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)

Friday, February 5, 2026
8:30 a.m.

Zoom:
CPHS February 6, 2025, Full Committee Meeting

Meeting ID: 160 178 7602
Passcode: 049463

Location:
Office of Technology and solutions integration (OTSI)
2870 Gateway Oaks Drive, Suite 200, Conference Room 2SW19, 2nd Floor,
Sacramento, CA 95833

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Meeting ID: 160 178 7602

MINUTES

Members
Larry Dickey, MD, MPH, Vice Chair
Catherine Hess, PhD
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
Lemeneh Tefera, MD, MSc

Remote Attendees
Allen Azizian, PhD
Maria Dinis, PhD, MSW

Alternate Member
Millard Murphy, JD

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
Catherine Hess, PhD
John Schaeuble, PhD, MS
Lemeneh Tefera, MD, MSc
David Lang, PhD

Committee Members Present Remotely:

Allen Azizian, PhD
Maria Dinis, PhD, MSW

CPHS Staff Present in Person:

Agnieszka Rykaczewska, PhD
Sussan Atifeh
Nicholas Zadrozna

CPHS Consultant Present in Person:

Joshua Fedewa
Cheryl Byers

Also, Present Principal Investigators and Associate Investigators Remotely:

Melissa Labriola (RAND)
Stephanie Brooks Holliday (RAND)
Sarah Benatar (Urban Institute)
Bridgette Lery (Urban Institute)
Laura Packard Tucker (Urban Institute)
Annabel Stattelman-Scanlan (Urban Institute)
Andi Lane Eastman (UC Berkley)
Anthony Gomez (UC Berkley)
Kerry Padgett (CDPH)
Jessica Khouri (CDPH)
Connie Chung (CDPH)

A. Welcome

Dr. Larry Dickey, CPHS Vice Chair and acting chair, called the meeting to order. Sussan Atifeh took roll and confirmed that a quorum was established. Dr. Dickey informed the committee that CPHS staff and the CPHS chairs have been meeting with the new consultants from Advarra. He invited the consultants to introduce themselves to the committee. Dr. Dickey noted that the consultants are assisting the CPHS administrative team with updating the Policy and Procedure documents to align with national standards. The administrative team hopes to have a draft document ready for discussion at the next committee meeting.

Dr. Dickey reminded the committee members that the deadline for the CITI training is March 31, 2026. Dr. Dinis asked whether committee members could receive an email confirming completion of the required training. Dr. Rykaczewska, the CPHS Administrator, confirmed that CPHS staff can send emails to each member regarding their CITI training status.

B. Nomination of New CPHS Chair

Dr. Rykaczewska, the CPHS Administrator, reminded the committee that CPHS Policy and Procedures state that the CPHS Chair is nominated by the CDII Director and voted upon by the committee. After the committee votes on the Chair, the nomination is submitted for appointment by the California Health and Human Services (CalHHS) Secretary.

The CPHS Administrator introduced Adam Dondro, the CalHHS Chief Information Officer and the Director of the Office of Technology and Solutions Integration (OTSI), to formally make the nomination of the new CPHS Chair. Adam Dondro clarified that the CDII Director position is currently vacant and that CPHS has been administratively shifted to OTSI, which will fulfill the CDII Director's responsibilities until the role is filled. Since Dr. Hess stepped down as Chair in December 2025, she has returned to CalHHS as the Chief of the Epidemiology Evaluation Unit in the Substance and Addiction Prevention Branch within the California Department of Public Health, making her eligible to serve as CPHS Chair again. Adam Dondro thanked Dr. Dickey for stepping into the Chair role and keeping CPHS moving forward during the past few months.

Adam Dondro explained that, after consideration of the eligible CPHS Chair candidates, he would like to formally nominate Dr. Hess for the CPHS Chair position again. Dr. Hess's CV and bio are included in the meeting materials and posted on the CPHS website. Dr. Hess received her doctorate from Bournemouth University in Environmental Anthropology. She has extensive epidemiological experience, including early work investigating how residential segregation impacted exposure to toxic metal pollution in urban apartheid South Africa. She was a postdoctoral fellow at both Johns Hopkins and UC Berkeley, leading critical research in tobacco, e-cigarette, and alcohol use. In her current role, she leads epidemiological research focused on substance use, including tobacco, cannabis, alcohol, and opioids. She has deep expertise in research and ethics and has served as a member of the CPHS Board since 2021. She was appointed Chair in January 2025 and has demonstrated exceptional leadership over the past year, fostering collaboration, strengthening CPHS policies, and ensuring the committee upholds the highest ethical and compliance standards. Dr. Hess has expressed her interest in returning to the CPHS Chair role, and CDPH has endorsed her nomination.

Motion: Dr. Tefera moved, and Dr. Ventura seconded to move the nomination of Dr. Hess as the CPHS Chair.

Approved: Dr. Teferra, Dr. Ventura, Dr. Azizian, Dr. Dinis, Dr. Johnson, Dr. Lang, Dr. Murphy, Dr, Schaeuble
Oppose: None
Abstain: None
Absent: Dr. Palacio, Ms. Lund, Dr. Ruiz
Total=8, In Favor-8, Opposed-0, Abstained-0

Dr. Rykaczewska, the CPHS Administrator, informed the committee that CPHS anticipates a swearing in ceremony when the Secretary agrees with the nomination.

C. Review and Approve of Meeting Minutes

Dr. Dickey asked if there were any comments or public comments on the meeting minutes from December 5, 2025, Full Board Meeting. There were no questions from the committee and the public.

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

Approved: Dr. Hess, Dr. Schaeuble, Dr. Azizian, Dr. Dinis, Dr. Lang, Dr. Tefera, Dr. Ventura
Oppose: None
Abstain: Dr. Johnson, Dr. Murphy
Absent: Dr. Palacio, Ms. Lund, Dr. Ruiz
Total=9, In Favor-7, Opposed-0, Abstained-2

D. Projects with Reported Adverse Events and/or Deviations

None.

E. New Projects – Full Committee Review Required

1) Project #: 2025-201(Ventura)
Title: CARE Court Program Independent Evaluation
PI: Dr. Melissa Labriola
Board Decision: Deferred Approved Pending Conditions – Designee Review

Discussion:

The Committee reviewed the evaluation project required under the Community Assistance, Recovery, and Empowerment (CARE) Act, which mandates an assessment of implementation and outcomes under Welfare and Institutions Code §5986. The researchers described a mixed-methods design using administrative data from the Department of Health Care Services (DHCS), surveys of CARE respondents and petitioners, and qualitative interviews with county and state staff. All survey and interview participants will be adults, and respondents/petitioners will receive a $50 incentive.

Researchers clarified that quantitative data will be received in a secure cold-room environment, where identifiers will be removed before analysis. Identifiable contact information will be stored separately by RAND's survey research group. Interview and survey data will not be linked to DHCS administrative data or to each other. The Committee requested, and the researchers agreed to provide, a list of all client-level variables and their sources, including any data received from the Department of Justice (DOJ).

The Committee reviewed the consent process and requested several revisions. The consent materials must clearly distinguish between questions directed to the Principal Investigator (PI) and questions about participant rights directed to the RAND Institutional Review Board (IRB). The Committee asked that resource information be provided to participants who may experience distress and that the consent form state that participants may request a copy of the consent. The Committee also confirmed that the project requires a waiver of written informed consent and an alteration of consent requirements for interviews.

The Committee discussed whether any participants would meet the federal definition of a prisoner. Although no one will be interviewed or surveyed while incarcerated, administrative data may include individuals who are incarcerated or on parole. The Committee reviewed the federal prisoner research checklist and determined that the study meets the criteria under 45

CFR 46.306(a)(2)(i) and 45 CFR 46.306(a)(2)(ii). The researchers agreed to revise the consent form to state that participation will not affect parole or incarceration. The Committee required that the completed prisoner research checklist be attached to the project application.

The Committee reviewed the need for a Health Insurance Portability and Accountability Act (HIPAA) waiver of authorization for administrative data obtained from covered entities. The Committee determined that the waiver applies only to administrative data and must be explicitly documented in the approval letter. The researchers must amend the HIPAA determination section in IRBManager to include a comprehensive list of variables received from covered entities.

The Committee discussed the project's reference to the California Health and Human Services (CalHHS) Data De-Identification Guidelines (DDG), which allow reporting of cell sizes smaller than 11 in limited circumstances when the scoring model indicates low re-identification risk. The Committee expressed differing views about whether researchers should notify CPHS if such a situation occurs. Two motions—one recommending notification and one requiring it—did not pass. Members who opposed additional requirements stated that the DDG and DHCS review processes are sufficient. Members who supported notification cited concerns about potential harms not fully captured by the scoring model. Because both motions failed, no additional requirement or recommendation was added, and the project will proceed under the DDG as written.

1st Motion (Approved): Dr. Hess moved, and Dr. Lang seconded to grant the project a deferred approval for one year with minimal risk pending the following specified revisions, which require expedited review and approval by a CPHS subcommittee of Dr. Ventura and Dr. Johnson.

> **1. All Spanish translated study materials will need to be reviewed and approved prior to beginning the study.**
> **2. Provide documentation of waiver of written informed consent and alternation of consent form.**
> **3. Researchers must submit the prisoner checklist and must state in the consent form that their participation in research will not be shared such that it could affect their parole or incarceration.**
> **4. Change the language on the consent form to direct questions about the study to the PI and direct questions about rights as research participants to the RAND IRB and add resources for participants in case they experience distress in that section of the consent form and that participants can request a copy of the consent form,**
> **5. Amend the HIPAA Waiver of Authorization Determination Section in IRBManager, including a list of variables to be received from a covered entity,**

Approve: Dr. Hess, Dr. Lang, Dr. Azizian, Dr. Dinis, Dr. Johnson, Dr. Schaeuble, Dr. Tefera, Mr. Murphy.
Oppose: None.
Abstain: Dr. Ventura.
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio.
Total=8, In Favor-8, Opposed-0, Abstained-1

(The motion was approved for review by a subcommittee consisting of Dr. Ventura and Dr. Johnson.)

2nd Motion (Failed): Dr. Hess moved, and Dr. Schaeuble Seconded to recommend that the researchers provide documentation to CPHS in any instance in which they report cell sizes less than 11 and that they simply provide variables and justification for doing so prior to any publication.

Approve: Dr. Hess, Dr. Schaeuble, Mr. Murphy,
Oppose: Dr. Azizian, Dr. Dinis, Dr. Johnson, Dr. Lang, Dr. Tefera,
Abstain: Dr. Ventura.
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio.
Total=8 In Favor-3, Opposed-5, Abstained-1

No Public comment on this Motion.

3rd Motion (Failed): Dr. Dinis moved, and Dr. Johnson seconded to make a requirement that the researchers provide documentation to CPHS in any instance in which they report cell sizes less than 11 and that they would simply provide variables and justification for doing so prior to any publication.

Approve: Dr. Dinis, Dr. Johnson, Mr. Murphy, Dr. Schaeuble.
Oppose: Dr. Hess, Dr. Azizian, Dr. Lang, Dr. Tefera.
Abstain: Dr. Ventura.
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio
Total=8, In Favor-4, Opposed-4, Abstained-1

No Public Comment on this motion.

2) Project #:	2026-003 (Lang)
Title:	Evaluating California's Children's Crisis Continuum Pilot Program - Phase 2
PI:	Dr. Sarah Benatar
Board Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The Principal Investigator (PI) summarized the project as an evaluation of the Children's Crisis Continuum Pilot Program, legislated under AB 2786, which aims to improve the continuum of care for foster youth with specialized behavioral health needs. The current submission focuses on baseline site-visit activities, including stakeholder interviews and focus groups with individuals aged 18–21 who would have been eligible for the pilot program had it been active earlier. The PI clarified that no participants under 18 will be included in this round; a future amendment will be submitted for youth under 18.

The Primary Reviewer reported that the protocol was generally adequate and that minor revisions had already been suggested to the research team, including spelling out acronyms, clarifying sensitive terminology, and adding language to staff consent materials to ensure there are no employment consequences for participation or non-participation.

The Committee requested clarification regarding the roles of external collaborators, including a subcontracted researcher from the University of Southern California (USC) and the organization Think of Us (TOU). The PI clarified that the USC-affiliated researcher is part of the

subcontracted UC Berkeley team and will only access de-identified notes. TOU was contracted by the California Department of Social Services (CDSS) solely to support recruitment logistics. TOU will not conduct interviews, take notes, or access identifiable data beyond limited contact information when necessary for recruitment follow-up. The Committee discussed whether TOU should be considered engaged in research and concluded that logistical recruitment support alone does not constitute engagement under the Common Rule unless the vendor participates in informed consent activities.

The Committee noted that the protocol referenced TOU as the resource for participants experiencing emotional distress during focus groups. The PI agreed this was incorrect and committed to revising the protocol so that referrals point to appropriate county-level services instead.

The Committee requested clarification regarding audio-recording procedures. The PI confirmed that only audio (not video) will be recorded and that participants who decline audio recording will not be able to participate due to the need for accurate transcription. However, such individuals will still receive the incentive.

The Committee also noted inconsistencies in recruitment materials regarding compensation, specifically references to providing a meal. The PI confirmed that all focus group participants will receive a $75 incentive and a meal and agreed to ensure consistency across all materials.

The Committee discussed the use of participant initials on consent forms. The PI indicated a preference for a waiver of documentation of informed consent to avoid collecting full names, which the Committee agreed should be incorporated into the revised protocol.

The Committee also discussed broader questions about when vendors are considered engaged in research. It was clarified that recruitment alone does not constitute engagement unless the vendor participates in informed consent or handles identifiable data beyond what is necessary for logistical support. The Committee requested that consultants prepare future guidance on engagement criteria.

No public comments were received about this project.

Motion: Dr. Lang moved, and Dr. Tefera seconded to grant the project a deferred approval for one year with minimal risk pending the following specified revisions, which require expedited review and approval by a CPHS subcommittee of Dr. Lang.

1) **The protocol should be modified to include a waiver of documentation of informed consent.**
2) **Acronyms and initialisms are spelled out in the informed consent forms and survey protocols.**
3) **The support referrals will point to the appropriate county services.**
4) **Language is added to staff consent form that there are no consequences to not participating in their employment.**
5) **Clarifying whether compensation includes only a gift card or a meal as well consistently throughout the recruitment and consent materials.**

Approve: Dr. Lang, Dr. Tefera, Dr. Hess, Dr. Azizian, Dr. Johnson, Dr. Murphy, Dr. Schaeuble, Dr. Ventura
Oppose: None.

Abstain: None.
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio, Dr. Dinis.
Absent: Dr. Ruiz, Dr. Johnson, Dr. Dinis
Total=8, In Favor-8, Opposed-0, Abstained-0

F. Full Board Continuing Review

1) Project #:	2022-084 (Hess)
Title:	California Artificial Stone and Silicosis (CASS) Enhanced Medical Monitoring Study Characterizations
PI:	Dr. Kristin Cummings
Board Decision:	Approval

Discussion:

The Committee reviewed the Continuing Review application for Project #2022-084, California Artificial Stone and Silicosis (CASS) Enhanced Medical Monitoring Study, a California Department of Public Health (CDPH) research project examining silicosis among manufactured-stone workers. The Committee clarified that all greater-than-minimal-risk projects will now be brought to the full board for Continuing Review rather than reviewed by a single reviewer.

The Committee noted that the study remains in the recruitment phase and continues to conduct chest X-ray imaging and blood draws with manufactured-stone workers across the state. It was confirmed that no adverse or unanticipated events have occurred. The researchers requested an extension of their Institutional Review Board (IRB) approval due to slow recruitment. They expect to complete enrollment within the next year and then proceed to data analysis and reporting. The project is on a six-month Continuing Review schedule and has not previously been brought to the Committee.

The Committee clarified that chest X-ray imaging is the procedure that makes the study greater than minimal risk. After discussion, the Committee agreed to approve the Continuing Review for another six months and to approve the researchers' request to extend the project end date from August 31, 2026, to August 31, 2027.

No public comment was provided on this Continuing Review application.

Motion: Dr. Hess moved, and Dr. Tefera Seconded to Approve the Continuing Review of this greater than minimal risk project for 6 months and approve the extension of the end date from August 31, 2026, to August 31, 2027.

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

G. Amendments – Full Committee Review Required

1) Project #:	12-10-0804 (Dickey)
Title:	Using Infant Feces and Serum for Polymerase Chain Reaction (PCR) and Assay with Large Immunosorbent Surface Area (ALISSA) Assay development and Validations and for Intestinal Microbiome and Clostridium Botulinum Genomic Characterizations
PI:	Dr. Kerry Padgett
Board Decision:	Approval

Discussion:

The amendment submitted for project 12-10-0804 was based on the unanticipated problem/adverse event discussed at the December 2025 full board meeting. The primary reviewer of the project explained that this amendment was brought to the full board in response to the recommendations made during that meeting. Since then, the researchers submitted an amendment, and it was determined that this would be an appropriate opportunity for the full board to provide input.

The CPHS consultants from Advarra provided slides to the committee, which have been posted online. The presentation began with definitions of an adverse event and a serious adverse event. An adverse event is any untoward medical occurrence. A serious adverse event is one that results in death, is life-threatening, requires inpatient hospitalization (or prolongs hospitalization), causes significant disability/incapacity, involves a congenital anomaly/birth defect, or constitutes another medically important event. Federal regulations outline IRB responsibilities and specify what IRBs must report. IRBs are required to maintain policies mandating that researchers report adverse events, unanticipated problems, and serious and/or continuing noncompliance.

The federal regulations define three criteria that must be met for an event to be considered an unanticipated problem: it must be unexpected, related or possibly related to the research, and suggest a greater risk of harm. “Unexpected” refers to deviations in nature, severity, or frequency from what is described in study documents (e.g., protocol, informed consent) or what is anticipated based on participant characteristics. “Related/possibly related” means there is a reasonable possibility that the event was caused by research procedures. “Suggests greater risk” means the incident places subjects or others at greater physical, psychological, economic, or social risk than previously known or expected. Events meeting all three criteria must be reported to the federal government.

The consultants provided examples of unanticipated problems, including situations where a participant experiences a severe allergic reaction to a drug not described in the informed consent form.

The consultants also recommended that the board consider whether the event constitutes noncompliance, and if so, whether it is serious and/or continuing. There is no federal definition of serious or continuing noncompliance. The CPHS consultants presented definitions used by SMART IRB and other IRBs nationwide. Noncompliance is defined as failure to follow regulations, IRB or institutional policies, or IRB approval. Serious noncompliance increases risk to subjects, undermines their rights or welfare, or compromises data integrity. Continuing noncompliance involves repeated or persistent noncompliance or a pattern over time.

The primary reviewer of the project reminded members that the purpose of the discussion was to determine whether the event increased risk and therefore would need to be reported to the federal government. Such a report would include a description of the event and the interventions proposed to prevent recurrence.

The consultants recommended that the committee evaluate whether the event meets all three unanticipated problem criteria.

Controverted Discussion:

A committee member noted that an extra blood draw in a hospital setting may not constitute an unanticipated event, as such occurrences are common. Another member suggested it could be unanticipated because the protocol explicitly states that blood draws are no longer being conducted. The committee discussed whether the event increased risk beyond what is typical in a hospital setting. One member argued that because pediatric patients often undergo multiple blood draws, this event did not increase risk. Another member pointed out that the researchers received a blood sample after blood draws had been discontinued in the protocol, which could support classifying the event as an unanticipated problem.

The committee asked the researchers whether blood draws occur elsewhere in the study. The researchers clarified that the project involves only the collection of non-invasive samples and that no blood draws are requested. The researchers reported that the amount of blood drawn was 1.5 mL from a three-month-old infant. The primary reviewer recommended that the researchers clearly explain the proposed protocol changes in the amendment to prevent recurrence.

The researchers described several revisions: updating the script for hospital staff to emphasize “residual” and “leftover serum,” revising the fax cover letter to state that only residual serum should be sent and that no new blood draws should be performed, underlining key terms, and adding clarifying parenthetical notes. They also added explicit instructions for hospital staff, including a request to document in the patient’s electronic medical record that no blood draws should be performed for this research. The research team added a required confirmation step in the hospital system, prompting staff to acknowledge that no blood draws should be conducted in response to the California Department of Public Health’s Infant Botulism Treatment and Prevention Program (IBTPP) requests. The team also amended the parent notification script to obtain verbal consent for the use of residual samples, as recommended by the primary reviewer, and updated the consent language to note that although rare, such events have occurred. The primary reviewer noted that because the consent form now acknowledges the possibility of this event, future occurrences would not be considered unanticipated.

The primary reviewer recommended two separate motions: (1) whether CPHS accepts the proposed changes, and (2) whether the event meets the criteria for an unanticipated problem requiring federal reporting. The CPHS consultants also recommended that the committee discuss whether the event constitutes noncompliance.

Committee members agreed that the researchers did not commit noncompliance, as they adhered to their protocol. Instead, the deviation occurred at the hospital level. The researchers have since implemented additional safeguards to ensure hospital staff do not perform new blood draws.

A committee member suggested that the specific blood draw should not be included in the data set because it resulted from a procedure outside the protocol. However, the committee had previously voted in the previous board meeting to allow the researchers to use the child's specimen if parental consent for that blood draw was obtained.

The discussion was open to public comment; none were provided.

1st Motion (Approved): Dr. Hess moved, and Dr. Ventura seconded the motion that CPHS accepts the additional steps in the amendment to address this event and reduce the likelihood of future events.

Approve: Dr. Hess, Dr. Ventura, Dr. Azizian, Dr. Johnson, Dr. Lang, Mr. Murphy, Dr. Schaeuble, Dr. Tefera
Oppose: None
Abstain: None
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio, Dr. Dinis.
Total= 8, in Favor-8, Opposed-0, Abstained-0

No Public comments on this motion.

2nd Motion (Approved): Dr. Hess moved, and Dr. Ventura Seconded that this does not meet the criteria for non-compliance.

Approve: Dr. Hess, Dr. Ventura, Dr. Azizian, Dr. Johnson, Dr. Lang, Dr. Schaeuble, Dr. Tefera
Oppose: None
Abstain: Mr. Murphy
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio, Dr. Dinis.
Total= 8, in Favor-7, Opposed-0, Abstained-1

No Public comments on this motion.

3rd Motion (Approved): Dr. Hess moved, and Dr. Tefera seconded, that the event does not meet the criteria for an unanticipated problem because it does not meet the requirement of placing the subject at increased risk.

Approved: Dr. Hess, Dr. Tefera, Dr. Azizian, Dr. Johnson, Dr. Lang, Dr. Ventura, Dr. Dickey
Opposed: None
Abstained: Mr. Murphy, Dr. Schaeuble
Absent: Dr. Ruiz, Ms. Lund, Dr. Palacio, Dr. Dinis
As acting chair, Dr. Dickey cast the tie-breaking vote to reach the required minimum of seven votes in favor.
Total: 9, in favor (6 members + acting chair vote), 0 opposed, 2 abstentions.

No Public comments on this motion.

H. Second Review Calendar

None.

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 (9)

J. 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 (63)

J1. 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 (38)

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 (16)

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

None.

M. Exemption/Not Research Approvals

Total Project Count (9)

N. Final Reports

Total Project Count (7)

O. Public Comments

None.

P. Next Meeting

The next CPHS meeting is scheduled to be held on Friday, April 3, 2026.

Q. Adjournment

This meeting was adjourned at 11:46 PM on February 6, 2026.