8 IRB tables, worksheets, and checklists

Table 8.1 IRB approvals and reports to IRBs (IRBModel.Tab)

When: Before the start of data collection

Who: Coordinating center personnel in conjunction with study officers

Purpose: To set-forth IRB approval and reporting procedures

Definitions

associate center - A center, established or adopted by a parent center, that is responsible for performing specified functions in association with or as an agent of the parent; may or may not receive financial support from the parent.

central institutional review board - An IRB having review authority over a multicenter study, especially one where approval by such a board is sufficient to allow investigators at study centers to proceed without additional review or approval.

commercial institutional review board - A board performing functions similar to an institutional review board on a fee-for-service for investigators directed to submit to it by the IRB offices of their respective institutions or for investigators not affiliated with institutions having IRBs; increasingly used to review proposals coming from investigators heading centers in multicenter studies at sites not having IRBs.

institutional review board (IRB) - A board, as set forth in guidelines and regulations emanating from the United States Public Health Service, concerned with research involving human beings; appointed by authorities of the institution housing the board and constituted to review and approve studies involving human beings by investigators from the appointing institution.

local institutional review board - The institutional review board of one's own institution.

parent center - 1. A study center that gives rise to or nurtures other centers. 2. A study center that has administrative or operational primacy over other centers. 3. A study center having an affiliate, associate, field, or satellite center.

protocol amendment - A proposed protocol change submitted to an IRB; such a proposed change approved by an IRB. Technically, any change to an approved protocol is an amendment, but usually best reserved for changes submitted to IRBs for review and approval – generally, any change that can be reasonably argued as having the potential of changing the risk-benefit ratio for persons studied, or having potential to influence a person's decision as to whether to enroll or to remain in a study. In trials, including changes to the treatment protocol, study procedures, schedule of study visits, or period of followup; especially any such changes considered to require changes to existing consent forms or to require reconsent.

satellite center - A center, subordinate to a parent center, organized to perform a designated set of functions at the behest of or as an agent of that parent.

Table 8.1 IRB approval and reports to IRBs

A. Identifying information

1. Study name: _____

2. Form completed by: _____

3. Date completed (day-month-year) . . . . . __—___—____

B. IRB map

4. Centers represented in the trial (check all that apply)

( ) Study clinics . . . . . No. ___

( ) Associate clinics . . . . . No. ___

( ) Satellite clinics . . . . . No. ___

( ) Coordinating centers/data centers . . . . . No. ___

( ) Associate/satellite coordinating centers/data centers . . . . . No. ___

( ) Treatment coordinating centers . . . . . No. ___

( ) Reading centers . . . . . No. ___

( ) Central laboratories . . . . . No. ___

( ) Central specimen repositories . . . . . No. ___

( ) Other (specify) . . . . . No. ___

_____

Sum of values above . . . . . ____

5. Number of centers required to submit to IRBs . . . . . No. ___

If number less than the sum in item 4, list the centers not requiring IRB approvals and reasons why not required

_____

_____

_____

_____

6. Types of IRBs represented by the number represented in item 5 (check all that apply)
   ( ) Central IRBs . . . . . No. ___
   ( ) Local IRBs . . . . . No. ___
   ( ) Commercial IRBs . . . . . No. ___
   Total number of IRBs . . . . . No. ___

C. Management of IRB submissions

7. Who is responsible for preparing the protocol used by clinics in their submissions to IRBs? (check one)
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

8. Who is responsible for providing clinics with the official study protocol for submission to IRBs? (check one)
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

9. Who is responsible for instructing clinics as to when to submit to IRBs for new protocol versions and revised consent forms? (check one)
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

10. Consents submitted by clinics for IRB approval (check all that apply):
    ( ) Produced from prototype consent provided by coordinating center or office of study chair
    ( ) Clinics instructed as to when to submit to respective IRBs by the coordinating center or office of study chair
    ( ) Approved forms reviewed by coordinating center or office of the study chair to ensure they are factually correct and that they contain the basic information contained in the prototype

( ) Other (specify)

_____

11. Minimal IRB approvals required to start enrollment and treatment in the trial (check one)
    ( ) IRB approval of the study protocol and consent procedures at one clinic
    ( ) IRB approval of the study protocol and consent procedures at one clinic and IRB approval of the coordinating center
    ( ) IRB approval of the study protocol and consent procedures at all clinics
    ( ) IRB approval of the study protocol and consent procedures at all clinics and IRB approval of the coordinating center
    ( ) Other (specify)

_____

D. Protocol changes

12. Who decides when a change requires IRB approval prior to implementation?
    ( ) Coordinating center
    ( ) Office of the study chair
    ( ) Study sponsor
    ( ) Study officers
    ( ) Steering committee
    ( ) Other (specify)

_____

13. Who is responsible for providing clinics with documents needed for submission of the proposed change to IRBs? (check one)
    ( ) Coordinating center
    ( ) Office of the study chair
    ( ) Study sponsor
    ( ) Study officers
    ( ) Steering committee
    ( ) Other (specify)

_____

14. Who is responsible for deciding how and when the change is implemented? (check one)
    ( ) Coordinating center
    ( ) Office of the study chair
    ( ) Study sponsor
    ( ) Study officers
    ( ) Steering committee
    ( ) Other (specify)

_____

15. Changes implemented without IRB review (check all that apply)
    - ( ) Minor word changes to data collection forms
    - ( ) Changes in general care procedures
    - ( ) Changes reducing the risk or nuisances of being studied
    - ( ) Termination of harmful study treatment
    - ( ) Other (specify)

_____

16. Changes requiring IRB review prior to implementation (check all that apply)
    - ( ) Addition of procedures considered to involve more than minimal risk or added inconvenience to study subjects
    - ( ) Addition of sensitive questions to data collection forms
    - ( ) Changes to consent procedures
    - ( ) Increase in contact schedule for data collection
    - ( ) Addition of specimen collection for future use
    - ( ) Other (specify)

_____

E. Reports and notices to IRBs

17. Reports and notices originating at study clinics (check all that apply)
    - ( ) Adverse events
    - ( ) Overdoses; treatment mistakes
    - ( ) Breach of confidentiality
    - ( ) Deaths
    - ( ) Other (specify)

_____

18. Are reports and notices arising at the clinic level of operations as listed in item 17 sent to other study centers for submission to their respective IRBs?
    - ( ) Yes
    - ( ) No (explain)

_____

_____

19. If item 18 answered yes, indicate conduit for transmission to other IRBs
    - ( ) Coordinating center
    - ( ) Office of the study chair
    - ( ) Study sponsor
    - ( ) Other (specify)

_____

20. For trials with treatment effects monitoring committees, who is responsible for notifying IRBs of meetings of the committee? (check one)
    ( ) Coordinating center
    ( ) Office of the study chair
    ( ) Study sponsor
    ( ) Other (specify)

    _____

Table 8.2 IRB log (IRBHis.Tab)

When: At the outset and continuously over time

Who: Persons at the coordinating center

Purpose: To provide a log of protocol versions and changes to the protocol over the course of the trial

A. Identifying information

1. Study name: _____

2. Form maintained by (check one)
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

B. Protocol versions

3. How are versions of the protocol identified (check one)
   ( ) By version number
   ( ) By date
   ( ) By version number and date
   ( ) Other (specify)

   _____

4. Who decides when versions are issued (check one)
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

5. Who is responsible for preparing and distributing protocol versions
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

6. Who is responsible for orchestrating submission of versions to IRBs?
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

Note: The IRB serving the place named in item 6 is, herein, referred to as the parent IRB

7. Check the item below that best describes the IRB submission process
   ( ) Ordered: Submitted to the parent IRB and not sent to other centers until approved by the parent
   ( ) Simultaneous: Distributed to clinics for submission to their respective IRBs when submitted to the parent IRB

8. Implementation model for new versions of the protocol (check one)
   ( ) Model 1: By clinic whether or not approved by the parent IRB
   ( ) Model 2: By clinic once approved by the parent IRB
   ( ) Model 3: No implementation until version approved by all IRBs of record
   ( ) Model 1, 2, or 3 depending on the nature of the change

9. Protocol versions

   Version no. ____ . . . . . Date: _ _-_ _ _-_ _ _ _

   Version no. ____ . . . . . Date: _ _-_ _ _-_ _ _ _

   Version no. ____ . . . . . Date: _ _-_ _ _-_ _ _ _

   Version no. ____ . . . . . Date: _ _-_ _ _-_ _ _ _

C. Log of IRB submissions for approval: Parent IRB perspective

10. IRB submission and approval log of protocol versions

Version no.	Version date	Submission date to parent	Approval date of parent

Table 8.2 IRB log

11. IRB submission and approval log of protocol amendments separate and apart from those included in different versions of the protocol

    1: Describe _____

    Date submitted: _ _-_ _ _-_ _ _ _ . . . . . Date approved by parent: _ _-_ _ _-_ _ _ _

    2: Describe _____

    Date submitted: _ _-_ _ _-_ _ _ _ . . . . . Date approved by parent: _ _-_ _ _-_ _ _ _

    3: Describe _____

    Date submitted: _ _-_ _ _-_ _ _ _ . . . . . Date approved by parent: _ _-_ _ _-_ _ _ _

    4: Describe _____

    Date submitted: _ _-_ _ _-_ _ _ _ . . . . . Date approved by parent: _ _-_ _ _-_ _ _ _

    5: Describe _____

    Date submitted: _ _-_ _ _-_ _ _ _ . . . . . Date approved by parent: _ _-_ _ _-_ _ _ _

D. Log of adverse events reported to parent IRB

12. Adverse events reported from participating clinics

    1 Event: _____ . . . . . Clinic _____

    Date received at CC: _ _-_ _ _-_ _ _ _ . . . . . Date of event: _ _-_ _ _-_ _ _ _

    2 Event: _____ . . . . . Clinic _____

    Date received at CC: _ _-_ _ _-_ _ _ _ . . . . . Date of event: _ _-_ _ _-_ _ _ _

    3 Event: _____ . . . . . Clinic _____

    Date received: _ _-_ _ _-_ _ _ _ . . . . . Date of event: _ _-_ _ _-_ _ _ _

    4 Event: _____ . . . . . Clinic _____

    Date received: _ _-_ _ _-_ _ _ _ . . . . . Date of event: _ _-_ _ _-_ _ _ _

    5 Event: _____ . . . . . Clinic _____

    Date received: _ _-_ _ _-_ _ _ _ . . . . . Date of event: _ _-_ _ _-_ _ _ _

13. Reportable events originating in the center named in item 6

1 Event: _____

Date occurred: _ _-_ _ _-_ _ _ _ . . . . . Date submitted: _ _-_ _ _-_ _ _ _

2 Event: _____

Date occurred: _ _-_ _ _-_ _ _ _ . . . . . Date submitted: _ _-_ _ _-_ _ _ _

E. Log of other communications with parent IRB

14. Notice of meetings of the treatment effects monitoring committee

Mtg	Mtg date	Mtg mode	Date sent to parent	IRB response
1				
2				
3				
4				

Table 8.3 IRB approval monitoring (IRBMon.Tab)

When: Periodically over the course of the trial

Who: Persons in the data center

Purpose: To monitor IRB approval status of participating centers to prevent lapses of approvals

A. Identifying information

1. Study name: _____

2. Monitoring done by: (check one)
   ( ) Coordinating center
   ( ) Office of the study chair
   ( ) Study sponsor
   ( ) Other (specify)

   _____

3. Information below as of (day-month-year): . . . . . _ _-_ _ _-_ _ _ _

B. Clinical centers

Clinic Id	Cl location	Last renewal	Expiration date	Status*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Table 8.3 IRB approval monitoring

9.				
10.				

* **OK**: Expiration at least 6 wks away; **L**: lapsed; **NL**: 4 wks from lapse

C. Resource centers

Center Id	Location	Last renewal	Expiration date	Status*
1.				
2.				
3.				
4.				

* **OK**: Expiration at 6 wks away; **L**: lapsed; **NL**: 4 wks from lapse

Table 8.4 Consent, reconsent, and deconsent design (ConPlan.Tab)

When: The trial is being designed and before submission of the protocol and consent forms to IRBs

Who: Persons in the coordinating center or office of the study chair

Purpose: To set forth design and operating procedures on consenting and deconsenting

Definitions

assent - Expression of acquiescence to something proposed. Usage note: Not to be confused with consent. Generally in research settings, assent by the person to be studied is required whenever consent is given by someone else on behalf of that person, and when that person has sufficient mental capacity to understand the nature and extent of what is being proposed. The starting age at which assent is required may vary, but is usually 5, or thereabouts, for most institutional review boards. For persons unable to read, the assent may be oral after the person has been presented with an explanation of what is involved. For persons able to read (e.g., children aged 7 or 8 to the age of majority), the process may require the use of a written assent form and a signed assent before proceeding. The process, while used primarily in relation to children, extends as well to adults with limited but sufficient mental capacities to allow them to assent.

consent - Voluntary agreement or acquiescence by a person, or by that person's guardian or representative on their behalf, to undertake, submit to, or comply with an act or procedure that is to be done by another person, party, or agency.

consent renewal - [trials] A formal or informal process in which persons enrolled in a trial are reminded of what the trial involves to provide persons with opportunity to ask questions and to formally or informally affirm willingness to continue in the trial

deconsent - 1. An active communication process taking place on completion or cessation of a person's role in a research project that is intended to impart information deemed necessary and appropriate for an informed separation. In the case of treatment trials, the information imparted relates to treatment received (including identity of assigned treatment in the case of a trial involving masked treatment), findings from the trial and relevance for the person departing, and observations and recommendations regarding the person's subsequent care and treatment. 2. A process taking place on separation of a person from a study aimed at assessing the adequacy of consent by the amount of information recalled during the consent process. 3. A process taking place on completion of a single- or double-masked trial, usually in relation to a close-out followup visit, in which the departing person is asked to state a guess as to treatment assigned or received.

reconsent - 1. Documented consent to continue in a study following disclosure and discussion of information considered to change the risk-benefit ratio for participation; especially in relation to a treatment protocol change or other protocol amendments. 2. updated consent

Table 8.4 Consent, reconsent, and deconsent design

A. Identifying information

1. Study name: _____
2. Form completed by: _____
3. Date completed (day-month-year) . . . . . __ __—__ __ __—__ __ __ __

B. Study population

4. People to be enrolled (check all that apply)
   ( ) Adults
   ( ) Children
   ( ) Children and adults
   ( ) Infants
   ( ) Pregnant women
   ( ) Mentally limited
   ( ) Other (specify)

   _____

5. If children are to be enrolled are they at or above the age of assent (age varies depending on IRBs but usually around ages 5 or 6)
   ( ) No
   ( ) Yes (Child's parent or guardian has to consent and child has to assent to being studied)

C. Consent/assent forms

6. Use the checklist below to indicate consents/assents required in the trial (check all that apply)
   Study subject consent
   ( ) Screening
   ( ) Enrollment
   ( ) Specimen collection
   ( ) Specimen banking
   ( ) DNA analysis
   ( ) DNA banking
   ( ) Other (specify)

   _____

   Other consents
   ( ) Surrogate respondent
   ( ) Guardian of patient
   ( ) Patient's care giver
   ( ) Other (specify)

   _____

Table 8.4 Consent, reconsent, and deconsent design

Assent of minor study subject

( ) Screening
( ) Enrollment
( ) Specimen collection
( ) Specimen banking
( ) DNA analysis
( ) DNA banking
( ) Other (specify)

_____

7. Number of separate consent/assent forms represented by checks in item 6 . . . . . No. _____

8. Disclosures included in enrollment consent (check all that apply)
   ( ) Where study data are received, processed, and stored
   ( ) Who, outside the investigator group, are eligible to review data collected on study subjects
   ( ) Intent to deposit de-identified datasets under NIH data sharing requirements and risk of identification
   ( ) Use of banked specimens and whether study subjects will be informed of uses and results of relevance to them
   ( ) Whether investigators stand to profit from use of banked specimens
   ( ) Funding sources of the trial
   ( ) Investigator conflicts of interest
   ( ) Investigators standing to gain financially from results of the trial
   ( ) Right to withdraw at any time without prejudice
   ( ) Data collected may not be withdrawn even if person withdraws
   ( ) Other (specify)

_____

9. Check-offs included in enrollment consent to indicate acceptance or rejection of (check all that apply):
   ( ) DNA analysis
   ( ) Banking of specimens for future use
   ( ) Other (specify)

_____

D. Consent/assent process

10. Usual setting (check one)
    ( ) Clinic
    ( ) Home
    ( ) Telephone

Table 8.4 Consent, reconsent, and deconsent design

( ) Other (specify)

_____

11. Person usually obtaining consent/assent (check one)
    ( ) Study physician
    ( ) Study nurse
    ( ) Other (specify)

_____

12. Documentation of consent/assent (check all that apply)
    ( ) Signed and dated
    ( ) Witnessed signing
    ( ) Other (specify)

_____

13. Consent assurance safeguards (check all that apply)
    ( ) Two stage process with > 24 hours between being asked to enroll and consenting to enrollment
    ( ) Would be study subject given copy of consent to take home to review with family members before being asked to consent
    ( ) Would be study subject given opportunity to question person soliciting consent before consenting
    ( ) Would be study subject required to answer basic questions correctly about the trial as a condition for enrollment
    ( ) Other (specify)

_____

E. Reconsent/consent renewal

14. Circumstances under which reconsent deemed necessary (check all that apply)
    ( ) Results from another trial indicating that a study treatment is harmful or beneficial
    ( ) Decision to stop a study treatment because of harm or benefit but where treatment with a lesser dose of the same treatment continues
    ( ) Change in the formulation of a study treatment
    ( ) Dosage change of a study treatment
    ( ) Change in the treatment schedule
    ( ) Other (specify)

_____

15. Circumstances under which consent renewal deemed necessary or appropriate (check all that apply)
    ( ) Suggested or ordered by IRBs

( ) Evidence of confusion in the study population as to purpose of trial
( ) Flagging interest in the study population
( ) Increasing rate of dropout or of noncompliance
( ) Other (specify)

_____

F. Deconsent plan

16. Information to be imparted to participant on close of followup (check all that apply)
    ( ) Summary of findings from the trial
    ( ) Treatment person assigned to if masked to treatment assignment
    ( ) Availability of study treatment if found to be effective
    ( ) Treatment and care recommendations based on findings from the trial
    ( ) Possibility of future contact by study investigators for followup
    ( ) Other (specify)

    _____

17. Method of close out
    ( ) Common closing date regardless of when enrolled
    ( ) Close out on a per person basis after a specified period of followup (anniversary form of close out)
    ( ) Other (specify)

    _____

Note: Method of close out relevant to type of information that can be imparted to persons on close out. Unmasking on a per person basis in the anniversary form of close out may not be possible if unmasking serves to unmask others not yet closing out (e.g., as with the bin Id system of drug supply). Likewise, there will be no results to summarize for the first persons departing under the anniversary form of close out.

WS 8.1 Adverse event reporting worksheet (AE.WS)

When: Prior to the start of data collection

Who: Study chair or director of study coordinating center

Purpose: To outline procedures for reporting adverse events to IRBs

Definitions

adverse event - 1. Any unfavorable sign, symptom, state, condition, or laboratory finding in a study subject. 2. reportable event

reportable event - 1. adverse drug experience, serious adverse drug experience, unexpected adverse drug experience 2. adverse event 3. Any event or experience relating to a study subject and relevant to an oversight body, such as an IRB, in determining whether an approval should be maintained; any such event or occurrence listed as needing to be reported to an oversight body, such as an IRB as a condition for approval or maintaining approval. 4. Any event, circumstance, or occurrence threatening the integrity of a study. 5. Any event or occurrence listed as reportable by an extant governing, funding, oversight, or regulatory authority, such as the NIH, FDA, and ORI. *Usage note*: Problematic when used in the absence of defining detail regarding what, when, how, and where to report. The domain of reportable events is subject to change depending on perspective. Events considered not reportable during conduct of a study may be seen as reportable when a study is audited or reviewed. It is up to study investigators to develop and maintain essential reporting procedures in regard to the domain of reportable events. The duty to report extends to the broad class of events, including events of fraud, though the guidelines for deciding when the suspicion of fraud is sufficient to trigger a report to one's institutional committee dealing with such matters, or to the ORI, are largely lacking. All research involving human beings is under the purview of IRBs or like named bodies. Approvals from those bodies carry reporting obligations. In all cases, investigators are obliged to report mistakes or misadventures occurring in relation to the processes of enrolling, studying, treating, or following study subjects, and to do so regardless of whether such occurrences were of consequence to persons studied. Generally, approvals are predicated on the presumption that investigators will report deaths and morbidities occurring in the study population, that they will do so in a timely fashion, and that they will do so regardless of whether they are considered to be study-related. The presumption, in the case of multicenter studies, should be that study population is as represented by the population enrolled from all participating clinics and, therefore, that all investigators and associated IRBs are to receive reported events regardless of where first reported. IRBs may limit reporting to study-related deaths and morbid events in long-term treatment trials where the population being treated has high underlying mortality and morbidity rates. The reporting procedures imposed by the FDA relate to adverse events arising in relation to drugs, biologics, and devices being tested in relation to possible licensure. There are no corresponding procedures for trials of surgical procedures, trials of established medical treatments, or trials of other treatments not under the purview of the FDA. Hence, in those cases, investigators are largely left to establish definitions and procedures for reporting and informing investigators and associated IRBs. The likely minimum reporting requirements (in addition to those concerning mistakes or misadventures as mentioned above) are morbid events or deaths induced or likely

caused by a study procedure (including those where it is reasonable to so assume because of temporal relationship), any event occurring in conjunction with a study procedure, administration of a study treatment, or in relation to a change in treatment, deaths or major morbidities occurring in association with initiation or change of treatment, and events or occurrences leading to contact of an IRB by a study subject or representative of the study subject, and judged by that IRB to have legitimacy.

safety report - A report to the Food and Drug Administration of an adverse drug experience that is both serious and unexpected; written or telephoned; investigational new drug safety report; also IND safety report.

serious adverse drug experience - In FDA parlance, as contained in the Code of Federal Regulations for drugs for that agency: (http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=314.80; CFR, title 21, vol 5, revised 1 April 2011) *Any adverse drug experience occurring at any dose that results in any of the following outcomes: Death, a life-threatening adverse drug experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect.*

unexpected adverse drug experience - In FDA parlance: (http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=314.80; CFR, title 21, vol 5, revised 1 April 2011) *Any adverse drug experience that is not listed in the current labeling for the drug product. This includes events that may be symptomatically and pathophysiologically related to an event listed in the labeling, but differ from the event because of greater severity or specificity. For example, under this definition, hepatic necrosis would be unexpected (by virtue of greater severity) if the labeling only referred to elevated hepatic enzymes or hepatitis. Similarly, cerebral thromboembolism and cerebral vasculitis would be unexpected (by virtue of greater specificity) if the labeling only listed cerebral vascular accidents. "Unexpected," as used in this definition, refers to an adverse drug experience that has not been previously observed (i.e., included in the labeling) rather than from the perspective of such experience not being anticipated from the pharmacological properties of the pharmaceutical product.*

A. Identifying information

1. Study name: _____
2. Form completed by: _____
3. Date completed (day-month-year) . . . . . __—__—____

B. Background information

4. Does the trial involve drugs, biologics, or devices?
   ( ) No
   ( ) Yes

If yes, is the trial subject to reporting requirements for investigational drugs, biologics, or devices?
( ) No
( ) Yes

5. Are treatments double-masked?
   ( ) No
   ( ) Yes
   If yes, are events reported without knowledge of treatment assignment?
   ( ) No
   ( ) Yes

6. Does the study handbook or manual of operations contain definitions and instructions on reporting adverse events to local IRBs and to the coordinating center in multicenter trials?
   ( ) No (revise to include)
   ( ) Yes

7. Does the study handbook or manual of operations contain instructions as to whether the assigned treatment is to be continued in the face of adverse events?
   ( ) No (revise to include)
   ( ) Yes

C. Reporting procedure

8. Number of IRBs with authority over the trial?
   ( ) One
   ( ) More than one
   If more than one are all IRBs of record to be informed of events?
   ( ) No (explain why not)
   ( ) Yes
   Note: The usual reporting procedure in multicenter trials for events occurring at a study clinic is as follows:
   - Clinic reports event to its IRB
   - Clinic sends report to the coordinating center
   - CC sends report to all other centers with instructions to send to their respective IRBs if required by their IRB

9. In unmasked trials, are events reported to the coordinating center in multicenter trials distributed to clinics without treatment revealed?
   ( ) No (explain; the usual approach is to distribute without treatment revealed even if treatments are not masked)

   _____

   _____

   ( ) Yes

10. If treatments are administered double-masked, what events require unmasking? Note: The usual approach is simply to stop treatment absent unmasking. The only exceptions are emergencies where knowing treatment is of immediate importance to the person or to a member of the person's family for treatment

    _____

    _____

D. Aggregate review of adverse events

11. Is there a review and analysis of aggregate events by treatment group?
    ( ) No (explain; the expectation is that such reviews take place over the course of the trial)

    _____

    _____

    ( ) Yes

12. Does the trial have a treatment effects monitoring committee, aka data and safety monitoring committee?
    ( ) No (explain why not)

    _____

    _____

    ( ) Yes

13. If item 11 answered yes, who does the analysis?
    ( ) Coordinating center
    ( ) Sponsor
    ( ) Other (specify) _____

14. If item 11 answered yes, who reviews the analysis?
    ( ) Treatment effects monitoring committee/Data and safety monitoring committee
    ( ) Study officers
    ( ) Study steering committee
    ( ) Other (specify) _____

15. If item 12 answered yes, are IRBs informed of the review and recommendations of the monitoring committee?
    ( ) No (explain why not)

    _____

    _____

    ( ) Yes

16. If item 15 answered yes, who is responsible for sending the reports to centers for distribution to their respective IRBs?
    ( ) Coordinating center
    ( ) Study chair
    ( ) Sponsor
    ( ) Other (specify) _____

CL 8.1 Consent content checklist (Consent.CL)

When: The prototype consents are drafted prior to submission to IRBs and as checks of approved consent forms

Who: Persons in the coordinating center or office of the study chair

Purpose: For use in drafting prototype consents and for checking approved consent forms to make certain they contain necessary basic information

A. Identifying information

1. Study name: _____

2. Form completed by: _____

3. Date completed (day-month-year) . . . . . __—___—____

B. Consent content checklist

4. General descriptive and design information
   - ( ) Description of the disease or condition being studied and how the person qualifies for the study
   - ( ) Type of persons being studied and the number to be enrolled
   - ( ) Anticipated length of treatment and followup
   - ( ) Description of data collection schedule procedures
   - ( ) Registration number on clinicaltrials.gov or other like web sites

5. Treatment information
   - ( ) List of treatments to be studied and rationale for choice
   - ( ) Treatment alternatives available outside the study
   - ( ) Nature of the control or comparison treatment
   - ( ) Method of assigning persons to treatment
   - ( ) Method of treatment administration
   - ( ) Level of treatment masking and rationale
   - ( ) Nature of information regarding treatment results that will be made available to persons during and at the conclusion of the trial

6. Risk-benefit information
   - ( ) Description of the risks and benefits that may accrue to persons from participation in the trial
   - ( ) Enumeration of the potential risks and benefits associated with the study treatments and of likely side effects of treatment
   - ( ) Description of procedures that will be performed, including enumeration of the risks and benefits associated with those procedures, and the time points at which they are to be performed

7. Responsibilities of persons studied and their safeguards
   - ( ) Outline of responsibilities of persons enrolled in the trial, including discussion of the importance of adherence to treatment and followup
   - ( ) Outline of what is expected of persons in following the examination schedule and in carrying out special procedures between visits
   - ( ) Outline of safeguards to prevent continued exposure of persons to harmful study treatments or denial of beneficial treatments
   - ( ) Outline of safeguards for protecting a person's right to privacy and confidentiality
   - ( ) Enumeration of right of persons to withdraw from the trial without penalty or loss of benefits to which otherwise entitled
   - ( ) Statement of the policy of the investigator's institution on compensation for, or treatment of, study-related injuries
   - ( ) Statement of the person's right to have questions concerning the trial answered and enumeration of items of information that will not be disclosed (e.g., treatment assignment in double-masked trials)
   - ( ) Statement of the length of time personal identifiers will be retained after the close of the trial, where such information will be retained, and the reasons for keeping such information (e.g., for use in contacting or recalling persons after the close of the trial, if necessary); statement should also indicate ways in which the information may be used (e.g., to access the National Death Index or other information sources for determining mortality status after the close of the trial, if applicable)

8. Other information
   - ( ) Name and address of local study investigator
   - ( ) Name and address of IRB contact person
   - ( ) Registration number and web address of registration site
   - ( ) Enumeration of costs, if any, to study participants for tests or procedures performed
   - ( ) Approximate number of persons to be enrolled in trial