**Dartmouth College**

**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

**CPHS@Dartmouth.edu** **• 603-646-6482**

**Departmental and Scientific Review of Research Involving Human Subjects v. 02162023**

Principal Investigator

Project Title

**For All Studies: Complete Sections A and B.**

**Note: Departmental and Scientific Reviews should be provided by individuals who are not study team members.**

**A. Departmental Review:**

By signing this form, the Department Chair or designee is confirming the following:

1. This is an academic research project conducted under the auspices of the institution. The PI is managing the project within their role at the institution. If not, please contact the CPHS Office prior to submission.
2. The PI and study team have adequate experience and training to conduct the study.
3. There are adequate resources provided to conduct the study in a way that will protect the rights and welfare of research participants.
4. That they accept responsibility for supporting adherence to the federal and state regulations and institutional policies governing the protection of human research participants.
5. For studies reviewed by an external IRB (not CPHS), the deferral is appropriate.

 Printed name Signature Date

Check here: **[ ] Department Chair**

 **[ ] Designee for Department Chair (Name of Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**B. Scientific Review:**

By signing this form, the scientific reviewer is verifying the scientific merit of the proposed study, including:

1. The scientific questions addressed in this protocol have adequate merit to justify experimentation involving human subjects.
2. The potential risks of this study have been accurately and fully described.
3. The study design is adequate to answer the questions being asked.
4. Prior animal or *in vitro* studies are adequate to support human trials (as applicable).
5. There is no other method to investigate this scientific problem without using human subjects.
6. The research project includes an adequate data and safety monitoring process.

**Please provide a statement related to the scientific merit of this project:**

Printed name Signature Date

**Please check here to indicate whether the scientific reviewer is the**

**[ ] Department Chair**

 **[ ] Designee for Department Chair (Name of Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**[ ] Individual Scientific Reviewer**

**[ ] Chair or Representative of Scientific Review Committee**

Contact the CPHS Office with any questions: cphs@dartmouth.edu