

IRB Project Checklist Form

This form should only be completed if your project involves Human Test Subject or Human Biological Material or obtaining health information about living individuals.

You should email the completed form to your Reporting Officer for endorsement.

For any question from Q1 - Q9, please tick "Yes" if in doubt.

Project Title:		
School/Department:		
Project Start Date:		Project End Date:
No.	Description	Answer
Q1	The research involves human gametes, human embryos, human-animal combination embryos, or the introduction of human stem cells or neural cells into an animal, animal foetus or embryo.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer (Q1) is Yes, you will need to seek special approval (go to Q11); If answer (Q1) is No, please continue below (Q2-4).		
Q2	The research is intended to study the prevention, forecast, diagnosis, or alleviation of any disease, disorder or injury affecting the human body.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q3	The research is intended to study the restoration, maintenance, or promotion of the aesthetic appearance of human individuals through clinical procedures or techniques.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q4	The research is intended to study the performance or endurance of human individuals.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If ANY answer (Q2-Q4) is Yes, please continue below (Q5-Q7); If ALL answers (Q2-Q4) are No, please continue below (Q8-Q9).		
Q5	The research involves subjecting an individual to any intervention that has a physical, mental or physiological effect (whether temporary or permanent) on the body of the individual.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q6	The research involves the use of any individually-identifiable biological material obtained from the human body.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q7	The research involves the use of any individually-identifiable health information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If ANY answer (Q5-Q7) is Yes, please submit application for IRB review (go to Q12); If ALL answers (Q5-Q7) are No, please continue below (Q8-Q9).		
Q8	The research is designed or intended to study or involves subjects with psychiatric/psychological disorders or mental/intellectual disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q9	The study involves collection of blood from human subjects through any procedures (including finger pricking)#.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If ANY answer (Q8-Q9) is Yes, please submit application for IRB review (go to Q12); If ALL answers (Q8-Q9) are No, IRB review is NOT required (go to Q10).		
Q10	<input type="checkbox"/> I confirm that IRB review is NOT required for my project.	
Q11	<input type="checkbox"/> I am seeking special approval for this research. <i>Please contact RTD at rtd@tp.edu.sg</i>	
Q12	<input type="checkbox"/> I am submitting an application for IRB review. <i>Please contact IRB Secretariat at irb@tp.edu.sg</i>	

DECLARATION & ENDORSEMENT

A. Project Supervisor I declare that the above information is true and complete to the best of my knowledge.	B. Reporting Officer (RO) or equivalent
NAME & SIGNATURE/EXT/DATE	NAME & SIGNATURE/EXT/DATE

*excludes measurement of academic performance and common pedagogical interventions

If your answers to Q1-7 are "No", do note that the ONLY human tissue that is permissible to be collected and stored in TP under TP's HBR Policy is blood.