<Insert Protocol Title>

|  |  |
| --- | --- |
| Principal Investigator: | Insert the name of the principal investigatorInsert department nameInsert addressInsert phone number |
| Co-Investigator(s): | Insert the name of the co-investigator(s)Insert department nameInsert addressInsert phone number |
| Statistician: | Insert the name of the statisticianInsert department nameInsert addressInsert phone number |
| Funding Sponsor: | Insert the name of primary funding institutionInsert addressInsert phone number |
| IND/IDE Holder: | Insert name of IND or IDE holder, if applicable |
| IND/IDE Number: | Insert IND or IDE number, if applicable |
| Study Product: | Insert study drug name – generic, followed by marketed name, if applicable |
| Protocol IDs: | JeffTrial # pendingPRC # pendingIRB Control # pending |

**NOTICE: delete this text box before finalizing the protocol.**

Delete all instructions once protocol is finalized.

Delete all unused sample text once protocol is finalized.

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| **Version Number:** | **Version Date:** |
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# Signature Page

For multi-site studies, the protocol will be signed by the clinical site investigator who is responsible for the day to day study implementation at his/her specific clinical site. For a clinical trial involving an Investigational New Drug (IND), this is the individual who signs the Form FDA 1572 for a drug or the investigator agreement for a device.

The signature below constitutes the approval of this protocol and the attachments, and provides the necessary assurances that this trial will be conducted according to all stipulations of the protocol, including all statements regarding confidentiality, and according to local legal and regulatory requirements and applicable US federal regulations and ICH guidelines.

Principal Investigator:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Name: | <enter PI’s name here> |
| Title:  | <enter PI’s title here> |

# Statement of Compliance

This study will be conducted in accordance with the International Conference on Harmonisation guidelines for Good Clinical Practice (ICH E6), the Code of Federal Regulations on the Protection of Human Subjects (45 CFR Part 46), and Thomas Jefferson University research policies

# List of Abbreviations

Please add all disease or study-specific abbreviations/acronyms in this section. Modify this list as needed for your particular study and remove abbreviations that are not used in the document.

|  |  |
| --- | --- |
| AE | Adverse Event/Adverse Experience |
| CFR | Code of Federal Regulations |
| CIOMS | Council for International Organizations of Medical Sciences |
| CONSORT | Consolidated Standards of Reporting Trials |
| CRF | Case Report Form |
| CRO | Clinical Research Organization |
| CTCAE | Common Terminology Criteria for Adverse Events |
| DSMC | Data and Safety Monitoring Committee |
| DSMP | Data and Safety Monitoring Plan |
| FDA | Food and Drug Administration |
| FWA | Federalwide Assurance |
| GCP | Good Clinical Practice |
| GWAS | Genome-Wide Association Studies |
| HIPAA | Health Insurance Portability and Accountability Act |
| IB | Investigator’s Brochure |
| ICF | Informed Consent Form |
| ICH | International Conference on Harmonisation |
| IDE | Investigational Device Exemption |
| IND | Investigational New Drug Application |
| IRB | Institutional Review Board |
| MedDRA | Medical Dictionary for Regulatory Activities |
| MOP | Manual of Procedures |
| N | Number (typically refers to participants) |
| NCI | National Cancer Institute |
| NIH | National Institutes of Health |
| OHRP | Office for Human Research Protections |
| PHI | Protected Health Information |
| PI | Principal Investigator |
| PRC | Protocol Review Committee |
| QA | Quality Assurance |
| QC | Quality Control |
| SAE | Serious Adverse Event/Serious Adverse Experience |
| SDS | Safety Data Sheet (formerly MSDS; Material Safety Data Sheet) |
| SKCC | Sidney Kimmel Cancer Center |
| SOP | Standard Operating Procedure |
| TJU | Thomas Jefferson University |
| UAP | Unanticipated Problem |
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# Study Summary

Limit to 1-2 pages; put key words in boldface.

|  |  |
| --- | --- |
| **Title:** |  |
| **Précis:** | <A brief overview of the study design, including study groups, schedule of interventions, schedule for specimen or data collection, and analyses to be performed.> The précis should be only a few sentences in length. A detailed schematic describing all visits and assessments (schedule of events) should be included as Appendix A. |
| **Objectives:** | <Insert objectives copied from the body of the protocol. Include the primary objective and secondary objectives and specify outcome measures.> |
|  | Primary:  |
|  | Secondary:  |
| **Population:** | <Population information, including sample size, gender, age, demographic group, general health status, geographic location.> |
| **Phase:** | <Pilot, I, II, III, or IV (if applicable)> |
| **List of Sites:** | <Insert a list of sites> |
| **Description of Intervention:** | <Describe the intervention. If intervention is a drug, include dose and route of administration. For a non-pharmaceutical study (device, procedure or behavioral intervention), provide brief description.> |
| **Study Duration:** | <Estimated time (in months) from when the study opens to enrollment until completion of data analyses.> |
| **Participant Participation Duration:** | <Time it will take to conduct the study for each individual participant.> |
| **Estimated Time to Complete Enrollment:** | <Estimated time from enrollment into study of the first participant to enrollment into study of the last participant.> |

**Schematic of Study Design:**

The diagram below shows the preferred format and the level of detail needed to convey an overview of study design. Complete each text box with study-specific information and adapt the diagram to illustrate your study design (e.g., changing method of assignment to study group, adding study arms, visits, etc.). The time point(s) indicated in the schematic must correspond to the time point(s) in the protocol, Study Schedule, e.g., Visit 1, Day 0; Visit 2, Day 30 ± 7; etc.}

If the study does not use randomization, modify deleting randomization part.

Prior to

Total N: Obtain informed consent. Screen potential subjects by inclusion and exclusion criteria; obtain history, document.

Enrollment

Perform baseline assessments.

(*list specimens to be collected, examinations or imaging or laboratory assays to be performed, questionnaires to be completed*)

Administer initial study intervention.

Visit 1

Time Point

Repeat study intervention (*if applicable*).

Visit 2

Time Point

Follow-up assessments of outcome measures and safety

(*list specimens to be collected, examinations or imaging or laboratory assays to be performed, questionnaires to be completed*)

Visit 3

Time Point

Follow-up assessments of outcome measures and safety

(*list specimens to be collected, examinations or imaging or laboratory assays to be performed, questionnaires to be completed*)

Visit 4

Time Point

**Final Assessments**

*List analyses to be performed*

Visit X

Time Point

# Introduction

## Background Information

This section is to include brief background information for this trial. It will not be a copy of the background information from a grant application.

Include:

* A brief description of the health problem that the study will address
* The name and description of the study intervention/study product(s)
* Discussion of important research relevant to the study that provides background and scientific justification for the study (include findings from in vitro studies, preclinical in vivo studies, and relevant clinical trials)
* A brief description of the study’s overall goal
* Applicable clinical, epidemiological, or public health background or context of the study
* Importance of the study and any relevant treatment issues or controversies

<Insert text>

## Rationale for the Proposed Study

Include a description of, and justification for, the route of administration, dosage, dosing regimen, intervention periods, or behavioral intervention methods and selection of study population. Include a statement of the hypothesis.

<Insert text>

## Correlative Studies

<Insert text>

## Potential Risks and Benefits

Include in Sections 1.4.1 and 1.4.2, a discussion of known risks and benefits, if any, to human participants. Be sure that information in these sections is consistent with your consent document.

NOTE: This information will be used to determine whether an event is “Expected” and therefore not an unanticipated problem requiring expedited reporting.

<Insert text>

### Potential Risks

Describe in detail any physical, psychological, social, legal, economic, or any other anticipated risks to study participants. Include risks of study intervention and other study procedures.

One or more of the following may serve as the source of risk information:

* Package insert for a licensed product
* Investigator’s Brochure (IB) for an investigational product
* Preclinical data reports
* Literature search and review (include references)

<Insert text>

### Benefits

If the research is beneficial, describe any physical, psychological, social, legal, or any other anticipated benefits to participants. While it may not provide direct benefit to participants, the importance of the knowledge that may result from the study may be mentioned.

Note: Compensation to participants is not considered a “benefit.”

<Insert text>

# Study Objectives

## Objectives

Provide a detailed description of the one primary objective and any secondary objectives of the study. An objective is the reason for performing the study in terms of the scientific question to be answered. The primary objective is the main question. This objective generally drives statistical planning for the trial (e.g., calculation of the sample size to provide the appropriate power for statistical testing). Secondary objectives are goals that will provide further information on the use of the intervention.

For behavioral and social intervention studies, common primary objectives are to determine the efficacy or effectiveness of an intervention, or to test a proposed mechanism of action of an intervention. Common secondary objectives are to identify mediators or moderators of an intervention effect.

Express each objective as a statement of purpose (e.g., to assess, to determine, to compare, to evaluate) and include:

* General purpose (e.g., feasibility, acceptability, efficacy, safety, tolerability, pharmacokinetics) and/or specific purpose (e.g., superiority to placebo, mechanisms of action, effect of an intervention on disease incidence, disease severity, or health behavior)
* Name(s) of intervention (e.g., procedure, behavioral intervention) being evaluated, intervention frequency

<Insert text>

### Primary

<Insert text>

### Secondary

<Insert text>

### Exploratory

<Insert text>

## Endpoints/Outcome Measures

This section will include the methods for assessing how the objectives are met, i.e., the study outcome measures.

An outcome measure is a specific measurement or observation used to assess the effect of the study intervention. Outcome measures should be prioritized and will correspond to the study objectives and hypotheses being tested. Give succinct but precise definitions of the outcome measures used to address the study’s primary objective and key secondary objectives (e.g., specific laboratory tests that define safety or efficacy, clinical assessments of disease status, assessments of psychological characteristics, assessments of individual or group oral health behaviors, assessments of healthcare visit attendance, etc.). Include the study visits or time points at which data will be recorded or samples will be obtained.

<Insert text>

### Primary

Generally, there must be just one primary outcome measure that will provide a clinically relevant, valid, and reliable measure of the primary objective. Additional measures may require an adjustment to the sample size calculations and p-value threshold.

<Insert text>

### Secondary

Describe secondary outcome measures, whether they add information about the primary objective or address secondary objectives. Discuss their importance and role in the analysis and interpretation of study results.

<Insert text>

### Exploratory

<Insert text>

# Study Design

The scientific integrity of the trial and the credibility of the data from the trial depend substantially on the trial design. Include a brief paragraph or bulleted text describing the trial design. This section will include:

* A brief description of the type/design of trial to be conducted (e.g., randomized, placebo-controlled,, parallel group, cross-over)
* A description of the study population (e.g., healthy/sick, inpatient/outpatient, demographic groups). Do not list inclusion/exclusion criteria here, as these will be listed in Section 4.1.
* A brief discussion of the rationale for design features
* Phase of trial, if applicable
* Single or multicenter
* The number of study groups/arms
* Description of study groups/arms including sample size (including a table, if appropriate); stratifications that will affect enrollment
* Approximate time to complete study enrollment
* The expected duration of participant participation
* Identification and specifics of administration of the study intervention and its control or comparison (e.g., placebo, current standard of care treatment, etc.)
* A brief description of the sequence and duration of all trial periods, including follow-up (specify individual participants vs. entire trial). Details of study visit schedules will be included in Section 6.
* Planned variation in intervention dose or schedule
* A brief summary of methods for collecting data for assessment of study objectives (detailed methods will be included in Section 7).
* Other protocol-specific details, such as centralization of evaluations (e.g., central laboratory or central reading center for clinical scans)

## Characteristics

<Insert text>

## Number of Participants

<Insert text>

## Duration of Study Participation

<Insert text>

## Duration of Follow Up (if applicable)

<Insert text>

## Study Timeline

### Primary Completion

<Insert text>

### Study Completion

<Insert text>

# Study Enrollment and Withdrawal

In the following subsections, define the study population, describe participant recruitment, and discuss issues related to participant withdrawal. Address the following in these subsections as applicable:

* Provide the target sample size; identify anticipated number to be screened in order to reach the target enrollment.
* Specify approach(es) for conforming with NCI policy on inclusion of women and minorities. Include numbers of women and minorities expected to be recruited, or provide justification if women and/or minorities will not be recruited.
* Indicate from where the study population will be drawn (e.g., inpatient hospital setting, outpatient clinics, student health service, or general public). Where appropriate (single center studies), include names of hospitals, clinics, etc.
* If the study intends to enroll children, pregnant women, prisoners, or other vulnerable populations, refer to applicable section of 45 CFR Part 46 Subpart B – Additional Protections for Pregnant Women, Human Fetuses and Neonates Involved in Research (45 CFR Part 46.201-46.207); Subpart C – Additional Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects (45 CFR Part 46.301-46.306); Subpart D – Additional Protections for Children Involved as Subjects in Research (45 CFR Part 46.401-46.409). Please refer to these regulations and Office for Human Research Protections (OHRP) guidelines when choosing the study population. Note that these regulations apply if any participants are members of the designated population even if it is not the target population (for example, if a participant becomes a prisoner during the study). Refer to: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html> <http://www.hhs.gov/ohrp/archive/irb/irb_guidebook.htm>
* If this is a multisite trial, consider using different subject numbering for each site, i.e., Center city subjects numbered as 101, 102, 103 …. And JNE subjects numbered as 201, 202, 203….

## Eligibility Criteria

Use the following guidelines when developing participant eligibility criteria:

* The eligibility criteria must provide a definition of participant characteristics required for study entry.
* The risks of the intervention should be considered in the development of the inclusion/exclusion criteria so that risk is minimized.
* The same criterion should not be listed as both an inclusion and exclusion criterion (e.g., do not state age >32 years old as an inclusion criterion and age ≤32 years old as an exclusion criterion).
* Identify specific laboratory tests or clinical characteristics that will be used as criteria for enrollment.
* If reproductive status (i.e., pregnancy, lactation, reproductive potential) is an eligibility criterion, provide specific contraception requirements (e.g., licensed hormonal methods).}

### Inclusion Criteria

List each criterion.

Individuals must meet all of the following inclusion criteria in order to be eligible to participate in the study:

{Begin sample text}

* Provide signed and dated informed consent form
* Willing to comply with all study procedures and be available for the duration of the study
* Male or female, aged XX to XX
* In good general health as evidenced by medical history or Diagnosed with specific condition/disease or Exhibits specific clinical signs or symptoms or physical/oral examination findings
* Laboratory results within a specific range
* Women of reproductive potential must use highly effective contraception {specify methods of contraception acceptable for the study, e.g., licensed hormonal methods.}
* Men of reproductive potential must use condoms

{End sample text}

### Exclusion Criteria

List each criterion.

An individual who meets any of the following criteria will be excluded from participation in this study:

{Begin sample text}

* Medical condition, laboratory finding, or physical exam finding {specify, e.g., vital signs outside of specific range} that precludes participation
* Use of disallowed concomitant medications {specify}
* Presence of <specific devices (e.g., pace maker)>
* Recent febrile illness that precludes or delays participation {specify time frame}
* Pregnancy or lactation
* Known allergic reactions to components of the study product(s)
* Treatment with another investigational drug or other intervention {within a specified time frame}
* History of or current tobacco, drug or alcohol use {define parameters for exclusion}
* Characteristics of household or close contacts {e.g., household contacts who are immunocompromised, residence in same household as a participant already participating in study, if blinding or compliance could potentially be compromised}
* Anything that would place the individual at increased risk or preclude the individual’s full compliance with or completion of the study.

{End sample text}

## Gender/Minority/Pediatric Inclusion for Research

<Insert text>

## Strategies for Recruitment and Retention

Identify strategies for participant recruitment and retention. If participants will be compensated for study participation, describe amount and schedule of payments. If the study requires long-term participant participation, describe procedures that will be used to enhance participant retention (e.g., multiple methods for contacting participants, visit reminders, incentives for visit attendance, etc.)

<Insert text>

## Participant Withdrawal

### Reasons for Withdrawal

Provide a list of reasons participants may be withdrawn from the study. It may be appropriate to provide distinct discontinuation criteria for participants and cohorts. If so, both sets of criteria will be listed separately and the distinction between the two must be stated clearly. Also note that participants may withdraw voluntarily from participation in the study at any time.

Participants are free to withdraw from participation in the study at any time upon request.

An investigator may terminate a study participant’s participation in the study if:

* Any clinical adverse event (AE), laboratory abnormality, or other medical condition or situation occurs such that continued participation in the study would not be in the best interest of the participant.
* The participant meets an exclusion criterion (either newly developed or not previously recognized) that precludes further study participation.

### Handling of Participant Withdrawals and Participant Discontinuation of Study Intervention

Describe efforts that will be made to continue follow-up of withdrawn participants or participants who discontinue study intervention, especially for safety and efficacy outcome measures (if applicable). Every effort must be made to undertake protocol-specified safety follow-up procedures to capture adverse events (AEs), serious adverse events (SAEs), and unanticipated problems (UAPs).

This section will include a discussion of replacement of participants who withdraw or discontinue early, if replacement is allowed.

<Insert text>

## Premature Termination or Suspension of Study

List possible reasons for termination or suspension of the study, e.g., study closure based on principal investigator (PI) decision, or PRC decision. For any study that is prematurely terminated or suspended, the PI will promptly inform the IRB and provide the reason(s) for the termination or suspension.

This study may be suspended or prematurely terminated if there is sufficient reasonable cause. Written notification, documenting the reason for study suspension or termination, will be provided by the suspending or terminating party to <investigator, funding agency, the Investigational New Drug (IND) /Investigational Device Exemption (IDE) sponsor and regulatory authorities>. If the study is prematurely terminated or suspended, the principal investigator will promptly inform the IRB and will provide the reason(s) for the termination or suspension.

Circumstances that may warrant termination include, but are not limited to:

* Determination of unexpected, significant, or unacceptable risk to participants.
* Insufficient adherence to protocol requirements.
* Data that is not sufficiently complete and/or evaluable.
* Determination of futility.

# Study Intervention Description

##

## Study Procedural Intervention(s) Description

If the study does not use a procedural intervention, delete this section, including the heading and associated subheadings.

Describe the intervention(s) that will be tested in the study. If one or more intervention(s) will be compared to a control intervention, include a general description of these. Detailed descriptions of the intervention(s), including any intervention manuals, detailed procedures, participant handouts, etc., can be provided.

Information outlined in the Procedures/Evaluations section will refer to and be consistent with the information in the Schedule of Events in Appendix A.

<Insert text>

## Administration of Procedural Intervention (if applicable)

Include information about who will administer the intervention and how the intervention will be administered. In addition, describe the schedule of the intervention procedure(s), including the number of interventions, frequency of the intervention delivery, and the approximate duration of each intervention.

<Insert text>

## Procedures for Training of Clinicians on Procedural Intervention (if applicable)

Describe any means used to standardize the surgical or procedural intervention (e.g., single operator, calibration, images, minimal time of therapy required, specialized required instruments and/or materials, required measurements). Describe any re-standardization or re-evaluation procedures and time intervals between reassessments.

<Insert text>

## Assessment of Clinician and/or Participant Compliance with Study Procedural Intervention (if applicable)

If applicable, include in this section plans for compliance assessment (e.g., questionnaires, research record review, medical record review, laboratory result review, telephone follow-up contacts, direct observation).

<Insert text>

## Study Behavioral or Social Intervention(s) Description

If the study does not use a behavioral or social intervention, delete this section, including the heading and associated subheadings.

Provide a general description of the behavioral and social intervention(s) included in this study. If one or more intervention(s) will be compared to a control intervention as usual, include a general description of these. Detailed descriptions of behavioral or social intervention(s), including any intervention manuals, scripts, participant hand-outs, etc., can be provided in a separate Manual of Procedures (MOP).

{Begin sample text}

This study will compare three behavioral interventions, each using a different approach to behavior change. The study intervention called “Coping Moments” teaches problem-solving skills, including anticipating challenging situations and developing strategies for coping with these. Coping Moments is a cognitive-behavioral intervention. The study intervention called “Motivating Moments” makes salient the participant’s ambivalence about behavior change, and empowers the participant to make behavior-change decisions. Motivating Moments is a motivation-based intervention. The control intervention called “Teaching Moments” provides participants information about the connection between daily tooth brushing and oral health. Teaching Moments is a psycho-educational intervention.

{End sample text}

# Study Schedule

Information outlined in this section will refer to and be consistent with the information in the Schedule of Events in Appendix A.

Provide a schedule of initial, intermediate, and final study visits, and include all contacts with participants, e.g., telephone contacts. State permissible time windows for study visits, e.g., Day 7 ± 1 day (weekly visits will have a small window, whereas a 6-month follow-up visit might have a window of several weeks). When establishing visit intervals and windows, consider feasibility and relevance to study outcome measures, and take into account how weekends and holidays will affect the windows.

For each visit, identify the purpose and describe what will occur at the visit. If any of the procedures occurring at a visit are completed as part of standard clinical care rather than as study procedures, identify them as such.

In the following subsections, also describe procedures for collection of all study data including clinical observations, laboratory results, images, questionnaire responses.

All procedures listed here need to be specific to the study and not part of standard clinical care. Procedures completed during the study as part of normal standard of clinical care will be identified as such and summarized in a separate section.

## Screening/Enrollment/Baseline

Discuss evaluations/procedures necessary to assess or confirm whether an individual still meets the eligibility criteria and may be enrolled, and specify what will be recorded at baseline . Discuss the sequence of events that will occur during enrollment and/or initial study intervention. List any special conditions (e.g., results available prior to administration of study intervention). List the procedures for administering the study intervention and follow-up procedures after administration.

Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).

<Insert text>

{Begin sample text}

**Enrollment/Baseline Visit (Day 0)**

* Obtain and document consent from participant on study consent form.
* Verify inclusion/exclusion criteria.
* Obtain demographic information, medical/dental history, medication history, alcohol, and tobacco use history.
* Record results of physical and dental examinations.
* Collect blood/urine/saliva/other specimen.
* Administer the intervention. Following administration of <intervention>
	+ Assess pain on visual analog scale
	+ Administer Symptoms Questionnaire

{End sample text}

## Intervention Period

List each intervention or evaluation visit, including visit number and visit window. For each visit, list the procedures to be completed (in chronological order, if applicable).

Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).

{Begin sample text}

**Day X ± Y (or time period)**

{Repeat for each visit, providing a study-appropriate window for the visit.}

* Record adverse events as reported by participant or observed by investigator.
* Record results of physical and dental examinations.
* Collect research samples.
* Administer the <intervention>.
* Record participant’s compliance with <intervention>.
* Following administration of <intervention>
	+ Assess vital signs
	+ Administer Symptoms Questionnaire

{End sample text}

## End of Study Procedures (if applicable)

Define when the final study visit should occur and any special procedures/evaluations or instructions to the participant. Describe provisions for follow-up of ongoing AEs/SAEs. If study results will be shared with participants, discuss when and how participants will receive this information.

Confirm that the procedures listed are consistent with those included in the Schedule of Events (Appendix A).

<Insert text>

{Begin sample text}

**Final Study Visit (Day X ± Y)**

* Record adverse events as reported by participant or observed by investigator.
* Record results of physical and dental examinations.
* Collect the research samples.
* Record participant’s compliance with <intervention>.
* Provide final instructions to participant *{e.g., follow-up of ongoing adverse events, oral hygiene instructions}*.

{End sample text}

## Follow-Up (if applicable)

<Insert text>

<Insert text>

## Withdrawal Visit/Discontinuation of Intervention

If participant withdraws early or investigator terminates participant participation, specify which of the evaluations required for the final study visit should be offered to the participant.

If this is same as end of study procedures, please mention so here or above.

<Insert text>

# Study Procedures and Evaluations (If applicable)

## Laboratory Procedures/Evaluations

### Special Assays or Procedures

List special assays or procedures required to assess the effect of the intervention (e.g., immunology assays, pharmacokinetic studies, images, flow cytometry assays, microarray, DNA sequencing). For research laboratory assays, include specific assays, estimated volume and type of specimen needed for each test. For procedures, provide special instructions or precautions or refer to the study’s MOP. If more than one laboratory will be used, specify which assays will be done by each laboratory.

<Insert text>

### Specimen Preparation, Handling, and Storage

Special instructions for the preparation, handling, and storage of specimens must be explained clearly in this section (or refer to the study’s MOP), including specific time requirements for processing, required temperatures, aliquots of specimens, where they will be stored, and how they will be labeled.

<Insert text>

### Specimen Shipment

State the frequency with which specimens are to be shipped and to what address. Include contact information for laboratory personnel. Include days and times shipments are allowed, and any labeling requirements for specimen shipping. Also, include any special instructions such as dry ice or wet ice or the completion of a specimen-tracking log (or refer to the study’s MOP).

<Insert text>

# Evaluation of Safety

Develop this section in consultation with the Medical Monitor. To establish a meaningful safety system for the study, consider the risks of the study intervention and other study procedures as well as the characteristics of the study population (healthy individuals, individuals with disease, or vulnerable populations such as children). This section needs to be tailored for specific study characteristics, including but not limited to the following:

* the study requires selection of an appropriate toxicity grading scale;
* the study involves risks to individuals other than research participants (e.g., study interventionists, other study staff, family members or associates of study participants, communities, etc.);
* reporting of certain events (e.g., suspected child abuse or substance abuse) is mandatory because of the study population or study design characteristics;
* the study is conducted at multiple sites, and will require centralized safety oversight.

## Specification of Safety Parameters

### Unanticipated Problems

Unanticipated problems (UAPs) include, in general, any incident, experience, or outcome that meets the following criteria:

* unexpected in terms of nature, severity, or frequency given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the participant population being studied;

UAPs are considered to pose risk to participants or others when they suggest that the research places participants or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

### Adverse Events

An adverse event is any untoward or unfavorable medical occurrence in a human participant, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the participant’s participation in the research, whether or not considered related to the participant’s participation in the research.

### Serious Adverse Events

Some protocols may list events specific to the protocol that will be reported as serious. Examples might be post-extraction bleeding in anticoagulated participants and anaphylactic reaction after lidocaine or analgesic administration. Add specific events as appropriate for this trial.

A serious adverse event (SAE) is one that meets one or more of the following criteria:

* Results in death
* Is life-threatening (places the participant at immediate risk of death from the event as it occurred)
* Is disabling or incapacitating
* Results in inpatient hospitalization or prolongation of existing hospitalization
* Results in a persistent or significant disability or incapacity
* Results in a congenital anomaly or birth defect
* An important medical event that may not result in death, be life threatening, or require hospitalization may be considered an SAE when, based upon appropriate medical judgment, the event may jeopardize the participant or may require intervention to prevent one of the outcomes listed in this definition.

## Safety Assessment and Follow-Up

Describe how AEs and SAEs will be followed until resolved or considered stable. Specify procedures for recording and follow-up of SAEs, and AEs that are consistent with the Schedule of Events. Include duration of follow-up after appearance of events (e.g., 1 week, 2 months). Modify time frames as necessary for this study.

The PI will follow adverse events related to the intervention with start dates occurring any time after the intervention has begun until 7 (for non-serious AEs) or 30 days (for SAEs) after the last day of study participation. At each study visit, the investigator (or designee) will inquire about the occurrence of AE/SAEs since the last visit. Events will be followed for outcome information until resolution or stabilization.

## Recording Adverse Events

The following subsections detail what information must be documented for each adverse event occurring during the time period specified in Section 8.2 Safety Assessment and Follow-Up.

### Relationship to Study Intervention

The relationship to study intervention or study participation must be assessed and documented for all adverse events. Evaluation of relatedness must consider etiologies such as natural history of the underlying disease, concurrent illness, concomitant therapy, study-related procedures, accidents, and other external factors.

The following guidelines are used to assess relationship of an event to study intervention:

1. Related (Possible, Probable, Definite)
	1. The event is known to occur with the study intervention.
	2. There is a temporal relationship between the intervention and event onset.
	3. The event abates when the intervention is discontinued.
	4. The event reappears upon a re-challenge with the intervention.
2. Not Related (Unlikely, Not Related)
	1. There is no temporal relationship between the intervention and event onset.
	2. An alternate etiology has been established.

### Expectedness

The PI is responsible for determining whether an AE is expected or unexpected. An AE will be considered unexpected if the nature, severity, or frequency of the event is not consistent with the risk information previously described for the intervention. Risk information to assess expectedness can be obtained from preclinical studies, the investigator’s brochure, published medical literature, the protocol, or the informed consent document.

### Severity of Event

Adverse events will be graded for severity according to the Common Terminology Criteria for Adverse Events (CTCAE) version <insert version number>.

### Intervention

Any intervention implemented to treat the adverse event must be documented for all adverse events.

## Safety Reporting

The text in the following subsection(s) may be customized by including protocol-specific parameters (safety issues) that need to be reported in an expedited fashion, either to the IRB, sponsor, or other regulatory body. For multi-site studies, be cognizant of different IRB reporting requirements.

### Reporting to IRB

Text in the following subsection(s) meets DSMP and IRB reporting requirements for studies. Modify as needed for your study.

#### Unanticipated Problems

All incidents or events that meet criteria for unanticipated problems (UAPs) as defined in Section 8.1.1 Unanticipated Problems require the creation and completion of an unanticipated problem report form (OHR-20).

UAPs that pose risk to participants or others, and that are not AEs, will be submitted to the IRB on an OHR-20 form via the eazUP system within 10 working days of the investigator becoming aware of the event.

UAPs that do not pose risk to participants or others will be submitted to the IRB at the next continuing review.

#### Adverse Events

Grade 1 AEs will be reported to the IRB at continuing review.

Grade 2 AEs will be reported to the IRB at the time of continuing review.

#### Serious Adverse Events

SAEs will be reported to the IRB on OHR-10 forms via the electronic reporting system (eSAEy) according to the required time frames described below.

Grade 3-4 AEs that are unexpected and deemed to be at least possibly related to the study will be reported to the IRB within 2 working days of knowledge of the event.

Grade 3-4 AEs that are deemed unrelated to the study will be reported to the IRB within 5 working days.

Grade 5 AEs will be reported to the IRB within one working day of knowledge of the event.

All SAEs will be submitted to the IRB at continuing review, including those that were reported previously.

### Reporting to SKCC DSMC

Text in the following subsection(s) meets SKCC DSMP reporting requirements for Pilot, Phase I, Phase I/II, and Phase II studies. Modify as needed for your study. If your study is a Phase III trial, then you must form a DSMB, per the SKCC DSMP and wording in this section will change from DSMC to DSMB.

All AEs and SAEs, safety and toxicity data, and any corrective actions will be submitted to the DSMC per the frequency described in the SKCC DSMP. The report to the SKCC DSMC will also include any unanticipated problems that in the opinion of the PI should be reported to the DSMC.

For expedited reporting requirements, see table below: DSMC AE/SAE Reporting Requirements



### Reporting to Funding Sponsor

If applicable, describe the AE, SAE, and UAP reporting procedures and required time frames for reporting to the funding sponsor (or other regulatory body). Include description of when events are reported to various oversight and regulatory groups. Modify as needed for your study.

<Insert text>

### Reporting to FDA (if applicable)

If the study is conducted under an IND or IDE, describe the process for complying with mandatory reporting of safety events to the Food and Drug Administration (FDA). Regulations for drugs and biologics are found in [21 CFR 312.32](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=312.32) and regulations for medical devices are found in [21 CFR 812.150](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.150). Consult the SKCC Program Official and Medical Monitor for assistance. State in the protocol that CRO will be copied on any reports.

<Insert text>

## Halting Rules (if applicable)

Describe safety findings that would prompt temporary suspension of enrollment and/or study interventions until a safety review is convened (either routine or ad hoc). The objective of the safety review is to decide whether the study (or intervention for an individual or study cohort) should continue per protocol, proceed with caution, be further investigated, be discontinued, or be modified and then proceed. Suspension of enrollment (for a particular group, a particular study site or for the entire study) is a potential outcome of a safety review.

Subsequent review of serious, unexpected, and related AEs by the Medical Monitor, DSMC, IRB, the sponsor(s), or the FDA or relevant local regulatory authorities may also result in suspension of further trial interventions/administration of study product at a site. The FDA and study sponsor(s) retain the authority to suspend additional enrollment and study interventions/administration of study product for the entire study, as applicable.

Examples of findings that might trigger a safety review are the number of SAEs overall, the number of occurrences of a particular type of SAE, severe AEs/reactions, or increased frequency of events.

<Insert text>

# Study Oversight

Include and explain any study oversight procedures intended for this study that diverge from the currently approved DSMP.

In addition to the PI’s responsibility for oversight, study oversight will be under the direction of the SKCC’s Data and Safety Monitoring Committee (DSMC). The SKCC DSMC operates in compliance with a Data and Safety Monitoring Plan (DSMP) that is approved by the NCI.

# Clinical Site Monitoring and Auditing

Clinical site monitoring and auditing is conducted to ensure that the rights of human participants are protected, that the study is implemented in accordance with the protocol and/or other operating procedures, and that the quality and integrity of study data and data collection methods are maintained. Monitoring and auditing for this study will be performed in accordance with the SKCC’s Data and Safety Monitoring Plan (DSMP) developed by the SKCC Data and Safety Monitoring Committee (DSMC). The DSMP specifies the frequency of monitoring, monitoring procedures, the level of clinical site monitoring activities (e.g., the percentage of participant data to be reviewed), and the distribution of monitoring reports. Some monitoring activities may be performed remotely, while others will take place at the study site(s). Appropriate staff will conduct monitoring activities and provide reports of the findings and associated action items in accordance with the details described in the SKCC DSMP.

# Statistical Considerations

## Study Hypotheses

State the formal, testable, null, and alternate hypotheses for the primary objective and key secondary objectives.

<Insert text>

## Analysis Plans

Describe analyses for assessing the primary and secondary objectives.

Plans must clearly identify the analyses cohorts (e.g., “Per Protocol” or “Intent to Treat,” as well as subsets of interest) and methods to account for missing, unused or spurious data.

Discuss how outcome measures will be assessed and transformed, if relevant, before analysis. (Examples: Is the primary variable binary, categorical, or continuous? Will a series of measurements within a subject be summarized, such as by calculating the area under the curve? For survival outcome measures, what are the competing risks and censoring variables?)

For complex data analyses (e.g., multiple secondary objectives), an overview of the statistical analyses may be provided here, with more details in a separate statistical analysis plan written prior to performing any analyses.

For Pilot Studies:

Pilot studies are expected to include a statistical analysis plan for the data to be collected. The plan will reflect the objectives of the study and address how the proposed sample size is sufficient to meet the objectives. E.g., if the main objective is to obtain preliminary estimates necessary for designing future trials, then the proposed sample size should provide sufficient precision of the preliminary estimates (measured by the width of the corresponding confidence interval). If the main objective is to evaluate feasibility of a new intervention, then a measure of feasibility must be described and the success rate will be estimated with a corresponding confidence interval.

<Insert text>

## Interim Analyses and Stopping Rules

Describe the types of statistical interim analyses and stopping guidelines (if any) that are proposed, including their timing.

<Insert text>

### Safety Review

If statistical rules will be used to halt enrollment into all or a portion of the study (see Section 8.5 Halting Rules), describe the statistical techniques and their operating characteristics, e.g., the probability of stopping under different safety event rates and the associated number of participants that would be enrolled.

<Insert text>

### Efficacy Review

Provide the same information as in Section 0, but for efficacy outcome measures. Also discuss the impact of the interim analysis (if being done) on the final efficacy analyses, particularly on Type I error.

If formal interim analyses will be performed, provide unambiguous and complete instructions so that an independent statistician could perform the analyses.

<Insert text>

## Sample Size Considerations

Provide all information needed to validate your calculations, and also to judge the feasibility of enrolling and following the necessary numbers of participants.

Consider applicable items from the following list when describing sample size determination:

* Statistical method used to calculate the sample size
* Outcome measure used for calculations (almost always the primary variable)
* Test statistic
* Type I error rate
* Type II error rate
* Method for adjusting calculations for planned interim analyses, if any
* Assumptions used in calculations:
	+ Assumed event rate for dichotomous outcome (or mean or variance of continuous outcome) for each study arm, justified and referenced by historical data as much as possible
	+ Assumed dropout rates, withdrawal, cross-over to other study arms, missing data, etc., also justified
	+ Approach to handling withdrawals and protocol violations, i.e., to what extent data from withdrawn participants will be evaluable (e.g., whether participants will be included in the “intent-to-treat” population), whether withdrawn participants will be replaced

Present calculations from a suitable range of assumptions to gauge the robustness of the proposed sample size. Most assumptions are not accurate as point estimates.

Discuss whether the sample size also provides sufficient power for addressing secondary objectives or for secondary analyses in key subgroup populations.

<Insert text>

### Replacement Policy

<Insert text>

### Accrual Estimates

<Insert text>

## Exploratory Analysis

<Insert text>

## Evaluation of Safety

<Insert text>

# Source Documents and Access to Source Data/Documents

Source data are all information, original records of clinical findings, observations, or other activities in a clinical trial necessary for the reconstruction and evaluation of the trial. Examples of these original documents and data records include, but are not limited to, hospital records, clinical and office charts, laboratory notes, memoranda, participants’ memory aid or evaluation checklists, pharmacy dispensing records, recorded data from automated instruments, audio recordings of counseling sessions or other data collection events, copies or transcriptions certified after verification as being accurate and complete, photographs or digital photo files, x-rays, and participant files and records kept at the pharmacy, at the laboratories, and medico-technical departments involved in the clinical trial. It may be acceptable to use case report forms (CRFs) as source documents, but plans must be discussed with CRO before this process is finalized to ensure that source documentation is adequate. If CRFs are used as source documents, it will be stated in this section what data will be collected on CRFs and what data will be collected from other sources.

Describe how source documents will be managed in the study. Specify what will be considered source documents, how they will be maintained, and who will have access to records.

Adapt as needed to specify what will be source documents for your study

Study staff will maintain appropriate medical and research records for this study, in compliance with ICH E6, and regulatory and institutional requirements for the protection of confidentiality of participant information. Study staff will permit authorized representatives of SKCC and regulatory agencies to examine (and when required by applicable law, to copy) research records for the purposes of quality assurance reviews, audits, and evaluation of the study safety, progress and data validity.

# Quality Control and Quality Assurance

This section will address the plans for local quality assurance and quality control. Quality Management is the overall process of establishing and ensuring the quality of processes, data, and documentation associated with clinical research activities. It encompasses both quality control (QC), and quality assurance (QA) activities. All sites conducting research under the sponsorship of the SKCC are required to have a plan in place for assuring the quality of the research being conducted.

Each site should have standard operating procedures (SOPs) and/or a quality management plan that describe:

* How data will be evaluated for compliance with the protocol and for accuracy in relation to source documents.
* The documents to be reviewed (e.g., CRFs, clinic notes, product accountability records, specimen tracking logs, questionnaires, audio or video recordings), who is responsible, and the frequency for reviews.
* Who will be responsible for addressing quality assurance issues (correcting procedures that are not in compliance with protocol) and quality control issues (correcting errors in data entry).
* Staff training methods and how such training will be tracked.
* If applicable, calibration exercises conducted prior to and during the study to train examiners and maintain acceptable intra- and inter-examiner agreement.

<Insert text>

# Ethics/Protection of Human Participants

## Ethical Standard

If the study is conducted at international sites, the statement could be as above and/or could reference compliance with the GCP, the Declaration of Helsinki,CIOMS, International Ethical Guidelines for Biomedical Research Involving Human Subjects (2002), or another country’s ethical policy statement, whichever provides the most protection to human participants.

The investigator will ensure that this study is conducted in full conformity with the principles set forth in The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research, as drafted by the US National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (April 18, 1979) and codified in 45 CFR Part 46 and/or the ICH E6.

## Institutional Review Board

Each participating institution must provide for the review and approval of this protocol and the associated informed consent documents and recruitment materials by an appropriate IRB registered with the OHRP. Any amendments to the protocol or consent materials must also be approved before they are placed into use. In the United States and in other countries, only institutions holding a current US Federalwide Assurance issued by OHRP may participate. Refer to: <http://www.hhs.gov/ohrp/assurances/>.}

Modify as appropriate for a multi-site study.

The protocol, informed consent form(s), recruitment materials, and all participant materials will be submitted to the IRB for review and approval. Approval of both the protocol and the consent form must be obtained before any participant is enrolled. Any amendment to the protocol will require review and approval by the IRB before the changes are implemented in the study.

## Informed Consent Process

Identify different consent forms that are needed for the study (e.g., screening, study participation, future use of specimens, assent form for minors).

When a study includes participants who may be enrolled in the trial only with the consent of the participant’s legally authorized representative (e.g., minors or participants whose cognitive impairment is such that they are unable to give informed consent), the participant must be informed about the trial to the extent compatible with the participant’s understanding. If capable, the participant will assent and sign and personally date the written consent form. A separate IRB-approved assent form, describing (in simplified terms) the details of the study intervention, study procedures, and risks may be used. Assent forms do not substitute for the consent form signed by the participant’s legally authorized representative.

If non-English speakers will be enrolled, state that a translated consent document will be available and an appropriate person will conduct the consent process. Consider other special circumstances such as low literacy, braille, or web-based consenting.

For a multi-site study, each participating institution will be provided with a model informed consent form. Each institution may revise or add information to comply with institution consent templates, but may not remove procedural or risk content from the model consent form.}

Adapt as needed for the specific study.

Informed consent is a process that is initiated prior to the individual agreeing to participate in the study and continues throughout study participation. Extensive discussion of risks and possible benefits of study participation will be provided to participants and their families, if applicable. A consent form describing in detail the study procedures and risks will be given to the participant. Consent forms will be IRB-approved, and the participant is required to read and review the document or have the document read to him or her. The investigator or designee will explain the research study to the participant and answer any questions that may arise. The participant will sign the informed consent document prior to any study-related assessments or procedures. Participants will be given the opportunity to discuss the study with their surrogates or think about it prior to agreeing to participate. They may withdraw consent at any time throughout the course of the study. A copy of the signed informed consent document will be given to participants for their records. The rights and welfare of the participants will be protected by emphasizing to them that the quality of their clinical care will not be adversely affected if they decline to participate in this study. The consent process will be documented in the clinical or research record.

## Exclusion of Women, Minorities, and Children (Special Populations)

Explain why any of these populations are excluded from study participation, or state that individuals of any age, gender or racial/ethnic group may participate.

<Insert text>

## Participant Confidentiality

Include procedures for maintaining participant confidentiality and any special data security requirements. Describe who would have access to records, including the investigator and other study staff, the clinical monitor, representatives of SKCC or other funding institutions, IRB representatives and regulatory representatives. For some studies, it may be necessary to obtain a Certificate of Confidentiality. A Certificate of Confidentiality protects researchers and research institutions from being forced to provide identifying information on study participants to any federal, state, or local authority. Authorization comes from NIH through section 301 (d) of the Public Health Service Act [42 U.S.C. 241 (d)] which provides the Secretary of Health and Human Services the authority to protect the privacy of study participants. For additional information, see <http://grants.nih.gov/grants/policy/coc/appl_extramural.htm>.

<Insert text>

{Begin sample text; include Certificate of Confidentiality and Data Sharing Policy text, only if applicable}

Participant confidentiality is strictly held in trust by the investigators, study staff, and the sponsor(s) and their agents. This confidentiality is extended to cover testing of biological samples and genetic tests in addition to any study information relating to participants.

The study protocol, documentation, data, and all other information generated will be held in strict confidence. No information concerning the study or the data will be released to any unauthorized third party without prior written approval of the sponsor.

The study monitor or other authorized representatives of the sponsor may inspect all study documents and records required to be maintained by the investigator, including but not limited to, medical records (office, clinic, or hospital) for the study participants. The clinical study site will permit access to such records.

Certificate of Confidentiality (if applicable)

To further protect the privacy of study participants, a Certificate of Confidentiality will be obtained from the NIH. This certificate protects identifiable research information from forced disclosure. It allows the investigator and others who have access to research records to refuse to disclose identifying information on research participation in any civil, civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. By protecting researchers and institutions from being compelled to disclose information that would identify research participants, Certificates of Confidentiality help achieve the research objectives and promote participation in studies by helping assure confidentiality and privacy to participants.

NIH Data Sharing Policy for Genome-Wide Association Studies (GWAS) (if applicable)

This study is a genome-wide association study and will comply with the NIH Policy for Sharing of Data Obtained in NIH Supported or Conducted Genome-Wide Association Studies, which calls for investigators funded by the NIH for GWAS to 1) share de-identified genetic (genotypic and phenotypic) data through a centralized NIH data repository; and 2) submit documentation that describes how the institutions have considered the interests of the research participants, such as privacy and confidentiality. Submission of data to the NIH GWAS repository will be consistent with the permissions and limitations delineated on the study consent signed by study participants.

{End sample text}

## Future Use of Stored Specimens and Other Identifiable Data

Refer to Human Subject Regulations Decision Charts 2 and 5: <http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html#c2>.

If residual specimens or other identifiable data will be maintained after the study is complete, include the provisions for consent and the options that are available for the participant to agree to the future use of his/her specimens, images, audio or video recordings. Specify the location(s), if other than the clinical site, where specimens or other data will be maintained, how long specimens or other data will be stored, if the site's IRB will review future studies, and protections of confidentiality for any future studies with the stored specimens or data (e.g., specimens will be coded, bar-coded, de-identified, identifying information will be redacted from audio recording transcripts, etc.). Include a statement that genetic testing will or will not be performed. A Certificate of Confidentiality may be obtained if genomic testing is planned.

<Insert text>

# Data Handling and Record Keeping

Include instructions for data handling or record-keeping procedures required for maintaining participant confidentiality, any special data security or data transfer requirements, and record retention.

Briefly describe steps to be taken to ensure that the data collected are accurate, consistent, complete, reliable, and in accordance with ICH E6. The description will include reference to source documentation, CRFs, instructions for completing forms, data handling procedures, and procedures for data monitoring. Details may be provided in a MOP, a data management plan or other citable reference document.

<Insert text>

{Begin sample text}

The investigators are responsible for ensuring the accuracy, completeness, legibility, and timeliness of the data reported. All source documents must be completed in a neat, legible manner to ensure accurate interpretation of data. The investigators will maintain adequate case histories of study participants, including accurate case report forms (CRFs), and source documentation.

{End sample text}

## Data Management Responsibilities

Include a general description as in the sample text below and add study-specific details and information about the role of a data coordinating center, if applicable.

<Insert text>

{Begin sample text}

Data collection and accurate documentation are the responsibility of the study staff under the supervision of the investigator. All source documents and laboratory reports must be reviewed by the study team and data entry staff, who will ensure that they are accurate and complete. Unanticipated problems and adverse events must be reviewed by the investigator or designee.

{End sample text}

## Data Capture Methods

Provide details regarding the type of data capture that will be used for the study. Specify whether it will be paper or electronic, distributed or central, batched or ongoing processing, and specify any related requirements (e.g., password protection and data quality checks for an electronic data system). Indicate expectations for time for submission of CRFs to a data coordinating center, if applicable.

<Insert text>

## Types of Data

{Indicate the types of data that will be collected, such as safety, laboratory (clinical, immunology, pharmacokinetic, other study specific), and outcome measure data (e.g., periodontal measurements, caries assessments, physical measurements, questionnaire responses). Specify if safety data are collected in a separate database.}

Schedule and Content of Reports

Indicate, as applicable, the schedule and content for data review and reports. Examples include reports to monitor enrollment, reports to study oversight committee, reports of study conduct, and reports for interim data analysis and study progress. Identify plans for data analysis and interim and final study reports, steps for locking the database prior to analysis, and precautions related to masked data. Indicate whether and when coding is to occur.

<Insert text>

## Study Records Retention

Specify the length of time for the investigator to maintain all records pertaining to this study. Consideration should be given to NIH grant and ICH guidance, federal and state and local regulations.

<Insert text>

{Begin sample text}

Study records will be maintained for at least three years from the date that the grant federal financial report (FFR) is submitted to the NIH.

Study documents must be retained for a minimum of 2 years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or until at least 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents will be retained for a longer period, however, if required by local regulations. No records will be destroyed without the written consent of the sponsor, if applicable. It is the responsibility of the sponsor to inform the investigator when these documents no longer need to be retained.

{End sample text}

## Protocol Deviations

A protocol deviation is any noncompliance with the clinical study protocol, Good Clinical Practice, or Manual of Procedures requirements. The noncompliance may be on the part of the participant, the investigator, or study staff. As a result of deviations, corrective actions are to be developed by the study staff and implemented promptly.

All deviations from the protocol must be addressed in study participant source documents and promptly reported to the IRB and other regulatory bodies according to their requirements.

# Study Finances

## Funding Source

This section should describe how the study will be financed, but should not contain specific dollar amounts (e.g. “This study is financed through a grant from the US National Institute of Health”, or “… a grant from the American Heart Association”, etc.)

<Insert text>

## Conflict of Interest

Any investigator who has a conflict of interest with this study (patent ownership, royalties, or financial gain greater than the minimum allowable by their institution, etc.) must have the conflict reviewed by a properly constituted Conflict of Interest Committee with a Committee-sanctioned conflict management plan that has been reviewed and approved by the study sponsor prior to participation in this study. All Jefferson University Investigators will follow the TJU Conflicts of Interest Policy for Employees (107.03).

## Participant Stipends or Payments

Describe any participant stipend or payment here. Otherwise, state that participants will not receive payment for participation in the study.

<Insert text>

# Publication and Data Sharing Policy

The publication and authorship policies should be established and briefly outlined in this section. For example, for a study with multiple investigators, this section might state that an Executive Committee will be responsible for developing publication procedures and resolving authorship issues. If, in addition to the investigator, other investigators are involved with the study, identify who holds the primary responsibility for publication of the any results of the study. Also define the need to first obtain approval from the primary responsible party before any information can be used or passed on to a third party. If details of the publication policy will be described in the study’s MOP, refer to it here. Include applicable text and add study-specific information on publication and authorship policies, and compliance with NIH Data Sharing Policy, if applicable.

<Insert text>

{Begin sample text}

This study will comply with the [NIH Public Access Policy](http://publicaccess.nih.gov/policy.htm), which ensures that the public has access to the published results of NIH funded research. It requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive [PubMed Central](http://www.pubmedcentral.nih.gov/) upon acceptance for publication.

The International Committee of Medical Journal Editors (ICMJE) member journals have adopted a clinical trials registration policy as a condition for publication. The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Medical interventions include drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. The ICMJE policy requires that all clinical trials be registered in a public trials registry such as [ClinicalTrials.gov](http://www.clinicaltrials.gov), which is sponsored by the National Library of Medicine. Other biomedical journals are considering adopting similar policies. The ICMJE does not review specific studies to determine whether registration is necessary; instead, the committee recommends that researchers who have questions about the need to register err on the side of registration or consult the editorial office of the journal in which they wish to publish.

[U.S. Public Law 110-85](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_public_laws&docid=f:publ085.110.pdf) (Food and Drug Administration Amendments Act of 2007 or FDAAA), Title VIII, Section 801 mandates that a "responsible party" (i.e., the sponsor or designated principal investigator) register and report results of certain "applicable clinical trials:"

Trials of Drugs and Biologics: Controlled, clinical investigations, other than Phase I investigations, of a product subject to FDA regulation;

Trials of Devices: Controlled trials with health outcomes of a product subject to FDA regulation (other than small feasibility studies) and pediatric postmarket surveillance studies.

NIH grantees must take specific [steps to ensure compliance](http://grants.nih.gov/clinicaltrials_fdaaa/steps.htm) with NIH implementation of FDAAA.

{End sample text}

# Literature References

Include a list of relevant literature references in this section. Use a consistent, standard, modern format, which might be dependent upon the required format for the anticipated journal for publication (e.g., N Engl J Med, JAMA, etc). The preferred format is ICMJE.

{A full listing of ICMJE style guidelines can be found at:
International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. JAMA. 1997;277:927-34.

You may also refer to:
[http://www.nlm.nih.gov/bsd/uniform\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html%20).}

<Insert text>

Appendices

Include a cover page for each listed Appendix. The following page includes an example.

These are examples of documents you may want to include as Appendices:

* Schedule of Events diagram or table
* Key Study Questionnaires (validated and/or are not likely to change during the course of the study)
* Observational Coding Schemes (if applicable)

The following documents are officially affiliated with the protocol and will be submitted to the IRB as a part of the protocol. As such, changes to these items require a protocol amendment.

Appendix A: Schedule of Events

APPENDIX A: SCHEDULE OF EVENTS

Create a detailed schematic describing all visits and assessments, consistent with those listed in body of the protocol.

Specify time points for intervention or intermediate visits in days, weeks, or months, as appropriate for protocol. For each visit, provide a window during which the visit can occur. The window should be appropriate for the parameters to be assessed at the visit.

(X) – As indicated/appropriate.

Note: List the tests applicable to your specific protocol.

Provide a list of Clinical Laboratory tests, e.g.:

Provide a list of Research Laboratory tests and the required specimen types, e.g.:

* Gene sequencing, Immunology – X mL blood
* Biomarkers – X mL saliva or blood

Provide a list of other procedures done to evaluate outcome measures (e.g., x-rays, questionnaires, pain assessments,).

Study intervention – Modify as appropriate if intervention is administered more than once throughout the study.

<Insert text>

{Begin sample text}

APPENDIX - A

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Procedures | Screening/Baseline (Visit 0) | Study Visit 1 | Study Visit 2 | Follow up (Visit 3) | End of study participation visit |
| Sign Informed Consent Form | X |  |  |  |  |
| Assessment of Eligilibity | X | X | X |  |  |
| Review of Medical History | X | X | X |  |  |
| Review Concomitant Medications | X | X | X | X | X |
| Study Intervention |  | X | X |  |  |
| Research Sample collection | Saliva | X | X | X | X |  |
| cDNA | X |  |  | X |  |
| PBMC | X |  |  | X |  |
| hair | X |  |  | X |  |
| Administration of questionnaires | X | X | X | X | X |
| Pain Assessment | X | X | X | X | X |

APPENDIX - B

# FACT-G (Version 4)

 Below is a list of statements that other people with your illness have said are important**. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **PHYSICAL WELL-BEING**  | **Not** **at all**  | **A little bit**  | **Somewhat**  | **Quite a bit**  | **Very much**  |

|  |
| --- |
| GP1 GP2 GP3 GP4 GP5 GP6 GP7  |

I have a lack of energy ....................................................... 0 1 2 3 4

 I have nausea...................................................................... 0 1 2 3 4

Because of my physical condition, I have trouble

meeting the needs of my family......................................... 0 1 2 3 4

I have pain.......................................................................... 0 1 2 3 4

I am bothered by side effects of treatment......................... 0 1 2 3 4

I feel ill............................................................................... 0 1 2 3 4

I am forced to spend time in bed........................................ 0 1 2 3 4

{End sample text}