NIH Intramural Clinical Protocol Application Glossary

INITIAL REVIEW APPLICATION

Protocol Information

**Protocol Number:** A temporary protocol number is generated by the electronic system (PTMS/iRIS). OPS will assign the official protocol number.

**Z Number:** The number assigned to each project in the NIDB Resources Database of the Office of Intramural Research at the National Institutes of Health. The NIH Intramural Database (NIDB) is a compilation of information on all NIH intramural scientists and their research. The NIH Intramural Database has a public and a private side. Information on scientists' research, such as Annual Z01 Reports and Annual Bibliographies, will be available to the public via CRISP and the NIH Home Page. If there are multiple Z numbers assigned to your protocol, enter the primary Z number. A PI can request Z number from the NIDB at: [http://intramural.nih.gov/reports/index.tml](http://intramural.nih.gov/reports/index.tml)

**Principal Investigator (PI):** PIs are responsible for designing, conducting and monitoring protocols, ensuring the protection of human subjects, overseeing the informed consent process and the integrity and analysis of research data, including prevention of conflicts of interest by all associate investigators, key research personnel and collaborators on their protocols. PIs assure that protocols are followed and that data are collected promptly and accurately. They are responsible for ensuring that necessary approvals are obtained. There is only one principal investigator for each protocol. (See SOP 19 for more information.)

- **NIH employees including PHS commissioned officers assigned to the NIH:** PIs must be qualified members of the credentialed CC senior, junior, research or adjunct staff, registered nurses, pharmacologists, psychologists, or other health professionals (as determined by their NED classification).

- **Non-NIH Federal employees:** Non-NIH Federal employees may serve as PIs on an NIH protocol on a case-by-case basis with the following conditions:
  - The Deputy Director for Intramural Research (DDIR) must approve in writing a request for a non-NIH Federal employee to serve as a PI. The DDIR’s approval is submitted with the protocol to the appropriate NIH IRB for review and approval.
  - There must be an official letter in the IRB office’s protocol file (and a copy kept by the PI) from the individual’s employing agency stating that the activities at the NIH are a part of his/her official duties.
  - The protocol must list an NIH Accountable Investigator Consultants and students may not act as principal investigators.
  - Applicable medical staff credentialing requirements for the research site will be met.
  - The DDIR may make exceptions in writing to the above conditions.

- **Non-NIH, non-Federal employees:** Extramural researchers (e.g., in academia, practicing at a community hospital) may serve as Adjunct Principal Investigators on a protocol where the PI is an NIH employee.

**Protocol Title:** Study name unique in nature and sufficiently different from other titles for easy identification. NLM restricts the title to 250 characters.
**Abbreviated Title:** Shortened protocol title consisting of 30 characters or less (including spaces). This is the title used in CRIS.

**Accrual/Recruitment Status:**
- **No Recruitment Planned:** a protocol that does not intend to enroll subjects, (e.g. chart review or specimen analysis only protocols)
- **Not Yet Recruiting:** a protocol that the PI expects a delay in enrollment, (e.g. not open until flu season starts, outstanding approvals yet to be obtained prior to enrollment, MTA or other agreement not signed, shipment of drug is still pending).
- **Recruiting**
  - **Enrolling by Invitation:** participants are being (or will be) selected from a predetermined population; a protocol that requires completion in another protocol before being eligible for enrollment into this one; (e.g. when subjects have to complete the screening protocol to be able to enroll in the current protocol.) If subjects can directly enroll in the current protocol (without entering the screening protocol) then this option should not be checked.

**Anticipated date that the protocol will complete data analysis** – anticipated date the protocol will no longer be under IRB review. This date can be estimated and should be revised in the future if needed.

**Research Coordinating Entities**

**Will subjects be enrolled?**:
- **At a single site (NIH Clinical Center or Other Site):** Indicate if subjects will be seen or specimens analyzed at a single site, either the NIH Clinical Center or an Offsite location.
- **At multiple sites:** Indicate if subjects will be seen or specimens analyzed at more than one site

- **Coordinating Center (Entity):** A coordinating center is the entity that is responsible for overall planning, document collection, monitoring and communication among all sites participating in a multi-site research project. A Coordinating Center may also be responsible for data management and analysis and may be designated either by a sponsor or by mutual agreement of the participating sites. (For more information see SOP 20A)

  - **Entity Types:**
    - **Clinical Research Facility:** a facility that conducts clinical research (research clinic (e.g. Mayo Clinic), hospital (e.g. Johns Hopkins) or institution (e.g. NIAID, NIH)
• **Sponsor**: an individual, company, institution, or organization that takes responsibility for initiation, management, and/or financing a clinical trial.

• **Treatment Facility**: a facility whose primary purpose is the treatment of patients either on an in-patient or out-patient basis

• **Clinical Research Organization**: person or an organization (commercial, academic, or other) contracted by the sponsor to perform one or more of the sponsor’s trial-related duties and functions.

• **Pharma**: pharmaceutical company

**Enrollment sites**

Places where subjects are enrolled and seen for research visits

**Site types:**

- **Clinical Research Facility**: a facility that conducts clinical research (research clinic (e.g. Mayo Clinic), hospital (e.g. Johns Hopkins) or institution (e.g. NIAID, NIH)

- **Mobile Unit**: a vehicle supplied with the basic equipment or materials necessary for a particular purpose, as for being used as an x-ray or inoculation clinic, etc.

- **Home**: a person’s home where research is being performed (e.g. drawing blood, completing questionnaires, etc.)

- **School**: An institution designed for the teaching of students under the direction of teachers (sometime used to enroll subjects and administer clinical research)

- **Treatment Facility**: a facility that treats patients either on an in-patient or out-patient basis

**Research Classification**

**Study Type**

- **Observational Study**: studies in human beings in which biomedical and/or health outcomes are assessed in pre-defined groups of individuals. Subjects in the study may receive diagnostic, therapeutic, or other interventions, but the investigator does not assign specific interventions to the subjects of the study.

- **Interventional Study or Clinical Trial**: studies in human beings in which individuals are assigned by an investigator based on a protocol to receive specific interventions.
Subjects may receive diagnostic, therapeutic or other types of interventions. The assignment of the intervention may or may not be random. The individuals are then followed and biomedical and/or health outcomes are assessed.

- **Expanded Access Study**: request describing the procedure for obtaining investigational drug products or devices to treat patients with serious or immediately life-threatening diseases or conditions when there are no comparable or satisfactory alternative treatments. Expanded Access applications are used to register all types of non-protocol access to experimental treatments, including single-patient IND, treatment IND and emergency-use INDs, continued access and parallel track.

**Commercially Approved Products**

- **Drug**: A drug is defined as:
  - A substance recognized by an official pharmacopoeia or formulary;
  - A substance intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease;
  - A substance (other than food) intended to affect the structure or any function of the body;
  - A substance intended for use as a component of a medicine but not a device or a component, part or accessory of a device;
  - Biological products are included within this definition and are generally covered by the same laws and regulations, but differences exist regarding their manufacturing processes (chemical process versus biological process.)
  
http://www.fda.gov/Drugs/informationOnDrugs/ucm079436.htm#D

- **Medical Device**: A device is “an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is: recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them; intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals; or intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes.”
  
http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/ClassifyYourDevice/ucm051512.htm

- **Biological Product**: This includes a wide range of products such as vaccines, blood and blood components, allergens, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins. Biologics can be composed of sugars, proteins, or nucleic acids or complex combinations of these substances, or may be living entities such as cells and tissues. Biologics are isolated from a variety of natural sources – human, animal, or microorganism – and may be produced by biotechnology methods and other cutting-edge technologies. Gene-based and
cellular biologics, for example, often are at the forefront of biomedical research, and may be used to treat a variety of medical conditions for which no other treatments are available. http://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm

- **Food Additive**: *Food additives* includes all substances not exempted by section 201(s) of the act, the intended use of which results or may reasonably be expected to result, directly or indirectly, either in their becoming a component of food or otherwise affecting the characteristics of food. A material used in the production of containers and packages is subject to the definition if it may reasonably be expected to become a component, or to affect the characteristics, directly or indirectly, of food packed in the container. “Affecting the characteristics of food” does not include such physical effects, as protecting contents of packages, preserving shape, and preventing moisture loss. If there is no migration of a packaging component from the package to the food, it does not become a component of the food and thus is not a food additive. A substance that does not become a component of food, but that is used, for example, in preparing an ingredient of the food to give a different flavor, texture, or other characteristic in the food, may be a food additive. http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&rgn=div8&view=text&node=21:3.0.1.1.1.1.1.1&idno=21

- **Color Additive**: A *color additive* is any material, not exempted under section 201(t) of the act, that is a dye, pigment, or other substance made by a process of synthesis or similar artifice, or extracted, isolated, or otherwise derived, with or without intermediate or final change of identity, from a vegetable, animal, mineral, or other source and that, when added or applied to a food, drug, or cosmetic or to the human body or any part thereof, is capable (alone or through reaction with another substance) of imparting a color thereto. Substances capable of imparting a color to a container for foods, drugs, or cosmetics are not color additives unless the customary or reasonably foreseeable handling or use of the container may reasonably be expected to result in the transmittal of the color to the contents of the package or any part thereof. Food ingredients such as cherries, green or red peppers, chocolate, and orange juice which contribute their own natural color when mixed with other foods are not regarded as *color additives*; but where a food substance such as beet juice is deliberately used as a color, as in pink lemonade, it is a *color additive*. Food ingredients as authorized by a definitions and standard of identity prescribed by regulations pursuant to section 401 of the act are *color additives*, where the ingredients are specifically designated in the definitions and standards of identity as permitted for use for coloring purposes. An ingredient of an animal feed whose intended function is to impart, through the biological processes of the animal, a color to the meat, milk, or eggs of the animal is a color additive and is not exempt from the requirements of the statute. This definition shall apply whether or not such ingredient has nutritive or other functions in addition to the property of imparting color. An ingested drug the intended function of which is to impart color to the human body is a *color additive*. For the purposes of this part, the term *color* includes black, white, and intermediate grays, but substances including migrants from packaging materials which do not contribute any color apparent to the naked eye are not *color additives*. http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=df0d2cc786cc4d2efb642c9a79fa;rgn=div5;view=text;node=21%3A1.0.1.1.24;idno=21;cc=ecfr#21:1.0.1.1.24.1.31.1
Investigational New Drug/Device/Biologic/Tobacco Product

**IND**: Investigational New Drug Application  
**BB IND**: Biological IND  
**IDE**: Investigational Device Exemption  
**ITP**: Investigational Tobacco Product  
http://www.fda.gov/tobaccoproducts/guidancecomplianceregulatoryinformation/ucm262073.htm#Investigational_Tobacco_Product_Exemption_for_Investigational_Use

Study Categories as defined by the NIH Policy for the Inclusion of Women and Minorities in Clinical Research

http://grants.nih.gov/grants/funding/women_min/women_min.htm

- **Training**: Provides the opportunity for staff physicians and other health workers to follow particular types of patients in order to maintain or increase their professional skills.

- **Patient-Oriented Research**: Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies.

- **Epidemiologic or Behavioral Studies**: Epidemiologic Studies are the study (or the science of the study) of the patterns, causes, and effects of health and disease conditions in defined populations. Major areas of epidemiological study include disease etiology, outbreak investigation, disease surveillance and screening, biomonitoring, and comparisons of treatment effects such as in clinical trials. Behavioral Studies are research that involves the application of the behavioral and social sciences to the study of the actions or reactions of persons or animals in response to external or internal stimuli.

- **Outcomes Research and Health Services Research**: Outcomes research seeks to understand the end results of particular health care practices and interventions. End results include effects that people experience and care about, such as change in the ability to function. In particular, for individuals with chronic conditions—where cure is not always possible—end results include quality of life as well as mortality. Health Services Research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors; and improve patient safety.

**Note**: Studies that meet the requirements for Institutional Review Board (IRB) review Exemption 4 are not considered NIH-defined clinical research. More information on
Exemption 4 can be found at http://grants.nih.gov/grants/policy/hs/faqs_aps_exempt.htm

Additional clarification of part (1) of this definition:

What does the term “patient-oriented” encompass? Patient-oriented research includes inpatient and outpatient settings as well as healthy volunteers.

Who is considered a “colleague”? A colleague is considered to be anyone involved in conducting the research; doing any activity related to the research other than just providing specimens/data (also referred to as a provider).

What is considered a “direct interaction”? In addition to having a direct interaction by an investigator (or colleague) with the participant, another form of direct interaction is defined as any colleague/investigator with access to PII (personally identifiable information).

Note: A Planned Enrollment Table is required for all studies that meet the NIH definition of Clinical Research – as defined above for more information on this requirement see: http://grants.nih.gov/grants/funding/women_min/women_min.htm

Research Description

These fields are required in order to list the protocol on clinicaltrials.gov

Keywords: Words or phrases that best describe the protocol. Keywords help users find studies in the database. Use NLM’s Medical Subject Heading (MeSH) controlled vocabulary terms where appropriate. Be as specific and precise as possible. Avoid acronyms and abbreviations. Do not use numbers.

Conditions: Primary diseases or conditions being studied or focus of the study. The conditions are used for search purposes by the Patient Recruitment and Public Liaison Office as well by the National Library of Medicine to index. It is preferred that the terms are selected from the controlled vocabulary MeSH. http://www.nlm.nih.gov/mesh/MBrowser.html. At least one condition must be identified.

Citations: List the three most relevant citations related to the research, taken from the References section of the protocol. Citations will be displayed on clinicaltrials.gov

Research Personnel

Research personnel including investigators and those who are not designated as investigators who perform any or all of the following functions: 1) obtain consent from human subjects; 2) recruit human subjects; 3) evaluate the response of human subjects, including adverse or unanticipated events or 4) analyze or interpret data collected, and may include any of those listed below.

NIH Principal Investigator (PI): See definition above in item I
Adjunct Principal Investigator (External PI): an individual serving as the principal investigator who is not an NIH employee. If the protocol has an Adjunct Principal Investigator, there must be a named NIH Principal Investigator who is an employee and who will be responsible for the conduct and conflicts analysis of the protocol. The relationship between the Adjunct PI and the NIH PI will allow for the conduct of collaborative protocols between the intramural and extramural/outside medical community.

Medical Advisory Investigator (MAI): an MAI must be identified when the PI is not a member of the junior or senior medical staff, or when the Clinical Director, IRB, or Director, CC consider it warranted. The MAI must be an appropriately qualified member of the medical staff at the research site and is responsible for assisting the Principal Investigator in the development of clinical aspects of the protocol and for providing direct medical care to protocol participants. There is only one MAI per protocol.

Lead Associate Investigator (LAI): an individual who played a leading role in the formulation, writing, and implementation of a clinical research protocol under the mentorship of the protocol’s principal investigator. A lead associate investigator may be a physician, a dentist, a Ph.D., an RN, a member of the allied health professions, or a trainee. There is only one LAI per protocol.

Referral Contact (RC): the person(s) to whom potential research subjects may be referred for participation in a particular research protocol.

Associate Investigator (AI): individuals, other than the principal investigator, who make substantial contributions to the conception, design of the study, and execution of the study including, but not limited to, obtaining informed consent from protocol participants, the acquisition of data, or to the analysis and interpretation of data. There may be several AIs on a protocol. Contractors, NIH trainees, students and non-NIH collaborators may serve as AIs.

Key Research Personnel (Non-investigator research staff): Key Research Personnel (KRP) include those who: 1) obtain consent from human subjects; or 2) recruit human subjects; or 3) evaluate the response of human subjects, including adverse or unanticipated events; or 4) analyze or interpret data collected. KRP may include research coordinators. These are individuals, other than an individual already serving on the study as an Investigator (PI, API, MAI, LAI, Referral Contact or AI) who is delegated by the PI. The term KRP is utilized as a conflict of interest designation (see SOP 21 for more information).

Non-NIH Collaborators: “Collaboration” is the activity of NIH employees working together on research projects with individuals who are not NIH employees. The definition of “individuals who are not NIH employees” includes individuals who are Adjunct Principal Investigators, Guest Researchers, Special Volunteers, contractors, Intramural Research and Cancer Research Training Awardees and collaborators from academia and industry, even when those individuals are covered by the FWA of the NIH because they are engaged in NIH human subjects research, working on an NIH protocol, at an NIH site. Collaboration may involve activities that are not human subjects research, but are related to a protocol under IRB review.
The terms "collaborator," "outside individual", "outside collaborator" are used interchangeably. (For more information about collaborations with non-NIH investigators see SOPs 20 and 20D.)

Conflict of Interest

For more information, see SOP 21 Conflict of Interest Requirements for Researchers and Research Staff or contact your IC Deputy Ethics Counselor http://ethics.od.nih.gov/coord.pdf

Has the NIH IRP COI Guide been distributed to NIH Investigators, NIH personnel serving as Key Research Personnel (not listed as investigators) and/or non-NIH investigators? Refer to the Guide to Preventing Conflicts of Interest. http://ethics.od.nih.gov/procedures.htm#protocol

Has the Personal Financial Holdings Form (PFH) been completed and submitted to the Deputy Ethics Counselor? Refer to the Guide to Preventing Conflicts of Interest. http://ethics.od.nih.gov/procedures.htm#protocol

- Date submitted to DEC: Reflects the date the Protocol Conflict of Interest Statement was sent to the PI’s Deputy Ethics Counselor (DEC).

- Date cleared by DEC: Reflects the date the Deputy Ethics Counselor signed the Protocol Conflict of Interest Statement.

Has the Conflict of Interest Certification Document been distributed to NIH employees, SGEs (Special Government Employees), and IPAs (Intergovernmental Personnel Act) serving as Key Research Personnel (not listed as Investigators)? Refer to the Guide to Preventing Conflicts of Interest. http://ethics.od.nih.gov/procedures.htm#protocol

Has the Conflict of Interest Certification document been distributed to non-NIH investigators? Refer to the Guide to Preventing Conflicts of Interest. http://ethics.od.nih.gov/procedures.htm#protocol

Does the protocol involve a drug/device/product that may lead to you or the NIH receiving payment and/or royalties? Refer to the Guide to Preventing Conflicts of Interest. http://ethics.od.nih.gov/procedures.htm#protocol

Will the product involve any Tech Transfer Agreements? Indicate if the protocol involves an exchange of intellectual properties that requires an agreement. Refer to the NIH Technology Transfer policy. http://www.ott.nih.gov/

Subject Participation

- Maximum number of subjects to be enrolled for entire protocol:
  - Total NIH CC Projected Ceiling: Maximum number of subjects to be enrolled at the Clinical Center
- **Total non-NIH CC Projected Ceiling:** Maximum number of subjects to be enrolled at sites other than the Clinical Center

- **Total Projected Ceiling:** Total maximum number of subjects to be enrolled

**Minimum and Maximum age permitted to participate:** Identify the minimum and maximum age of participants. State “N/A” (No limit) when there is no minimum or maximum age to participate.

**Pediatric Age:** select the age category of child subjects to be enrolled or select “None” if the protocol is excluding participants under the age of 18.

**Will any groups or categories of subjects be excluded from this research?** Identify any populations to be excluded from the study

**Does the protocol allow a participant to self-refer?** Indicate if the study allows participants to refer themselves.

### Ionizing Radiation Use

This section identifies the proposed use of the radiation in research participants. For more information contact the Radiation Safety Committee (RSC) [http://drs.ors.od.nih.gov/rsc/Pages/index.aspx](http://drs.ors.od.nih.gov/rsc/Pages/index.aspx)

- **Medically Indicated:** If the radiopharmaceutical or x-ray procedures in a protocol are of appropriate type and number used in the practical management of the medical condition, the radiation exposure is considered medically indicated and does not require RSC review.

- **Research Indicated:** where uses of radiation or radioactive materials for research do not meet the criterion of medically indicated, including procedures for diagnosis or treatment that are considered experimental. In addition, exposing healthy volunteers to radiation is considered "research indicated" as the radiation is not in practical management of a medical condition.
CONTINUING REVIEW APPLICATION
(This only includes items that were not defined above and are unique to the CR)

Accrual/Recruitment Status:

- **Suspended**: recruiting or enrolling participants has been stopped prematurely but potentially will resume

- **No longer recruiting, subject follow-up only**: study is ongoing but participants are not currently being recruited or enrolled

- **Open for data analysis**: subjects have completed follow-up and the data is being analyzed, or there is ongoing use of samples/data

- **If Expanded Access Study Update Status**: Status indicating availability of an experimental drug or device outside any clinical trial protocol
  
  - **Available**: expanded access is currently available for this treatment
  
  - **No longer available**: expanded access was available for this treatment previously but is not currently available and will not be available in the future
  
  - **Temporarily not available**: expanded access is not currently available for this treatment, but is expected to be available in the future
  
  - **Approved for marketing**: this treatment has been approved for sale to the public

Enrollment Information

**Summary of Protocol Enrollment:**

- **NIH/CC column**: only subjects seen at NIH/CC
- **Other Domestic Sites Combined column**: all NIH offsite and non-NIH clinical sites
- **Foreign Sites Combined**: all non-US sites
- **Total column**: only total for multi-site studies that include both NIH/CC and other sites, i.e. NIH/CC site + All other sites = Total Accrual

**Protocol is open to enrollment but no accrual or slow accrual**: Explain the reason; summarize the plans for resuming or increasing subject recruitment and enrollment. Comment on whether the lack of accrual affects the overall objectives and scientific validity of the study.
AMENDMENT APPLICATION

All of the items listed in the Amendment Application that need defining are listed above.
Intramural Initial Clinical Protocol Application

This application is for proposed human subject research that requires IRB review and approval.

I. Protocol Information

1. Protocol Number

   a. Z Number

   (The Extramural Activities Working Subcommittee on Inclusion Governance has requested that the intramural program submit the “Z number” when reporting tracking and inclusion data. Therefore, the collection of the Z number was added to the protocol application with the understanding that there was one Z number to a protocol. During system development of the application, NCI pointed out that there could be multiple Z numbers to a protocol. I’ve consulted with Meredith Temple-O’Connor, NIH Policy Officer, and it is felt given the January implementation of the application, that at this time collection of the Z number will be delayed until the related issues can be thought through. I will continue to pass along information as this issue is resolved.)

2. Principal Investigator Name

3. Protocol Title (250 character limit)

4. Abbreviated Title (same as in CRIS – 30 character limit, including spaces)

5. Accrual/Recruitment Status (after IRB approval)

   - No Recruitment Planned
   - Not Yet Recruiting
   - Recruiting
   - Enrolling by Invitation

6. Anticipated date that the protocol will complete data analysis
II. Research Coordinating Entities and Enrollment Sites

1. Will subjects be enrolled:
   a. _____ At a single site, specify
      _____ NIH Clinical Center (CC)
      _____ Other site: (list information below)
      If the point of contact (POC) is not the referral contact, specify:
      __________________________ (name/phone/email)

   b. _____ At multiple sites

      Is the NIH IC the coordinating entity (i.e. aggregating research data)?
      Yes__ No__

      _____ If Yes, specify IC __________________________
      _____ If No, specify coordinating entity below

List enrollment sites:

<table>
<thead>
<tr>
<th>Type of site</th>
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<tbody>
<tr>
<td>Clinical Research Facility</td>
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<tr>
<td>Mobile unit</td>
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<tr>
<td>Home</td>
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<tr>
<td>School</td>
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<tr>
<td>Treatment Facility</td>
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<tr>
<td>Other, describe: ________________</td>
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III. Research Classification

1. Select the study type

☐ Observational Study [Complete Supplement A]

or

☐ Intervenational or Clinical Trial [Complete Supplement B]

or

☐ Expanded Access [Complete Supplement C]

2. List commercially approved products used to test the research hypothesis (if applicable)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer(s)*</th>
<th>Used as indicated</th>
<th>Off Label</th>
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*If a generic product with multiple manufacturers, enter “generic” in this column.
3. Is this protocol studying any of the following FDA approved/regulated products, used as indicated?

_____ a. Drugs

_____ b. Medical Devices

_____ c. Biological Products

_____ d. Food Additives

_____ e. Color Additives

_____ f. Other, Specify:


4. Is the protocol subject to US Food and Drug Administration regulations or under an Investigational New Drug (IND) Application, Investigational New Biologic (BB IND) Application, Investigational Device Exemption (IDE) or Investigational Tobacco Product (ITP)?

☐ Yes
☐ No

If yes, list any IND/BB IND/IDE/ITPs used in this research

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<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Type, select IND BB IND IDE ITP</th>
<th>IND BB IND IDE ITP Number</th>
<th>Sponsor Name</th>
<th>Monitoring Entity</th>
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5. The information below is being collected in accordance with NIH Policy for the Inclusion of Women and Minorities in Clinical Research. Please indicate which of the following categories best characterize this study (select one)

☐ a. Training
Patient-oriented research: that includes:
   i) mechanisms of human disease (Natural History and Screening)
   ii) therapeutic interventions
   iii) clinical trials, or
   iv) development of new technologies.

Epidemiologic or behavioral studies

Outcomes research and health services research

Planned Enrollment required for All Protocols that Meet the NIH Definition of Clinical Research Identify by NIH/CC and other sites.

IV. Research Description

1. **Keywords:** Provide up to 5 keywords for search purposes, that are not contained in the protocol title

2. **Conditions:** Identify at least 1 condition to be studied:

   Examples are: diabetes, normal physiology

3. The three most relevant citations in the reference section of the protocol to be listed on clinicaltrials.gov (optional)

   a. ______________________
   b. ______________________
   c. ______________________

V. Key Research Personnel (for education requirements See Drop-Down List)

1. **NIH Principal Investigator (PI):**

<table>
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<tr>
<th>Name:</th>
<th>Degree:</th>
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<td>Institute/Branch:</td>
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<td>Dates Training Completed: (PTMS only, iRIS™ see certification below)</td>
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<tr>
<td>In Addition to the PI, Send Correspondence to:</td>
<td></td>
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<tr>
<td>E-mail Address:</td>
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</tbody>
</table>

Are all Key Research Personnel allowed BTRIS access to this protocol? Yes/no

   If no, please list only Key Research Personnel that should not have BTRIS access:
2. **Adjunct Principal Investigator (External PI):**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Degree:</th>
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<td>Organization:</td>
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<td>Dates Training Completed:</td>
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- [ ] BTRIS access (PTMS only, iRIS™ see certification below)

3. **Medical Advisory Investigator (MAI):**

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- [ ] BTRIS access (PTMS only, iRIS™ other arrangements made)

4. **Lead Associate Investigator (LAI):**

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- [ ] BTRIS access (PTMS only, iRIS™ other arrangements made)

5. **Referral Contact (RC):**

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<td>Dates Training Completed:</td>
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- [ ] BTRIS access (PTMS only, iRIS™ other arrangements made)
6. **Associate Investigators (AI):** Complete for each investigator that is engaged in human subjects research (i.e. interacts with living subjects or has access to their personally identifiable data)

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<td>Dates Training Completed:</td>
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<tr>
<td>☐ BTRIS access (PTMS only, iRIS™ other arrangements made)</td>
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</table>

7. **Other Key Research Personnel (includes non-investigator research staff for the purposes of training) (including those who recruit subjects, obtain informed consent, interact with subject to collect or analyze data/specimens or those who report unanticipated problems)**

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<th>Name:</th>
<th>Degree:</th>
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8. **Non-NIH Collaborators**

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**PI Training Certification**

___ I certify that my investigators (including non-NIH investigators) and Non-investigator Research staff (including those who are engaged in recruitment, informed consent or who collect or analyze coded or identifiable data or specimens) have met the required Human Research Protection Program (HRPP) training requirements. (For more information see SOP 25 “Training Requirements for the NIH Human Research Protection Program (HRPP)”)

If unable to certify, please explain: [text box]

VI. **Conflict of Interest**

1. **Has the NIH IRP COI Guide** been distributed to NIH investigators, NIH
2. Has the Personal Financial Holdings Form (PFH) been completed and submitted to the Deputy Ethics Counselor?

☐ Yes ☐ No [If no, Complete Supplement E]

Date submitted to DEC: __________ Date cleared by DEC: ____________

3. Has the Conflict of Interest Certification document been distributed to NIH employees, SGEs (Special Government Employees), and IPAs (Intergovernmental Personnel Act) serving as Key Research Personnel (not listed as investigators)?

☐ Yes [If yes, the PI must maintain the Certification documentation in the regulatory files.]

☐ No [Complete Supplement F for each non-NIH investigator]

☐ N/A

4. Has the Conflict of Interest Certification document been distributed to non-NIH investigators?

☐ Yes [If yes, the PI must maintain the Certification documentation in the regulatory files.]

☐ No [Complete Supplement G for each non-NIH investigator]

☐ N/A

5. Does the protocol involve a drug/device/product that may lead to you or the NIH receiving payment and/or royalties?

☐ Yes ☐ No [If yes, provide a statement of disclosure in the consent(s)].


☐ Yes ☐ No
Highlighted fields of interest to IRBs
Highlighted fields ClinicalTrials.gov/Search the Studies
Highlighted fields Inclusion of Women & Minorities and OPS Tracking
Highlighted fields Deputy Ethics Counselors
Highlighted fields Technology Development Coordinators

If yes, specify: (select all that apply)

- CDA - Confidential Disclosure Agreement
- CTA - Clinical Trial Agreement
- CRADA - Cooperative Research and Development Agreement
- MTA - Material Transfer Agreement/Human Material Transfer Agreement
- MOU – Memorandum of Understanding
- Other, specify________________________

VII. Subject Participation

1. Maximum number of subjects to be enrolled for entire protocol:
   Total NIH CC Projected Ceiling: ______
   Total Other Domestic Sites Ceiling: ______
   Total Foreign Sites Ceiling: _____
   Total Projected Ceiling: _____
   The study anticipates enrolling the following research subjects: (check all that apply)
   - Patients
   - Healthy Volunteers
   - Other Volunteers (i.e., environmental studies, households, schools)
   - NIH Employees
   - Non-English Speaking

2. Does this research involve vulnerable or other special populations? (Check all that apply)
   - Children [Complete Supplement H]
   - Children who are wards of the state [Complete Supplement H]
   - Prisoners [Complete Supplement I]
   - Pregnant Women, Fetuses, or Neonates [Complete Supplement J]
   - Adults who are or may be unable to consent [Complete Supplement K]
   - N/A

3. Minimum age permitted to participate: ______
   Maximum age permitted to participate: ______

4. Pediatric age:  □None  □<2 yrs  □2-6 yrs  □7-17 yrs

5. Will any groups or categories of subjects be excluded from this research?
   □Yes  □No
Highlighted fields of interest to IRBs
Highlighted fields ClinicalTrials.gov/Search the Studies
Inclusion of Women & Minorities and OPS Tracking
Highlighted fields Deputy Ethics Counselors
Highlighted fields Technology Development Coordinators

If “Yes”, specify the category: Provide the rationale for excluding these subjects in the protocol

- Male
- Female
- Children <18
- Non-English Speakers
- American Indian/Alaskan Native
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other: _____________________

6. Does the protocol allow a participant to self-refer?  
   - Yes
   - No

7. Will subjects be offered remuneration for participating in the research?  
   - Yes
   - No

VIII. Informed Consent (select all that apply)  
- Obtaining written Informed consent
- Request Waiver of Consent, Complete Supplement L
- Request Waiver of Consent Documentation, Complete Supplement L

IX. Ionizing Radiation Use (select all that apply)  
(https://www.ors.od.nih.gov/sr/drs/rsc/Pages/forms_index.aspx)  
- None
- Ionizing radiation exposure – medically indicated
- Ionizing radiation exposure – research indicated (Radiation Safety Committee approval required)

X. Will the protocol involve stored data/specimens for future use?  
   - Yes ☐ No ☐  
   Complete Supplement M

XI. What other approvals are required before protocol implementation? (Select all that apply as applicable)  
- Scientific Review
- Biosafety: Institutional Biosafety Committee (IBC), Recombinant DNA Advisory Committee (RAC)
- Office of Management and Budget (OMB) (surveys)
- Other, specify: [specify according to the IC needs]
XII. SUPPLEMENTS

Please check all the categories that apply to this research. For those checked, please proceed on to complete those supplements indicated. You do not need to complete any supplements for which you answer no.

To open a supplement, click on the title and you will be automatically taken to the supplement of your choice.

- [ ] RESEARCH CHARACTERISTICS – SUPPLEMENT OBSERVATIONAL STUDY – Supplement A
- [ ] RESEARCH CHARACTERISTICS – SUPPLEMENT FOR INTERVENTIONAL STUDY – Supplement B
- [ ] EXPANDED ACCESS STATUS – Supplement C
- [ ] A GUIDE TO PREVENTING FINANCIAL AND NON-FINANCIAL CONFLICTS OF INTEREST IN HUMAN SUBJECTS RESEARCH AT NIH – Supplement D
- [ ] CLEARANCE OF NIH INVESTIGATOR PERSONAL FINANCIAL HOLDINGS BY IC ETHICS OFFICE (PFH) – Supplement E
- [ ] CONFLICT OF INTEREST (COI) CERTIFICATION FOR NIH EMPLOYEES, SGES, AND IPAS SERVING AS KEY RESEARCH PERSONNEL (NOT LISTED AS INVESTIGATORS) – Supplement F
- [ ] CONFLICT OF INTEREST (COI) CERTIFICATION FOR NON-NIH EMPLOYEES – Supplement G
- [ ] RESEARCH INVOLVING CHILDREN AS SUBJECTS – Supplement H
- [ ] RESEARCH INVOLVING PRISONERS AS SUBJECTS – Supplement I
- [ ] RESEARCH INVOLVING PREGNANT WOMEN, FETUSES OR NEONATES – Supplement J
- [ ] RESEARCH INVOLVING ADULTS WHO ARE OR MAY BE UNABLE TO CONSENT – Supplement K
- [ ] REQUEST FOR WAIVER OF CONSENT AND/OR DOCUMENTATION OF CONSENT (INCLUDING RESEARCH INVOLVING DECEPTION) – Supplement L
- [ ] RESEARCH INVOLVING STORED DATA/SPECIMENS FOR FUTURE USE – Supplement M
- [ ] CHANGE IN STATUS – Complete at time of status change - Supplement N
- [ ] TRAINING REQUIREMENTS – Supplement O
- [ ] PLANNED ENROLLMENT REPORT – Supplement P
- [ ] CUMULATIVE INCLUSION ENROLLMENT REPORT – Supplement Q
### Highlighted fields of interest to IRBs

- ClinicalTrials.gov/Search the Studies
- Inclusion of Women & Minorities and OPS Tracking
- Deputy Ethics Counselors
- Technology Development Coordinators

### XIV. Signatures

(This is just a mock-up – signatures will be obtained in the electronic systems just as they are currently.)

<table>
<thead>
<tr>
<th>Position</th>
<th>Signature</th>
<th>Print Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Principal Investigator</td>
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<tr>
<td>Accountable Investigator</td>
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<tr>
<td>Branch Chief/CC Department Head</td>
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<tr>
<td>Medical Advisory Investigator, if applicable</td>
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**Medical Advisory Investigator Signature**

### XV. Approvals

<table>
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<th>Position</th>
<th>Signature</th>
<th>Print Name</th>
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<tbody>
<tr>
<td>For Institute/Center Scientific Review Committee</td>
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<tr>
<td>IRB Chair</td>
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<tr>
<td>Clinical Director</td>
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### XVI. Concurrence

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<tr>
<td>OPS Protocol Specialist</td>
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</table>

* ☐ Signature signifies that investigators on this protocol have been informed that the collection and use of personally identifiable information at the NIH are maintained in a system of record governed under provisions of the Privacy Act of 1974. The information provided is mandatory for employees of the NIH to perform their assigned duties as related to the administration and reporting of intramural research protocols and used solely for those purposes. Questions may be addressed to the Protrak System Owner.
National Institutes of Health

Intramural Clinical Protocol Continuing Review Application

This application is for human subject research that requires IRB continuing review and approval. NOTE: If also submitting an amendment, complete the Amendment Application.

I. Protocol Information

1. Protocol Number
   a. Z Number _____________

2. Principal Investigator's (PI) name, address and contact information

3. Protocol Title

4. Précis

5. Accrual/Recruitment Status (select one)
   - No Recruitment Planned
   - Not Yet Recruiting
   - Recruiting
     - Enrolling by Invitation
   - Suspended
   - No Longer Recruiting, subject follow-up only
   - Open for Data Analysis

If Expanded Access Study Update Status:

This data element is only applicable for Expanded Access records (see Expanded Access under Study Type). Select one.

- Available:
- No longer available:
Highlighted fields of interest to IRBs
Highlighted fields ClinicalTrials.gov/Search the Studies
Inclusion of Women & Minorities and OPS Tracking
Highlighted fields Deputy Ethics Counselors
Highlighted fields Technology Development Coordinators

☐ Temporarily not available:
☐ Approved for marketing:

6. Anticipated date that the protocol will complete data analysis:
  __/__/____ (update as necessary—If an observational study zeros may be entered if there is no foreseeable end-date or is open-ended)

7. Primary Completion Date (update as necessary) (the date that the final subject will be examined or an intervention received for the purposes of final collection of data for the primary outcome):__/__/____

II. Study Population

1. Are you currently recruiting: (check all that apply)
   - Patients
   - Healthy Volunteers
   - Other Volunteers (i.e. Environmental studies, surveys, swabs)
   - NIH Employees
   - Non-English Speaking

2. Does this research involve vulnerable or other special populations? (check all that apply)
   - Children
   - Children who are wards of the state
   - Prisoners
   - Pregnant Women, Fetuses, or Neonates
   - Adults who are or may be unable to consent
   - N/A

III. Enrollment Information

1. Summary of Protocol Enrollment: [Also complete Supplement Q]

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<td>Aggregate Total Accrued</td>
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2
2. If the protocol is open to accrual but there has been no subject accrual, or accrual was lower than expected during this past year: *(if applicable)*

3. Has analysis by Sex/Gender, Racial, and/or Ethnic Subgroups for Phase III clinical trials been conducted and have significant differences been found?  
   - No  
   - Yes *(answer a and b)*  
   - N/A  
   a. Have analyses been reported?  
      - Yes  
      - No *(explain)*  
   b. Have significant differences been found?  
      - Yes  
      - No  

   If yes, please describe any differences found.

IV. Ionizing Radiation Use *(check all that apply)*  
- None  
- Ionizing radiation exposure – medically indicated  
- Ionizing radiation exposure – research indicated  
- Research usage HAS NOT changed  
- Research usage HAS changed *(explain)*

V. Investigational New Drug/Device/Biologic/Tobacco Product

Is the protocol subject to US Food and Drug Administration regulations, or under an Investigational New Drug (IND) Application, Investigational New Biologic (BB IND) Application, Investigational Device Exemption (IDE) or Investigational Tobacco Product (ITP)?  
- Yes  
- N/A

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<th>Manufacturer</th>
<th>Type, select IND</th>
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<th>ITP</th>
<th>Sponsor Name</th>
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List commercially approved products used to test the research hypothesis

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</table>
Highlighted fields of interest to IRBs
Highlighted fields ClinicalTrials.gov/Search the Studies Inclusion of Women & Minorities and OPS Tracking Highlighted fields Deputy Ethics Counselors Highlighted fields Technology Development Coordinators

*If a generic product with multiple manufacturers, enter “generic” in this column.

Does the protocol involve a drug/device/product that may lead you or the NIH to receive payment or royalties? ☐ Yes ☐ No

VI. Does the protocol involve any Tech Transfer Agreements?

☐ Yes ☐ No

If yes, select all that apply:
☐ CDA - Confidential Disclosure Agreement
☐ CTA - Clinical Trial Agreement
☐ CRADA - Cooperative Research and Development Agreement
☐ MTA - Material Transfer Agreement/Human Material Transfer Agreement
☐ MOU – Memorandum of Understanding
☐ Other, specify________________________

VII. Conflict of Interest

Has the Personal Financial Holdings Form (PFH) form been completed and submitted to the Deputy Ethics Counselor? ☐ Yes ☐ No *(If no, complete supplement E)*

Date submitted to DEC: ________ Date cleared by DEC: ________

VIII. Progress Information

1. Provide the multi-site data in the aggregate reports and the IRB/Ethics Committee annual review approvals. *(if applicable attach)*

2. Provide a description of protocol progress/findings from this research (include interim analysis, if applicable)

3. Have any amendments been approved since the last continuing review?

☐ Yes if yes, explain:
☐ No
4. Have any unanticipated problems (UPs) (unexpected, related to research, and increases risks to subjects or others) occurred since the Initial Review (IR) or last CR?
   - Yes
   - No

5. Summarize unanticipated problems (UPs), reportable adverse events, deviations and instances of non-compliance as defined in the protocol since the last CR and in aggregate since the start of study.

6. Have any subjects withdrawn from the study?  
   - No
   - Yes

7. Is this study monitored by a DSMB/SMC?  
   - No
   - Yes
   If yes, date of the last DSMB/SMC review __/__/____

8. Has any information appeared in the literature, or evolved from this or similar research (published/unpublished), that might affect the IRB’s evaluation of the risk/benefit analysis of human subjects involved in this protocol?
   - Yes (explain)
   - No

9. **Risk/benefit assessment** (as determined by the IRB at time of Initial Review):

10. Provide an updated list of publications for this protocol for this reporting period (manuscripts and abstracts)

11. Provide a justification for continuation of the protocol
IX. **Signatures** *(This is just a mock-up – signatures will be obtained in the electronic systems just as they are currently.)*

- Principal Investigator Signature* __________________________ Print Name __________________________ Date __________________________

- Accountable Investigator Signature __________________________ Print Name __________________________ Date __________________________

- Branch Chief/CC Department Head Signature** __________________________ Print Name……………………………………Date __________________________

X. **Approvals**

- IRB Chair Signature __________________________________________ Print Name __________________________ Date __________________________

- Clinical Director Signature ______________________________________ Print Name __________________________ Date __________________________

XI. **Concurrence**

- OPS Protocol Specialist Signature __________________________ Print Name __________________________ Date __________________________

*Signature signifies that investigators on this protocol have been informed that the collection and use of personally identifiable information at the NIH are maintained in a system of record governed under provisions of the Privacy Act of 1974. The information provided is mandatory for employees of the NIH to perform their assigned duties as related to the administration and reporting of intramural research protocols and used solely for those purposes. Questions may be addressed to the Protrak System Owner.

**☐** I have reviewed this research project and considered the NIH Policy for Inclusion of Women and Minorities in Clinical Research. Taking into account the overall impact that the project could have on the research field involved, I feel the current plans adequately includes both sex/gender, minorities, children, and special populations, as appropriate. The current enrollment is in line with the planned enrollment report for inclusion of individuals on the basis of their sex/gender, race, and ethnicity and is appropriate and of scientific and technical merit.
National Institutes of Health

Intramural Clinical Protocol Amendment Application

This application is for amendments to human subject research that requires IRB review and approval.

I. Protocol Information

1. Protocol Number

2. Principal Investigator’s (PI) Name, address and contact information

3. Protocol Title

4. Précis

5. Type of Review Requested: (select one)
   - [ ] Full Board
   - [ ] Expedited

II. Changes in key research personnel:  [ ] Yes  [ ] No

   - [ ] Change of Principal Investigator (PI)

<table>
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<th>Name:</th>
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   - [ ] Addition of Lead Associate Investigator

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**Highlighted fields of interest to IRBs**

Highlighted fields [ClinicalTrials.gov/Search the Studies](https://clinicaltrials.gov/)

Inclusion of Women & Minorities and OPS Tracking

Highlighted fields Deputy Ethics Counselors

Highlighted fields Technology Development Coordinators

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**Deletion of Lead Associate Investigator**

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<td>Email:</td>
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**Addition of Associate Investigator(s)**

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**Deletion of Associate Investigators(s)**

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**Addition of Referral Contact**

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**Deletion of Referral Contact**

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Highlighted fields ClinicalTrials.gov/Search the Studies
Inclusion of Women & Minorities and OPS Tracking
Highlighted fields Deputy Ethics Counselors
Highlighted fields Technology Development Coordinators

☐ Addition of Key Research Personnel (Non-investigator Research Staff)

Name: | Degree:  
---|---
Institute/Branch/Organization: | Address:  
Phone: | Email:  
NED Classification:  
☐ Employee  
☐ Contractor  
☐ Fellow  
☐ Volunteer  
☐ N/A  
NED ID:  
Dates Training Completed: (PTMS only, iRIS™ see certification below))

☐ Deletion of Key Research Personnel (Non-investigator Research Staff)

Name and Degree: | Institute/Branch/Organization:  
---|---
Email: | Phone:  

PI Training Certification

___ I certify that my investigators (including non-NIH investigators) and Non-investigator Research staff (including those who are engaged in recruitment, informed consent or who collect or analyze coded or identifiable data or specimens) have met the required Human Research Protection Program (HRPP) training requirements. (For more information see SOP 25 “Training Requirements for the NIH Human Research Protection Program (HRPP)”)
If unable to certify, please explain: [text box]

III. Changes in non-NIH Collaborator(s)  
☐ Yes  
☐ No

☐ Addition

Name: | Degree:  
---|---
Organization: | Address:  
Phone: | Email:  

☐ Deletion
Highlighted fields of interest to IRBs
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Highlighted fields Deputy Ethics Counselors
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Name: 
Organization: 

Changes in Research Enrollment Sites  Yes  No

Addition

Please list the name of the site, the FWA#, IROG #, site PI, address, phone # and email address in this space. (You may cut and paste from an existing document.) List the type of site from the drop-down list below:

Type of site
☐ Clinical Research Facility
☐ Mobile unit
☐ Home
☐ School
☐ Treatment Facility
☐ Other, describe:

Deletion

Name:
Phone:
Email:
Address:
City:
State:
Zip:

V. Conflict of Interest (if applicable)

1. Has the NIH IRP COI Guide been distributed to new NIH investigators, new NIH personnel serving as Key Research Personnel (not listed as Investigators) and/or new non-NIH investigators?

☐ Yes  ☐ No  ☐ N/A

2. Has the Personal Financial Holdings Form (PFH) form been completed and submitted to the Deputy Ethics Counselor?

☐ Yes  ☐ No

Date submitted to DEC:
Date cleared by DEC:

3. Has the Conflict of Interest Certification document been distributed to new NIH employees, SGEs (Special Government Employees)
Highlighted fields of interest to IRBs
Highlighted fields ClinicalTrials.gov/Search the Studies
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and/or IPAs (Intergovernmental Personnel Act) serving as Key
Research Personnel (not listed as investigators)?

☐ Yes ☐ No ☐ N/A

4. Has the Conflict of Interest Certification document been distributed
to new non-NIH investigators?

☐ Yes
☐ No
☐ N/A

V. Does this amendment impact or require a Tech Transfer Agreement?

☐ Yes ☐ No

☐ CDA - Confidential Disclosure Agreement
☐ CTA - Clinical Trial Agreement
☐ CRADA - Cooperative Research and Development Agreement
☐ MTA - Material Transfer Agreement/Human Material Transfer
Agreement
☐ MOU – Memorandum of Understanding
☐ Other, specify

VI. Changes to accrual Ceiling: ☐ Yes ☐ No

Current ceiling: New ceiling:
Rationale for change:

VII. Changes in Study Population: ☐ Yes ☐ No

If yes,
☐ Addition
☐ Deletion

(select all that apply)
☐ Patients
☐ Healthy Volunteers
☐ Other Volunteers (i.e. environmental studies, households, schools)
☐ NIH Employees
☐ Non-English Speaking
☐ Vulnerable or other special populations (select all that apply) ☐
Children Complete IRB Supplement H
Highlighted fields of interest to IRBs
Highlighted fields ClinicalTrials.gov/Search the Studies
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☐ Children who are wards of the state Complete IRB Supplement H
☐ Prisoners Complete IRB Supplement I
☐ Pregnant Women, Fetuses, or Neonates
☐ Adult who are or may be unable to consent Complete IRB Supplement K
☐ N/A

VIII. Change in Investigational New Drug/Biologic/Device or Tobacco Product? ☐ Yes ☐ No
If yes,
☐ Addition
☐ Deletion

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<tr>
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<th>Used as indicated</th>
<th>Off Label</th>
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Does the protocol involve a new drug/device/product that may lead you or the NIH to receive payment or royalties?
☐ Yes ☐ No ☐ N/A

IX. Change in Commercial Product? ☐ Yes ☐ No
If yes,
☐ Addition
☐ Deletion
Commercially approved products used to test the research hypothesis (if applicable)

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X. Amendment Information

1. Provide a description of protocol, consent and/or other document changes with section numbers where the changes occur.
2. Provide a justification for all changes.

3. Will these changes alter the risk/benefit assessment as defined by 45 CFR Part 46.111? □ Yes □ No

   If yes, explain:

4. Are there changes to the informed consent document(s)?
   □ Yes
   □ No

   If yes, provide a description of consent changes and sections where the changes occur:

5. Are subjects currently enrolled on the study? □ Yes □ No

   If yes, how will subjects be informed of the changes?

   Or

   □ This change will not affect currently enrolled subjects
   □ Addition of new consent(s)/assent(s)
   □ Use of Oral short-form consent

XI. Addition or changes to Recruitment Materials/Participant Letter/Information Sheets
   □ Yes
   □ No
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VIII. Signatures (This is just a mock-up- signatures will be obtained in the electronic systems just as they are currently).

Principal Investigator Signature*
Print Name Date

Accountable Investigator Signature
Print Name Date

Branch Chief/CC Department Head Signature
Print Name Date

XIV. Approvals

IRB Chair Signature
Print Name Date

Clinical Director Signature
Print Name Date

XV. Concurrence

OPS Protocol Specialist Signature
Print Name Date

*Signature signifies that investigators on this protocol have been informed that the collection and use of personally identifiable information at the NIH are maintained in a system of record governed under provisions of the Privacy Act of 1974. The information provided is mandatory for employees of the NIH to perform their assigned duties as related to the administration and reporting of intramural research protocols and used solely for those purposes. Questions may
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be addressed to the Protrak System Owner.