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| **IRB Number:** |  | |
| **Protocol Name:** |  | |
| **Investigator:** |  | |
|  | | |
| **Consultant Name:** | |  |
| **Relevant Expertise:** | | Describe the consultant's relevant expertise |
|  | | |
| **Confidentiality Agreement**:  The University of Minnesota treats research proposals, protocols and all supporting materials confidentially. A protocol normally is considered proprietary to the principal investigator. Further, a protocol may contain data that are proprietary to the sponsor, which the University is contractually obligated to keep confidential. Information shared with you is for consultation purposes only. Please check the box below acknowledging you will keep these materials shared with you confidential.  I agree to keep all IRB materials shared with me confidential. | | |
| **Conflicting Interests**:  Do you have a conflicting interest that prohibits you from providing an unbiased evaluation (see HRP-001 Definitions)?  I DO NOT HAVE A CONFLICT OF INTEREST TO DECLARE.  I RECUSE MYSELF FROM REVIEW OF THIS PROJECT BASED ON A CONFLICT OF INTEREST. | | |
| 1. Questions or Concerns (IRB Office Only): Use the space below to indicate any specific questions/concerns to be addressed by the expert consultant.   [Input Information Here] | | |
| 1. Consultant Reponses to Questions or Concerns: Use the space below to answer any specific questions/concerns to the questions noted above. | | |
| 1. Describe any concerns you may have with the scientific validity of research design. | | |
| 1. A key consideration of IRB review is the appropriateness of risk in relation to expected benefit. Benefits may be individual or societal. Please provide the committee with your evaluation of the anticipated risk associated with the proposed research. | | |
| 1. Provide any additional considerations that may be relevant to the IRB review of this study. | | |
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