# HRP-503 Application (Protocol Supplement)

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| * This application can only be used in conjunction with a protocol. If this project does not have a protocol from the sponsor or is already included in a grant application then a comprehensive protocol should be developed. A comprehensive template and online wizard is located at: [NIH Wizard](https://grants.nih.gov/policy/clinical-trials/protocol-template.htm).
* Note that, depending on the nature of your research, certain questions, directions, or entire sections below may not be applicable, or may have been fully covered in the protocol. Provide information if and when applicable. If the answer is found in the protocol please provide a page reference. If the question is not applicable to the study, mark the section “N/A”. Do not delete any sections.
* Be sure to complete any supplement questions from one or another ancillary office that you receive during the RUTH application process. Please make certain that the protocol, this 503 application and responses to ancillary offices do not contradict each other and the information is incorporated in all documents where appropriate. Be sure to save the Ancillary office responses you provided within RedCap and upload them to Ruth.
* Throughout this application are references to checklists. These tools are used by the IRB to make specific regulatory findings. To allow us to do that it is the applicant’s responsibility to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, and that the applicant identifies those protocol specific findings required by the checklist. how will they do that, here or a separate form?
* Keep an electronic copy of this version of the document. You will need to modify this copy when making changes.
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# Setting of the Human Research:

* + - *Where within the Mount Sinai health system or its affiliates will research activities take place including subject recruitment?*
		- *If there are any differences in the recruitment or study procedures between the sites please highlight them here.*
		- *For research conducted outside MSSM and its affiliates under the supervision of the Sinai investigator:*
			* 1. *Site-specific regulations, laws or customs affecting research.*
				2. *Local scientific and ethical review structure.*
1. Resources Available to Conduct the Human Research: (the aim here is to assess if the research is likely to be successful and thus justify the efforts and risks taken by the subjects):
* Explain the feasibility of meeting the recruitment goals of this project, and demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period. (For example, how many potential subjects do you have access to? What percentage of those potential subjects do you need to recruit? If this has been reviewed by a committee for recruitment feasibility [e.g. PR&MC], please indicate so.)
* For research involving considerable data extraction or mining describe who will be providing those services.
* For research conducted outside MSSM and its research affiliates, describe the facilities used for conducting the research.
* Describe your process to ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product(s), and their trial-related duties and functions. If research is being carried out in a clinical setting explain how the clinical staff will be informed of the trial and their involvement, e.g. medication administration. If nursing or other services have reviewed and approved this project please upload the documentation.
1. Study Design:
	1. Recruitment Methods (see PPHS policy):
* Describe the source of potential subjects.
* Describe the methods that will be used to identify potential subjects (e.g. ResearchMatch.org, social media, texting, etc.).
* Describe how potential subjects will be approached, the involvement of the treating clinicians, use of letter, emails, calls, or similar, opt-out provisions, etc. Describe materials that will be used to recruit subjects. Include copies of these documents with the application. For advertisements, submit the final copy of printed advertisements. When advertisements are taped for broadcast, provide the final audio/video file. You may submit the wording of the advertisement prior to taping for pre-approval but final audio/video recording has to receive IRB approval before use.
* For social media, in addition to providing the content please explain how people will be selected or targeted to receive the ads. For websites used for screening or recruitment, provide details and access. Complete the INFO Sec screening questions and follow up as needed.

	1. Inclusion and Exclusion Criteria:
* *Indicate any local changes not specified or differing from the protocol.*
* *Describe how you will screen for eligibility and if you will need a waiver of Informed Consent or HIPAA. If you are using an outside firm to screen or data mine for subjects please provide details here.*
* *Any exclusions based on race, sex/gender, preferred language must be explained.*

 **(NOTE: You may not include members of vulnerable populations as subjects in your research unless you indicate this in your inclusion criteria).**

* 1. Number of Subjects:
* *Specify local recruitment numbers if not in the protocol*
* *Indicate the total number of subjects to be accrued locally. This will be the maximum number of subjects that can sign the consent form without additional IRB approval. Please be sure to account for screen failures, drop-outs, etc. If applicable, distinguish between the number of subjects who are expected to be pre-screened, enrolled (consent obtained), randomized, and complete the research procedures (i.e., numbers of subjects excluding screen failures) and between subgroups of subjects (e.g. healthy volunteer, disease cohort).*
* *If this is a multicenter study, indicate the total number of subjects to be accrued across all sites.*
	1. Study Timelines:
		+ *If not in the protocol, please clarify the how long an individual subject may be in the protocol, and for how long the protocol will be active at Mount Sinai.*

Describe:

* + - *The duration of an individual subject’s participation in the study (including follow-up).*
		- *The duration anticipated to enroll all study subjects.*
		- *The estimated date for the investigators to complete this study (complete primary analyses)*
	1. Specimen Banking for Future Uses Not Part of This Project:
		+ If storage will be occur at Sinai and elsewhere (e.g. the sponsor) be sure to answer these questions for both sets of samples as, at the very least, governance of future uses will differ.
		+ If specimens will be banked for future use, describe:
		+ Where the specimens will be stored, what access controls and security systems will be in place?
		+ How long they will be stored?
		+ How will researchers gain access to the specimens? If there is a resource utilization committee please provide a description.
		+ List the information to be stored or associated with each specimen (including how the specimens are labeled/coded).
		+ If the specimens are part of bank where frequently sharing among several or more users is contemplated then a complete set of Standard Operating Procedures for the repository should be submitted.
	2. Data Storage, Transmission and Confidentiality:

Describe the data and specimens to be sent out or received. If storage will occur at Sinai and elsewhere (e.g. the sponsor) be sure to answer these questions for both sets of samples as, at the very least, governance of future uses will differ.

As applicable, describe:

* How will data be collected?
* How will data be transmitted? If clinical trials software or similar is being used provide the names as well as the security/regulatory specifications it complies with (e.g. FDA)
* How will data be stored? Provide data standards where known
* How long will data be stored?
* What are the SOPs that govern data sharing?
* If this project is not funded by NIH will a Certificate of Confidentiality be obtained? If not, why not?
	1. **Data and Safety Monitoring Plan:**
		+ **For projects with a Data Safety Monitoring Board/Data Safety Committee (DMSB/DMC):**
* *If not included in the protocol, attach a description of the DMC/DSMB, including the number, names (if available} and area of professional expertise of the members. The responsibilities of the DSMB/DMC must be clear as well as their powers and their degree of independence. The DSMB charter must be provided to the PPHS before the study may begin. Reports of the DMC/DSMB must be made available to the local PI and the MSSM PPHS. The report need not contain specifics of the study or data, but there should be clear statement if the study can continue as is, or requires changes or termination.*
	1. **For other projects with greater than minimal risk a monitoring plan must be provided:**

*1. List the name(s) of the individual(s) at MSSM who will be responsible for data and safety monitoring of this study. For each individual, indicate their role, name, title, and department information. The Principal Investigator may be the only monitor of a study.*

*2. If the qualifications of an individual to serve as a monitor are not contained in the PPHS application, they must be added to the DSMP either as a narrative description or as a CV.*

***MSSM Principal Monitor:***

*Indicate whether this person is the PI, a Team Member, or is Independent:*

*Last Name:*

*First Name:*

*Academic Title:*

*Department:*

*Mailing Address:*

*Phone:*

*Fax:*

*E-mail:*

***MSSM Additional Monitor:***

*Indicate whether this person is the PI, a Team Member, or is Independent:*

*Last Name:*

*First Name:*

*Academic Title:*

*Department:*

*Mailing Address:*

*Phone:*

*Fax:*

*E-mail:*

*3. Justify your choice of principal monitor in terms of the assessed risk to the research subject‘s health and wellbeing. In high risk studies when the principal monitor is independent of the study staff, indicate the individual’s credentials, relationship to the PI, and the rationale for selection.*

*4. List the specific items that will be monitored for safety (e.g., adverse events, subject compliance with the protocol, drop outs, etc.).*

*5. Indicate the frequency at which ACCUMULATED safety and data information (items listed in number 3 above and interim analysis of efficacy outcomes) will be reviewed by the monitor(s) or the Data Monitoring Committee (DMC). Although this information must be reviewed at least annually, the higher the study risks, the more frequently reviews must be scheduled.*

*6. Where applicable, describe rules which will guide interruption or alteration of the study design.*

*7. Where applicable, indicate dose selection procedures that will be used to minimize toxicity.*

*8. List any specialized grading system that will be used to evaluate adverse events (e.g., National Cancer Institute Common Toxicity Criteria).*

*9. Describe procedures that will be used to assure data accuracy and completeness.*

*10. Should a temporary or permanent suspension of your study occur, in addition to the*

*PPHS, indicate to whom (NIH, FDA, sponsor, IRB) will you report the occurrence.*

* 1. Withdrawal of Subjects:
		+ Describe anticipated circumstances under which subjects will be withdrawn from the research without their consent.
		+ Describe any procedures for orderly termination.
		+ Describe procedures that will be followed when subjects withdraw from the research, including partial withdrawal from procedures with continued data collection.
1. Provisions for Research Related Harm/Injury:
	* + *Explain how clinically important incidental results will be handled. Examples include an abnormal lab finding or a survey answer indicating possible danger to self or others.*
		+ Describe the availability of medical or psychological resources that subjects might need as a result of any anticipated adverse events that may be known to be associated with the Human Research.
		+ If the research involves more than minimal risk to subjects, explain any medical treatments that are available if research-related injury occurs, who will provide it, what will be provided, and who will pay for it.
2. Recordings:

	* + *Will any video or audio recordings be made for research purposes? If so please describe:*
* *How will the data be recorded, transmitted and stored, keeping in mind that this is likely PHI and should be encrypted, etc.?*
* *How long will the data be held?*
* *Is this an optional part of the project, and if not, what is the scientific need to compel people to be recorded in order to participate in the research?*
* *How can subjects ask to have the recordings and transcripts destroyed?*
1. Provisions to Protect the Privacy Interests of Subjects:

[Note: This section is soliciting different information than the confidentiality information solicited in section #5f. Answers will vary widely based on the complexity of the research design, the sensitivity of the subject matter and the populations being recruited.]

* + - Describe the steps that will be taken to protect subjects’ privacy interests, particularly a person’s desire to control how, where and with whom, they interact and communicate, especially on issues that prospective research participants may deem sensitive or private. Consider privacy interests that may arise from the time participants are identified for recruitment until they complete study participation. Consider privacy interests that may arise in communications with the study subjects (e.g. phone messages, mail, etc), including through long-term follow-up.
		- Describe what steps you will take to make the subjects feel at ease with the research situation in terms of the questions being asked and the procedures being performed. “At ease” does not refer to physical discomfort, but the sense of intrusiveness a subject might experience in response to questions, examinations, and procedures.
		- Describe why it is acceptable and appropriate for members of the research team to approach the prospective participant about the research.
1. Economic Impact on Subjects:
	* + *Describe any foreseeable costs that subjects may incur through participation in the research (exclude billing for procedures that are part of clinical care e.g. copayments for studies that involve an overlap of clinical care & research).*
		+ *In answering this question, the Financial Administration of Clinical Trials Services (FACTS) must be consulted in determining the appropriate responsible party for subject care costs incurred as part of the clinical research study. Additional information can be found at (*[*FACTS Office*](https://icahn.mssm.edu/about/finance/clinical-trials)*)*
2. Payments/Reimbursements to Subjects:

Describe the amount and timing of any payments/reimbursements to subjects. Payments must be pro-rated. Completion bonuses may be permitted but may not represent undue inducement. Review ISMMS Finance webpage for restrictions on payments, requirements for tracking cash, gift card, etc. payments.

1. Consent Process:

This section always applies, please indicate whether consent will be obtained from subjects. (If not, proceed to the **Waiver or Alteration of the Consent Process** section below)**.**  If you will be obtaining consent, describe:

* The setting of the consent process.
* Describe any waiting period available between informing the prospective subject and obtaining the consent.
* If you will be following “SOP HRP-090 Informed Consent Process for Research”, after addressing the points above, indicate this. Otherwise, also describe:
	+ The role of the individuals listed in the application as being involved in the consent process.
	+ The time that will be devoted to the consent discussion.
	+ Steps that will be taken to minimize the possibility of coercion or undue influence.
	+ Steps that will be taken to ensure the subjects’ understanding.
	+ Describe any tools that will be utilized during the consent process

**Children:**

Federal regulations define “children” as persons who have not attained the legal age for consent to treatments or procedures involved in the research [clinical investigation] under the applicable law of the jurisdiction in which the research [clinical investigation] will be conducted (45 CFR 46.402(a) and [21 CFR 50(o)]). If the Human Research involves children:

* Review the “CHECKLIST HRP-416 Criteria for Research Involving Children” and ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, paying particular attention to providing protocol specific findings.
* Describe the criteria that will be used to determine whether a prospective subject has not attained the legal age for consent to treatments or procedures involved in the Human Research under the applicable law of the jurisdiction in which the Human Research will be conducted (e.g., individuals under the age of 18 years).
	+ - NOTE: For research conducted in New York State, review “SOP HRP-013- Legally Authorized Representatives, Children, and Guardians” to be aware of which individuals in the state meet the DHHS and FDA definition of “children” in New York State.
		- NOTE: For research conducted outside of New York State, obtain consultation from Mount Sinai legal counsel as to the definition of “minor” in the jurisdiction(s) where you are performing your research, given the treatments and procedures involved in the Human Research. [Contact the PPHS Office regarding how to obtain a Legal consultation.] After receiving consultation with Legal, provide an explanation in this section about whether you will be enrolling subjects who are defined as minors in other jurisdictions and the basis for your conclusion that they are not legally capable of consenting to the treatments or procedures involved in the research.
* Describe whether parental permission will be obtained from:
	+ - Both parents unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.
		- One parent even if the other parent is alive, known, competent, reasonably available, and shares legal responsibility for the care and custody of the child.
* Describe whether permission will be obtained from individuals other than parents, and if so, who will be allowed to provide permission. Describe the process used to determine these individuals’ authority to consent to each child’s general medical care.
* Indicate whether assent will be obtained from all, some, or none of the children. If assent will be obtained from some children, indicate which children will be required to assent.
* When assent of children is obtained describe whether and how it will be documented.
* Describe whether child subjects may be expected to attain legal age to consent to the procedures of the research prior to the completion of their participation in the research (including storage of samples). If so, describe the process that will be used to obtain their legal consent to continue participation in the study. Describe the timing of this process, and what will occur if consent is not obtained from the now-adult subjects. Be certain to include your retention policy here and the consent/assent forms (SEE PPHS POLICY).

**Cognitively Impaired Adults**

* If the Human Research involves adults who may be unable to consent, describe the process to determine whether an individual is capable of consent.
* Indicate who (must be either an attending physician, or independent consulting physician, with appropriate training, licensing and certification qualifications to make the determination regarding capacity) will make the assessment and how the assessment will be made. Pay special attention to the required qualifications regarding assessing incapacity due to mental illness, mental retardation or developmental disability.

*Research involving incapacitated adults must also comply with Mount Sinai Hospital Policies regarding Incapacity (see Policy GPP-312 for further information). Please attest that you will comply with MSH Policy GPP-312 on Consents – revised 6/19 (*[*GPP-312 Consent Policy*](https://mshs.policytech.com/dotNet/documents/?docid=10262)*)*

* The assessment of capacity must include the cause and extent of incapacity and the likelihood that the subject will regain capacity. The plan must also indicate that documentation of the determination and assessment will be placed in the medical record, when applicable, in addition to the research record.
* If the Human Research involves cognitively impaired adults:
* If permission of a legally authorized representative will be obtained:
	+ List the individuals from whom permission will be obtained in order of priority. For research conducted in New York State, review “SOP HRP-013 Legally Authorized Representatives, Children, and Guardians” to be aware of which individuals in the state meet the DHHS and FDA definition of “legally authorized representative.”
	+ For research conducted outside of New York State, obtain consultation from Mount Sinai legal counsel as to the definition of “legally authorized representative” in the jurisdiction(s) where you are performing your research. [Contact the PPHS Office regarding how to obtain a Legal consultation.] After receiving consultation with Legal, provide an explanation in this section about which individuals are authorized under applicable law to consent on behalf of a prospective subject to their participation in the procedure(s) involved in this Human Research.
* Describe the process for assent of the subjects. Indicate whether:
	+ Assent will be required of all, some, or none of the subjects. If some, indicated, which subjects will be required to assent and which will not.
	+ If assent will not be obtained from some or all subjects, an explanation of why not.
	+ Describe whether assent of the subjects will be documented and the process to document assent.
* Describe the procedure to consent the individual if they regain capacity during the course of the research study. Keep in mind that this may a considerable time if specimen collection is involved.

**Non-English Speaking Subjects (See PPHS policy)**

Indicate what language(s) other than English are understood by prospective subjects or representatives. If subjects who do not speak English will be enrolled, describe the process to ensure that the oral and written information provided to those subjects will be in that language. If you intend to exclude potential participants who do not speak English, provide a justification for doing so.

**Waiver or Alteration of the Consent Process**

If the Human Research involves a request for a waiver or alteration of the consent process, review the “CHECKLIST HRP-410 Criteria for Waiver or Alteration of the Consent Process” and make sure your submission provides adequate information for the IRB to assess the criteria for approval. It is highly recommended that you provide additional information here to address each of the criteria for approval (e.g. impracticability).

Examples of when a waiver or alteration of the consent process may be applicable:

* + - Research that does not obtain consent from subjects
		- Research that omits some information that is required in the consent template
		- Research that involves deception
		- Research that involves obtaining private information about third parties who have not provided consent
* Research that requests a waiver of the consent process for planned emergency research. Please review the “CHECKLIST HRP-506 Criteria for Waiver of the Consent Process for Planned Emergency Research” to ensure you have provided sufficient information for the IRB to make these determinations.
1. Process to Document Consent in Writing:

	1. *If consent will be obtained at a distance using the written consent form as the official version, please provide details of how the subjects will receive a copy of the consent form, how the consent form will be reviewed with the subject, and how signature will be obtained and documented.*
	2. *If using any sort of e-Consent on any device, including iOPEN, provide access to the PPHS to allow us to review the built consent. e-Consent is defined as consent designed to be obtained with minimal human interaction, generally using specialized software.*
		* *If not iOPEN please provide details and complete the InfoSec “screening questions” for further instructions.*
	3. *If you want a waiver of written documentation, please review the “CHECKLIST HRP-411” to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, including protocol specific information to support the determinations. You will also need to request a waiver of HIPAA authorization. Unless you are eligible for a complete waiver of consent, your consent form or script should still contain the needed elements of consent as laid out in our consent template.*
2. Vulnerable Populations:
	1. Unless already detailed in the protocol, please indicate which of the following populations are either included or excluded in this project: Indicate specifically whether you will include (target) or exclude each of the following populations:

|  |  |  |
| --- | --- | --- |
| Include | Exclude | Vulnerable Population Type |
|  |  | Adults unable to consent |
|  |  | Individuals who are not yet adults (e.g. infants, children, teenagers) |
|  |  | Wards of the State (e.g. foster children) |
|  |  | Pregnant women |
|  |  | Prisoners |

1. *Describe other aspects of the subject population that may increase their vulnerability (marginalized populations, poverty, illiteracy and under-education, legal status, home/institution-bound individuals; students participating in their professor’s research, cognitively-impaired minors, etc.). For those subjects at an increased risk of not understanding the aims, procedures, risks and benefits of this project, OR whom may be at increased vulnerability to coercion or undue influence, describe additional safeguards included to protect their rights and welfare.*
2. *What steps are being taken to assure that a diverse group of research subjects are approached to participate in this study? What are the projected demographics of the enrolled subjects at study completion.*
3. *Review the following checklists that are available in RUTH. The research team should provide the “project specific findings” that are requested in the relevant checklists.*
* *If the Human Research involves cognitively impaired adults, review the “CHECKLIST HRP-417 Criteria for Research Involving Cognitively Impaired Adults” to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, including protocol specific information to support the determinations.*
* *If the Human Research involves persons who have not attained the legal age for consent to treatments or procedures involved in the research (“children”), review the “CHECKLIST HRP-416 Criteria for Research Involving Children” to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, including protocol specific information to support the determinations.*
* *If the Human Research involves pregnant women, review the “CHECKLIST HRP-412 Criteria for Research Involving Pregnant Women” to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, including protocol specific information to support the determinations.*
* *If the Human Research involves non-viable neonates or neonates of uncertain viability, review the “CHECKLIST HRP-413 Criteria for Research Involving Non-Viable Neonates” “CHECKLIST HRP-414 Criteria for Research Involving Neonates of Uncertain Viability” to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, including protocol specific information to support the determinations.*
* *If the Human Research involves Prisoners, review the “CHECKLIST HRP-41HHRPHRP5 Research Involving Prisoners” to ensure that your protocol has sufficiently addressed these additional regulatory criteria for approval, including protocol specific information to support the determinations.*
1. Multi-Site Human Research:

	1. Besides research sites within the Mount Sinai System please detail the PI’s responsibilities for other sites, or overall responsibility for the project?
	2. If coordinating center functions are taking place at Sinai, whether or not it is also a clinical site, please answer the following with appropriate justification and documentation, if needed:

(i) Are the management, data analysis, and Data Safety and Monitoring (DSM) systems adequate, given the nature of the research involved?

(ii) Is the sample protocols and informed consent documents developed and distributed to each collaborating institution?;

(iii) Does each collaborating institution hold an applicable OHRP-approved Assurance?;

(iv)Will each protocol be reviewed and approved by the IRB at the collaborating institution prior to the enrollment of subjects?;

(v) Have all substantive modifications by the collaborating institution to the sample consent, especially related to risks or alternative procedures, been appropriately justified?;

(vi) Will informed consent be obtained from each subject in compliance with HHS regulations?

If this is a multi-site study where you are the lead investigator, describe the management of information (e.g., results, new information, unanticipated problems involving risk to subjects or others, or protocol modifications) among sites to protect subjects.

1. Community-Based Participatory Research

	1. *Describe involvement of the community in the design and conduct of the research.*

(Note: “Community-based Participatory Research” is a collaborative approach to research that involves the community in all aspects of research process. Community-based Participatory Research begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities. Simply recruiting participants from the community is not CBPR. If your research does not involve the community in all aspects of the research process, mark N/A)

* 1. Composition and involvement of any community advisory board for research conducted outside of MSSM.
1. Sharing of individual and study Results with Subjects:

	1. *If not in the protocol, or in response to other questions (e.g. Radiation Safety) add here. Be sure to remain compliant with NYS laws around genetic testing and the use of research tests, as only FDA or NYS DOH a approved tests from CLIA labs can be used to guide clinical decision making. If results are not being returned, explain the rationale.*
	2. *Specify which results will be returned to subjects and/or their clinical care team. If results are not being returned, explain the rationale.*
	3. *How and when will subjects be informed of the study results? The PPHS expects proactive outreach by the study team.*
2. External IRB Review History

If you have previously submitted this protocol for review by an external IRB (non-Mount Sinai IRB), provide the name of the reviewing IRB and the associated project identification number. Please include the details of the review with appropriate documentation including the date of review and the IRB contact information.

1. Control of Drugs, Biologics, or Devices:
	1. *If not included in the protocol, the supplemental questions of the Investigational Drug service or included in other uploaded documents please add here:*
	* If the Human Research involves drugs, biologics, or devices, describe the plans to store, handle, and control those drugs, biologics or devices so that they will be used only on subjects and be used only by authorized investigators. This very well may involve OR personnel, nursing, central sterilization and supplies etc. The plan should be comprehensive and robust.
	* Note: If there are required departmental policies that regulate the control of drugs, biologics, or devices, provide that information here.
	* Note: For studies involving research drugs or biologics, you will need to obtain the approval of Investigational Drug Service (IDS) of the Mount Sinai Pharmacy, regardless of whether you will be utilizing the IDS to manage the control of research drugs and biologics.