**Appendix D**

**Walter Reed Army Institute of Research (WRAIR)**

**Institutional Review Board (IRB) Agenda Template**

This template is meant to be used as a guide when preparing an agenda for an IRB meeting. The agenda is printed on WRAIR letterhead and a signature from the IRB Administrative Director or Designee is obtained. The original is maintained with a copy of the WRAIR IRB meeting minutes on file for the record. The items on the agenda can be rearranged/changed or additional items may be added based on level of priority. Italicized statements included in parentheses are intended to be used as instructions for completion.

(LETTERHEAD)

FCMR-UWS-HP DATE

MEMORANDUM FOR Institutional Review Board (IRB), Walter Reed Army Institute of Research (WRAIR), 503 Robert Grant Ave., Silver Spring, MD 20910-7500

SUBJECT: DATE WRAIR IRB Meeting Agenda

The WRAIR IRB will meet Wednesday, **DATE**, in Bldg. 503, Room \_\_\_, at **TIME**.

1**.** Old Business (*This section includes the expedited review list and may also include any finalized minutes)*

1. \*DATE WRAIR IRB Meeting Minutes
2. \*DATE Expedited Review List
3. New Business (*This section includes relevant training for the IRB (i.e., IRB training on Standard Operating Procedures.) and any new protocols, amendments, continuing reviews, deviation reports, unanticipated problems, serious adverse events, etc. that require review or are for information only.)*
4. Training Tidbit: TITLE, presented by: NAME, CREDENTIALS, AFFILIATION

Summary: (Provide overview of the training topic and some details what will be covered)

B) The following Continuing Reviews are enclosed for your review:

1) **WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

2) **WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

 B) The following Amendments are enclosed for your review:

1) **WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

**Context:**

2) **WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

**Context:**

C) The following Unanticipated Problem Reports are enclosed for your review:

1) **WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

**Context:**

2) **WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

**Context:**

1. The following New Protocols are enclosed for your review:

**WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

**Context:**

**WRAIR #**: TITLE OF PROTOCOL, VERSION #, dated DATE, **submitted by:** NAME OF THE PRINCIPAL INVESTIGATOR (or the WRAIR Point of Contact (POC) for the Protocol), DEGREE, TITLE, DEPARTMENT, BRANCH, INSTITUTE.

**HSPB POC:**

**Primary Reviewer:**

**Secondary Reviewer:**

**COIs:**

**Regulations:**

**Context:**

1. The following \*Articles/Educational Items are enclosed for your information:

 1) Author. “TITLE,” SOURCE, VOL., NO., DATE

 2) Author. “TITLE,” SOURCE, VOL., NO., DATE

Please contact the Human Subjects Protection Branch (HSPB) and state by phone (301-319-9940), by fax (301-319-9961), or by email (usarmy.detrick.medicom-wrair.mbx.hspb@mail.mil) whether you will be attending the meeting. Also, if you are aware of a conflict of interest pertaining to one of the protocols on this agenda, please acknowledge this when you respond regarding your attendance. It is important to know ahead of time if we have a quorum.

 NAME, DEGREE

 IRB Administrative Director

WRAIR IRB

Encls.

DATE WRAIR IRB Meeting Minutes

MONTH Expedited Review List

# Continuing Review Reports (WRAIR #s)

# Amendments (WRAIR #’)

# Unanticipated Problem Reports (WRAIR #s)

# New Protocols (WRAIR #s)

# Articles

*(\*Items are enclosed for informational purposes only)*