

The purpose of this worksheet is to provide support for Office of IRB Administration (OIA) staff conducting pre-review of submission materials. This worksheet, or equivalent, is to be used. This worksheet is not required to be completed or retained.

1 INITIAL REVIEW and AMENDMENT (when the amendment affects one of the following)

- Determine the regulations that apply to the human research and select these in the “regulatory oversight” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent.
- Determine whether the principal investigator is restricted. If so, note in the “restrictions” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent.
- Determine risk level of research and note in the “risk level” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent.
- Determine that the type of research is conducted or overseen by the institution.
- Determine that the type of research is not reviewed by an external IRB.
- If the research involves the use of a drug or biologic use the *OIA-306 WORKSHEET: Drugs*, or equivalent.
- If the research involves the use of a device [including a humanitarian use device (HUD)] use the *OIA-307 WORKSHEET: Devices*, or equivalent.
- Determine whether any special determinations are required. If so, note in the “special determinations” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent.
- Determine which protocol tracking item applies. Note in the “protocol tracking” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent.
- If a HIPAA waiver of authorization is required, review using *OIA-441 CHECKLIST: HIPAA Waiver of Authorization*, or equivalent.

Note any missing materials in the “missing materials” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent:

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|---|--|
| <input type="checkbox"/> Investigator/sponsor protocol | <input type="checkbox"/> Investigator brochure for investigational drug/biologic |
| <input type="checkbox"/> Point-by-point response (following modifications required) | <input type="checkbox"/> Investigational new drug (IND) validation for investigational drug |
| <input type="checkbox"/> Evaluation of any <u>related financial interest</u> | <input type="checkbox"/> Package inserts for marketed drugs/biologics |
| <input type="checkbox"/> Application form selections/sections | <input type="checkbox"/> Product information/instructions for use for medical devices |
| <input type="checkbox"/> Materials meant to be seen or heard by subjects | <input type="checkbox"/> Protocol review and monitoring committee (PRMC) approval/exemption for oncology studies |
| <input type="checkbox"/> Consent documents and scripts | <input type="checkbox"/> <i>OIA-509 TEMPLATE QUESTIONNAIRE: UCSD Local Context Questionnaire</i> , or equivalent |

Note missing/inappropriately answered investigator-initiated protocol sections in the “missing materials” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent:

Interventional Protocol:

- Protocol summary
- Introduction
- Objectives and endpoints
- Study design
- Study population
- Study intervention
- Study intervention discontinuation and participant discontinuation/withdrawal
- Study assessments and procedures
- Statistical considerations
- Supporting documentation and operational considerations
- References

Non-Interventional Protocol:

- Study title
- Principal investigator
- Study rationale
- Specific aims/hypotheses
- Background and significance
- Research design and methods
- Research participants
- Recruitment
- Informed consent
- Banking of information/biospecimens for future uses OR identifiable private information about research participants
- Minimization of risk
- Privileges/certifications/licenses and research team responsibilities OR qualifications, training, cultural literacy, and research team responsibilities
- References
- Bibliography

Note any of the following in the “final contingencies” section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent:

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|--|--|
| <input type="checkbox"/> <u>Conflict of interest</u> disclosure is required but not present | <input type="checkbox"/> The <u>research</u> involves adults unable to consent and statements by the investigator and local context regarding which individuals are legally authorized representatives do not match. |
| <input type="checkbox"/> An IND is required and there is no IND | <input type="checkbox"/> The <u>research</u> involves adults unable to consent and statements by the investigator regarding provisions for ongoing consent are inadequate. |
| <input type="checkbox"/> An IND is required and there is insufficient documentation | <input type="checkbox"/> The <u>research</u> involves <u>children</u> and statements by the investigator and local context regarding which persons are considered <u>children</u> do not match. |
| <input type="checkbox"/> An Investigational device exemption (IDE)/Humanitarian device exemption (HDE) is required and there is no IDE/HDE | |
| <input type="checkbox"/> An IDE/HDE is required and there is insufficient documentation | |
| <input type="checkbox"/> There are inadequate provisions to control the drug(s)/biologic(s) | |
| <input type="checkbox"/> There are inadequate provisions to control the device(s) | |
| <input type="checkbox"/> External site for which we are IRB of record receiving federal funds from the institution does not have a federalwide assurance (FWA) | |

2 CONTINUING REVIEW or AMENDMENT

- Determine whether any new reportable event at a site under UCSD IRB purview has been disclosed (for example, an unanticipated problem involving risks to subjects or others/unanticipated problem report). If so, direct the researchers to submit a reportable event and then follow *OIA-024 SOP: Reportable Events*.
- Note incomplete continuing review form in the "missing materials" section.

3 STUDY CLOSURE

- Confirm that the research meets the criteria for closure and note in the study closure section of *OIA-401 CHECKLIST: Pre-Review*, or equivalent.
- Determine whether any new information has been provided, e.g., a new risk. If so, follow *OIA-024 SOP: Reportable Events*.