RESEARCHER CHECKLIST

This checklist is to be completed by the PR and submitted with the DRRB Research Request application (Form 980-I).

Principal Researcher: ___________________________  Date: __________________

Type of DRRB review requested:  ___full panel  ___expedited

APPLICATION: (use X if "yes" and NA if "not applicable")

___ Justification provided for expedited review, if requested
___ Application typed or computer-generated, not hand written
___ Summary in non-technical terms (2 sentence maximum)
___ Risks specified
___ Benefits specified
___ Informed Consent Form appended
___ All instruments appended (e.g. questionnaires, standardized tests, interview schedules)
___ Advertisement for recruitment of participants appended, if relevant
___ Performance site(s) specified
___ Principal Researcher's signature on application
___ Names of all researchers specified
___ Study dates specified (beginning, ending)
___ Funding source(s), if any, specified
___ Approval letter(s) from ALL relevant school IRBs appended
___ FINAL disposal of data (and time) specified
___ If applicant is a STUDENT, advisor signature on page 2
___ Inclusion/exclusion criteria specified
___ Inclusion of women and/or minorities addressed in text

INFORMED CONSENT FORM (must be written in non-technical terms for participants)

___ Study description and goals
___ Benefits to participant specified
___ Duration of participation (e.g. minutes, days, months, number of sessions, etc.)
___ Provision and procedure for accessing counseling specified, if participants may be affected adversely
___ Alternatives to participation, if applicable
___ Freedom to withdraw from study at any time without penalty: STATED PROMINENTLY
___ Conditions under which Researcher may terminate subject's participation, if relevant
___ Number of participants in overall study
___ Line for participant to initial EACH page of informed consent form
___ New Jersey Department of Corrections Disclaimer
___ Names, phone numbers, addresses of contact persons (researchers AND DRRB)
___ Signature lines for participant AND researcher; witness signature line if appropriate
___ Video, audio, and/or photographic consent, if applicable
___ Translation into appropriate foreign language, if applicable
___ Pregnancy waiver, if applicable
___ Specification of any groups to be excluded from the study (e.g. women, minorities)
___ Specification of whether research results (individual, group) will be provided to participant
___ Explicit assurance of participant's confidentiality/anonymity in researcher's reports of findings
___ Consistent use of "I / you" in the text

Researcher Comments: