



**Walter Reed Army Institute of Research  
Standard Operating Procedure**



SOP Title	<b>REVIEW OF HUMAN SUBJECTS RESEARCH BY THE FULLY CONVENED WRAIR INSTITUTIONAL REVIEW BOARD</b>	SOP No.	UWS-HP- 628.02 Appendix E
		Version	.02
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**Appendix E**

**Walter Reed Army Institute of Research (WRAIR)  
Institutional Review  
Board (IRB) Meeting Minutes Template**

This template is meant to be used as a guide when preparing the IRB meeting minutes. The meeting minutes are printed on WRAIR letterhead and a signature from the IRB Administrative Director or designee is obtained. Included in the header of pages subsequent to the cover page is the date of the respective meeting. The final signed copy of the meeting minutes is maintained with a copy of the WRAIR IRB agenda on file for the record. Italicized statements included in parentheses are intended to be used as instructions for completion.

(LETTERHEAD)

**MINUTES OF THE INSTITUTIONAL REVIEW BOARD MEETING  
WALTER REED ARMY INSTITUTE OF RESEARCH**

The Walter Reed Army Institute of Research (WRAIR) Institutional Review Board (IRB) met on DAY, DATE, in Room #, Bldg. 503. The meeting was called to order at TIME by IRB CHAIR OR IRB MEMBER PRESIDING OVER THE MEETING, to review:

Old Business

- \*DATE FINAL Minutes
- \*DATE Expedited Review List

New Business

- XX New Protocol (WRAIR #)
- XX Continuing Review Reports (WRAIR #)
- \*XX Follow-Up Report (WRAIR #)
- \*XX Articles

\*Starred items were For Information Only.

**Board Members Present** *(The IRB Chair and IRB Vice Chair are listed first with all other members to follow listed in alphabetical order.) (The full IRB roster is attached for reference.)*

NAME, DEGREE *(For Alternate members, identify which full member the alternate is serving for, or those not counting towards the quorum, if participating via teleconference, this is indicated.)*



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**Guests** *(All guests are listed in alphabetical order.)*

NAME, DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE

**Opening Remarks:**

**Conflict of Interest Statement:** *(List all noted conflicts of interest to include the corresponding protocol number, the individual’s name, and the rationale for conflict.)*

WRAIR #: NAME recused herself/himself from voting as he/she STATE REASON.

No other conflicts of interest were reported.

**Meeting Minutes – For Information Only**

Meeting Minutes from *(Date)*

*(Include any comments/suggested edits, otherwise note the following.)* There were no comments on the Meeting Minutes and it was entered into the record.

**Expedited Review List – For Information Only**

The Expedited Review List for the period of DATE is summarized as follows:  
*(Include bulleted summary of actions included in the expedited review list)*

There were no other comments on the Expedited Review List and it was entered into the record.

**1) New Protocol:**

**WRAIR #:** “STUDY TITLE”, submitted by NAME of PRINCIPAL INVESTIGATOR or WRAIR POINT of CONTACT (POC), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**Discussion:** *Summarize review and identify controverted issues.*

**Motion:** To APPROVE/APPROVE WITH STIPULATIONS/TABLE/DISAPPROVE as RISK LEVEL DETERMINATION research for the TERM OF APPROVAL. INCLUDE ANY



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ADDITIONAL REGULATORY REQUIREMENTS (i.e., REFERENCES TO SPECIFIC REGULATIONS).

**Approval Period:** *One year (if less, provide explanation why)*

**Vote: # for, # against, # abstain, # recusal**

JUSTIFICATION FOR ANY VOTES AGAINST/ABSTENTIONS/RECUSALS.

**The motion was approved as stated.**

**Communication to PI: See the DATE WRAIR IRB Minutes, Appendix 1.**

**2) Continuing Review Report, WRAIR #**

**WRAIR #:** "STUDY TITLE", submitted by NAME of PRINCIPAL INVESTIGATOR or WRAIR POINT of CONTACT (POC), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**Discussion:** *Summarize review and identify controverted issues.*

**Motion:** To ACCEPT/ACCEPT WITH STIPULATIONS/TABLE/NOT ACCEPT as RISK LEVEL DETERMINATION research for the TERM OF APPROVAL.

**Approval Period:** *One year (if less, provide explanation why)*

**Vote: # for, # against, # abstain, # recusal**

JUSTIFICATION FOR ANY VOTES AGAINST/ABSTENTIONS/RECUSALS.

**The motion was approved as stated.**

**Communication to PI: See the DATE IRB Minutes, Appendix 2.**

**3) Follow-Up Report: (For Information Only)**

**WRAIR #:** "STUDY TITLE", submitted by NAME of PRINCIPAL INVESTIGATOR or WRAIR POINT of CONTACT (POC), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**Discussion:** There was no discussion regarding this follow-up report as it was provided for information only.



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*[USE OF A COMMUNICATION TO PI FOR 'FOR INFORMATION ONLY' ITEMS IS ONLY NECESSARY WHEN THERE ARE REQUESTS/REQUIREMENTS FROM THE IRB; OTHERWISE, USE OF THIS APPENDIX DOES NOT APPLY]*

**4) Articles: (For Information Only)**

1. AUTHOR'S NAME (LAST NAME, FIRST NAME). TITLE OF ARTICLE. SOURCE. DATE
2. AUTHOR'S NAME (LAST NAME, FIRST NAME). TITLE OF ARTICLE. SOURCE. DATE

The meeting was adjourned at TIME.

\_\_\_\_\_  
NAME DATE  
DEGREE, TITLE  
CHAIR/VICE CHAIR/ACTING CHAIR  
WRAIR IRB

\_\_\_\_\_  
NAME DATE  
Administrative Director  
WRAIR IRB

**Circle Below:**  
**APPROVED/DISAPPROVED**

\_\_\_\_\_  
NAME DATE  
RANK, DEGREE  
Commander



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**APPENDIX 1**

**From DATE WRAIR IRB Minutes, New Protocol, WRAIR #**

**Communication to PI, NAME of PRINCIPAL INVESTIGATOR or WRAIR POC, DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE**

The Walter Reed Army Institute of Research (WRAIR) Institutional Review Board (IRB) reviewed the following new protocol:

**WRAIR #: "STUDY TITLE", (VERSION #, DATE)**

The fully convened WRAIR IRB voted on DATE to APPROVE/APPROVE WITH STIPULATIONS/DISAPPROVE the protocol as a RISK DETERMINATION study for CONTINUING REVIEW PERIOD, at which time a continuing review must be performed before the work can continue. The responses and revised documentation will be forwarded on to the Chair, WRAIR IRB, for expedited review and approval. [INCLUDE ANY BACKGROUND INFORMATION AS NEEDED.]

Please retain a copy of this correspondence in your files. A complete copy of the WRAIR IRB's DATE deliberations are held in the WRAIR's Human Subjects Protection Branch (HSPB) [Room #, Building 503].

**The HSPB point of contact for this action is NAME, EXTENSION #. Please send any responses to usarmy.detrack.medcom-wrair.mbx.hspb@mail.mil.**



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**APPENDIX 2**

**From the DATE WRAIR IRB Minutes, Continuing Review, WRAIR #**

**Communication to PI, NAME of PRINCIPAL INVESTIGATOR or WRAIR POC, DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE**

The Walter Reed Army Institute of Research (WRAIR) Institutional Review Board (IRB) reviewed the continuing review report (dated) for the following study:

**WRAIR #: "STUDY TITLE", (VERSION #, DATE)**

The fully convened WRAIR IRB voted on DATE to ACCEPT/ACCEPT WITH STIPULATIONS/TABLE/NOT ACCEPT approve the Continuing Review for CONTINUING REVIEW PERIOD with the following stipulations:

*IF APPLICABLE, LIST STIPULATIONS*

[INCLUDE ANY BACKGROUND INFORMATION AS NEEDED.]

Please retain a copy of this correspondence in your files. A complete copy of the WRAIR IRB's DATE deliberations are held in the WRAIR's Human Subjects Protection Branch (HSPB) [Room #, Building 503].

**The HSPB point of contact for this action is NAME, EXTENSION #. Please send any responses to [usarmy.detrick.medcom-wrair.mbx.hspb@mail.mil](mailto:usarmy.detrick.medcom-wrair.mbx.hspb@mail.mil).**