	<mark>e-p</mark> rotocol	PROTOCOL Biomedical Full/Expedited Santa Clara University	Protocol # 11-11-107 Date Printed: 11/03/2011
	Protocol Title:	Example: Biomedical Full/Expedited	
	Protocol Type:	Biomedical Full/Expedited	
	Date Submitted:	Draft	
	Approval Period:	Draft	
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		* * * Expedited Paragraphs * * *	
Biomedica	I Expedited Review		
minim the fol none (al risk to human subje lowing applicable cate of the categories are a	spects of the research must include activitie cts, and (2) involve one or more of the spec gories to determine if your research projec pplicable to your research project, a Full Co v, proceed to complete the following applica	cific categories listed below. Select t qualifies under Expedited Review. If ommittee Review will be required.
Select	one or more of the fo	lowing paragraph(s):	
1.	Clinical studies of drug	gs and medical devices only when condition	n (a) and (b) are met.
	not require decreases	on drugs for which an investigational new o d. (Note: Research on marketed drugs tha the acceptability of the risks associated wi expedited review.)	t significantly increases the risks or
	b) Research	on medical devices for which	
	i) an investig	ational device exemption application (21 C	FR Part 812) is not required; or
	ii) the medica used in ac	Il device is cleared/approved for marketing cordance with its cleared/approved labeling	and the medical device is being J.
2.	Collection of blood sa	nples by finger stick, heel stick, ear stick, c	or venipuncture as follows:
	ámounts d	ny, non-pregnant adults who weigh at least rawn may not exceed 550 ml in an 8 week lently than 2 times per week; or	
	collection	adults and children, considering the age, w procedure, the amount of blood to be collect ected. For these subjects, the amount draw	sted, and the frequency with which it

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ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

3. Prospective collection of biological specimen for research purposes by non-invasive means..

Examples:

- a) hair and nail clippings in a non-disfiguring manner;
- b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
- c) permanent teeth if routine patient care indicates a need for extraction;
- d) excreta and external secretions (including sweat);
- e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
- f) placenta removed at delivery;
- g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
- h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
- i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
- j) sputum collected after saline mist nebulization.
- 4. Collection of data through non invasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

Examples:

- a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;
- b) weighing or testing sensory acuity;
- c) magnetic resonance imaging;

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	С -Ркотосо	 PROTOCOL Biomedical Full/Expedited Santa Clara University Protocol # 11-11-107 Date Printed: 11/03/2011 		
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	d) electroca	rdiography, electroencephalography, thermography, detection of naturally		
	occurring	radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, plood flow, and echocardiography;		
	e) moderate flexibility	e exercise, muscular strength testing, body composition assessment, and testing where appropriate given the age, weight, and health of the individual.		
5.	will be collected sole Some research in th	naterials (data, documents, records, or specimen) that have been collected, or by for non-research purposes (such as medical treatment or diagnosis). (NOTE: is paragraph may be exempt from the HHS regulations for the protection of CFR 46.101(b)(4). This listing refers only to research that is not exempt.)		
6.	Collection of data fro	om voice, video, digital, or image recordings made for research purposes.		
7.	. Research on individual or group characteristics or behaviour(including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)			
	* * * Purpose, Background, Collaborative Research * * *			
Stu	dy Title			
	ample: Biomedical Ful	/Expedited		
	<u></u>	· • •		

Complete each section. When a question is not applicable, enter "N/A". Do not leave any sections blank.

1. Purpose

_ _

Provide a brief explanation of the proposed research, including specific study hypothesis, objectives, and rationale.

2. Background

Give relevant background (e.g., summarize previous/current related studies) on condition, procedure, product, etc. under investigation, including citations (attach bibliography in Attachments section) if applicable.

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a)	If any non-SCU institutions of	or individuals are engaged in the research or individuals are collaborating in the resea rovals in the Attachments section.	
4. Qu	ualifications of Study Personn	el	
	Explain expertise of Principa	Il Investigator, Student/Postdoc Research r key personnel listed in the application, a	er, Faculty Sponsor (if applicable), nd how it relates to their specific
b)	location and/or with this sub background, experience, tra	nave, or have access to, which prepares y ect population, including specific qualifica ining). Also, explain your knowledge of loc ties necessary to carry out the research.	tions (e.g., relevant coursework,
		* * * Subject Population * * *	
5. Su	bject Population		
a)	Describe proposed subject p	oopulation, stating age range, gender, race	e, ethnicity, language and literacy.
b)	State total number of subject size. Explain how number of	ts planned for the study and how many m subjects needed to answer the research	ust be recruited to obtain this sample question was determined.
c)	If any proposed subjects are impairments, or others who their involvement.	e children/minors, prisoners, pregnant won are considered vulnerable to coercion or ι	nen, those with physical or cognitive Indue influence, state rationale for

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6 8	lecruitment	-	
a)	for study participation. If res	and by whom prospective subjects will be i earcher is subject's instructor, physician, o ted, explain what precautions will be taken te.	r job supervisor, or if vulnerable
b)	scripts for verbal recruitmen	aterials (e.g., letters, flyers, advertisements t, etc.) and letter of permission/cooperation subject recruitment will take place (e.g., cl section.	n from institutions, agencies or
7. S	creening		
a)	race, or ethnicity, explain ra	nclusion and exclusion. If any inclusion/exc tionale for restrictions.Provide criteria for s are based on gender, race, or ethnicity, exp	ubject inclusion and exclusion. If any
b)	explain how, where, when, a screening procedures as we	e screened via tests, interviews, etc., prior and by whom screening will be done. NOT ell as "main" study procedures. As appropri or 2) include screening information within t	E: Consent must be obtained for ate, either: 1) create a separate
8. C	compensation and Costs		
a)		on of subjects. If no compensation will be I for their participation, explain in detail abo	
	- Include any provisions for p	partial payment if subject withdraws before	study is complete.

- When subjects are required to provide Social Security Number in order to be paid, this data must be collected separately from consent documentation. If applicable, describe security measures that will be used to protect subject confidentiality.

- If non-monetary compensation (e.g., course credit, services) will be offered, explain how it will be provided.

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	provided.	-	
b)	Discuss reasoning behind a compensation for the study	mount/method/terms of compensation, inc population and avoiding undue influence to	luding appropriateness of participate.
c)	Costs to Subjects. If applica be expected to pay. (If there	ble, describe any costs/charges which sub are no costs to subjects or their insurers,	jects or their insurance carriers will this should be stated.)
	* * * Stuc	ly Procedures, Alternatives to Participa	tion * * *
9. St	udy Procedures		
a)	Describe in chronological or all study procedures (e.g., a including follow-up procedu	der of events how the research will be con Il interventions/interactions with subjects, c res.	ducted, providing information about lata collection procedures etc.),
b)	Explain who will conduct the duration of visits/sessions, a	e procedures, where and when they will tak as well as total time commitment for the stu	e place. Indicate frequency and dy.
c)	procedures (medical, psych	are experimental/ investigational and expl ological, educational). If applicable, disting rdless of enrollment in the study and proce	uish between procedures that the
d)	If any type of deception or la and what the plans are to de	ack of full disclosure will be used, explain w ebrief subjects. Also, attach debriefing form	what it will entail, why it is justified, n(s)/materials in Attachments section.
e)	State if audio or video taping shown at scientific meetings	g will occur. Describe what will become of t s, erased) and final disposition of the tapes	he tapes after the project (e.g.,
10. A	Iternatives to Participation		

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	prospective subjects. If the	ative resources, procedures, courses of trea e are no appropriate alternatives to study pa reatment/intervention, enter "N/A" here.	tment, if any, that are available to articipation, this should be stated. If
		* * * Risks and Discomforts * * *	
11. F	tisks and Discomforts		
a)	Describe all known risks, di economic or social (e.g., pa and degree of potential han	scomforts associated with study procedures in, stress, invasion of privacy, breach of con n.	, whether physical, psychological, fidentiality), noting the likelihood
b)	Discuss measures that will	be taken to minimize risks or discomforts to	subjects.
c)	(NOTE: This may apply in s	negative outcomes/experiences or serious a ocial-behavioral as well as biomedical resea iality via loss of laptop computer with study able.)	arch, e.g., undue stress or anxiety of
d)	Discuss plans for reporting events.	unanticipated problems involving risks to su	bjects or others, or serious adverse
e)	Describe plans for provisior covered.	of treatment for study-related injuries, and l	how costs of injury treatment will be
		* * * Benefits, Confidentiality * * *	

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12 B	enefits	-	
12. 0	Describe any potential bene	afits to the individual subject, group of sub dy procedures, this should be stated.	pjects, and/or Society. If subjects will
	NOTE: Do not include comp a "benefit" of participation in	pensation/payment of subjects in this sec n research.	tion, as remuneration is not considered
13. C	onfidentiality		
a)		will be protected and how confidentiality ill have access to study records/specimer	
b)	Will subjects be asked to gi now or in future? If so, expla	ve permission for release of identifiable d ain here and include appropriate stateme	ata (e.g., information, videotapes), nts in consent materials.
c)	that can be linked to the stu	rmously (i.e., no identifying information fr dy data)? (NOTE: Data is not anonymous nation. Also, audio and video recordings	s if there is a code linking it to
d)	If using existing data/biolog personally identifiable inforr	cal specimen, will the researchers have a nation?	access to a code linking the data to
e)	If identifying information will be removed from the data/s confidentiality will be protec	be collected and linked to data/specime pecimen. If identifiers will be retained, ex ted.	n, explain at what stage identifiers will plain why this is necessary and how
f)	If the data is coded, explain have access to it.	where the key to identifiers will be stored	d, how it will be protected, and who will
g)	Indicate whether research or destroyed, explain why, who	lata/specimen will be destroyed at the en ere, in what format, how long it will be ret	d of the study. If data will not be ained and who will have access to it.
h)	Explain how data collection	instruments, audiotapes, videotapes, pho	otographs, etc. will be stored and who

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will hav		dicate at what point they will be transcribed	
		* * * Potential Conflict of Interest * * *	
Potential	Conflict of Interest		
Please	answer the following	questions a through e:	
a)	Do any of the inv consulting arrang	volved Investigators or their immediate fam gements, management responsibilities or e r(s), provider(s) of goods, or subcontractor	quity holdings in the sponsoring
b)		tors or their immediate family have any fina bany, including the receipt of honoraria, inc	
c)	ls any Investigat	or(s) a member of an advisory board with t	he Sponsoring company?
d)	Do any investiga	tors receive gift funds from the Sponsoring	company?
e)		tors o <mark>r thei</mark> r immediate family have an own erty utilized in this protocol?	ership or royalty interest in any
"Immed	liate family" means a	spouse, dependent children as defined by	the IRS, or a domestic partner.
this rela options what ins	ationship. i.e., a paid (, or receives paymen	elationships exist, please include a statem consultant, a paid member of the Scientific t for lectures given on behalf of the sponso ies are involved in the study through fundin ipment.	Advisory Board, has stock or stock r. The consent form should disclos
16	nswer Yes to any of t	he questions above, you must file a Confli	ct of Interest disclosure statement.
if you a			

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Attached the appropriate consent form(s)needed for this research; definitions are listed below for your reference. Informed consent must include California experimental subjects Bill of Rights. Model consent forms can be viewed on Human Subjects website.

You will be asked to provide relevant background information for each consent document or waiver. Also, translated/foreign language versions of any consent materials must be attached in the Attachments section.

Consent Form: A document that embodies all of the required information (elements of informed consent) designed to help an individual make an informed decision about whether or not to participate in the research. The form must include a signature line and date line for the "individual to sign if he or she agrees to participate. The Consent Form can also be presented as a "short form" document stating that the required elements of informed consent have been presented orally to the participant. When the short form method is used a "summary" of the information that is presented to the participant must also be provided for IRB approval and there must be an impartial witness to the oral presentation. The witness must sign the summary as well as the short form and the participant must sign the summary. The "short form" method may be used in circumstances where oral presentation of consent is preferable or necessary, e.g., subjects are illiterate in English or their native language.

Consent Waiver: No consent will be sought at all. This means that the IRB is asked to waive the requirement for informed consent. This option is often appropriate for research that involves use of existing data or samples.

Unsigned Consent Form: A document that embodies all of the required information (elements of informed consent), but does not include a place for a participant to indicate with a signature that he or she agrees to take part in the research. This means that the IRB is asked to waiver the requirement for documented (signed) consent. For example, if consent will be obtained verbally or using a button on the web, this option should be selected.

Altered Consent Form: A consent form that has omitted required information. This means that the IRB is asked to waive one or more required elements of informed consent. For example, if the purpose of the study will not be disclosed to participants in order to avoid bias, this option should be selected because the "purpose: is a required element of informed consent. The form must include a signature line and date line for the individual to sign if he or she agrees to participate.

Parent/Guardian Permission Forms: A document that embodies all of the required information (elements of informed consent) designed to help the parent/guardian of a child make an informed decision about whether or not to permit the child's participation in the research. The form must include signature and date lines for the parent(s)/guardian(s) to sign if the child is permitted to take part in the research.

Parent/Guardian Permission Waiver: No parent/guardian permission will be sought at all. This means the IRB is asked to waive the requirement for parent/guardian permission. This option, for example, is often

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appropriate for research des permission is not a reasonab	igned to study conditions in children or a si le requirement to protect the children (e.g.	tudy population for which parental , neglected or abused children).
information (elements of info	Permission: A parent permission documen rmed consent), but does not include a plac ses to permit the child's participation. This r ted (signed) consent.	e for a parent to indicate with a
(elements). This means that	mission Form: A permission form that ha the IRB is asked to waive one or more req ude signature and date lines for the parents research,	uired elements of informed consent.
information (elements) and d agrees to permit the child's p	t Permission: A Parent permission docur oes not include a place for a parent to indi articipation. This means that IRB is being requirement for documented consent.	cate with a signature that he or she
	* * * Assent Background * * *	
16. Assent Background		
	ent or assent waiver document needed for odel assent form can be viewed on Human	

Assent Document: A form or script of the information that will be conveyed to the child about the study. In general, researcher must obtain the affirmative agreement of children ages seven years and older for their participation. Assent forms should be written at a level understandable to the child. If the study includes a broad age range of children, more than one assent form may be needed (i.e., an assent from suitable for a 17 year old is not usually suitable for a 7 year old child).

Assent Waiver: No child assent will be sought at all. This means that the IRB is asked to waive the requirement for child assent. Among other circumstances, this option is appropriate when the capability of the child to understand the research is too limited or when the research holds out a prospect of direct benefits that is important to the health or well being of the child.

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		* * * HIPAA * * *	
17. H	lealth Insurance Portability '	Accountability Act (HIPAA)	
	plan, health care clearingho Information (PHI) for researce that comprise PHI and estab entities for research purpose	ablishes the right of an individual to authorizuse or health care provider, to use and disc of purposes. The Privacy Rule defines the e lishes the conditions under which PHI may es. It also includes provisions to allow an inc ir authorization (i.e. IRB waiver of authoriza	lose his/her Protected Health elements of individual information be used or disclosed by covered lividual's PHI to be disclosed or
a.	Does the study involve use SCU(i.e. another organiza	of Protected Health Information (PHI) from ion or institution)?	a "covered entity" outside of
	If Yes, explain what arrang from which the PHI will be	gements have been made to comply with the obtained:	e HIPAA requirements of the entity
b.	HIPAA WAIVER/ALTERAT patient for use of his or her	ON: For each waiver or alteration of the rec PHI, provide justification below.	quirement for authorization from the
		* * * Attachments * * *	
18. <i>F</i>	Attachments		

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Add ai collabo	opropriate attachments orating institutions, etc	s (e.g., advertisements, data collection inst .) in this section.	ruments, IRB approvals from
		* * * Assurance * * *	
Assurance			
Obligations	of the Principal Invest	igator are:	
advertising	ns - Changes in any as materials, additional k auting the changes;	pect of the study (for example, project des ey personnel or subject population) will be	ign, procedures, consent forms, submitted to the IRB for approval
Consent Fo retain signe	rms - All subjects will d consent documents	be given a copy of the signed consent form for six (6) years after close of the grant or t	 Investigators will be required to three (3) years if unfunded;
Training - H all key pers		certificates, including those for any newly a	added personnel, will be provided for
	ents - All adverse eve It not later than ten (10	nts occurring in the course of the protocol v)) working days;	vill be reported to the IRB as soon as
	Review - IRB Protocol or protocols that requir	Report Forms will be submitted annually a e full review;	t least two weeks prior to expiration,
Completion Report Forr	Report - The IRB will n and select "Final Re	be notified when the study is complete. To port."	do this, complete the IRB Protocol
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	ringing Investigator b	as read and agrees to abide by the above o	hliantiono

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