Virginia Hospital Center Arlington Health Care System
Pre-Application for Research Project

1. General Project Information

Category	☒ Device ☐ Medication ☐ Biologic ☐ Gene Transfer ☐ Interventional ☐ Nursing ☐ Other:
Protocol Number	
Project Title	
Project Sponsor	
Protocol Version Date	

2. Site information

Principal Investigator (PI) - must be VHC staff	
Address	
Phone	
Email	
Subinvestigators	
Study Coordinator (SC)	
SC Address	
SC Phone	
SC email	

3. Research Project Information

Brief Historical Background of Project	
Protocol Main Objectives	
Study Plan Summary	
Potential Risks:	
Projected Project Start Date:	
Projected Subject Enrollment	
Recruitment base for subjects:	
Projected duration of project:	

4. Is this a federally funded research project requiring Federal Wide Assurance?

☐ No
☐ Yes

5. Check all Virginia Hospital Center Departments which this study or study-related procedures will impact.

☐ Laboratory	☐ Nursing	☐ Other:
☐ Operating Room	☐ Pathology	
☐ Pharmacy	☐ Radiology	

Complete *Appendix A* for each department checked. *Appendix A must be completed before final CRC approval will be granted.*

6. Will Sponsor personnel be required to be on-site in Virginia Hospital Center to support this study?

☐ No

☐ Yes - If yes, contact the appropriate department to determine the requirements for personnel access to VHC:

- For a Vendor sponsor, please contact Purchasing at extension 6521
- For a physician, not under a Vendor sponsor, contact the Medical Staff Office at extension 6140
- For other personnel, contact Human Resources at extension 6572

7. Will non- VHC equipment or devices be utilized in the performance of study procedures?

☐ No

☐ Yes - Contact Biomedical Engineering at extension 6570 for equipment inspection

- Complete and return *Appendix B* ***to the CRC before starting this project.***
- List non-VHC equipment or devices:

8. Will VHC Laboratory or Pathology Services be utilized for this project?

☐ No

☐ Yes - Complete *Appendix A* and List requested Laboratory/Pathology services required by this project:

9. Will VHC Nursing personnel be involved in the conduct of this Project:

☐ No

☐ Yes - Complete *Appendix A*

- What is the scope of proposed Nursing personnel involvement?
- Will Nursing personnel require in-service?
  - ☐ No
  - ☐ Yes - Who will provide this in-service?

10. INFORMED CONSENT

Who will conduct the informed consent discussion with study participants?

A copy of the signed IRB approved informed consent is required to be placed in subject's VHC medical record. Failure to comply will result in project termination.

11. MEDICATION

☐ Section 11, MEDICATION, is not applicable

Complete the following if Section 11, MEDICATION, is applicable.

Does this project require dispensation of medication to subjects?	☐ No ☐ Yes - Complete *Appendix A* - Include the Investigator's Drug Brochure or package insert with this submission - List each medication
Indicate storage requirement	
Indicate dispensation requirements	
Contact for Drug Supply	
List study team members who have been delegated by PI to prescribe medication:	

*NB: **All medication dispensed to subjects in Virginia Hospital Center must be dispensed by the VHC Pharmacy***

12. DEVICE PROJECTS

☐ Section 12, DEVICE PROJECTS, is not applicable

Complete the following if Section 12, DEVICE PROJECTS, is applicable

Device Name	
For what indication is the device being used in this study?	
Please document storage plan for this device. Include storage requirement.	
Device is classified as	☐ Significant ☐ Non-significant risk
Device is	☐ Category A (not eligible for reimbursement) ☐ Category B (eligible for reimbursement)
Has the device been approved by the FDA for marketing in the U.S.?	☐ No ☐ Yes - for what indication?
List study team members who have been delegated by PI to use the device.	

For CRC approval consideration, submit the ☐ Device Manual **and** ONE of the following:

☐ FDA letter granting the Investigational Device Exemption
☐ Letter from the Sponsor stating that the device is a non-significant risk device study
☐ Letter explaining why the investigation is exempt from IDE requirements under 21CFR 8.12.2 or otherwise exempt

13. STEM CELLS OR HUMAN GENE TRANSFER STUDIES*

☐ Section 13, STEM CELLS OR HUMAN GENE TRANSFER STUDIES, is not applicable

Complete the following if Section 13, STEM CELLS OR HUMAN GENE TRANSFER STUDIES, is applicable.

Investigation product is	☐ Stem Cells ☐ Human Gene Transfer
Name reviewing Biosafety Committee:	
Address of reviewing Biosafety Committee:	
Name of local Site Representative on Biosafety Committee:	
How will investigational product be transferred and stored at VHC?	
Indicate the storage requirements of investigational product:	

☐ Institutional Biosafety Committee approval must be forwarded to the CRC prior to starting this project
☐ Include the Investigator Brochure with this submission

14. STUDY PERSONAL

Principal Investigator (PI must be VHC staff):
Please list investigator's past clinical research experience:
☐ Attach copy of certification or training in ICH-GCP (International Committee for Harmonization and Good Clinical Practice) *or* ☐ Attach a copy of Training in Protection of Human Research Subjects.

Subinvestigators - List all delegated subinvestigators:
☐ Attach copy of certification or training in ICH-GCP (International Committee for Harmonization and Good Clinical Practice) *or* ☐ Attach a copy of the study coordinator's curriculum vitae with listed clinical research experience**.**

Study Coordinator – List all Study Coordinators involved with this study:
Is study coordinator certified? ☐ No ☐ Yes
Is study coordinator trained to perform the following procedures? ☐ IATA certified ☐ Phlebotomy ☐ECG ☐IRB document preparation
☐ Attach copy of certification or training in ICH-GCP (International Committee for Harmonization and Good Clinical Practice) *or* ☐ Attach a copy of Training in Protection o f Human Research Subjects.

15. CONTRACTS AND BUDGET

☐ Submit a template of the proposed Clinical Study Agreement to VHC Legal Department for approval as soon as available. Virginia Hospital Center must be included as a party to the Indemnification Agreement.
☐ Contact James Hogan in Accounting (extension 6205) for negotiation of fees for services provided by VHC.
☐ Contact Sam Crosby (extension x8197) to arrange payment for VHC services.

The fee for CRC review of Projects is $500.00. This fee is waived for Resident and Nursing research.

16. INSTITUTIONAL REVIEW BOARD Requirements

Schulman Associates IRB (SAIRB) is the contracted Institutional Review Board for Virginia Hospital Center. Instructions and forms for submissions may be found at the following URL: www.sairb.com. SAIRB contact information is:

Schulman Associates IRB
4445 Lake Forest Drive, Suite 300
Cincinnati, OH 45242
Phone: 513-761-4100

When submitting the project to SAIRB identify the project as being conducted at Virginia Hospital Center. SAIRB will insert:

1. an Indemnification Clause for Virginia Hospital Center, and
2. the Virginia Hospital Center approved HIPAA consent

Waiver from Exclusivity from review by SAIRB
If there is reason to request review by an IRB other than SAIRB, please contact the CRC Coordinator to request a letter of waiver from SAIRB. This letter must be obtained prior to submission to an IRB other than SAIRB.

With approval from an IRB other than SAIRB, the investigator is obligated to provide the CRC with a copy of the reviewing IRB's (1) letter of approval and (2) membership roster.

A copy of all Serious Adverse Events, Interim, Continuing, Periodic, and Final Review Reports sent to SAIRB by the investigator, must also be sent to the Virginia Hospital Center Clinical Research Committee. Failure to comply will result in project termination.

Please fax IRB Reports to 703-528-1652.

Fees for IRB review may be obtained by request from Schulman Associates IRB website at www.sairb.com.

For Humanitarian Device Use IRB requirements, please review *Appendix C*

17. HIPAA REQUIREMENTS

Note: Per the *Privacy Rule* of the Health Insurance Portability and Accountability Act of 1996, investigators must not perform retrospective chart reviews of patients who are not under their care without individual authorization (per 45 CFR 164.508) or with a waiver from the IRB (per 45 CFR 164.512I). Furthermore, per 21 CFR 50.20 and 21 CFR 312.60, you must provide non-English speaking subjects with study documents, including the informed consent, in that subject's native language. This includes, but is not limited to, providing translator services for study-related questions.

18. PRINCIPAL INVESTIGATOR AGREEMENT

I agree to assume overall administrative responsibilities for *all aspects* of each protocol approved under this Agreement. I will maintain *appropriate oversight* of the research protocol and my research staff and appropriately delegate research responsibilities.

I will ensure that all members of my research staff, and all others directly involved in the conduct of the study, are qualified by education, training, and experience to perform their research responsibilities.

I acknowledge that my primary responsibility as a PI is to safeguard the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

I will recruit participants in a fair and equitable manner, weighing the potential benefits of the research to the participants against their vulnerability and the risks to them. I have determined, before conducting the research study, that the resources necessary to appropriately protect participants are present

I will seek and obtain approval for this protocol from the overseeing Institutional Review Board and for any substantive modification of the protocol, and will promptly report any unexpected or otherwise significant adverse effects encountered in the course of this study.

I agree to cooperate with the IRB as it conducts initial and continuing review, including providing required information, records, reports, and certifications.

I will ensure that the periodic continuing review of my research will occur within the time frame stipulated by the IRB, and no research will continue beyond the designated approval period.

In the event I am found to have failed to comply of with any of these requirements, the IRB will report such noncompliance to institutional officials, the Office of Human Research Protections (OHRP), the compliance officer of any other sponsoring federal department or agency, such as the FDA, and the non-federal sponsor of the research, as appropriate

I certify that the information contained within this pre-application is accurate and true, and that the procedures to be taken for the protection of human subjects are correct. I also understand that there may be charges associated with this project that Virginia Hospital Center will bill for the project.

_____

Principal Investigator's Name (PRINT)

_____ _____

Principal Investigator's Signature **Date**

Appendix A: Departmental Approval of Project

Protocol Number: PI:

Please complete this form for each department at VHC in which study procedures will be conducted:

Department:
List activities involving this department:

Department Head Approval

☐ The requirements of the study and the impact on my department have been presented and discussed with me.

☐ The details for reimbursement of costs to VHC have been finalized.

☐ I agree that this department and staff will be able to fulfill the protocol requirements as listed above

Or

Conditions for Approval as listed:

_____ _____

Department Head signature Date

_____ _____

Departmental Vice President Signature Date

Appendix B: Biomedical Inspection of Equipment used for Research.

Protocol Number: PI:

The following equipment required for conducting this study has been inspected for use by the Bioengineering Department at Virginia Hospital.

	☐ Approved	☐ Disapproved
	☐ Approved	☐ Disapproved
	☐ Approved	☐ Disapproved
	☐ Approved	☐ Disapproved
	☐ Approved	☐ Disapproved

Or

Conditions for approval as listed:

_____ _____

Department Head Signature Date

_____ _____

Departmental Vice President Signature Date

Appendix C: Schulman Associates Institutional Review Requirements for Humanitarian Device Use/ Humanitarian Device Exemption Projects (HUD/HDE):

Follow the general guidance and forms available on SAIRB website for a study protocol that is being submitted by a site. Schulman Associates IRB recognizes that forms and processes are written for use with a study; please complete the applicable forms to the extent possible and indicate "not applicable" as necessary.

In addition to the general guidance and submission requirements, the following additional requirements/guidance are provided to assist in preparing HUD/HDE submissions. The following items should be included in each submission:

Physician letter - letters from those physicians who have or are applying for clinical privileges to deploy the device, setting forth the indications and rationale for use of the device.

Consent Document- the consent document that has been developed for use with patients at VHC, which describes the device and the procedure for device use (surgical consent). Please prepare consent for the humanitarian use of the device and submit it, in Word format, to Schulman IRB for review.

The procedure for tracking the devices and the reporting of information that must come to Schulman when a device is deployed and when an adverse event occurs. Please provide confirmation that your institution also will report adverse events to the FDA.

History of adverse events occurring during/following previous use of the device, if the HUD was previously utilized under another IRB's oversight

Research Site Submission Form - Complete as much of the form as is applicable. Please be sure to complete items #28-31 addressing medical board charges/sanctions against any of the identified investigators. Please submit a letter along with your Submission Form indicating that you are requesting a review of a Humanitarian Use Device.

CVs and medical licenses of all the physicians who are competent to use the device and who may possibly use the device.

Product brochures, as well as the **labeling** for the device. The labeling should incorporate discussion of the potential risk and benefits of the device as well as any procedures associated with the use of the HUD. Schulman requires assurance that the labeling states that the device is a humanitarian use device and, although authorized by Federal Law, the effectiveness of the device for a specific indication has not been demonstrated.

FDA correspondence describing/confirming status of device/HDE approval

Appendix D: Emergency Use of an Investigational Drug or Biologic - Information Sheet Guidance for Institutional Review Boards and Clinical Investigators

The emergency use of test articles frequently prompts questions from Institutional Review Boards (IRBs) and investigators. This information sheet addresses three areas of concern: emergency Investigational New Drug (IND) requirements; IRB procedures; and informed consent requirements.

Obtaining an Emergency IND

The emergency use of an unapproved investigational drug or biologic requires an IND. If the intended subject does not meet the criteria of an existing study protocol, or if an approved study protocol does not exist, the usual procedure is to contact the manufacturer and determine if the drug or biologic can be made available for the emergency use under the company's IND.

The need for an investigational drug or biologic may arise in an emergency situation that does not allow time for submission of an IND. In such a case, FDA may authorize shipment of the test article in advance of the IND submission. Requests for such authorization may be made by telephone or other rapid communication means [21 CFR 312.310(d)].

FDA Contacts for Obtaining an Emergency IND

Product	Office/Division to Contact
drug products	Division of Drug Information[1] (888) 463-6332 (301) 796-3400
biological blood products	Office of Blood Research and Review (HFM-300) (301) 827-3518
biological vaccine products	Office of Vaccines Research (HFM-400) (301) 827-3070
On nights and weekends	Office of Crisis Management & Emergency Operations Center (866) 300-4374 (301) 796-8240

Emergency Exemption from Prospective IRB Approval

Emergency use is defined as the use of an investigational drug or biological product with 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 [21 CFR 56.102(d)]. The emergency use provision in the FDA regulations [21 CFR 56.104(c)] is an exemption from prior review and approval by the IRB. The exemption, which may not be used unless all of the conditions described in 21 CFR 56.102(d) exist, allows for one emergency use of a test article without prospective IRB review. FDA regulations require that any subsequent use of the

investigational product at the institution have prospective IRB review and approval. FDA acknowledges, however, that it would be inappropriate to deny emergency treatment to a second individual if the only obstacle is that the IRB has not had sufficient time to convene a meeting to review the issue.

Life-threatening, for the purposes of section 56.102(d), includes the scope of both life-threatening and severely debilitating, as defined below.

- **Life-threatening** means diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted and diseases or conditions with potentially fatal outcomes, where the end point of clinical trial analysis is survival. The criteria for life-threatening do not require the condition to be immediately life-threatening or to immediately result in death. Rather, the subjects must be in a life-threatening situation requiring intervention before review at a convened meeting of the IRB is feasible.
- **Severely debilitating** means diseases or conditions that cause major irreversible morbidity. Examples of severely debilitating conditions include blindness, loss of arm, leg, hand or foot, loss of hearing, paralysis or stroke.

Institutional procedures may require that the IRB be notified prior to such use; however, this notification should not be construed as an IRB approval. Notification should be used by the IRB to initiate tracking to ensure that the investigator files a report within the five day time-frame required by 21 CFR 56.104(c). The FDA regulations do not provide for expedited IRB approval in emergency situations. Therefore, "interim," "compassionate," "temporary" or other terms for an expedited approval process are not authorized. An IRB must either convene or give "full board" approval of the emergency use or, if the conditions of 21 CFR 56.102(d) are met and it is not possible to convene a quorum within the time available, the use may proceed without any IRB approval.

Some manufacturers will agree to allow the use of the test article, but their policy requires "an IRB approval letter" before the test article will be shipped. If it is not possible to convene a quorum of the IRB within the time available, some IRBs have sent to the sponsor a written statement that the IRB is aware of the proposed use and considers the use to meet the requirements of 21 CFR 56.104(c). Although, this is not an "IRB approval," the acknowledgment letter has been acceptable to manufacturers and has allowed the shipment to proceed.

This policy is undergoing review and is subject to change.

Exception from Informed Consent Requirement

Even for an emergency use, the investigator is required to obtain informed consent of the subject or the subject's legally authorized representative unless both the investigator and a physician who is not otherwise participating in the clinical investigation certify in writing all of the following [21 CFR 50.23(a)]:

1. The subject is confronted by a life-threatening situation necessitating the use of the test article.
2. Informed consent cannot be obtained because of an inability to communicate with, or obtain legally effective consent from, the subject.

3. Time is not sufficient to obtain consent from the subject's legal representative.
4. No alternative method of approved or generally recognized therapy is available that provides an equal or greater likelihood of saving the subject's life.

If, in the investigator's opinion, immediate use of the test article is required to preserve the subject's life, and if time is not sufficient to obtain an independent physician's determination that the four conditions above apply, the clinical investigator should make the determination and, within 5 working days after the use of the article, have the determination reviewed and evaluated in writing by a physician who is not participating in the clinical investigation. The investigator must notify the IRB within 5 working days after the use of the test article [21 CFR 50.23(c)].

Exception from Informed Consent for Planned Emergency Research

The conduct of planned research in life-threatening emergent situations where obtaining prospective informed consent has been waived is provided by 21 CFR 50.24. The research plan must be approved in advance by FDA and the IRB, and publicly disclosed to the community in which the research will be conducted. Such studies are usually not eligible for the emergency approvals described above. The information sheet "Exception from Informed Consent for Studies Conducted in Emergency Settings: Regulatory Language and Excerpts from Preamble," is a compilation of the wording of 21 CFR 50.24 and pertinent portions of the preamble from the October 2, 1996 Federal Register.

Do not complete this page. (For use by Clinical Research Committee.)

Project Title:	
Principal Investigator:	
Date received by CRC:	
Date sent to CRC members:	
Date approved/disapproved:	
Reason for disapproval:	
Date of approval letter:	
CRC Members voting approval:	
CRC Members voting disapproval:	
CRC Members not voting:	