Answer all questions accurately and completely in order to provide the PHRC with the relevant information to assess the risk-benefit ratio for the study. Do not leave sections blank.

# PRINCIPAL/OVERALL INVESTIGATOR

# PROTOCOL TITLE

# FUNDING

# VERSION DATE

### SPECIFIC AIMS

Concisely state the objectives of the study and the hypothesis being tested.

# BACKGROUND AND SIGNIFICANCE

Provide a brief paragraph summarizing prior experience important for understanding the proposed study and procedures.

###### RESEARCH DESIGN AND METHODS

Briefly describe study design and anticipated enrollment, i.e., number of subjects to be enrolled by researchers study-wide and by Partners researchers. Provide a brief summary of the eligibility criteria (for example, age range, gender, medical condition). Include any local site restrictions, for example, “Enrollment at Partners will be limited to adults although the sponsor’s protocol is open to both children and adults.”

Briefly describe study procedures. Include any local site restrictions, for example, “Subjects enrolled at Partners will not participate in the pharmacokinetic portion of the study.” Describe study endpoints.

For studies involving treatment or diagnosis, provide information about standard of care at Partners (e.g., BWH, MGH) and indicate how the study procedures differ from standard care. Provide information on available alternative treatments, procedures, or methods of diagnosis.

Describe how risks to subjects are minimized, for example, by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk or by using procedures already being performed on the subject for diagnostic or treatment purposes.

Describe explicitly the methods for ensuring the safety of subjects. Provide objective criteria for removing a subject from the study, for example, objective criteria for worsening disease/lack of improvement and/or unacceptable adverse events. The inclusion of objective drop criteria is especially important in studies designed with placebo control groups.

# FORESEEABLE RISKS AND DISCOMFORTS

Provide a brief description of any foreseeable risks and discomforts to subjects. Include those related to drugs/devices/procedures being studied and/or administered/performed solely for research purposes. In addition, include psychosocial risks, and risks related to privacy and confidentiality. When applicable, describe risks to a developing fetus or nursing infant.

**EXPECTED BENEFITS**

# Describe both the expected benefits to individual subjects participating in the research and the importance of the knowledge that may reasonably be expected to result from the study. Provide a brief, realistic summary of potential benefits to subjects, for example, “It is hoped that the treatment will result in a partial reduction in tumor size in at least 25% of the enrolled subjects.” Indicate how the results of the study will benefit future patients with the disease/condition being studied and/or society, e.g., through increased knowledge of human physiology or behavior, improved safety, or technological advances.

**EQUITABLE SELECTION OF SUBJECTS**

The risks and benefits of the research must be fairly distributed among the populations that stand to benefit from it. No group of persons, for example, men, women, pregnant women, children, and minorities, should be categorically excluded from the research without a good scientific or ethical reason to do so. Please provide the basis for concluding that the study population is representative of the population that stands to potentially benefit from this research.

When people who do not speak English are excluded from participation in the research, provide the scientific rationale for doing so. Individuals who do not speak English should not be denied participation in research simply because it is inconvenient to translate the consent form in different languages and to have an interpreter present.

For guidance, refer to the following Partners policy:

 Obtaining and Documenting Informed Consent of Subjects who do not Speak English

[**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Non-English\_Speaking\_Subjects.1.10.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Non-English_Speaking_Subjects.1.10.pdf)

**RECRUITMENT PROCEDURES**

Explain in detail the specific methodology that will be used to recruit subjects. Specifically address how, when, where and by whom subjects will be identified and approached about participation. Include any specific recruitment methods used to enhance recruitment of women and minorities.

Provide details of remuneration, when applicable. Even when subjects may derive medical benefit from participation, it is often the case that extra hospital visits, meals at the hospital, parking fees or other inconveniences will result in additional out-of-pocket expenses related to study participation. Investigators may wish to consider providing reimbursement for such expenses when funding is available

For guidance, refer to the following Partners policies:

 Recruitment of Research Subjects

[**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Recruitment\_Of\_Research\_Subjects.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Recruitment_Of_Research_Subjects.pdf)

 Guidelines for Advertisements for Recruiting Subjects

[**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Guidelines\_For\_Advertisements.1.11.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Guidelines_For_Advertisements.1.11.pdf)

 Remuneration for Research Subjects

[**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Remuneration\_for\_Research\_Subjects.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Remuneration_for_Research_Subjects.pdf)

#### CONSENT PROCEDURES

Explain in detail how, when, where, and by whom consent is obtained, and the timing of consent (i.e., how long subjects will be given to consider participation). For most studies involving more than minimal risk and all studies involving investigational drugs/devices, a licensed physician investigator must obtain informed consent. When subjects are to be enrolled from among the investigators’ own patients, describe how the potential for coercion will be avoided.

NOTE: When subjects are unable to give consent due to age (minors) or impaired decision-making capacity, complete the forms for Research Involving Children as Subjects of Research and/or Research Involving Individuals with Impaired Decision-making Capacity, available on the New Submissions page on the PHRC website:

[**https://partnershealthcare.sharepoint.com/sites/phrmApply/aieipa/irb**](https://partnershealthcare.sharepoint.com/sites/phrmApply/aieipa/irb)

For guidance, refer to the following Partners policy:

 Informed Consent of Research Subjects:

[**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Informed\_Consent\_of\_Research\_Subjects.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Informed_Consent_of_Research_Subjects.pdf)

## DATA AND SAFETY MONITORING

Describe the plan for monitoring the data to ensure the safety of subjects. The plan should include a brief description of (1) the safety and/or efficacy data that will be reviewed; (2) the planned frequency of review; and (3) who will be responsible for this review and for determining whether the research should be altered or stopped. Include a brief description of any stopping rules for the study, when appropriate. Depending upon the risk, size and complexity of the study, the investigator, an expert group, an independent Data and Safety Monitoring Board (DSMB) or others might be assigned primary responsibility for this monitoring activity.

NOTE: Regardless of data and safety monitoring plans by the sponsor or others, the principal investigator is ultimately responsible for protecting the rights, safety, and welfare of subjects under his/her care.

Describe the plan to be followed by the Principal Investigator/study staff for review of adverse events experienced by subjects under his/her care, and when applicable, for review of sponsor safety reports and DSMB reports. Describe the plan for reporting adverse events to the sponsor and the Partners’ IRB and, when applicable, for submitting sponsor safety reports and DSMB reports to the Partners’ IRBs. When the investigator is also the sponsor of the IND/IDE, include the plan for reporting of adverse events to the FDA and, when applicable, to investigators at other sites.

NOTE: In addition to the adverse event reporting requirements of the sponsor, the principal investigator must follow the Partners Human Research Committee guidelines for Adverse Event Reporting

## MONITORING AND QUALITY ASSURANCE

Describe the plan to be followed by the principal investigator/study staff to monitor and assure the validity and integrity of the data and adherence to the IRB-approved protocol. Specify who will be responsible for monitoring, and the planned frequency of monitoring. For example, specify who will review the accuracy and completeness of case report form entries, source documents, and informed consent.

NOTE: Regardless of monitoring plans by the sponsor or others, the principal investigator is ultimately responsible for ensuring that the study is conducted at his/her investigative site in accordance with the IRB-approved protocol, and applicable regulations and requirements of the IRB.

For guidance, refer to the following Partners policies:

#####  Data and Safety Monitoring Plans and Quality Assurance

 [**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/DSMP\_in\_Human\_Subjects\_Research.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/DSMP_in_Human_Subjects_Research.pdf)

 Reporting Unanticipated Problems (including Adverse Events)

[**https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Reporting\_Unanticipated\_Problems\_including\_Adverse\_Events.pdf**](https://partnershealthcare-public.sharepoint.com/ClinicalResearch/Reporting_Unanticipated_Problems_including_Adverse_Events.pdf)

# PRIVACY AND CONFIDENTIALITY

Describe methods used to protect the privacy of subjects and maintain confidentiality of data collected. This typically includes such practices as substituting codes for names and/or medical record numbers; removing face sheets or other identifiers from completed surveys/questionnaires; proper disposal of printed computer data; limited access to study data; use of password-protected computer databases; training for research staff on the importance of confidentiality of data, and storing research records in a secure location.

NOTE: Additional measures, such as obtaining a Certificate of Confidentiality, should be considered and are strongly encouraged when the research involves the collection of sensitive data, such as sexual, criminal or illegal behaviors.

SENDING SPECIMENS/DATA TO RESEARCH COLLABORATORS OUTSIDE PARTNERS

Specimens or data collected by Partners investigators will be sent to research collaborators outside Partners, indicate to whom specimens/data will be sent, what information will be sent, and whether the specimens/data will contain identifiers that could be used by the outside collaborators to link the specimens/data to individual subjects.

Specifically address whether specimens/data will be stored at collaborating sites outside Partners for future use not described in the protocol. Include whether subjects can withdraw their specimens/data, and how they would do so. When appropriate, submit documentation of IRB approval from the recipient institution.

# RECEIVING SPECIMENS/DATA FROM RESEARCH COLLABORATORS OUTSIDE PARTNERS

When specimens or data collected by research collaborators outside Partners will be sent to Partners investigators, indicate from where the specimens/data will be obtained and whether the specimens/data will contain identifiers that could be used by Partners investigators to link the specimens/data to individual subjects. When appropriate, submit documentation of IRB approval and a copy of the IRB-approved consent form from the institution where the specimens/data were collected.