

**UCSD Human Research Protections Program
New Biomedical Application
RESEARCH PLAN INSTRUCTIONS**

These are instructions are for completing the Research Plan that is available in MS Word format from the [HRPP website](#).
The headings on this set of instructions correspond to the headings of the Research Plan.
General Instructions: Enter a response in for all topic headings.
Enter "Not Applicable" rather than leaving an item blank if the item does not apply to this project.

Version date: 07/11/2011

1. PROJECT TITLE

Enter the project title here. It should match the title entered on the application Facesheets. Note: for VA funded grants, the HRPP application title must be the same as the grant title.

2. PRINCIPAL INVESTIGATOR

Include Principal Investigator's title and department. The UCSD IRB only recognizes **one** PI per study. This is for identification purposes, to match the Research Plan to the project application Facesheets. The **complete list** of investigators/key personnel should be entered on the Facesheets, section 7, Other Persons Associated With This Project.

3. FACILITIES

List **all** locations where the project will be done and any specialized facilities (e.g., MRI, sleep lab) that the project will use. Note that item 9, Research Design and Methods, must clearly indicate where study procedures/activities will be done.

4. ESTIMATED DURATION OF THE STUDY

State the duration of the entire study from opening of study for participant recruitment through end of follow-up, if any (study initiation through closure).

5. LAY LANGUAGE SUMMARY OR SYNOPSIS (no more than one paragraph)

Provide a summary or synopsis of the proposed study using non-technical language.

6. SPECIFIC AIMS

Provide a statement of specific aims and **hypotheses** that serve as the basis for this protocol. Emphasize those aspects that justify the use of human subjects.

7. BACKGROUND AND SIGNIFICANCE

Provide a succinct discussion of relevant background information including preliminary data to justify performing the proposed study. If no preliminary data exists, a brief explanation why the proposed study is a reasonable starting point should be provided. Appropriate references should be included. For investigational drug studies, if no Investigator's Brochure is available, a summary of the pre-clinical/animal data and any relevant clinical data should be provided.

8. PROGRESS REPORT

If this is a **resubmission application**, provide a brief **summary of past experience** with this protocol including any local reports of unanticipated problem involving risk to subjects or others, adverse events, number of subjects enrolled, current status of subjects enrolled (e.g., subjects on-study or off, in follow-up, survival, study procedures remaining to be done for each enrolled subject, etc.). List any publications that have resulted from this protocol. Resubmission applications must be revised from the original application to reflect any changes in the research design and must describe progress made since the original application. Note: since the last review of this project, additional review and documentation requirements for IRBs may have been published by the federal Office of Human Research Protections, and the current review will be performed in accord with these additional requirements. In some cases this leads to the necessity to add additional information or research subject protections to previously approved projects, or to amend previously approved consent forms. The review of this project may identify changes that are needed to comply with current human subjects protections guidelines.

9. RESEARCH DESIGN AND METHODS

Describe the research design and the procedures to be used to accomplish the specific aims of the project. Define in clear terms exactly what will be done to the human subjects.

Where appropriate, this item should clearly indicate whether this study has a “formal” designation such as Phase I, Phase II, Phase III, Phase IV, open-label extension study (if so, provide HRPP project number from original study), etc; whether the study is associated with randomization, is placebo-controlled, single/double blinded; and whether this is a multicenter trial.

This item should include a clear description of the procedures/activities associated with the study including the where the procedures/activities will be done, what will be done at each study “visit” (a study “visit” would include the participant visiting the research facility, phone interviews, self-monitoring at home, etc.), the study timeline for the visit(s), etc. as well as the participant’s time commitment for each study visit and the total duration of the participant’s involvement in the study. A table reflecting this information may be used.

For studies that involve clinical procedures and interventions, **this item must include a DISCRETE paragraph** that clearly distinguishes procedures that are considered experimental, investigational and/or are carried out solely for research purposes versus those procedures that are considered standard treatment or therapy (i.e., procedures that participants would receive even if not participating in research). Standard treatments, therapies and procedures done exclusively for research purposes should be clearly identified.

For studies associated with administration of drugs, clearly outline drug names and dosages to be used in this study in this section and describe whether these drugs are FDA-approved for proposed subject population and purpose; is associated with an IND, has been granted an IND exemption or is a commonly accepted off-label use of an FDA-approved drug.

Note: when an investigational drug, also referenced as study drug or experimental drug, is used in human research, or a marketed product is used in the context of a clinical research protocol, an approved IND must be on file with the FDA and documented in the application, unless all five of the following conditions are met [\[21 CFR 312.2\]](#) *and the Research Plan clearly and specifically describes how each of the five conditions are satisfied*: (i) The investigation is not intended to be reported to FDA as a well-controlled study in support of a new indication for use nor intended to be used to support any other significant change in the labeling for the drug; (ii) If the drug that is undergoing investigation is lawfully marketed as a prescription drug product, the investigation is not intended to support a significant change in the advertising for the product; (iii) The investigation does not involve a route of administration or dosage level or use in a patient population or other factor that significantly increases the risks (or decreases the acceptability of the risks) associated with the use of the drug product; (iv) The investigation is conducted in compliance with the requirements for institutional review set forth in [21 CFR Part 56](#) and with the requirements for informed consent set forth in part 50; and (v) The investigation is conducted in compliance with the requirements of [21 CFR 312.7](#). Other circumstances in which an investigation may be exempt from the requirement for an IND are described in [21 CFR 312.2\(b\)\(2-6\)](#).

For studies associated with devices, clearly state the current status of the device such as whether the device is considered experimental/investigational; FDA approved for the proposed subject population and purpose; is associated with an IDE; has been granted an HDE; etc. This item must provide the PI’s determination as to whether the device is a significant or non-significant risk device and provide justification for this determination, as appropriate. In addition, a copy of the determination from the FDA regarding the device must be provided. For more information about devices, see the HRPP fact sheet, [“Medical Devices.”](#)

Describe the study procedures for obtaining research material, the sources of research material, and specifically what material will be collected from individually identifiable living human subjects in the form of specimens, records or data as well as indicate whether the material or data will be obtained specifically for research purposes

or whether use will be made of existing specimens, records or data. Also, indicate if there will be any identifiers associated with the specimens, records, or data or if they will be obtained anonymized.

If the study will maintain a database for future uses (uses other than those specifically stated in this Research Plan), this must be clearly stated along with what information will be retained in the database and provide future examples of the potential future uses of the information. Note: a separate application must be approved by the IRB for such use in the future.

If video and/or audio recording will be done as part of the study, a description of the study procedures associated with the recording should be provided including how the recording will be used. Information regarding risk and risk management procedures, subject privacy and confidentiality associated with the recording should be addressed in the appropriate items of the Research Plan (see items 14, 15, and 16).

If questionnaires/surveys will be completed as part of the research, provide the name and reference for questionnaires/surveys that are standard. If the questionnaire/survey is not a standard assessment tool, provide a copy of the questionnaire/survey.

Provide a **precise description of the planned data collection, data analysis and planned data interpretation**. This should include criteria for **determining statistical significance and sample size**. **Inclusion of women and minorities** must be addressed in all research protocols. For example, what percentages of women and minorities have the condition under study and what percentage will be in your study?

If UCSD/VA will be a coordinating center or prime grant holder, this item should include how information will be shared among all sites and appropriate agencies including safety updates, interim results, or other information that may impact risks to subjects or others; modifications to the protocol and/or consent; etc.

10. HUMAN SUBJECTS

Describe the characteristics of the proposed subject population. **This description must clearly and specifically state the inclusion and exclusion criteria for participants to be enrolled on this study including the following:**

- 1. Total number of participants to be enrolled at UCSD or VASD or RCHSD or non-UCSD/VASD/RCHSD site(s) (if non-UCSD/VASD/RCHSD site(s)—the name/location of the site should be identified) and the total number of participants to be enrolled at all sites (both local and multicenter sites, as appropriate). The accrual number must be consistent throughout all study documents including the application Facesheets, Research Plan, and consent/assent documents.**
Please note that once a participant signs the consent/assent, the participant is considered enrolled in the study.
- 2. Age**
- 3. Gender**
- 4. Ethnic background**
- 5. Health status**

If vulnerable groups such as pregnant women, fetuses; neonates; prisoners; children; groups with known cognitive impairment; or institutionalized individuals will be involved, provide rationale for involving such participants as well as specifically describe any additional study procedures that will be done that are associated with these groups (see below).

If the research will involve pregnant women, neonates and/or human placenta, the dead fetus or fetal material obtained after delivery, a completed [“Supplement to Application Plan for Research Involving Pregnant Women, Neonates, and/or Human Placenta or Fetal Material”](#) must be provided.

Note: current VA research policy excludes research on a fetus, in-utero or ex-utero (including human fetal tissue) or in vitro fertilization by VA investigators while on official duty or at VA facilities or approved off-site facilities. Women of child bearing potential may not be entered into studies involving the use of FDA Categories for Drug Use in Pregnancy's Category D or X drugs unless a waiver is obtained from the CRADO.

If prisoners will be involved, a completed [“Supplement to Application Research Plan for Research Involving Prisoners”](#) must be provided. For VA research, research involving prisoners is not allowed unless a waiver has been granted by the Chief Research and Developmental Officer.

If subjects under that age 18 years will be involved, identify which section(s) of [45 CFR 46 Subpart D](#) under the research falls, a) 404—the research is not greater than minimal risk; b) 405—the research poses more than minimal risk to the child where the intervention or procedure holds out the prospect for direct benefit to the child; or c) 406—the research poses greater than minimal risk with no prospect for direct benefit to the child but is likely to yield generalizable knowledge about the child disorder or condition; and briefly describe why the research falls under that section or those sections. For additional information, please see the HRPP fact sheet, [“Studies Involving Children as Research Subjects.”](#)

For research involving persons under the age of 18 that is conducted at the VA, a VA Central Office waiver must be obtained prior to commencing the study at the VA.

Note: VA research needs to be relevant to Veterans or active duty military personnel. If non-Veteran participants will be involved, the investigator must justify including non-Veterans in a VA research protocol.

This item should include a description of the methods that will be used to **identify** prospective subjects. Be aware that the IRB is required to make a specific determination that the selection of subjects is **equitable**. Moreover, equitable subject selection holds that the benefits and risks of the research must be equally shared so that the research findings can be of benefit to all persons at risk of the disease, disorder, or condition under study. **Specifically, individuals cannot be excluded** from participation solely because of their gender, race, pregnancy/child-bearing potential, socioeconomic status, language spoken, or ethnicity without providing appropriate justification. Justification for excluding such individuals from research must be based on sound scientific rationale or the PI must document that excluding such individuals will not deprive them (individually or as a group) of potential benefits of the research.

11. RECRUITMENT

Describe the plans for recruitment of subjects. This description must include how, when, where and by whom potential subjects are approached as well as procedures such as data mining, physician referral, etc. The text of all communications with prospective participants including recruitment materials (flyers, advertisements, letters, etc.) must be reviewed and approved by the IRB before it can be used for the study. All changes to recruitment material must be reviewed and approved by the IRB before it can be distributed.

Should participants who may be vulnerable to coercion or undue influence be recruited for this study, such as those who are economically or educationally disadvantaged, mentally disabled, or students (undergraduate, graduate, and medical students) and employees of UCSD, VASD, and RCHSD (administrative, clerical, nursing, lab technicians, post-doctoral fellows and house staff, etc.), describe the procedures to ensure the voluntary participation of these participants.

If a waiver of HIPAA authorization for recruitment purposes is being requested, the item must clearly describe the following:

1. The use or disclosure of PHI involves no more than minimal risk to the privacy of individuals by describing the following:

- a) An adequate plan to protect the identifiers from improper use and disclosure;
 - b) An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law and
 - c) Adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research project, or for other research for which the use or disclosure of PHI would be permitted by this subpart.
2. The recruitment could not practicably be conducted without the waiver or alteration.
 3. The recruitment could not practicably be conducted without access to and use of the PHI.

Note: The University of California considers the accessing of PHI for purposes preparatory to research to constitute a human subject research activity subject to review and approval or exemption by an authorized IRB. More information about HIPAA and Research at the University of California can be found [here](#).

Ensure the procedures regarding protection of participant privacy and recruitment are described in item 16 of the Research Plan (see below).

12. INFORMED CONSENT

Describe the **process** to be followed for obtaining consent/assent/permission and HIPAA authorization.

This item should detail the following:

1. The person(s) or position(s) who will seek/provide information/obtain consent/assent/permission/authorization and that the person(s) or position(s) providing information and obtaining consent/assent/permission/authorization has the appropriate training to perform the consent/assent/permission/authorization process as well as have sufficient knowledge of the study to answer any questions regarding the study.
2. The circumstances under which consent/assent/permission/authorization will be obtained including where the consent/assent/permission/authorization will take place; any waiting period between informing the prospective participant and obtaining consent/assent/permission/authorization including sufficient time for the prospective participant to consider whether to participate; steps taken to minimize the possibility of coercion or undue influence.
3. The language used by those obtaining consent/assent/permission/authorization; the language understood by the prospective participant or the legally authorized representative.
4. The methods of documenting consent/assent/permission/authorization and that consent/assent/permission will be obtained before any study procedures are performed including screening procedures.
5. That the information being communicated to the participant/parent or legally authorized representative during the consent/assent/permission process will not include exculpatory language through which the participant or legally authorized representative is made to waive or appear to waive any of the participant's legal rights or release or appear to release the Researcher, Sponsor, the University or its agents from liability for negligence.

If subjects who cannot read or speak English may be enrolled, describe the procedures that will be done to obtain consent/assent/permission/authorization from these subjects including the use of a document translated into the subject's primary language, the use of an "official" translator, and how it will be ensured that **continued**, qualified interpretive services to the participant will be provided.

The Investigator must retain the original consent form and HIPAA authorization in the master research file. A similar policy applies to VA research.

Procedures for placing a copy of the signed informed consent and HIPAA authorization into the Medical Record for research conducted within UCSD Medical Center (or CPRS for VA research, where applicable) must be described in this item of the Research Plan. When applicable, justification for waiver of this requirement would be included in this item of the Research Plan. An Investigator may apply to the IRB for an waiver of the requirement to file a copy of the informed consent form and HIPAA authorization in the medical record. If the waiver is granted, the IRB will notify the Research Compliance Office.

Provide a copy of the HIPAA authorization(s) that will be used on this study. Sample HIPAA authorizations can be obtained on the [HRPP web site](#).

Provide a copy of the consent/assent/permission document(s) that will be used on this study. Follow the standard UCSD, UCSD/Rady Children's Hospital – San Diego, and/or VA formats that are available online at the HRPP website <https://irb.ucsd.edu>. Note: **these documents must be provided separately, single-sided, written in lay language appropriate for each age group/participant, and use second-person throughout.**

Special circumstances:

1. California law AB2328 on Surrogate Consent for Research became effective January 1, 2003. If you intend to have the option of consent for participation by someone other than the research subject (i.e., a “Legally Authorized Representative.”) you will need to supply in item 30 of the Research Plan a description of the specific procedures that will be used to obtain surrogate consent. California law requires a documented assessment of decisional capacity as part of the procedures for obtaining surrogate consent. See item 30 of these instructions for guidelines on how to do this.
2. If your subject population is one whose decision-making capacity may be impaired detail what method(s) you will use to make certain that they can give effective informed consent. This method(s) must be clearly articulated in the protocol.
3. When to create and use UCSD, UCSD/Rady Children's Hospital- San Diego, and VASD consents: the general principal governing which consent to be used is where the study procedures will be done.
 - a) Use the **VA 10-1086 Informed consent document** when the study is associated with using VASD resources/services.
 - b) Use a **UCSD Informed consent document** when the study is associated with using UCSD resources/services.
 - c) Use **both UCSD and VA consent forms** if the study is using both VASD and UCSD resources/services.
 - d) Use the **UCSD/Rady Children's Hospital- San Diego** consent/assent/permission document(s) if the study will be done at Rady Children's Hospital- San Diego.

Proprietary Interest Disclosure

Since the Moore v. Regents decision was rendered by the California Supreme Court, informed patient consent for University of California research projects now requires that ... (a) "a physician must disclose personal interests *unrelated to the patient's health*, whether research or economic, that may affect the physician's professional judgment; and (b) a physician's failure to disclose such interests may give rise to a cause of action for performing medical procedures without informed consent or breach of confidentiality."

University Counsel has also advised the following wording for consent forms covering the use of human tissue or fluids:

“Your _____ may also be used in additional research to be conducted by the University of California personnel and the biotechnology company collaborating in the research, _____. This _____ and its derivatives may have significant therapeutic or commercial value. You consent to such uses.”

In disclosing your proprietary interest and research interest in the consent you may do so in general terms and make certain to include the nature of the interest. Examples of disclosure statements are included in item 27 of this Research Plan.

Waiver of Consent and Waiver of Documented Consent

If a *waiver of consent* is being requested, provide a description of how each of the four criteria for granting waiver of consent will be satisfied. The criteria include the following:

1. The research is minimal risk.
2. The waiver will not adversely affect the rights and welfare of the subjects.
3. The research could not practicably be carried out without the waiver.
4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

If *waiver of documented consent* is being requested, such as for the use of oral consent, provide justification for granting this waiver. Justification includes one of the following: a) that the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern; or b) that the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

If a waiver of individual HIPAA authorization is being requested, this item must clearly and specifically describe how the following conditions will be satisfied:

1. The use of disclosure of PHI involves no more than minimal risk.
2. Granting waiver will not adversely affect privacy rights and welfare of the individuals whose records will be used.
3. The project could not practicably be conducted without a waiver.
4. The project could not practicably be conducted without the use of PHI.
5. An adequate plan to protect identifiers from improper use and disclosure is included in the research proposal.
6. An adequate plan to destroy the identifiers at the earliest opportunity, or justification for retaining identifiers, is included in the research proposal.
7. The project plan includes written assurances that PHI will not be re-used or disclosed for other purposes.
8. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

For VASD clinical research, a copy of the consent form must be placed in the patient's VA medical record.

For VA research, if appropriate, this item must also include justification for the IRB to determine that the participant's medical record should *not* be flagged. Such justification would include the following:

1. Participation in the study involves only one encounter.
2. Participation in the study involves the use of a questionnaire or previously collected biological specimens.
3. Identification as a participant in a particular study will place the participant at greater than minimal risk.

13. ALTERNATIVES TO STUDY PARTICIPATION

Describe the alternatives to participation in this research study that are available to prospective participants. If the alternative is not to participate, such as a study where there is no prospect of direct benefit to the participant,

this should be noted both here and in the consent document.

For therapeutic studies, in this item, and the consent/permission documents, and adolescent assent document, as appropriate, list the therapeutic alternatives that are reasonably available that may be of benefit to the potential participant including standard of care at this site. If the study drug(s) is/are available off-study for an approved indication, this should be noted in this item as well as in the consent/permission/assent document.

14. POTENTIAL RISKS

Describe and assess any potential or known risks and discomforts—physical, psychological, social, legal or other, and **assess their likelihood and seriousness**. If data is available, estimate the probability that a given risk may occur, its severity and its potential reversibility. Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects. If the study involves a **placebo** and/or a **washout** period, the risk(s) related to these must be addressed in both the protocol and the consent. If participants will be restricted from receiving standard therapies, over-the-counter or herbal remedies, etc. during the study, the risks associated with those restrictions should be described.

This item should state clearly **the risk of loss of confidentiality** associated with both participant and study data/specimens and risks associated with a loss of confidentiality (e.g., risks to employability, insurability, reputation, ability to adopt, other social risks), as appropriate.

Any risks associated with research-related radiation exposure versus standard of care radiation exposure must be described.

15. RISK MANAGEMENT PROCEDURES AND ADEQUACY OF RESOURCES

Describe the procedures for protecting against or minimizing any potential risks/discomforts. Examples may include designing the study to make use of procedures involving less risk when appropriate; minimizing study procedures by taking advantage of clinical procedures conducted on the study participants; mitigating risks by planning special monitoring or conducting supportive interventions for the study.

This item should also discuss the adequacy of local resources in place to conduct this study in a way that assures protection of the rights and welfare of participants including adequacy the research facilities; time for the researchers to conduct and complete the study; number of trained study staff; and availability of medical or psychosocial resources that participants may need as a consequence of the research. Depending on the nature of the study, a description should also be provided regarding the proximity of an emergency facility for care of participant injury including the characteristics of the location (e.g., availability of crash cart) and expertise available to manage unanticipated emergencies.

The procedures regarding reporting local UPRs, protocol deviations/violations, etc. to the UCSD IRB should be described.

Should participants who may be vulnerable to coercion or undue influence be involved in this study, such as those who are economically or educationally disadvantaged, mentally disabled, or students (undergraduate, graduate, and medical students) and employees of UCSD, VASD, and RCHSD (administrative, clerical, nursing, lab technicians, post-doctoral fellows and house staff, etc., such individuals may feel some pressure to participate in a researcher's study, especially if the requesting researcher is the potential subject's supervisor, instructor, or someone who might be in a position to influence their future. Investigators must exercise great caution to avoid even the appearance of pressuring individuals into enrollment or continued participation. This item should clearly describe how such issues will be addressed to ensure the voluntary participation of these participants. The investigator must also provide assurance that a student's experimental results, performance, or

any confidential data will not be given to whomever is grading the student, except for stating whether the student participated or not unless the approved study design provides for this.

If women of child-bearing potential will be recruited/involved in the study, a description of screening and monitoring procedures of these participants must be provided including pregnancy testing, methods to avoid pregnancy, etc. and ensure privacy/confidentiality issues are addressed in item 16 (see below).

Where appropriate, discuss the provisions for monitoring the data collected to ensure the safety of subjects (a DSM plan). Explain if the study has a Data Safety Monitoring Board (DSMB).

Note: if this is a multi-centered NIH-sponsored trial, DSM plans are required as part of the protocol. NIH specifically requires the establishment of Data and Safety Monitoring Boards (DSMB) for Phase III clinical trials involving interventions that entail potential risk to the participants. NIH policy requires that investigators submit a general description of the Data and Safety Monitoring Plan for clinical trials (biomedical and behavioral intervention studies) as part of the research application. In developing the Data and Safety Monitoring Plan, refer to the NIH Policy For Data and Safety Monitoring at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html> or <http://grants.nih.gov/grants/guide/notice-files/not98-084.html>

The general description of a monitoring plan should describe the entity that will be responsible for monitoring, and how Adverse Events (AEs) will be reported to the IRB, the NIH Office of Biotechnology Activities (OBA), and the FDA in accordance with IND or IDE regulations.

If you are the lead researcher of a multi-site study (UCSD/VASD/RCHSD is a coordinating center) or provide study-wide services such as for data coordination, please describe the management of information that is relevant to the protection of participants including adverse events, UPRs, protocol violations/deviations, interim results and protocol modifications, as well as procedures regarding monitoring sites including who will monitor, on what schedule and what will be monitored such as regulatory submissions and approvals, subject research records and source documents, drug accountability, etc. If the project is PI-initiated, what is included in the formal agreement between organizations should be described including specifically the roles and responsibilities of each party.

Note: risk management procedures associated with minimizing risk to loss of confidentiality should be described in item 16 of the Research Plan.

16. PRIVACY AND CONFIDENTIALITY CONSIDERATIONS INCLUDING DATA ACCESS AND MANAGEMENT

Provide a description of how participant privacy and confidentiality will be protected on this study. Investigators must disclose their process for ensuring that participants have control over access to themselves (privacy) and how data/specimens (participant and study data/specimens) will be managed and used (confidentiality).

Provide an adequate description of procedures used to manage the participant's privacy concerns such as a) Where the participants will be recruited. Will recruitment take place in an open public area, a crowded waiting room, or other venue that would jeopardize participant privacy? b) Where consent/assent/permission will be obtained? Will the informed consent process take place in a private room, where participant can ask questions without feelings of embarrassment or discomfort? c) If the research involves a physical exam, whether the participant be provided with a room or private space to undress and dress and who will be in the exam room; d) For research involving young children, whether the parent be allowed to be present if this makes the child more comfortable. For adolescents, whether the participant be able to talk privately to the researcher without parental supervision or intrusion.

In addition, provide a adequate description of what provisions will be used to maintain confidentiality of participant and study data/specimens. For example, How will participant and study data/specimens be protected/secured? Will the research records be in a locked cabinet? Who will have access to the records? What security procedures will be used regarding electronic storage of data? Who will control access to the records and how will this be controlled? What are the procedures for “deidentifying” participant/study information/specimens? Where will data key be kept? Will identifiers be destroyed following the collection and aggregation of data? What information, if any, will be disclosed to entities beyond the PI and key personnel noted in the application, and to whom the information will be provided?

This item should indicate whether it is **reasonably foreseeable** that the study will collect information that Federal, State, and/or local laws/regulations requires to be reported to other officials (e.g., child or elder abuse; positive results from lab tests) or ethically requires actions (e.g., suicidal ideation). If yes, describe the reporting procedures/requirements and ensure the reporting requirements are described in the consent.

For VA studies, if a waiver for entering participant information into the CPRS database is being requested, provide appropriate justification such as the following:

1. Participation in the study involves only one encounter.
2. Participation in the study involves the use of a questionnaire or previously collected biological specimens.
3. Identification as a participant in a particular study will place the participant at greater than minimal risk.

Also for VA studies, ensure the following elements are addressed:

1. VA Sensitive Information (VASI) includes data, in any format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration or destruction, including but not limited to individually identifiable medical or health data. Properly de-identified data records are not considered to be VASI.
2. The particular VASI that will be utilized in this study include [Describe VASI data elements].
3. The VASI utilized in this study will be used for [Describe purpose of using VASI].
4. VASI will be utilized by approved study personnel.
5. In the event of a real or suspected breach of security, the VA Police, the VA Information Security Officer, and the VA Privacy Officer will be notified.
6. VASI will be accessed, stored, and destroyed according to a data management plan that will promote security and privacy. [Describe the data security plan].

The following suggestions from the VASD for complying with VA Data Security Requirement have been provided:

1. **Hardcopy stored in the VA:** Hardcopy VASI will be stored in the investigator’s laboratory in a locked cabinet and destroyed by [state who is responsible] at [state date or “the end of the study”]. Only approved study personnel [and add study monitor identification here if appropriate] will have access to this information.
2. **Electronic VASI in the VA secure network:** VASI will be stored electronically within the VA secure network and accessed only by approved study personnel [and add study monitor identification here if appropriate] using VA secured workstations.
3. **Electronic de-identified data storage in any computer:** Study records entered into a computer system [or on electronic media] will be assigned code numbers and will not be individually identifiable. The key that relates the code numbers to the individuals will be kept in a locked cabinet in the research team’s office and destroyed at [state date or “the end of the study”].
4. **Electronic VASI in a stand-alone computer in the VA:** VASI will be stored in a stand-alone (non-networked) computer system that is maintained in a locked office within the VA, protected by strong

passwords, and accessible only by approved study personnel. This system will not leave the protected VA environment unless the data storage components are removed or destroyed.

5. **VASI removed from VA [e.g., sent to sponsor or collaborator]:** VASI will be sent to [List recipients] for the purposes of [describe use of the data]. The data will be sent by [describe secure method of transmission including encryption method if digital]. The information that is sent will be destroyed [describe method of destruction, date, and responsible party].
6. **If there is a HIPAA waiver and VASI is removed from the VA:** An approved *Authorization to transport and utilized VA sensitive information outside protected environments* will be utilized for any VASI that is removed from the VA protected environment in any format. A *Data Use Agreement* (DUA) between the VA and [recipient institution] will be utilized and approved by the VA. The DUA indicates [describe data elements to be removed, how the data will be used and disclosed, and the safeguards in place to prevent other uses or disclosures]. The DUA prevents the recipient from identifying or contacting the individual subjects and holds the recipient to conditions of the DUA.
7. **If there is a HIPAA waiver and VASI is stored in a computer not on the VA secured network:** The sensitive information will reside in a non-VA server at [recipient institution] that has been certified and accredited as required by the [2002 FISMA act](#).

17. POTENTIAL BENEFITS

Discuss those benefits to be gained by the individual subject, as well as those benefits that may accrue to society in general. If there is no direct benefit to the subject, this must be stated both here and in the consent/assent/permission documents. Note: **Overly optimistic statements of benefit should be avoided. Reimbursement/payment and provision of investigational/experimental study drugs do not fall under the benefits section.**

18. RISK/BENEFIT RATIO

Discuss **why** the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

19. EXPENSE TO PARTICIPANT

Describe specifically which procedures/drugs associated with the study will be billed to the participant or the participant's insurer(s) and which will be provided to the subject at no cost.

There are very limited circumstances under which study participants may be responsible (either directly or via their insurance) for covering some study-related expenses. If the study participant or their insurer(s) will be billed for any portion of the research study, provide a justification as to why this is appropriate and acceptable. For example, if the study involves treatment that is documented standard of care and not investigational, state so. For cancer-related clinical trials that qualify under the California Clinical Trial Law, a statement should be added to this section informing the IRB that because this is a qualifying trial, the study will bill the participant and/or their insurance for costs related to some research drugs, devices, or procedures and what those drugs/devices/procedures include.

If the investigation involves the possibility of added expense to the subject (longer hospitalization, extra studies, etc.) indicate in detail how this will be handled. In cases where the FDA has authorized the drug or device company to charge the patient for the experimental drug or device, **a copy of the authorization letter from the FDA or sponsor must accompany the application.**

20. COMPENSATION FOR PARTICIPATION

Describe all plans to compensate subjects, either in cash, a gift or gift certificate. Note that all compensation must be prorated throughout the life of the study. The amount of compensation must be justified in regards to possible

coercion or undue influence. Clarify whether subjects will be reimbursed for travel or other expenses. In addition, the “total” amount of possible compensation must be provided.

When students participate in research studies for class credit they should be provided alternative methods of getting that credit that do not include participating in an experiment, and it is the investigator's responsibility to determine that those alternative methods exist. Wherever possible, student should be provided with a choice of research opportunities, including some not under the investigator.

If research is being conducted at the VA, the following conditions also apply: VA policy prohibits paying human subjects to participate in research when the research is integrated with a patient's medical care and when it makes no special demands on the patient beyond those of usual medical care. Payment may be permitted, with IRB approval, in the following circumstances:

1. No Direct Subject Benefit. When the study to be performed is not directly intended to enhance the diagnosis or treatment of the medical condition for which the volunteer subject is being treated, and when the standard of practice in affiliated non-VA institutions is to pay subjects in this situation.
2. Others Being Paid. In multi-institutional studies, when human subjects at a collaborating non-VA institution are to be paid for the same participation in the same study at the same rate proposed.
3. Comparable Situations. In other comparable situations in which, in the opinion of the IRB, payment of subjects is appropriate.
4. Transportation Expenses. When transportation expenses are incurred by the subject that would not be incurred in the normal course of receiving treatment and which are not reimbursed by any other mechanism.
5. Prospective investigators who wish to pay research subjects must in their proposal: (a) Substantiate that proposed payments are reasonable and commensurate with the expected contributions of the subject; (b) State the terms of the subject participation agreement and the amount of payment in the informed consent form; and (c) Substantiate that subject payments are fair and appropriate, and that they do not constitute (or appear to constitute) undue pressure or influence on the perspective research subjects to volunteer for, or to continue to participate in, the research study; and that the payments do not constitute (or appear to constitute) coercion to participate in, or continue to participate in, the research study.
6. The IRB and R&D Committee must review all proposals for payment of subjects to ensure conformity with VA policies.
7. The VA Research Office is responsible for ensuring that IRB-approved payment to subjects is made from a VA-approved funding source for research activities.

21. PRIVILEGES/CERTIFICATIONS/LICENSES AND RESEARCH TEAM RESPONSIBILITIES

This section should provide a detailed explanation that specifically outlines each member of the research team's responsibilities. It should specify which individuals are privileged/certified or licensed, and at what sites, to perform the procedures in the protocol. Examples include: Dr. “X” is a Ph.D. who will be conducting the data analysis for the study, Dr. “Y” who is an M.D., has medical privileges at the VA and UC Medical Centers to perform the biopsy. Dr. “Z” who is an M.D., will only be conducting the “abc” procedure for which she has privileges for only at the UCSD Medical Center. If individuals are not privileged, etc. to perform the procedures as described in the protocol, explain in detail the plan to deal with this issue. A response such as "Everyone on this study is privileged," cannot be accepted.

This section must also clearly indicate by which entity each member of the research team is appointed/employed, such as UCSD or the VA, and whether they are being funded through this study.

Note: An investigator or co-investigator cannot be listed on a VA study that does not have medical privileges at the VA if they are participating in the research at the VA site. All studies to be conducted using VA resources must include a VA Responsible Investigator (RI) on the study.

Note: all key personnel must have completed the appropriate [CITI training](#) and have the completion report available for review upon request from the IRB.

22. BIBLIOGRAPHY

List up to five relevant articles that the IRB can use to provide necessary background for the protocol. Do not append an extensive NIH-grant-style bibliography.

23. FUNDING SUPPORT FOR THIS STUDY

Clearly and specifically describe the funding support for this study.

If this study is “industry” sponsored, this item must provide the name of the sponsor; the roles of the PI and/or co-investigators in the initiation and design of the protocol and access to data. A copy of the Master Protocol and Investigator’s Brochure(s) must also be provided.

This item must clearly state if there is an existing or pending Clinical Trial Agreement (CTA) with a collaborating company supporting this study and whether the CTA has been negotiated at UCSD and/or through VMRF.

If the study is investigator-initiated, this item should clearly describe the nature of the collaborating entity's involvement. An example of this includes the following: "Company 'X' is providing the study drug only and a research agreement (RA) has been negotiated with OCGA to cover this involvement. This RA allows the company to review study data and have access to all participant's study records. The company will provide no coverage for any adverse events associated with the study because...."

If the support for this study is through a grant, such as from NIH, DoD, NSF or another source, provide the name of the sponsor; the type of grant; grant number and inclusive dates of support and state whether the grant is going through UCSD, VA and/or VMRF as a grant or sub-contract and is existing or pending approval and provide the name and phone number for the fiscal contact person or analyst handling the grant.

If the funding support will be through the DoD, the Research Plan must clearly describe how the DoD requirements will be satisfied and provide a completed DoD supplement. For more information about DoD funded studies and to obtain the DoD supplement, please see the HRPP fact sheet, [“DoD/DON-funded Research.”](#)

If the application Facesheets indicates that there is no funding support for this project (unfunded), describe in detail how the project is to be supported.

Note: All research team members listed on the 1572 must be listed on the application Facesheets.

24. BIOLOGICAL MATERIALS TRANSFER AGREEMENT

If the protocol involves any human tissue or biological fluids, etc. of the participant being sent to another institution, or if research materials such as drugs, human blood or tissue are being transferred to the University, a Biological Materials Transfer Agreement (BMTA) may be needed. If the material is being sent to either the organization/entity sponsoring the study for use in the study or a laboratory as part of the study, a BMTA is not necessary. If material provided by UCSD is being used by the receiving organization for its own research, an MTA is then required for the purpose of such research. This should occur concurrently with the IRB application. For further information concerning a BMTA, see the [Materials Transfer website](#).

25. INVESTIGATIONAL DRUG FACT SHEET AND IND/IDE HOLDER

If the study involves any investigational drug(s), an [Investigational Drug Fact Sheet](#) must be completed by the investigator and included as one of the documents uploaded in support of the application. A separate sheet needs

to be completed for *each* investigational drug. **IRB approval for the study is contingent upon this occurring.**

Describe how the investigational drug will be handled (pharmacy, location, by whom, etc.).

If the study involves an investigational drug, provide a copy of the Investigator’s Brochure for each drug. If the drug to be used on the study is FDA approved for the procedures, participants, conditions, etc. associated with the proposed study, provide a copy of the package insert for each drug.

If the study involves an investigational device, provide a copy of relevant reports of prior investigations conducted with the device; the FDA’s device determination letter; and other sources of information regarding the device and use of the device, as appropriate

List the name of the person or organization that holds the Investigational New Drug (IND) or Investigational Device Exemption (IDE). If an IND/IDE has been issued, provide that number on the application Facesheets submitted with this application.

If the PI is the IND/IDE holder, the PI is required to follow FDA requirements for sponsors including providing reports to the FDA and IRB; selecting a qualified clinical monitor; the necessity of a DCM/DSMB; monitoring the progress of the clinical study and documenting the monitoring activities; preparing and maintaining adequate and accurate case records on each subject in the study, etc. For more information about these requirements, the PI should review the appropriate federal regulations and guidance including [21 CFR Part 312](#) and [21 CFR Part 812](#) and [“Guidance for Industry Investigator Responsibilities—Protecting the Rights, Safety, and Welfare of Study Subjects.”](#)

26. IMPACT ON STAFF

If the conduct of the study involves the nursing staff from UCSD and/or RCHSD staff (nursing, laboratory, pathology, pharmacy, medical records), indicate what additional time or staff skills are required. Specify in this item whether there is a budget provided for nursing staff training and participation in the study, and whether there are plans for nurse “in-service” training. Projects done in an inpatient or outpatient setting require an affirmative statement that the study plan has been discussed with the appropriate nursing supervisor and that the nursing service approves.

27. CONFLICT OF INTEREST

Describe whether the PI or any key personnel associated with this study have any financial interests or other “conflicts” related to this study. Examples of financial relationships include consulting, participation in speakers bureaus, stock or stock option ownership, or service on advisory boards or the board of directors of a company, or service as a company officer.

Please note that if a conflict is disclosed, appropriate forms must be provided to the UCSD Conflict of Interest Office. More information about conflicts of interest and to obtain the appropriate forms, contact the Conflict of Interest Office at 858-534-6465 or see the web site [here](#).

The disclosure forms should be sent **only** to the COI office and not included in the IRB application, making it essential that financial relationships be described as a narrative in this item of the Research Plan.

For projects that do not have a source of funding, but involve a drug or device, disclose if a conflict of interest exists.

All actual and potential Conflicts of Interest must be disclosed in the consent documents. Examples of disclosures include: “Dr. X is a paid consultant for Company Y, the sponsor of this study,” or “Dr. X owns stock in Company Y, a collaborator in this research study.” If the PI is listed on a patent, one example of acceptable disclosure would be: “Dr. X developed the Y device to be used in this study and has a personal interest in the device. Dr. X

and the University of California may benefit should its use be determined beneficial. This disclosure is made so that you can determine if this relationship will affect your willingness to participate in this study.”

Additional Conflict of Interest Instructions for VA Investigators

If the study qualifies as a VA study, the PI and all of the investigators list on the project must submit a “VA Disclosure of Conflict of Interest” form to the VA Research Administration Office. For any positive responses (items marked Yes) on the VA COI screening form, each investigator must submit the “VA COI Addendum Form.” The forms are available from the VA Human Subjects Coordinator or VA Research Compliance Officer.

28. SUPPLEMENTAL INSTRUCTIONS FOR CANCER-RELATED STUDIES

Clarify whether this trial qualifies under the California Clinical Trial Law (Section 1370.6 of the Health and Safety Code; Section 10145.4 of the Insurance Code; and Sections 14087.11, 14132.98, and 14132.99 of the Welfare and Institutions Code), and if so, a statement should be added to this section that because this is a qualifying trial, the study will bill the participant and/or their insurance for costs related to some research drugs or procedures.

Appropriate documents for cancer-related studies should be uploaded to the ePRMC website when the study is submitted to the HRPP. For more information about this, please see the [ePRMC Website FAQ](#).

29. OTHER APPROVALS/REGULATED MATERIALS

Describe whether approval or authorization from other UCSD review committees including Independent Review Committee (Conflict of Interest); Embryonic Stem Cell Research Oversight (ESCRO); Protocol Review Monitoring Committee (PRMC); and committees under Environmental Health & Safety (EH&S), such as Institutional Biosafety Committee (IBC); Human Exposure Review Committee (HERC); and RSSC (Radiation Safety and Surveillance Committee) are required and whether these approvals are in place or requests for approval/authorization from other UCSD review committees have been submitted and are currently under review.

Note that enrollment of participants cannot begin until approval/authorization from appropriate other UCSD review committees has been obtained.

30. PROCEDURES FOR SURROGATE CONSENT AND/OR DECISIONAL CAPACITY ASSESSMENT

Surrogate Consent and Decisional Capacity Assessment are two related topics. An investigator may employ Decisional Capacity Assessment for either of two purposes:

1. In a study where the study population being recruited may reasonably be expected to have decisional impairment, an investigator may use Decisional Capacity Assessment to demonstrate that all participants who have consented for participation have the capacity to consent for themselves;
2. In a study where the investigator wishes to have the option of using a “Legally Authorized Representative” of the subject to provide surrogate consent, Decisional Capacity Assessment is required by California law as a component of the surrogate consent process.

Detailed plans for performing Decisional Capacity Assessment and/or for obtaining Surrogate Consent should be entered in this section of the application, or the words “Not Applicable” should be entered. A copy of all forms that will be used to document decision-making capacity at the time of consent should be included with the application.

Procedures for Decisional Capacity Assessment were developed in 2002 by a UCSD task force on this topic, and are available on the HRPP website (<http://irb.ucsd.edu/decisional.shtml>) along with examples of post-consent assessment instruments that can be adapted to an investigator’s own research project.

Investigators should be aware that the IRB may, depending upon the nature of the proposed research and its subject population, require Decisional Capacity Assessment as part of the research plan.

Surrogate Consent

California law AB2328, codified as California Health & Safety Code Section 24178 became effective January 1, 2003 and clarifies who may serve as a research subject's "legally authorized representative." Surrogate consent for participation in a research study should be employed only to the extent that it is consistent with federal and state laws and guidance pertaining to protecting human subjects participation in research. Consistent with guidelines provided by the University of California Office of the President (available on the HRPP website at <http://irb.ucsd.edu/surrogate.shtml>) the IRB will use the following criteria when determining whether to permit the use of surrogate consent for participation in a research study:

1. Surrogate consent may be considered only in research studies relating to the cognitive impairment, lack of capacity, or serious or life-threatening diseases and conditions of research subject.
2. The investigator shall include in the IRB application/modification form a protocol-specific plan for the sequence of steps that will be employed to acquire and document surrogate consent provided by a legally authorized representative.

If surrogate consent will be sought on this study, please ensure this item describes the study procedures associated with obtaining surrogate consent. For more information about this, please see the HRPP Fact Sheet, "[Submitting or Amending a Protocol to Include the Option of Surrogate Consent.](#)"

For VA research involving individuals with impaired decision-making capacity, all of the following must also be true:

For VA studies, research involving persons with impaired decision-making capability may only be approved when the following conditions apply:

1. Only incompetent persons or persons with impaired decision-making capacity are suitable as research subjects. Competent persons are not suitable for the proposed research. The investigator must demonstrate to the IRB that there is a compelling reason to include incompetent individuals or persons with impaired decision-making capacity as subjects. Incompetent persons or persons with impaired decision-making capacity must not be subjects in research simply because they are readily available.
2. The proposed research entails no significant risks, tangible or intangible, or if the research presents some probability of harm, there must be at least a greater probability of direct benefit to the participant. Incompetent people or persons with impaired decision-making capacity are not to be subjects of research that imposes a risk of injury, unless that research is intended to benefit that subject and the probability of benefit is greater than the probability of harm.
3. Procedures have been devised to ensure that participant's representatives are well informed regarding their roles and obligations to protect incompetent subjects or persons with impaired decision making capacity. Health care agents (appointed under Durable Power of Attorney for Health Care (DPAHC)) and next-of-kin, or guardians, must be given descriptions of both proposed research studies and the obligations of the person's representatives. They must be told that their obligation is to try to determine what the subject would do if competent, or if the subject's wishes cannot be determined, what they think is in the incompetent person's best interest.
4. The research involving individuals lacking decision-making capacity meets the following criteria: The proposed research entails: (a) No greater than minimal risk to the subject as determined by the IRB; or (b) The research presents some probability of harm, but there is at least a greater probability of direct benefit to the subject, or (c) Greater than minimal risk and no prospect of direct benefit to individual subjects, but is likely to yield generalizable knowledge about the subject's disorder or condition that is vitally important for the understanding or amelioration of the subject's disorder or

condition. The disorder leading to the individual's lack of decision-making capacity is being studied, whether or not the lack of decision-making itself is being evaluated, and the study cannot be performed with only persons who have decision-making capability.

The IRB must make a determination in writing of each of the criteria listed in above. If these criteria are met, the IRB may approve the inclusion of incompetent subjects or subjects with impaired decision-making capacity in research projects on the basis of informed consent from authorized representatives as defined in paragraph 11 of the VHA Handbook.

Under appropriate conditions, investigators may obtain consent from the legally authorized representative of a subject (surrogate consent).

1. Such consent may be obtained from: a health care agent appointed by the person in a DPAHC or similar document; court-appointed guardians of the person, or from next-of-kin in the following order of priority, unless otherwise specified by applicable state law: spouse, adult child (18 years or older), parent, adult sibling (18 years of age or older), grandparent, or adult grandchild (18 years of age or older). **NOTE:** *The preceding list contains the only surrogate entities who are allowed to provide consent for research purposes.*
2. Such consent may be requested and accepted only when the prospective research participant is incompetent or has an impaired decision-making capacity, as determined and documented in the person's medical record in a signed and dated progress note. The determination must be made in accordance with the following requirements in subparagraphs 11a(3)(a-d), or as established by a legal determination. **NOTE:** *The consent requirements are not intended to preempt any applicable Federal, State or local laws that require additional information to be disclosed for the informed consent to be legally effective in accordance with 38 CFR 16.116(e).*
 - a) The practitioner, in consultation with the chief of service, or COS, may determine after appropriate medical evaluation that the prospective research subject lacks decision-making capacity and is unlikely to regain it within a reasonable period of time.
 - b) Consultation with a psychiatrist or licensed psychologist must be obtained when the determination that the prospective research subject lacks decision-making capacity is based on a diagnosis of mental illness.
 - c) Disclosures required by this Handbook to be made to the subject by the investigator must be made to the subject's surrogate.
 - d) If feasible, the practitioner must explain the proposed research to the prospective research subject even when the surrogate gives consent. Under no circumstances may a subject be forced or coerced to participate in a research study.
3. Before an incompetent person or persons with impaired decision-making capacity may be considered for participation in any VA research, the IRB must find that the proposed research meets all of the conditions above.

Version date: July 11, 2011