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| --- |
| The purpose of this checklist is to allow investigators to conduct a quality improvement self-assessment and for IRB staff to conduct a quality improvement assessments of investigators. Please complete and submit via CICERO system as Reportable New Information (RNI) |
| General Research(Not Clinical Trials) |
| Principal Investigator |  |
| Protocol Name |  |
| Name of Person Completing Checklist |  |
| Date Completed |  |
|  |
| 1. Regulatory Documentation for Each Study
 |
| [ ]  Yes [ ]  No [ ]  N/A | Grant |
| [ ]  Yes [ ]  No [ ]  N/A | Annual progress reports for grant |
| [ ]  Yes [ ]  No [ ]  N/A | Most recent version of the IRB approved protocol |
| [ ]  Yes [ ]  No [ ]  N/A | Previously IRB approved versions of the protocol |
| [ ]  Yes [ ]  No [ ]  N/A | IRB approved amendments to the protocol |
| [ ]  Yes [ ]  No [ ]  N/A | Most recent version of the IRB approved consent document |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of the IRB approved consent document |
| [ ]  Yes [ ]  No [ ]  N/A | Most recent versions of IRB approved information provided to subjects |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of IRB approved information provided to subjects |
| [ ]  Yes [ ]  No [ ]  N/A | Currently approved recruitment materials |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of approved recruitment materials |
| [ ]  Yes [ ]  No [ ]  N/A | Correspondence with the IRB on file: (look for signature and date when needed for submission) |
| [ ]  Yes [ ]  No [ ]  N/A | Initial IRB application |
| [ ]  Yes [ ]  No [ ]  N/A | Continuing review applications. **Number:**  |
| [ ]  Yes [ ]  No [ ]  N/A | Modification applications. **Number:**  |
| [ ]  Yes [ ]  No [ ]  N/A | Initial IRB approval |
| [ ]  Yes [ ]  No [ ]  N/A | Continuing review approvals |
| [ ]  Yes [ ]  No [ ]  N/A | Modification approvals |
| [ ]  Yes [ ]  No [ ]  N/A | Interim reports |
| [ ]  Yes [ ]  No [ ]  N/A | Notifications of IRB disapproval, deferral, modifications required to secure approval |
| [ ]  Yes [ ]  No [ ]  N/A | Responses to IRB actions |
| [ ]  Yes [ ]  No [ ]  N/A | IRB suspensions or terminations |
| [ ]  Yes [ ]  No [ ]  N/A | Copies of email correspondence with the IRB |
| [ ]  Yes [ ]  No [ ]  N/A | Other communications with the IRB |
| [ ]  Yes [ ]  No [ ]  N/A | Records of investigator and staff training |
| [ ]  Yes [ ]  No [ ]  N/A | Signed agreements/contracts between parties |
| [ ]  Yes [ ]  No [ ]  N/A | Correspondences to and from the funding agency |
| 1. Document Retention
 |
| [ ]  Yes [ ]  No [ ]  N/A | Consent documents are retained for 3 years after completion of the research. |
| [ ]  Yes [ ]  No [ ]  N/A | Records for sponsored is retained until the sponsor authorized destruction of the records.  |
| 1. Informed Consent
 |
| [ ]  Yes [ ]  No [ ]  N/A | An investigator seeks consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. |
| [ ]  Yes [ ]  No [ ]  N/A | The information given to the subject or the representative is in language understandable to the subject or the representative. |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators do not disclose any exculpatory language through which the subject or the representative is made to waive or appear to waive any of the subject’s legal rights, or releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence. |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators disclose to the subject the information in the consent document. |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators give either the subject or LAR adequate opportunity to read the consent document before it is signed. |
| [ ]  Yes [ ]  No [ ]  N/A | A copy of the signed and dated consent document is given to the person signing the document. |
| 1. Informed Consent Disclosures: Both the informed consent discussion and the written informed consent form and any other written information to be provided to participants includes explanations of the following
 |
| **Required:** *(\*Starred elements can be omitted if there are none*.)[ ]  A statement that the study involves research.[ ]  An explanation of the purposes of the research.[ ]  An explanation of the expected duration of the subject’s participation.[ ]  A description of the procedures to be followed.[ ]  Identification of any procedures, which are experimental.*\**[ ]  A description of any reasonably foreseeable risks or discomforts to the subject.*\**[ ]  A description of any benefits to the subject or to others, which may reasonably be expected from the research.*\**[ ]  A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.*\**[ ]  A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.*\**[ ]  For FDA-regulated research, a statement that notes the possibility that the Food and Drug Administration may inspect the records.[ ]  For research involving more than minimal risk an explanation as to whether any compensation is available if injury occurs and, if so, what it consists of, or where further information may be obtained.[ ]  For research involving more than minimal risk an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained. | [ ]  An explanation of how to contact the research team for questions, concerns, or complaints about the research.[ ]  An explanation of how to contact someone independent of the research team for questions, concerns, or complaints about the research; questions about the subjects’ rights; to obtain information; or to offer input.[ ]  An explanation of whom to contact in the event of a research-related injury to the subject.[ ]  A statement that participation is voluntary.[ ]  A statement that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.[ ]  A statement that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.**Additional:** (Include when appropriate.)[ ]  A statement that the particular treatment or procedure may involve risks to the subject, which are currently unforeseeable.[ ]  A statement that if the subject is or becomes pregnant, the particular treatment or procedure may involve risks to the embryo or fetus, which are currently unforeseeable.[ ]  Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent.[ ]  Any additional costs to the subject that may result from participation in the research.[ ]  The consequences of a subject’s decision to withdraw from the research.[ ]  Procedures for orderly termination of participation by the subject.[ ]  A statement that significant new findings developed during the course of the research, which may relate to the subject’s willingness to continue participation will be provided to the subject.[ ]  The approximate number of subjects involved in the study.[ ]  The amount and schedule of all payments. |
| Clinical Trials |
| Principal Investigator |  |
| Protocol Name |  |
| Name of Person Completing Checklist |  |
| Date Completed |  |
|  |
| 1. Regulatory Documentation
 |
| [ ]  Yes [ ]  No [ ]  N/A | Grant |
| [ ]  Yes [ ]  No [ ]  N/A | Annual progress reports for grant |
| [ ]  Yes [ ]  No [ ]  N/A | Most recent version of the IRB approved protocol |
| [ ]  Yes [ ]  No [ ]  N/A | Previously IRB approved versions of the protocol |
| [ ]  Yes [ ]  No [ ]  N/A | IRB approved amendments to the protocol |
| [ ]  Yes [ ]  No [ ]  N/A | Most recent version of the IRB approved consent document |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of the IRB approved consent document |
| [ ]  Yes [ ]  No [ ]  N/A | Most recent versions of IRB approved information provided to subjects |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of IRB approved information provided to subjects |
| [ ]  Yes [ ]  No [ ]  N/A | Currently approved recruitment materials |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of approved recruitment materials |
| [ ]  Yes [ ]  No [ ]  N/A | IRB roster associated with each approval letter  |
| [ ]  Yes [ ]  No [ ]  N/A | Correspondence with the IRB on file: (look for signature and date when needed for submission) |
| [ ]  Yes [ ]  No [ ]  N/A | Initial IRB application |
| [ ]  Yes [ ]  No [ ]  N/A | Continuing review applications. **Number:** |
| [ ]  Yes [ ]  No [ ]  N/A | Modification applications. **Number:** |
| [ ]  Yes [ ]  No [ ]  N/A | Initial IRB approval |
| [ ]  Yes [ ]  No [ ]  N/A | Continuing review approvals |
| [ ]  Yes [ ]  No [ ]  N/A | Modification approvals |
| [ ]  Yes [ ]  No [ ]  N/A | Interim reports |
| [ ]  Yes [ ]  No [ ]  N/A | Notifications of IRB disapproval, deferral, modifications required to secure approval |
| [ ]  Yes [ ]  No [ ]  N/A | Responses to IRB actions |
| [ ]  Yes [ ]  No [ ]  N/A | IRB suspensions or terminations |
| [ ]  Yes [ ]  No [ ]  N/A | Copies of email correspondence with the IRB |
| [ ]  Yes [ ]  No [ ]  N/A | Other communications with the IRB |
| [ ]  Yes [ ]  No [ ]  N/A | Records of investigator and staff training |
| [ ]  Yes [ ]  No [ ]  N/A | Signed agreements/contracts between parties |
| [ ]  Yes [ ]  No [ ]  N/A | Subject screening log **Number screened:**  |
| [ ]  Yes [ ]  No [ ]  N/A | Subject identification code list |
| [ ]  Yes [ ]  No [ ]  N/A | Subject enrollment log **Number enrolled:**  |
| [ ]  Yes [ ]  No [ ]  N/A | Record of retained body fluids/ tissue samples |
| [ ]  Yes [ ]  No [ ]  N/A | Correspondences to and from the sponsor/CRO |
| [ ]  Yes [ ]  No [ ]  N/A | Letters |
| [ ]  Yes [ ]  No [ ]  N/A | Meeting notes |
| [ ]  Yes [ ]  No [ ]  N/A | Notes of telephone calls |
| [ ]  Yes [ ]  No [ ]  N/A | CVs or other relevant documents evidencing qualifications of PI, co-investigators, and all study personnel |
| [ ]  Yes [ ]  No [ ]  N/A | CVs/other relevant information have been updated within the past two years |
| [ ]  Yes [ ]  No [ ]  N/A | CVs/other relevant information are signed and dated |
| [ ]  Yes [ ]  No [ ]  N/A | Instructions for handling of investigational product(s) and trial-related materials (if not in protocol or investigator’s brochure) |
| [ ]  Yes [ ]  No [ ]  N/A | Decoding procedures for blinded trials |
| [ ]  Yes [ ]  No [ ]  N/A | Normal lab values |
| [ ]  Yes [ ]  No [ ]  N/A | Updates to normal lab values |
| [ ]  Yes [ ]  No [ ]  N/A | Lab certification (e.g. CLIA)?  |
| [ ]  Yes [ ]  No [ ]  N/A | Updates to lab certification (e.g. CLIA)?  |
| [ ]  Yes [ ]  No [ ]  N/A | Lab director's CV |
| [ ]  Yes [ ]  No [ ]  N/A | Updates to lab director's CV |
| [ ]  Yes [ ]  No [ ]  N/A | Monitoring/auditing log. How often is monitoring taking place: |
| [ ]  Yes [ ]  No [ ]  N/A | Site Initiation report/visit documentation |
| [ ]  Yes [ ]  No [ ]  N/A | Study close-out report/visit documentation |
| [ ]  Yes [ ]  No [ ]  N/A | DSMB reports |
| [ ]  Yes [ ]  No [ ]  N/A | Staff signature log |
| [ ]  Yes [ ]  No [ ]  N/A | Signature log reflects current staff working on the study |
| [ ]  Yes [ ]  No [ ]  N/A | Staff working on the study are IRB approved |
| [ ]  Yes [ ]  No [ ]  N/A | Delegation of responsibility (The investigator maintains a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.) |
| [ ]  Yes [ ]  No [ ]  N/A | Most recently approved sample case report forms (CRF) |
| [ ]  Yes [ ]  No [ ]  N/A | For marketed products, a package insert/product information |
| 1. Study Records (IND studies): : [ ]  N/A if protocol is not an IND study
 |
| [ ]  Yes [ ]  No [ ]  N/A | A signed current FDA 1572 |
| [ ]  Yes [ ]  No [ ]  N/A | Previous signed versions of FDA 1572 |
| [ ]  Yes [ ]  No [ ]  N/A | A current signed financial disclosure form submitted to the sponsor |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of signed financial disclosure forms submitted to the sponsor |
| [ ]  Yes [ ]  No [ ]  N/A | Valid licensure for each investigator/staff member listed on the 1572 or in the Investigator Statement |
| [ ]  Yes [ ]  No [ ]  N/A | Current investigator brochure |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of or updates to the investigator brochure |
| [ ]  Yes [ ]  No [ ]  N/A | There is shipping log for each drug. These include: |
| [ ]  Yes [ ]  No [ ]  N/A | Date shipment received |
| [ ]  Yes [ ]  No [ ]  N/A | Shipment # from packing slip study drug/device |
| [ ]  Yes [ ]  No [ ]  N/A | Batch#/lot #/code mark |
| [ ]  Yes [ ]  No [ ]  N/A | Expiration date |
| [ ]  Yes [ ]  No [ ]  N/A | # of boxes, kits, or devices per lot # |
| [ ]  Yes [ ]  No [ ]  N/A | # of bottles, vials, inhalers, or devices per box or kit |
| [ ]  Yes [ ]  No [ ]  N/A | Condition of study drug/device shipment (Intact/damaged) |
| [ ]  Yes [ ]  No [ ]  N/A | Receiver’s name |
| [ ]  Yes [ ]  No [ ]  N/A | There is an accountability log for each drug under. These include: |
| [ ]  Yes [ ]  No [ ]  N/A | Subject ID #, initials, or name |
| [ ]  Yes [ ]  No [ ]  N/A | Lot or kit number |
| [ ]  Yes [ ]  No [ ]  N/A | # Bottles, vials, etc. |
| [ ]  Yes [ ]  No [ ]  N/A | Amount of study drug per bottle, vial, etc. |
| [ ]  Yes [ ]  No [ ]  N/A | Total amount dispensed |
| [ ]  Yes [ ]  No [ ]  N/A | Initials  |
| [ ]  Yes [ ]  No [ ]  N/A | Date dispensed |
| [ ]  Yes [ ]  No [ ]  N/A | Date dispensed  |
| [ ]  Yes [ ]  No [ ]  N/A | # Of bottles, vials, etc. Returned |
| [ ]  Yes [ ]  No [ ]  N/A | Total amount returned  |
| [ ]  Yes [ ]  No [ ]  N/A | Balance: number dispensed less number returned |
| [ ]  Yes [ ]  No [ ]  N/A | Comments: subject lost, discarded, etc. |
| [ ]  Yes [ ]  No [ ]  N/A | Person who dispensed the drug |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator furnishes all reports to the sponsor of the drug |
| [ ]  Yes [ ]  No [ ]  N/A | An investigator shall promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug. If the adverse effect is alarming, the investigator shall report the adverse effect immediately |
| [ ]  Yes [ ]  No [ ]  N/A | An investigator shall provide the sponsor with an adequate report shortly after completion of the investigator’s participation in the investigation |
| 1. Study Records (IDE studies): : [ ]  N/A if protocol is not an IDE study
 |
| [ ]  Yes [ ]  No [ ]  N/A | A signed Investigator Statement |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of signed Investigator Statements |
| [ ]  Yes [ ]  No [ ]  N/A | A current signed financial disclosure form submitted to the sponsor |
| [ ]  Yes [ ]  No [ ]  N/A | Previous versions of signed financial disclosure forms submitted to the sponsor |
| [ ]  Yes [ ]  No [ ]  N/A | Valid licensure for each investigator/staff member listed on the 1572 or in the Investigator Statement |
| [ ]  Yes [ ]  No [ ]  N/A | There is shipping log for each device. These include: |
| [ ]  Yes [ ]  No [ ]  N/A | Date shipment received |
| [ ]  Yes [ ]  No [ ]  N/A | Shipment # from packing slip study device |
| [ ]  Yes [ ]  No [ ]  N/A | Batch#/lot #/code mark |
| [ ]  Yes [ ]  No [ ]  N/A | Expiration date |
| [ ]  Yes [ ]  No [ ]  N/A | # of boxes, kits, or devices per lot # |
| [ ]  Yes [ ]  No [ ]  N/A | # of bottles, vials, inhalers, or devices per box or kit |
| [ ]  Yes [ ]  No [ ]  N/A | Condition of study drug/device shipment (Intact/damaged) |
| [ ]  Yes [ ]  No [ ]  N/A | Receiver’s name |
| [ ]  Yes [ ]  No [ ]  N/A | There is an accountability log for each device under investigation. These include: |
| [ ]  Yes [ ]  No [ ]  N/A | Subject id #, initials, or name |
| [ ]  Yes [ ]  No [ ]  N/A | Study device lot , batch #, or code mark  |
| [ ]  Yes [ ]  No [ ]  N/A | Date dispensed |
| [ ]  Yes [ ]  No [ ]  N/A | Device disposition  |
| [ ]  Yes [ ]  No [ ]  N/A | Comments, such as malfunctions, device failure, disposition of unused devices (returned to sponsor/destroyed,) or any other pertinent information concerning the device |
| [ ]  Yes [ ]  No [ ]  N/A | Person who dispensed the device |
| [ ]  Yes [ ]  No [ ]  N/A | Correspondence with another investigator, an IRB, the sponsor, a monitor, or FDA, including required report |
| [ ]  Yes [ ]  No [ ]  N/A | Reports of unanticipated adverse device effects. The investigator submits to the sponsor and to the reviewing IRB a report of any unanticipated adverse device effect occurring during an investigation as soon as possible, but in no event later than 10 working days after the investigator first learns of the effect. |
| [ ]  Yes [ ]  No [ ]  N/A | Reports of withdrawal of IRB approval. The investigator reports to the sponsor, within 5 working days, a withdrawal of approval by the reviewing IRB of the investigator’s part of an investigation |
| [ ]  Yes [ ]  No [ ]  N/A | Progress reports. The investigator submits progress reports on the investigation to the sponsor, the monitor, and the reviewing IRB at regular intervals, but in no event less often than yearly |
| [ ]  Yes [ ]  No [ ]  N/A | Reports of deviations from the investigational plan. The investigator notifies the sponsor and the reviewing IRB of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. Such notice is given as soon as possible, but in no event later than 5 working days after the emergency occurred. Except in such an emergency, prior approval by the sponsor is required for changes in or deviations from a plan, and if these changes or deviations may affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects, FDA and IRB is required |
| [ ]  Yes [ ]  No [ ]  N/A | Reports of use of the device without informed consent. If the investigator uses a device without obtaining informed consent, the investigator reports such use to the sponsor and the reviewing IRB within 5 working days after the use occurs |
| [ ]  Yes [ ]  No [ ]  N/A | Final report. The investigator, within 3 months after termination or completion of the investigation or the investigator’s part of the investigation, submits a final report to the sponsor and the reviewing IRB |
| 1. Document Retention
 |
| [ ]  Yes [ ]  No [ ]  N/A | An investigator retains records required to be maintained under this part for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.  |
| 1. Document Retention (IND studies)
 |
| [ ]  Yes [ ]  No [ ]  N/A | An investigator retains records required to be maintained under this part for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.  |
| 1. Document Retention (IDE studies): : [ ]  N/A if protocol is not an IDE study
 |
| [ ]  Yes [ ]  No [ ]  N/A | An investigator or sponsor shall maintain the records required by this subpart during the investigation and for a period of 2 years after the latter of the following two dates: The date on which the investigation is terminated or completed, or the date that the records are no longer required for purposes of supporting a premarket approval application or a notice of completion of a product development protocol. |
| 1. Informed Consent Disclosures: Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects includes explanations of the following:
 |
| **Required:** *(\*Starred elements can be omitted if there are none*.)[ ]  A statement that the study involves research.[ ]  An explanation of the purposes of the research.[ ]  An explanation of the expected duration of the subject’s participation.[ ]  A description of the procedures to be followed.[ ]  Identification of any procedures, which are experimental.*\**[ ]  A description of any reasonably foreseeable risks or discomforts to the subject.*\**[ ]  A description of any benefits to the subject or to others, which may reasonably be expected from the research.*\**[ ]  A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.*\**[ ]  A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.*\**[ ]  For FDA-regulated research, a statement that notes the possibility that the Food and Drug Administration may inspect the records.[ ]  For research involving more than minimal risk an explanation as to whether any compensation is available if injury occurs and, if so, what it consists of, or where further information may be obtained.[ ]  For research involving more than minimal risk an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.[ ]  An explanation of how to contact the research team for questions, concerns, or complaints about the research.[ ]  An explanation of how to contact someone independent of the research team for questions, concerns, or complaints about the research; questions about the subjects’ rights; to obtain information; or to offer input.[ ]  An explanation of whom to contact in the event of a research-related injury to the subject.[ ]  A statement that participation is voluntary.[ ]  A statement that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.[ ]  A statement that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled. | [ ]  The approval/favorable opinion by the IRB.[ ]  The probability for random assignment to each treatment.[ ]  The subject's responsibilities[ ]  When applicable, the reasonably foreseeable risks or inconveniences to an embryo, fetus, or nursing infant.[ ]  The important potential benefits and risks of the alternative procedures or courses of treatment that may be available to the subject.[ ]  When there is no intended clinical benefit to the subject, a statement to this effect.[ ]  A statement that monitors, auditors, IRB, and regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and data, without violating the confidentiality of the subject, to the extent permitted by applicable laws and regulations and that, by signing the consent document, the subject or LAR is authorizing such access.[ ]  If the results of the trial are published, the subject’s identity will remain confidential.[ ]  The data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.[ ]  The investigator will ask a subject who is withdrawing whether the subject wishes to provide further data collection from routine medical care.**Additional:** (Include when appropriate.)[ ]  A statement that the particular treatment or procedure may involve risks to the subject, which are currently unforeseeable.[ ]  A statement that if the subject is or becomes pregnant, the particular treatment or procedure may involve risks to the embryo or fetus, which are currently unforeseeable.[ ]  Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent.[ ]  Any additional costs to the subject that may result from participation in the research.[ ]  The consequences of a subject’s decision to withdraw from the research.[ ]  Procedures for orderly termination of participation by the subject.[ ]  A statement that significant new findings developed during the course of the research, which may relate to the subject’s willingness to continue participation will be provided to the subject.[ ]  The approximate number of subjects involved in the study.[ ]  The amount and schedule of all payments. |
| 1. Study Conduct (IND studies)
 |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators are responsible for the control of drugs under investigation. |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators administer the drug only to subjects under their personal supervision or under the supervision of a sub-investigator responsible to the investigator. |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators does not supply the investigational drug to any person not authorized to receive it. |
| 1. Study Conduct (IDE studies)
 |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators permit an investigational device to be used only with subjects under the investigator’s supervision.  |
| [ ]  Yes [ ]  No [ ]  N/A | Investigators do not supply an investigational device to any person not authorized to receive it. |
| [ ]  Yes [ ]  No [ ]  N/A | Upon completion or termination of a clinical investigation or the investigator’s part of an investigation, or at the sponsor’s request, investigators return to the sponsor any remaining supply of the device or otherwise dispose of the device as the sponsor directs.  |
| [ ]  Yes [ ]  No [ ]  N/A | If the investigation is terminated, suspended, discontinued, or completed, investigators returns the unused supplies of the drug to the sponsor, or otherwise provides for disposition of the unused supplies of the drug as authorized by the sponsor. |
| [ ]  Yes [ ]  No [ ]  N/A | If an investigational drug is subject to the Controlled Substances Act, investigators take adequate precautions, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution. |
|  | Investigators prepare and submit the following reports to the sponsor: |
| [ ]  Yes [ ]  No [ ]  N/A | Any unanticipated adverse device effect occurring during an investigation. (As soon as possible, but in no event later than 10 working days after first learning of the effect.) |
| [ ]  Yes [ ]  No [ ]  N/A | Withdrawal of approval by the reviewing IRB of the investigator’s part of an investigation. (Within 5 working days.) |
| [ ]  Yes [ ]  No [ ]  N/A | Progress reports on the investigation. (At least yearly.) |
| [ ]  Yes [ ]  No [ ]  N/A | Any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. (As soon as possible, but in no event later than 5 working days after the emergency occurred.) |
| [ ]  Yes [ ]  No [ ]  N/A | Use of a device without obtaining informed consent (Within 5 working days after the use occurs.) |
| [ ]  Yes [ ]  No [ ]  N/A | A final report. (Within 3 months after termination or completion of the investigation or the investigator’s part of the investigation.) |
|  | Investigators prepare and submit the following reports to the IRB: |
| [ ]  Yes [ ]  No [ ]  N/A | Any unanticipated adverse device effect occurring during an investigation. (As soon as possible, but in no event later than 10 working days after first learning of the effect.) |
| [ ]  Yes [ ]  No [ ]  N/A | Progress reports on the investigation. (At least yearly.) |
| [ ]  Yes [ ]  No [ ]  N/A | Any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. (As soon as possible, but in no event later than 5 working days after the emergency occurred.) |
| [ ]  Yes [ ]  No [ ]  N/A | Use of a device without obtaining informed consent (Within 5 working days after the use occurs.) |
| [ ]  Yes [ ]  No [ ]  N/A | A final report. (Within 3 months after termination or completion of the investigation or the investigator’s part of the investigation. |
|  | Investigators prepare and submit the following reports to the study monitor: |
| [ ]  Yes [ ]  No [ ]  N/A | Progress reports on the investigation. (At least yearly.) |

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| 1. IND Sponsor-Investigator Requirements: [ ]  N/A if protocol is not an IND study
 |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator submits a completed Form FDA 3454 attesting to the absence of financial interests and arrangements for all participating clinical investigators. |
| [ ]  Yes [ ]  No [ ]  N/A | For any participating clinical investigator for whom the investigator does not submit a completed Form FDA 3454, the investigator submits a completed Form FDA 3455 (Disclosure Statement). |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator maintains on file information pertaining to the financial interests of clinical investigators for 2 years after the date of approval of the application. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator selects qualified investigators. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator provides participating investigators with the information they need to conduct an investigation properly. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator ensures that the investigation(s) is conducted in accordance with the general investigational plan and protocols contained in the IND. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator maintains an effective IND with respect to the investigations.  |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator ensures that FDA is promptly informed of significant new adverse effects or risks with respect to the drug.  |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator ensures that all participating investigators are promptly informed of significant new adverse effects or risks with respect to the drug. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator selects only investigators qualified by training and experience as appropriate experts to investigate the drug. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator ships investigational new drugs only to investigators participating in the investigation. |
|  | Before permitting an investigator to begin participation in an investigation, the investigator obtains the following:  |
| [ ]  Yes [ ]  No [ ]  N/A | A signed investigator statement (Form FDA-1572). |
| [ ]  Yes [ ]  No [ ]  N/A | A curriculum vitae or other statement of qualifications of the investigator showing the education, training, and experience that qualifies the investigator as an expert in the clinical investigation of the drug for the use under investigation. |
| [ ]  Yes [ ]  No [ ]  N/A | Sufficient accurate financial information to allow the investigator to submit complete and accurate certification or disclosure statements. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator selects a monitor qualified by training and experience to monitor the progress of the investigation. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator provides each participating clinical investigator an investigator brochure. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator ensures, as the overall investigation proceeds, that each participating investigator is informed of new observations discovered by or reported to the investigator on the drug, particularly with respect to adverse effects and safe use. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator monitors the progress of all clinical investigations being conducted under the IND. |
| [ ]  Yes [ ]  No [ ]  N/A | If the investigator discovers that an investigator is not complying with the signed agreement (Form FDA-1572), the general investigational plan, or other applicable requirements; the investigator promptly either secures compliance or discontinues shipment of the investigational new drug to the investigator and ends the investigator’s participation in the investigation. |
| [ ]  Yes [ ]  No [ ]  N/A | If the investigator’s participation in the investigation is ended, the investigator ensures that the investigator dispose of or returns the investigational drug and notifies the FDA. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator reviews and evaluates the evidence relating to the safety and effectiveness of the drug as it is obtained from the investigator(s). |
|  | If the investigator determines that the investigational drug presents an unreasonable and significant risk to subjects, the investigator: |
| [ ]  Yes [ ]  No [ ]  N/A | Ensures discontinuation of those investigations that present the risk.  |
| [ ]  Yes [ ]  No [ ]  N/A | Notifies the FDA, all institutional review boards, and all investigators who have at any time participated in the investigation of the discontinuance. |
| [ ]  Yes [ ]  No [ ]  N/A | Ensures the disposition of all stocks of the drug outstanding. |
| [ ]  Yes [ ]  No [ ]  N/A | Furnishes the FDA with a full report of the investigator’s actions. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator maintains adequate records showing the receipt, shipment, or other disposition of the investigational drug, including, as appropriate, the name of the investigator to whom the drug is shipped, and the date, quantity, and batch or code mark of each such shipment. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator retains these records and reports for 2 years after a marketing application is approved for the drug; or, if an application is not approved for the drug, until 2 years after shipment and delivery of the drug for investigational use is discontinued and FDA has been so notified. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator retains reserve samples of any test article and reference standard identified in, and used in any bioequivalence or bioavailability studies and release the reserve samples to the FDA upon request. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator retains each reserve sample for a period of at least 5 years following the date on which the application or supplemental application is approved, or, if such application or supplemental application is not approved, at least 5 years following the date of completion of the bioavailability study. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator permits, upon request from any properly authorized officer or employee of the Food and Drug Administration, at reasonable times, such officer or employee to have access to and copy and verify any records and reports relating to a clinical investigation being conducted under the IND.  |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator submits, upon written request by the FDA, the records or reports (or copies of them) to the FDA.  |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator discontinues shipments of the drug to any investigator who has failed to maintain or make available records or reports of the investigation as required. |
|  | If an investigational new drug is a substance listed in any schedule of the Controlled Substances Act (21 U.S.C. 801; 21 CFR part 1308), the investigator ensures: |
| [ ]  Yes [ ]  No [ ]  N/A | Upon the request of a properly authorized employee of the Drug Enforcement Administration of the Department of Justice, all records concerning shipment, delivery, receipt, and disposition of the drug, which are required to be kept be made available by the investigator to whom the request is made, for inspection and copying. |
| [ ]  Yes [ ]  No [ ]  N/A | That adequate precautions are taken, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution. |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator ensures the return of all unused supplies of the investigational drug from each individual investigator whose participation in the investigation is discontinued or terminated. |

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| 1. Abbreviated IND Sponsor-Investigator Requirements:
 |
| [ ]  Yes [ ]  No | The device is labeled with the name and place of business of the manufacturer. *21 CFR §812.2(b)(1)(i)* |
| [ ]  Yes [ ]  No | The device is labeled with the following statement: “CAUTION-Investigational device. Limited by Federal (or United States) law to investigational use.” *21 CFR §812.2(b)(1)(i)* |
| [ ]  Yes [ ]  No | The labeling describes all relevant contraindications, hazards, adverse effects, interfering substances or devices, warnings, and precautions. *21 CFR §812.2(b)(1)(i)* |
| [ ]  Yes [ ]  No | The investigator has obtained IRB review and approval of the research. *21 CFR §812.2(b)(1)(ii)*  |
| [ ]  Yes [ ]  No | The protocol includes a brief explanation of why the device is not a significant risk device. *21 CFR §812.2(b)(1)(ii)* |
| [ ]  Yes [ ]  No | The IRB has determined that the device is not a significant risk device. *21 CFR §812.2(b)(1)(ii)* |
| [ ]  Yes [ ]  No | The IRB has documented that determination in the minutes along with the IRB’s rationale for making that determination. *FDA Information Sheets for IRBs* |
| [ ]  Yes [ ]  No | The investigator has obtained informed consent of each subject in accordance with 21 CFR §50. *21 CFR §812.2(b)(1)(iii)* |
| [ ]  Yes [ ]  No [ ]  N/A | Unless waived by the IRB, the investigator has documented informed consent of each subject in accordance with 21 CFR §50. *21 CFR §812.2(b)(1)(iii)* |
| [ ]  Yes [ ]  No | The investigator monitors the investigation for compliance. *21 CFR §812.2(b)(1)(iv)* |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator immediately conducted an evaluation of any unanticipated adverse device effect. *21 CFR §812.2(b)(1)(iv)* |
| [ ]  Yes [ ]  No [ ]  N/A | If the investigator determined whether each unanticipated adverse device effect presented an unreasonable risk to subjects. *21 CFR §812.2(b)(1)(iv)* |
| [ ]  Yes [ ]  No [ ]  N/A | If the investigator terminated all investigations or parts of investigations presenting that risk as soon as possible, not later than 5 working days after making this determination. *21 CFR §812.2(b)(1)(iv)* |
| [ ]  Yes [ ]  No [ ]  N/A | If the investigator determined whether each unanticipated adverse device effect presented an unreasonable risk to subjects, the investigator has to terminate all investigations or parts of investigations presenting that risk as soon as possible, not later than 5 working days after the investigator makes this determination. *21 CFR §812.2(b)(1)(iv)* |
| [ ]  Yes [ ]  No | The investigator maintains the following records consolidated in one location and available for FDA inspection and copying: *21 CFR §812.2(b)(1)(v)-(vi)* |
| [ ]  Yes [ ]  No | A statement of the extent to which the good manufacturing practice regulation in part 820 will be followed in manufacturing the device. *21 CFR §812.140(b)(4)(v)* |
| [ ]  Yes [ ]  No | The name and intended use of the device and the objectives of the investigation. *21 CFR §812.140(b)(4)(i)* |
| [ ]  Yes [ ]  No | A brief explanation of why the device is not a significant risk device. *21 CFR §812.140(b)(4)(ii)* |
| [ ]  Yes [ ]  No | The name and address of each investigator. *21 CFR §812.140(b)(4)(iii)* |
| [ ]  Yes [ ]  No | The name and address of each IRB that has reviewed the investigation. *21 CFR §812.140(b)(4)(iv)* |
| [ ]  Yes [ ]  No | Records concerning adverse device effects (whether anticipated or unanticipated) and complaints. *21 CFR §812.140(b)(5)* |
| [ ]  Yes [ ]  No | Records of each subject’s case history and exposure to the device. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No | Case report forms and supporting data. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No | Signed and dated consent forms. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No | Medical records including, for example, progress notes of the physician, the individual’s hospital chart(s), and the nurses’ notes. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No | Documents evidencing informed consent. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No [ ]  N/A | For any use of a device by the investigator without informed consent, any written concurrence of a licensed physician and a brief description of the circumstances justifying the failure to obtain informed consent. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No | Documentation that informed consent was obtained prior to participation in the study. *21 CFR §812.140(a)(3)(i)* |
| [ ]  Yes [ ]  No | The investigator makes the following reports to FDA: 21 CFR §812.2(b)(1)(v) |
| [ ]  Yes [ ]  No [ ]  N/A | Unanticipated adverse device effects. An evaluation of an unanticipated adverse device effect under §812.46(b) was reported to FDA and the IRB within 10 working days after the sponsor first receives notice of the effect. Thereafter the investigator submitted additional reports concerning the effect as FDA requested. 21 CFR §812.140(a)(1); 21 CFR §812.150(b)(1) |
| [ ]  Yes [ ]  No [ ]  N/A | Withdrawal of IRB approval. The investigator notified FDA of any withdrawal of approval of an investigation or a part of an investigation by the IRB within 5 working days after receipt of the withdrawal of approval. 21 CFR §812.140(a)(2); 21 CFR §812.150(b)(2) |
| [ ]  Yes [ ]  No [ ]  N/A | Withdrawal of FDA approval. The investigator notified the IRB and participating investigators of any withdrawal of FDA approval of the investigation, and did so within 5 working days after receipt of notice of the withdrawal of approval. 21 CFR §812.150(b)(3) |
| [ ]  Yes [ ]  No [ ]  N/A | Progress reports. At regular intervals, and at least yearly, the investigator submitted progress reports to the monitor and the IRB. 21 CFR §812.140(a)(3); 21 CFR §812.150(b)(5) |
| [ ]  Yes [ ]  No [ ]  N/A | Recall and device disposition. The investigator notified FDA and the IRB of any return, repair, or disposal of any units of a device. Such notice occurred within 30 working days after the request was made and stated why the request was made. 21 CFR §812.150(b)(6) |
| [ ]  Yes [ ]  No [ ]  N/A | The investigator submitted a final report to the IRB within 6 months after termination or completion. 21 CFR §812.150(b)(7) |
| [ ]  Yes [ ]  No [ ]  N/A | Informed consent. The investigator submitted to FDA and the IRB a copy of any use of a device without obtaining informed consent, within 5 working days of receipt of notice of such use. 21 CFR §812.140(a)(5); 21 CFR §812.150(b)(8) |
| [ ]  Yes [ ]  No [ ]  N/A | Significant risk device determinations. If the IRB determined that a device was a significant risk device, the investigator submitted to FDA a report of the IRB’s determination within 5 working days after first learning of the IRB’s determination. 21 CFR §812.150(b)(9) |
| [ ]  Yes [ ]  No [ ]  N/A | Other. The investigator, upon request by the IRB or FDA, provided accurate, complete, and current information about any aspect of the investigation. 21 CFR §812.150(b)(10) |
| [ ]  Yes [ ]  No | The investigator does not: |
| [ ]  Yes [ ]  No | Promote or test market the device. 21 CFR §812.7(a) |
| [ ]  Yes [ ]  No | Commercialize the device by charging the subjects a price larger than that necessary to recover costs of manufacture, research, development, and handling. 21 CFR §812.7(b) |
| [ ]  Yes [ ]  No | Unduly prolong an investigation. 21 CFR §812.7(c) |
| [ ]  Yes [ ]  No | Represent that an investigational device is safe or effective. 21 CFR §812.7(d) |
| Participant Files(Complete for sample of enrolled participants. If participant files are not accessible, disregard this section.)  |
| Principal Investigator |  |
| Protocol Name |  |
| Subject Code |  |
| Name of Person Completing Checklist |  |
| Date Completed |  |
|  |
| 1. Subject Selection: Randomly select participant charts to be reviewed.
 |
| [ ]  Yes [ ]  No [ ]  N/A | There is a completed eligibility checklist.  |
| [ ]  Yes [ ]  No [ ]  N/A | The eligibility criteria checklist includes dated signature/initials of the person obtaining the information. |
| 1. Consent
 |
| [ ]  Yes [ ]  No [ ]  N/A | For subjects who did not meet eligibility (e.g. screen-failures), identifiable information was destroyed or authorization obtained to keep subject information. |
| [ ]  Yes [ ]  No [ ]  N/A | Original copies of all consent forms signed by subjects are on file. |
| [ ]  Yes [ ]  No [ ]  N/A | There is a current consent form on file. |
| [ ]  Yes [ ]  No [ ]  N/A | All previous consent forms are on file. |
| [ ]  Yes [ ]  No [ ]  N/A | Valid IRB-approved consent forms were used. |
| [ ]  Yes [ ]  No [ ]  N/A | The consent forms on file are the *original* signed and dated version (not a photocopy). |
| [ ]  Yes [ ]  No [ ]  N/A | All pages of the consent forms are on file for each subject. |
| [ ]  Yes [ ]  No [ ]  N/A | All yes/no or similar options on the consent forms are completed/initialed. |
| [ ]  Yes [ ]  No [ ]  N/A | Consent forms are free of any handwritten changes/corrections. |
| [ ]  Yes [ ]  No [ ]  N/A | The subject signed his/her own consent forms. (Exceptions: IRB-approved surrogate or parental consent) |
| [ ]  Yes [ ]  No [ ]  N/A | The subject received a copy of the signed and dated consent form. |
| [ ]  Yes [ ]  No [ ]  N/A | The subject's receipt of a copy of the signed and dated consent form is documented. |
| 1. Prompt Reporting Requirements
 |
| [ ]  Yes [ ]  No [ ]  N/A | All prompt reporting requirements have been fulfilled |
| 1. Data Collection Source Documents
 |
| [ ]  Yes [ ]  No [ ]  N/A | Data collection complete/accurate for each subject. (e.g. no blank fields/missing data) |
| [ ]  Yes [ ]  No [ ]  N/A | Source documentation is available to support data entry |
| [ ]  Yes [ ]  No [ ]  N/A | The source documentation/CRF for each subject includes dated signature/initials of the person obtaining the information for each subject. |
| [ ]  Yes [ ]  No [ ]  N/A | Changes/cross-outs, additional comments (if any) in subject files routinely initialed and dated. |
| [ ]  Yes [ ]  No [ ]  N/A | For any changes/cross-outs being made, the original entry is still legible. (e.g. use of white-out or pencil erased entries is not acceptable) |