

**California Health and Human Services Agency
Committee for the Protection of Human Subjects (CPHS)**

**New Project Application and Review Checklist
for California Information Practices Act Only (SB 13)**

Date: _____
Project Title: _____

Institutional Affiliation: _____
Principal Investigator (PI): _____
Mailing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Please check if your institution is:
 University of California (UC) or
 Nonprofit

If your institution is not a UC or nonprofit, CPHS may not be able to review your project unless you are able to affiliate with a qualifying organization.

Have you included the following (please check)?

All Projects:

- Cover Letter
- New Project Application Review and Revision Checklist for California Information Practices Act Review Only (SB 13)
- Project Protocol
- Signature of PI(s) on New Project Application Review and Revision Checklist for California Information Practices Act Review Only (SB 13)
- Signature of PI(s) and Responsible Official on Project Protocol
- Curriculum Vitae of PI
- Departmental letter(s) of support

Other Possible Items (check if submitted in research proposal):

- Additional project materials

Specify: _____

**SHADED AREA IS FOR
CPHS STAFF USE
ONLY**

Project Number:
Reviewer:
Date
Due Date:
Staff Reviewer

Yes No
 Yes No

:
 Yes No
 Yes No

Yes No
 Yes No

Yes No
 Yes No
 Yes No

**THIS SHADED
AREA FOR CPHS
REVIEWERS ONLY**
Project Number:

Reviewer
Concurs:

1. Are adequate justifications provided in the protocol for both the quantity of the data, the time period of requested data and the variables being requested? (Only minimum necessary is requested). Yes No Yes No
2. Is the data set to be linked with any other data sets?
If yes, are all data sets identified and each of the variables listed and justified for each linkage? Yes No Yes No
3. Will a third party be used to perform the data matching?
If yes, has evidence been provided of the third party's ability to protect confidential, sensitive information? Yes No Yes No
4. Is an adequate plan provided in the protocol to protect the data from improper use, including the implementation of effective administrative, physical, and technical safeguards:
Locked cabinets or rooms? Yes No Yes No
Computer password protected? Yes No Yes No
Access limited to authorized personnel only? Yes No Yes No
Data transported by secure carrier only? Yes No Yes No
Computer not accessible to Internet Yes No Yes No
Laptop computer never left unattended in a car or other unsecure location Yes No Yes No
5. Has a commitment been made in the protocol that the data will not be reused or provided to any unauthorized person or entity? Yes No Yes No
6. Has a commitment been stated in the protocol to not publish information that could possibly lead to identification of individual subjects? Yes No Yes No
7. Has an adequate plan been provided in the protocol to destroy or return the data as soon as it is no longer needed for research? Yes No Yes No
8. Has adequate information been provided in the protocol to Demonstrate that the research is scientifically sound? Yes No Yes No
9. Are Social Security Numbers to be used in the research?
If yes, is adequate explanation provided why other unique Identifiers (not linked to SSN) cannot be used? Yes No Yes No
10. List the State department's research involvement in Funding, PI and Research Staff and list the formal names of State databases and/or specimens to be used in this research project.

State Department	Funding	PI	Research Staff	Database(s)/Specimen(s)

Principal Investigator's Signature: _____ Date: _____

Name of PI (Please print or type): _____

CPHS Expedited Review Use Only

Project #: _____

STAFF: Project eligible for Expedited Review due to:

Dickey Lowe Dinis Galbraith Harris Kirkish Mihordin Murphy Ruiz Snipes Ward Staff

REVIEWER:

Approved for Information Practices Act (SB 13) Approval deferred pending minor revisions
Specify revisions:

Referred to Full Committee

Reason(s) referred to Full Committee:

Comments and additional information:

If revisions required, check one of the following options:

CPHS Member must confirm revisions

CPHS Staff may confirm revisions

CPHS staff approves revisions (initial and date):

CPHS Member or Staff Signature _____ **Date** _____