DESIGNATED REVIEWER MATERIALS

July 1, 2019

*<Name of IRB Member>*

*<Address of IRB Member>*

*<Phone Number of IRB Member>*

*<Fax Number of IRB Member>*

*<Email Address of IRB Member>*

Dear *<Hailing of IRB Member>*:

Enclosed are the materials for the following review:

|  |  |  |  |
| --- | --- | --- | --- |
| IRB # | Review Type | Investigator | Protocol Title |
|  |  |  |  |

Please review all enclosed materials and checklists, and send all completed checklists to the IRB staff within 5 business days.

Please contact the IRB staff if:

* You want to review any submitted materials or file information not in these review materials.
* You cannot complete the assigned review(s) within the requested timeframe.
* You have a conflicting interest with this protocol.[[1]](#endnote-1)

Sincerely,

IRB Manager

1. See “SOP: Definitions (HRP-001)” for a definition of when an IRB member or consultant has a Conflicting Interest. [↑](#endnote-ref-1)