
Institutional Review Board
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Quality Improvement and/or Research Checklist

For a determination regarding whether your project needs to be conducted under an IRB approved protocol, please submit this completed form to irb@med.cornell.edu.

Description & Methods

1. Title:
2. Please provide a brief description of the design of your project and the methods you will use. Please specify all sources of data you will use, e.g. charts, slides form pathology, surveys, etc. **NOTE:** Please attach all relevant documents (such as surveys):

3. Please check all statements that apply to the methods you will utilize:

- ☐ We will be implementing an evidence-based intervention that has been previously established/published.
- ☐ We will be implementing a novel intervention that has not yet been reported in the literature.
- ☐ We will only be evaluating an existing program, intervention and/or procedure.
- ☐ Other.

Intent and purpose:

1. What is the intent and purpose of your project? Please check all that apply:

- ☐ To contribute to generalizable knowledge (e.g. testing a hypothesis, establish clinical practice standards where none previously existed, establish a registry or data base from which a hypothesis will be tested).
- ☐ To improve the process/delivery of care while decreasing inefficiency (e.g. measure variation from or improve adherence with standard practice, measure satisfaction with standard practice, compare a program/process system with an established set of standards).
- ☐ Other.

2. Please provide a brief description of the intent and purpose of this project (i.e. what are the goals and objectives of the project?):

Focus

1. What is the focus of your project?

☐ This an *institution or program-specific* investigation/evaluation (i.e. intended to improve or evaluate a practice or process at WCM/NYP specifically). If so, please describe:

☐ We expect the results to be generalizable AND/OR the project involves other institutions or programs or processes beyond WCM. If so, please describe:

Funding

1. What is the source of funding for your project?

2. Has the project received external funding (e.g. federal/industry) to be conducted as a human subjects research study? YES ☐ NO ☐

If YES, please describe:

Project Team

1. Who will be conducting this activity?

☐ The activity will ONLY be conducted by individuals who are presently involved in the program/department under evaluation. If so, please describe:

☐ The proposed project will ONLY be conducted by individuals that are not presently involved in the program/department under evaluation. If so, please describe:

☐ The proposed project will be conducted by individuals both internal and external to the program/department under evaluation. If so, please describe:

Sample/Population

1. Will the project involve the evaluation of any of the following groups (check all that apply)? **NOTE:** if data/information will be collected about a member of these groups, regardless of whether they will be evaluated, please check the corresponding box.

- ☐ WCM Students
- ☐ Students from other institutions (i.e not WCM)
- ☐ Employees of WCM/NYP
- ☐ Employees of other institutions (i.e. no WCM/NYP)
- ☐ Patients of WCM/NYP
- ☐ Patients of other institutions (i.e. not WCM/NYP)
- ☐ Other _____

2. Please provide a brief description:

Benefit

1. Who will benefit from this activity? Please check all that apply:

- ☐ The program/department under evaluation would benefit from the project. If so, please describe:

- ☐ The most significant benefit from the project is societal or to the greater medical community (i.e. in developing new or advancing existing general knowledge)? If so, please describe:

Publication

1. What is your plan for publication/presentation?

- ☐ The findings of this project will only be used/disseminated at WCM/NYP.
- ☐ The findings of this project will be published or presented outside WCM/NYP. If so, please describe:

Signature

WCM Project Leader

Date:

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