





**Recruitment and Compensation**

Recruitment Methods and Materials:  None

\*How are subjects identified?

- Advertisements:
- Internet:
- Flyer/Posters:
- Mailed Letters\*:
- Phone Call\*:
- Other:

- Medical Records Review
- Database Review, specify
- Outpatient/Inpatient Visits
- MD Referrals
- Other

Subject Compensation:  None

- Gift Certificate → Specify: \_\_\_\_\_
- Gift (e.g. toy) → Specify: \_\_\_\_\_
- Taxi or Parking Vouchers → Specify: \_\_\_\_\_
- Transportation → Specify: \_\_\_\_\_
- Food/Meals → Specify: \_\_\_\_\_
- Money → Specify: \_\_\_\_\_

**Data Safety Monitoring Board (DSMB) and Plan (DSMP)**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<ul style="list-style-type: none"> <li>▪ Does this study require a DSMP? Must check yes if any of the following criteria are met.                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Prospective clinical trial involving human subjects designed to answer questions re: effect or impact of biomedical or behavioral intervention (e.g. drugs, treatment, devices, behavioral or nutritional strategies)</li> <li><input type="checkbox"/> Clinical Trials: Phase I, II or III</li> <li><input type="checkbox"/> Pilot interventions with higher level risk</li> <li><input type="checkbox"/> Associated with General Clinical Research Center (GCRC)                                     <ul style="list-style-type: none"> <li>▪ If GCRC waives DSMP requirement, explain: _____</li> </ul> </li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Are the members of the DSMB appropriate, with adequate expertise?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Are the members of the DSMB independent (not related to study conduct or interests)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ If sponsored research, is at least one member of DSMB independent of company?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Does the DSMP include the following four basic features?                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Process to monitor research progress and patient safety                                     <ul style="list-style-type: none"> <li>- Who monitors trial?</li> <li>- What specific outcomes do they look for?</li> <li>- How often is data examined?</li> <li>- What procedure is in place to ensure adequate and timely feedback to researchers and medical decision-makers for prompt response?</li> <li>- Is the oversight/supervisory role of PI/sponsor appropriate?</li> <li>- If applicable, what are procedures for coordinating multi-center research?</li> </ul> </li> <li><input type="checkbox"/> Process for detecting and reporting adverse events (AEs)                                     <ul style="list-style-type: none"> <li>- Scale for grading severity of AE</li> <li>- Scale for estimating the relationship of AE to participation in the trial</li> <li>- Plan for detection and reporting of unanticipated events</li> <li>- Plan for annual reporting of events</li> <li>- An overall plan for safety review</li> </ul> </li> <li><input type="checkbox"/> Process for reporting actions resulting in study suspension to PI, Sponsor and IRB in a timely fashion.</li> <li><input type="checkbox"/> Process for assuring data accuracy and protocol compliance</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Subject Population**

Check all groups eligible for this study:

- |   |   |
|---|---|
| <input type="checkbox"/> Healthy Controls     | <input type="checkbox"/> Fetus → Does this meet the Fetal Statute? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Pregnant Women       | <input type="checkbox"/> Newborn/Infant   |
| <input type="checkbox"/> Mentally Handicapped | <input type="checkbox"/> Children (between 2 and 12 years)  |
| <input type="checkbox"/> Wards of State       | <input type="checkbox"/> Adolescents (between 13 and 18 years)  |
| <input type="checkbox"/> Employees/Staff      | <input type="checkbox"/> 18 – 21 years of age   |
| <input type="checkbox"/> Students             | <input type="checkbox"/> 22 – 35 years of age   |
|   | <input type="checkbox"/> Over 35 years  |

**Subject Enrollment**

As PI reported ....	Year 1	Year 2	Year 3	Year 4	Year 5
Enrolled in Past Year					
Enrolled in Total					
Subjects still Needed					

**Informed Consent and Assent: Content and Process**

▪ List the consent and assent forms used for this study: \_\_\_\_\_

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	YES	NO	N/A
▪ Is there an appropriate consent/assent form for each subject group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is each consent/assent form formatted for the specific subject group (e.g. signatures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For each consent/assent form:**

▪ Is the language clear and understandable for the subject/family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is the consent form translated into other languages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the form adequately explain all study procedures? - If applicable, are all procedures properly labeled experimental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Will the signed form be filed in the subject's medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Will any identifying info (PHI) be shared with anyone outside CHB? - If YES, is this clearly stated in the consent/assent form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the form address include all required elements? - See Informed Consent Requirements Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Protocol Adherence**

**Is the following general information still the same as last reviewed/approved?**

→ *If NO*, PI must submit amendment/notification memo to CCI/IRB to update information as specified/noted.

	YES	NO	Specify/Notes
▪ Sponsor & Funding Source	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Total Subject Enrollment (N)	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Study Duration (anticipated)	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Study Resources & Support	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Subject Time Commitment	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Research Staff & Training	<input type="checkbox"/>	<input type="checkbox"/>	

→ **NOTES/Observations:**

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**Overall, is the PI/staff complying with the following study procedures as last approved?**

→ *If NO*, PI must document and report deviation according to CCI/IRB policy.

PI must consider whether to amend protocol accordingly or comply with protocol as approved.

	YES	NO	Specify/Notes
▪ Subject Enrollment (exceeded?)	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Recruitment & Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Informed Consent Process	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Consent & Document Storage	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Data Safety Monitoring Plan	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Subject Eligibility Criteria	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Study Visits and Procedures - Are unapproved procedures conducted?	<input type="checkbox"/>	<input type="checkbox"/>	

→ **NOTES/Observations:**

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**CCI/IRB Review**

**New Protocol:** was the following info accurate, complete and included with the CCI/IRB application?

	NA	YES	NO	Specify/Notes
<ul style="list-style-type: none"> <li>▪ <b>Scientific Review</b> <ul style="list-style-type: none"> <li>- Reviewer Worksheets</li> <li>- PI Responses, as applicable</li> <li>- Clear resolution of reviewer concerns/issues</li> <li>- Authorized signatures</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Protocol (or Part B)</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Protocol Application:</b> <ul style="list-style-type: none"> <li>- Parts A – D: All protocols</li> <li>- Parts E (drugs) or F (devices)</li> <li>- Part G: Clinical Imaging for Research Purposes</li> <li>- Part H: Use of Radiation and/or MRI</li> <li>- Part I: Genetic Research: Part I</li> <li>- Part J: Waiver of Parental Permission</li> <li>- Part K: GCRC</li> <li>- Part L: Pregnant women and Fetuses</li> <li>- Part M: Prisoners</li> <li>- Part N: Research at Waltham</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Informed Consent/Assent Forms</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Study Appendix Materials</b> As applicable, including:                             <ul style="list-style-type: none"> <li>- Sponsor Protocol</li> <li>- Investigator Brochure (3 copies)</li> <li>- Federal Grant Application (3 copies)</li> <li>- Surveys, Questionnaires, Assessment</li> <li>- Recruitment letters, posters, ads, fliers, etc.</li> <li>- Subject documents: reminders, thank-you, etc</li> <li>- Study flow charts, schemas</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Deviations &amp; Exceptions</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Amendments &amp; Revisions</b> As applicable, including:                             <ul style="list-style-type: none"> <li>- revised/marked up Consent &amp; Assent forms</li> <li>- revised/marked up study materials</li> <li>- new Consent and Assent forms</li> <li>- new study materials</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>PI Responses, <i>if applicable</i></b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>▪ <b>Pertinent Correspondence</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

▪ **In general, were all procedures and issues adequately described and submitted for review?** YES  NO   
*If NO, please explain below:*

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→ **NOTES/Observations:**

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**CCI/IRB Review**

**Continuing Reviews/3-Yr Rewrites:** was the following info accurately reported, updated and submitted with each Continuing Review or New Protocol/3-Yr Rewrite Application?

	NA	YES	NO	Specify/Notes
▪ Subject Enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Executive Research Summary, <i>or</i> Updated Protocol or Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Data Safety Monitoring Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Outside Monitoring Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Serious Adverse Events, and/ <i>or</i> Unanticipated Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Deviations & Exceptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Amendments & Revisions As applicable, including: - revised Consent/Assent forms (tracked changes) - revised Study Materials forms (tracked changes) - new Consent and Assent forms - new study materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Currently used Consent/Assent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Conflict of Interests (changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Research Staff (changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Risk/Benefit (changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

→ **NOTES/Observations:**

**Amendments:** was the following info accurate, complete and/*or* submitted w/each Amendment Application?

	NA	YES	NO	Specify/Notes
▪ Amended study materials As applicable, include: - revised Consent/Assent forms (tracked changes) - revised Study Materials forms (tracked changes) - new Consent and Assent forms - new study materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Risk/Benefit (change)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Scientific Review, <i>as applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

→ **NOTES/Observations:**

**CCI/IRB Review**

YES NO

**Has the protocol ever expired or been placed on hold/suspended?**

→ *If YES*, specify time frames:

**Was there any protocol activity, recruitment or enrollment during expired time frames?**

→ *If YES*, PI must document as a Significant Deviation and report to CCI/IRB.

**Are there any outside monitoring reports/letters and/or FDA annual reports?**

→ *If YES*, PI must submit copies for CCI/IRB files.

→ **NOTES/Observations:**

**Regulatory and CCI/IRB Documents**

YES NO

**Does the PI have all required Regulatory documents on file?** Reference 'Review History'

→ *If NO*, PI must obtain copies/originals of missing documents and file, or write memo-to-file

**Does the PI have all required Scientific Review documents on file?** Reference 'Review History'

→ *If NO*, PI must obtain copies/originals of missing documents and file, or write memo-to-file

**Does the PI have all required CCI/IRB documents on file?** Reference 'Review History'

→ *If NO*, PI must obtain copies/originals of missing documents and file, or write memo-to-file

**Does the PI use CCI Tracking Log, or Study Document Log?**

→ *If NO*, recommend if deemed necessary

→ **NOTES/Observations:**

**Data Safety Monitoring Board and Plan**

YES NO Specify/Notes

▪ Is Data Safety Monitoring Board and Plan adequate?

▪ Has PI followed DSMP?

▪ Have all events been submitted to DSMB?

▪ Have all DSMB reports been submitted to CCI/IRB?

→ **NOTES/Observations:**



**Recruitment Method and Subject Compensation**

	YES	NO	Specify/Notes
▪ Is recruitment method adequate/working?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are recruitment efforts tracked (e.g. recruitment log)?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is subject compensation adequate/fair?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is compensation documented when given?	<input type="checkbox"/>	<input type="checkbox"/>	

→ **NOTES:**

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**Research Staff: Communication, Coordination, Training and Education**

	YES	NO	Specify/Notes
▪ Is research staff adequately trained re: study?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is there a staff log or responsibilities log?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is there regular communication between PI and staff?	<input type="checkbox"/>	<input type="checkbox"/>	

**Study Documentation, Source Verification and General Organization**

	YES	NO	Specify/Notes
▪ Are all necessary data points collected?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is data consistently captured and documented?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is data captured on Case Report Forms (CRFs)?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are source documents easily available to verify data?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	Specify/Notes
▪ Are documents organized, available and complete?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Are corrections documented to ensure audit trail?	<input type="checkbox"/>	<input type="checkbox"/>	

**Informed Consent and Assent: Content and Process**

	YES	NO	Specify/Notes
▪ Is a copy of signed consent form given to subject?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Do subjects/parents date their own signature?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Is consent process documented anywhere else? - e.g. progress notes, visit notes, consent source document	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Does PI maintain original, signed copies?	<input type="checkbox"/>	<input type="checkbox"/>	

**Adverse and Unanticipated Events: Documentation and Reporting**

	YES	NO
▪ <b>Have all adverse events been identified, documented and reported properly?</b> <i>If NO, please specify below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
▪		
▪		
▪		

	YES	NO
▪ <b>For each event/problem, was there adequate follow-up and resolution?</b> <i>If NO, please specify below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
▪		
▪		
▪		

**Deviations and Exceptions: Identification, Documentation and Reporting**

	YES	NO
▪ <b>Have all deviations/exception been identified, documented and reported properly?</b> <i>If NO, please specify below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
▪		
▪		

	YES	NO
▪ <b>For each deviation/exception, was there adequate follow-up and resolution?</b> <i>If NO, please specify below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
▪		
▪		

	YES	NO
▪ <b>Was PI/staff aware of deviation policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>
▪ <b>Was PI/staff aware of exception policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>