

NEW IRB MEMBER ORIENTATION CHECKLIST

Member's Name: _____

Orientation Session Scheduled: _____

Document	Date Received
_____ Signed IRB Appointment Agreement (OR 202-C)	_____
_____ Signed IRB Member Confidentiality Agreement (OR 202-D)	_____
_____ Signed IRB Member Recusal Agreement (GA 104-A)	_____
_____ Completed Contact Information Questionnaire	_____
_____ Copy of Current Curriculum Vitae or Resume	_____
_____ Verification of Human Subjects Training	_____
_____ Completion of the Sparrow Health System's HIPAA Quiz	_____
_____ Receipt of IRB SOP Manual	_____
_____ Receipt of Publication titled "Protecting Study Volunteers in Research, Third Edition"	_____
_____ Viewed the OHRP Human Protections Video	_____
_____ HIPAA Test	_____
_____ Other: (Explain)	_____