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|  | **Special Population Review Form—Pregnant Women, Fetuses, Neonates/Nonviable Neonates** | **irb - forms** |

Title of Protocol:

1. State reasons for including this population in your project:

2. Will the project meet the health needs of the mother/fetus? [ ]  Yes, [ ]  No

 **OR**

 Is the risk to the fetus minimal and the least possible risk for achieving the objectives? [ ]  Yes, [ ]  No

3. If the project involves a termination of a pregnancy,

 Will the investigators and staff remove themselves from any decisions related to the termination, including determining the fetus’ viability? [ ]  Yes, [ ]  No

**and**

 Are there inducements, monetary or otherwise, offered? [ ]  Yes, [ ]  No

4. If the project involves pregnant women,

Will the project meet the health needs of the mother and will the fetus be placed at risk only to the minimum extent necessary? [ ]  Yes, [ ]  No

5. If the project involves in utero fetuses,

Will the project meet the needs of the fetus and will the risk to the fetus be minimal?

 [ ]  Yes, [ ]  No

 **OR**

 Will the risk to the fetus be minimal and the purpose of the project is to develop important biomedical knowledge that cannot be obtained by other means?

 [ ]  Yes, [ ]  No

6. If the project involves ex utero fetuses,

 Will there be no added risk to the fetus and the purpose of the project is to develop important biomedical knowledge that cannot be obtained by other means?

[ ]  Yes, [ ]  No

 **OR**

Is the project’s purpose to enhance the possibility of survival of the fetus or neonate to the point of viability? [ ]  Yes, [ ]  No

PI Name:      PI Signature: Date: