

**SUBCOMMITTEE ON RESEARCH SAFETY
LOUIS STOKES CLEVELAND DVAMC**

**INVESTIGATOR'S CHECKLIST
FOR CONTINUING REVIEW OF
PROTOCOLS ORIGINALLY APPROVED BY EXPEDITED REVIEW**

NOTE: THIS FORM MUST BE ACCOMPANIED BY A COMPLETED RESEARCH AND DEVELOPMENT COMMITTEE ANNUAL REVIEW FORM (available [here](#)). A scanned version of this document with a PI's signature is acceptable. Please email completed forms to: lscdvamcannrev@va.gov.

Principal Investigator:	Investigator	Co-Investigator:	N/A
Phone #	(111) 555-1111	Phone #	N/A
Protocol Title: Title			

1. Date above Research Protocol Safety Survey was originally approved by the Subcommittee on Research Safety: 0/0/0.

Continuing Review approval period is from 0/0/0 through 0/0/0. *

** Even though the approval period for the protocol may be for four or five years, the Research Protocol Safety Survey must be reviewed on an annual basis.*

2. Protocol is: INACTIVE. Protocol is: COMPLETED.
 Protocol is: TERMINATED. Protocol is: EXPIRED.

STOP HERE if one of the boxes in this section has been checked.
 Sign, date, and return to John Schaffer in Medical Research Service (151) W.

Signature of Principal Investigator: _____ Date: _____

3. Protocol is: ACTIVE.
4. In the last year, have there been any changes in personnel working on this protocol? YES NO
 If yes, complete the following section:

Name	Active	Phone #	Inactive
Staff Member A	<input checked="" type="checkbox"/>	(222) 555-2222	<input type="checkbox"/>
Staff Member B	<input type="checkbox"/>	(333) 555-3333	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

5. In the last year, have there been any changes in this protocol involving the following?
- a. Biological Hazards (Microbiological or viral agents, pathogens, toxins, select agents as defined in Title 42 Code of Federal Regulations (CFR) 72.6) YES NO
 - b. Human or non-human cell or tissue samples (including cultures, tissues, blood, other bodily fluids or cell lines) YES NO
 - c. Recombinant deoxyribonucleic acid (DNA) YES NO
 - d. Chemicals:
 - (1) Toxic chemicals (including heavy metals) YES NO
 - (2) Flammable, explosive, or corrosive chemicals YES NO
 - (3) Carcinogenic, mutagenic, or teratogenic chemicals YES NO
 - (4) Toxic compressed gases YES NO
 - (5) Acetylcholinesterase inhibitors or neurotoxins YES NO
 - e. Controlled Substances YES NO
 - f. Ionizing Radiation:
 - (1) Radioactive materials YES NO
 - (2) Radiation generating equipment YES NO
 - g. Nonionizing Radiation:
 - (1) Ultraviolet Light YES NO
 - (2) Lasers (class 3b or class 4) YES NO
 - (3) Radiofrequency or microwave sources YES NO
 - h. Physical agents, i.e., electricity, trauma, etc. YES NO
 - i. Animals (see *NOTE* below) YES NO

NOTE: Any changes involving the use of animals must be reported to the Institutional Animal Care and Use Committee/Subcommittee on Animal Studies.

Any boxes marked YES in parts a – h in this section must be identified in a written report attached to this form. *If the changes identified above are significant, you must submit a new protocol.*

Principal Investigator: _____ **Date:** _____

Approved by Expedited Review:

Chair,
Subcommittee on Research Safety: _____ **Date:** _____

Marion S. Helfand, M.D., Ph.D.

Research Safety Coordinator: _____ **Date:** _____

John M. Schaffer, B.A.