardee – A copy of the funding proposal***  
*-If project is federally funded & UCLA is NOT the primary awardee (i.e., subaward to UCLA) -- A copy of the UCLA scope of work.*  
*Evaluate on a case by case basis if documents are needed prior to review. (e.g., The scope of work or contract details may be required to determine UCLA's involvement/responsibility for collaborative projects.*

**3. Surveys, Interview Protocols, Instruments/Measures, etc.** YES NO N/A

- 10.1 includes all instruments attached.   
  - (1) Instruments may include: surveys, questionnaires, interview protocols, instruments/measures, focus group protocols, etc.
  - (2) Sections 10.1 item 4.0 should identify study procedures supported by instruments.

**Recruitment Materials** YES NO N/A

- 18.3 includes all necessary recruitment materials attached.   
  - (1) Recruitment materials may include: contact letters, flyers, advertisements, scripts
  - (2) Section 18.1 should identify proposed recruitment methods.

**Informed Consent Documents** YES NO N/A

- 20.3 includes all consent documents attached.   
  - (1) Consent documents may include: adult consent, parental permission, child/youth assent, information sheets, scripts, and/or letters.
  - (2) Section 20.1 should indicate the plan for obtaining informed consent.

**Regulatory Issues – Populations** YES NO N/A

- a. 11.2: Minors
- b. 11.2: Pregnant Women, Human Fetuses, and Neonates
- c. 11.2: Prisoners (See DOJ checklist for additional requirements)
- d. 11.2: Wards (45 CFR 46.209) - Applicable if research falls under 45 CFR 46.406
- e. 11.2: Non-emergency proxy consent
- f. 11.2: Minors in schools or UCLA students (See ED checklists for required considerations)

**Regulatory Issues - Consent/HIPAA Authorization** YES NO N/A

- a. 20.1: Waiver of informed consent to identify potential subjects
- b. 17.1: Waiver of HIPAA authorization to identify potential subjects
- c. 19.3: Waiver of documented (signed) informed consent to screen potential subjects

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|--|--------------------------|--------------------------|--------------------------|
| d. 20.2: Waiver of signed informed consent for the study (or a component of the study) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 20.1: Waiver of informed consent for the study (or a component of the study)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 17.1: Waiver of HIPAA authorization for the study (or a component of the study)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 21.6: Waiver of parental permission   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. 21.1: Waiver of documented (signed) parental permission                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. 21.1: Waiver of minor assent  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. 9.2: Suicide Plan   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2. General / Overview** YES NO N/A

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| a. Consistency among all application documents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Study procedures described for all identified populations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Instruments submitted for all study procedures described  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Multi-site: Information related to non-UCLA sites has been provided for research that will be conducted by/at more than one location. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Research is covered by HIPAA  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. CITI and HIPAA certification (as applicable) completed for PI and faculty sponsor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Research involving drugs & investigational devices is not reviewed by GIRB; transfer to MIRB  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. External scientific or scholarly review has been completed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. PI assurances and FS assurances (as applicable) completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. PI is affiliated with UCLA  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Deception / Withholding Information Section 8.1** YES NO N/A

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|--|--------------------------|--------------------------|--------------------------|
| a. 8.4: Justification provided               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deception language in consent document(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Section 8.4 item 3.0: Debriefing          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4. Screening, Recruitment Sections 18.1-19.2 (as applicable)** YES NO N/A

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| a. 18.1: Recruitment process described for all identified populations (by whom, when, where) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 19.1: Screening procedures to select/identify subjects described                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 19.2: Recruitment and screening documents for all identified populations                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Informed Consent – Overview Sections 20.1-20.3 (as applicable)** YES NO N/A

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| a. 20.3: Consent/assent process described for all identified populations (by whom, when, where)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 20.2: Consent/assent waivers identified and justified   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Language level appropriate to study population(s)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 20.3: Consent/parental perm./assent for all identified populations (unless waivers justified) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. UCLA template format or reasonably acceptable variation                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. Informed Consent - Specific Language** YES NO N/A

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|---|--------------------------|--------------------------|--------------------------|
| a. Focus groups - disclose limits to confidentiality  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 8.1: Certificate of Confidentiality - ensure no remaining reference to "if required by law"      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 8.1 and 8.8: Audio/video recording one-on-one research activities - right to review, edit, erase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 9.2: Mandated reporting language (child abuse, elder abuse, harm to self)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Local IRB/investigator contact information, when applicable                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |