Ancillary Study Review Form

Reviewer Name:

Proposal Title:

Date Received:

Principal Investigator:

ARIC Sponsor:

Other Investigator(s):

Funding source:

Expected start date:

IRB (Local or sIRB):

Participant Burden Classification (select one):
Participant contact but NO laboratory/biospecimen collection or use (category 3)
or
Participant contact with laboratory/biospecimen collection or use (category 4)

Describe and comment on effort (and estimated time) required of ARIC staff at each participating center. Include consent, collection of samples, etc:

Describe and comment on estimated time required of each participant:

Describe and comment risks/human subjects protection issues including clinical relevance and reporting if applicable:

Comment on analyses/CC role:

Summary:

Recommendation (Approve / Defer / Do not approve). For deferred proposals, specific conditions and suggestions for revision must be provided here: