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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 assessment of investigators. **NOTE: THIS DOCUMENT IS A MASTER DOCUMENT FOR REFERENCE ONLY. PLEASE SEE TOOLKIT ITEMS HRP-430A THROUGH E FOR QA SELF-ASSESSMENTS FOR DIFFERENT TYPES OF RESEARCH.** | | | | | | | |
| 1. 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 | 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 | * Suspension of IRB Approval or Termination of IRB Approval | | | | | | |
| 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 | | | | | | | |
| **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. | |
| 1. 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 | * Suspension of IRB Approval or Termination of IRB Approval | | | | | | |
| 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) | | | | | | | |
| 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 investigation. 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) | | | | | | | |
| 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) | | | | | | | |
| 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:** *(\*Can be omitted if there are none*.)  The study involves research.  The purposes of the research.  The expected duration of the subject’s participation.  The procedures to be followed.  Identification of any procedures, which are experimental.*\**  Any reasonably foreseeable risks or discomforts to the subject.*\**  Any benefits to the subject or to others, which may reasonably be expected from the research.*\**  Appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.*\**  The extent, if any, to which confidentiality of records identifying the subject will be maintained.*\**  How to contact the research team for questions, concerns, or complaints about the research.  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.  Whom to contact in the event of a research-related injury to the subject.  Participation is voluntary.  Refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.  The subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.  **Required for More than Minimal Risk Research**  Whether any compensation is available if injury occurs and, if so, what it consists of, or where further information may be obtained.  Whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained. | | | | | **Required for Clinical Trials**  The approval of 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.  The 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.  **Required for FDA-Regulated Research**  The possibility that the Food and Drug Administration may inspect the records.  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.  For controlled drug/device trials (except Phase I drug trials) and pediatric device surveillance trials: “A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.”  **Additional:** (Include when appropriate.)  The particular treatment or procedure may involve risks to the subject, which are currently unforeseeable.  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.  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.  Approximate number of subjects involved in the study.  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.) | | | | | | |
| 1. IND Sponsor-Investigator Requirements | | | | | | | |
| 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. | | | | | | |
| 1. Abbreviated IDE 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) | | | |
| 1. Clinical Trials Case History (Complete For Each Subject) | | | | | | | |
| Principal Investigator | | |  | | | | |
| Protocol Name | | |  | | | | |
| Subject Code | | |  | | | | |
| Name of Person Completing Checklist | | |  | | | | |
| Date Completed | | |  | | | | |
|  | | | | | | | |
| 1. Subject Selection | | | | | | | |
| 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) | | | | | | |