CHAPTER 3.2

MANAGEMENT OF PROTOCOL SUBMISSION

SOP NUMBER: SOP/008/01

INSTITUTIONAL REVIEW BOARD
(IRB)

Khesar Gyalpo University of Medical Sciences of Bhutan

www.kgumsb.edu.bt

Effective Date: October 1, 2021
Supersedes: SOP/007b/yy

Author: SOP Team — Date: September 29, 2021
Approved by: Chairperson, IRB — Date: September 30, 2021
Name: ***Dr. Karma Tenzin***

Table of Contents

1. PURPOSE

This standard operating procedure is designed to describe how the Secretariat of the Research Ethics Board (IRB) manages protocol submissions to the IRB.

2. SCOPE

This SOP shall apply to the submission process including:

- Submission for Initial Review
- Resubmission of Protocols with Corrections
- Protocol Amendment
- Continuing Review of Approved Protocols
- Protocol Termination

3. RESPONSIBILITY

The IRB secretariat shall be responsible to receive and check the completeness of the submission package, and document the submitted protocol packages.

4. FLOW CHART

No.	Activity	Responsibility
1	Receive Submitted Packages ↓	IRB Secretariat
2	Check for submission items: ❑ Initial Review Application ❑ Resubmission of Protocols with Corrections ❑ Protocol Amendment ❑ Continuing Review of Approved Protocols ❑ Protocol Termination ↓	IRB Secretariat
3	Check the documents as per AF/01-008/01 ↓	IRB Secretariat
4 5	Fill the document receipt form ↓ Store the received packages	IRB Secretariat IRB Secretariat

5. DETAILED INSTRUCTIONS

5.1. Receive submitted packages

5.1.1. Initial Review Application

5.1.1.1. Go to 5.2.1.1

5.1.2. Resubmission of Protocols with Corrections

5.1.2.1. Retrieve the previous receipt form from the Secretariat's records.

5.1.2.2. Go to step 5.2.1.2

5.1.3. Protocol Amendment

5.1.3.1. Retrieve the previous receipt form from the Secretariat's records.

5.1.3.2. Go to step 5.2.1.2

5.1.4. Continuing Review of Approved Protocols

5.1.4.1. Retrieve the previous receipt form from the Secretariat's records.
5.1.4.2. Go to step 5.2.1.4

5.1.5. Protocol Termination

5.1.5.1. Retrieve the previous receipt form from the Secretariat's records.
5.1.5.2. Go to step 5.2.1.5

5.2. Check for submission items

5.2.1. Get relevant forms:

5.2.1.1. Initial Review Application

5.2.1.1.1. checklist for contents of a submitted package, ANNEX – AF/01-008/01
5.2.1.1.2. a document receipt form, ANNEX- AF/02-008/01
5.2.1.1.3. an application form for initial review, ANNEX – AF/03-008/01 or ANNEX – AF/05-008/01
5.2.1.1.4. Go to step 5.2.2.

5.2.1.2. Resubmission of Protocols with corrections

5.2.1.2.1. checklist for contents of a submitted package, ANNEX – AF/01-008/01
5.2.1.2.2. a document receipt form, ANNEX- AF/02-008/01
5.2.1.2.3. an application form for re-submitted protocol, AF/01-013/01
5.2.1.2.4. Go to step 5.2.2

5.2.1.3. Protocol Amendments

5.2.1.3.1. checklist for contents of a submitted package, ANNEX – AF/01-008/01
5.2.1.3.2. a document receipt form, ANNEX- AF/02-008/01
5.2.1.3.3. an application form for protocol amendment review, AF/01-014/01
5.2.1.3.4. Go to step 5.2.2

5.2.1.4. Annual Continuing Reviews of Approved Protocols

5.2.1.4.1. checklist for contents of a submitted package, ANNEX – AF/01-008/01
5.2.1.4.2. a document receipt form, ANNEX- AF/02-008/01
5.2.1.4.3. an application form for continuing review, AF/01-015/01
5.2.1.4.4. Go to step 5.2.2

5.2.1.5. Protocol Termination

5.2.1.5.1. checklist for contents of a submitted package, ANNEX – AF/01-008/01
5.2.1.5.2. a document receipt form, ANNEX- AF/02-008/01
5.2.1.5.3. an application form for continuing review, AF/01-015/01
5.2.1.5.4. Go to step 5.2.2

5.2.2. Fill in the forms:

5.2.2.1. Give the related application forms, applicants to fill up the relevant information.

5.2.3. Verify contents of Submitted Package

5.2.3.1. Use the checklist for contents of a submitted package, ANNEX- AF/01-008/01
5.2.3.2. Check the applicable documents to ensure that all required forms and materials are contained within the submitted package.
5.2.3.3. Verify contents of the protocol submitted package to include :
5.2.3.3.1. Original Application Form for Initial Review
5.2.3.3.2. Summary Sheet or Memorandum of the study Protocol
5.2.3.3.3. Study Protocol and Protocol-Related Documents

5.2.3.4. Check completeness of necessary information in the Application Form for Initial Review.

5.2.3.5. Ask the principal investigator for a Summary Sheet or Memorandum of the study protocol (AF/04-008/01) for inclusion of the followings:

5.2.3.5.1. Title of the Protocol
5.2.3.5.2. Principal Investigator
5.2.3.5.3. Sponsor(s)
5.2.3.5.4. Abstract
5.2.3.5.5. Type of Protocol (screening, survey, clinical trial and phase)
5.2.3.5.6. Objectives
5.2.3.5.7. Anticipated Outcome
5.2.3.5.8. Inclusion/Exclusion Criteria
5.2.3.5.9. Withdrawal or discontinuation Criteria
5.2.3.5.10. Modes of Treatment Studied
5.2.3.5.11. Methodology (synopsis of study design)
5.2.3.5.12. Analysis (methods)
5.2.3.5.13. Activity plan / Timeline
5.2.3.5.14. IND Number (if applicable)
5.2.3.5.15. Schedule and Duration of Treatment
5.2.3.5.16. Efficacy or Evaluation Criteria (Response/Outcome)
5.2.3.5.17. Safety Parameters Criteria (Toxicity)

5.2.3.6. Check the submitted Protocol and Related Documents for the following contents:

5.2.3.6.1. Subjects' information sheets
5.2.3.6.2. Informed Consent Form
5.2.3.6.3. Case Record Form (CRF)
5.2.3.6.4. Study budget and budget justification
5.2.3.6.5. Agreement of the study
5.2.3.6.6. Curriculum Vitae (CV) of investigators
5.2.3.6.7. Evidence of GCP training (Only in case of clinical trials)
5.2.3.6.8. Investigators' Brochure

5.2.3.7. See if changes made to the documents be underlined or highlighted.

5.2.4. Verify electronic documents (where applicable)

5.2.4.1. Place the electronic computer documents (protocol summary, protocol and protocol-related documents) on the IRB server (Database) or the Local Area Network at the time of submission for initial protocol review or protocol amendment packages in the following drive and folder:
D:\IRB_Database\Research protocol\Research proposal 2021\PN-001 (PN number)

5.2.4.2. Verify that the electronic version and the contents of the documents match the copy submitted by comparing a hard copy of the electronic document with the submitted one as follow;

5.2.4.2.1. Print out the protocol documents, if paper copies are not submitted.
5.2.4.2.2. Verify the correctness of the documents.
5.2.4.2.3. Check that all pages of the documents have been included and that the submitted protocol and protocol-related documents do not have missing pages.
5.2.4.2.4. Certify the printed hard copy in the same manner as the submitted document(s) with the dated signature.

5.2.4.2.5. Stamp and assign a protocol number to the received protocols, applying the system of PO for protocol followed by year and the last three digit indicating the protocol number
For example, PN/2021/001 means protocol number one of the year 2021

5.2.4.2.6. Count for correct numbers of copies.

5.2.4.2.7. Store the hard copy of the electronic document with the submitted documents.

5.2.4.2.8. Identify clearly as the hard copy of the electronic document.

5.2.5. Create a Protocol Specific File

5.2.5.1. Get the "PN/Year/Protocol Number" file. (PN/ 2021/01)

5.2.5.2. Record the name and the number of the submitted protocol.

5.2.5.3. Record the receiving date and the name of the receiver.

5.3. Complete the submission process

5.3.1. The study proposal shall reach to the IRB secretariat at least one month prior to the planned full board meeting.

5.3.2. Check the application form for completeness, sign and date the form.

5.3.3. Attach the application forms to the Research Protocol packages.

5.3.4. Complete the ANNEX-AF/02-008/01 and clearly state the missing items in the package, if any.

5.3.5. Stamp the receiving date on the letter and the first page of the documents.

5.3.6. Initial the receiver's name on the receiving documents.

5.3.7. Make a photocopy of the completed ANNEX- AF/02-008/01

5.3.8. Return the original copy of the ANNEX- AF/02-008/01 to the applicants for their records.

5.3.9. Attach the filled checklist ANNEX- AF/01-008/01 with the copy of the form ANNEX-AF/02-008/01.

5.3.10. Keep the copy of the document receipt form in the "PN/Year/Protocol Number" file.

5.3.11. Keep the copy of the submitted documents with original signatures in the "PN/Year/Protocol Number" file.

5.4. Store the received packages

5.4.1. Bind the packages together appropriately.

5.4.2. Store the dated and initial original protocol packages on the IRB submission shelf for review in FIFO sequence.

6. GLOSSARY

FIFO	First In First Out sequence

7. REFERENCE

7.1. WHO. Standards and operational guidance for ethics review of health-related research with human participants (2011). (http://apps.who.int/iris/bitstream/10665/44783/1/9789241502948_eng.pdf - accessed 28 October 2017)

7.2. ICH HARMONISED GUIDELINE. INTEGRATED ADDENDUM TO ICH E6(R1): GUIDELINE FOR GOOD CLINICAL PRACTICE E6(R2) Current Step 4 version dated 9 November 2016 (https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R2__Step_4.pdf - accessed 28 October 2017)

7.3. The SPIRIT Statement (http://www.spirit-statement.org/spirit-statement/)

7.4. STROBE Statement (https://www.strobe-statement.org/?id=available-checklists)

7.5. The CONSORT Statement (http://www.consort-statement.org/)
7.6. Associated SOPs: 013, 014 and 015.

8. ANNEX

ANNEX 1	AF/01-008/01	Contents of a Submitted Package (Checklist)
ANNEX 2	AF/02-008/01	Document Receipt Form
ANNEX 3	AF/03-008/01	Application Form for Initial Review
ANNEX 4	AF/04-008/01	Protocol Summary Sheet/Memorandum
ANNEX 5	AF/05-008/01	Application Form for Case Study / Case Series

ANNEX 1
AF/01-008/01 **Contents of a Submitted Package**

Protocol Number:……..

☐ **Initial Review Submitted Package**

- ❑ Protocol Summary Sheet or Memorandum (ANNEX – AF/03-008/01)
- ❑ Application Form for Initial Review: ANNEX – AF/01-008/01
- ❑ Protocol and Protocol-Related Documents
  - ☐ PI's address and details
  - ☐ Study title
  - ☐ Objectives of the study
  - ☐ Information sheet of informed consent
  - ☐ Translated version of informed consent sheet
  - ☐ informed consent form (ICF)
  - ☐ Translated version of ICF
  - ☐ Study budget
  - ☐ CV of the PI
  - ☐ Evidence of GCP training (Only in case of clinical trials)
  - ☐ Research tools (Questionnaire/forms)
  - ☐ case report forms (CRF) if applicable
  - ☐ Investigator's brochure if applicable
  - ☐ Attachments (Pls. specify) .....
  - ☐ Others……

☐ Resubmission for Re-review Submitted Package

- ❑ Resubmission or "Correction" Memorandum
- ❑ Revised Protocol Summary Sheet (if submitted initially)
- ❑ Application Form for Initial Review: ANNEX – AF/01-008/01
- ❑ Protocol and Protocol-Related Documents
  - ☐ PI's address and details
  - ☐ Study title
  - ☐ Objectives of the study
  - ☐ Information sheet of informed consent
  - ☐ Translated version of informed consent sheet
  - ☐ informed consent form (ICF)
  - ☐ Translated version of ICF
  - ☐ study budget
  - ☐ CV of the PI
  - ☐ Research tools (Questionnaire/forms)
  - ☐ Evidence of GCP training (Only in case of clinical trials)
  - ☐ Case report forms (CRF) if applicable
  - ☐ investigator's brochure if applicable
  - ☐ Attachments (Pls. specify) .....
  - ☐ others……

Note: *Changes made to the protocol and protocol-related documents shall be clearly marked either with the underlining or highlighting feature of the document or the software package used to prepare the documents.*

☐ **Protocol Amendment Submitted Package**

- ❑ Request for Amendment Memorandum
- ❑ Amendment Submission Form: AF/01-014/01
- ❑ Protocol and Protocol-Related Documents

Note: *Changes made to the protocol and protocol-related documents shall be clearly marked either with the underlining or highlighting feature of the software package used to prepare the document.*

☐ **Annual Continuing Review Package**

- ❑ Request for Annual Continuing Review Memorandum
- ❑ Continuing Review Application Form: AF/01-015/01
- ❑ Current Informed Consent Document (last approved by the IRB)

☐ **Protocol Termination Package**

- ❑ Request for Termination Memorandum
- ❑ Continuing Review Application Form (Termination Submissions are contained on this form): AF/01-015/01

ANNEX 2
AF/02-008/01

Document Receipt Form

Protocol Number:		**Submitted date:**	
Protocol Version Number:			
Type of Submission:	☐ Initial Review ☐ Resubmission for re-review ☐ Protocol Amendments	☐ Continuing Review of Approved Protocols ☐ Protocol Termination	
Protocol Title:			
Principal Investigator:			
Telephone number:		**Fax :**	
E-mail:		**Preferred Contact**	☐ Phone ☐ Fax ☐ e-mail
Institute:			
Delivery route:	☐ Post ☐ E-submission ☐ in Person		
Documents submitted:	☐ Complete ☐ incomplete, will submit on……..		
Documents checklist :	**Documents submitted** ☐ PI address and details ☐ Study title ☐ Objectives of the study ☐ Information sheet of informed consent ☐ Translated version of informed consent sheet ☐ informed consent form (ICF) ☐ Translated version of ICF ☐ study budget ☐ CV of the PI ☐ Evidence of GCP training (Only in case of clinical trials) ☐ Research tools (Questionnaire/forms) ☐ case report forms (CRF) if applicable ☐ investigator's brochure if applicable ☐ Attachments (PIs specify) …… ☐others……..	**Documents to be submitted:** ☐ PI address and details ☐ Study title ☐ Objectives of the study ☐ Information sheet of informed consent ☐ Translated version of informed consent sheet ☐ informed consent form (ICF) ☐ Translated version of ICF ☐ study budget ☐ CV of the PI ☐ Evidence of GCP training (Only in case of clinical trials) ☐ Research tools (Questionnaire/forms) ☐ case report forms (CRF) if applicable ☐ investigator's brochure if applicable ☐ Attachments (PIs specify) …… ☐others……..	
Received by:			
Date received:			

Note: *Please bring this receipt with you when contacting the IRB.*

ANNEX 3
Form AF/03-008/01

APPLICATION FORM for INITIAL REVIEW

Instructions: This form has 30 items. Follow the item specific instructions and fill all applicable items from 2 through 30. (To mark "✓" the given options double click on the first half of the box "☐")

1.	Protocol Number (*Protocol Number will be assigned by IRB Secretariat*):
2.	Protocol Title:
3.	Protocol Version Number:
4.	PARTICULARS OF THE PRINCIPAL INVESTIGATOR (PI) Name: …… Address: ..... Contact Number: ..... Fax(optional): ..... E-mail: …….....
5.	Proponent of the study: …….....
6.	STUDY TYPE: (Mark "✓ "whichever apply to the study. Tick all that apply) ☐ Survey ☐ Retrospective ☐ Prospective ☐ Social ☐ Behavioral research ☐ Community based ☐ Individual based ☐ Screening ☐ Observational ☐ Epidemiology ☐ Intervention study ☐ Medical ☐ Research on stored biological samples ☐ Clinical Trial: ☐ Phase I ☐ Phase II ☐ Phase III ☐ Phase IV ☐ Genetic Study ☐ Others…….....
7.	CHARACTERISTICS of PARTICIPANTS: Age Range (Specify): Impaired: ☐ None ☐ Physically ☐ Cognitively ☐ Mentally Limitation: ☐ illiteracy ☐ Prisoners ☐ Hospitalized ☐ Nursing home ☐ Pregnancy ☐ Poor/uninsured ☐ Employees of study site ☐ Students or staff of the PI ☐ Military personnel ☐ Others vulnerable to coercion, specify…….
8.	REQUESTED EXCLUSION OF PARTICIPANTS: ☐ None ☐ Male ☐ Female ☐ Children ☐ Other (specify): .....
9.	SPECIAL RESOURCE REQUIREMENTS (Tick all that apply, ONLY if applicable): ☐ Intensive Care ☐ Isolation unit ☐ Surgery ☐ Psychiatric institution ☐ Paediatric Intensive Care ☐ Transfusion ☐ CAT scan ☐ EKG scam ☐ Gene therapy ☐ Controlled substances (Narcotics / Psychotropic) ☐ Prosthetics ☐ Gynaecological services ☐ Others (specify)…….. ☐ Organ transplantation, specify……..
10.	IONIZING RADIATION USE (X-rays, radioisotopes, etc): ☐ None or Not Applicable (NA) ☐ Medically indicated only ☐ All
11.	INVESTIGATIONAL NEW DRUG (IND) / DEVICE (IDE): ☐ None

	☐ IND DRA No.:……..... Name: …….. Sponsor: …….. Holder: ……	☐ IDE DRA No:…… Name: …… Sponsor: ……... Holder: ……...
12.	PROCEDURE USE: ☐ Invasive ☐ Non-invasive	
13.	MULTI-SITE COLLABORATION: ☐ YES, number of sites … ☐ NO	
14.	FINANCIAL DISCLOSURE: ☐ YES ☐ NO If NO why not?	

15. CO-INVESTIGATOR(S)

Name and Institution	BMHC No.	Role in the study	Does s/he meet or will meet authorship criteria* (Yes/ No)	Contact Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

* The ICMJE recommends that authorship be based on the following 4 criteria:
1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

16.	Has the Principal Investigator (PI) ever been involved in or convicted of a crime, disciplined by a public or private medical organization, or by a licensing authority? ☐ No ☐ Yes, explain ……....
17.	Does the PI, the study colleagues or their families have any financial relationship with the sponsor other than payment for the conduct of the study? ☐ No ☐ Yes, If Yes describe the relationship ……..
18.	Does the PI, the study colleagues or their families have any other personal considerations that may compromise, or have the appearance of compromising a researcher's professional judgment in conducting or reporting research? ☐ No ☐ Yes, If Yes describe it …….
19.	For this study, how many of the following will the PI supervise? Sub-investigators……. Study sites ……. ☐ NA
20.	How many (in total) of the following does the PI currently supervise? Ongoing studies…… Sub-investigators…… ☐ NA

21.	Type of facility at the research site: ☐ Health facility ☐ University ☐ Community ☐ Others, specify: …….....
22.	Clinical Monitor Name, if applicable: …….. **Contact Number: ……..E-mail: ……..**
23.	**For genetic study only,** indicate whether it involves any form of gene transfer ☐ Yes ☐ No If YES has the study been reviewed by: ○ NA ○ None ○ Bio-safety ○ Recombinant DNA Advisory boards
24.	**For study that involves sending of biological samples outside the country;** is there a Material Transfer Agreement? ☐ Yes ☐ No ☐ NA
25.	How long will the research data be stored by the PI? …years after closing the study.

26	IS THERE A **REQUEST FOR INFORMED CONSENT WAIVER**? ☐ Yes (**GOTO 26.2**) ☐ No	
	26.1. Does the informed consent include the following? (Check 26.1.1 through 26.1.2)	
	26.1.1.	**Information sheet**: ☐ Yes ☐ No
	26.1.2.	26.1.2.1. For participants ≥ 18 years: ☐ NA (If NA **GOTO 26.1.2.2**) 26.1.2.1.1. Informed Consent: ☐ Yes ☐ No
		26.1.2.2. For participants 12 -18 years: ☐ NA (If NA **GOTO 26.1.2.3**) 26.1.2.2.1. Informed Consent from the parent(s) or legal guardian: ☐ Yes ☐ No 26.1.2.2.2. Informed Assent from the participant: ☐ Yes ☐ No
		26.1.2.3. For participants 7 to <12 years: ☐ NA (If NA **GOTO 26.1.2.4**) 26.1.2.3.1. Informed Consent from the parent(s) or legal guardian: ☐ Yes ☐ No 26.1.2.3.2. Verbal Informed Assent from the participant: ☐ Yes ☐ No
		26.1.2.4. For participants <7 years: ☐ NA (If NA **GOTO 26.1.2.5**) 26.1.2.4.1. Informed Consent from the parent(s) or legal guardian: ☐ Yes ☐ No
		26.1.2.5. For participants who are incompetent to give informed consent: ☐ NA (**GOTO 26.1.2.6**) 26.1.2.5.1. Informed Consent from the parent(s) or legal guardian: ☐ Yes ☐ No 26.1.2.5.2. Informed Assent from the participant: ☐ Yes ☐ No
		26.1.2.6. If participants are illiterate: ☐ NA (If NA **GOTO 26.1.2.7**) 26.1.2.6.1. Provision for thumb impression: ☐ Yes ☐ No 26.1.2.6.2. Provision for witness: ☐ Yes ☐ No
		26.1.2.7. Is there a statement by the researcher or person taking consent declaring that the informed consent is appropriately administered: ☐ Yes ☐ No
	26.1.3.	Dzongkha version of 26.1.3.1. information sheet: ☐ Yes ☐ No 26.1.3.2. informed consent form: ☐ Yes ☐ No

	26.2. If there is a request for informed consent waiver, provide justifications:

27.	What precautions will be used to maintain the confidentiality of identifiable health information? ☐ Records will be kept in a secured location and only accessible to personnel involved in the study. ☐ Computer based files will only be made available to personnel involved in the study through the use of access privileges and passwords. ☐ Before accessing to any study-related information, personnel have to sign statements agreeing to protect the security and confidentiality of identifiable health information. ☐ Whenever feasible, identifiers will be removed from study-related information. ☐ Other, specify……..
28.	What kind of means will be used to recruit subjects for the study? ☐ Personal contact ☐ Referrals ☐ from database other than the PI's list ☐ Advertising (All recruitment materials must be approved by IRB before use.) ☐ Other, specify……
29.	Has the research study been disapproved or terminated by any other Research Board? ☐ No ☐ Yes, explain…….....
30.	**SIGNATURES:** _____ Date: …….. Principal Investigator _____ Date:…… Protocol Chairperson (if applicable) **COMPLETION:** _____ Date:…… Member Secretary, IRB

ANNEX 4
Form AF/04-008/01

Protocol Summary Sheet (Checklist of items)

Guidelines for filling up the protocol summary sheet or checklist of items:

1. Indicate the page number(s) of the main protocol in the right hand column.
2. If any of the section is not applicable then write 'NA' instead of the page number(s).

Sl.No	Protocol Sections or Items	Specify the page numbers of the main protocol
1.	**Study Title**	
2.	**Names and institutional affiliations** of the principal investigator and other investigators	
3.	**Project summary:** (Like the abstract of a research paper, the project summary, should be no more than 300 words and at the most a page long (font size 12, single spacing). Provided preferably on a separate page, it should summarize all the central elements of the protocol, for example the rationale, objectives, methods, populations, time frame, and expected outcomes. It should stand on its own, and not refer the reader to points in the project description.)	
4.	**Background and rationale**: (A clear statement of the justification for the study, its significance in development and in meeting the needs of the country /population in which the research is carried out, including summary of relevant literatures)	
5.	**Objectives** : (State specific objectives, including any pre-specified hypotheses)	
6.	**Study Design**: (A detailed description of the design of the trial or study. In the case of controlled clinical trials the description should include, but not be limited to, whether assignment to treatment groups will be randomized (including the method of randomization), and whether the study will be blinded (single blind, double blind), or open)	
7.	**Study setting**: (A brief description of the site(s) where the research is to be conducted, including information about the adequacy of facilities for the safe and appropriate conduct of the research, and relevant demographic and epidemiological information about the country or region or site; and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.)	
8.	**Study Participants /Eligibility criteria**: (The criteria for inclusion or exclusion of potential participants, and justification for the exclusion of any groups on the basis of age, sex, social or economic factors, or for other reasons. The justification for involving as research participants children or adolescents, persons who are unable to give informed consent or vulnerable persons or groups, and a description of special measures to minimize risks to such persons)	
9.	**Sample size**: (Estimated number of participants needed to achieve study objectives. Mention how the sample size was determined, including clinical and statistical assumptions supporting any sample size calculations.)	
10.	**Recruitment**: (Strategies for achieving adequate participant enrolment to reach target sample size. Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. The process of	

	recruitment, e.g. advertisements, and the steps to be taken to protect privacy and confidentiality during recruitment)	
11.	**Interventions and outcomes**, if applicable: (Interventions for each group with sufficient detail to allow replication, including how and when they will be administered; Criteria for discontinuing or modifying allocated interventions for a given trial participant (e.g., drug dose change in response to harms, participant request, or improving/worsening disease); Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (e.g., drug tablet return, laboratory tests); Relevant concomitant care and interventions that are permitted or prohibited during the trial; Primary, secondary, and other outcomes, including the specific measurement variable (e.g., systolic blood pressure), analysis metric (e.g., change from baseline, final value, time to event), method of aggregation (e.g., median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended; Assignment of interventions (for controlled trials)	
12.	**Data collection**: (Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (e.g., duplicate measurements, training of assessors) and a description of study instruments (e.g., questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found, if not in the protocol Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols. Methods of recording and reporting adverse events or reactions, and provisions for dealing with complications.	
13.	**Variables**: (Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable)	
14.	**Data sources/ measurement**: (For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group)	
15.	**Data management**: (Plans for data entry, coding, security, and storage, including any related processes to promote data quality (e.g., double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol)	
16.	**Data Analysis**: Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol Methods for any additional analyses (e.g., subgroup and adjusted analyses) Definition of analysis population relating to protocol non-adherence (e.g., as randomised analysis), and any statistical methods to handle missing data (e.g., multiple imputation)	
17.	**Research ethics**: (Plans for seeking IRB or other research ethics committee/institutional review board approval. The known or foreseen risks of adverse reactions, including the risks attached to each proposed intervention and to any drug, vaccine or procedure to be tested. The potential individual benefits of the research to participants and to others. The expected benefits of the research to the population, including new knowledge that the study might generate. For research carrying more than minimal risk of physical injury, details	

	of plans, including insurance coverage, to provide treatment for such injury, including the funding of treatment, and to provide compensation for research-related disability or death. Provision for continued access to study interventions that have demonstrated significant benefit, indicating its modalities, the parties involved in continued care and the organization responsible for paying for it, and for how long it will continue. For research on pregnant women, a plan, if appropriate, for monitoring the outcome of the pregnancy with regard to both the health of the woman and the short-term and long-term health of the child.)	
18.	**Protocol amendments**: (Plans for communicating important protocol modifications to relevant parties (e.g., investigators, IRB or other REC/IRBs, trial participants, trial registries, journals, regulators)	
19.	**Informed Consent / Informed Assent Process**: (State who will obtain informed consent or assent from potential participants or legal guardians, and how. Additional consent provisions for collection and use of participant data and biological specimens in future studies, if applicable. An account of any economic or other inducements or incentives to prospective participants to participate, such as offers of cash payments, gifts, or free services or facilities, and of any financial obligations assumed by the participants, such as payment for medical services. Plans and procedures, and the persons responsible, for communicating to participants information arising from the study (on harm or benefit, for example), or from other research on the same topic, that could affect participants' willingness to continue in the study. Plans to inform participants about the results of the study)	
20.	**Confidentiality**: (How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the study)	
21.	**Declaration of interests**: (State any financial and other competing interests for principal investigators for the overall study and each study site. Even if there is no COIs state that there is no COIs)	
22.	**Access to data**: (Statement of who will have access to the final study dataset, and disclosure of contractual agreements that limit such access for investigators)	
23.	**Ancillary and post-trial care**: (Provisions, if any, for ancillary and post-study care, and for compensation to those who suffer harm from study participation)	
24.	**Sponsor(s)/ Funding**: (Sources and types of financial, material, and other support. Provide the itemized budget details as well)	
25.	**Trial registration**, if applicable: Trial identifier and registry name. If not yet registered, name of intended registry.	
26.	**Appendixes**: (Provided the list of all appendixes, if applicable)	
27.	**Facilities**: (Provide the important facilities required/available for the study namely computers, laboratories, special equipment, etc.)	
28.	**Study Timeline**: (Gantt Chart showing major activities from proposal development to report dissemination phases of a research project)	
29.	**References**: List bibliographic references included in the proposal.	

Note: *Please don't forget to write dated version number in the protocol and all relevant documents to ensure that everyone refers to the same version of a given document as well as to ensure that what is approved is what is eventually put to use.*

ANNEX 5
Form AF/05-008/01

APPLICATION FORM for Initial Review of CASE STUDY / CASE SERIES

1. Protocol Number (*To be assigned by IRB Secretariat):*
2. Title: ……
3. Version No.: ……
4. Total number of cases: ……
5. PARTICULARS OF THE PRINCIPAL INVESTIGATOR (PI)

   Name: ……

   Address: ……

   Contact Number: …… Fax: ……

   E-mail: ……
6. CHARACTERISTICS of CASES:

   Age Range (Specify):

   Impaired: ☐ None ☐ Physically ☐ Cognitively ☐ Mentally

   Limitation: ☐ illiteracy ☐ Prisoners ☐ Hospitalized ☐ Nursing home

   ☐ Pregnancy ☐ Poor/uninsured ☐ Employees of study site

   ☐ Students or staff of the PI ☐ Military personnel

   ☐ Others vulnerable to coercion, specify……
7. Specify the site(s) of cases (Institution, Place and Country): .....
8. FINANCIAL DISCLOSURE: ☐ YES ☐ NO, why not? ...

   .....

   .....
9. **CO-INVESTIGATOR(S)**:

Name and Institution	Role in the study	Contact Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

10. Has the Principal Investigator (PI) ever been involved in or convicted of a crime, disciplined by a public or private medical organization, or by a licensing authority?

    ☐ No ☐ Yes, explain……

11. Does the PI, the study colleagues or their families have any financial relationship with the sponsor other than payment for the conduct of the study?
    ☐ No ☐ Yes, If Yes describe the relationship……..

12. Does the PI, the study colleagues or their families have any other personal considerations that may compromise, or have the appearance of compromising a researcher's professional judgment in reporting case(s)?
    ☐ No ☐ Yes, If Yes describe it ……

13. How long will the research data be stored by the PI? …….years after closing the study.
14. Is there a written permission to use the patient information for research from the patient or their parent(s)/legal guardian?
    ☐ Yes ☐ No
15. Is the identifiers removed from study-related information or report? ☐ Yes ☐ No
16. Has the case study been disapproved or terminated by any other Research Board?

    ☐ No ☐ Yes, explain…….....

SIGNATURES:

_____ Date: ……..
Principal Investigator

_____ Date:……
Protocol Chairperson (if applicable)

COMPLETION:

_____ Date:……
Member Secretary, IRB