**Date:**

**HSPB staff member taking report:**

**Name of person reporting:**

**Contact information of person reporting:**

**Phone**

**Cell**

**Fax**

**Email**

**Address**

**Relationship to issue/protocol:**

**Type of Report (phone call, email, fax, etc):**

**Site of Non-Compliance Allegation:**

**Respondent (against whom an allegation of non-compliance is made) information:**

**Title and WRAIR Protocol # (if applicable):**

**PI name (if applicable):**

**PI’s Branch/Center/Directorate (if applicable):**

**Brief Summary of the nature of the report:**

**Actions taken/planned to address the non-compliance:**

***Relay to person reporting that you will gather information and the Deputy Director, HSPB, Director, HSPB, or Chair, WRAIR IRB will contact them as soon as possible. Be sure to thank the person reporting and reassure that the information will be reviewed.***

**Preliminary Review:**

1. Is the allegation credible?

Yes  No

Comments:

1. Does the allegation fit within the scope of the IRB’s purview? (HSPB may advise if there are any questions about the purview of the IRB and/or scope of the WRAIR HRPP.)

Yes  No

Comments:

1. Does the allegation involve possible serious or continuing non-compliance?

Yes  No

Comments:

Note:

*If the answer is “yes” to all of the questions above, an investigation of noncompliance will occur as outlined below.*

*If the answer to questions 1 or 2 is “no,” the matter should be dismissed or referred to a more appropriate entity for consideration (e.g., allegations concerning scientific misconduct should be referred in accord with WRAIR Command Policy Memorandum for Scientific Misconduct).*

*If the answer to both questions 1 and 2 is “yes,” but the answer to 3 is “no,” the WRAIR IRB should proceed with the matter as an issue involving non-compliance that is neither serious nor continuing (see SOP UWS-HP-621, Deviation and Unanticipated Problems Reporting).*

**Preliminary Review Outcome:**

Initiate non-compliance investigation

Referred to:

IRB (process per SOP UWS-HP-621, Deviation and Unanticipated

Problems Reporting)

IO

Other (please specify):

Allegation(s) dismissed (please add brief description)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name/Signature HSPB Staff Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Printed Name/Signature IRB Administrative Director Date**

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**Printed Name/Signature Reviewer (or designee) Date**