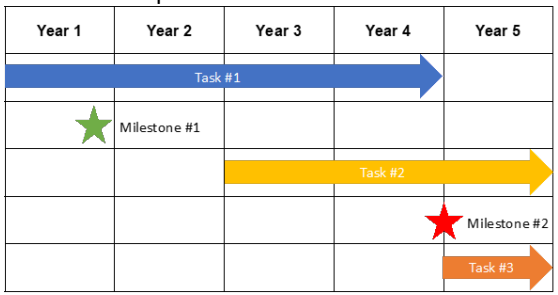
NIH Grant Applications/Human Subjects Template - Document Checklist for Human Subjects Research (Clinical Trials)

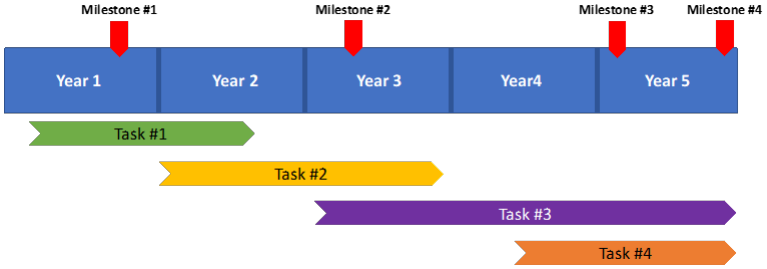
Required content instructions in blue.
Special Instructions in grey and italicized.

Section 2.3a Inclusion of Individuals Across the Lifespan ☐ Age exclusions ☐ Rationale for the minimum and maximum age of study participants ☐ Scientific/ethical rationale for exclusions ☐ Expertise of investigators and appropriateness of facilities for specified ages ☐ How age distribution will contribute to meaningful analysis.	(1) Justify exclusion of any specific age or age range group (e.g. children or older adults). (2) Discuss whether individuals will be excluded based on age and provide a rationale for the minimum and maximum age of study participants, if applicable. (3) Provide a scientific or ethical rationale for any exclusions. (4) Describe the expertise of the investigators and appropriateness of facilities for specified ages and how age distribution will contribute to meaningful analysis. *For research involving children: These policies must be addressed below in section 3.1* *If using existing datasets or resources: Provide reason for limiting inclusion of any group. In general, cost or location alone are not acceptable. More information*
Section 2.4 Inclusion of Women and Minorities ☐ Planned distribution of subjects by sex/gender, race, and ethnicity ☐ Rationale for selection in terms of the scientific objectives and proposed study design ☐ Proposed outreach programs for recruiting of these subjects ☐ Reason(s) for limiting inclusion of any group by sex/gender, race, and ethnicity ☐ [NIH-Defined Phase III Clinical Trials] Plans for how sex/gender, race, and ethnicity will be taken into consideration in the design and valid analysis of the trial	(1) Describe the planned distribution of subjects by sex/gender, race, and ethnicity. (2) Describe the rationale for selection in terms of the scientific objectives and proposed study design. The description may include, but is not limited to, information on the population characteristics of the disease or condition under study. (3) Describe proposed outreach programs for recruiting of these subjects. (4) Provide reasons for limiting inclusion of any group by sex/gender, race, and ethnicity. *If using existing datasets or resources: Provide reason for limiting inclusion of any group. In general, cost or location alone are not acceptable. More information* *NIH-Defined Phase III Clinical Trials: Address plans for how sex/gender, race, and ethnicity will be taken into consideration in the design and valid analysis of the trial. More information*
Section 2.5 Recruitment and Retention Plan ☐ Description of how you will recruit and retain participants in your study (planned recruitment and strategies for retention)	(1) Describe how you will recruit and retain participants in your study. Address both planned recruitment activities and engagement strategies for retention. *If you selected Exemption 4: This section is not required.*
Section 2.7 Study Timeline ☐ Description or diagram of study timeline	(1) Provide a description or diagram describing the study timeline. The timeline should be general (e.g., "one year after notice of award"), and should not include specific dates. *If you selected Exemption 4: This section is not required.* (see next page for timeline examples)

Timeline Example #1



Timeline Example #2:



Section 3.1 Protection of Human Subjects

☐ Risks to Human Subjects

- ☐ a). Human Subjects Involvement, Characteristics, and Design
- ☐ b). Study Procedures, Materials, and Potential Risks

Risks to Human Subjects

a. ***Human Subjects Involvement, Characteristics, and Design***

(1) Describe the overall study design. (2) Describe the subject population(s), assignment procedures, and anticipated numbers for each study group. (3) List any collaborating sites, their role, and any collaborating investigators.

b. ***Study Procedures, Materials, and Potential Risks***

(1) Describe all planned interventions/interactions involving study subjects, how research material (biospecimens, data, and/or records) will be obtained, and whether private identifiable information will be collected. (2) Describe all potential risks to subjects associated with each intervention. Risks include physical, psychological, social, cultural, financial, and legal risks; risks to privacy and/or confidentiality, and others. (3) Discuss the risk level and likely impact to subjects. (4) Describe the risks and benefits of alternative treatments/procedures. Include rationale for proposed intervention versus alternative approaches.

Studies including previously collected biospecimens, data, or records: Describe the source, and linkers to identifying information, and who possess those linkers.

(section 3.1 Protection of Human Subjects, cont.) ☐ Adequacy of Protection Against Risk ☐ a). Informed Consent and Assent ☐ b). Protections Against Risk ☐ c). Vulnerable Subjects	**Adequacy of Protection Against Risks** a. ***Informed Consent and Assent*** (1) Describe the informed consent process. Include a description of how consent will be sought and obtained, who will seek it, the nature of information provided, and documentation methods. (2) Describe how potential adult subjects' capacity to give consent will be determined and a plan for obtaining consent from a legally authorized representative. If seeking a waiver of informed consent, provide justification for the waiver. *For research involving Children: Describe the process for meeting HHS regulatory requirements for parental permission and child assent. More information* b. ***Protection Against Risk*** (1) Describe planned strategies for protecting against/minimizing risk, including managing and protecting the privacy and confidentiality for research data. (2) Discuss plans for enduring necessary medical or professional intervention in the event of adverse effects on subjects. (3) Describe plans for handling incidental findings from research imaging, screening tests, or paternity tests. c. ***Vulnerable Subjects*** (1) Explain the rationale for involving special vulnerable populations. *For studies involving pregnant women, fetuses, neonates, and children: Provide clear description of the risk level and additional protections necessary to meet the HHS regulatory requirements.* *For studies involving prisoners: Discuss the potential benefit to the research participants and others. Discuss why the risks are reasonable in relation to the anticipated benefits. More information (note: financial benefit should not be presented as a benefit)* *For studies that do not involve vulnerable populations: This section is not required.*
☐ Potential Benefits of Proposed Research to Research Participants and Others ☐ Potential benefits to participants and others ☐ Why risks are reasonable in relation to benefits	**Potential Benefits of the Proposed Research to Research Participants and Others** (1) Discuss the potential benefits of the research to participants and others. (2) Discuss why the risks are reasonable in relation to the anticipated benefits to the research participants and others. *Note: Financial compensation should not be listed as a benefit*

(section 3.1 Protection of Human Subjects, cont.) ☐ Importance of Knowledge to be Gained ☐ Importance of knowledge to be gained ☐ Why risks are reasonable in relation to importance of knowledge	**Importance of Knowledge to be Gained** (1) Discuss the importance of the knowledge to be gained as a result of the proposed study. (2) Discuss why the risks are reasonable in relation to the importance of the knowledge that may reasonably be expected to result.
Section 3.2 Single IRB Plan (only required for AHRQ)	(1) Describe how you will comply with the single IRB review requirement under the Revised Common Rule at 45 CFR 46.114 (b) (cooperative research). (2) If available, provide the name of the IRD which will serve as that sIRB of record. (3) Indicate that all identified participating sites and those added after will agree to rely on the proposed sIRB. (4) Describe how communication between the sites and the sIRB will be handled. (5) Indicate that prior to initiation, all sites will sign an authorization/reliance agreement to clarify the roles and responsibilities of the sIRB and participating sites. (6) Indicate which institution will maintain records of these agreements and the communication plan. (note: do not include the agreements or communication plan in your application) *Note 1: If you anticipate research involving human subjects but cannot describe the study at the time of application, include information regarding how the study will comply with the NIH single Institutional Review Board (sIRB) policy prior to initiating any multi-site study in the delayed onset study justification.* *Note 2: If you intend to request an exception to the sIRB policy based on compelling justification, do not account for this exception in your proposed budget. The proposed budget must reflect any necessary sIRB costs without an exception (i.e., applicants should not assume that an exception will be granted when considering what sIRB costs to include in the budget).* *For Studies with Legal-, Regulatory-, or Policy-based Claims for Exception as described by the sIRB Policy: Indicate that review by an sIRB will not be possible for all or some sites (specify which sites) because local IRB review is required by an existing federal/state/tribal law or policy. Include a specific citation to the relevant law, policy, or regulation.*
Section 3.3 Data and Safety Monitoring Plan ☐ What type of entity will perform the monitoring ☐ Overall framework for safety monitoring and what information will be monitored ☐ Frequency of monitoring including any plans for interim analysis and stopping rules ☐ How adverse and significant adverse events will be managed and reported to the IRB, monitoring group, awarding IC, NIH Office of Biotechnology Activities, and the FDA ☐ Individual(s) that will be responsible for trial monitoring and advising the appointing entity	(1) Indicate how many people and what type of entity will provide the monitoring. Include such details as whether a single person, multiple people, or a data safety monitoring board will provide monitoring. (2) Also indicate what type of entity will provide the monitoring (e.g., PD/PI, Independent Safety Monitor/Designated Medical Monitor, Independent Monitoring Committee, Safety Monitoring Committee, Data and Safety Monitoring Board, etc.). (3) Describe the overall framework for safety monitoring and what information will be monitored. (4) Describe the frequency of monitoring including any plans for interim analysis and stopping rules. (5) Describe how adverse and significant adverse events will be managed and reported to the IRB, monitoring group, awarding IC, NIH Office of Biotechnology Activities, and the FDA. (6) Describe the individual(s) that will be responsible for trial monitoring and advising the appointing entity. These include,

	but are not limited to, monitoring by a: PD/PI, Independent safety monitor, independent monitoring committee or safety monitoring committee, or a Data and Safety Monitoring Board. More information *For human subjects research that does not involve a clinical trial: Your study, although it is not a clinical trial, may have significant risks to participants, and it may be appropriate to include a data and safety monitoring plan. If you choose to include a data and safety monitoring plan, you may follow the content criteria listed below, as appropriate* *For AHRQ Applicants, Data and Safety Monitoring (DSM) plans are required in all non-exempt research applications when support is sought to study the effect of a health-related intervention on outcomes in human subjects where there is greater than minimal risk. If you seek AHRQ support to conduct non-exempt research to study the effect of a health-related intervention on outcomes in human subjects where there is greater than minimal risk, a "Data and Safety Monitoring Plan" attachment is required.*
Section 3.5 Overall Structure of the Study Team (optional)	(1) Provide a brief overview of the organizational/administrative structure and function of the study team, particularly the administrative sites, data coordinating sites, enrollment/participating sites, and any separate laboratory or testing centers. The attachment may include information on study team composition and key roles (e.g., medical monitor, data coordinating center), the governance of the study, and a description of how study decisions and progress are communicated and reported. *Note: Do not include study team members' individual professional experiences.*
Section 4.3 Statistical Design and Power ☐ Number of expected enrolled subjects, effect size, power, and statistical methods	(1) Specify the number of subjects you expect to enroll, the expected effect size, the power, and the statistical methods you will use with respect to each outcome measure you listed in 4.2 Outcome Measures. (2) Show that your methods for sample size and data analysis are appropriate given your plans for assignment of participants and delivery of interventions. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage.
Section 4.5a IP and IND/ IDE Status (only required for FDA-regulated interventions)	(1) Provide a summary describing the availability of study agents and support for the acquisition and administration of the study agent(s). (2) Indicate the IND/IDE status of the study agent, including whether a clinical investigation is exempt from the IND/IDE requirement. (3) Also indicate whether the investigators have had any interactions with the FDA (e.g., indicate if the FDA has stated that research may proceed). (4) If the study agent currently has an IND/IDE number, provide that information. *Note: Do not include the IND/IDE application, manufacturer's product specifications, study protocol, or protocol amendments in this attachment.*

Section 4.7 Dissemination Plan ☐ Plan for dissemination of NIH-funded clinical trial information and how expectations of the policy will be met	(1) Explain briefly your plan for the dissemination of NIH-funded clinical trial information and address how the expectations of the policy will be met. The plan must contain sufficient information to assure the following: the applicant will ensure that clinical trial(s) under the award are registered and results information is submitted to ClinicalTrials.gov as outlined in the policy and according to the specific timelines stated in the policy; informed consent documents for the clinical trial(s) will include a specific statement relating to posting of clinical trial information at ClinicalTrials.gov; and the recipient institution has an internal policy in place to ensure that clinical trials registration and results reporting occur in compliance with policy requirements. More information *Note 1: Although one Dissemination Plan per application is sufficient, you must include a file for each study within your application. All filenames within your application must be unique. You may either attach the same Dissemination Plan to different studies or attach a file that refers to the Dissemination Plan in another study within your application. For example, you may attach a file that says "See Dissemination Plan in the 'My Unique Study Name' study."* *Note 2: Do not include informed consent documents in the Dissemination Plan attachment* *Note 3: If your human subjects study meets the definition of "Delayed Onset," include the Dissemination Plan attachment in the delayed onset study justification.*
Section 5.1 Other Clinical Trial-Related Attachments (FOA specific)	(1) Provide additional trial-related information only if your FOA specifically requests it. Include only attachments requested in the FOA, and use requested filenames. If a specific filename is not given in the FOA, use a meaningful filename since it will become a bookmark in the assembled application image. *Note: a maximum of 10 PDF attachments are allowed in this section.*