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| Scientific Validity ReviewThe IRB expects that a review for scientific validity be conducted at the department level by either the Department Chair/designee or Dissertation/Thesis Committee Chair with appropriate expertise in the given research area.

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| Instructions: | Complete the required sections.Sections marked with an asterisk ( \* ) are required. Sections marked with a double asterisk ( \*\* ) are required if applicable. |

 | C:\Users\cbcholka\AppData\Local\Microsoft\Windows\INetCache\Content.Word\UNM_OfficeInstitutionalReviewBoard_Horizontal_RGB.PNG1805 Sigma Chi NE | Tel: (505) 277-2644 Website: irb.unm.edu | Email: IRBMainCampus@unm.edu |

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| Project Identification |
| *\* Title of the project:* |  |

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| Principal Investigator of Record |
| \* The Principal Investigator of record is: *(select one)* | [ ]  Principal Investigator | [ ]  Responsible Faculty |
| \* Name: |  | \* Phone: |  | \* Email: |  |
| \* Department: |  | \* University Status (e.g. tenure track or visiting faculty, instructor, staff, etc.): |  |
| \* Affiliation: | [ ]  Main Campus | [ ]  UNM Branch Campus:  | [ ]  External Partner:  |

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| Additional Contact Person |
| \*\* The contact person for this project is: *(select one)* | [ ]  Student Investigator | [ ]  Project Coordinator |
| \*\* Name: |  | \*\* Phone: |  | \*\* Email: |  |
| \*\* Department: |  | \*\* University Status (e.g. undergraduate, master’s or PhD student, staff, etc.): |  |

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| Scientific Validity Review  |
| *\* Do you have a conflict of interest (significant personal or financial interest) associated with the review of this project?* | **[ ]  Yes.** **Do not review.** |
| **[ ]  No.** Complete review. |
| \* Verify that the following criteria are met: |
| [ ]   | The rationale and methods for the project are clearly stated and are scientifically sound or have scholarly merit. |
| [ ]   | The specific aims and objectives of this project are clearly stated and measurable. |
| [ ]   | The standards for conducting this research are consistent with any guidelines of relevant professional associations and scholarly disciplines. |
| [ ]  | The research includes procedures that are appropriate to the purpose of the project with the least amount of risk. |
| [ ]   | The project design is adequate to achieve the specific objectives of this project and the proposed participant population is appropriate. |
| [ ]   | The data to be collected are necessary to the meet the objectives of the project. |
| [ ]   | Adequate literature review has been done to support and justify this project. |
| [ ]   | Data considerations, including sample size and justification, estimated accrual and duration, and data analysis are clearly described and are adequate to meet the project objectives. |
| [ ]   | The researchers involved in this project have sufficient resources/facilities to carry out the research. |
| [ ]   | The researchers are qualified by training and experience to personally conduct and/or supervise the project. |
| \* As department reviewer, I have determined this project is: | [ ]  **Approved** | [ ]  **Disapproved** |
| *\*\* Comments:* |  |

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| Scientific Validity Reviewer |
| **I am:** | [ ]  **Department Chair/Designee** | [ ]  **Dissertation Committee Chair** | [ ]  **Master’s Thesis Committee Chair** |
|  |  |  |
| \* Name | \* Signature | \* Date |