

IRB Protocol Application System (PAS)

Investigator Guide

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Introduction

Summary

The IRB Protocol Application System (PAS) is a browser-based application that allows Caltech investigators to prepare and submit research protocols to Caltech's Committee for the Protection of Human Subjects – Institutional Review Board (IRB). IRB members can use the system to review and comment on protocols prior to committee meetings. The IRB Administrator can pre-review protocol applications, organize meetings, and process meeting decisions and related correspondence with the investigators.

Key Definitions and Concepts

Protocol

- Definition: a detailed plan for and description of a scientific research project or study involving the collection of data from an individual, either through direct intervention/interaction or by the use of private identifiable information. Throughout the system and this guide, "protocol" refers to the entire research project rather than any single application.
- An active protocol may include multiple associated applications, such as a query, full application, renewals, and amendments; however, only one application can be "active" at a time within a protocol (see details under *Protocol Applications* below).
- Protocol Number:
 - The naming convention for protocol numbers is IRYY-NNNN. IR identifies the protocol as an IRB protocol. YY
 is the last two digits of the year the query or full application was created, such as 19 for Year 2019. The year
 will update after a 5 year de novo protocol is created. NNNN is a unique number assigned for the lifetime
 of the protocol.
 - For 5 year de novo renewals, the YY changes to the current year: NNNN will stay the same. For example: for original protocol number IR16-0005, the 5 year de novo protocol number is IR21-0005, if submitted in 2021.
- Options for creating new protocols:
 - Create an initial query.
 - Create a brand-new full application.
 - Create a full (usually De Novo) application by copying from any existing protocol application.

Protocol Applications

- There are five application types:
 - 1. Initial Query
 - 2. Full Application (Including de novo renewals)
 - 3. Amendment 1st, 2nd, 3rd, 4th, etc. (Request to change protocol in some way)
 - 4. Renewal 1st, 2nd, 3rd, 4th (Protocols are renewed at least annually, and study information is provided. Renewals can include requests to change the protocol)
 - 5. Admin Only Amendment (AOA) 1st, 2nd, 3rd, 4th, etc. (Request to change personnel or funding only)
- The Informed Consent (IC) must be completed and included in full applications, amendments, and renewals, unless a waiver is requested. Some initial queries may require an IC, and the IRB Administrator will work with the investigator to create the appropriate document.
- The text in the IC is derived from protocol application responses and can be edited by the investigator. (Not applicable for initial queries)

PAS Tips & Tricks

- PAS functions most efficiently using Google Chrome or Firefox browsers. Google Chrome is the only browser that you can use to print protocols, Informed Consent, GDPR and PIPL documents.
- Navigate PAS by using the direction buttons throughout the system Back and not by using your browser back buttons.
- SAVE OFTEN! Navigating to different sections of the protocol without saving will result in lost data. The system will also time you out.
- * A red asterisk denotes a required field
- ‡ This symbol represents a field that will be used in the Informed Consent document
- Incomplete sections will have a red flag. Before you can submit, all sections/subsections must be cleared of red flags.
- Only the PI should complete and save the Certification and Competing Interests section.

Login Instructions

To log into the system, use your regular username and password on <u>access.caltech.edu</u> and scroll down to the *Research Services* section, then click on *IRB Protocol Application System*:

Research Services

IACUC Protocol Application System Submit protocols for animal research for review by Caltech's Institutional Animal Care and Use Committee (IACUC).



✓ IRB Protocol Application System
 Submit protocols for human subject





* We recommend adding this link to your favorites by selecting the star icon it to access it more easily from the top of your access.caltech.edu home page.

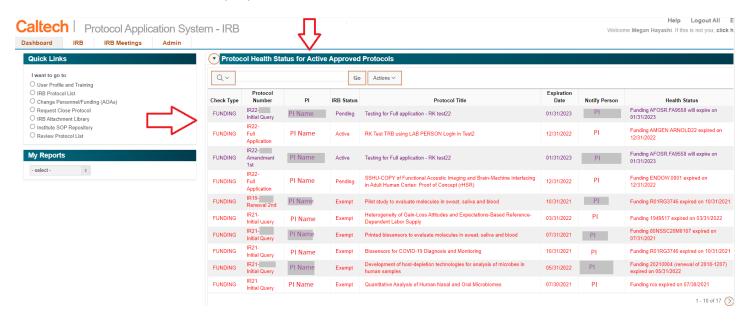
If you do not have access to the IRB Protocol Application System link, contact the IRB Administrator at 626-395-8448.

If you are a JPLer or an employee of another insitution, you will be required to complete specific forms to be added to the database as a guest and gain access.

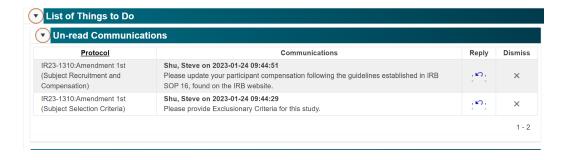
Dashboard Overview

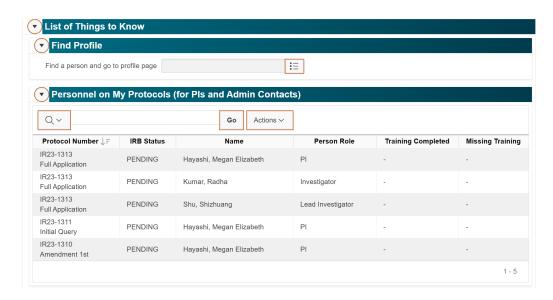
The Dashboard is your home page for PAS. Notifications, outstanding items and links to other areas of the application are located here.

The *Protocol Health Status for Active Approved Protocols* displays protocols that require investigator attention, such as protocol or funding expirations. Protocols in **purple** font are items that are coming up on an expiration date. Protocols in **red** font are items that have already expired.

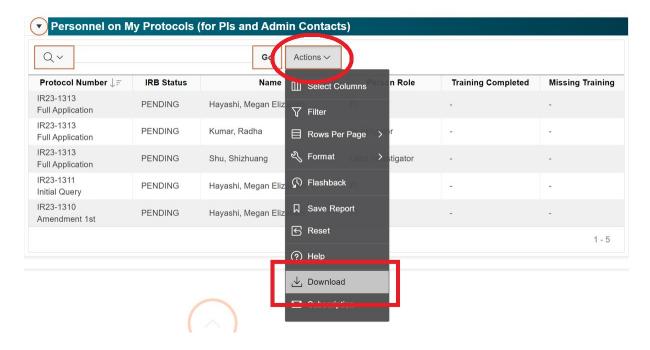


The *List of Things to Do* section displays review comments from IRB members that require attention. You can reply directly to the comments in the text box that appears after clicking on the arrow icon. These comments are always available directly in the corresponding protocol section as well. Clicking on the "x" in the *Dismiss* column will delete the row from this table. It will not delete the comment from the protocol section.

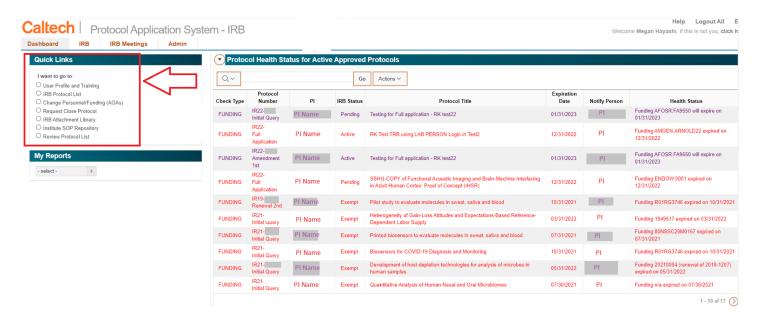




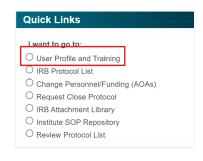
To access the report, click on the *Actions* button and choose *Download* from the dropdown menu. The other options on the dropdown menu allow you to customize the table columns. You will see this *Actions* button available on most tables throughout PAS and all include the same functionality.



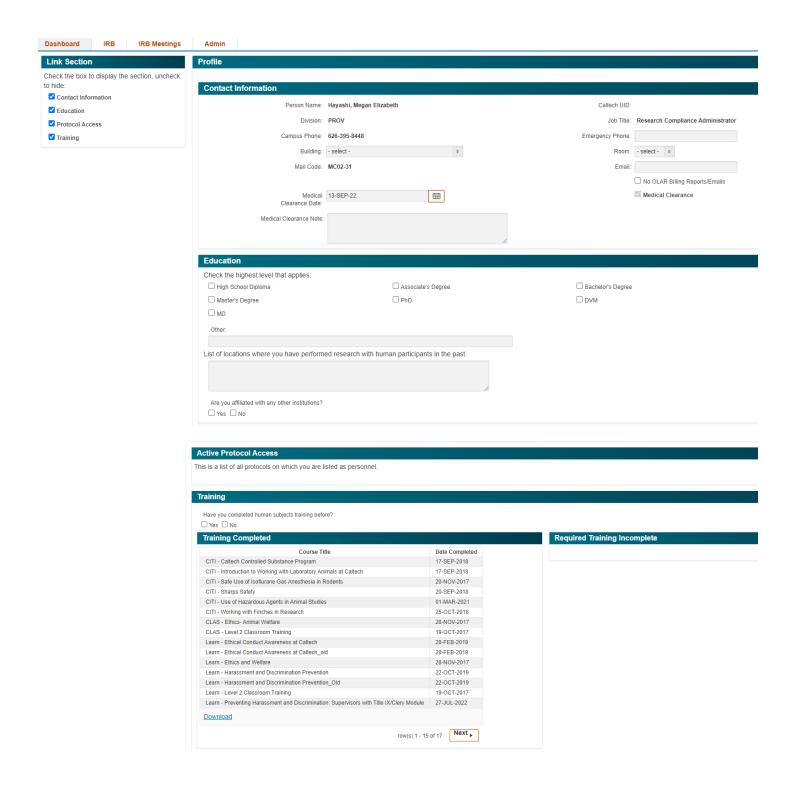
The *Quick Links* section allows you to access your User Profile, protocols, attachments, and the IRB SOP Repository. You can also make personnel and funding changes (AOA instruction found on <u>page 41</u>) and request to close protocols here.



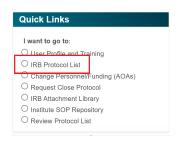
As an investigator on an active IRB Protocol, you will need to set up your *User Profile*.



Your *User Profile* contains contact information, education history, your list of active protocols, and your training. You are responsible for filling out the information in the *Contact Information* and *Education* sections. The information in the *Protocol Access* and *Training* sections will automatically populate with the list of your active protocols and your completed and still outstanding training requirements.



IRB Protocol List will take you to the list of your IRB protocols. This is also where new protocols are created.



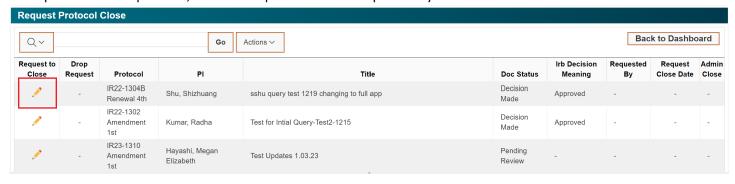
Admin Only Amendments (AOAs) allow you to update protocol personnel and funding sources without creating a full amendment to your protocol. *Change Personnel/Funding (AOAs)* will take you to the screen where you can create the AOA. (See <u>page 41</u> for more information on creating AOAs)



Click on Request Close Protocol when you would like to close a protocol.



To request to close a protocol, click on the pencil next to the protocol you wish to close.



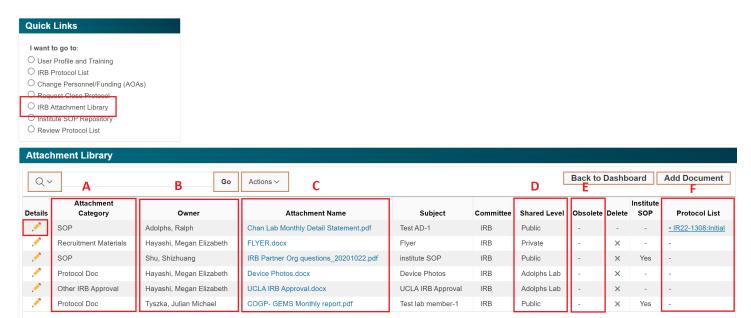
A pop-up box will open. Enter the date you request to close the protocol and click Save.



The IRB Attachment Library includes the list of attachments designated as private, public, or specific to your lab group. Please note, your lab group name will only appear if your lab is set up in the DPM (Division Personnel Management). The

DPM is managed at the division level and the IRB does not have access to or control of the DPM data. If you would like to update your lab's information, you will need to work directly with your division.

The *IRB Attachment Library* is one way to upload documents to PAS. The second way is attaching documents directly to the protocol. (See page 39 for more information on adding attachments)



- A) Attachments fall into 7 different categories:
 - Protocol Doc, Other IRB Approval, Recruitment Materials, Questionnaires, Informed Consent, Training, SOP
- B) The Owner is the person who uploaded the attachment
- C) The Attachment Name reflects the document name, and the hyperlink opens the attachment
- D) There are 3 shared levels:

Private: accessible to only you

Public: accessible to everyone in the IRB PAS

PI Lab: accessible to everyone in the PI's laboratory (Only accessible if your lab is in the DPM (Division Personnel Management). Contact your Division if your lab is not visible here)

Attachments that are no longer in use are designated as obsolete and cannot be deleted. Attachments cannot be deleted as they still need to be accessible when viewing inactive versions of protocols.

E) Protocols that include the attachment are displayed in this column

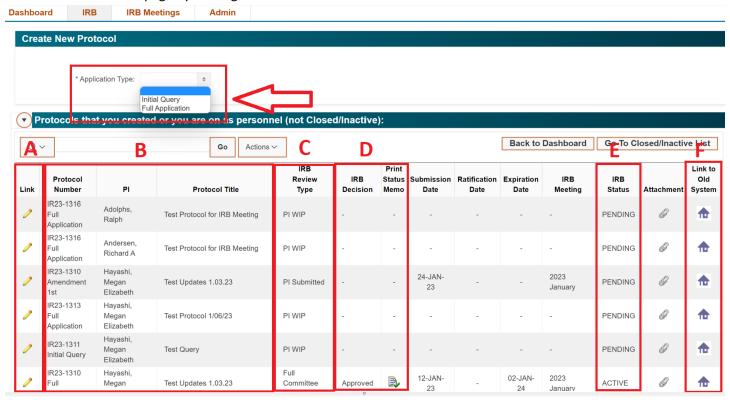
The *Institute SOP Repository* displays the list of IRB-approved SOPs. This list will contain the most up-to-date approved SOPs.



IRB Tab Overview

You can locate your IRB protocols at any time by clicking the IRB tab

You can also reach this page by clicking IRB Protocol List from the Dashboard tab.



Create a new application by choosing *Initial Query* or *Full Application* from the dropdown Application Type. For further instructions, see *Creating a New Protocol* on page 15.

- A) Click on the pencil icon to open a protocol.
- B) The protocol number, protocol type, PI, and protocol title are displayed in these columns.
- C) The review type reflects where the protocol is in the review process. WIP = Work in Progress
- D) The IRB Decision is displayed here. If the protocol is under review, no decision will be displayed. Click on the paper icon to open and print the Protocol Status Memo.
- E) The IRB Status displays if a protocol is active, inactive, lapsed, closed, or pending.
- F) Click on the house icon to return to the old system. All active protocols must be converted into PAS at time of renewal or when an amendment needs to be created.

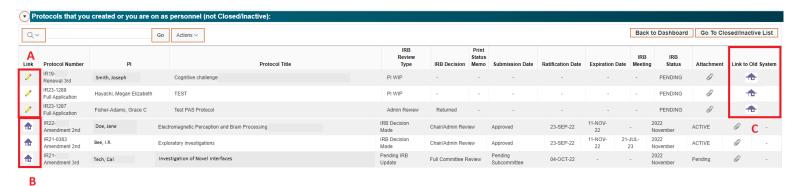
Converting Protocols from the Old System to PAS

Active IRB protocols must be converted from the old system into PAS at the time of renewal, or if a modification to the protocol needs to be made with an amendment. Active exempt protocols will remain in the old system unless a modification to the protocol needs to be made.

Protocols that have a decision can be converted by you in PAS. Protocols that were work in progress or did not have a final IRB decision made before January 27, 2023, must be converted by the IRB Administrator. If your protocol falls into the latter category, contact the IRB Administrator at x8448 or irb@caltech.edu.

1. Active Non-Exempt Protocol Conversions

Go to the IRB Tab or click on IRB Protocol List from the Quick Links section of your Dashboard.



- A. The pencil icon identifies protocols that have already been converted into PAS or newly created protocols in PAS.
- B. The house icon identifies protocols that have not been converted into PAS. Protocols that have not been converted from the old system can be converted by clicking the house icon and following the instructions below.
- C. Protocol histories and past approvals are accessible via the house icon that links back to the old system.

How to convert your protocol into PAS:

- A. Click on the house icon in the first column of your protocol list, which will take you back to the old system.
- B. From the next screen, click on the Protocol History button on the right or from the list on the top left.



C. From the *Protocol History* page, locate the *Create New Application* section at the bottom on the page. Select the type of application you need to create (Renewal or Amendment) and click *Create*. Only click *Create* ONCE. A new screen will not appear, so do not worry when nothing happens.



D. After clicking Create, click on the Go To PAS IRB button at the top right of the page.



- E. You will return to your list of protocols in PAS. The first column icon will now be a pencil, and not a house for the protocol that you converted. Click on the pencil icon to open your converted protocol.
- F. Previous amendments and renewals (including their respective approval memos and attachments), of converted protocols are always accessible in the old system. To return to the old system, click on the house icon in the farright *Link to Old System* column of the converted protocol.

2. Active Exempt Protocol Conversions

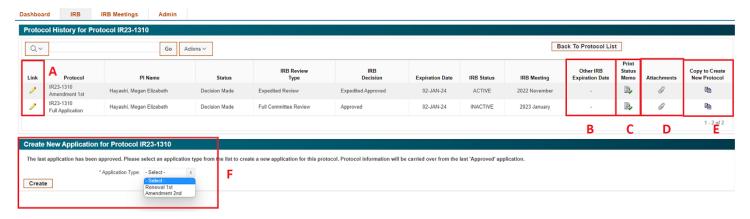
Active Exempt protocols should remain in the old system unless modifications to the protocol need to be made. If modifications need to be made, contact the IRB Administrator at x8448 or irb@caltech.edu. The IRB Administrator must convert the protocol into PAS for you. The converted protocol can then be cloned, with the modifications made to the cloned protocol.

After converting your protocol in PAS, you must validate that all converted data is accurate. PAS introduces new protocol sections and asks new questions, along with consolidating other sections. Investigators must carefully review each section to ensure data was properly converted. If you have any questions about the conversion process and/or any of the new protocol features, contact the IRB Administrator at x8448 or irb@caltech.edu.

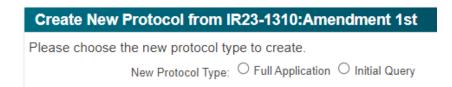
Protocol History Overview



The *Protocol History* is accessible from the *Action Links* section of the selected protocol. After clicking on *Go to Protocol History*, you will be taken to the list of all applications that correspond with the selected protocol.



- A. Clicking the pencil icon will open the protocol application.
- B. The *Other IRB Expiration Date* column applies only to applications that are relying on or include another institution's IRB review and approval. If the date is in red, an updated approval document from the institution must be provided (see page 33 for more information on adding attachments).
- C. Click on the *Print Status Memo* icon to download a pdf of the Status Memo.
- D. Click on the paperclip icon open the list of attachments for the selected application.
- E. If you would like to create a protocol that is similar to a protocol that you have already submitted, you can choose to copy an existing application to create a new protocol. Clicking the copy paper icon will bring up the below pop-up window. Choose the type of new protocol that you would like to create.



F. Amendments and renewals are created from the *Protocol History* section. (See pages <u>45</u> & <u>47</u> for additional information on creating a renewal or amendment application.)

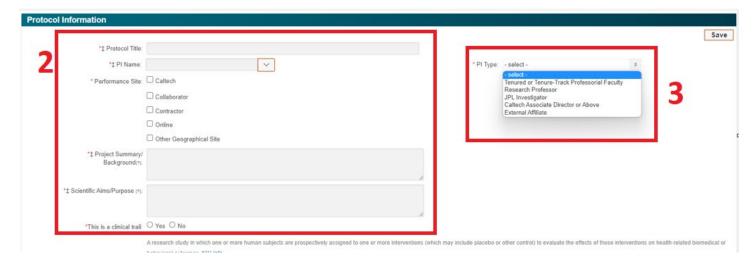
Creating a New Protocol

A. Starting a new Full Application or Initial Query / Protocol Information

Every protocol starts with the submission of an Initial Query or Full Application. To create a new protocol:



1. Select the application type and click *Create New Application*. Alternatively, a current protocol can be cloned to create a copy of any application (see *Protocol History Overview* on page 13). A new application will open.



2. Answer all open fields.

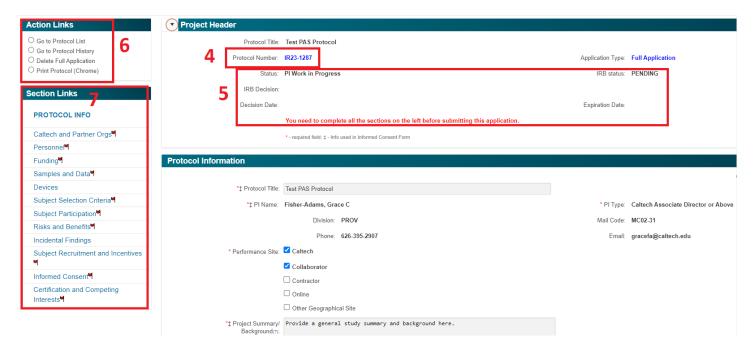
Enter the Principal Investigator's name and type enter. You can search by the PI's first or last name.

Fields with a red asterisk * are mandatory fields.

Fields with ‡ will be included in the Informed Consent document.

3. The PI must be one of the options found in the dropdown list. The PI is the only person on the protocol who can certify and submit the application.

Click Save to create the new protocol application and be assigned a protocol number.



- 4. Once the protocol application is created, you are assigned a protocol number.
- 5. The Project Header includes the protocol status, IRB review decisions, and protocol expiration date.
- 6. The Action Links allow you to navigate quickly throughout the protocol. Go to Protocol List will send you back to your complete list of protocols. Go to Protocol History will send you to a full list of protocol applications associated with this protocol (e.g., renewals, amendments). Print Protocol (Chrome) will allow you to print and/or save the protocol. Once the protocol is submitted, additional options to print the Informed Consent, GDPR and PIPL consents, and status memos will appear here. Go to IRB Review will send you to the protocol review page for this application (seen only after submission).
- 7. The Section Links allow you to navigate quickly throughout the protocol. CAPITAL LETTERS indicate the section you are currently viewing. When first creating a protocol, navigate through the application sections from top to bottom, as the sections feed from the top down. Red flags identify sections that require attention. An application cannot be submitted if any red flags are present.



8. The *Additional Materials & Communications* section appears at the bottom of every page. The *Attachments* button allows you to attach documents to your protocol. (See page 39 for information on adding attachments.)



9. The *Communications* button accesses the communication between investigators and the IRB. IRB review comments are displayed here, and your response comments are entered here as well. (See <u>page 46</u> for information on protocol review.)

B. Query Exemptions (for Initial Queries Only)

An Initial Query application is a shortened, partial application that may be used to determine if a research study qualifies as exempt research. An Initial Query should be created if a PI believes their research qualifies as exempt or if they are unsure if their project qualifies as human subjects research.

1) If you have a Just in Time (JIT) request or other request from a research sponsor for human subjects research and you do not yet have an IRB protocol prepared and the work need not start at the inception of the award, you may request a memo, pursuant to 45 CFR 46.118 (118 Memo), which you can send to your sponsor. See IRB SOP 9: 118 Memo for additional guidance.

2) Use of Caltech Data:

O Does your study intend to use Caltech student, faculty or staff data that has been aquired by Caltech for business or academic purposes? If Yes, please answer additional Yes No questions in "Request to Use Caltech Community Member Data (Institutional Data)" region below.

2) If your study includes the use of Caltech Institutional Data, additional approvals outside of the IRB must be obtained. Institutional Data includes data generated by Caltech through the course of its business or teaching, including de-identified data. If you choose *Yes*, additional information will be requested regarding the type of data you wish to obtain. See IRB <u>SOP 7: Institutional Data</u> for additional guidance.

3) Human Subjects Research: O Yes O No Will you obtain, use, study or analyze data or information about or biospecimens from living individual(s)? O Yes O No Will you use the data, information, and/or biospecimens in research, (including research development, testing and evaluation), and publish those results? (Answer NO if, you are going to collect the data, information or biospecimens to generate an internal Caltech report that will not be released publicly/outside of Caltech) O Yes O No Does your research use, study, analyze or generate information about individuals where the identity of the subject is or may be readily ascertained by you or where the identity is associated with the information when you receive it? O Yes O No Does your research use, study, analyze or generate information about individuals that, if diclosed, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, or reputation? O Yes O No Does your study involve minor persons (less than 18 years of age)? O Yes O No Does your study involve Caltech students, staff or faculty? O Yes O No Does this study involve deception?

3) Answer all questions in the Human Subjects Research section.

4) Reliance: O O Would you like to rely upon another institution's IRB to to be the IRB of record for this study? Yes No O Will the data collection for this study take place entirely at the other institution?

4) If you would like to rely upon another institution's IRB to be the IRB of record, additional paperwork will be required. Please contact the IRB Administrator at x8448 or irb@caltech.edu.



5) If you will recruit, or collect data from, participants who are, or may be in the European Economic Area or China, additional GDPR or PIPL questions must be answered. A separate GDPR or PIPL notice and consent form must be signed by these participants. See IRB <u>SOP 5: GDPR/PIPL</u> for additional guidance.

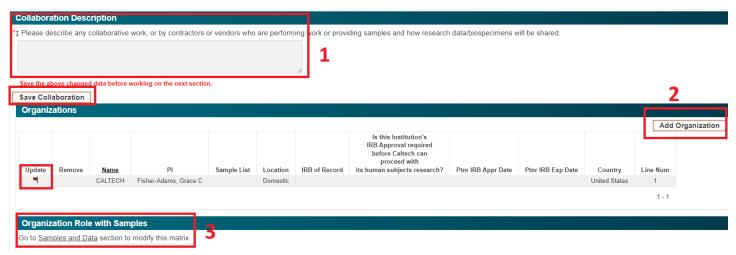


6) Answer questions 7 & 8. Attach any relevant copies of surveys, tests, questionnaires, and recruitment materials. See IRB SOP 4: Study Participant Recruitment Materials for additional guidance.



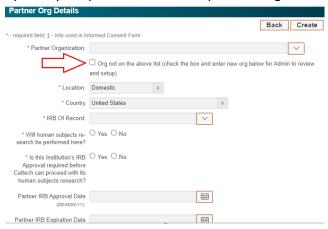
7) If you believe your study to be exempt from IRB review, you will be asked to identify the exemption that you believe to be applicable to your study. Choose the exemption category and answer the questions, including your justification for choosing that exemption.

C. Caltech and Partner Orgs



- 1. Describe the details of your collaboration, as appropriate. Include details about what each partner organization will do, how they will interact with participants and how they will interact with Caltech and any other collaborators. Include how the data or biospecimens collected for the study will be shared with all collaborators. Click *Save Collaboration* before moving on to the *Organizations* section.
- 2. Click on *Add Organization* to add all partner organizations. A pop-up box will open. Answer the questions and click *Create*. If your partner organization is not included on the drop-down list, click the box *Org not on the above list* and type in the name of your new organization. The IRB Administrator

will receive an alert and will update the Partner Organization list. The organization will automatically update your protocol once the partner organization is approved.



Caltech will automatically appear in the *Organizations* table. You must open the Caltech line to answer the second question.



The question *Will human subjects research be performed here?* is asking if the organization will participate in human subjects research.

Examples:

Caltech or a partner organization is performing online surveys. Even though participants will not physically be on site, the organizations are still performing human subjects research, so the answer is YES.

If a vendor is supplying deidentified urine samples for a study, the answer is NO.

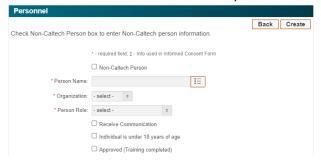
3. The *Organization Role with Samples* will display a read-only matrix of the data and biospecimens collected for this study. The matrix will populate here once you complete the *Samples and Data* section of the protocol.

C. Personnel



1. The PI will automatically be entered from the data used to create the protocol. Click the checkmark icon to open the detail of the line.

2. Click the Add New button to add new personnel to the protocol. Answer the questions and click Create.



Person Roles:

Investigator/Admin Contact = An investigator that will also be the Administrative Contact for the protocol Lead Investigator = The non-PI lead investigator (protocols are not required to identify a lead)

Partner Org PI = The PI of any partner organization

Investigator = All investigators on the protocol that are not the PI, Lead Investigator, Partner Org PI, or Administrative Contact

Administrative Contact = This contact is strictly administrative and does not recruit, consent, or perform work with participants. This person typically manages the protocols and is the point person for communication with the IRB. Administrative contacts have no training requirements.

<u>Receive Communication:</u> If checked, this person will receive all system-generated communications. The PI will always have this checked.

<u>Individual is under 18 years of age</u>: Check this is you will have minor researchers working on your protocol. See IRB <u>SOP 17: Minors Working with the IRB</u> for additional guidance.

Training certificates no longer need to be attached for Caltech personnel. Training completion will be uploaded into PAS by the IRB Administrator on a weekly basis. An Investigator's missing training will be displayed in the *Missed Training* column of the Personnel table.

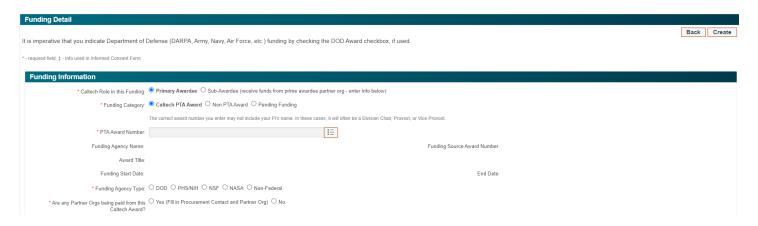
Training certificates must be attached for all non-Caltech personnel.

See the <u>IRB website</u> for additional information regarding training requirements.

D. Funding



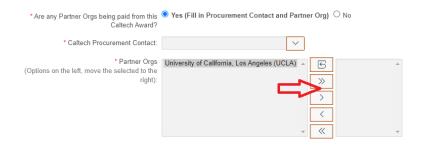
Click the Add Funding button to open the Funding Detail page. Answer the questions and click Create.



<u>PTA Award Number:</u> PAS is connected to the grants database. Search for your award by typing the **award** number of the PT**A** (Project-Task-**Award**) into the text line. The Funding Agency Name, Award Title, Start and End Dates will automatically populate.

Example: PTA = HSS.PROTOCOL-IRB-NIHP.123456 (Project = HSS.PROTOCOL, Task = IRB, Award = NIHP.123456)

When Caltech is the Prime Awardee with sub-award recipients, additional questions regarding the Sub-awardee will open and must be answered.



<u>Caltech Procurement Contact:</u> Include the Caltech Procurement personnel who is working with you on this subaward. <u>Partner Orgs Receiving/Sending Funds From/To This Award:</u> Highlight the partner organizations that are receiving funds from this award in the left column and shuttle them to the right column.

<u>Partner Org Sub-Award Info:</u> Enter the Caltech Sub-Award Number and click *Update*. This number typically begins with an S followed by 6 numbers. Example: S123456



When Caltech is a Sub-Awardee, additional questions regarding the Prime Awardee will open and must be answered.



E. Samples and Data



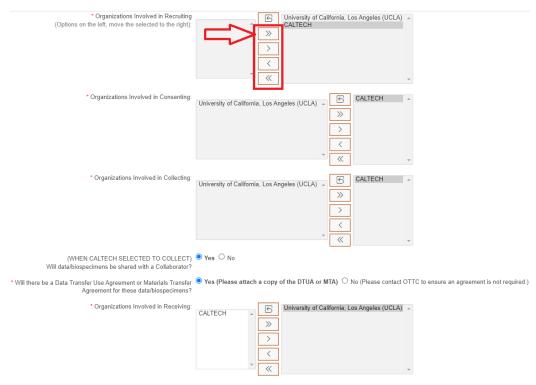
- 1. The information entered under the *Collaboration* question in the *Protocol Information* section will automatically display here. This text will be read-only and editable from the *Protocol Information* section. Ensure that the collaboration text corresponds correctly with the data and biospecimens that you enter in this section.
- 2. Click the *Add Data/Biospecimen* button to add the data and/or biospecimens that you will collect for this study. Answer the questions on the *Sample Details* page.



Select the type of biospecimen or data you plan to collect from the drop-down list.



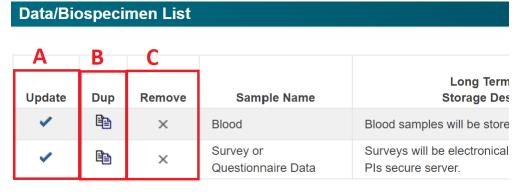
Refer to IRB <u>SOP 13: Anonymous, De-identified & Coded Data</u> to determine the identifiability of your data/biospecimens.



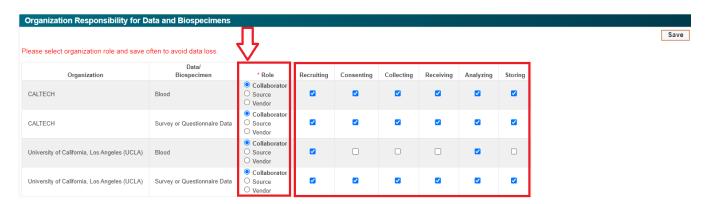
The questions with corresponding shuttle boxes identify which organization(s) are responsible for recruiting and consenting participants, and collecting, receiving, analyzing, and storing the data or biospecimens for your study. Highlight the appropriate organization(s) in the left column and shuttle them to the right column using the arrow buttons, or by double-clicking on the organization.

After entering a biospecimen or data line, a table will be created with your data.

3. Click on the check icon in the *Update* column to open and edit a specific line of the table.



- A. A blue check mark indicates that the required items in a particular line are complete. A red flag indicates something is required in that line. Clicking on the blue check mark or red flag will open the detail of that line.
- B. Clicking on the *Dup* column icon will create a cloned duplicate copy of that line. You must make a change to the cloned duplicate line to clear its red flag.
- C. Clicking the X in the Remove column will delete the line.



The answers to the shuttle box questions will populate the *Organization Responsibility for Data and Biospecimens* matrix. Choose the role that each institution plays for each data/biospecimen.

Collaborator: Receives data/biospecimens (also choose if the organization is the source and receives)

Source: Collects and provides the data/biospecimens

Vendor: A commercial company who provides the data/biospecimens

You can update the responsibility checkboxes from the matrix. Updates made here will automatically update the associated data/biospecimen's line from the table above. Click *Save* often to avoid data loss.

† How will participant Data/Biospecimens be stored and what measures will be used to protect participant confidentiality and privacy during the study?

Participant Data/Biospecimens will be stored securely [in/how] at [insert Institution(s)]. The following measures will be used to protect participant confidentiality and privacy during the study: [insert explanation, e.g., all data will be coded and deidentified prior to publication.].

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† After the study is complete, will the data/biospecimens be destroyed or will they be stored? If the data/biospecimens will be stored, include the storage timeframe (e.g., indefinitely, one year following the end of the study) and the measures that will be used to protect participant Confidentiality and privacy.

After the study, participant Data/Biospecimens will be stored securely [in/how] at [insert Institution(s)]. The following measures will be used to protect participant confidentiality and privacy during the study: [insert explanation].

Two questions about privacy measures and what will happen to the data/biospecimens after the study is complete will follow the matrix. Update the provided template text and click *Save*.



If any data/biospecimens will be stored and used in future studies, two additional questions regarding privacy measures and storage type must be answered. Update the provided template language, include the timeframe as appropriate, and click *Save*.

F. Devices

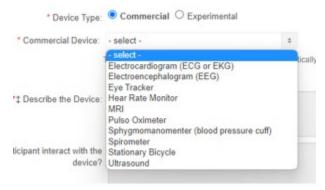
234 of 1000



If your study involves any devices, they must be entered into this section. Click the *Add Device* button and complete the questions.

* Device Type: O Commercial O Experimental

Choose the type of device that you will use in your study: Commercial or Experimental



If the device is Commercial, choose the device type from the drop-down list. If your commercial device is not included on this list, email the IRB Administrator at irb@caltech.edu and they will add your device to the list, as appropriate.

When some commercial devices are chosen (e.g., MRI), template text will populate for the *Describe the Device, What the participant needs to do,* and *Describe the risks associated with using this device* questions. There is no need to provide anything further in these sections unless you are modifying language. If you wish to modify any IRB provided language, check the box so the IRB is notified.

✓ Modify IRB provided language

If the device is Experimental, you will be asked to provide the name of the experimental device.

* Device Type:	○ Commercial ● Experimental
* Experimental Device Name:	

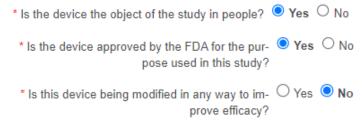
After describing the device, the risks and how it will be used in the study, there will be a series of FDA-related questions that will help you to determine if the device is not subject to FDA regulations, if the device is exempt from FDA regulations, or if an Investigational Device Exemption (IDE) application to the FDA is required.

Please refer to IRB SOP 19: Investigational Devices for additional guidance.

Example 1: The study is not subject to FDA Regulations

The study is NOT subject to FDA Regulations. The device is used as a tool and not the focus of the study.

Example 2: The study is Exempt from IDE Regulations



Study EXEMPT from IDE Regulations.

Example 3: The study is NOT Exempt from FDA Regulations



Study NOT EXEMPT from FDA Regulations. This study will require an Investigational Device Exemption (IDE) application to the FDA.

If a study is determined to be not exempt from FDA Regulations, the FDA device risk level must be determined as a significant risk device or a non-significant risk device. A significant risk device presents a potential for serious risk to the health, safety, or welfare of a participant. The study risk determination is based on the proposed use of a device in a study, and not on the device alone.

A non-significant risk device requires an Abbreviated IDE with Caltech IRB approval. A significant risk device requires a Full IDE with Caltech IRB **AND** FDA approval.

For additional information about significant risk determinations please see the <u>FDA Information Sheet Guidance for IRBs</u>, <u>Clinical Investigators and Sponsors – Significant Risk and Nonsignificant Risk Medical Device Studies</u>.

Following the FDA questions, you will be asked to provide your risk type assessment for the device: Minimal Risk or Greater than Minimal Risk.

<u>Minimal Risk:</u> The probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

<u>Greater than Minimal Risk:</u> Risk is greater than those risks ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

G. Subject Selection Criteria

Answer all questions and click Save.

Vulnerable Populations (Select all that apply):	☑ Minors	☐ Pregnant Women
	Prisoners	☐ Foreign Language (Non-English Speaking)
	☐ Indigenous Persons	☐ Economically or Socially Disadvantaged
	☐ Medical Condition (Specify)	☐ Impaired Capacity (Specify)
	☑ Caltech Students (Not members in the PI's lab)	☐ Caltech Staff, including Postdocs (Not members in the PI's lab)
	☐ Caltech Lab Members (Students, Postdocs, Staff, Faculty)
	See SOP 12 for guidance on what is required in the	protocol and informed consent document.
* If Caltech Students, Staff or Lab Members are se- lected, describe measures implemented to protect their privacy and to ensure coer- cion is reduced.		le
* If any checked, justification for enrolling vulnerable populations.		

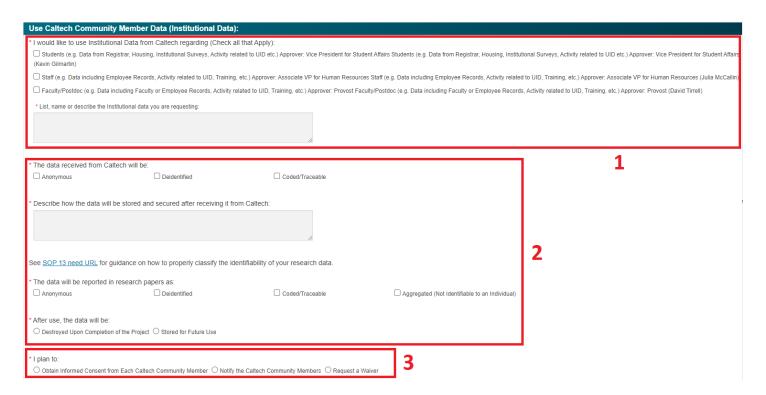
Justification must be included when vulnerable populations are recruited for your study.

If Caltech students, staff or lab members are recruited for your study, additional protections must be included in your protocol and Informed Consent. Unless appropriately justified and approved by the IRB, PIs should not recruit students from their classes. Language specifying this should always be included here and under the Exclusionary Criteria question. Refer to IRB <u>SOP 12: Students and Lab Members as Research Study Participants</u> for guidance.

If your study includes the participation of any vulnerable populations, additional CITI training courses will likely be required. Please refer to the IRB website's <u>training page</u> for guidance. If you have any additional questions about training, contact the IRB Administrator at <u>irb@caltech.edu</u>.

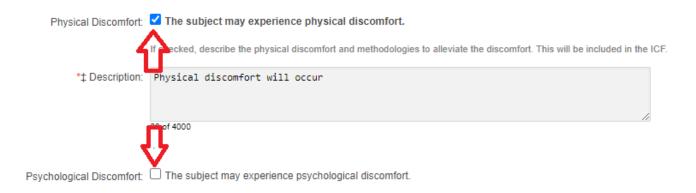
H. Subject Participation

In this section, the IRB asks you to describe what your participants will be asked to do, when, how often, and what they can expect to experience.



If your study includes the use of Caltech Institutional Data, additional approvals outside of the IRB must be obtained. Institutional data includes data generated by Caltech through the course of its business or teaching, including deidentified data. Refer to IRB SOP 7: Institutional Data for guidance.

- 1. Choose the type of institutional data that you plan to collect.
- 2. Provide details of how the data will be stored and secured.
- 3. Provide how you plan to notify the Caltech community members whose data will be included in your study.



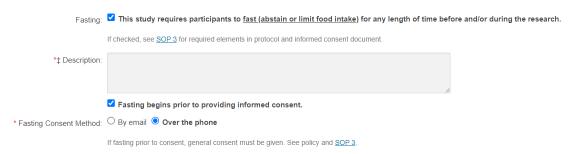
Most questions in this section require you to check boxes if the listed item is included in your study. For example, if there is physical discomfort, check the box and describe the physical discomfort. If there is no psychological discomfort, do not check the box.

Physical Contact: VIII The research requires the investigator to have physical contact with the subject. Example: Investigator

If checked, describe the nature of the physical contact and measures employed to mitigate discomfort. This will be include

*† Description: Part of this study requires that the researcher have physical contact with you. The contact consists of [helping you/attaching a device/etc.] that requires the researcher to touch your [body part] [briefly/for (time)]. The contact will be [light/firm/periodically firm/light] and you [will/will not] be restrained [if will: for x minutes] during the study. The researcher will inform you of what will happen throughout this interactive time. At any time during the study, you have the right not to be touched if you say you don't want to be touched anymore. If the physical contact is necessary for the study (for example, a device must be attached to your body), you can withdraw from the study at any time.

Template language is provided for some questions, such as for Physical Contact. Update the template language with your study specific details. See IRB SOP 6: Physical Contact with Study Participants for guidance.



If fasting is included in your study, you will be asked to provide additional details including if participants will be asked to fast prior to providing informed consent. See IRB SOP 3: Fasting in Human Subjects Research for guidance on studies that include fasting.

Consume Food and/or Beverage:	Participants will consume food and/or beverage as part of the research
	If checked, describe the foods and safeguards in place for participants with allergies. This will be included in the IC
*‡ Allergy Concerns:	
*‡ Sanitation Procedures:	

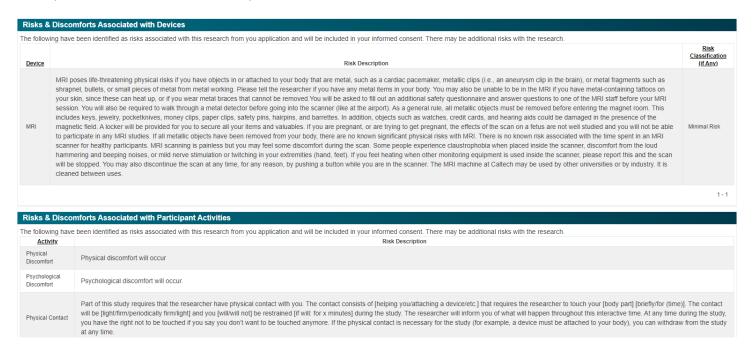
If the consumption of food and/or beverages are included in your study, you will be asked to provide additional details regarding how you will handle allergy concerns and how you will properly sanitize your study space.

Disclosure:	☑ The research involves the use of deception or incomplete disclosure. Deception is when a resabout some key aspect of the research. Incomplete Disclosure is a type of deception that involve nature of the research procedures	
* Justification for Deception or Incomplete Disclosure:		

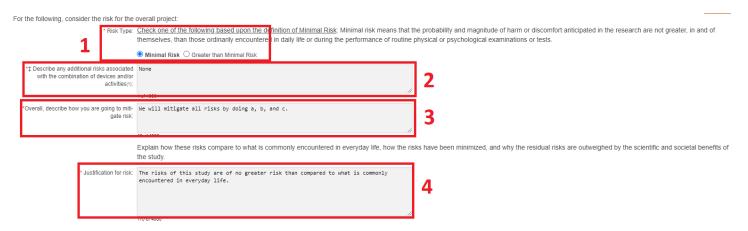
If you plan to use deception or incomplete disclosure, it is very important that you provide detailed justification.

I. Risks and Benefits

The Risks and Benefits section displays two tables: Risks & Discomforts Associated with Devices and Risks & Discomforts Associated with Activities. These tables contain the risk text that was already entered into the Devices and Subject Participation sections and are read-only.



Below the read-only tables, are additional questions that must be answered about the risks and benefits of your study.



- 1. Choose the risk type of your study, either Minimal Risk or Greater Than Minimal Risk.
 - Minimal Risk = the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.
 - The IRB may determine that the risk type you choose is incorrect and will update the risk type following review of your study.
- 2. The description of device and activity list are already included in the tables above. This question asks if there are any additional risks with the combination of devices and/or activities. For example, if a participant is playing video games while in the MRI scanner, is there any additional risk with the combination of these two things?

- 3. Describe how the risks are minimized if they can be.
- 4. Explain how these risks compare to what is commonly encountered in everyday life and why the residual risks are outweighed by the scientific and societal benefits.

Complete the remaining questions regarding benefits, alternatives, and withdrawal procedures, and click the *Save* button.

J. Incidental Findings

An Incidental Finding (IF) is a physiological or psychological finding of clinical significance which is analytically valid and reveals a well-recognized risk of a health condition. See IRB <u>SOP 8: Incidental Findings</u> for guidance.

To add an IF to your study, click the *Add New* button. You will be asked to provide the source of the IF and a description. You will also be asked to determine if the IF is serious or non-serious and actionable or non-actionable.

The Incidental Finding is (* Select one):

(2a) A Serious IF (including fMRI) Findings likely to result in death or grave harm (e.g., aneurism, heart arrhythmia, HD gene).

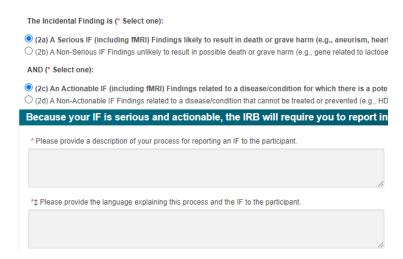
(2b) A Non-Serious IF Findings unlikely to result in possible death or grave harm (e.g., gene related to lactose intolerance, polyp) and

AND (* Select one):

(2c) An Actionable IF (including fMRI) Findings related to a disease/condition for which there is a potential treatment or prevention (e.g., cancerous tumor, breast cancer gene).

(2d) A Non-Actionable IF Findings related to a disease/condition that cannot be treated or prevented (e.g., HD gene).

Serious (2a) and Actionable (2c) IFs MUST be reported to participants. Provide the description of your process for reporting an IF to the participant and provide the language explaining the IF and your process that will be included in the Informed Consent. The IRB prefers that a licensed professional or clinician of a relevant specialty should disclose these types of IFs to participants. In the absence of a lab's ability to identify a licensed professional or clinician, an investigator with the expertise (e.g., a post-doc that also has an MD) and training to disclose IFs to participants should be identified in the protocol and may be approved by the IRB to deliver IFs.



Any other combination of serious or non-serious and actionable or non-actionable, gives you the option of how you wish to handle the IF. You can choose to report the IF, never report the IF, or allow the participant to choose whether or not they want to receive the IF information.

	The Incidental Finding is (* Select one):
	(2a) A Serious IF (including fMRI) Findings likely to result in death or grave harm (e.g., aneurism, heart arrhythmia, HD gene).
	(2b) A Non-Serious IF Findings unlikely to result in possible death or grave harm (e.g., gene related to lactose intolerance, polyp) and
	AND (* Select one):
	(2c) An Actionable IF (including fMRI) Findings related to a disease/condition for which there is a potential treatment or prevention (e.g., cancerous tumo (2d) A Non-Actionable IF Findings related to a disease/condition that cannot be treated or prevented (e.g., HD gene).
	ರ್ಷ cause your IF is either not se ious or non-actionable, you ha <mark>re</mark> the option to report any IF to the participant. (Sele
1	Please choose one.
	We will report the IF to the participant Owe will never report the IF to the participant We will allow the participant to choose whether or not to receive the IF

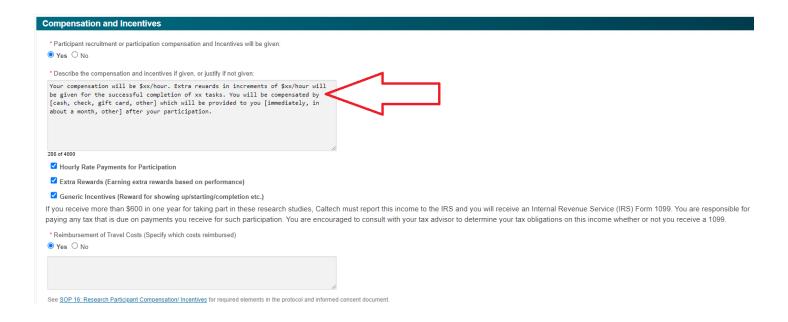
If you choose to report the IF to the participant, you will be asked to provide the description of your process for reporting an IF to the participant and provide the language explaining the IF and your process that will be included in the Informed Consent. Only appropriately trained personnel may disclose IFs to participants. The IRB may determine the designated personnel are not appropriately situated to disclose IFs, and in which case, will recommend alternative personnel to make such disclosure.

* Please provide a description of your process for reporting an IF to the participant.	
*‡ Please provide the language explaining this process and the IF to the participant.	

K. Subject Recruitment and Incentives

Check off all recruitment methods and provide a brief description of how you plan to recruit participants for your study. See IRB <u>SOP 4: Study Participant Recruitment Materials</u> for guidance. Attach all recruitment materials to this section of the protocol.

If you are providing compensation for study participants, template text will be provided in the compensation description box. Edit this text according to the specifics of your study. IRB <u>SOP 16: Research Participant Compensation/Incentives</u> will provide guidance, including suggested compensation ranges.



Make sure to click the Save Recruitment and Incentives button BEFORE moving further on this page.

Save the above changed data before working on GDPR and PIPL sections.

Save Recruitment and Incentives

If you will be recruiting participants from the European Economic Area or from China, you must complete the associated sections to be consistent with GDPR (EEA) and/or PIPL (China) protection requirements. See IRB <u>SOP 5: GDPR & PIPL</u> for guidance.



Clicking *Yes* or *Edit GDPR/Edit PIPL* will open a new form. These questions and answers will populate the GDPR or PIPL consent form that is a requirement in addition to the study's full Informed Consent.

Recruiting participants in China require separate privacy notices depending on how the data is collected: direct contact or online. These questions will help you to determine which notice is applicable to your study

The regulatory requirements for PIPL are found at China Briefing. Refer to SOP 5: GDPR/PIPL for required elements in the protocol and informed consent document

Are you recruiting, or collecting data from, participants who are, or may be, in China?

○ Yes ○ No

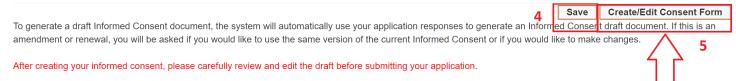
In the *Retention of Your Personal Data* section of the GDPR or PIPL form, you will be asked to choose which retention schedule you will follow. Choose the appropriate option and update the provided template language appropriately.



<u>PLEASE NOTE</u>: If you will be recruiting participants from the European Economic Area or from China, you MUST have participants sign both the general Informed Consent document AND the GDPR or PIPL consent.

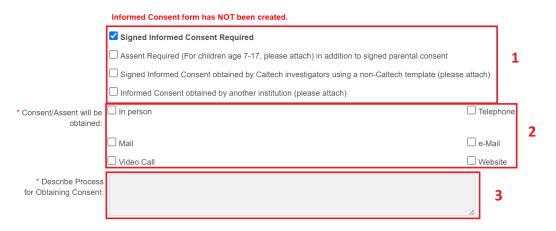
L. Informed Consent

Many of your responses throughout the application are automatically imported into a draft of the Informed Consent (IC). The *Informed Consent* section will include several questions about the consent process.



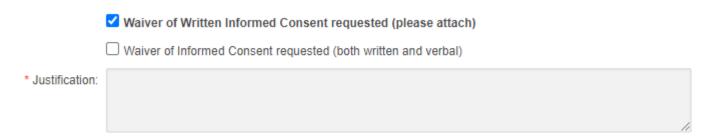
The draft document will not be generated if you request to waive consent, use an alternate template, or rely on another institution to conduct the consent process. In these cases, please attach all relevant documents and/or scripts by using the "Attachments" button.

Consent will be signed by the subject or the subject's legally authorized representative (45 CFR 46.117). If the subject is a minor, the consent must be signed by the parent or legally authorized representative.

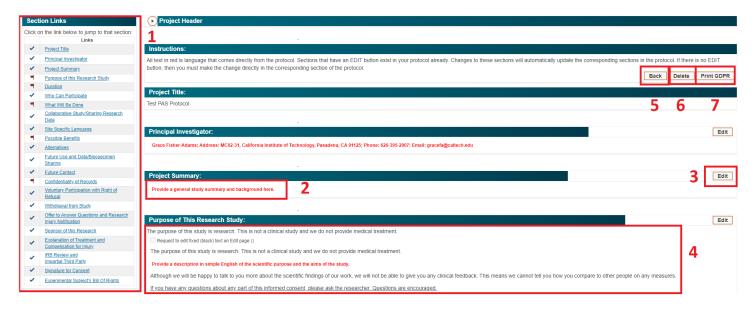


- 1. Choose the type of Informed Consent that you will use for your study.
- 2. Choose how consent will be obtained.
- 3. Describe the process of how investigators will obtain consent from participants.
- 4. Click Save after the above questions are answered.
- 5. Click *Create/Edit Consent Form* to begin the process of creating your Informed Consent. This will open a draft of the consent form.

If you will use a non-Caltech template IC or an IC obtained from another institution, please make sure to attach that form for review.



If you wish to request a waiver, check the appropriate option and provide detailed justification for your request. The IRB will review your justification and determine if the request for a waiver is appropriate.

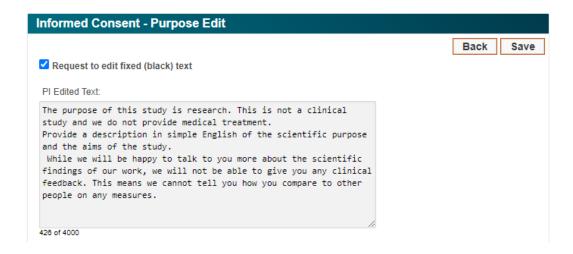


- 1. As is the case in the main application, all sections of the Informed Consent (IC) must be completed before generating a PDF of the document. Because IC sections are automatically populated by your application responses, they will be accompanied by a blue check mark, rather than a red flag. Sections with red flags were not properly completed in the application, or there are additional questions that need to be answered, as in the *Confidentiality of Records* section of the IC.
- 2. The red text in the template is populated directly from your responses in the main application. All red text must be reviewed and edited to ensure that the language is at an appropriate reading level (8th grade) and is grammatically and syntactically correct.
- 3. The *Edit* button will open a pop-up window that allows you to edit the red text that was automatically inserted from the application.

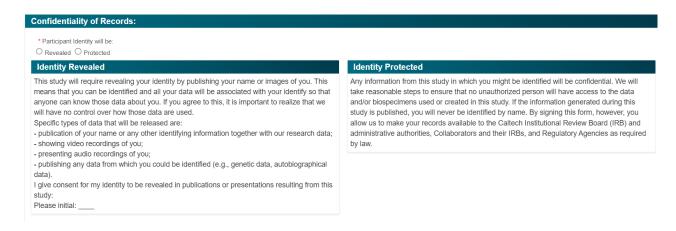


When you are finished editing the entry, click the *Save* button to save the revised text. Repeat this process for all red text that need revisions in the IC draft form. Changes to these sections will automatically update the corresponding sections in the protocol. If there is no *Edit* button, then you must make the change directly in the corresponding section of the protocol.

4. The black text in the IC template is static and cannot be changed. Three sections allow you to request a modification to the black text (*Purpose, Benefits* and *Compensation*). Click the *Edit* button and then on the *Request to edit fixed (black) text* button in the pop-up window. Make the necessary modifications and click *Save*. The modified language must be reviewed and approved by the IRB before it can be incorporated into the IC.



5. The *Confidentiality of Records* section has two questions that require attention. Choose if participant identity will be revealed or protected.

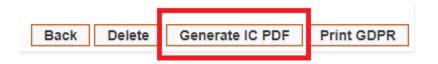


Choose if you will work with the IRB to apply for a Certificate of Confidentiality (COC) with the NIH.

Will you work with the IRB Office to apply for a Certificate of Confidentiality (COC) with the NIH? Issuance of a COC for research that is not funded by NIH is at the discretion of NIH.

If you protocol is funded by the NIH, a COC is automatically provided. If your protocol is not funded by the NIH, you have the option to choose to apply for a COC. Under federal law, a COC allows Caltech, the investigators, and others who have access to research records to refuse to disclose identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. Additional information on Certificate of Confidentiality (COC) can be found on the NIH website.

- 6. The *Back* button will return to the application.
- 7. If you would like to delete the entire IC draft and start over, click the *Delete* button. You will be able to start over, with the responses pulled from your application.
- 8. If you will recruit from the EEA or China, the GDPR and PIPL consent forms will be available for printing here. They will also be available from the application's *Action Links* as well.



When you have finished reviewing, editing, and saving the text in the IC draft, click *Generate IC PDF* to create a PDF copy of the draft. This is the version that will be reviewed by the IRB and, if approved, used to consent participants in your study. Once the PDF is generated, a *Print Informed Consent* button will appear in the *Action Links* section of your main application. Clicking this will allow you and IRB reviewers to open the IC PDF at any time. After generating the IC PDF, click the *Back* button to return to the application to complete the final submission steps.

M. Certification and Competing Interests

Certification and Competing Interests
Save
PI Grace C Fisher-Adams has a current disclosure on file in Caltech's Disclosure of Financial Interests and Commitments system.
* Do you, your family, or any member of the study team have an outside relationship (paid or unpaid) or commitment with any entity providing materials, devices, compounds, or other support for this project? © Yes O No
* If yes, please provide a brief description of the details of financial interest or outside relationship.
* Is this relationship included in your or their Disclosure of Financial Interest & Commitment (DFIC)? O Yes O No
* Do you, your family, or any member of the study team have a relationship (paid or unpaid) or commitment with any entity that could reasonably appear to benefit from the outcomes of this project? Yes O No
* Does this study involve testing the efficacy of a tool, device, or other type of intellectual property (e.g., software) developed by a member of the study team or their family? O Yes O No
I may have financial interests and/or relationships or affiliations which could be perceived as conflicting with or compromising this research.
* Certification: I have read Caltech's IRB Policies and applicable SOPs and will comply with them and Caltech's Federalwide Assurance.
I further declare the information provided in the accompanying protocol is accurate to the best of my knowledge. Any proposed revisions to this study will be promptly forwarded writing to the IRB for approval
☐ Any untoward experience, emergent problem or significant deviation from my protocol will be reported to the IRB for reconsideration.
Signed and Submitted By:
Date:

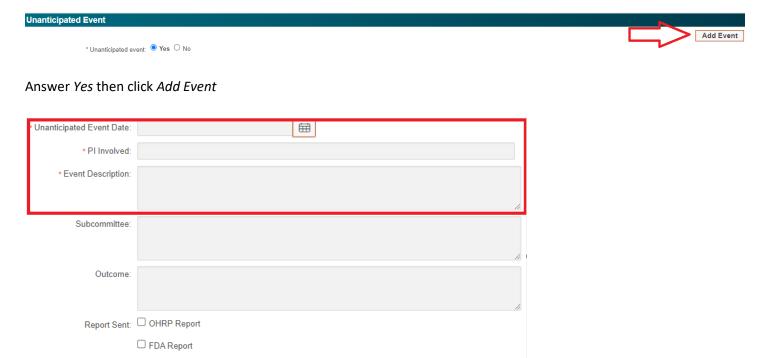
The PI must be the person to complete the *Certification and Competing Interests* section. Once all questions are answered, click *Save*. Once this section is complete and saved, a yellow button will appear at the top right of all pages of the main application. The PI will be able to submit the protocol for review once this button appears.

N. Unanticipated Events

An unanticipated event includes any incident, experience, or outcome that meets all the following criteria:

- 1. 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 subject population being studied;
- 2. related or possibly related to participation in the research (in this guidance document, *possibly related* means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
- 3. suggests 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.

Unanticipated events must be reported as soon as possible to the IRB via email at <u>irb@caltch.edu</u> or phone at 626-395-8448 and entered into PAS under the appropriate protocol.



You are responsible for completing the first three questions. The remaining information will be entered by the IRB.

Other Agency Report (Specify)

Adding Attachments

There are two ways to add attachments to your application:

1. Attachments can be made directly to each page of your protocol application. The *Additional Materials & Communications* section appears at the bottom of every page. The *Attachments* button allows you to attach documents and view documents that are already attached. Clicking the *Attachments* box will open another *Attachments* button to click.



The attachment page will open where you can add new attachments or attach documents that you already have saved in your Library.



A. Choose the attachment category from the drop-down list.



Check the box for Add to My Library which will save the attachment to your document library.

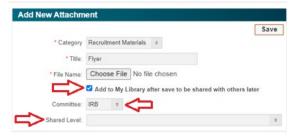
Choose the appropriate committee for this attachment.

Choose the appropriate shared level. There are 3 shared levels:

Private: accessible to only you

Public: accessible to everyone in the IRB PAS

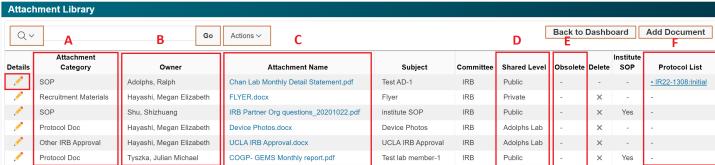
PI Lab: accessible to everyone in the PI's lab group (Only accessible if your lab is in the DPM (Division Personnel Management). Contact your Division if your lab is not visible here)



B. You can also add attachments from your Library, which includes all attachments that you previously saved to your Library, or those that you built directly into your Library. (See #2 below)

- C. You can also access all documents that have already been attached to the application. An attachment can only be attached to your protocol once, but once attached is accessible from every section of the protocol.
- 2. The *IRB Attachment Library* in the *Quick Links* section of your Dashboard displays all documents that you have added directly to the Library or through a protocol application.





A. Attachments fall into 7 different categories:

Protocol Doc, Other IRB Approval, Recruitment Materials, Questionnaires, Informed Consent, Training, SOP

- B. The Owner is the person who uploaded the attachment
- C. The Attachment Name reflects the document name, and the hyperlink opens the attachment
- D. There are 3 shared levels:

Private: accessible to only you

Public: accessible to everyone in the IRB PAS

PI Lab: accessible to everyone in the PI's lab group

Attachments that are no longer in use are designated as obsolete. Attachments cannot be deleted as they still need to be accessible when viewing inactive versions of protocols.

E. Protocols that include the attachment are displayed in this column

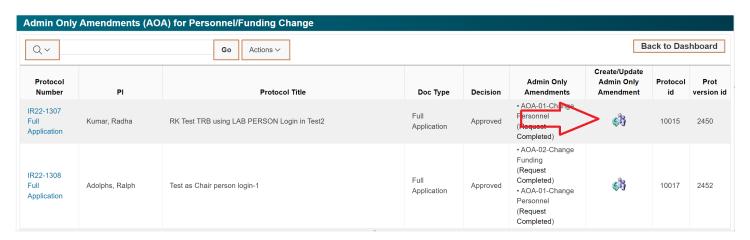
Creating an Admin Only Amendment (AOA)

Admin Only Amendments (AOAs) allow you to make personnel and funding updates to your protocols. AOAs are created independently of your application, so you may have a renewal or amendment application in process and still be able to submit an AOA to update personnel or funding.

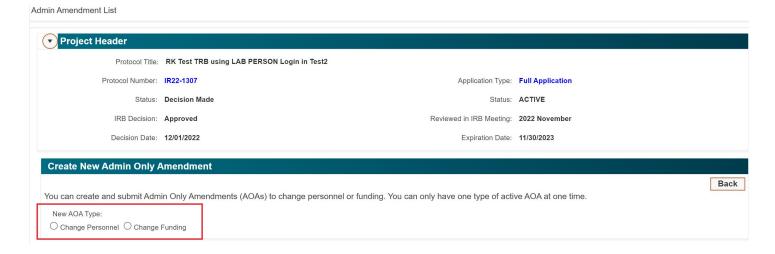


The *Change Personnel/Funding (AOAs)* option from your *Quick Links* section of your Dashboard will take you to the screen where you can create the AOA.

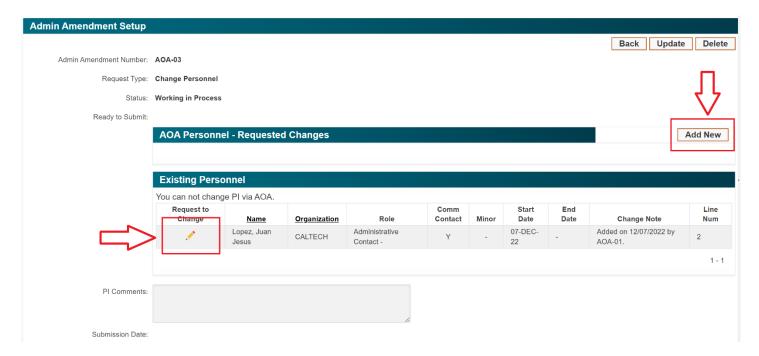
Click on the person icon in the Create/Update Amin Only Amendment column of the protocol you wish to update.



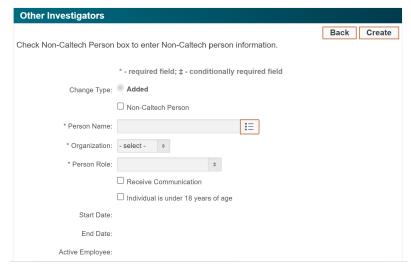
From the next screen, choose Change Personnel or Change Funding depending upon what updates you need to make.



You can add, update, or remove personnel at any time with the submission of an AOA. To add personnel, click on the *Add New* button found to the right of the page. To update current personnel, including making changes or removing, click on the pencil next to the person you wish to update.



A pop-up box will open when adding new personnel. Answer the questions and click Create.



Person Roles:

Investigator/Admin Contact = An investigator that will also be the Administrative Contact for the protocol Lead Investigator = The non-PI lead investigator (protocols are not required to identify a lead)

Partner Org PI = The PI of any partner organization

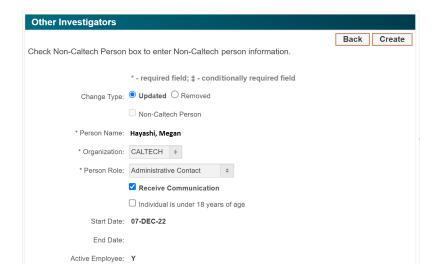
Investigator = All investigators on the protocol that are not the PI, Lead Investigator, Partner Org PI, or Administrative Contact

Administrative Contact = This contact is strictly administrative and does not recruit, consent, or perform work with participants. This person typically manages the protocols and is the point person for communication with the IRB

<u>Receive Communication:</u> If checked, this person will receive all the system-generated communications. The PI will always have this checked.

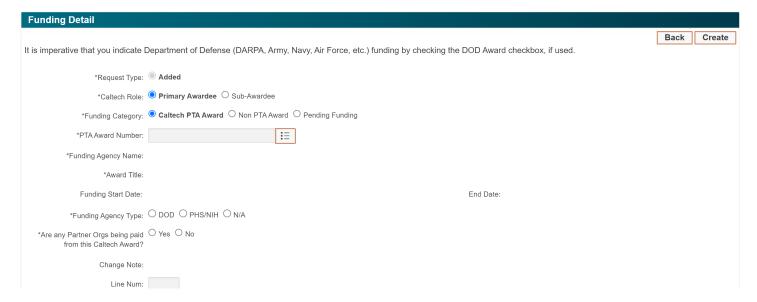
<u>Individual is under 18 years of age</u>: Check this is you will have minor researchers working on your protocol. See IRB <u>SOP</u> <u>17: Minors Working with the IRB</u> for additional guidance.

A pop-up box will open when updating or removing current personnel. Update as necessary and click Create.



Updating Funding:

You can add, update, or remove funding sources at any time with the submission of an AOA. To add a funding source, click on the *Add New* button found to the right of the page. As with personnel, to update funding, including making change or removing, click on the pencil next to the funding source you wish to update. A pop-up box will open when adding new funding. Answer the questions and click *Create*.

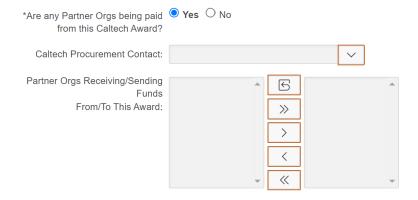


<u>PTA Award Number:</u> PAS is connected to the grants database. Search for your award by typing the award number of the PTA (Project-Task-**Award**) into the text line. The Funding Agency Name, Award Title, Start and End Dates will automatically populate.

When Caltech is a Sub-Awardee, additional questions regarding the Prime Awardee will open and must be answered.



When Caltech is the Prime Awardee with sub-award recipients, additional questions regarding the Sub-awardee will open and must be answered.



<u>Caltech Procurement Contact:</u> Include the contact person who is working with you on this subaward.

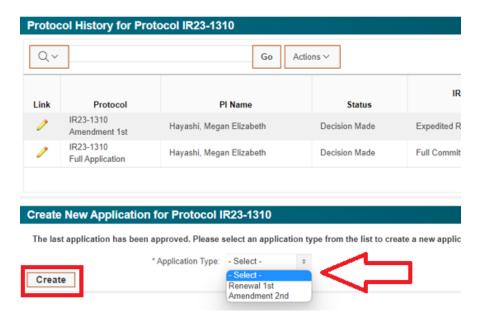
<u>Partner Orgs Receiving/Sending Funds From/To This Award:</u> Highlight the partner organizations in the left column that are receiving funds from this award and shuttle them to the right column.

Creating a Renewal Application

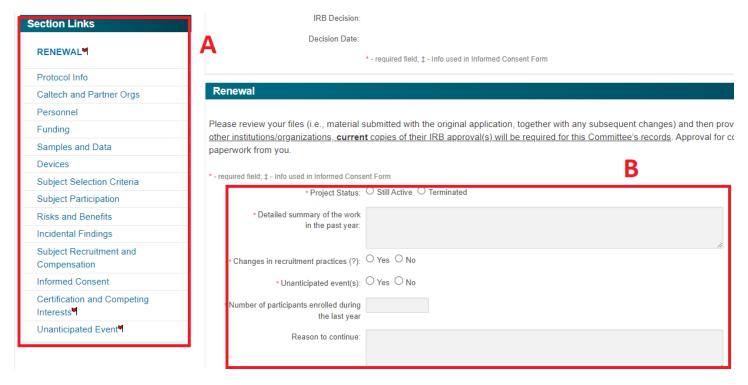
Up to four renewals may be submitted for a protocol before a *De Novo* application (i.e., a new protocol) is required. A renewal may only be created for an approved protocol with no other "*Work in Progress*" applications pending. A renewal application can be created from the *Protocol History* page (see <u>page 13</u>). The *Protocol History* page is accessible from the *Action Links* section of the selected protocol. After clicking on *Go to Protocol History*, you will be taken to the list of all applications that correspond with the selected protocol.



From the *Protocol History* page, locate the *Create New Application for Protocol* section at the bottom of the page. Select the *Renewal #* application type from the drop down and click *Create*.



This will open a renewal application.



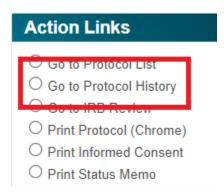
- A. The renewal application will automatically include all information from the last approved application under the selected protocol. The red flagged *Renewal, Certification and Competing Interests*, and *Unanticipated Events* sections require attention.
- B. Provide the IRB with an update of what has occurred with this protocol over the past year. If an unanticipated event occurred that you did not previously enter into PAS, make sure click *Yes* on the Renewal section along with the *Unanticipated Events* section.

Necessary modifications can be made to any section of the protocol during renewal.

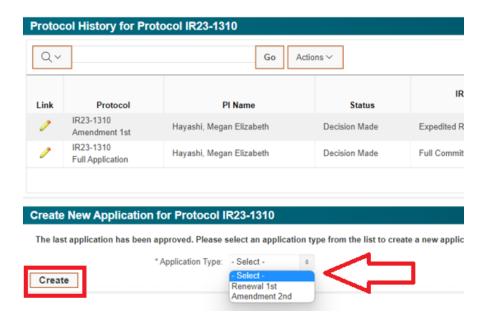
Creating an Amendment Application

Amendments allow you to make modifications to your protocol. An amendment application can be created from the *Protocol History* page (see <u>page 13</u>). The *Protocol History* page is accessible from the *Action Links* section of the selected protocol. After clicking on *Go to Protocol History*, you will be taken to the list of all applications that correspond with the selected protocol.

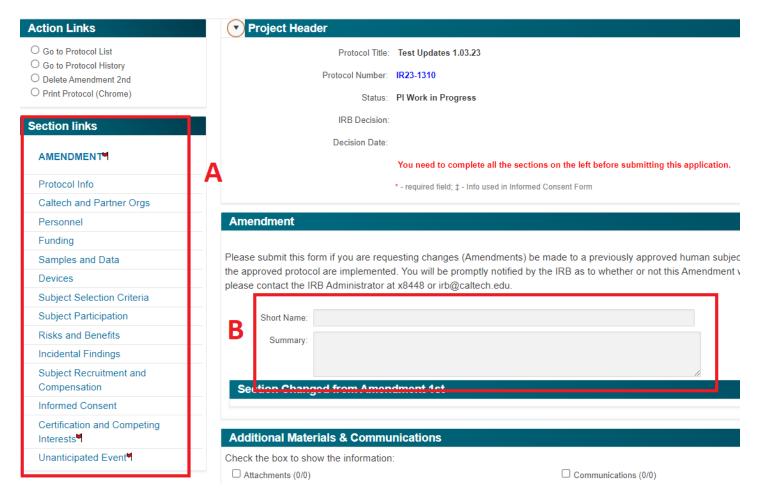
REMINDER: Personnel and Funding updates should be made with an Admin Only Amendment (AOA) (see page 41).



From the *Protocol History* page, locate the *Create New Application for Protocol* section at the bottom of the page. Select the *Amendment #* application type from the drop down and click *Create*.



This will open an amendment application.



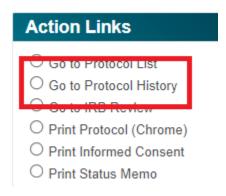
- A. The amendment application will automatically include all information from the last approved application under the selected protocol. The red flagged *Amendment, Certification and Competing Interests*, and *Unanticipated Events* sections require attention.
- B. Provide the IRB with a summary of what you are updating in the amendment application.

Click on the protocol section name (e.g., *Protocol Info, Devices,* etc.) to make the necessary modifications in the corresponding sections of the amendment application.

Creating a Data Analysis Only Application

A Data Analysis Only (previously Limited Continuation) application may be created when your study is no longer recruiting participants and collecting data. You may only continue analysis of previously collected data prior to this application. You may not recruit any new participants and therefore will not submit an informed consent or make any updates to the protocol. Up to four Data Analysis Only renewals may be submitted for a protocol.

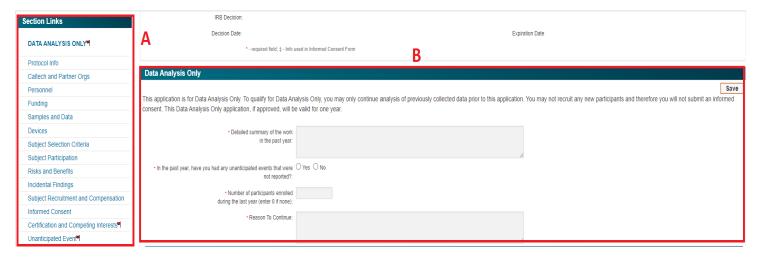
A Data Analysis Only application can be created from the *Protocol History* page (see <u>page 13</u>). The *Protocol History* page is accessible from the *Action Links* section of the selected protocol. After clicking on *Go to Protocol History*, you will be taken to the list of all applications that correspond with the selected protocol.



From the *Protocol History* page, locate the *Create New Application for Protocol* section at the bottom of the page. Select the *Data Analysis Only #* application type from the drop down and click *Create*.



This will open a Data Analysis Only application.



- A. The Data Analysis Only application will automatically include all information from the last approved application under the selected protocol. The red flagged *Data Analysis Only, Certification and Competing Interests*, and *Unanticipated Events* sections require attention. You will NOT be able to edit any other sections, as there should be no updates as the study is no longer recruiting participants.
- B. Provide the IRB with an update of what has occurred with this protocol over the past year and the reason to continue, which should be for data analysis. If an unanticipated event occurred that you did not previously enter into PAS, make sure click *Yes* on the Renewal section along with the *Unanticipated Events* section.

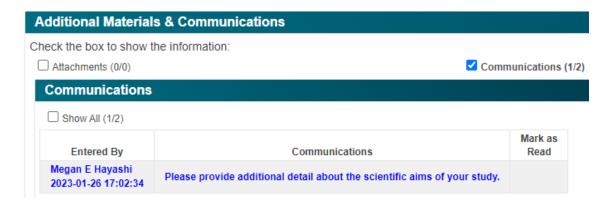
Protocol Review

The Additional Materials & Communication section is found at the bottom of every page of the application.

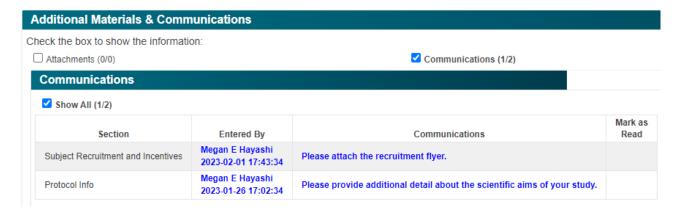
Click on the *Communications* checkbox to display the communication between investigators and the IRB. IRB reviewer comments that need to be addressed are displayed here, and you can send return comments back in the same location.



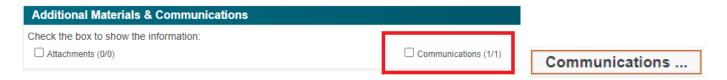
Clicking the *Communications* checkbox will display the IRB reviewer comments for the section of the protocol that you are in.



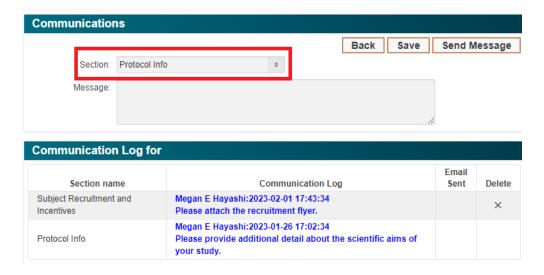
Clicking the *Show All* checkbox will display the comments for the entire application. The *Section* column identifies the section of the protocol the comment refers to.



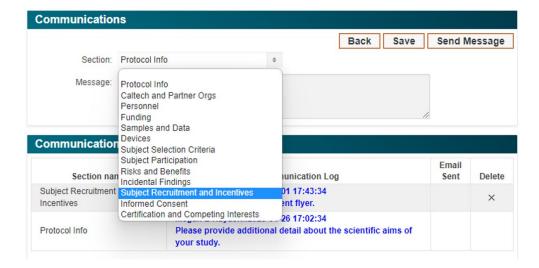
If you wish to respond to a reviewer's comment, click the *Communications* checkbox and then click the *Communications* button that appears.



After clicking the second *Communications* button, a pop-up window will open displaying a log of all communications. The *Section* will automatically populate with the name of the protocol section where you opened the *Communications* window.



You can keep this pop-up window open and respond to comments in other sections of the protocol, but make sure you have the correct section chosen before you click *Save*.



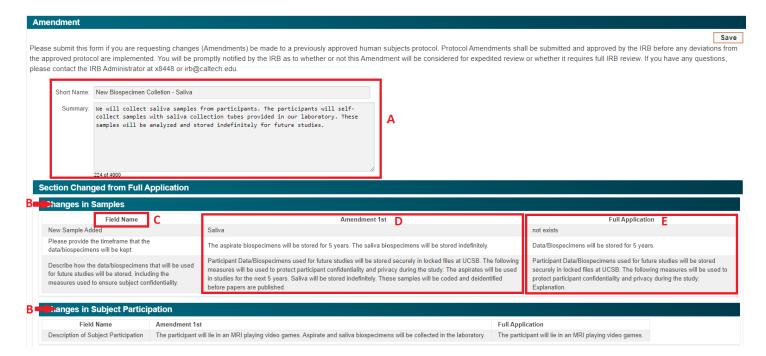
Once you have addressed all reviewer comments, let the IRB know by entering a comment noting this. Click *Send Message* to send the IRB your replies.

Identifying Protocol Changes

The comparison feature is available only for protocols that include more than one application. The feature can be found on the *Renewal* or *Amendment* sections of Renewal or Amendment applications. This feature provides a summary of the updates made to the protocol. Investigators and reviewers can read this overview along with what changes were made in each section that has been updated.







- A) A summary of what is included in the Renewal or Amendment is found here.
- B) Updates are organized by protocol section.
- C) Each protocol section is organized by the fields within the section that have been updated.
- D) This column reflects the updates made in the amendment or renewal.
- E) This column reflects what is in the current approved version of the protocol.

Contact Us

If you have questions about the application or require assistance during the submission process, please contact the IRB Office at **626-395-8448** or email us at irb@caltech.edu.

For more information about the IRB, visit https://irb.caltech.edu.