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|---|------------------------------|-----------------------------|------------------------------|
| 2. Pregnant women: Has the Facility Director certification been obtained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Children: Has the Medical Center Director approval been obtained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Children: Does the protocol address relevance to the VA population? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Data Collection:

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|---|------------------------------|-----------------------------|------------------------------|
| 1. If the source of the data and/or specimen is previously approved research, were the PI or investigators part of that research team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, <input type="checkbox"/> complete an expedited review | | | |
| 2. Are the sources of the data and/or specimens adequately identified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| a. Are any data and/or specimens collected in the European Union/European Economic Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If so, consult with the COMIRB Director or Assistant Director about GDPR <input type="checkbox"/> | | | |
| 3. Are access and collection of data and/or specimens adequately described? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Are identifiers accessed by the study team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If no, this is not human subjects research | | | |
| 5. Are identifiers recorded in research records? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Only for a reasonable period of time for data collection | | | |
| <input type="checkbox"/> Yes | | | |
| 6. HIPAA: If study involves disclosure of protected health information (PHI), is the PHI disclosed limited to the amount reasonably necessary to achieve the purpose of the research? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Are the data disclosed outside of the covered entity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Data Collection Comments (if needed):

Data Management and Security:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Are the data securely stored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Is the list of researchers who have access to the identifiable data set reasonably limited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Will identifiable data be reused or disclosed outside of the research team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| a. If yes, is the plan reasonable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

VA Requirements: **N/A — VA not a site**

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| 1. Are VA sensitive data appropriately stored at the VA (or waiver obtained?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Will VA data be released outside of the VA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Will VA data be retained per current VA policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Data Management and Security Comments (if needed):

Conflict of Interest: **N/A — No COI**

1. If applicable, has a COI Committee management plan (or determination that no plan is needed) been provided? Yes No
2. Is the COI management plan adequate? Yes No
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Review Level
Indicate the appropriate review level:

Not Human Subjects Research (NHSR)

Exempt, Category #4

Research involving the collection or study of data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects, and the investigator will not attempt to either re-identify or contact the subjects.

OR

Secondary research involving the use of identifiable health information when that use is regulated by HIPAA as “health care operations”, “research”, or “public health activities and purposes.”

OR

Secondary research conducted on or behalf of a federal department or agency, using data collected or generated by the government for non-research purposes, and the information is subject to federal privacy standards.

Exempt, Category #5

Research and demonstration projects which are conducted or supported by or subject to the approval of department or agency heads, and which are designed to study, evaluate, improve, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

Expedited, Category #5*

Research presents no more than minimal risk, and

Research involves materials (data, documents, records, or specimens) that have been collected, or will be collected solely for [research or] non-research purposes (such as medical treatment or diagnosis).

Privacy Board Review Required (for research involving access or use of PHI)*

**Continue below.*

Expedited Review: **N/A**

1. Informational risks to subjects are minimized. The procedures to access, collect, and manage data are consistent with sound research design and do not unnecessarily expose subjects to informational risk. Yes No
2. Risks to participants are reasonable in relation to anticipated benefits, if any, to participants, and the importance of the knowledge that may reasonably be expected to result. Yes No

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| 3. Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Informed consent — Waived, see below | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Documentation of informed consent — Waived, see below | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. The research plan makes adequate provision for monitoring data security to ensure the safety of subjects. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Waiver of Consent and/or HIPAA Authorization (Complete Part A or Part B)
Required with Expedited Reviews, and when PHI is accessed or disclose for Exempt Research**

Part A:

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| 1. The research (including, if applicable, use and disclosure of PHI involves no more than minimal risk to the subjects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. There is an adequate plan to protect the identifiers from improper use and disclosure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. The application provides adequate written assurance that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The waiver will not adversely affect the rights and welfare of the subjects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The research (including, if applicable, access to and use of identifiable data and specimens or PHI) could not practicably be carried out without the waiver | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Should subjects be provided with pertinent information after participants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Possibly, only in the case of a privacy breach | |

Part B:

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| 1. The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs; **and**

The research could not practicably be carried out without the waiver or alteration.

Waiver of Consent and/or HIPAA Authorization Comments (if needed):

Continuing Review Interval

- Not Needed**
- 12 months**
- Other: _____ months**

If continuing review is required, provide rationale:

The Secondary Research Review Recommendation is:

- Approved
- Approved with Administrative Changes
- Minor Modifications Required
- Deferred to Full Board

Additional comments (if needed): See Comments in InfoEd

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Reviewer Signature	Date