**Protocol Template for Observational Study**

**Directions for Using this Template:**

|  |
| --- |
| * This template should be used for studies involving only observational interactions. If your study also involves testing an intervention, use the Protocol Template for Interventional Behavioral Studies or Interventional Clinical Trials as appropriate. Choose the appropriate sections that match your study and delete the other sections. * In the template, instructions for each section are included in *blue italics*. As you complete a section, delete the instructions. * Where sample text is included in standard font, you may include it in your protocol as written or modify as needed for your study. Sample text is set off by the introductory instructional text *{Begin sample text}* and closing instructional text *{End sample text}*. Remove this instructional text if you use the sample text. * Required protocol text is set off by the introductory instructional text *{Begin required text}* and the closing instructional text *{End required text}*. Remove this instructional text while maintaining the required text in the document. * Text enclosed with < > is a placeholder for a specific detail (e.g., <protocol title>); replace as appropriate. * It is not necessary to include text under a major numbered heading (e.g., 1, 2) that is immediately followed by numbered subheadings, (e.g., 2.1, 2.2). That is because certain numbered headings are used only for organizational purposes. Text should be entered under all numbered subheadings. See <Insert text> notations for guidance. * Use the formatting and text styles which already exist in the document, rather than creating your own. * Protocol version control: Primary author controls version number and date, which appear on title page and header of each protocol page. Use 0.1, 0.2, 0.3, etc., for early drafts of the protocol. Once version has been finalized, re-label last draft version 0.x as final version 1.0 for IRB submission. When drafting an amendment to an IRB-approved protocol, use the protocol whole version number with draft numbers in the decimal. For example, version 2.1 is the first draft of an amendment to protocol version 2.0. When the final draft of this amended protocol is ready for IRB review, change the version number to Version 3.0 before IRB submission. * Versioning includes both a version number and version date. When the version number and date change, be sure to update them in the header of each section of the protocol. * Do not change the protocol template footer. * Remove this Tool Summary Sheet before use. |

**Tool Revision History:**

|  |  |  |
| --- | --- | --- |
| **Version Number** | **Version Date** | **Summary of Revisions Made** |
| 1.0 | 05 May 2017 | Original version |

**<tITLE OF THE PROTOCOL>**

*[Include* ***observational,*** *if the study* ***is multi-center****, and the* ***condition/disease(s****) being observed.]*

Example title:

A single-center observational study of the infection rates of XXXXXX patients undergoing standard treatment.

|  |  |
| --- | --- |
| **Principal Investigator:** | *Insert the Name of the Sponsor-Investigator*  *Insert Department Name*  *Insert Address*  *Insert Email Address*  *Insert Phone Number* |
| **Additional Investigators:**  *[PI at additional sites, etc. as applicable]* | *Insert the Name of the Investigator*  *Insert Department Name*  *Insert Address*  *Insert Email Address*  *Insert Phone Number* |
| **NYULMC Study Number:** | *Insert Research Navigator Study Number (e.g. 17-01234)* |
| **Funding Sponsor:** *[If applicable]* | *Insert the Name of Primary Funding Sponsor*  *Insert Address*  *Insert Phone Number* |
| **ClinicalTrials.gov Number** | *Include the National Clinical Trial (NCT) Number assigned once the study is registered on the ClinicalTrials.gov.* |

**Initial version:** [date]

**Amended:** [date]

**Amended:** [date]

**Statement of Compliance**

This study will be conducted in accordance with the Code of Federal Regulations on the Protection of Human Subjects (45 CFR Part 46), any other applicable US government research regulations, and institutional research policies and procedures. The Principal Investigator will assure that no deviation from, or changes to the protocol will take place without prior agreement from the sponsor and documented approval from the Institutional Review Board (IRB), except where necessary to eliminate an immediate hazard(s) to the study participants. All personnel involved in the conduct of this study have completed Human Subjects Protection Training.

**Table of Contents**

Protocol Summary 1

Schematic of Study Design 2

1 Key Roles 3

2 Introduction, Background Information and Scientific Rationale 3

2.1 Background Information and Relevant Literature 3

2.2 Rationale 3

2.3 Potential Risks & Benefits 3

2.3.1 Known Potential Risks 3

2.3.2 Known Potential Benefits 4

3 Objectives and Purpose 4

3.1 Primary Objective 4

3.2 Secondary Objectives (if applicable) 4

4 Study Design and Endpoints 4

4.1 Description of Study Design 4

5 Study Enrollment and Withdrawal 5

5.1 Inclusion Criteria 5

5.2 Exclusion Criteria 5

5.3 Vulnerable Subjects 6

5.4 Strategies for Recruitment and Retention 6

5.4.1 Use of DataCore/Epic Information for Recruitment Purposes 7

5.5 Duration of Study Participation 8

5.6 Total Number of Participants and Sites 8

5.7 Participant Withdrawal or Termination 8

5.7.1 Reasons for Withdrawal or Termination 8

5.7.2 Handling of Participant Withdrawals or Termination 9

5.7.3 Premature Termination or Suspension of Study 9

6 Study Schedule 9

6.1 Screening 10

6.2 Enrollment/Baseline 10

6.3 Intermediate Visits 11

6.4 Final Study Visit 11

6.5 Withdrawal Visit 11

6.6 Unscheduled Visit 12

7 Study Procedures/Evaluations 12

7.1 Procedures/Evaluations 12

7.2 Laboratory Procedures/Evaluations 12

7.3 Study Specific Biospecimens 12

7.3.1 Specimen Collection Procedures 12

7.3.2 Specimen Preparation, Handling, and Storage 12

7.3.3 Specimen Shipment 13

7.4 Questionnaire Administration 13

7.5 13

8 Safety and Adverse Events 13

8.1 Definitions 13

8.2 Recording of Adverse Events 14

8.3 Reporting of Serious Adverse Events and Unanticipated Problems 14

8.3.1 Investigator reporting: notifying the IRB 15

9 Study Oversight 16

10 Statistical Considerations 16

10.1 Study Hypotheses 16

10.2 Sample Size Determination 16

10.3 Statistical Methods 17

11 Source Documents and Access to Source Data/Documents 17

12 Ethics/Protection of Human Subjects 18

12.1 Ethical Standard 18

12.2 Institutional Review Board 19

12.3 Informed Consent Process 19

12.3.1 Consent/Assent and Other Informational Documents Provided to Participants 19

12.3.2 Consent Procedures and Documentation 19

12.4 Participant and Data Confidentiality 21

12.4.1 Research Use of Stored Human Samples, Specimens, or Data 22

12.5 Future Use of Stored Specimens 23

13 Data Handling and Record Keeping 24

13.1 Data Collection and Management Responsibilities 24

13.2 Study Records Retention 24

13.3 Protocol Deviations 25

13.4 Publication and Data Sharing Policy 25

14 Study Finances 26

14.1 Funding Source 26

14.2 Costs to the Participant 26

14.3 Participant Reimbursements or Payments 26

15 Study Administration 27

15.1 Study Leadership 27

16 Conflict of Interest Policy 27

17 References 28

18 Attachments 29

*Be sure to update the table of contents when you are finished creating your protocol. You can do this in Microsoft Word by going to the References tab and clicking on “Update Table” in the Table of Contents section.*

**List of Abbreviations**

*Add all disease or study-specific abbreviations/acronyms in this section. Modify this list as needed for your particular study and remove abbreviations that are not used in the document.*

|  |  |
| --- | --- |
| AE | Adverse Event/Adverse Experience |
| CFR | Code of Federal Regulations |
| CRF | Case Report Form |
| CSOC | Clinical Study Oversight Committee |
| DCC | Data Coordinating Center |
| DHHS | Department of Health and Human Services |
| FFR | Federal Financial Report |
| FWA | Federalwide Assurance |
| HIPAA | Health Insurance Portability and Accountability Act |
| ICF | Informed Consent Form |
| IRB | Institutional Review Board |
| MOP | Manual of Procedures |
| N | Number (typically refers to participants) |
| NIH | National Institutes of Health |
| OHRP | Office for Human Research Protections |
| OHSR | Office of Human Subjects Research |
| PI | Principal Investigator |
| QA | Quality Assurance |
| QC | Quality Control |
| SAE | Serious Adverse Event/Serious Adverse Experience |
| SOP | Standard Operating Procedure |
| US | United States |

# Protocol Summary

|  |  |
| --- | --- |
| Title | *Full title of protocol* |
| Short Title | *Shortened title, if one is typically used by you or your Center/Dept.* |
| Brief Summary | *Provide a brief overview of the study design, including sample size, study groups, schedule of interventions, schedule for specimen or data collection, and analyses to be performed.*  *This summary should be only a few sentences in length. A detailed schematic describing all visits and assessments (schedule of events) should be included in the Schematic of Study Design.* |
| Objectives | *Insert objectives that are the same as the objectives contained in the body of the protocol. Include the primary objective and important secondary objectives.* |
| Methodology | *Design attributes such as single blind, double blind or open label; Randomized, placebo or active placebo control; cross-over design, etc.* |
| Endpoint | *Insert endpoints that are the same as the endpoints contained in the body of the protocol. Include the primary endpoint and important secondary endpoints.* |
| Study Duration | *Estimated time from when the study opens to enrollment until completion of data analysis.* |
| Participant Duration | *Time it will take for each individual participant to complete all participant observations.* |
| Population | *Specify sample size, gender, age, demographic group, general health status, and geographic location.* |
| Study Sites | *Insert a list of participating sites. If greater than 3 sites, indicate number of sites and refer to Section 1, Key Roles for a complete list of participating sites.* |
| Number of participants | *Number of participants projected for the entire study (e.g. 100 participants expected to be enrolled across 2 sites)* |
| Statistical Analysis | *A very brief description of the main elements of the statistical methodology to be used in the study. Limit this section to discussion of the analysis of the primary endpoint and perhaps the main secondary endpoint.* |

# Schematic of Study Design

*The diagram below shows a sample format and the level of detail needed to convey an overview of study design. Complete each text box with study-specific information and adapt the diagram to illustrate your study design. The time point(s) indicated in the schematic should correspond to the time point(s) in Section 5 of the protocol, Study Schedule, e.g., Visit 1, Day 0; Visit 2, Day 30 ± 7; etc.*

Total N: Obtain informed consent. Screen potential participants by inclusion and exclusion criteria; obtain history, document.

Prior to

Enrollment

Initial assessments

(list specimens to be collected, examinations or imaging or laboratory assays to be performed, questionnaires to be completed)

Visit 1

Time Point

Follow-up assessments

(list specimens to be collected, examinations or imaging or laboratory assays to be performed, questionnaires to be completed)

Visit 2

Time Point

Follow-up assessments

(list specimens to be collected, examinations or imaging or laboratory assays to be performed, questionnaires to be completed)

**Visit** 3

Time Point

**Final Assessments**

List analyses to be performed

Visit X

Time Point…

# Key Roles

<Insert Text>

*Provide a list of persons, companies, and/or groups serving in key roles in the conduct or oversight of the study. This should include the principal investigator (PI) and site investigators. Other key roles may include the NIH point of contact (program director or officer), regulatory specialist, biostatistician, data coordinating center (DCC), data management center, data manager, or industry partner.*

*Include the following information for each individual:*

*Name, degree, title*

*Institution Name*

*Address*

*Phone Number*

*Email*

# Introduction, Background Information and Scientific Rationale

## Background Information and Relevant Literature

<Insert Text>

*This section should contain a background discussion of the condition to be observed. Include:*

* *The name and description of the health problem that the study will observe.*
* *A summary of relevant research*
* *Discussion of important literature and data that are relevant to the study that provide background for the study (reference citations should be listed in Section 17, Literature References)*
* *A brief discussion of the study’s overall goal*
* *Applicable clinical, epidemiological, or public health background or context of the study*
* *Importance of the study and any relevant treatment issues or controversies*

## Rationale

<Insert Text>

State the problem or question under study (e.g., describe the disease and current limitations of knowledge or therapy). Include a statement of the hypothesis. Include a justification for the selection of study population. Describe the rationale for the type and selection of control (e.g. no treatment or historical). Discuss known or potential problems associated with the control group chosen in light of the specific disease being studied.

## Potential Risks & Benefits

### Known Potential Risks

<Insert Text>

*Include a discussion of known potential risks, e.g. risk of breach of confidentiality. Relevant published literature can provide relevant risk information. Describe in detail any psychological, social, legal, economic, or any other risks to participants by virtue of participation in the study that the PI foresees, addressing each of the following:*

* *Immediate risks*
* *Long-range risks*
* *Rationale for the necessity of exposing human participants to such risks*
* *Why the value of the information to be gained outweighs the risks involved*

### Known Potential Benefits

<Insert Text>

*Include a discussion of known potential benefits from either clinical or nonclinical studies. Relevant published literature can provide potential relevant benefit information.*

*Describe in detail any potential benefits to participants or society that the PI foresees, addressing each of the following:*

* *Immediate potential benefits*
* *Long-range potential benefits*

*Note: Payment to participants, whether as an inducement to participate or as compensation for pain and inconvenience is not considered a “benefit.” Provision of incidental care is also not to be considered a benefit.*

# Objectives and Purpose

<Insert Text>

*Provide a detailed description of the primary objective and any secondary objectives of the study. An objective is the reason for performing the study in terms of the scientific question to be answered. The primary objective is the main question. This objective generally drives statistical planning for the study (e.g., calculation of the sample size to provide the appropriate power for statistical testing. Note: do not include statistical analysis here.). Secondary objectives are goals that will provide further information on the health condition that is the focus of the study.*

*Express each objective as a statement of purpose (e.g., to assess, to determine, to compare, to evaluate) and include the general or specific purpose, e.g., to evaluate biomarkers as physiologic correlates of disease, to determine genomic factors affecting oral health conditions, to determine risk factors for disease or condition, etc.*

## Primary Objective

<Insert Text>

## Secondary Objectives (if applicable)

<Insert Text>

*Specify any secondary outcome measures, i.e., the measurements or observations used to describe the patterns of diseases or traits or associations with exposures, risk factors, or treatment. Include the study visits at which the biospecimens, images or other data will be obtained and the specific laboratory tests or other analytical measures to be used.*

*Outcome measures should be prioritized and should correspond to the study objectives and hypotheses being tested.*

# Study Design and Endpoints

## Description of Study Design

<Insert Text>

Include a brief paragraph or bulleted text describing the study design. This section should include:

* A brief description of the type/design of study to be conducted [e.g., cross-sectional, cohort, case-control, case-only, case-crossover, ecological or community study, family-based or other (explain)]; state if it is a multicenter study
* A brief description of the study population (e.g., healthy/sick, inpatient/outpatient, demographic groups), sample size and characteristics of different study groups, if applicable. Do not list inclusion/exclusion criteria here, as these will be listed in Sections 5.1 and 5.2.
* A brief discussion of the rationale for design features
* A brief description of the study timeline, including approximate time to complete enrollment and expected duration of subject participation (details of study visit schedule will be included in Section 7, Study Procedures)
* A brief summary of methods for collecting data for assessment of study objectives (detailed methods will be included in Section 7, Study Procedures)
* Other protocol-specific details, such as centralization of evaluations (e.g., central laboratory or central reading center for clinical images)
* If the study requires that study staff (investigator, examiner, laboratory personnel, etc.) be masked with respect to the study group of a research participant, specimen, or image, state how masking will be maintained.

# Study Enrollment and Withdrawal

*The following subsections should include a description of the study population, participant recruitment, and issues related to participant withdrawal. The study population should be appropriate for the stage of the study.*

*Use the following guidelines when developing participant eligibility criteria to be listed in Sections 5.1 Inclusion Criteria and 5.2 Exclusion Criteria:*

* *The eligibility criteria should provide a definition of participant characteristics required for study entry/enrollment.*
* *If participants require screening, distinguish between screening participants vs enrolling participants. Determine if screening procedures will be performed under a separate screening consent form.*
* *The same criterion should not be listed as both an inclusion and exclusion criterion (e.g., do not state age >18 years old as ̠an inclusion criterion and age ≤ years as an exclusion criterion).*
* *Identify specific laboratory tests or clinical characteristics that will be used as criteria for enrollment or exclusion.*

## Inclusion Criteria

In order to be eligible to participate in this study, an individual must meet all of the following criteria:

1. <Insert Text>

*Create a numbered list of criteria that an individual must meet to be eligible to participate in the study.*

*Some criteria to consider for inclusion are: provision of appropriate consent and assent, willingness and ability to participate in study procedures, age range, gender, health status, diagnosis or symptoms, background medical treatment, and laboratory ranges. Additional criteria should be included as appropriate for the study design and risk.*

## Exclusion Criteria

An individual who meets any of the following criteria will be excluded from participation in this study:

1. <Insert Text>

*Create a numbered list of criteria that would exclude an individual from study enrollment. Some criteria to consider for exclusion are: pre-existing conditions or concurrent diagnoses, concomitant use of medication(s) or devices, other factors that would cause harm or increased risk to the participant or close contacts, or preclude the participant’s full adherence with or completion of the study. Additional criteria should be included as appropriate for the study design and risk.*

## Vulnerable Subjects

<Insert Text>

*If vulnerable subjects (e.g. those with limited autonomy or those in subordinate positions) are included, provide justification. Children, pregnant women, fetuses, neonates, and prisoners are considered vulnerable populations under federal regulation. The elderly, students, employees, and persons with decisional incapacity are also generally considered vulnerable subjects and in need of greater protection.*

If the study intends to enroll children, pregnant women, prisoners, or other vulnerable populations, refer to applicable section of 45 CFR Part 46 Subpart B – Additional Protections for Pregnant Women, Human Fetuses and Neonates Involved in Research (45 CFR Part 46.201-46.207); Subpart C – Additional Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects (45 CFR Part 46.301-46.306); Subpart D – Additional Protections for Children Involved as Subjects in Research (45 CFR Part 46.401-46.409).

Refer to these regulations and Office for Human Research Protections (OHRP) guidelines when choosing the study population. Note that these regulations apply if any subjects are members of the designated population even if it is not the target population (for example, if a subject becomes a prisoner during the study). Refer to: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46> and <http://www.hhs.gov/ohrp/archive/irb/irb_guidebook.htm>.

## Strategies for Recruitment and Retention

<Insert Text>

*Identify strategies for participant recruitment and retention,* *e.g. from investigator or sub-investigator clinical practices, referring physicians, advertisement, etc. See the Research and Recruitment Unit’s Participant Recruitment Overview of Resources eBook for information on tools and services available to address common needs:* [*https://central.nyumc.org/research/site/Pages/Participant-Recruitment-Resources.aspx*](https://central.nyumc.org/research/site/Pages/Participant-Recruitment-Resources.aspx)*.*

*Include details as to whether or not the recruitment plan proposes to use any NYULMC media services (communications, marketing, etc.) social media (e.g.: Facebook, Twitter, blogging, etc.) Note: All recruitment materials which will be seen by potential participants need to be approved by the IRB. Include numbers of women and minorities expected to be recruited, or provide justification if women and/or minorities will not be recruited.*

*Describe how participants will be identified and recruited for the study. The identification of participants must protect participants’ privacy. Privacy refers to persons and their interest in controlling the access of others to themselves. Include the following:*

* *The time and place where informed consent will take place.*
* *The nature of the information subjects will be asked to give about themselves.*
* *Who receives and can use the information.*

*For example, persons might not want to be seen entering a place that might stigmatize them, such as a pregnancy-counseling center that is clearly identified as such by signs on the front of the building.*

*If the study requires long-term participant participation, describe procedures that will be used to enhance participant retention (e.g., multiple methods for contacting participants, visit reminders, incentives for visit attendance).*

*In addition, consider inclusion of the following information:*

* *Target sample size; identify anticipated number to be screened in order to reach the target enrollment (should be consistent with information contained in* ***Section 10.5, Sample Size****);*
* *Anticipated accrual rate;*
* *Source of participants (e.g., inpatient hospital setting, outpatient clinics, student health service, or general public);*
* *Recruitment venues;*
* *How potential participants will be identified and approached; and*
* *Types of advertisements planned (e.g. national newspaper, local flyers; specific names are not needed), and a statement that any advertisements must be approved by the IRB/EC for the site.*

### Use of DataCore/Epic Information for Recruitment Purposes

*This section, including the following information, is required if this study includes utilization of DataCore/Epic information for recruitment purposes.*

* *How the data will be gathered from EPIC (e.g. DataCore will request a report)*
* *How the data will be used (be specific regarding the purpose e.g. subject identification, informing subjects, initial discussion of subject eligibility, etc.]*
* *List of the study team members ( by role not name) who will have access to the EPIC search results*
* *All data points and PHI that will be used for the search*
* *When the data will be discarded after use and how the data will discarded*
* *Parameters (how many times the study team will search EPIC over the course of the study and/or how often queries regarding eligible subjects will run during the course of the study)*
* *The method used to notify the treating physician (if any, and if no explain why)*
* *A description of how the patients will be contacted (email, phone, text, mailed letters etc.)*

*Notes:*

1. *When sending recruitment information by email, SendSafe Secure email MUST be used to contact patients. NYU Langone does not permit sending any patient health information via unencrypted email.*
2. *Note: Ensure that all recruitment tools i.e., direct mailing letter, direct calling phone script, MyChart message language, etc. are uploaded in the recruitment section.*

*For additional information on recruitment methods see:*

*Guidance on Recruitment of Research Subjects*

*Guidance on Advertising*

*{Begin sample text}*

This study will utilize EPIC to identify subjects.

Any recruitment information sent by email will utilize Send Safe email.

Once potential subjects have been identified, the study team will notify the treating physician (TP) that they have patients eligible to participate as follow: *{Include one or more of the following options to describe how patients will be contacted or include a description of your own.}*

* Provide TP with a list, advertisement, letters or oral script to use when contacting potential subjects
* TP and Research PI send letter to all potential subjects (letter must have both TP and Research PI's name)
* TP agrees to permit study team to directly contact potential subjects on behalf of TP.
* TP has been notified that the study team will contact potential subjects directly, by letter, phone, email, or the MyChart portal etc.

Once contact is made, approved recruitment language will be used to communicate the reason they are being contacted and subjects will be asked if they are interested in participating in this specific study. Should the potential subjects agree, the study team will provide the subjects with information regarding the next steps for participation.

If a subject requests information regarding opting out of further recruitment for all research, subjects will be directed to contact research-contact-optout@nyumc.org or 1-855-777-7858.

*{End sample text}*

## Duration of Study Participation

<Insert Text>

*This refers to the duration of the study participants’ participation and not simply the duration of the study. This should include screening, observational phase, and any follow up time period.*

## Total Number of Participants and Sites

<Insert Text>

*Include the number of participants that will be enrolled at NYUMC and the number of participants that will be enrolled elsewhere if applicable. Specify whether any subjects will be recruited at international sites. Enrolled for the intent and purpose of the IRB, means the consent form was signed.*

*{Begin sample text}*

Recruitment will end when approximately \_\_\_ participants are enrolled. It is expected that approximately \_\_\_ participants will be enrolled in order to produce \_\_\_ evaluable participants.

*{End sample text}*

## Participant Withdrawal or Termination

### Reasons for Withdrawal or Termination

<Insert Text>

*Provide a list of reasons participation may be terminated (e.g. safety reasons, failure of subject to adhere to protocol requirements, subject consent withdrawal, disease progression, etc.). It may be appropriate to provide distinct discontinuation criteria for participants and cohorts. If so, both sets of criteria should be listed separately and the distinction between the two must be stated clearly. Also note that participants may withdraw voluntarily from the study at any time.*

*{Begin sample text}*

Participants are free to withdraw from participation in the study at any time upon request. An investigator may terminate participation in the study if:

* Any clinical adverse event (AE), laboratory abnormality, or other medical condition or situation occurs such that continued participation in the study would not be in the best interest of the participant
* The participant meets an exclusion criterion (either newly developed or not previously recognized) that precludes further study participation

*{End sample text}*

### Handling of Participant Withdrawals or Termination

<Insert Text>

*Describe efforts that will be made to continue follow-up of withdrawn or terminated participants (if applicable). If a subject withdraws consent to participate in the study, describe whether attempts will be made to obtain permission to record at least survival data up to the protocol-described end of subject follow-up period. Also specify the methods that should be used before a subject is considered lost to follow-up (e.g. number of phone calls to subject, phone calls to next-of-kin if possible, certified letters, etc.).*

*This section should include a discussion of replacement of participants who withdraw or discontinue early, if replacement is allowed. This section should not include a discussion of how these participants will be handled in the analysis of study data. This should be captured in Section 10, Statistical Considerations.*

### Premature Termination or Suspension of Study

<Insert Text>

*List possible reasons for termination or temporary suspension of the study (e.g., study closure based on PI decision or sponsor/funder decision). For any study that is prematurely terminated or temporarily suspended, the PI will promptly inform the IRB and sponsor and provide the reason(s) for the termination or temporary suspension. State what criteria or review will be done to determine if study can resume.*

*{Begin sample text}*

This study may be temporarily suspended or prematurely terminated if there is sufficient reasonable cause. Written notification, documenting the reason for study suspension or termination, will be provided by the suspending or terminating party to <investigator, funding agency, and regulatory authorities>. If the study is prematurely terminated or suspended, the PI will promptly inform the IRB and will provide the reason(s) for the termination or suspension.

Circumstances that may warrant termination or suspension include, but are not limited to:

* Determination of unexpected, significant, or unacceptable risk to participants
* Demonstration of efficacy that would warrant stopping
* Insufficient compliance to protocol requirements
* Data that are not sufficiently complete and/or evaluable
* Determination of futility

Study may resume once concerns about safety, protocol compliance, data quality are addressed and satisfy the sponsor and/or IRB.

*{End sample text}*

# Study Schedule

*Information outlined in this section should refer to and be consistent with the information in the Schedule of Events in Appendix A. Ensure it is clear which procedures are conducted ONLY for research and which procedures will be done regardless of the study participation (standard of care procedures)*.

*Provide a schedule of initial, intermediate, and final study visits, and include all contacts with participants, e.g., telephone contacts. State permissible time windows for study visits (e.g., Day 7 ± 1 day). When establishing visit intervals and windows, consider feasibility and relevance to study outcome measures, and take into account how weekends and holidays will affect the windows.*

*For each visit, identify the purpose and briefly describe what will occur at the visit.*

## Screening

<Insert text>

Include any evaluations necessary to assess whether an individual meets eligibility criteria. Discuss the sequence of events that should occur during screening and the decision points regarding eligibility. List the time frame prior to enrollment within which screening tests and evaluations must be done (e.g., within 28 days prior to enrollment).

**This section must include instructions for obtaining** **signed informed consent. If procedures are required for confirmation of eligibility (e.g., review of medical records, clinical examination or laboratory tests) describe the process and indicate if any additional consenting is needed for the pre-screening procedures.**

Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).

{Begin sample text}

**Screening Visit (Day -28 to -1)** *{include a window that is appropriate for the study}*

Obtain and document consent from potential participant on screening consent form.

Review medical history to determine eligibility based on inclusion/exclusion criteria.

Review medications history to determine eligibility based on inclusion/exclusion criteria.

Perform medical examinations needed to determine eligibility.

Collect blood/urine/saliva.

Schedule study visits for individuals who are eligible and available for the duration of the study.

Provide potential participants with instructions needed to prepare for first study visit *{specify instructions to be provided}*.

{End sample text}

## Enrollment/Baseline

<Insert text>

*Discuss evaluations/procedures necessary to assess or confirm whether an individual still meets the eligibility criteria and may be enrolled, and specify what will be recorded at baseline for comparison with later assessments. Discuss the sequence of events that should occur during the enrollment visit. List any special conditions (e.g., negative pregnancy test must be available prior to initiating study procedures).*

*Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).*

*{Begin sample text}*

**Enrollment/Baseline Visit (Visit 1, Day 0)**

* Obtain and document consent from participant on study consent form.
* Verify inclusion/exclusion criteria.
* Obtain demographic information, medical/dental history, medication history, alcohol and tobacco use history.
* Record results of physical and dental examinations.
* Collect blood/urine/saliva/other specimen.

{End sample text}

## Intermediate Visits

<Insert text>

List each visit, including visit number and visit window. For each visit, list the evaluations/procedures/specimen collections to be completed (in chronological order, if applicable).

Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).

{Begin sample text}

**Visit 2, Day X ± Y**

{Repeat for each visit, providing a study-appropriate window for the visit}

Record results of physical examinations.

Collect blood/urine/saliva/other specimen.

{End sample text}

## Final Study Visit

<Insert text>

Define when the final study visit should occur and any special procedures/evaluations or instructions to the participant. Describe provisions for follow-up of ongoing AEs/SAEs. If study results will be shared with participants, discuss when and how they will receive this information.

Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).

{Begin sample text}

**Final Study Visit (Final Visit, Day X ± Y)**

Record results of physical and dental examinations.

Collect blood/urine/saliva/other specimen.

Provide final instructions to participant *{e.g., follow-up of ongoing adverse events, oral hygiene instructions}.*

{End sample text}

## Withdrawal Visit

<Insert text>

If subject withdraws early or investigator terminates subject participation, specify which of the evaluations required for the final study visit should be offered to the subject.

## Unscheduled Visit

<Insert text>

Specify how unscheduled visits will be handled and documented.

# Study Procedures/Evaluations

*In the following subsections, describe procedures for collection of all study data including clinical observations, laboratory results, biospecimens, images, and questionnaire responses. Information outlined in this section should refer to and be consistent with the information in the Schedule of Events in Appendix A and in Section 5.*

*Procedures completed during the study as part of normal standard of clinical care should be identified as such.*

## Procedures/Evaluations

<Insert text>

Describe assessments to be done, such as baseline medical history, medications history, radiographs or photographs, other health status evaluations.

## Laboratory Procedures/Evaluations

<Insert text>

List all laboratory evaluations. Differentiate screening laboratories from evaluations required for study outcomes. Include specific test components and estimated volume and type of specimens needed for each test [or refer to the study’s Manual of Procedures (MOP)]. Specify laboratory methods to provide for appropriate longitudinal and cross-comparison (e.g., use of consistent laboratory method throughout study). If more than one laboratory will be used, specify which evaluations will be done by each laboratory.

## Study Specific Biospecimens

### Specimen Collection Procedures

<Insert text>

Specify what specimens will be collected specifically for the study and the general procedures for the collection. If specimen collection procedures are complex, the protocol should include only a general description and details should be provided in a study MOP.

* Specimen source – Describe how the biospecimens will be obtained, e.g., from a biorepository.

### Specimen Preparation, Handling, and Storage

<Insert text>

Describe where and how the specimens are processed after collection. Explain any special instructions for the preparation, handling, and storage of specimens (or refer to the study’s MOP). Include required temperatures for immediate and long-term storage, procedures for aliquoting specimens, where specimens will be stored, how they will be labeled and tracked for inventory, and measures taken to ensure sample integrity during storage. Include a discussion of long-term access and consent for future use of specimens.

### Specimen Shipment

<Insert text>

If specimens will be shipped to another location for analysis or storage, identify the receiver and provide destination and shipment information, including shipping frequency. Refer to the study MOP for details, or include here the contact information for laboratory personnel, days and times shipments are allowed, and any labeling requirements for specimen shipping. Also, include any special instructions such as dry ice or wet ice or the completion of a specimen-tracking log. Indicate how specimens will be labeled for tracking purposes and whether labels include subject identifying information. Provide information on the general mode of shipment and measures taken to protect specimen integrity.

## Questionnaire Administration

<Insert text>

If questionnaire completion is required, describe the purpose and content of the questionnaire. Specify by whom and how the questionnaire will be administered and who will be the respondents. State whether the questionnaire has been previously validated. Attach the questionnaire as a protocol appendix.

## 

# Safety and Adverse Events

## Definitions

*{Begin required text}*

**Unanticipated Problems Involving Risk to Subjects or Others**

Any incident, experience, or outcome that meets all of the following criteria:

* Unexpected in nature, severity, or frequency (i.e. not described in study-related documents such as the IRB-approved protocol or consent form, the investigators brochure, etc)
* Related or possibly related to participation in the research (i.e. possibly related means there is a reasonable possibility that the incident experience, or outcome may have been caused by the procedures involved in the research)
* Suggests that the research places subjects or others at greater risk of harm (including physical, psychological, economic, or social harm).

**Adverse Event**

An ***adverse event*** (AE) is any symptom, sign, illness or experience that develops or worsens in severity during the course of the study. Intercurrent illnesses or injuries should be regarded as adverse events. Abnormal results of diagnostic procedures are considered to be adverse events if the abnormality:

* results in study withdrawal
* is associated with a serious adverse event
* is associated with clinical signs or symptoms
* leads to additional treatment or to further diagnostic tests
* is considered by the investigator to be of clinical significance

**Serious Adverse Event**

Adverse events are classified as serious or non-serious. A ***serious adverse event*** is any AE that is:

* fatal
* life-threatening
* requires or prolongs hospital stay
* results in persistent or significant disability or incapacity
* a congenital anomaly or birth defect
* an important medical event

Important medical events are those that may not be immediately life threatening, but are clearly of major clinical significance. They may jeopardize the subject, and may require intervention to prevent one of the other serious outcomes noted above. For example, drug overdose or abuse, a seizure that did not result in in-patient hospitalization, or intensive treatment of bronchospasm in an emergency department would typically be considered serious.

All adverse events that do not meet any of the criteria for serious should be regarded as ***non-serious adverse events***.

**Preexisting Condition**

A preexisting condition is one that is present at the start of the study. A preexisting condition should be recorded as an adverse event if the frequency, intensity, or the character of the condition worsens during the study period.

**General Physical Examination Findings**

At screening, any clinically significant abnormality should be recorded as a preexisting condition. At the end of the study, any new clinically significant findings/abnormalities that meet the definition of an adverse event must also be recorded and documented as an adverse event.

**Post-study Adverse Event**

All unresolved adverse events should be followed by the investigator until the events are resolved, the subject is lost to follow-up, or the adverse event is otherwise explained. At the last scheduled visit, the investigator should instruct each subject to report any subsequent event(s) that the subject, or the subject’s personal physician, believes might reasonably be related to participation in this study. The investigator should notify the study sponsor of any death or adverse event occurring at any time after a subject has discontinued or terminated study participation that may reasonably be related to this study. The sponsor should also be notified if the investigator should become aware of the development of cancer or of a congenital anomaly in a subsequently conceived offspring of a subject that has participated in this study.

*{End required text}*

## Recording of Adverse Events

At each contact with the subject, the investigator must seek information on adverse events by specific questioning and, as appropriate, by examination. Information on all adverse events should be recorded immediately in the source document, and also in the appropriate adverse event module of the case report form (CRF). All clearly related signs, symptoms, and abnormal diagnostic procedures results should recorded in the source document, though should be grouped under one diagnosis.

All adverse events occurring during the study period must be recorded. The clinical course of each event should be followed until resolution, stabilization, or until it has been determined that the study treatment or participation is not the cause. Serious adverse events that are still ongoing at the end of the study period must be followed up to determine the final outcome. Any serious adverse event that occurs after the study period and is considered to be possibly related to study participation should be recorded and reported immediately.

## Reporting of Serious Adverse Events and Unanticipated Problems

*This section describes the requirements for reporting specific types of unanticipated problems including adverse events.*

*Investigators must conform to the adverse event reporting timelines, formats and requirements of the various entities to which they are responsible, but at a minimum those events that must be reported are those that are:*

* *related to study participation,*
* *unexpected, and*
* *serious or involve risks to subjects or others.*

**For Narrative Reports of Safety Events**

If the report is supplied as a narrative, the minimum necessary information to be provided at the time of the initial report includes:

|  |  |
| --- | --- |
| * Study identifier * Study Center * Subject number * A description of the event * Date of onset | * Current status * Whether study treatment was discontinued * The reason why the event is classified as serious * Investigator assessment of the association between the event and study treatment |

### Investigator reporting: notifying the IRB

*This section specifies the NYULMC IRB requirements for investigator reporting of unanticipated problems posing risk to subjects or others, including adverse events. The IRB requirements reflect the current guidance documents released by the Office of Human Research Protections (OHRP), and the Food and Drug Administration (FDA) which are respectively entitled “Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events” and “Guidance for Clinical Investigators, Sponsors, and IRBs: Adverse Event Reporting – Improving Human Subject Protection.”*

*{Begin required text}*

Federal regulations require timely reporting by investigators to their local IRB of unanticipated problems posing risks to subjects or others. The following describes the NYULMC IRB reporting requirements, though Investigators at participating sites are responsible for meeting the specific requirements of their IRB of record.

**Report Promptly, but no later than 5 working days:**

Researchers are required to submit reports of the following problems promptly butno later than 5 working days from the time the investigator becomes aware of the event:

* ***Unanticipated problems including adverse events* that are unexpected and related**
  + *Unexpected****:*** *An event is “unexpected” when its specificity and severity are not accurately reflected in the protocol-related documents, such as the IRB-approved research protocol, any applicable investigator brochure, and the current IRB-approved informed consent document and other relevant sources of information, such as product labeling and package inserts.*
  + *Related to the research procedures****:*** *An event is related to the research procedures if in the opinion of the principal investigator or sponsor, the event was more likely than not to be caused by the research procedures.*
  + *Harmful: either caused harm to subjects or others, or placed them at increased risk*

**Other Reportable events:**

The following events also require prompt reporting to the IRB, though ***no later than 5 working days***:

* ***Complaint of a research subject*** when the complaint indicates unexpected risks or the complaint cannot be resolved by the research team.
* ***Protocol deviations or violations*** (includes intentional and accidental/unintentional deviations from the IRB approved protocol) for any of the following situations:
  + *one or more participants were placed at increased risk of harm*
  + *the event has the potential to occur again*
  + *the deviation was necessary to protect a subject from immediate harm*
* ***Breach of confidentiality***
* ***Incarceration of a participant*** when the research was not previously approved under Subpart C and the investigator believes it is in the best interest of the subject to remain on the study.
* ***New Information indicating a change to the risks or potential benefits*** of the research, in terms of severity or frequency. (e.g. analysis indicates lower-than-expected response rate or a more severe or frequent side effect; Other research finds arm of study has no therapeutic value; FDA labeling change or withdrawal from market)

**Reporting Process**

The reportable events noted above will be reported to the IRB using a Reportable New Information submission and will include a description of the event with information regarding its fulfillment of the above criteria, follow-up/resolution, and need for revision to consent form and/or other study documentation. Copies of each report and documentation of IRB notification and receipt will be kept in the Clinical Investigator’s study file.

*{End required text}*

# Study Oversight

*Indicate who is responsible for data safety monitoring of the overall study and what are his/her/their credentials, what events/data points will be reviewed during data safety monitoring reviews, what is the frequency of data safety monitoring reviews, a description of predefined stopping rules for the entire study, if applicable, and how reports/decisions following data safety monitoring reviews will be disseminated to sites (if it is a multicenter study with NYULMC as the main site)*

It is the responsibility of the Principal Investigator to oversee the safety of the study at his/her site. This safety monitoring will include careful assessment and appropriate reporting of adverse events as noted above, as well as the construction and implementation of a site data and safety-monitoring plan (see Section 11: Study Auditing, Monitoring and Inspecting). Medical monitoring will include a regular assessment of the number and type of serious adverse events.

# Statistical Considerations

*The following subsections describing statistical considerations should be “self-contained” for coherence and ready reference. The statistical plan should show how the study will answer the most important questions with precision and a minimum of bias, while remaining feasible.*

*Some studies may be conducted to obtain preliminary qualitative data. The statistical section should describe this approach, including frequency reporting of variables, confidence intervals, etc.*

## Study Hypotheses

<Insert text>

## Sample Size Determination

<Insert text>

Provide all information needed to validate your calculations

Consider applicable items from the following list when describing sample size determination:

* Statistical method used to calculate the sample size
* Outcome measure used for calculations (almost always the primary variable)
* Test statistic
* Type I error rate
* Type II error rate
* Method for adjusting calculations for planned interim analyses, if any
* Assumptions used in calculations:
  + Assumed event rate for dichotomous outcome (or mean or variance of continuous outcome), justified and referenced by historical data as much as possible
  + Assumed dropout rates, withdrawal, missing data, etc., also justified
  + Approach to handling withdrawals and protocol violations, i.e., to what extent data from withdrawn subjects will be evaluable, whether withdrawn subjects will be replaced.

Present calculations from a suitable range of assumptions to gauge the robustness of the proposed sample size. Most assumptions are not accurate as point estimates.

Discuss whether the sample size also provides sufficient power for addressing secondary objectives or for secondary analyses in key subgroup populations.

## Statistical Methods

<Insert text>

*Describe analyses for assessing the primary and secondary objectives. Plans must clearly identify the analyses, data stratifications, and methods to account for missing, unused or spurious data. Discuss how outcome measures will be assessed and transformed, if relevant, before analysis (e.g., is the primary variable binary, categorical, or continuous?).*

*For complex data analyses (e.g., multiple secondary objectives), an overview of the statistical analyses may be provided here, with more details in a separate statistical analysis plan written prior to performing any analyses. This section should contain the key elements of the analysis plan, but does not need to be a full reiteration of a detailed study analysis plan created by the study biostatistician. The full Statistical Analysis Plan can then be a “stand-alone” document that can undergo edits and versioning outside of the protocol and therefore not trigger an IRB re-review with every version or edit –AS LONG AS THE KEY ELEMENTS OF THE ANALYSIS PLAN DO NOT CHANGE – OTHERWISE IRB REVIEW IS REQUIRED.*

# Source Documents and Access to Source Data/Documents

<Insert Text>

*Each participating site will maintain appropriate medical and research records for this study, in compliance with regulatory and institutional requirements for the protection of confidentiality of participants. As part of participating in a NIH IC-sponsored or NIH IC -affiliated study, each site will permit authorized representatives of the NIH IC and regulatory agencies to examine (and when permitted by applicable law, to copy) clinical records for the purposes of quality assurance reviews, audits, and evaluation of the study safety, progress, and data validity. Describe in this section who will have access to records.*

*Source data are all information, original records of clinical findings, observations, or other activities in a study necessary for the reconstruction and evaluation of the study. Examples of these original documents and data records include, but are not limited to, hospital records, clinical and office charts, laboratory notes, memoranda, participants’ memory aids or evaluation checklists, pharmacy dispensing records, recorded audio tapes of counseling sessions, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate and complete, microfiches, photographic negatives, microfilm or magnetic media, x-rays, and participant files and records kept at the pharmacy, at the laboratories, and medico-technical departments involved in the study. It is acceptable to use CRFs as source documents. If this is the case, it should be stated in this section what data will be collected on CRFs and what data will be collected from other sources.*

*{Begin required text}*

Source data is all information, original records of clinical findings, observations, or other activities in a study necessary for the reconstruction and evaluation of the study. Source data are contained in source documents. Examples of these original documents, and data records include: hospital records, clinical and office charts, laboratory notes, memoranda, subjects’ diaries or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, copies or transcriptions certified after verification as being accurate and complete, microfiches, photographic negatives, microfilm or magnetic media, x-rays, subject files, and records kept at the pharmacy, at the laboratories, and at medico-technical departments involved in the study.

The study case report form (CRF) is the primary data collection instrument for the study. All data requested on the CRF must be recorded. All missing data must be explained. If a space on the CRF is left blank because the procedure was not done or the question was not asked, write “N/D”. If the item is not applicable to the individual case, write “N/A”. All entries should be printed legibly in black ink. If any entry error has been made, to correct such an error, draw a single straight line through the incorrect entry and enter the correct data above it. All such changes must be initialed and dated. DO NOT ERASE OR WHITE OUT ERRORS. For clarification of illegible or uncertain entries, print the clarification above the item, then initial and date it.

*{End required text}*

*{Begin suggested text}*

Access to study records will be limited to IRB-approved members of the study team. The investigator will permit study-related monitoring, audits, and inspections by the IRB/EC, the sponsor, government regulatory bodies, and University compliance and quality assurance groups of all study related documents (e.g. source documents, regulatory documents, data collection instruments, study data etc.). The investigator will ensure the capability for inspections of applicable study-related facilities (e.g. pharmacy, diagnostic laboratory, etc.).

Participation as an investigator in this study implies acceptance of potential inspection by government regulatory authorities and applicable University compliance and quality assurance offices.

*{End suggested text}*

# Ethics/Protection of Human Subjects

## Ethical Standard

<Insert Text>

*Include in this section the guiding ethical principles being followed by the study.*

*{Begin sample text}*

The investigator will ensure that this study is conducted in full conformity with Regulations for the Protection of Human Subjects of Research codified in 45 CFR Part 46.

*{End sample text}*

*If the study is conducted at international sites, the statement could be as above and/or could reference compliance with the Declaration of Helsinki, Council for International Organizations of Medical Science (CIOMS), International Ethical Guidelines for Biomedical Research Involving Human Subjects (2002), or another country’s ethical policy statement, whichever provides the most protection to human subjects.*

## Institutional Review Board

<Insert Text>

*Each participating institution must provide for the review and approval of this protocol and the associated informed consent documents and recruitment material by an appropriate IRB registered with the OHRP. Any amendments to the protocol or consent materials must also be approved before they are placed into use. In the US and in other countries, only institutions holding a current US Federal-wide Assurance issued by OHRP may participate.*

*{Begin sample text}*

The protocol, informed consent form(s), recruitment materials, and all participant materials will be submitted to the IRB for review and approval. Approval of both the protocol and the consent form must be obtained before any participant is enrolled. Any amendment to the protocol will require review and approval by the IRB before the changes are implemented to the study. All changes to the consent form will be IRB approved; a determination will be made regarding whether previously consented participants need to be re-consented.

*{End sample text}*

## Informed Consent Process

*The following subsections should describe the procedures for obtaining and documenting informed consent of study participants. State if a separate screening consent will be used. If a separate screening consent will not be used, the study consent must be signed prior to conducting study screening procedures.*

*In obtaining and documenting informed consent, the investigator should comply with applicable regulatory requirements and should adhere to 45 CFR Part 46. Prior to the beginning of the study, the investigator must have the IRB’s written approval for the protocol and the written informed consent form(s) and any other written information to be provided to the participants.*

### Consent/Assent and Other Informational Documents Provided to Participants

<Insert Text>

*This section should demonstrate that the consent form contains all required regulatory elements. List all consent documents and materials submitted with this protocol. Include consent and/or assent forms, printed or web-based materials, phone scripts and any other related material.*

*If needed, describe special documents or materials (e.g., Braille, another language, audio recording)*

*{Begin sample text}*

Consent forms describing in detail the study intervention, study procedures, and risks are given to the participant and written documentation of informed consent is required prior to starting intervention. The following consent materials are submitted with this protocol <insert list>.

*{End sample text}*

### Consent Procedures and Documentation

<Insert Text>

*Describe how informed consent will be administered. Describe who will obtain consent (using roles, note names) and how the process of informed consent will be structured to be conducive to rational and thoughtful decision making by the subject/subject’s legally authorized representative. Include information such as:*

* *Where the consent process will take place*
* *How subject privacy will be assured*
* *Whether subjects will be permitted to provide consent at the time of the consent discussion or whether they will be required to come back to provide written informed consent*
* *How the investigators will ensure that subjects comprehend the nature of the study*
* *Steps that will be taken to avoid coercion*

*If the protocol involves multiple consenting sessions, or multiple informed consent forms, describe this information and the associated procedures in detail. If a sample informed consent form is provided in an appendix to the protocol, state so here.*

*Describe any proposed waivers or alterations to informed consent. Describe any special circumstances regarding obtaining consent. Describe plans for obtaining consent from speakers of language other than English. This section should be consistent with Section 5.3, Vulnerable Subjects when describing consent plans and special considerations for children or other vulnerable participants.*

*If not all subjects will have the capacity to give informed consent, describe how capacity will be assessed. Describe the anticipated degree of impairment relative to their ability to consent to participate in research. Research with persons who have diminished capacity is allowed only for minimal risk or direct benefit studies.* *Clearly document that the investigator has an adequate plan in place to assure an acceptable level of comprehension before consent is obtained. If children and/or decisionally impaired adults will be subjects, include a specific plan to assess comprehension during assent (the subject’s agreement).*

*The PI is responsible for ensuring that valid consent is obtained and documented for all subjects. Specifically describe how consent will be documented and how/where documentation will be stored.*

*{Begin sample text}*

Informed consent is a process that is initiated prior to the individual’s agreeing to participate in the study and continues throughout the individual’s study participation. Extensive discussion of risks and possible benefits of participation will be provided to the participants and their families. Consent forms will be IRB-approved and the participant will be asked to read and review the document. The investigator will explain the research study to the participant and answer any questions that may arise. All participants will receive a verbal explanation in terms suited to their comprehension of the purposes, procedures, and potential risks of the study and of their rights as research participants. Participants will have the opportunity to carefully review the written consent form and ask questions prior to signing. The participants should have the opportunity to discuss the study with their surrogates or think about it prior to agreeing to participate. The participant will sign the informed consent document prior to any procedures being done specifically for the study. The participants may withdraw consent at any time throughout the course of the study. A copy of the signed informed consent document will be given to the participants for their records. The rights and welfare of the participants will be protected by emphasizing to them that the quality of their medical care will not be adversely affected if they decline to participate in this study.

A copy of the signed informed consent document will be stored in the subject’s research record. The consent process, including the name of the individual obtaining consent, will be thoroughly documented in the subject’s research record. Any alteration to the standard consent process (e.g. use of a translator, consent from a legally authorized representative, consent document presented orally, etc.) and the justification for such alteration will likewise be documented.

*{End sample text}*

## Participant and Data Confidentiality

<Insert Text>

*This section will describe protections for maintaining confidentiality of participant data, including, but not limited to forms, records and samples.*

*Include procedures for maintaining participant confidentiality, any special data security requirements, and record retention per the sponsor’s requirements. Describe who would have access to records, including the investigator and other study staff, the clinical monitor, funding institutions, representatives of NIH IC, and representatives from the IRB. In addition, consider inclusion of the following information:*

* *Describe whether identifiers will be attached to data/samples, or whether data will be coded or unlinked.*
* *If unlinked or coded, and additional information (e.g., age, ethnicity, sex, diagnosis) is available, discuss whether this might make specific individuals or families identifiable.*
* *If research data/samples will be coded, describe how access to the “key” for the code will be limited. Include description of security measures (password-protected database, locked drawer, other). List names or positions of persons with access to the key.*
* *Include a discussion of the circumstances in which data or samples will be shared with other researchers.*
* *Include a discussion of plans to publish pedigrees, with a description of measures to minimize the chance of identifying specific families.*
* *Describe any situations in which personally identifiable information will be released to third parties.*
* *State who has access to records, data, and samples. Consider if monitors or auditors outside of study investigators will need access.*
* *Discuss any additional features to protect confidentiality (e.g., use of a certificate of confidentiality).*

*For some studies, it may be necessary to obtain a Certificate of Confidentiality. A Certificate of Confidentiality provides protection to researchers and research institutions from being forced to provide identifying information on study participants to any federal, state or local authority. Authorization comes from NIH through section 301 (d) of the Public Health Service Act (42 U.S.C. 241 (d)) which provides the Secretary of Health and Human Services the authority to protect the privacy of study participants.*

*{Begin required text}*

Information about study subjects will be kept confidential and managed according to the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Those regulations require a signed subject authorization informing the subject of the following:

* What protected health information (PHI) will be collected from subjects in this study
* Who will have access to that information and why
* Who will use or disclose that information
* The rights of a research subject to revoke their authorization for use of their PHI.

In the event that a subject revokes authorization to collect or use PHI, the investigator, by regulation, retains the ability to use all information collected prior to the revocation of subject authorization. For subjects that have revoked authorization to collect or use PHI, attempts should be made to obtain permission to collect at least vital status (i.e. that the subject is alive) at the end of their scheduled study period.

*{End required text}*

*{Begin suggested text}*

Participant confidentiality is strictly held in trust by the participating investigators, their staff, and the sponsor(s) and their agents. This confidentiality is extended to cover testing of biological samples and genetic tests in addition to the clinical information relating to participants. Therefore, the study protocol, documentation, data, and all other information generated will be held in strict confidence. No information concerning the study or the data will be released to any unauthorized third party without prior written approval of the sponsor.

The study monitor, other authorized representatives of the sponsor, or representatives of the IRB may inspect all documents and records required to be maintained by the investigator, including but not limited to, medical records (office, clinic, or hospital) and pharmacy records for the participants in this study. The clinical study site will permit access to such records.

The study participant’s contact information will be securely stored at each clinical site for internal use during the study. At the end of the study, all records will continue to be kept in a secure location for as long a period as dictated by local IRB and Institutional regulations.

Study participant research data, which is for purposes of statistical analysis and scientific reporting, will be transmitted to and stored at the <specify name of Coordinating Center>. This will not include the participant’s contact or identifying information. Rather, individual participants and their research data will be identified by a unique study identification number. The study data entry and study management systems used by clinical sites and by <specify name of Coordinating Center> research staff will be secured and password protected. At the end of the study, all study databases will be de-identified and archived at the <specify name of Coordinating Center>.

*{Additional text for Certificate of Confidentiality}*

To further protect the privacy of study participants, a Certificate of Confidentiality will be obtained from the NIH. This certificate protects identifiable research information from forced disclosure. It allows the investigator and others who have access to research records to refuse to disclose identifying information on research participation in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. By protecting researchers and institutions from being compelled to disclose information that would identify research participants, Certificates of Confidentiality help achieve the research objectives and promote participation in studies by helping assure confidentiality and privacy to participants.

*{Additional text for NIH Data Sharing Policy for Genome-Wide Association Studies (GWAS)}*

This study is a genome-wide association study and will comply with the NIH Policy for Sharing of Data Obtained in NIH Supported or Conducted GWAS, which calls for investigators funded by the NIH for GWAS to 1) share de-identified genetic (genotypic and phenotypic) data through a centralized NIH data repository; and 2) submit documentation that describes how the institutions have considered the interests of the research participants, such as privacy and confidentiality. Submission of data to the NIH GWAS repository will be consistent with the permissions and limitations delineated on the study consent signed by study participants.

*{End suggested text}*

### Research Use of Stored Human Samples, Specimens, or Data

<Insert Text>

*This section should address each of the items listed below:*

* *Intended use of stored samples, specimen or data.*
* *Storage: State whether samples or data will be retained, list type of samples and location of storage.*
* *Tracking: Describe method of tracking, such as the name of the software tracking program or other logging/tracking method*
  + *Disposition at the completion of the study: Describe the disposition of the specimens*
  + *Approach for responding to requests from participants for destruction of samples (if applicable)*

*{Begin sample text}*

* Intended Use: Samples and data collected under this protocol may be used to study <specify condition>. No genetic testing will be performed.
* Storage: Access to stored samples will be limited using <specify approach>. Samples and data will be stored using codes assigned by the investigators. Data will be kept in password-protected computers. Only investigators will have access to the samples and data.
* Tracking: Data will be tracked using <specify approach>.
  + Disposition at the completion of the study: All stored samples will be sent to a <specify repository>. Study participants who request destruction of samples will be notified of compliance with such request and all supporting details will be maintained for tracking.

*{End sample text}*

## Future Use of Stored Specimens

<Insert Text>

*If residual specimens will be maintained after the study is complete, include the provisions for consent and the options that are available for the participant to agree to the future use of his/her specimens, images, audio or video recordings. Specify the:*

1. *location(s), if other than the clinical site, where specimens or other data will be maintained,*
2. *how long specimens or other data will be stored (specify number of years, indefinitely, or until used up),*
3. *if the site's IRB will review future studies,*
4. *and protections of confidentiality for any future studies with the stored specimens or data (e.g., specimens will be coded, bar-coded, de-identified, identifying information will be redacted from audio recording transcripts),*
5. *purpose of future research (or if unknown, state “unknown at this time”),*
6. *whether participation in the storage of specimens is optional and if not, provide a justification*

*Include a statement that genetic testing will or will not be performed.*

*See also Section 13.4, Participant and Data Confidentiality and Section 14.2, Study Records Retention, for further information on future use of study records.*

*{Begin sample text}*

Data collected for this study will be analyzed and stored at the <specify name of Coordinating Center>. After the study is completed, the de-identified, archived data will be transmitted to and stored at the <specify name of Data Repository>, under the supervision of <insert name>, for use by other researchers including those outside of the study. Permission to transmit data to the <specify name of Data Repository> will be included in the informed consent.

With the participant’s approval and as approved by local IRs, de-identified biological samples will be stored at the <specify name of Biosample Repository> with the same goal as the sharing of data with the <specify name of Data Repository>. These samples could be used for research into the causes of <specify condition(s)>, its complications and other conditions for which individuals with < specify condition(s)> are at increased risk, and to improve treatment. The <specify name of Repository> will also be provided with a code-link that will allow linking the biological specimens with the phenotypic data from each participant, maintaining the masking of the identity of the participant.

During the conduct of the study, an individual participant can choose to withdraw consent to have biological specimens stored for future research. However, withdrawal of consent with regard to biosample storage will not be possible after the study is completed.

When the study is completed, access to study data and/or samples will be provided through the <specify name of Repository>.

*{End sample text}*

# Data Handling and Record Keeping

*The following subsections should include a description of the data handling and record keeping for the conduct of the study.*

## Data Collection and Management Responsibilities

<Insert Text>

*Provide details regarding the type(s) of data capture that will be used for the study. Specify whether it will be paper or electronic, distributed or central, batched or ongoing processing, and any related requirements. Indicate expectations for time for submission of CRFs. Further details should be provided in the MOP.*

*Briefly describe steps to be taken to ensure that the data collected are accurate, consistent, complete, and reliable. The MOP or a separate data management plan will provide detailed descriptions of source documentation, CRFs, instructions for completing forms, data handling procedures, and procedures for data monitoring.*

*Describe responsibilities for data handling and record keeping as they specifically relate to the award site, clinical site(s), laboratory(ies), and DCC. Information should include the role in data collection, review of data, study materials, and reports, as well as retention of source documents, files, and records. Describe coding dictionaries to be used and reconciliation processes (if applicable).*

*If data are to be generated in one location and transferred to another group, describe the responsibilities of each party.*

*Indicate the roles of each party with regard to interpretation of data, plans for analysis, review of tables and listings, and plans for reporting.*

*{Begin sample text}*

Data collection is the responsibility of the study staff at the site under the supervision of the site PI. The investigator is responsible for ensuring the accuracy, completeness, legibility, and timeliness of the data reported.

All source documents should be completed in a neat, legible manner to ensure accurate interpretation of data. Black ink is required to ensure clarity of reproduced copies. When making changes or corrections, cross out the original entry with a single line, and initial and date the change. DO NOT ERASE, OVERWRITE, OR USE CORRECTION FLUID OR TAPE ON THE ORIGINAL.

Copies of the electronic CRF (eCRF) will be provided for use as source documents and maintained for recording data for each participant enrolled in the study. Data reported in the eCRF derived from source documents should be consistent with the source documents or the discrepancies should be explained and captured in a progress note and maintained in the participant’s official electronic study record.

Clinical data and clinical laboratory data will be entered into <specify name of data capture system>, a data capture system provided by the <specify DCC>. The data system includes password protection and internal quality checks, such as automatic range checks, to identify data that appear inconsistent, incomplete, or inaccurate. Clinical data will be entered directly from the source documents.

*{End sample text}*

## Study Records Retention

<Insert Text>

*Specify the length of time for the investigator to maintain all records pertaining to this study. The investigator should use the most conservative rule for document retention – i.e., retention should follow the rule that has the longest period. For NIH, grantees must retain records for a period of three years from the date of Federal Financial Report (FFR) submission.*

*Indicate whether permission is required (and from whom) prior to destruction of records. If under an IND/IDE, records should not be destroyed without the IND/IDE sponsor’s agreement. Pharmaceutical companies who supply unapproved products should be consulted.*

*For non-FDA regulated studies, summarize the record retention plan applicable to the study (taking into account any applicable NYULMC Department, Division or Research Center requirements, or applicable funding sponsor requirements.)* *The general rule is to retain research data for the longer of 3 years after close-out or 5 years after final reporting/publication, but there are different exceptions that apply to IRB-reviewed research, PHI and FDA studies (among other categories). See Retention of and Access to Research Data Policy at:* [*https://central.nyumc.org/policiesprocedures/Pages/Research.aspx*](https://central.nyumc.org/policiesprocedures/Pages/Research.aspx)

*Investigational product records may be addressed here if not addressed elsewhere in the protocol.*

*{Begin sample text}*

Study documents will be retained for the longer of 3 years after close out or 5 years after final reporting/publication. These documents should be retained for a longer period, however, if required by local regulations. No records will be destroyed without the written consent of the sponsor, if applicable. It is the responsibility of the sponsor to inform the investigator when these documents no longer need to be retained.

*{End sample text}*

## Protocol Deviations

<Insert Text>

*Plans for detecting, reviewing, and reporting deviations from the protocol should be described. A statement should be included to indicate that deviations are not allowed, unless a statement is included in the investigator agreement. Provisions for approval of deviations can be described.*

*{Begin sample text}*

A protocol deviation is any noncompliance with the study protocol or MOP requirements. The noncompliance may be either on the part of the participant, the investigator, or the study site staff. As a result of deviations, corrective actions are to be developed by the site and implemented promptly.

It is the responsibility of the site to use continuous vigilance to identify and report deviations within <specify number> working days of identification of the protocol deviation, or within <specify number> working days of the scheduled protocol-required activity. All deviations must be addressed in study source documents, reported to <specify NIH IC> Program Official and <specify DCC>. Protocol deviations must be reported to the local IRB per their guidelines. The site PI/study staff is responsible for knowing and adhering to their IRB requirements. Further details about the handling of protocol deviations will be included in the MOP.

*{End sample text}*

## Publication and Data Sharing Policy

<Insert Text>

*The publication and authorship policies should be established and clearly outlined in this section. For example, for a study with multiple investigators, this section might state that an Executive Committee will be responsible for developing publication procedures and resolving authorship issues. Refer to your specific contract grant and/or Study Agreements. If details of the publication policy will be described in the study’s MOP, refer to it here. Where applicable, the study must comply with the NIH Public Access Policy, the Food and Drug Administration Amendments Act of 2007 (FDAAA), and ClinicalTrials.gov. At the end of the study, the PI will make results of the research available to the research community and public at large. For policies relating to NIH-funded studies, refer to NIH Grants Policy Statement Section 8.2.*

*{Begin sample text}*

This study will comply with the NIH Public Access Policy, which ensures that the public has access to the published results of NIH funded research. It requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication.

*{End sample text}*

# Study Finances

## Funding Source

<Insert Text>

*This section should describe how the study will be financed, but should not contain specific dollar amounts (e.g. “This study is financed through a grant from the US National Institute of Health”, or “… a grant from the American Heart Association”, etc.)*

## Costs to the Participant

<Insert Text>

*Describe and justify any costs that the participant will incur as a result of participating in the study. This section should clarify who will pay for procedures associated with the study (ex. agency grant versus departmental funds). Normally, participants should not have to pay for research procedures without direct benefit. No charge may be made to participants if the costs are covered by a grant, contract, or other payment method.*

## Participant Reimbursements or Payments

<Insert Text>

*If participants will be compensated or provided any incentives (e.g. vouchers, iPads) for study participation, describe amount, form and timing of any such compensation in relation to study activities (include financial and non-financial incentives). List the prerequisite condition(s) that must be fulfilled by subjects to receive these payments. The amount must be justified and not constitute undue inducement of the subject to participate in the research or to continue beyond a point that they would have otherwise withdrawn. Note: The IRB requires a prorated system for financial payments. This means that payments are accrued as the study progresses and that participants do not have to complete the entire study to be eligible to receive a payment. This is to protect the subject’s right to withdraw without penalty. Describe who will receive incentives (if not the participant). For example, for minors, state whether the minor or the parent/guardian will receive the incentive. If incapacitated adult, state if the incentive will be provided to the participant or to a guardian.*

*If there are none, either delete this section or state that there are no participant reimbursements or payments.*

*Examples of reimbursements and payments:*

* *Reimbursement for time, travel, parking, meals, etc.*
* *Gifts- any tokens of appreciation given to a research subject, or their family, should be described here*
* *Payment to the subject for time, effort or inconvenience of being in the study*
* *Payment to subject family for time, effort or inconvenience of assisting a family member being in the study*

# Study Administration

*The following subsections should describe the governance of the study and its committee structure. Alternately, this section may describe the role of the study team, its composition (e.g., those listed in Section 1, Key Roles) and describe how study decisions and progress are communicated and reported. Some example text is provided below.*

## Study Leadership

<Insert Text>

*Include content in this section if applicable or rename for the appropriate study leadership body (e.g.: Steering Committee, Executive Committee, Subcommittee, Study Team), otherwise note as not-applicable. This section should reflect the entire scope of the study leadership.*

*{Begin sample text}*

The Steering Committee will govern the conduct of the study. The Steering Committee will be composed of the Study Chairman, the PI of the Coordinating Center, representatives of <sponsoring NIH IC>, the PI of the clinical sites, chairperson of the Study Coordinators subcommittee, and the PI of the Central Biochemistry Laboratory. The Steering Committee will meet in person at least annually.

*{End sample text}*

# Conflict of Interest Policy

<Insert Text>

*This section should include a description of how the study will manage actual or perceived conflicts of interest. All NYUSoM Investigators will follow the applicable Conflict of Interest policies related to research. See:* [*https://nyumc.ellucid.com/documents/view/1119*](https://nyumc.ellucid.com/documents/view/1119)

*{Begin sample text}*

The independence of this study from any actual or perceived influence, such as by the pharmaceutical industry, is critical. Therefore any actual conflict of interest of persons who have a role in the design, conduct, analysis, publication, or any aspect of this study will be disclosed and managed. Furthermore, persons who have a perceived conflict of interest will be required to have such conflicts managed in a way that is appropriate to their participation in the study. The study leadership in conjunction with the <specify NIH IC> has established policies and procedures for all study group members to disclose all conflicts of interest and will establish a mechanism for the management of all reported dualities of interest.

Any investigator who has a conflict of interest with this study (patent ownership, royalties, or financial gain greater than the minimum allowable by their institution, etc.) must have the conflict reviewed by the NYU Langone Conflict of Interest Committee with a Committee-sanctioned conflict management plan that has been reviewed and approved by the study sponsor prior to participation in this study. All NYULMC investigators will follow the applicable conflict of interest policies.

*{End sample text}*

# References

*This is the bibliography section for any information cited in the protocol. It should be organized as any standard bibliography.*

1. Author, Title of work, periodical and associated information.
2. Author, Title of work, periodical and associated information.

# Attachments

These documents are relevant to the protocol, but they are not considered part of the protocol. They are stored and modified separately. As such, modifications to these documents do not require protocol amendments.

*This section should contain all pertinent documents associated with the management of the study. The following lists a few examples of potential attachments:*

* Investigator Agreement (for any investigator, other than sponsor-investigator, who participates in the study)
* Sample Consent Form
* Study Procedures Flowchart/Table
* Study Monitoring Plan
* Core Lab Instructions To Investigators
* Specimen Preparation And Handling (e.g. for any specialized procedures that study team must follow to process a study specimen, and/or prepare it for shipment)

**Attachment A**

***Schedule of Events***

[Guidance and example use noted in blue]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Visit Name**  [Day or Mo #,  Window] | **Visit Name**  [Day or Mo #,  Window] | **Visit Name**  [Day or Mo #,  Window] | **Visit Name**  [Day or Mo #,  Window] | **Visit Name**  [Day or Mo #,  Window] | Visit Name  [Day or Mo #,  Window] |
| **Study team procedures** |  |  |  |  |  |  |
| Informed Consent | X |  |  |  |  |  |
| Medical History | X |  |  |  |  |  |
| Physical Exam | X |  | X |  | X |  |
| Height | X |  |  |  |  |  |
| Weight | X |  | X |  | X |  |
| Vitals signs | X |  | X |  | X |  |
| Randomization |  | X |  |  |  |  |
| Subject Survey |  |  | X |  |  | X |
| ***Cardiology assessments*** |  |  |  |  |  |  |
| Electrocardiogram | X |  | X |  | X |  |
| Doppler flow echo cardiogram | X |  |  |  |  |  |
| ***Laboratory Assessments*** |  |  |  |  |  |  |
| Chemistry panel | X |  | X |  | X |  |
| CBC with differential | X |  | X |  | X |  |
| AST and ALT | X |  | X |  | X |  |
| ***Imaging Assessments*** |  |  |  |  |  |  |
| Chest X-ray | X |  |  |  |  |  |