**Study Number:**

**Study Title:**

**PI’s Name:**

**Please note that protocol sections with an asterisk (\*)should always be included in the protocol; if the section does not have an asterisk, and you have not included the section in the protocol, the IRB will consider it your attestation that the section does not apply to your study.**

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| **Protocol Section** | **Added to protocol?** |
| **External Collaborators**- if applicable, add each external collaborator information and indicate whether that institution’s IRB will review (or has already reviewed) that individual’s engagement in human participants research activities) | **Yes** |
| **Funding Source*\****: Include the information for the funding entity for this study. Please explain if this study is covered by a sub-award or other pertinent information. Say “department” if you do not have any other funding. | **Yes** |
| **Objectives*\**:** Describe the purpose, specific aims, or objectives and state the hypotheses to be tested | **Yes** |
| **Background*\**:** Describe the relevant prior experience and gaps in current knowledge. Describe any relevant preliminary data. Provide the scientific or scholarly background for, rationale for, and significance of the research based on the existing literature and how will it add to existing knowledge | **Yes** |
| **Study Endpoints:** Describe the primary and secondary study endpoints. Describe any primary or secondary safety endpoints. | **Yes** |
| **Study Intervention/Investigational Agent\*:** Describe the study intervention and/or investigational agent (e.g., drug, device) that is being evaluated. | **Yes** |
| **Drug/Device Handling:** If the research involves drugs or device, describe your plans to store, handle, and administer those drugs or devices so that they will be used only on participants and be used only by authorized investigators.  If using a drug, explain if the control of the drug is managed by IDS (or VA/Grady/CHOA research pharmacies). If not, provide IDS exemption document.  If a device, explain how the device is being stored and managed. | **Yes** |
| If the drug is under an FDA [REMS](https://www.fda.gov/AboutFDA/Transparency/Basics/ucm325201.htm), plan to complete the [REMS checklist](http://irb.emory.edu/documents/REMS_checklist.docx) found here, on the IRB website. | **Yes** |
| If the drug is considered a controlled substance, make sure [you have filled out this form](http://compliance.emory.edu/documents/CS_checklist.docx). | **Yes** |
| If applicable, identify the holder of the IND/IDE/Abbreviated IDE. An Emory investigator who holds an IND or IDE is considered to be a Sponsor-Investigator (S-I). If the study is under a S-I, [review this guidance](http://irb.emory.edu/documents/guidance-EmorySI.pdf) for additional requirements. | **Yes** |
| **Procedures involved\***: Describe and explain the study design and include a study schema. Provide a description of all research procedures being performed and when they are performed, including procedures being performed to monitor participants for safety or minimize risks | **Yes** |
| **Procedures-Minimizing risk\*:** describe the procedures performed to lessen the probability or magnitude of risks. | **Yes** |
| **Procedures- Drug/Device Use:** describe all drugs and devices used in the research and the purpose of their use, and their regulatory approval status | **Yes** |
| **Procedures-Source Records\*:** describe source records that will be used to collect data about participants. Attach all surveys, scripts, and data collection forms to the submission. | **Yes** |
| **Procedures-Data collection\*:** describewhat data will be collected during the study and how that data will be obtained | **Yes** |
| **Procedures- Long Term Follow Up\*:** once all research related procedures are complete, what data will be collected during this period. If no data is collected after procedures are completed, please state in the submission. | **Yes** |
| **Data and Specimen Banking\*:** describe where the specimens will be stored, how long they will be stored, how the specimens will be accessed, and who will have access to the specimens. Depending on the volume and nature of the collection, this may require a separate repository-specific IRB submission. The VA Data Repository SOP is required if the study is creating a data repository at the Atlanta VA.  List the data to be stored or associated with each specimen.  Describe the procedures to release data or specimens, including: the process to request a release, approvals required for release, who can obtain data or specimens, and the data to be provided with specimens. | **Yes** |
| **Sharing of Results with Participants\*:** Describe whether results (study results or individual subject results, such as results of investigational diagnostic tests, genetic tests, or incidental findings) will be shared with participants or others (e.g., the participant’s primary care physicians) and if so, describe how the results will be shared If applicable (e.g. for studies involving scans and/or panels of exploratory testing on specimens)  Plan for managing the types of findings that might arise. This should include any secondary findings that are being sought actively, findings that might be anticipatable, and findings that might be un-anticipatable.  Plan for recognizing, analyzing, and handling incidental findings and how incidental findings will be communicated to participants during the consent process. If the plan is not to disclose any findings, then this should be included. This plan might include the option for participants to opt out of receiving incidental findings.  Description of the research team’s responsibilities following disclosure of a finding. This should detail educational information about the nature of the finding, how to seek care from a clinician or specialist, obtaining health insurance to secure treatment, and/or referral to a clinical specialist, if one is required.  Reminder to include language in the consent form to let the participants know your plans for this – see Modular Language for Informed Consent Forms on IRB website) | **Yes** |
| **Study timelines\*:** describe the duration of an individual participant’s participation in the study; anticipated time to enroll all study participants and estimated date for the investigators to complete this study (complete primary analyses) | **Yes** |
| **Inclusion and Exclusion Criteria\*:** describe how individuals will be screened for eligibility; the criteria that define who will be included or excluded in your final study sample; and indicate specifically whether you will include or exclude each of the following special populations:   * Adults unable to consent * Individuals who are not yet adults (infants, children, teenagers) * Pregnant women * Prisoners   Note: you cannot exclude people with limited English proficiency unless you can demonstrate the scientific need for such exclusion.  Community Participation: For studies aimed at addressing issues that affect a certain community or group: How, if at all, will this study involve people from the target community in the design of the study? Conduct of the study? How will the results of the research be shared with the participants and/or the target community/ies? | **Yes** |
| **Research with pregnant human, fetuses or neonates:** review [this checklist](http://irb.emory.edu/documents/Emory%20Subpart%20B%20Worksheet.doc) to verify you have provided enough information to ensure the safety and well-being of this population. | **Yes** |
| **Research with neonates of uncertain viability:** review [this checklist](http://irb.emory.edu/documents/Emory%20Subpart%20B%20Worksheet.doc) to verify you have provided enough information to ensure the safety and well-being of this population. | **Yes** |
| **Research involving prisoners:** review [this checklist](http://irb.emory.edu/documents/Emory%20Subpart%20C%20Worksheet.doc) to verify you have provided enough information to ensure the safety and well-being of this population. | **Yes** |
| **Research involving children:** review [this checklist](http://irb.emory.edu/documents/Emory%20Subpart%20D%20Worksheet.doc) to verify you have provided enough information to ensure the safety and well-being of this population. | **Yes** |
| **Research involving cognitively impaired adults:** review [this checklist](http://irb.emory.edu/documents/CHECKLIST-Cognitively_Impaired_Adults.docx) to verify you have provided enough information to ensure the safety and well-being of this population. | **Yes** |
| **Research involving economically or educationally disadvantaged persons:** describe the additional safeguards have been included in the study to protect the rights and welfare of these subjects | **Yes** |
| **Local Number of Participants\*:** Indicate the total number of participants to be accrued locally. If applicable, distinguish between the number of participants who are expected to be enrolled and screened, and the number of participants needed to complete the research procedures (i.e., numbers of participants excluding screen failures.) | **Yes** |
| **Recruitment Methods\*:** Describe when, where, and how potential participants will be recruited. Describe the source of participants. Describe the methods that will be used to identify potential participants. Describe materials that will be used to recruit participants. Attach copies of these documents with the application.  If including advertisements, attach the final copy of them. When advertisements are taped for broadcast, attach the final audio/video tape. You may submit the wording of the advertisement prior to taping to preclude re-taping because of inappropriate wording, provided the IRB reviews the final audio/video tape. Describe the amount and timing of any payments to participants. Reimbursement for expenses/travel? | **Yes** |
| **Withdrawal of Participants\*:** Describe anticipated circumstances under which participants will be withdrawn from the research without their consent. Describe any procedures for orderly termination. Describe procedures that will be followed when participants withdraw from the research, including partial withdrawal from procedures with continued data collection. | **Yes** |
| **Risk to Participants\*:** List the reasonably foreseeable risks, discomforts, hazards, or inconveniences to the participants related the participants’ participation in the research. Include as may be useful for the IRB’s consideration, a description of the probability, magnitude, duration, and reversibility of the risks. Consider physical, psychological, social, legal, and economic risks.  If applicable, indicate which procedures may have risks to the participants that are currently unforeseeable.  If applicable, indicate which procedures may have risks to an embryo or fetus should the subject be or become pregnant.  If applicable, describe risks to others who are not participants. | **Yes** |
| **Potential Benefits to Participants\*:** Describe the potential benefits that individual participants may experience from taking part in the research. Include as may be useful for the IRB’s consideration, the probability, magnitude, and duration of the potential benefits.  Indicate if there is no direct benefit. Do not include benefits to society or others. | **Yes** |
| **Compensation to Participants:** Describe if/how subjects will be compensated for participation in this study. Indicate what method compensation will be delivered (e.g. cash, gift card, school credit). | **Yes** |
| **Data Management and Confidentiality\*:** Describe the data analysis plan, including any statistical procedures or power analysis. Describe the steps that will be taken to secure the data (e.g., training, authorization of access, password protection, encryption, physical controls, certificates of confidentiality, and separation of identifiers and data) during storage, use, and transmission. Describe any procedures that will be used for quality control of collected data. | **Yes** |
| **Describe how data or specimens will be handled study-wide\*:** What information will be included in that data or associated with the specimens?   * Where and how data or specimens will be stored? * How long the data or specimens will be stored? * Who will have access to the data or specimens? * Who is responsible for receipt or transmission of the data or specimens? * How data or specimens will be transported? | **Yes** |
| **Data Monitoring and Participants Safety (if this study is more than minimal risk, this section is required):**   * Describe the plan to periodically evaluate the data collected regarding both harms and benefits to determine whether participants remain safe. The plan might include establishing a data monitoring committee and a plan for reporting data monitoring committee findings to the IRB and the sponsor. * Description of plan for notifying the IRB of reportable events; whether the sponsor requires reporting above and beyond the Emory IRB reporting requirements, and if so, a description of the requirements and plan for meeting them.   + See <http://irb.emory.edu/documents/DSMB-DSMPGuidance.pdf> for guidance * What data are reviewed, including safety data, untoward events, and efficacy data. * How the safety information will be collected (e.g., with case report forms, at study visits, by telephone calls with participants). * The frequency of data collection, including when safety data collection starts. * The statistical tests for analyzing the safety data to determine whether harm is occurring. * Any conditions that trigger an immediate suspension of the research * **Monitoring plan:** Who will review the data; the frequency or periodicity of review of cumulative data. If you are adding international sites, you will be required to use a CRO. | **Yes** |
| **Provisions to Protect the Privacy Interests of Participants\*:**   * Describe the steps that will be taken to protect participants’ privacy interests. “Privacy interest” refers to a person’s desire to place limits on whom they interact or whom they provide personal information. * Describe what steps you will take to make the participants feel at ease with the research situation in terms of the questions being asked and the procedures being performed. “At ease” does not refer to physical discomfort, but the sense of intrusiveness a participant might experience in response to questions, examinations, and procedures. * Indicate how the research team is permitted to access any sources of information about the participants. | **Yes** |
| **Economic Burden to Participants\*:** Describe any costs that participants may be responsible for because of participation in the research. | **Yes** |
| **Consent Process\*:** Describe where the consent process will take place, any wanting period available between informing the prospective subject and obtaining the consent; and process to ensure ongoing consent.  Describe the role of the individuals listed in the application as being involved in the consent process; the time that will be devoted to the consent discussion; steps that will be taken to minimize the possibility of coercion or undue influence; and steps that will be taken to ensure the participants’ understanding.  **Note**: If you are planning to obtain consent via electronic signature, please review this document. Additional guidance on consent documentation and process can be found at <http://www.irb.emory.edu/forms/consent_toolkit/guidance.html> | **Yes** |
| **Consent Process-Non-English-Speaking Participants\*:**  Indicate what language(s) other than English are understood by prospective participants or representatives.  If participants who do not speak English will be enrolled, describe the process to ensure that the oral and written information provided to those participants will be in that language. Indicate the language that will be used by those obtaining consent.  If you checked N/A, please provide a reasoning of why subjects with limited English proficiency are excluded.  **Note**: if you stated that subjects with LEP will be enrolled, you are approved for the use of the Emory IRB shortforms. Please read the guidance about the use of short forms here. | **Yes** |
| **Consent Process-Children:** After determining if the subject is a child per GA law (or if enrolled outside GA, per state/country law), please describe whether parental permission will be obtained from:   * Both parents unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child. * One parent even if the other parent is alive, known, competent, reasonably available, and shares legal responsibility for the care and custody of the child.   Describe whether permission will be obtained from individuals other than parents, and if so, who will be allowed to provide permission. Describe the process used to determine these individuals’ authority to consent to each child’s general medical care.  When assent of children is obtained describe whether and how it will be documented per Emory Policies and Procedures | **Yes** |
| **Consent Process-Cognitively Impaired Adults:** describe the process to determine whether an individual is capable of consent. The IRB allows the person obtaining assent to document assent on the consent document and does not routinely require assent documents and does not routinely require children to sign assent documents. | **Yes** |
| **Consent Process-Adults Unable to Consent:**  List the individuals from whom permission will be obtained in order of priority. (E.g., durable power of attorney for health care, court appointed guardian for health care decisions, spouse, and adult child.)  For research conducted in the state, review “46 LEGALLY AUTHORIZED REPRESENTATIVES AND SURROGATE CONSENT” to be aware of which individuals in the state meet the definition of “legally authorized representative.”  For research conducted outside of the state, provide information that describes which individuals are authorized under applicable law to consent on behalf of a prospective subject to their participation in the procedure(s) involved in this research.  Describe the process for assent of the participants. Indicate whether:   * Assent will be required of all, some, or none of the participants. If some, indicated, which participants will be required to assent and which will not. * If assent will not be obtained from some or all participants, an explanation of why not.   Describe whether assent of the participants will be documented and the process to document assent. The IRB allows the person obtaining assent to document assent on the consent document and does not routinely require assent documents and does not routinely require participants to sign assent documents | **Yes** |
| **Waiver or Alteration of Consent Process (consent will not be obtained, required information will not be disclosed, or the research involves deception)**  Review the Emory IRB waiver document to ensure you have provided sufficient information for the IRB to make these determinations.  If the research involves a waiver the consent process for planned emergency research, please review the “CHECKLIST: Waiver of Consent for Emergency Research (HRP-419)” to ensure you have provided sufficient information for the IRB to make these determinations. | **Yes** |
| **Setting\*:** Describe the sites or locations where your research team will conduct the research including where subject will be identified and recruited, where the research procedures will be performed, and if you will involve a community advisory board. For research conducted outside the organization and its affiliates describe the site-specific regulations or customs affecting the research outside the organization and the local scientific and ethical review structure outside the organization. | **Yes** |
| **Resources Available\*:** Describe the resources available to conduct the research such us the feasibility of recruiting the required number of suitable participants within the agreed recruitment period; describe the time that you will devote to conducting and completing the research; describe the availability of medical or psychological resources that participants might need as a result of an anticipated consequences of the human research; describe your process to ensure that all persons assisting with the research are adequately informed about the protocol, the research procedures, and their duties and functions. | **Yes** |
| **Multi-Site Research when Emory is the Lead Site:**  Study -Wide Number of Participants: indicate the total number of participants to be accrued across all sites.  Study-Wide Recruitment Methods: If this is a multicenter study and participants will be recruited by methods not under the control of the local site (e.g., call centers, national advertisements) describe those methods.  Describe when, where, and how potential participants will be recruited.  Describe the methods that will be used to identify potential participants.  Describe materials that will be used to recruit participants.  Describe the processes to ensure communication among sites. See “WORKSHEET: Communication and Responsibilities (HRP-830).” All sites have the most current version of the protocol, consent document, and HIPAA authorization.  All required approvals (initial, continuing review and modifications) have been obtained at each site (including approval by the site’s IRB of record).  All modifications have been communicated to sites and approved (including approval by the site’s IRB of record) before the modification is implemented.  All engaged participating sites will safeguard data, including secure transmission of data, as required by local information security policies.  All local site investigators conduct the study in accordance with applicable federal regulations and local laws.  All non-compliance with the study protocol or applicable requirements will reported in accordance with local policy  Describe the method for communicating to engaged participating sites (see “WORKSHEET: Communication and Responsibilities (HRP-830)”):   * Problems (inclusive of reportable events). * Interim results. * The closure of a study   If this is a multicenter study where you are a participating site/investigator, describe the local procedures for maintenance of confidentiality. (See “WORKSHEET: Communication and Responsibilities (HRP-830).”)   * Where and how data or specimens will be stored locally? * How long the data or specimens will be stored locally? * Who will have access to the data or specimens locally? * Who is responsible for receipt or transmission of the data or specimens locally? * How data and specimens will be transported locally? | **Yes** |