PROTOCOL TITLE: Click or tap here to enter text.

**INSTRUCTIONS:**

* *Use this template to provide local study site information when the main study protocol is provided by a study sponsor (e.g., for an industry-sponsored drug study), or when the researcher must use another non-standard protocol template that does not include all of the elements of the VCU template protocols (HRP-503-TEMPLATE PROTOCOL or HRP-503a-TEMPLATE SBS PROTOCOL).*
* *Depending on the nature of your study, some sections may not be applicable to your research. These should be marked with “NA”. Do not delete section headings.*
* *For any requested information below that is already fully addressed in the main protocol, simply note the section number/page number of the main protocol. When doing so, note that it is important for the study team to evaluate whether the main protocol section includes sufficient local detail requested in this Site Supplement. It is not sufficient to simply say “see protocol” in the Site Supplement as this does not provide sufficient detail to the Human Research Protection Program.*
* *Attach the entire sponsor’s protocol. Unless otherwise specified, provide only site-specific information below.*
* *When you write a single site supplement, keep an electronic copy. You will need to modify this copy when making changes. When you make changes, use the Track Changes feature.*
* *When relying on an external IRB, changes must be submitted to the Site Supplement and submitted in the RAMS-IRB reliance application in accordance with HRP-103 Investigator Manual (see “What are my obligations as investigator when relying on an external IRB?”).*

**PROTOCOL TITLE:**

*Include the full protocol title.* Click or tap here to enter text.

**PRINCIPAL INVESTIGATOR:**

*Name* Click or tap here to enter text.

*Department* Click or tap here to enter text.

*Telephone Number* Click or tap here to enter text.

*Email Address* Click or tap here to enter text.

**VERSION NUMBER/DATE:**

*Include the version number and date of this site supplement.* Click or tap here to enter text.

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision #** | **Version Date** | **Summary of Changes** | **Consent Change?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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# Study Summary

|  |  |
| --- | --- |
| **Protocol Information** | **Description** Click or tap here to enter text. |
| **Study Title** | Click or tap here to enter text. |
| **Study Design** | Click or tap here to enter text. |
| **Primary Objective** | Click or tap here to enter text. |
| **Secondary Objective(s)** | Click or tap here to enter text. |
| **Research Intervention(s)/ Investigational Agent(s)** | Click or tap here to enter text. |
| **IND/IDE #** | Click or tap here to enter text. |
| **Study Population** | Click or tap here to enter text. |
| **Sample Size** | Click or tap here to enter text. |
| **Study Duration for individual participants** | Click or tap here to enter text. |
| **Study Specific Abbreviations/ Definitions** | Click or tap here to enter text. |

# Study Intervention/Investigational Agent

* 1. *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 subjects and be used only by authorized investigators.*
     + *If the control of the drugs or devices used in this protocol will be accomplished by using the Investigational Drug Service (IDS), please reference that in this section.*

Click or tap here to enter text.

* 1. *If the drug is investigational (has an IND) or the device has an IDE or a claim of abbreviated IDE (non-significant risk device), include the following information:*
     + *Identify the holder of the IND/IDE/Abbreviated IDE.*
     + *Explain procedures followed to comply with sponsor requirements for FDA regulated research for the following:*

Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| ***FDA Regulation*** | ***IND Studies*** | ***IDE studies*** | ***Abbreviated IDE studies*** |
| ***21 CFR 11*** | ***X*** | ***X*** |  |
| ***21 CFR 54*** | ***X*** | ***X*** |  |
| ***21 CFR 210*** | ***X*** |  |  |
| ***21 CFR 211*** | ***X*** |  |  |
| ***21 CFR 312*** | ***X*** |  |  |
| ***21 CFR 812*** |  | ***X*** | ***X*** |
| ***21 CFR 820*** |  | ***X*** |  |

# Data and Specimen Banking

* 1. *The sponsor’s protocol may require banking data or specimens for future use and both storage and use will be determined by the sponsor. If additional data or specimens will be banked locally for future use, 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.* Click or tap here to enter text.
  2. *List the data to be stored or associated with each specimen banked locally.* Click or tap here to enter text.
  3. *Describe the procedures to release locally banked 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.* Click or tap here to enter text.
  4. *State whether participants may access their data/specimens for personal use, and if so how.* Click or tap here to enter text.
  5. *State whether participants may withdraw their banked data/specimens from future research use. If yes, explain whether data/specimens would be destroyed or fully anonymized in response to a withdrawal request. If no, explain why (e.g., data/specimens are fully anonymized prior to banking).* Click or tap here to enter text.

# Sharing of Results with Subjects

* 1. *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 subjects or others (e.g., the subject’s primary care physicians) and if so, describe how it will be shared.* Click or tap here to enter text.

# Inclusion and Exclusion Criteria

* 1. *Describe any inclusion or exclusion criteria that will differ for your local site compared to the sponsor’s protocol. For example, if the sponsor’s protocol allows the enrollment of children but your site will not enroll children, indicate that here.* Click or tap here to enter text.

# Vulnerable Populations

* 1. *If the research involves individuals who are vulnerable to coercion or undue influence, describe additional safeguards included to protect their rights and welfare.*
     + *If the research involves pregnant women, review HRP-412 - CHECKLIST - Pregnant Women to ensure that you have provided sufficient information.*
     + *If the research involves neonates of uncertain viability or non-viable neonates, review HRP-413 - CHECKLIST - Non-Viable Neonates or HRP-414 - CHECKLIST - Neonates of Uncertain Viability to ensure that you have provided sufficient information.*
     + *If the research involves prisoners, review HRP-415 - CHECKLIST - Prisoners to ensure that you have provided sufficient information.*
     + *If the research involves persons who have not attained the legal age for consent to treatments or procedures involved in the research (“children”), review HRP-416 - CHECKLIST - Children to ensure that you have provided sufficient information.*
     + *If the research involves decisionally impaired adults, review HRP-417 - CHECKLIST - Cognitively Impaired Adults to ensure that you have provided sufficient information.*
     + *Check if the research involves any of the following groups:*

☐ *Wards of the State*

☐ *VCU/VCUHS students or trainees*

☐ *VCU/VCU Health System employees*

☐ *Active military personnel*

☐ *Student populations in K-12 educational settings or other learning environments*

☐ *Members of a federally recognized American Indian or Alaska Native tribe*

# Local Number of Subjects

* 1. *Indicate the total number of subjects to be accrued locally.* Click or tap here to enter text.
  2. *If applicable, distinguish between the number of subjects who are expected to be enrolled and screened, and the number of subjects needed to complete the research procedures (i.e., numbers of subjects excluding screen failures.)* Click or tap here to enter text.

# Local Recruitment Methods

*This section is for recruitment methods under the control of the local site and not central recruitment managed by the sponsor.*

* 1. *Describe when, where, and how potential subjects will be recruited.* Click or tap here to enter text.
  2. *Describe the source of subjects (e.g., community, recruitment registry [specify], health records).* Click or tap here to enter text.
  3. *Describe the methods that will be used to identify potential subjects including whether subjects self-identify in response to recruitment material or how contact information is obtained, and who will contact or approach subjects.* Click or tap here to enter text.
  4. *Describe materials that will be used to recruit subjects, addressing when and how often they will be used. (Attach copies of these documents with the application. For advertisements, attach the final copy of printed advertisements. 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.)* Click or tap here to enter text.
  5. *Describe the amount and timing of any payments to subjects. See* [*VCU Procurement Services*](https://procurement.vcu.edu/i-want-to/pay-an-individual/compensate-a-research-participant/) *for allowable payment methods.* Click or tap here to enter text.

# Withdrawal of Subjects

* 1. *Describe procedures that will be followed locally, if different than the sponsor’s protocol, when subjects withdraw from the research.* Click or tap here to enter text.

# Data Management and Confidentiality

* 1. *Describe the local procedures for maintenance of confidentiality. See* [*https://dms.vcu.edu*](https://dms.vcu.edu) *for VCU-approved methods of electronic data storage transmission, and transfer.* 
     + *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?*

Click or tap here to enter text.

* 1. *If you plan to retain screening data collected by phone or other methods for people who decline to participate, describe this, including the rationale for retaining the information and for how long (e.g., end of the study).* Click or tap here to enter text.

# Provisions to Protect the Privacy Interests of Subjects

* 1. *Describe the steps that will be taken to protect subjects’ privacy interests. “Privacy interest” refers to a person’s desire to place limits on whom they interact or whom they provide personal information.* Click or tap here to enter text.
  2. *Describe what steps you will take to make the subjects 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 subject might experience in response to questions, examinations, and procedures.* Click or tap here to enter text.
  3. *Indicate how the research team is permitted to access any sources of information about the subjects.* Click or tap here to enter text.

*11.4 Select all identifiers that will be collected at any time as part of this study (including for recruitment, data gathering, data analysis, etc.), even if the data will eventually be anonymized:*

☐ *Names*

☐ *Geographic Locators Below State Level*

☐ *Social Security Numbers*

☐ *Dates (year alone is not an identifier)*

☐ *Ages over 89 (age under 89 is not an identifier)*

☐ *Phone Numbers*

☐ *Facsimile Numbers*

☐ *E-mail Addresses*

☐ *Medical Record Numbers*

☐ *Device Identifiers*

☐ *Biometric Identifiers*

☐ *Web URLs*

☐ *IP Addresses*

☐ *Account Numbers*

☐ *Health Plan Numbers*

☐ *Full Face Photos or Comparable Images*

☐ *License/Certification Numbers*

☐ *Vehicle ID Numbers*

☐ *Other Unique Identifier*

☐ *No Identifiers*

☐ *Employee V#*

# Compensation for Research-Related Injury

* 1. *If the research involves more than Minimal Risk to subjects, describe the available compensation in the event of research related injury.* Click or tap here to enter text.
  2. *For industry funded studies only, provide a memo from the Division of Sponsored Programs approving the consent form language for  compensation for research-related injury.  For all other funding sources, the template language from**HRP-502 should be utilized in the consent form.* Click or tap here to enter text.

# Economic Burden to Subjects

* 1. *Describe any costs that subjects may be responsible for because of participation in the research, e.g., fuel, parking, childcare.* Click or tap here to enter text.

# Consent Process

* 1. *Indicate whether you will you be obtaining consent, and if so describe:*

*(describe for different groups if multiple):*

* + - *Who will obtain informed consent*
    - *Where the consent process will take place.*
    - *How the consent process will be conducted (e.g., electronic, face-to-face, phone or video).*
      * *If electronic, choose platform(s) or explain other:*

☐ *DocuSign Part 11 (FDA regulated studies)*

☐ *DocuSign (standard platform for non-FDA regulated studies)*

☐ *REDCap e-Consent*

☐ *iMedConsent (Veterans Affairs studies)*

* + - *Any waiting period available between informing the prospective subject and obtaining the consent.*
    - *Any process to ensure ongoing consent.*
    - *Whether you will be following HRP-090 - SOP - Informed Consent Process for Research. If not, 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.*
      * *Steps that will be taken to ensure the subject’s understanding.*

Click or tap here to enter text.

***Non-English Speaking Subjects***

* + - *Indicate what language(s) other than English are understood by prospective subjects or representatives.*
    - *If subjects who do not speak English will be enrolled, describe the process to ensure that the oral and written information provided to those subjects will be in that language. Indicate the language that will be used by those obtaining consent.*

Click or tap here to enter text.

***Waiver or Alteration of Consent Process (consent will not be obtained, required information will not be disclosed, or the research involves deception)***

* + - *Review HRP-410 - CHECKLIST - Waiver or Alteration of Consent Process to ensure you have provided sufficient information for the IRB to make these determinations. Describe whether you are requesting to waive some elements of consent (describe which ones), or all elements of consent. Provide justification.*
    - *If the research involves a waiver of the consent process for planned emergency research, please review HRP-419 - CHECKLIST - Waiver of Consent Process for Emergency Research to ensure you have provided sufficient information for the IRB to make these determinations.*
    - *If the research involves deception, describe whether subjects prospectively authorize the deception and plans for de-briefing subjects.*

Click or tap here to enter text.

***Subjects who are not yet adults (infants, children, teenagers)***

* + - *Describe the criteria that will be used to determine whether a prospective subject has not attained the legal age for consent to treatments or procedures involved in the research under the applicable law of the jurisdiction in which the research will be conducted. (E.g., individuals under the age of 18 years.)*
      * *For research conducted in the state, review HRP-013 - SOP - LARs, Children, and Guardians to be aware of which individuals in the state meet the definition of “children.”*
      * *For research conducted outside of the state, provide information that describes which persons have not attained the legal age for consent to treatments or procedures involved the research, under the applicable law of the jurisdiction in which research will be conducted. One method of obtaining this information is to have a legal counsel or authority review your protocol along the definition of “children” in HRP-013 - SOP - LARs, Children, and Guardians.*
    - *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.*
    - *Indicate whether assent will be obtained from all, some, or none of the children. If assent will be obtained from some children, indicate which children will be required to assent. If not obtaining assent, include justification.*
    - *When assent of children is obtained describe whether and how it will be documented.*

Click or tap here to enter text.

***Cognitively Impaired Adults***

* + - *Describe the process to determine whether an individual is capable of consent or 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 cognitively impaired adults to sign assent documents.*

Click or tap here to enter text.

***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 HRP-013 - SOP - LARs, Children, and Guardians 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. One method of obtaining this information is to have a legal counsel or authority review your protocol along the definition of “legally authorized representative” in HRP-013 - SOP - LARs, Children, and Guardians.*
    - *Describe the process for assent of the subjects. Indicate whether:*
      * *Assent will be required of all, some, or none of the subjects. If some, indicated, which subjects will be required to assent and which will not.*
      * *If assent will not be obtained from some or all subjects, an explanation of why not.*
      * *Describe whether assent of the subjects 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 subjects to sign assent documents.*

Click or tap here to enter text.

# Process to Document Consent in Writing

* 1. *Describe whether you will be following HRP-091 - SOP - Written Documentation of Consent. If not, describe whether and how consent of the subject will be documented in writing.* Click or tap here to enter text.

# Setting

* 1. *Describe the local sites or locations where your research team will conduct the research.*
     + *Identify where your research team will identify and recruit potential subjects.*
     + *Identify where research procedures will be performed.*
     + *Describe the composition and involvement of any community advisory board.*
     + *For research conducted outside of the organization and its affiliates describe:*
       - *Site-specific regulations or customs affecting the research for research outside the organization.*
       - *Local scientific and ethical review structure outside the organization.*

Click or tap here to enter text.

# Resources Available

* 1. *Describe the resources available to conduct the research. For example, as appropriate:*
     + *Justify the feasibility of recruiting the required number of suitable subjects within the agreed recruitment period. For example, how many potential subjects do you have access to? What percentage of those potential subjects do you need to recruit?*
     + *Describe the time that you will devote to conducting and completing the research.*
     + *Describe your facilities.*
     + *Describe the availability of medical or psychological resources that subjects might need as a result of an anticipated consequence 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.*

Click or tap here to enter text.