

Regulatory Documents (FDA, NIH)

Not applicable

List required regulatory documents as applies to study, including expected documents as applies to good clinical practices or sponsor agreements

Document	Notes	On File?	
		IRB	PI
FDA 1572/1571: signed, dated		<input type="checkbox"/>	<input type="checkbox"/>
Required CVs: current and accurate		<input type="checkbox"/>	<input type="checkbox"/>
Lab Certifications/Normal Values		<input type="checkbox"/>	<input type="checkbox"/>
Investigator Brochure		<input type="checkbox"/>	<input type="checkbox"/>
Current Protocol		<input type="checkbox"/>	<input type="checkbox"/>
Current SOP/MOO (if available)		<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Log		<input type="checkbox"/>	<input type="checkbox"/>
CRFs – current, blank		<input type="checkbox"/>	<input type="checkbox"/>
Source Documents – Source log		<input type="checkbox"/>	<input type="checkbox"/>
Roles & Responsibilities Log		<input type="checkbox"/>	<input type="checkbox"/>
Staff Signature Log		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Scientific Review *if separate from IRB review*

Not applicable

Specify Department: _____

For each scientific review, list what auditor should verify based on institutional and sponsor policies and where documentation can be found if electronically stored.

Document	Date	Notes	On File?	
			IRB	PI
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

→ **NOTES:**

IRB Review and Approval Documentation

For each submission type and review (initial review, continuing reviews, amendments, unanticipated events), list the required documents the IRB and PI must maintain: complete submission, IRB action letters, PI responses, pertinent correspondence, IRB final approval letter (or other final determination) and stamped approved consent/assent forms (for each group if applicable).

Table with columns: Document, Date, Approved Protocol and Consent Forms (Approval, Activation, Expiration), and On File? (IRB, PI). The table contains 20 rows of empty cells for data entry.

-> NOTES:

Horizontal lines for handwritten notes.

Regulatory and IRB Documents

	YES	NO
Does the PI have all required Regulatory documents on file? → <i>If NO</i> , PI must obtain copies/originals of missing documents and file, or write memo-to-file	<input type="checkbox"/>	<input type="checkbox"/>
Does the PI have all required Scientific Review documents on file? → <i>If NO</i> , PI must obtain copies/originals of missing documents and file, or write memo-to-file	<input type="checkbox"/>	<input type="checkbox"/>
Does the PI have all required IRB documents on file? Reference 'Review History' → <i>If NO</i> , PI must obtain copies/originals of missing documents and file, or write memo-to-file	<input type="checkbox"/>	<input type="checkbox"/>

→ **NOTES/Observations:**

Protocol Review, Approvals and Outside Reports

	YES	NO
Has the protocol ever expired or placed on hold/suspended? Reference 'Review History' → <i>If YES</i> , specify time frames:	<input type="checkbox"/>	<input type="checkbox"/>
Was there any protocol activity or enrollment during expired time frames? → <i>If YES</i> , PI must document for study records and report to IRB per institutional/sponsor policy	<input type="checkbox"/>	<input type="checkbox"/>
Are there any outside monitoring reports/letters and/or FDA annual reports? → <i>If YES</i> , PI must submit copies for IRB files.	<input type="checkbox"/>	<input type="checkbox"/>

→ **NOTES/Observations:**

Reportable Unanticipated Events: Documentation and Reporting

▪ **Have all reportable events been identified, documented and reported properly?**
If NO, please specify below:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

-
-
-

▪ **For each event/problem, was there adequate follow-up and resolution?**
If NO, please specify below:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

-
-
-

→ **NOTES/Observations:**

Deviations and Exceptions: Identification, Documentation and Reporting

▪ **Have all deviations/exception been identified, documented & reported properly?**
If NO, please specify below:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

-
-

▪ **For each deviation/exception, was there adequate follow-up and resolution?**
If NO, please specify below:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

-
-

→ **NOTES/Observations:**

Informed Consent and Assent: Content and Process as Approved

- List the consent and assent forms used for this study:

• _____

• _____

YES NO N/A

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| ▪ Is there an appropriate consent/assent form for each subject group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is each consent/assent form formatted for the specific subject group (e.g. signatures)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For each consent/assent form:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| ▪ Is the language clear and understandable for the subject/family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is the consent form translated into other languages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Does the form adequately explain all study procedures?
- <i>If applicable</i> , are all procedures properly labeled experimental? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Will the signed form be filed in the subject's medical record? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Will any identifying info (PHI) be shared with anyone outside CHB?
- <i>If YES</i> , is this clearly stated in the consent/assent form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Does the form address include all required elements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- | | | |
|---|---|---|
| <input type="checkbox"/> Research Study | <input type="checkbox"/> Confidentiality | <input type="checkbox"/> May discontinue/PI may terminate |
| <input type="checkbox"/> Purpose of study | <input type="checkbox"/> In event of injury | <input type="checkbox"/> Any subject costs |
| <input type="checkbox"/> Risks & Benefits | <input type="checkbox"/> Emergency contact | <input type="checkbox"/> New findings |
| <input type="checkbox"/> Alternatives | <input type="checkbox"/> Study is voluntary | <input type="checkbox"/> # of subjects |

→ **NOTES/Observations:**

Informed Consent and Assent: Compliance

Complete following section after conducting on-site subject file/record review (reference Subject Audit Forms)

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

→ **NOTES/Observations:**

Recruitment Method and Subject Compensation

Approved Protocol:

Recruitment Methods and Materials: None

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

*How are subjects identified?

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

Subject Compensation: None

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

Subject Population

Check all groups eligible for this study:

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

During Study Review:

	YES	NO	Specify/Notes
▪ Is recruitment method adequate/working?	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Are recruitment efforts tracked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Is compensation documented when given?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Subject Enrollment

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

Data Safety Monitoring Board and Plan

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

During Study Review

	YES	NO	Specify/Notes
▪ Is Data Safety Monitoring Board and Plan adequate?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Has PI followed DSMP?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Have all events been submitted to DSMB?	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Have all DSMB reports been submitted to CCI/IRB?	<input type="checkbox"/>	<input type="checkbox"/>	

→ **NOTES/Observations:**

Protocol Adherence

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

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

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

→ **NOTES/Observations:**

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

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

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

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

→ **NOTES/Observations:**

Research Staff: Communication, Coordination, Training and Education

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

Study Documentation, Source Verification and General Organization

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

→ **Subjects Audited** (reference specific Subject Audit Forms if applicable):

→ **NOTES/Observations:**
