

Central New Mexico  
STEM Research Challenge



HUMAN PARTICIPANTS PROJECTS PRE-REGIONAL COMPETITION REVIEW

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Project Description:

CRITERIA FOR APPROVAL

1. Do you agree that risks to Participants were minimized?

☐ Yes ☐ No

Risks were minimized:

- By using procedures which are consistent with sound research design and which do not unnecessarily expose Participants to risk and;
- Whenever appropriate, by using procedures already being performed on the Participants for diagnostic or treatment purposes

2. Do you agree that risks to Participants were reasonable in relation to anticipated benefits, if any, to Participants, and the importance of the knowledge that may reasonably be expected to result?

☐ Yes ☐ No

In evaluating risks and benefits:

- Only those risks and benefits that may result from the research, as distinguished from risks and benefits of therapies Participants would receive even if not participating in the research should be considered
- Possible long-range effects of applying knowledge gained in the research (i.e., the possible effects of the research on public policy) should NOT be considered.

3. Do you agree that the selection of Participants was equitable?

☐ Yes ☐ No

In making this assessment, take into account:

- The purpose of the research
- The setting in which the research will be conducted
- Special problems of research involving vulnerable populations

4. Do you agree that, when appropriate, the research plan made adequate provision for monitoring the data collected to ensure the safety of Participants?

☐ Yes ☐ No

5. Do you agree that, when appropriate, there were adequate provisions to protect the privacy of Participants and to maintain the confidentiality of data?

☐ Yes ☐ No

6. Was the research conducted at a Regulated Research Institution?

☐ Yes ☐ No

7. If yes to #6, was Institutional approval granted prior to implementation of the research?

☐ Yes ☐ No

8. If yes to #6, did an approval letter from the Institution accompany the protocol paperwork?

☐ Yes ☐ No

9. Is a review by any other Compliance Unit warranted (animal, biosafety, etc.)?

☐ Yes ☐ No

If yes, please state what review is required: \_\_\_\_\_

☐ Review Done

## VULNERABLE POPULATIONS

10. Are vulnerable Populations included in the research? ☐ Yes ☐ No
11. Do you agree that the additional safeguards included were appropriate and adequate to protect the rights and welfare of these Participants? ☐ Yes ☐ No  
☐ Not Applicable
12. Do you agree with the risk determination given by the SRC/IRB review? ☐ Yes ☐ No  
☐ Not Applicable

## INFORMED CONSENT/ASSENT/PERMISSION

13. Was the consent process appropriate for the targeted population? ☐ Yes ☐ No
14. If YES to #11, was written informed consent/assent/permission obtained? ☐ Yes ☐ No  
☐ Not Applicable
15. If YES to #11, was the consent form(s) language understandable by the targeted subject population? ☐ Yes ☐ No  
☐ Not Applicable

## STUDENT RESEARCHER SAFETY

16. Did the student and his/her sponsor consider potential risks the researcher himself/herself might encounter during the course of the project? ☐ Yes ☐ No

**General Comments/Recommendations:**

- ☐ ACCEPT FOR REGIONAL COMPETITION
- ☐ REQUIRES ADDITIONAL INFORMATION (as explained in General Comments/Recommendations)
- ☐ DENIED FOR REGIONAL COMPETITION (as explained in General Comments/Recommendations)

\_\_\_\_\_  
**Signature of UNM HRPO Staff or IRB Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone**