



Los Angeles County Public Health, Ambulatory Care Network and
 Health Services Administration Institutional Review Board (IRB)
 313 N. Figueroa St., Room 127
 Los Angeles, CA 90012
 Phone: (213) 288-8675 Email: irb@ph.lacounty.gov
<http://publichealth.lacounty.gov/irb/>

IRB APPLICATION CHECKLIST
(FOR EXPEDITED AND FULL BOARD REVIEW ONLY)

Return this completed form with all applicable documents to request IRB review of a research proposal. Please check the following items. If an item does not apply to your project, indicate "not applicable." Every item should be marked with a check mark or N/A. Note: Applications for projects applying for exempt review do not need to use this form.

1. Date _____
2. Principal Investigator: Name, degree _____
3. Title of project

- _____ 4. Application for Expedited or Full Board Review with signatures
- _____ 5. Consent forms (attach scripts, even for verbal consents)
 - _____ Consent form with California Human Rights in Medical Studies attached; or
 - _____ Request to the IRB to waive or alter the informed consent for a research project
- _____ 6. HIPAA individual authorization or waiver of request (or N/A if no PHI* involved)
- _____ 7. Professional qualifications (curriculum vitae for most investigators or other supporting information to document the investigator is qualified to conduct the research activity)
- _____ 8. Protocol summary, not to exceed 500-1000 words. Should include project aim, methodology and recruitment plan, consent procedures and script, plans for protection of privacy and confidentiality, and data collection instruments
- _____ 9. Protocol, if full protocol is more than 1000 words.
- _____ 10. Budget detail for all proposals with funding, to include an explanation of any commitment of County resources and in-kind funding
- _____ 11. Laboratory Review Form if using DPH lab
- _____ 12. Certificates of IRB or Human Subjects Protection Training for PIs, Co-PIS, study coordinator and other study personnel unless they are already on file with this IRB
- _____ 13. Data collection instruments: questionnaire(s), script(s), written or oral
- _____ 14. Not Human Subjects Research Application
- _____ 15. Other (explain)

*PHI includes: Names, geographic subdivisions that are smaller than a State, any element of a date like date of birth, date of service, and date of request for a procedure, electronic mail address, telephone details, Internet Protocol (IP) address, facsimile address, Social Security Number (SSN), vehicle identifiers like license plate numbers, device identifiers like serial numbers, Web Universal Resource Locators (URLs), medical record numbers, health plan beneficiary numbers, personal account numbers (PAN), Certificate or License numbers, biometric identifier like fingerprints and voiceprints, full-face photographed images and such suggestive (or comparable) images, other identifying elements like unique individual codes.