

**REVIEW OF PUBLIC HEALTH PROTOCOL\* (Form 3.5)**

IRB Protocol Code: Date (D/M/Y):

Protocol Title: Sponsor:

Principal

Investigator: Primary Reviewers:

**A. REVIEW ON PUBLIC HEALTH PROTOCOL**

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|  | **To be filled out by the Researcher** | **To be filled out by the IRB Primary Reviewer** |
| Indicate if the questions applies to the study protocol |  | **REVIEWER COMMENTS** |
| 1. Is it research?
 |  |  |
| 1. Which aspects are research?
 |  |  |
| 1. Is research ethics committee review required?
 |  |  |
| 1. Are there adequate plans to manage any conflicts of interest?
 |  |  |
| 1. What is the study intervention?
 |  |  |
| 1. What are the procedures for data collection?
 |  |  |
| 1. Who are the research participants?
 |  |  |
| 1. From whom is informed consent required, or is a waiver of consent appropriate?
 |  |  |
| 1. Is permission from a “gatekeeper” required?
 |  |  |
| 1. Is group or community engagement required?
 |  |  |
| 1. Are there adequate plans for protection of privacy and confidentiality?
 |  |  |
| 1. Are the potential benefits and risks of the study acceptable?
 |  |  |
| 1. Are concerns about justice and equity adequately addressed?
 |  |  |
| 1. What are relevant and are there satisfactory plans for access to interventions after the study, and roll-out of successful interventions on a wider scale?
 |  |  |
| 1. References.
 |  |  |

**Comments**

**Summary of Recommendations:**

**1.**

**2.**

**3.**

**4**

**5.**

(Identify items

For revisions)

**Decision:** Approved Minor Modification

 Major Modification Disapproved

 **Acknowledged by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name and Signature of Primary Reviewer**