

# PEPPERDINE UNIVERSITY

## GRADUATE & PROFESSIONAL SCHOOLS INSTITUTIONAL REVIEW BOARD

### Faculty Supervisor Review Form

Student's or Guest Investigator's Name: \_\_\_\_\_

Research Application Title: \_\_\_\_\_

\_\_\_\_ I, \_\_\_\_\_ certify that \_\_\_\_\_ is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the proposed application and protocol. By providing my initial I certify the following or have indicated which items below do not apply to this IRB application (e.g., NA):

\_\_\_\_ I have reviewed this application and confirm that the student investigator's IRB packet has been checked for readability, including spelling and grammar.

\_\_\_\_ I have reviewed the informed consent document to ensure that it covers the components covered here: [Instructions for Documentation of Informed Consent - Page 46 of the IRB Policy and Procedures Manual](#):

\_\_\_\_ I agree with the student's request for the level of review indicated below based on my understanding of the categories here: [IRB Review Procedures - Page 23 of the IRB Policy and Procedures Manual](#)

Level of review requested (indicate Exempt, Expedited, or Full Board) \_\_\_\_\_

\_\_\_\_ I confirm that the student has answered each question on the IRB application.

\_\_\_\_ I agree to meet with the student on a regular basis to monitor study progress, to be available, personally, to supervise the student in solving problems should they arise during the course of the study.

\_\_\_\_ I provide my assurance that the student will promptly report significant or untoward adverse effects to the Pepperdine IRB chairperson in writing in accordance with the guidelines stated here: [Adverse Event Reporting – Page 29 of the IRB Policy and Procedures Manual](#)

\_\_\_\_ If I will be unavailable (e.g., sabbatical leave or vacation), I will arrange for an alternate faculty supervisor/sponsor to assume responsibility during my absence, and I will advise the IRB chairperson in writing of such arrangements.

\_\_\_\_\_  
Faculty Supervisor Signature

\_\_\_\_\_  
Date