IRB MEMBER REVIEW MATERIALS

July 1, 2019

*<Hailing of IRB Member or Consultant>*

*<Address of IRB Member or Consultant>*

*<Phone Number of IRB Member or Consultant>*

*<Fax Number of IRB Member or Consultant>*

*<Email Address of IRB Member or Consultant>*

Dear *<Hailing of IRB Member or Consultant>*:

Enclosed are review materials for the IRB meeting to take place *<Date of IRB Meeting>* at *<Time of IRB Meeting>*. In advance of the meeting please review all materials and checklists, and complete all checklists that require completion.

You are assigned as a primary reviewer for the following protocols:

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

You are assigned as a scientific/scholarly reviewer for the following protocols:

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

Please contact the IRB staff if:

* You want to review any submitted materials or file information not in these review materials.
* You are no longer able to attend the IRB meeting and/or cannot complete the assigned review(s).
* You have a conflicting interest with any 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)