

**Office of Research Compliance  
(in affiliation with the North Texas Regional  
Institutional Review Board)**

**Post Approval Monitoring (PAM) Audit Checklist**

Date of Audit: \_\_\_\_\_

Name of Research Compliance Auditor(s): \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

School/Department: \_\_\_\_\_

IRB Project #: \_\_\_\_\_

IRB Project Title: \_\_\_\_\_

Is this a periodic compliance audit? Yes  No  N/A   
If no, is this a for-cause audit? Yes  No  N/A

If N/A for both, please provide reason for audit: \_\_\_\_\_

Name of person(s) available during the on-site audit:  
\_\_\_\_\_  
\_\_\_\_\_

**Key Personnel:**

1. Are all study personnel up-to-date with their training in human subjects research (e.g., CITI, etc.)? Yes  No  N/A
2. Is a conflict of interest form on-file for all key personnel on the study? Yes  No  N/A
3. Have all research personnel working on the project been appropriately documented and accounted for on the project (e.g., listed on the protocol synopsis, approved via the *Application for Change in Study Personnel* form and study amendment, etc.)? Yes  No  N/A

**Research Protocol:**

1. Does the project have current IRB approval? Yes  No  N/A
2. Has the research been conducted in a manner which complies with the project description and procedures as approved by the IRB? Yes  No  N/A
3. Were all data collection instruments used by researchers approved by the IRB? Yes  No  N/A
4. Deviations documented / reported? Yes  No  N/A
5. Did subjects receive participation remuneration / payment schedule? Yes  No  N/A

*Comments:*

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**Consent / Assent Process:**

For the consent forms and documentation reviewed, complete the following questions:

1. Is a written consent form required? Yes  No  N/A 
  - a. If required, did the subject sign the consent form prior to entry? Yes  No  N/A
  - b. If required, was it the current and correct IRB-approved/stamped version? (check expiration date)? Yes  No  N/A
2. Is a verbal/online consent process required (not written)? Yes  No  N/A 
  - a. If verbal/online, was the IRB-approved script used? Yes  No  N/A
  - b. If verbal/online, was the subject's consent documented? Yes  No  N/A

3. How many subjects are/were enrolled to date? \_\_\_\_\_
4. How many subjects are/were completed / lost to follow up (LTF) / withdrawn (WD) to date?  
 \_\_\_\_\_
5. How many subjects were approved by the IRB in the protocol? \_\_\_\_\_
6. How many subjects were chosen for this review? \_\_\_\_\_
7. If applicable, did the subject initial/date each page of the consent form? (Not applicable if initials/date not included in the consent form.) Yes  No  N/A
8. Did each subject sign/date his/her own consent form on the signature page?  
 Yes  No  N/A
9. Was there a research team member acknowledgement on the signature page?  
 Yes  No  N/A
10. Did anyone not approved by the IRB to consent subjects sign as a study representative?  
 Yes  No  N/A   
 A. If YES, who? \_\_\_\_\_
11. Are there any unexplained date discrepancies? Yes  No  N/A   
 A. If YES, describe: \_\_\_\_\_
12. Were invalid consent forms used? Yes  No  N/A
13. Did each subject receive a copy of the consent form? Yes  No  N/A
14. Was the consent process witnessed (audited) on-site? Yes  No  N/A

*Comments:*

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**Eligibility Criteria:**

1. Did each subject meet eligibility criteria? Yes  No  N/A   
If NO, were they excluded appropriately? Yes  No  N/A   
If NO, was a protocol deviation submitted to the IRB? Yes  No  N/A

*Comments:*

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**Adverse Events / Serious Adverse Events / Unanticipated Problems/Complaints:**

1. Have there been any adverse events (AE), serious adverse events (SAE), unanticipated problems, complaints, or subject withdrawals while conducting this research? Yes  No  N/A   
a. If YES, have all details been reported to the IRB? Yes  No  N/A   
2. Reported / documented in a timely manner? Yes  No  N/A

*Comments:*

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**Recruitment/Materials:**

1. Were subjects identified and recruited according to the methods approved by the IRB?  
Yes  No  N/A
2. Were the advertisements and/or the recruitment materials used to recruit subjects approved by the IRB?  
Yes  No  N/A
3. If subjects received compensation, is there documentation?  
Yes  No  N/A

*Comments:*

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**Recordkeeping/Security:**

1. Where are the consent forms and applicable study related data maintained?  

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  - a. If applicable, does this align with the storage methods outlined in the protocol?  
Yes  No  N/A
2. Are study related records maintained and organized in a manner that allows for easy retrieval of documents and/or does the study file demonstrate that the PI is able to maintain accurate, complete, and current records?  
Yes  No  N/A
3. Pertaining to hard copy documents, were security measures in place to protect the privacy of the subjects and confidentiality of the information in the study documents as stated in the protocol synopsis (e.g., locked cabinet, coded, etc.)?  
Yes  No  N/A
4. If the researchers proposed to collect the data anonymously, has the anonymity been maintained in the physical and/or the electronic records?  
Yes  No  N/A
5. If applicable, is electronic data stored on a secure and password protected computer?  
Yes  No  N/A

6. Is access to computer, electronic files, and physical files limited to appropriate study personnel?

Yes  No  N/A

7. Was the research data stored/disposed of as described and approved by the IRB?

Yes  No  N/A

*Comments:*

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**Continuing Review:**

1. Is the Principal Investigator able to locate and/or provide information about the project's study expiration date?

Yes  No  N/A

2. Have there been any lapses in IRB approval?

Yes  No  N/A

a. If YES, did the PI report any research activity that was performed during the lapse?

Yes  No  N/A

3. Were there any changes to the approved project since the last continuing review?

Yes  No  N/A

a. If YES, was a revision submitted to the IRB?

Yes  No  N/A

4. Have there been any new findings to change the risk benefit ratio?

Yes  No  N/A

*Comments:*

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**Genetic Research:**

1. Are samples being obtained in a manner consistent with the protocol synopsis?  
Yes  No  N/A
2. Are samples being used and stored in a manner consistent with the protocol synopsis?  
Yes  No  N/A
3. Is written consent required? Yes  No  N/A
4. Were subject identifiers collected? Yes  No  N/A 
  - a. If so, were they collected in a manner consistent with the protocol synopsis?  
Yes  No  N/A
  - b. Is the identifying information being stored and maintained in a manner consistent with the protocol synopsis?  
Yes  No  N/A
4. If samples were coded, were they coded in a manner consistent with the protocol synopsis?  
Yes  No  N/A
5. Is there a secondary use of the samples? Yes  No  N/A 
  - a. If so, is there IRB approval for these uses? Yes  No  N/A

*Comments:*

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**Auditor's Finding(s) / Suggestion(s):**

No finding(s) or determination(s) noted

- Met Compliance Criteria: No issues or findings
- Non-Compliance Deficiency: Failure to follow the regulations governing human subjects' research, North Texas Regional IRB policies and procedures related to human subjects research or the requirements or determinations of the IRB
- Serious Non-Compliance Deficiency: Increases risks to subjects; adversely affects the rights, welfare or safety of subjects; compromises the scientific integrity of the research, or compromises the integrity or effectiveness of the North Texas Regional IRB Human Research Protections Program
- Continuing Non-Compliance: A pattern of repeated noncompliance that indicates an inability or unwillingness to comply with governing human subject's research regulations, North Texas Regional IRB policies and procedures or the requirements or determinations of the IRB





THE UNIVERSITY *of* NORTH TEXAS  
HEALTH SCIENCE CENTER *at* FORT WORTH

**Suggested Corrective and Preventative Action Plan(s)**