**PART I. REVIEW REQUEST**:*To be completed by applicant*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** Click here to enter a date. | | | |
| **Type of Request** (check all that apply): | Abstract | Publication | Presentation |
| **NOTE: Please attach to this form:** | | | |
| **1. Abstracts, Publications, or Presentations (APP) documents to be reviewed** | | | |
| **2. Call for Abstracts/Papers (Information for authors and presenters)** | | | |

# PROTOCOL INFORMATION

|  |  |
| --- | --- |
| **Southwest Tribal IRB #**Click here to enter text. | **Principal Investigator:** Click here to enter text. |
| **Protocol Title:** Click here to enter text. | |



# ABSTRACT/PUBLICATION/PRESENTATION INFORMATION

|  |
| --- |
| **Primary Investigator:** Click here to enter text. |
| **Co-Authors:** Click here to enter text. |
| **Primary author's e-mail:** Click here to enter text. |
| **Phone #:** Click here to enter text. |
| **Institutional Name and Address:** Click here to enter text. |
| **APP Submission Title:** Click here to enter text. |
| **Conference Title/Journal Name:** Click here to enter text. |
| **If a Conference, Date:** Click here to enter text. |
| **If a Conference, City/State:** Click here to enter text. |
| **APP Submission DEADLINE:** Click here to enter a date. |
| **Date of presentation (Abstract/Presentation ONLY):** Click here to enter a date.\_\_\_\_\_\_ |

**Has this abstract, publication or presentation received prior Southwest Tribal IRB approval?**

|  |
| --- |
| No, Attach document(s) to be reviewed |
| Yes, Southwest Tribal IRB approval date: Click here to enter a date.  (IF YES, DO NOT RESUBMIT DOCUMENTS UNLESS CHANGES ARE BEING PROPOSED; PLEASE FILL OUT BOX BELOW) |

**IF YES,** Please fill out info below for a previously approved submission

|  |
| --- |
| **Was abstract, publication or presentation published/presented as submitted and approved?** |
| No, Include reason why: Click here to enter text. |
| Yes, Date of presentation/publication: Click here to enter a date. |
| **Will the approved abstract, publication or presentation be re-submitted as approved?** |
| No (Note: Please attach document to be reviewed) |
| Yes (Note: *No changes can be made on previously approved abstract, publication*  *or presentation; if changes are being proposed please attach documents*) |

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# TRIBAL CONFIDENTIALITY AND PRIVACY STATEMENT (Please read and initial)

|  |  |  |  |
| --- | --- | --- | --- |
| *To protect Tribal confidentiality and privacy, the Southwest Tribal IRB prohibits the publication of names of the Tribal communities involved in the current research project; unless permission is granted by the Tribe.* | | | |
| I have read, and acknowledge the statement above | | Applicant initial here: | |
| **Does this abstract, presentation, publication include the name(s) of Tribe or Tribal-based organization?** | | | |
| No | | | |
| Yes, Tribe[s]:Click here to enter text.  *If yes, please indicate status below* | | | |
| Tribal approval (s) attached | Seeking Tribal approval (s) | | Other: Click here to enter text. |

# 

# **PART II**. **PRINCIPAL INVESTIGATOR (PI) RESPONSIBILITIES:** (Please Read and Initial)

|  |  |
| --- | --- |
| I will not publish the names of Tribal entities or Tribal community members without their prior consent  **1.\*\_\_\_\_\_\_\_; 2.\_\_\_\_\_\_\_** | |
| I understandif the results of the research are used to prepare additional papers for publication or presentation at professional conferences; PowerPoint slides, posters, manuscripts, and/or abstracts must be submitted to the Southwest Tribal IRB for pre-publication approval.  **1.\*\_\_\_\_\_\_\_; 2.\_\_\_\_\_\_\_** | |
| \*PI Signature | Co-PI Signature |

# **PART III. REVIEW** To be completed by Southwest Tribal IRB

**FOR OFFICE USE ONLY: (DATE AND INITIAL)**

*Date Received APP\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_*

**Expedited Review:** In general, expedited reviews are conducted by the Chair and another member of the IRB or the Primary Reviewer(s) if assigned.

1. **IRB Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Submitted:

*I feel that this may contain a major inaccuracy about or statement potentially damaging to Tribe[s], Tribal-based organization[s], Indigenous people, or individual participant[s].* (Check one)

❑ *No* ❑ *Yes, explain:*

*Recommendations* (Check one): ❑ Approve ❑ Disapprove ❑ Tabled until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Approve with Contingencies:

❑ Approve with Recommendations*:*

*Other concerns:*

1. **IRB Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Submitted:

*I feel that this may contain a major inaccuracy about or statement potentially damaging to Tribe[s], Tribal-based organization[s], Indigenous people, or individual participant[s].* (Check one)

❑ *No* ❑ *Yes, explain:*

*Recommendations* (Check one):❑ Approve ❑ Disapprove ❑ Tabled until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Approve with Contingencies:

❑ Approve with Recommendations*:*

*Other concerns:*

***Southwest Tribal IRB Coordinator*** ***Date:***

*Additional Comments:*