eIRB+ Application Guide

for Emergency Use of an Investigational Device, Drug, or Biologic

1.0	Enter the project title (full title):	Full Title of Project: (If Research [Tissue or Data] bank, Enter the Name of Bank)
2.0	* Enter the project title (short title):	The short (display) title is the Rutgers internal label associated with this project record. It is utilized as a direct link to this project and is displayed in the "All IRB Submissions" workspace where all activity is listed. This field is limited to 100 characters.
3.0	* Enter the Principal Investigator / Repository Administrator:	For more information on who may be a principal investigator (PI) click HERE Required training for researchers and the research team members click HERE • PI Institutional Status Guidance

Section 1.0 General Project Information

- ENTER the study's Full Title (Q 1.0) and Short Title (Q 2.0). The Short Title entered will display in the eIRB+ dashboard.
 - ENTER the Principal Investigator (Q 3.0) by clicking the 3 dots (right side) or by typing the person's name in the open field.
 - VISIT our page to see who can and cannot serve as <u>Principal Investigator (PI)</u>.
 - **RU graduate** students serving as the PI must **ADD** a faculty advisor as a Co-Investigator.
- **ADD** a study coordinator (Q 4.0). The person entered here will receive all correspondence and notifications regarding this study along with the Principal Investigator.
- ADD any Rutgers-affiliated study team members in Q 5.0 Co-Investigators and Q 6.0 Other Study Staff.
 - o IRB Tip: Ensure all members completed <u>Rutgers CITI requirements</u>

Once all information is provided, click





Section 1.1 Submission Type

 Emergency Use of a Test Article 1.0 Select the appropriate application type: (Expedited) O Research Protocol Study (Greater than minimal risk) - Full Board ONLY USE WHEN: The use of a test article (e.g., investigation Research Protocol Study (minimal risk) - Expedited/Exempt drug/biologic or device) on a human subject is necessary in a Secondary Data Analysis Only (Exempt) life-threatening situation in which no standard acceptable treatment O Research [Biospecimen or Data] Bank is available and in which there is not sufficient time to obtain IRB O Humanitarian Use Device (Full Board) approval for the use. This submission may be used prior Emergency Use of a Test Article (Expedited) to use of the test article to report the emergency use to the IRB; or Just In Time (Expedited) within five days of the use of the test article to report the use to the O Non-Human Subject Research IRB The life of the patient is the priority. O Administrative Review - (Rutgers U is not the IRB of record) For continued use, beyond the Commercial IRB - WCG IRB or Advarra emergency situation, the clinician MUST submit a Research Protocol Clear Study application requesting * Is this an expanded access protocol? expanded access (compassionate ○ Yes ○ No <u>Clear</u> use) For more information, visit: HRPP Guidance Topics

SELECT Emergency Use of a Test Article (Expedited)

• **VISIT** the <u>IRB Recommendation Tool</u> if you are unsure if this is the correct application type for your research study.

Once all information is provided, click



Section 1.3 Emergency Use

Emergency Use is defined as the use of a test article (e.g. investigation drug/biologic or device) on a human subject in a life-threatening situation in which no standard acceptable treatment is available and in which there is not sufficient time to obtain IRB approval for the use. The clinician is still required to obtain informed consent under these circumstances.

1.0 * The patient is confronted with a life-threatening situation and no alternative approved treatment/therapy is available that provides an equal or greater likelihood of saving the patient's life [21 CFR 50.23(a) (1-4)].
O Yes O No Clear

A "No" response indicates that the submission <u>does not</u> qualify for review as "Emergency Use".

Additional Information:

'Yes' must be SELECTED for the Emergency Use submission to continue. You will be prompted to SELECT Drug or Device.

Once all information is provided, click





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Section 1.3.1 Emergency Use – Drugs/Biologic

OR Section 1.3.3 Emergency Use - Device

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A follow-u	up report is required within 5 days of the treatment date.	A follow-up report is required within 5 days of the treatment date.
1.0	* Enter the date for treatment:	1.0 * Date device was or will be used:
		2.0 * Describe the clinical condition of the patient requiring emergency permission:
2.0	* Describe the clinical condition of the patient requiring emergency permission	
3.0	* Describe the emergency treatment:	4.0 * Explain why the clinician believes that the device or treatment is necessary:
4.0	* Explain why the clinician believes that the drug or treatment is necessary:	5.0 * Indicate alternatives to using this emergency treatment:
5.0	* Indicate alternatives to using this emergency treatment:	6.0 * Upload written permission from the manufacturer for the use of the test article under their IDE:
		Name Version Number First Name Last Name Created Date Modified Date
		There are no items to display
6.0	* Upload the information about the drug/biologic (i.e., package insert):	7.0 * Was or will consent be obtained?
	Name Version Number First Name Last Name	
7.0	* Upload written permission from the manufacturer for the use of the test article + Add	e u
	Name Version Number First Name Last Name	
	There are no items to display	
8.0	* Was or will consent be obtained:	

The final question in section 1.3.1 or 1.3.3 asks if the patient will be consented. Depending on your response, eIRB+ application section 1.3.2 or 1.3.4 will populate.

Once all required sections are completed, click



Section 1.3.2 Emergency Use – No Consent Form (drug/biologic)

1.0	* The patie that provid O Yes O	ent was or is confronted des an equal or greater li) No <u>Clear</u>	with a life-threatening sit kelihood of saving the p	uation and no altern atient's life [21CFR {	native approved treatme 50.23 (a)(1-4):	ent/therapy was or is available
2.0	* Informed Ves	I consent cannot be obta) No <u>Clear</u>	iined from the patient (be	cause patient cannot	t communicate or is unabl	e to provide effective consent):
3.0	* There wa research): O Yes O	as or is insufficient time) No <u>Clear</u>	to obtain consent from th	e subject's legally a	authorized representativ	ve (court appointed guardian for
4.0	* Upload t	he Independent Physicia	n Certification for Emerg	ency Use of a Test	Article Without Informed	l Consent:
	+ Add					
	Name	Version Number	First Name	Last Name	Created Date	Modified Date

Section 1.3.4 Emergency Use – No Consent Form (device)

* The devic	ce is intended to treat or)No <u>Clear</u>	diagnose a serious or in	nmediately life-threat	ening disease or condit	ion:
* There is r condition i O Yes O	no comparable or satisfa in the intended patient po) No <u>Clear</u>	ctory alternative device opulation:	or other therapy ava	ilable to treat or diagnos	e that stage of the disease or
* Informed	consent cannot be obtai) No <u>Clear</u>	ned from the patient (be	cause patient cannot	communicate or is unable	to provide effective consent):
* There is i	insufficient time to obtain) No <u>Clear</u>	n consent from the subje	ect's legally authorize	ed representative (court a	appointed guardian for research):
* Upload th + Add	ne Independent Physiciar	n Certification for Emerg	jency Use of a Test A	rticle Without Informed	Consent:
Name There are	Version Number no items to display	First Name	Last Name	Created Date	Modified Date
	* The devic Yes C * There is condition i Yes C * Informed Yes C * There is Yes C * Upload th + Add Name There are	 The device is intended to treat or O Yes O No Clear There is no comparable or satisfa condition in the intended patient poor O Yes O No Clear Informed consent cannot be obtain O Yes O No Clear There is insufficient time to obtain O Yes O No Clear There is insufficient time to obtain O Yes O No Clear Upload the Independent Physician + Add Name Version Number There are no items to display 	 * The device is intended to treat or diagnose a serious or in Yes No Clear * There is no comparable or satisfactory alternative device condition in the intended patient population: Yes No Clear * Informed consent cannot be obtained from the patient (be Yes No Clear * There is insufficient time to obtain consent from the subje Yes No Clear * Upload the Independent Physician Certification for Emergent + Add Name Version Number First Name There are no items to display 	 * The device is intended to treat or diagnose a serious or immediately life-threat Yes No Clear * There is no comparable or satisfactory alternative device or other therapy availation in the intended patient population: Yes No Clear * Informed consent cannot be obtained from the patient (because patient cannot of Yes No Clear * There is insufficient time to obtain consent from the subject's legally authorized Yes No Clear * Upload the Independent Physician Certification for Emergency Use of a Test A + Add Name Version Number First Name Last Name There are no items to display 	 * The device is intended to treat or diagnose a serious or immediately life-threatening disease or conditionately of the provided expected of the provided expected expect

Once all information is provided, click





Section 10.0 - Attachments

Attach any other required or relevant files. Your attachments from 1.3.2 or 1.3.3 will appear automatically.

10.0 Attachments

Requi	ed attachments for this submis	sion.			
1.0	* Emergency Use: Writt article.	en permissio	n from the m	anufacturer for	use of the test
	+ Add				
	Name Version Number	First Name	Last Name	Created Date	Modified Date
	There are no items to displa * Emergency Use: Uplo	y ad the inform	ation about t	he drug/biologi	ic:
	+ Add				
	Name Version Number	First Name	Last Name	Created Date	Modified Date
	There are no items to displa Other Supporting Docu	y J ments (e.g.,	OCRA confi	rmation):	
	+ Add				
	Name Version Number	First Name	Last Name	Created Date	Modified Date
	There are no items to displa	у			
2.0	Please include any addition	nal information	that was not p	provided in this a	application.

- **UPLOAD** all required forms and documents.
 - **REVIEW** the above documents to ensure that they have version dates and numbers.



ubmission Summary:	
SUBMISSION TYPE: Emergency Use of a Test Article (Expedited) REVIEW TYPE - REQUESTED: Expedited IRB SUBMISSION ID: Pro2024000449	
lext Steps:	
ubmit study for IRB review:	
Your application form will not be submitted for review until the Principal Investigator returns to the study "workspace," and clicks on "Submit Study". You can track the status of this study's submission by logging into the study workspace.	
o submit the study:	
1. Ensure that you have answered all questions in the application and all sections are error-	
 Click on "Save & Exit" to exit the application and return to the "workspace." Navigate to the left of your screen, and under "My Activities," click "Submit Study" to initial IRB review. 	e

• **REMEMBER** to select which will take you to the study main page. Selecting this will **NOT** submit your application to the IRB. You must navigate to **MY ACTIVITIES** and select 'Submit Study' if you are ready to submit to the IRB.



Related Links and Interactive Tools

I do not know if my research is considered human subject research or if I need to submit to the IRB?

Who can serve as the Principal Investigator on a research study?

What are the CITI requirements for the study personnel on my application?

What application type should I choose?

Are my research sites engaged in research? Use the Engagement in research tool.

I will be using a site for recruitment only, where can I find the performance site approval form?

Where can I read more information about international research and sites?

Who can I contact regarding Institutional Biosafety Committee (IBC) approval?

Who can I contact for questions about Scientific Review Board and obtaining SRB approval?

What consent template should I use? Use IRB Review Type and Template Recommendation Tool.

Where can I find the most recent consent form templates?

I will be using a site for recruitment only, where can I find the performance site approval form?

If you have any other questions, please contact the IRB inbox at irboffice@research.rutgers.edu.



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