State of California—Health and Human Services Agency
Committee for the Protection of Human Subjects

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

GAVIN NEWSOM
Governor

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (CPHS)
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CalHHS)

Members
Catherine Hess, PhD (Chair)
Larry Dickey, MD, MPH, (Vice Chair)
Juan Ruiz, MD, DrPH, MPH
Maria Dinis, PhD, MSW
Laura Lund, MA
Philip Palacio, EdD, MS
John Schaeuble, PhD, MS
Allen Azizian, PhD
Maria Ventura, PhD
Jonni Johnson, PhD
David Lang, PhD
Tefera, MD, MSc

Remote Attendees
Allen Azizian, PhD
Maria Dinis, PhD, MSW
Juan Ruiz, MD, DrPH, MPH
Laura Lund, MA

Alternate Member
Millard Murphy, JD
Lois Lowe, PhD

Friday, October 3, 2025
8:30 a.m.

Zoom:
CPHS October 3, 2025, Full Committee Meeting

Meeting ID: 160 313 9254
Passcode: 905785

Location:
1215 O Street,
Allenby Building,
11th Floor,
Meeting Room 1181,
Sacramento, CA 95814

Phone:
+1 669 254 5252 US (San Jose)
+1 669 216 1590 US (San Jose)
+1 646 828 7666 US (New York)

Meeting ID: 160 313 9254

MINUTES

CDII
Agnieszka Rykaczewska, Deputy Director

CPHS Administrator
Agnieszka Rykaczewska, PhD

Committee Members Present in Person:
Larry Dickey, MD, MPH
Jonni Johnson, PhD
Maria Ventura, PhD
Philip Palacio, EdD, MS
John Schaeuble, PhD, MS
David Lang, PhD
Lemeneh Tefera, MD, MSc

Committee Members Present Remotely:
Allen Azizian, PhD
Maria Dinis, PhD, MSW
Juan Ruiz, MD, Dr. PH, MPH
Laura Lund, MA

CPHS Staff Present in Person:
Agnieszka Rykaczewska, PhD
Sussan Atifeh
Nicholas Zadrozna

OTSI Staff Present Remotely:
Karima Muhammad
David Haynes

Also, Present Principal Investigators and Associate Investigators Remotely:
Helen Parsons (University of Minnesota)
Rachel Vogel (University of Minnesota)
Amber Ivey (Social Finance, Inc.)
Matthew La Rocque (Social Finance, Inc.)
Sarah Styles Osborn (Social Finance, Inc.)
Kimberly Berger (Sequoia Foundation)
Rosemary Castorina (California Department of Public Health)
Hannah Wohl Sanchez (Sequoia Foundation)
Danielle Oleskiewicz (California Department of Aging)
Elon Ullman (California Department of Public Health)
Sara Tepfer (California Department of Public Health)
Kathleen Tebb (University of California, San Francisco)
Katelyn Williford (Tulare County Office of Education/ California Friday Night Live Partnership)
Emily Putnam- Hornstein (University of North Carolina, Chapel Hill)
Regan Foust (University of Southern California)
Amelia Goranson (Verasight)
Ben Leff (Verasight)
Joshua Fedewa
Madeline Shannon

A. Welcome

a) Chair Updates

Dr. Larry Dickey, CPHS Vice Chair, called the meeting to order. Sussan Atifeh took roll, established quorum, and noted that Dr. Hess would be absent from the meeting. Dr. Dickey then took a moment to acknowledge the passing of Dr. Lowe, who had been an active member of CPHS since 1986. In her remembrance, the committee shared memories and stories honoring Dr. Lowe's contributions. A memorial service for Dr. Lowe will be held on October 17, 2025. Her daughter, Liz Lott, joined the meeting in honor of her mother.

Dr. Dickey informed the committee that Ms. Karrie Kurtural has resigned from CPHS due to personal reasons. He noted that this will be the first time during his tenure with the committee that CPHS does not have a lawyer serving on the board.

B. Administrative Update

a) Share CDII update and introduction to new CPHS consultants

Dr. Agnieszka Rykaczewska administered the oath to Dr. David Lang and Dr. Lemeneh Tefera, officially welcoming them as full board members of CPHS.

Dr. Lang introduced himself to the committee. He serves as the Research Manager for Cradle to Career, the state's longitudinal data system. He earned his Ph.D. in Economics from Stanford University and previously worked as a researcher at the Federal Reserve Bank of San Francisco.

Dr. Tefera also introduced himself to the committee. He is the Chief Medical Officer and Deputy Director for Clinical Innovation at the Department of Health Care Access and Information (HCAI).

Dr. Rykaczewska introduced David Haynes, who serves as the Senior Attorney at the Office of Technology and Solutions Integration (OTSI). She noted that Attorney Haynes has begun working with Maggie Schuster following CPHS's transition to OTSI.

Dr. Rykaczewska informed the committee that CPHS has hired consultants from Advarra to help ensure that its policies and procedures remain current with regulatory changes and reflect best practices. The consultants have completed interviews with the Chairs and CPHS staff. The next step will be to interview all board members, and Dr. Rykaczewska noted that Joshua Fedewa will be reaching out to schedule those meetings.

Additionally, CPHS is seeking feedback from researchers about their experiences with the committee. Joshua Fedewa's email, joshua.fedewa@advarra.com, was shared in the Zoom chat, and researchers interested in participating were encouraged to reach out. These insights will help CPHS learn and improve moving forward. No public comments were made.

C. Review and Approve of Meeting Minutes

Dr. Dickey asked if there were any comments or public comments on the meeting minutes from the August 1, 2025, Full Board Meeting.
No comments or public comments were made.

Motion: It was moved by Dr. Johnson and seconded by Dr. Ventura to approve the August 1, 2025, Full Board Committee Meeting Minutes.

Approve: Dr. Johnson, Dr. Ventura, Dr. Azizian, Dr. Dinis, Ms. Lund, Dr. Palacio, Dr. Ruiz Dr. Schaeuble
Oppose: None
Abstain: Dr. Lang, Dr. Tefera
Absent: Dr. Hess

Total=10 In Favor-8, Opposed-0, Abstained-2

D. Projects with Reported Adverse Events and/or Deviations

None.

E. New Projects – Full Committee Review Required

1. Project # 2025-131 (Azizian)
Title: Understanding The Experience of Ovarian Cancer – Life After Diagnosis (UNTOLD) Study
PI: Rachel Vogel, PhDd
Co-PI: Helen Parsons, PhD MPH
Board Decision: Deferred Approval

Discussion:
The research team described this study as a Centers for Disease Control and Prevention (CDC)-funded, mixed-methods project examining unmet needs among individuals diagnosed with ovarian, primary peritoneal, or fallopian tube cancer in California. The team plans to request registry data from the California Cancer Registry (CCR) on approximately 25,000 patients diagnosed between 2014 and 2025, recruit about 5,000 individuals by mail, obtain 2,000 completed surveys, and conduct up to 40 follow-up interviews. Study materials will be available in English and Spanish. Surveys will be distributed via REDCap and by mail using a modified Dillman method, which includes reminders, a small token incentive, a weekly $200 gift card drawing for survey completions, and a $50 gift card for interviewees.
The research team requested a waiver of documentation of written consent, explaining that signed forms could pose a confidentiality risk. This waiver was supported by community advocates, who expressed concern that participants might hesitate to participate due to political or social sensitivities. Data will be stored securely using study IDs, with all state data maintained separately at the University of Minnesota.
Interviews will be conducted virtually or by phone, with audio recordings transcribed and verified. Committee members discussed the complexity of the nine-page consent form and the inclusion of HIPAA language that may not apply to this study. Members emphasized that consent materials must be understandable and suggested developing a plain-language summary sheet. Alternatives such as electronic or paper checkboxes to acknowledge consent, or staff-documented verbal consent for interviews, were also considered.
The committee stressed the importance of simplifying the consent process to ensure participants fully understand the study and their rights. Members also noted that some potential participants may have concerns beyond confidentiality, including fear of disclosing immigration status when interacting with researchers or healthcare systems. This was identified as a broader factor that could impact willingness to participate and should be taken into account when designing recruitment and consent procedures.

Motion: Dr. Azizian moved, and Dr. Schaeuble seconded, to grant a deferred approval, for one year under minimal risk pending the following specified minor revision which require expedited review and approval by a CPHS subcommittee of Dr. Azizian.

1. **The addition of a summary of the consent form.**
2. **The addition of an option to acknowledge that participants have read and understand the consent but chose not to sign.**
3. **Clarification of which data will be included in repository to ensure that it does not include any state data.**

Approve: Dr. Azizian, Dr. Schaeuble, Dr. Dinis, Dr. Johnson, Dr. Lang, Ms. Lund, Dr. Palacio, Dr. Ruiz, Dr. Tefera, Dr. Ventura.
Oppose: None.
Abstain: None.
Absent: Dr. Hess.

Total=10 In Favor-10, Opposed-0, Abstained-0

2. Project # **2025-133 (Dickey)**
Title: Evaluating the Effectiveness of Air Quality Monitoring and Health Education on Reducing Indoor Pollution Exposure in Low-Income Housing Communities
PI: Kimberly Berger, MPH, PhD
Co-PI: Rosemary Castorina, PhD MPH
Board Decision: Deferred Approval

Discussion:
The committee discussed whether the project qualified as public health surveillance or research and concluded it was research due to the intervention component.

Researchers provided an overview of the study, which aims to identify low-cost strategies to reduce indoor air pollution in low-income housing units. Indoor air pollution is a known contributor to conditions such as asthma and cardiovascular disease. The study involves installing air monitors in participants' homes, with one group receiving live air quality readings while cooking and another group not. Both groups will receive educational videos on reducing indoor pollution (e.g., opening windows, using exhaust fans, smoking outside).

Approximately 300 participants will be recruited in the Oakland area through Higher Ground, a community-based organization. Researchers outlined eligibility criteria, two in-home visits, monitor installation, and data collection procedures, including photos of kitchen setups and online consent forms.

Committee members asked about photo metadata, monitor power usage, and participant behavior. Researchers confirmed that no metadata would be collected, outdoor monitors are solar-powered, and indoor monitors have minimal energy draw.

Cooking frequency is not an eligibility criterion. The study welcomes participants regardless of cooking habits, aiming to assess intervention effectiveness at scale. Baseline questionnaires will collect cooking frequency data to help interpret PM2.5 changes, acknowledging other pollution sources such as smoking and incense. The study targets the household member primarily responsible for cooking, as they will receive ventilation guidance.

Researchers clarified that participants will be educated on interpreting air quality readings and responding to poor conditions. Initially, participants were to keep the monitors, but due to tariffs and costs, monitors will be retrieved. Ethical concerns were raised about withholding live data from some participants; researchers noted there is no established evidence that real-time feedback alters behavior. The committee recommended adding Higher Ground staff to the application, clarifying the energy use statement in the consent form, and including low-cost air monitor recommendations in the follow-up questionnaire.

Motion: Dr. Palacio moved, and Dr. Lang seconded, to grant a deferred approval, for one year under minimal risk pending the following specified minor revision which require expedited review and approval by a CPHS subcommittee of Dr. Dickey.

1. **Include the recruitment staff in the application**
2. **Add in the informed consent that there will be a small energy draw from the indoor air monitor**
3. **Add recommendations for low-cost air monitors that can be purchased**

Approve: Dr. Palacio, Dr. Lang, Dr. Azizian, Dr. Dinis, Dr. Johnson, Ms. Lund, Dr. Ruiz, Dr. Schaeuble, Dr. Tefera, Dr. Ventura.
Oppose: None.
Abstain: None.
Absent: Dr. Hess.

Total=10 In Favor-10 Opposed-0, Abstained-0

3. Project # 2025-136 (Ventura)
Title: Cal Community Connect: Advancing California's Aging and Disability No Wrong Door System
PI: Danielle Oleskiewicz, PhD
Co-PI: Brian Carter
Board Decision: Deferred Approval

Discussion:
The Principal Investigator (PI) presented an overview of the project and stated that the goal of the study is to evaluate how well the Cal Community Connect program expands California's No Wrong Door (NWD) system, which helps older adults, people with disabilities, and caregivers access Long-Term Services and Supports (LTSS). The California Department of Aging (CDA) received a two-year grant from the Administration for Community Living (ACL) starting in June 2025 to implement and evaluate this program. The program includes training and certifying Community Health Workers (CHWs) at three Area Agencies on Aging (AAAs) in San Diego, Sacramento, and Sonoma. These CHWs will serve as NWD navigators, helping participants connect with needed services and supports.

The study plans to recruit 335 participants, including older adults, people with disabilities, and caregivers. Recruitment will occur through flyers, social media, AAA websites, a 1-800 number, and local outreach by AAA staff. Eligible participants will be invited to take part in the evaluation, but declining participation will not exclude them from receiving services.

Participants who agree will complete informed consent and two surveys—one at the start and one six months later. Surveys will be offered either on paper or electronically via SurveyMonkey and will take about one hour to complete. The protocol will be updated to include all AAA staff and navigators once hired and trained. Risks were described as minimal. Data will be stored securely on servers, and paper surveys will be kept in locked rooms at AAA sites. Participants will be notified immediately if any accidental data disclosure occurs, and counseling resources will be provided for any distress caused by survey questions.

Dr. Ventura clarified that the research team improved the consent form by lowering it to an eighth grade reading level and allowing participants to skip any questions. They confirmed that an NWD navigator will be available to assist participants and read the consent form aloud if needed. Spanish translations of all study materials will be submitted for review before use. The PI agreed to remove the date of birth from the survey to avoid collecting unnecessary Personally Identifiable Information (PII) and to replace it with an age question instead.
No public comments were received for this project.

Motion: Dr. Ventura moved, and Dr. Johnson seconded, to grant a deferred approval, for one year under minimal risk pending the following specified minor revision which require expedited review and approval by a CPHS subcommittee of Dr. Ventura.

1. **Replace the date-of-birth question with an age question in the survey.**
2. **Adding all recruitment staff and navigators to the IRB protocol in an amendment once they have been identified and hired.**
3. **Provide all Spanish-language materials for review and approval before beginning the study.**

Approve: Dr. Ventura, Dr. Johnson, Dr. Azizian, Dr. Lang, Ms. Lund, Dr. Palacio, Dr. Ruiz, Dr. Schaeuble, Dr. Tefera.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Dinis

Total=9 In Favor-9, Opposed-0, Abstained-0

4. Project # **2025-139 (Johnson)**
Title: Comparing The Effectiveness of N95, KN95, and KF94 Respirators
PI: Elon Ullman, M.S. Industrial Hygiene
Co-PI:
Board Decision: Deferred Approval

Discussion:
The Principal Investigator (PI) presented an overview of the project and stated that the study aims to assess the level of protection and comfort provided by different types of respirators. Forty adults (20 men and 20 women), ages 18 or older, will be recruited from CDPH Richmond employees and University of California, Berkeley Environmental Health students. Recruitment will occur through listservs and flyers distributed on both campuses. Participants will take part in a quantitative fit test using five different respirators: two N95s, two KN95s, and one KF94. They will rate comfort levels for each respirator on a scale from 1 to 10 after five minutes of wear. Each session will last about one hour, including instruction, comfort checks, and fit testing. The PI clarified that CDPH employees would not receive gift card compensation due to legal guidance from CDPH attorneys, which prohibits paying state employees who are already compensated during work hours. Non-CDPH participants would have originally received a $30 gift card. The committee discussed equity concerns about compensation and agreed that all participants should be treated equally. Therefore, the study team will remove all compensation for participants to maintain fairness.

The committee also discussed options if the study included only CDPH employees or expanded to UC Berkeley students. Members emphasized that, regardless of participant group, compensation practices must remain consistent. Committee members noted the study's minimal risk level, given the brief procedures and use of non-toxic salt aerosols. Data confidentiality procedures were explained.

Participant names, ages, and sex assigned at birth will be recorded on a paper "subject ID master" sheet stored securely at CDPH. During testing, only a coded subject ID will be used. The master sheet will not enter the testing room. The data collected will be stored on a restricted SharePoint accessible only to the research team. Minor revisions to the consent form were suggested, including clearer language about the comfort rating scale, improved explanations of the fit test, and transparency about the voluntary nature of participation.
No public comments were received for this project.

Motion: Dr. Johnson moved, and Dr. Ventura seconded, to grant a deferred approval, for one year under minimal risk pending the following specified minor revision which require expedited review and approval by a CPHS subcommittee of Dr. Johnson.

1. **Application and all recruitment and consent materials must be modified to remove the payment compensation portion.**
2. **Recruitment and consent materials must include the shared email box.**
3. **Consent form must be modified to include information about the comfort scale.**
4. **Confirmation in the protocol that the University of California, San Francisco (UCSF) is not part of the recruitment pool.**

Approve: Dr. Johnson, Dr. Ventura, Dr. Azizian, Dr. Lang, Ms. Lund, Dr. Palacio, Dr. Ruiz, Dr. Schaeuble, Dr. Tefera.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Dinis.

Total=9 In Favor-9, Opposed-0, Abstained-0

5. Project # 2025-140 (Schaeuble)

Title: Assessment and Evaluation for Youth Alcohol Access
PI: Kathleen Tebb, PhD
Co-PI:
Board Decision: Deferred Approval

Discussion:
The Principal Investigator (PI) of the project provided an overview and stated that the study planned an anonymous online survey of California adolescents (ages 13–20) to assess knowledge, attitudes, social norms, perceptions of underage alcohol use, and substance use behaviors, to inform a public health campaign. Recruitment occurred through Friday Night Live (FNL) programs statewide; FNL staff asked youth participants to share a survey link/QR code with peers. Data were to be collected in Qualtrics and stored on University of California, San Francisco (UCSF) secure systems. The survey included an optional, separate entry to a drawing for fifty $50 gift cards. Declining any questions was allowed.

Discussion focused on three areas. First, the Study Procedures needed to note that researchers intended to conduct later focus groups (with teens not in the survey) via a future amendment. Second, the screening language needed revision: the goal was to reach California adolescents ages 13–20, but online surveys could not guarantee this; the committee asked for clarification on security measures used by Qualtrics. The team reported that when duplicate protections were enabled, IP addresses were captured; longitude/latitude checks against California could be used but were not necessary. The committee preferred removing longitude/latitude and explaining in the consent form that the survey was “anonymous with the exception that the software used a device identifier (IP address) only to avoid duplicate/fraudulent submissions.” Third, consent edits were requested to simplify and de-duplicate text and to add a drop-down for the “state” question (as already done for age). Members discussed that “anonymous” could be retained with the qualifier above.
No public comments were received.

Motion: Dr. Schaeuble Moved, and Dr. Palacio seconded, to grant a deferred approval, for one year under minimal risk pending the following specified minor revision which require expedited review and approval by a CPHS subcommittee of Dr. Schaeuble.

1. **Under Study Procedures, add the information that the researchers intend to conduct focus groups with teens that are not participating in the survey as a later part of the project. There will be an amendment submitted to add details of the focus groups at a later time.**
2. **Revise the first sentence in the screening part of the application to explain that the goal is for participants to be California adolescents between 13-20 years old but online surveys cannot assure that this will be the case.**
3. **Clarify the security measures used by Qualtrics (e.g., IP address) and to remove using longitude and latitude parameters in the application**
4. **In the Consent Form, explain that the survey is anonymous with the exception that the survey software does use identifier of the device to try to prevent duplicate users.**
5. **Remove the final sentence from what is currently the third paragraph and replace it with the first sentence of the fourth paragraph and to remove the remaining sentences of the fourth paragraph in the consent form.**
6. **Use a drop-down menu for the question about state as already being done for the question about age.**

Approve: Dr. Schaeuble, Dr. Palacio, Dr. Azizian, Dr. Johnson, Dr. Lang, Ms. Lund, Dr. Ruiz, Dr. Tefera, Dr. Ventura.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Dinis.

Total=9 In Favor-9, Opposed-0, Abstained-0

6. Project # **2025-145 (Lund)**
Title: Supporting a Strong Start for California Kids
PI: Emily Putnam-Hornstein, PhD
Co-PI: John Prindle, PhD
Board Decision: Deferred Approval

Discussion:
Researchers provided an overview of the project and mentioned that the study planned to use vital birth and death records to invite about 200,000 adult mothers who gave birth in California between May 1 and August 31, 2026, to complete a brief 20-minute, $21 online survey. The survey would probe perceptions of community-based voluntary supports and services, factors influencing uptake, and self-reported service and support needs. The team would apply the Strong Start Index to birth records and over-sample families at higher risk to better characterize needs, experiences, and challenges across the asset spectrum. Results would be shared with First 5, funders, and policymakers to improve programs and refine engagement strategies.

They described risk mitigation: survey responses would contain no direct identifiers; an encrypted linkage key would connect responses to birth records; identifiers would be stored separately and securely. Participants could skip questions or stop at any time and would receive resource lists at the end of the survey. To avoid contacting grieving parents, the team planned to link birth and death records and proactively exclude perinatal or neonatal deaths. If contact occurred, respondents would be redirected to the survey conclusion and receive condolences, remuneration, and resources.

The primary reviewer, Ms. Lund, thanked the team for extensive revisions and said earlier concerns were addressed. She noted three points for the committee: (1) The expanded variable list and the broad aim to "characterize the population" were removed, and the remaining variables are now directly tied to the research questions outlined in the protocol. (2) Contacting grieving parents would be avoided through linkage with death data, and language about infant death was softened. (3) Sensitive questions and potential triggers for parents of newborns were mitigated with options to skip and resource referrals.

Dr. Johnson asked if the California Department of Public Health (CDPH) could pre-filter using the death statistical file/state file number and recommended that approach for minimum necessary data. Dr. Dickey noted that the Information Practices Act (IPA) allows redactions, if feasible. The researchers agreed to specify this in the protocol if available from Vital Statistics.
Researchers clarified that Verasight staff were added to the application as research staff. Future linkage to Medi-Cal data was not included in the current protocol but appeared in the consent form for possible future amendment.

No public comments were received.

Motion: Ms. Lund moved, and Dr. Johnson seconded, to grant a deferred approval, for one year under minimal risk pending the following specified minor revision which require expedited review and approval by a CPHS subcommittee of Ms. Lund.

1. **The researchers will ask CDPH to provide them with the birth data file with all known deceased infants removed**.

Approve: Ms. Lund, Dr. Johnson, Dr. Azizian, Dr. Lang, Dr. Palacio, Dr. Ruiz, Dr. Schaeuble, Dr. Tefera, Dr. Ventura.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Dinis.

Total=9 In Favor-7, Opposed-0, Abstained-0

F. Full Board Continuing Review

None.

G. Amendments – Full Committee Review Required

1. Project # 2024-004 (Lund)
Title: Evaluation of Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S) Act Grant Pilot Program
PI: Ninez Ponce, PhD
Co-PI:
Board Decision: Approved

Discussion:
This amendment was discussed at the August 1, 2025, Full Board meeting and tabled for further review at the October 3, 2025, meeting. The Committee reviewed proposed updates including revisions to the service delivery data template, the addition of Spanish and Chinese survey and consent materials, and new interview procedures for service recipients.

Dr. Ruiz previously approved the Spanish version, and the Chinese version was submitted with acceptable translator credentials. The research team also revised the consent process to allow participants to preview interview questions, have adequate time to review consent materials, and be reminded that they may skip any question or withdraw at any time.

Interviews will be conducted virtually via Microsoft Teams with cameras off, and audio will be recorded and transcribed. The team replaced the non-HIPAA-compliant Dovetail platform with the HIPAA-compliant Dedoose system, which includes access controls, audit logs, and breach notifications.

With these revisions addressing prior committee concerns, a motion to approve the amendment was made.

Motion: It was moved by Dr. Johnson and seconded by Dr. Ventura to approve the amendment.

Approve: Dr. Johnson, Dr. Ventura, Dr. Dinis, Dr. Lang, Ms. Lund, Dr. Palacio, Dr. Ruiz, Dr. Schaeuble, Dr. Tefera
Oppose: None
Abstain: None
Absent: Dr. Hess
Total=9 In Favor-9, Opposed-0, Abstained-0

H. Second Review Calendar

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (2)

I. New Projects – Expedited Review Requested

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (19)

J. Projects Requiring Continuing Review- Administrative Action Taken

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (100)

J1. Projects Requiring Continuing Review

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (25)

K. Amendments – Projects with Revisions Approves through Expedited Review

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (14)

L. Projects with Request for CPHS to Rely on Another IRB

None.

M. Exemption/Not Research Approvals

Total Project Count (8)

N. Final Reports

Total Project Count (8)

O. Public Comments

None.

P. Next Meeting

The next CPHS meeting is scheduled to be held on Friday, December 5, 2025.

Q. Adjournment

This meeting was adjourned at 12:21 PM on October 3, 2025.