

A USER'S GUIDE TO THE RASCAL IRB MODULE

Version 2.1
Released January 9, 2006

Updated and Expanded to Include Modifications, Renewals and Adverse
Event Reporting
Includes an Appendix on Submitting to WIRB

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 **NewYork-Presbyterian**
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SUGGESTIONS ON THE USE OF THIS MANUAL

You should be aware that changes and improvements are continually being made to the RASCAL system. I will update the manual as changes are made and will include a new version number and release date. I strongly suggest that you periodically check the link:

http://www.columbiaclinicaltrials.org/media/RASCAL_IRB_Manual.pdf

to assure that you have the latest version. [You can also find the manual by using the Google search engine using the search terms: rascal IRB manual (in any order without quotes). The manual is the first item returned by the search.]

The manual is designed to be used as an electronic document. There are imbedded links throughout that allow you to quickly jump to a referenced section. These links are present everywhere in the text where “see page” and “see Figure” is followed by a number. The cursor will change from an open hand to a pointing finger when you are on a link. By clicking your left mouse button you will be taken to the referenced section. You can quickly move back to your original position by using the combination of ALT key and the left arrow (←) key.

I welcome comments, corrections and suggestions. Please send these to me via email: jfe7@columbia.edu

INTRODUCTION

This instruction manual was written to help Columbia University researcher community communicate with the Institutional Review Board. The language that is used for this communication is called RASCAL, a language that is used nowhere else.

The RASCAL system or “language” is not one that is intuitively obvious to anyone. However, based upon my experience on both sides of this process, protocol submitter and IRB member, I have found that RASCAL is an extremely powerful tool. I firmly believe that if it were used correctly and to its full capacity by both the Investigators and by the IRB, we could have an ethical research review process that is proper, compliant and efficient.

For those who have experienced frustrations with the IRB process, this will seem like pie-in-the-sky. I know from first-hand experience, however, that if submissions are done completely and correctly the first time, the process can be efficient. An absolute requirement for this to work, however, is that the RASCAL language has to be used properly by the research community.

A theme that will reoccur throughout this manual is that you have to help the IRB do its job. There are many ways within RASCAL that you can make the job of the IRB members (who are, by the way, your colleagues) easier. When you make their job easier, you ultimately make your job easier. The most important way to achieve this is to accurately and completely “translate” your protocol into RASCAL. This manual will go through all of the steps necessary for you to achieve this.

The original version of this manual addressed how to do a new submission to the IRB. This version contains new sections that go through the process for submitting modifications and renewals and for reporting adverse events and protocol deviations.

It is important to understand how protocols are reviewed by the IRB. First, despite the elegant, fully-electronic system of RASCAL, the review process remains principally paper-based. This is beginning to change, however, with more IRB members using the on-line resources of RASCAL in their reviews. For the majority of members, their review is done on paper copies of your IRB submission distributed by the IRB staff. While each board member has access to your full electronic submission of protocols assigned to his or her board, only a minority of board members fully use this access.

The CUMC IRB uses a primary reviewer system. In this system, for protocols that are to be reviewed by the full board, only the designated primary reviewer and the IRB chair receive printed copies of the full submission (e.g., all of the RASCAL-generated documents, plus copies of the sponsor’s protocol, the investigational drug brochure, etc.). It is the responsibility of the primary reviewer to review the entire submission. The board chair also reviews the entire submission.

The board members who are not the designated primary reviewer for a study receive three RASCAL-generated items from that submission: the Data Sheet, the Study Description, and the Consent Form(s). (The full Board also receives copies of any questionnaires or advertisements that are included with the submission.)

Thus, these three documents, which are generated within the RASCAL system, must be clear and complete. I urge you to print out these three documents (Data Sheet, Study Description, and Consent Form) and read them PRIOR to submitting the protocol. If you can not understand what is being done in your study (and the risks and benefits) based upon these three documents alone, then it is certain that the full Board will not understand either.

This RASCAL manual has five major divisions, the Human Subjects section (beginning on page 7), the Informed Consent section (page 47), the Modification section (page 73), the Adverse Event Reporting section (page 96), and the Protocol Deviation/Violation Reporting section (page 106).

There is an Appendix that goes through how protocols that are eligible to be reviewed by the Western IRB are entered into the RASCAL system.

Finally, there is a separate (and much shorter) manual for the RASCAL HIPAA module which went live on November 30, 2005. This can be downloaded at:

http://www.columbiaclinicaltrials.org/media/RASCAL_HIPAA_Manual.pdf.

RASCAL HUMAN SUBJECTS

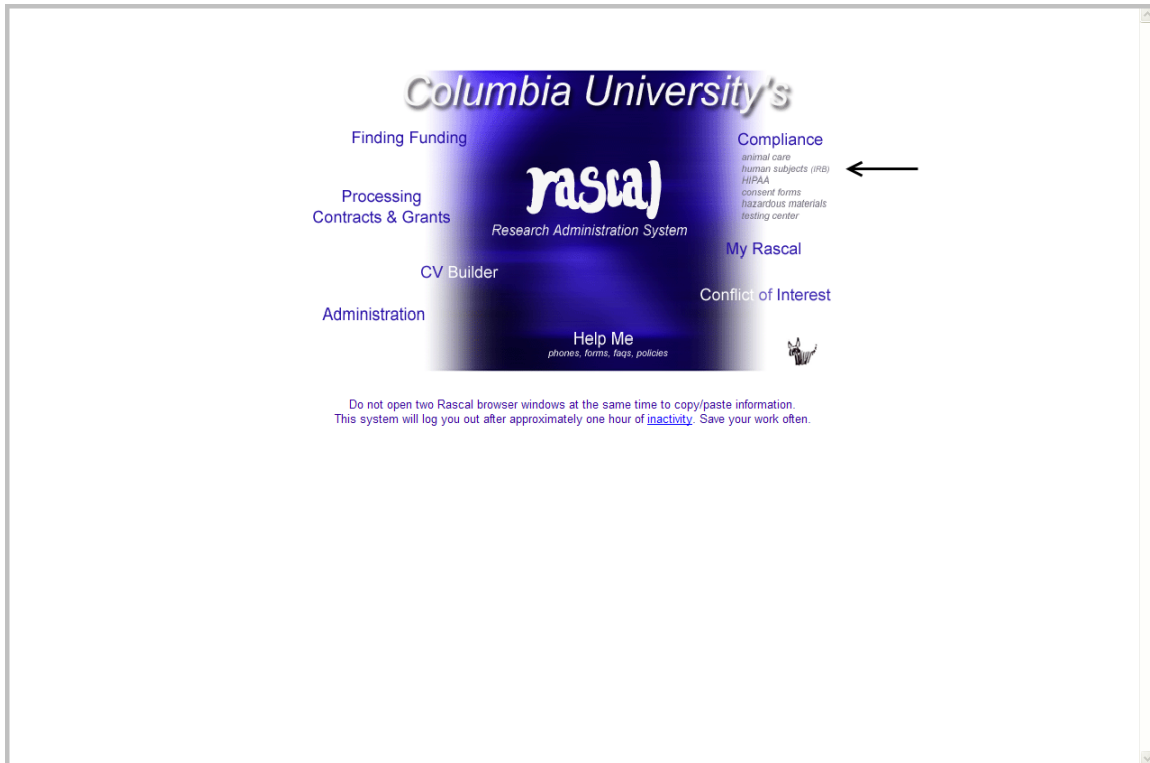


Figure 1. The RASCAL home page. (<https://www.rascal.columbia.edu>)

It all starts from this page, the RASCAL home page. By selecting “Human Subjects (IRB)”, from the right hand menu (arrow), you are brought to the log-in page (shown on the next page as Figure 2).

NOTE: There are a variety of ways to navigate within RASCAL. You can get to the Human Subjects section by starting with “My Rascal” instead of the home page, for example. Within most all of the sections within RASCAL, you can move to another by selecting from the menu

Go To -> | [Contracts/Grants](#) | [Animal Care](#) | [Human Subjects](#) | [Consent Forms](#) | [HIPAA Forms](#) | [Haz Mats](#) | [CvBuilder](#) | [Administration](#) | [Testing Center](#) | [My Rascal](#) |

on the bottom of most pages (see for example Figure 3).

Human Subjects
Columbia University Research

To use this service, please enter your
[University Network ID \(UNI\) and Password](#) and click on **Submit** button below.

UNI:

Password:

Remember UNIs and Passwords are case sensitive!

Questions, comments, problems to: [Rascal Help](#)
(212) 870-3480 Rascal Help Line

Submit Reset Quit

Figure 2. Log-in page.

Enter your UNI and Password, and click Submit.

This brings up the RASCAL Human Subjects page (Figure 3).

If you had started in “My Rascal” you would be presented with a different page, and you would choose “My Protocols” within the “Human Subjects” listing. Ultimately, you would still get to the same page shown in Figure 3.

Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

[IRB Menu](#)

NOTICE: Do not open two Rascal browser windows at the same time.

- [Create a Protocol](#)
- [Request Validation for Existing Paper Protocol](#)
- [Retrieve a Protocol: IRB-XXXX9999](#)
- [Search for a Protocol](#)
- [Notification Queue](#)
- [Emergency Use](#)
- [Approve Protocols](#)
- [Reports](#)
- [Helpful IRB Information](#)
- [Edit Personal Information](#)

Go To -> [Contracts/Grants](#) | [Animal Care](#) | [Human Subjects](#) | [Consent Forms](#) | [HIPAA Forms](#) | [Hazz Mats](#) | [CvBuilder](#) | [Administration](#) | [Testing Center](#) | [My Rascal](#)

Figure 3. Human Subjects page.

From this menu, select “Create a Protocol,” This brings up the General Information page shown in Figure 4.

Figure 4. General Information page. (Prior to hitting "save" button for the first time)

As soon as you get to this page, scroll down to the bottom of this page and hit the “Save” button. This does two things. It brings up a menu on the left hand side of this screen the full Protocol menu (see Figure 5). It also assigns a number to your protocol.

The information in the grey area is filled in by RASCAL from information you enter elsewhere. Your name and UNI will appear already after “You are.” After you hit



Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

IRB-AAAB4980

Status: Creating

[General](#)
[Personnel](#)
[Research](#)
[Funding](#)
[Location](#)
[Subjects](#)
[Investigational Product](#)
[Human Specimen](#)
[Approvals](#)
[Attach Logbooks](#)
[Attach HIPAA Forms](#)
[Attach Documents](#)
[Attach Consent Forms](#)
[Submit Protocol](#)
[Copy Protocol](#)
[Delete Protocol](#)
[Print Menu](#)
[View History](#)
[View Data Sheet](#)
[View Study Description](#)
[Protocol Overview](#)
[Previous List](#)
[IRB Menu](#)

General Information

Protocol Number

IRB-AAAB4980

Date Created

05/27/2005 at 12:41

Principal Investigator

You are

Department

Initiator

Year

1 Modification 00

GENERAL INSTRUCTIONS

I believe this study qualifies as exempt

☐

Originating Department Code

Department not defined

Sub department

Sub sub department

Submitting to

Previous Protocol Number

Affiliated Institutions

-Standard Columbia Submission

American Museum of Natural History

Barnard College

Harlem Hospital

-Standard Columbia Submission

Protocol Begin Date

May 27 2005

Protocol End Date

Title (maximum 500 characters)

Abbreviated Title (maximum 60 characters)

IRB of record (responsible for providing review and approval)

select one (required)

IRB number used by a non-CU IRB of record

Select any items that apply to your Research

☐ Analysis of Existing Biological Specimens

☐ Analysis of Existing Data

☐ Cognitive or Perceptual Experiment

☐ Collection of Blood

☐ Collection of Bodily Materials (other than blood)

☐ Deception

☐ Device Study

☐ Drug Study

☐ Evaluation of Program or Services

☐ Gene Therapy

☐ Genetic Testing

☐ Human Embryo

☐ Human Embryonic Stem Cells

☐ International Research

☐ Interview /Survey/Questionnaire

☐ Non-Invasive Physical Measurements

☐ Non-Standard Intervention In Patient Care

☐ Non-Surgical Manipulation

☐ Observation of Public Behavior

☐ Radiation

☐ Surgery

☐ Taste Test

Please select any Research Facilities/Resources that apply

☐ New York Presbyterian Hospital - Columbia

☐ New York Presbyterian Hospital - Cornell

☐ Cancer Center

☐ Barnard College

☐ Harlem Hospital

☐ Psychiatric Institute

☐ General Clinical Research Centers (GCRC)

☐ Other Hospital

☐ Columbia School or Department

☐ Community Clinic

☐ Elementary/Secondary School

☐ Prisons

☐ Other Special Institution

☐ Other University

☐ Other Off Campus

☐ Teachers College

Save

The remainder of this manual will be a line-by-line walk through of how to put a protocol into RASCAL. The main sections, corresponding to the menu items on the left hand of the page above, are indicated by bold, underline, all caps (e.g., **GENERAL**) and items within each page are underlined (e.g., I believe that this study is exempt)

The General menu choice gives access to the first page.

I believe that this study is exempt: Most protocols do not qualify as exempt, and so this entry should be skipped. Do not confuse “exempt” with *expedited*, a much more common category. An *expedited* study does not require presentation at a full board meeting. Expedited studies involve minimal risk, such as a simple blood drawing. This determination is made by the IRB staff and then is reviewed by the Chair. Do not check the “Exempt” box if you mean expedited instead.

“Exempt” studies also involve little or no risk and fall within specific Federal guidelines (like taste tests). These are “exempt” from IRB review. If you click inside this box, and hit the save button on the bottom, two new menu items appear on the left hand menu panel, just below the “Attach Consent Forms” line.

Exempt Declaration
Exempt Audit

Clicking on the “exempt declaration” brings up a list of the 6 categories of exempt studies, with an extract of the Federal regulations for each category. You must click on the blue arrow button:

Declare Exemption ? ▶

This brings up a box:

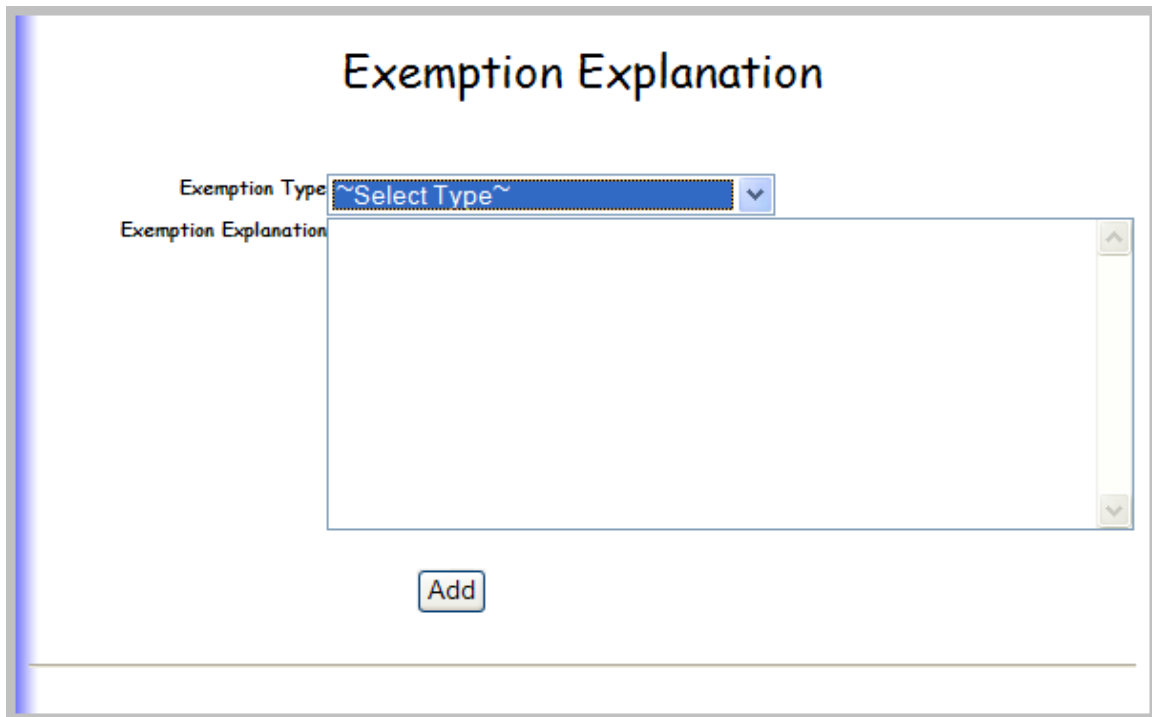
The image shows a dialog box titled "Exemption Explanation". It has a label "Exemption Type" next to a blue drop-down menu that currently displays "~Select Type~". Below this is a large text area labeled "Exemption Explanation" with a vertical scrollbar on the right. At the bottom center of the dialog is a button labeled "Add".

Figure 6. Exempt Explanation dialog box.

From the drop-down menu, you must select one of the 6 categories and then within the box briefly describe how your proposed study fits within this category. Exempt studies are required by University policy to be renewed every two years. This is done with a

simple Renewal (see process for doing renewals for Exempt Studies on page 95). The IRB simply needs to know if the study is still on-going and if there have been any substantive changes to the research plan, specifically any changes which could affect the exempt status.

Originating Department Code: This is the Department of the PI, e.g., Medicine, Surgery, Pediatrics, etc. If you don't know the number, you can click the icon over to the right, a box will appear and you can type in the name.

Sub department:

Sub sub department:

Although fields for the sub divisions and sub sub divisions (e.g., infectious disease, gastroenterology,) are available, and it would be useful for institutional tracking purposes, there is no on-line directory within RASCAL to give you these codes, and most people don't know them and don't fill them in. These are not required fields.

Submitting to: RASCAL is used at both the Medical Center and the Main campus (Morningside) IRBs. You need to use the drop-down menu to select which IRB you are sending this for review.

Affiliated institutions: I'm not sure what purpose this field serves. The instructions don't add much. Leave default - Standard Columbia Submission.

Protocol Begin Date:

Protocol End Date:

There has been a change to the default for the Protocol Begin Date. In the earlier version, the default begin date was the date the General Information page was first saved and the Rascal Protocol Number was created. Because the IRB will not allow the Begin Date to be prior to IRB approval and no one has yet started a new protocol and had it approved by the IRB on the same day, this default date always had to be changed. If the person preparing the submission forgot, the IRB would include instructions to change the date in correspondence after the review.

Now the default Begin Date is empty, just as is the End Date. For an NIH or similarly sponsored trial, where the funding date is known and in the future, you can use that date. For a trial that will begin when you have approval (and a signed contract, for sponsored studies), you should put a date 2 to 4 weeks beyond the date you actually submit it to the IRB. The end date is often ambiguous for many studies. You're done when enrollment is over and all follow-up is complete. The end date is ultimately often an estimate. No one is holding you to this date.

If you fail to enter a start date and an end date, you will be automatically prompted by RASCAL before you can submit the Protocol, that these fields need to have an entry.

If you would appreciate a bit of RASCAL humor, try entering an invalid date, such as April 31.

Title: For sponsored trials this should be the official title.

Abbreviated title: A shortened title – perhaps the Acronym of the trial. The instructions in RASCAL state: “This abbreviated title should be comprehensible.”

IRB of record (responsible for providing review and approval)
select one (required):

This is a new feature added to RASCAL. There are a number of other IRBs that are listed on Columbia’s Federal Wide Assurance, and therefore permitted to be the IRB of record for studies performed by Columbia University faculty. For the list of these, see:

<http://ohrp.cit.nih.gov/search/asurdtl.asp?ASURID=5182&asutyp=F&asunme=Columbia+U+Med+Ctr>

In addition to the Columbia University Medical Center and Columbia University Morningside IRBs, the other IRBs that are permitted to serve as the IRB of record for studies include Cornell, BRANY (Biomedical Research Alliance of NY), the NCI Central IRB, the New York State Psychiatric Institute (NYSPI) and the Western IRB. Even though these other IRBs are serving the principal regulatory function for the studies they review, the CUMC IRB is required to be aware of all studies being done on this campus. The RASCAL System serves then as the repository of this information. The way in which the information is entered into RASCAL varies among the different IRBs. For instructions for how to register trials for which the Western IRB is the IRB of record, see the Appendix beginning on page 108.

IRB number used by a non-CU IRB of record: If you have the identification number used by the IRB of record, enter it here. For Western IRB-approved studies see instructions on page 113. If you are using the CUMC IRB this field should be left blank.

Select any items that apply to your Research: These check boxes are used to make sure that certain regulatory requirements are fulfilled. Some of these boxes allow the IRB staff to determine that the study is exempt, can be expedited, may require IND or IDE, needs review by the radiation safety or bio-safety committees, etc. Note that two new boxes have recently been added: “Human Embryo” and “Human Embryonic Stem Cells.” If these are selected after you save the page, the following reminder appears, requiring you to contact the University Stem Cell Committee:

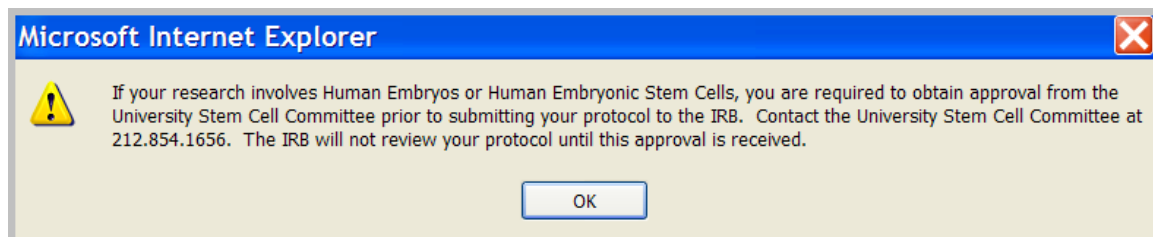


Figure 7. Notice for studies involving human embryos or embryonic stem cells.

In addition, the following notice has been added if you check the box indicating that your study involves “Gene Therapy.”

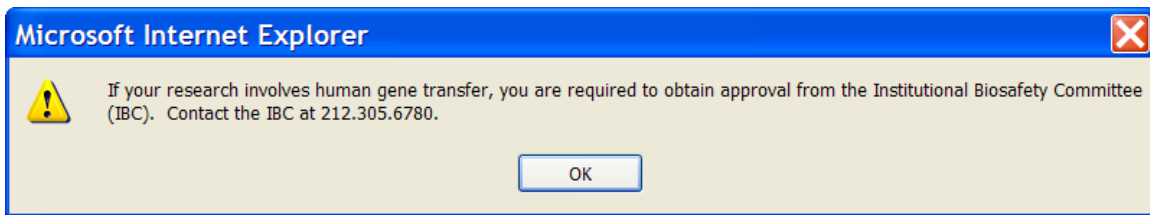


Figure 8. Notice for studies involving gene therapy.

These are simply reminders that there are other (non-IRB) approvals that are required before your study can be approved by the IRB. There is nothing that will prevent your submitting the protocol to the IRB but you should not wait for the IRB approval to begin obtaining approvals of the Stem Cell or Institutional Biosafety Committees (if required).

Please select any Research Facilities/Resources that apply. These check boxes are used similarly to determine whether additional reviews need to be done. For example, if prisoners are to be used, the IRB meeting is required by Federal Regulations to have a prisoner advocate present. Thus, if this applied to your study and was not checked off and not picked up prior to the Board meeting; the protocol cannot legally be reviewed and approved.

Any study that involves cancer is required to be reviewed by the Comprehensive Cancer Center (CCC) protocol review committee. This is done through RASCAL. The way the CCC receives notification is by the Cancer Center check box. Thus if the study involves cancer, even if it is not being done in the Cancer Center, you must check this box off. Failure to do so will delay the review and approval of your study. If your study involves cancer, this check box must be checked (even if your study is a survey of patients being done in your private office).

SAVE Button: - this is the most important button. **Hit it often!!!!**

This is the end of the information filled in on the first (General) page. Now go to the second menu item, “Personnel”.

PERSONNEL

All of the personnel involved in this protocol should be included in this list. People are added via their Columbia UNI. By clicking on:

Add Personnel ? ▶

the following dialog box pops up:

Figure 9. Add Personnel dialog box.

If you don't know someone's UNI, there is a look-up function that is linked to the Columbia University on-line directory. The person's role in the study is selected from a drop-down menu. Personnel may have either editing privileges (the default), or view-only privileges.

If someone on your study is not a Columbia University employee and does not have a UNI, you can request a RASCAL ID for that person that will function as their UNI within RASCAL. Click on "Help" in the Box that appears in the upper left corner of most RASCAL pages (shown below).



Within the Help section, choose: "I need to..." "Request access to Rascal for a non-Columbia person." Fill out and submit the request form.

One person, who is automatically included in the protocol and cannot be removed, is the person who started the RASCAL submission. That is the person logged in when the "SAVE" button was pushed for the first time on the General Page. This person is designated as the Initiator.

Any person with any role in the project who has contact with human subjects or with any identifiable data about human subjects is required by University regulations to have taken both the GCP course and the research HIPAA course and passed the examinations. (NOTE: Hospital personnel are required to pass a HIPAA course that is different from the research HIPAA course).

As soon as you add a person to the protocol, you can immediately determine whether or not he or she has met this requirement, by clicking on the “View Data Sheet” on the left menu near the bottom. This generates a PDF file of the current information about the study. The personnel are listed along with their GCP and HIPAA completion dates. If these are not indicated, the person has not completed the courses. It is best if all the personnel have done this before you submit the protocol for review. You can submit a protocol and it will be reviewed even if all personnel do not have these certifications. However, final approval will not be given until they have completed the required courses (GCP and HIPAA). If the protocol is otherwise perfect at the initial review, not having the certification could cause a several week delay in final approval.

If the initiator does not have any role in the study (other than starting or even completing the RASCAL submission), he/she is not required to have GCP/HIPAA – but it doesn’t hurt. As a rule, it is simpler just to have everyone, whose name appears on the protocol, complete these courses.

One item that is required of ALL personnel (including the initiator) is the institutional annual conflict of interest (COI) statement. This statement must be redone every year. That is why its call an annual COI statement. (You can redo it early, prior to the expiration date.) RASCAL will not allow a protocol to even be submitted without a current COI for all of the listed personnel. The “View Data Sheet” lists the COI dates for all personnel, so you can tell if everyone is up to date.

RASCAL TIPS

1. The information about the personnel linked to the UNI was initially pulled from a University database and put into a database that is used only within RASCAL. There is no longer any link between the University’s database and the RASCAL database. The only link is to verify UNI accounts. Any new personnel must add all of the information into the RASCAL database.

Your own information is editable within RASCAL, by selecting “Edit Personal Information.” This link is on any of the main menu pages in RASCAL, including “My Rascal,” “Rascal Human Subjects,” and “Informed Consent.” (See page 7.)

You should get everyone listed on the study to look at his or her information and make corrections for phone numbers, email addresses, etc. It is the email address within this database that RASCAL uses for any automated notifications. It is critically important that this database have correct email addresses.

In addition, people can edit their title, for example: changing “Assoc. Clin. Prof.” to something that is more meaningful, e.g., Associate Clinical Professor of Medicine.

2. If you want someone to help you prepare the submission (even if they are not going to be involved in the project), temporarily add them to the personnel with either viewing or

editing privileges. Prior to submitting the protocol, you can delete them or they can delete themselves. There is nothing that is either illegal or dishonest in this.

3. The first person added to the personnel with a role of either Principal Investigator or Co-Investigator receives an asterisk. This person's name automatically gets added to any consent form which is ultimately "attached" to the protocol. This name is added in the header on the consent form when it is "attached" to the protocol. This person is listed in this header as the Principal Investigator, even if his or her role is Co-Investigator. It is best to have the person who is ultimately responsible for the protocol have the asterisk linked to their name. In most cases this will be the Principal Investigator. When there are more than one Principal Investigator (yes RASCAL allows for more than one), this should be the most (or more) senior person.

If you have the asterisk on the wrong person, use the MODIFY button on the personnel page and simply change the role (from Principal Investigator, or Co-Investigator) to one that does not get the asterisk (e.g., Administrative). The asterisk drops down to the next PI or Co-I. If this is still not the one you want to have the asterisk on, change this person's role to have the asterisk drop down in the list until you reach the correct person. After you have the asterisk on the correct person, you can change the roles of the people on the list above this person back to their correct roles.

4. Most of the communication between the IRB and the study personnel is automatically-generated email. The people that receive these automatic communications are: the person with the asterisk (preferably, the Principal Investigator, but could be one of the Co-Investigators), all of the personnel listed with the role of "Study Coordinator" (but not Study Nurse) and the Initiator.

Once you have finished Personnel, you are ready for the next menu item.

RESEARCH

This section is the meat of the protocol. Remember, this is the one of the sections that all IRB members see.

Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

IRB-AAAB4980
Status: Creating

- General
- Personal
- Research
- Funding
- Location
- Subjects
- Investigational Product
- Human Specimen
- Approvals
- Attach History
- Attach IRPAA Forms
- Attach Documents
- Attach Consent Forms
- Submit Protocol
- Copy Protocol
- Delete Protocol
- Print Menu
- View History
- View Data Sheet
- View Study Description
- Protocol Overview
- [Previous List]
- [IRB Menu]

Research

Protocol Number: IRB-AAAB4980	
Date Created: 05/27/2005 at 12:41	Department:
Principal Investigator:	Initiator:
You are	Year: Modification: 00

NOTICE: Do not open two Rascal browser windows at the same time. Do not work on this page if you are on a low-speed dial-up connection.
Add Research/Protocol Hypothesis (REQUIRED) ? ➡

Scientific Abstract ?
(MAX 250 words)

Save

Lay Abstract ?

Save

Study Description ?

Save

Figure 10. Research Page. (appears after selecting "Research" on the left-hand menu)

There are four sections. The first is an easily overlooked one that appears on the top, right of the main panel.

Add Research/Protocol Hypothesis (REQUIRED) ? ➡

Clicking the blue arrow brings up a text box that allows you to enter the research question or hypothesis.

The screenshot shows a web interface titled "Research/Protocol Hypothesis". Below the title, there is a large, empty text box for entering hypotheses. To the left of this box, the text "Research/Protocol Hypothesis" is displayed with a small blue question mark icon. Below the text box, there is a "Display Sequence" label with a blue question mark icon. To the right of this label is a small input box containing the number "1". Below the input box are two buttons: "Save" and "Spell Check".

Figure 11. Research/Protocol Hypothesis text box.

You can add an unlimited number of hypotheses (each in a separate box) and RASCAL allows you to order them by importance (using “Display Sequence”). The hypotheses should be simple declarative sentences, not detailed discourses about the research. For example, if this protocol were related to an NIH application, this is where each Specific Aim would be entered.

The RASCAL instructions for Hypothesis are quite good:

“Add the hypothesis or research question to be tested in this study. If more than one hypothesis or research question will be tested, enter only one question in the pop-up provided and after saving the question entered (by clicking on the "Save" button at the bottom of the pop-up screen), return to the Research page to add each additional question individually.

“Each question entered will appear in the order in which it was entered unless a different display sequence is specified. Questions should be arranged in their order of importance by assigning the sequence number “1” to the question with the most importance, number “2” to the question that is second in importance, and so on for as many research questions as will be entered.

“To change the order in which the questions appear, reassign the numbers attached to each question specifying a different number chronology.”

Once you hit Save in the Hypothesis box, you return to the Research page (Figure 10).

Scientific Abstract

This is the only section that has a word limit – 250 words (the Lay abstract has no such limit). As stated in the RASCAL instructions:

“Describe clearly and concisely, in language readily understandable to a researcher who may not be a specialist in the research project's field, the broad objectives, specific aims, general procedures, and the potential significance of the research.”(Emphasis added)

This can be technical, but should not be full of jargon, or non-standard abbreviations.

IMPORTANT RASCAL TIP

Do everything that involves writing more than one or two sentences in a separate word processing program, e.g., MS Word. You can do a word count for the Scientific Abstract (Tools menu, Word Count). It is easier to work in a word processing program. In addition, RASCAL has a time-out function that can cause you to lose your work. This time out function will log you out of RASCAL (without saving) if approximately 50 minutes has passed since you last saved a page or moved to a new section within RASCAL.

CRITICALLY IMPORTANT RASCAL TIP

If you are doing any cutting and pasting to RASCAL from a word processing program, first save the document in a plain text format prior to cutting and pasting into RASCAL.

In MS Word, you do this using “save as”, then under file type choosing plain text from the scroll down menu.

You will get the following warning:

“Saving as a text file will cause all formatting, pictures and other objects in your file to be lost. The default text encoding is “Window (default).”

This is exactly what you want to happen. It is the embedded formatting and other things in Word and other word processing documents that get jumbled when they are pasted into RASCAL.

Unfortunately, this step will not eliminate all of the problems of unprintable characters in RASCAL. The RASCAL support team has made major advances in making more and more symbols translatable into RASCAL, but the number of different operating systems and word processing programs make the ability to recognize and properly translate all symbols correctly an elusive and probably unachievable goal.

The only way to know what your protocol is going to look like for the IRB is to generate a printable copy after you have entered it into RASCAL and read through it. A few

mistranslated symbols, while annoying to those of us on the IRB (and subconsciously perhaps making us think that the investigator may be less than diligent in his/her work), is generally overlooked. However, hundreds (and that does happen) make the document completely unreadable.

Before you submit your protocol to the IRB, please click the “Print Menu” on the left, then print the Data Sheet, the Study Description and the Consent Form and have someone read through it.

ONE OTHER USEFUL SUGGESTION

When working in Word and doing cutting and pasting in preparation to go into RASCAL, turn the show/hide paragraph symbol ON. This makes the paragraph symbol (¶) visible on the page. Back in the days prior to word processors, at the end of each line, you had to hit the carriage return. With word processors, the words automatically wrap at the end of a line, until you get to the end of a paragraph. When you want the next word to begin a new line, you hit ENTER (which functions like the old carriage return). When you cut and paste from other documents, you may have these ENTER functions embedded where they are not wanted, and particularly if they are near the end of a line, you won’t notice it.

However, when you copy your text into RASCAL, line breaks are not going to fall in the same place and you’ll end up with a partial line. By having the paragraph symbol (¶) visible you can quickly find the extra unwanted ones and eliminate them.

Lay Abstract

Federal regulations require that every IRB have one or more members who are lay members. These Board members are not health care professionals. This abstract is written for them.

Again the RASCAL Instructions are clear:

“Describe in a few sentences and in lay language (i.e., language understandable to a non-scientist) what this study would involve. The following questions should be answered in the summary:

1. What methods will be used to answer the research question?
2. What will the subject be asked to do?

By definition, the Scientific Abstract and the Lay Abstract cannot be the same document. Take a few minutes to simply state what you propose to do.

Study Description

This is the section that takes the most work and for many is the most frustrating. For studies that are multi-centered and have a well-written and detailed protocol, some would question its purpose. Unfortunately, there is a purpose. That purpose is the CUMC IRB, which, as mentioned earlier, uses a primary reviewer system. This is permitted under federal regulations, provided that all board members are provided with a sufficiently detailed description of the study to decide the issues that they are required to evaluate, e.g., the risk/benefit comparison, the steps taken to minimize the risk, the assurance that the potential subject will be informed of both the potential risk and potential benefit, *inter alia*.

Distilling a 120 page complex protocol down to 8 to 10 pages is an extremely difficult task.

I believe that the construction of the Study Description cannot be done by someone who does not have sufficient knowledge and understanding of the science behind the protocol. This job requires more than simple cutting and pasting.

Note: There is a desire on the part of the IRB management to change the requirements for this section for protocols that have a detailed attached protocol, e.g., an oncology cooperative group trial or an industry-sponsored trial. The requirements would be to summarize the risks and benefits involved in the study and how recruitment would be done at Columbia. Until this policy change is implemented, you must complete a full study description in RASCAL.

The guidance within RASCAL (listed below) provides a framework for the structure of this section that needs to be followed. It is very helpful to the review process if the exact headings and numbering system (see below) is used.

In the same way that a standard sequence of presenting a clinical case (i.e., Chief Complaint, History of Present Illness, Past Medical History, etc.) facilitates the communication of information from the presenter to the listener, this standard sequence of describing a research study facilitates communication to the IRB members.

When a certain heading does not apply for your protocol, include it, but simply state: N/A.

1. Study Purpose and Rationale.

Include pertinent background description with references that show the need to do this study. If this is a Health Sciences study, the background should include both preclinical and clinical data. Be brief and to the point.

2. Study Design and Statistical Procedures.

Provide sufficient details so that the adequacy of the statistical procedures can be evaluated including power calculations based on the number of participants to be entered into the study.

3. Study Procedures

Describe the procedures in sufficient detail so that a reviewer who is not familiar with them can comprehend what is to be done and can evaluate any risks.

4. Study Drugs or Devices

If this is a drug or device study, describe how the drug or device works and past experience.

5. Study Questionnaires

List the names and brief descriptions of any questionnaires or surveys that are going to be given to subjects as a part of your research project. (Copies of these will need to be attached in RASCAL.)

6. Study Subjects.

Give detailed inclusion and exclusion criteria and number of patients to be enrolled based on the statistical description and any other considerations. This information should relate to the background information provided above. If this is a Health Sciences study, this should include a description of the disease and the goals of therapy.

7. Recruitment

Describe in detail how participants will be recruited including advertisements, private practices, clinics, etc.

If this is a Health Sciences study, remember that it is a policy that researchers cannot directly approach a patient for recruitment until that patient has been informed of the study by their physician who has ascertained that the patient is willing to discuss the study with the investigators.

8. Confidentiality of Study Data

Describe how this will be maintained (if it is to be maintained).

9. Potential Risks

Describe risks including data on risks that have been encountered in past studies. That is, if the occurrence of a certain adverse event was 20%, include those data in this description.

10. Potential Benefits

This description should also be based on accrued data from related studies that have been completed. There should be a rational description of why such benefits are expected based on current knowledge.

11. Alternatives

If this is a Health Science study involving therapy, describe alternative therapies giving data to support their efficacy or lack of efficacy. An important alternative is also not to participate in this research.

It is most critical for the Study Description section (the most often cut and pasted from other documents) to follow the tips and suggestions for making a readable file presented above. You should use the “View Study Description” function in the left-hand menu to generate a PDF file of your study description. This is what all of the board members are going to see. If it is full of unprintable characters, take the time to go back to your text and fix them. Many symbols and Greek characters do not translate well and generate meaningless characters in this PDF file format.

If the Board receives a document with a lot of unintelligible material in this section, they are naturally going to look less favorably on your protocol. A way to avoid this is to print out these sections and actually read through these documents before submitting them. This is also a way to avoid being embarrassed by what you submit.

For certain sections, such as the statistical section (which invariably cannot be successfully pasted into RASCAL), it is a good idea to have a general discussion of the methodology without the details and then to refer to the full protocol (it’s a nice touch to include the specific page(s) in the protocol – it shows the reviewer that you’re being considerate).

If this is a single centered study and there is no attached protocol, you should have this section properly referenced. The references should be added at the end of the Study Description. If this is a multi-centered study that has an attached protocol, there is no need to include references because they are contained in the full protocol which must be attached to the submission.

When you have completed the Research menu item, save, and then select Funding.

FUNDING

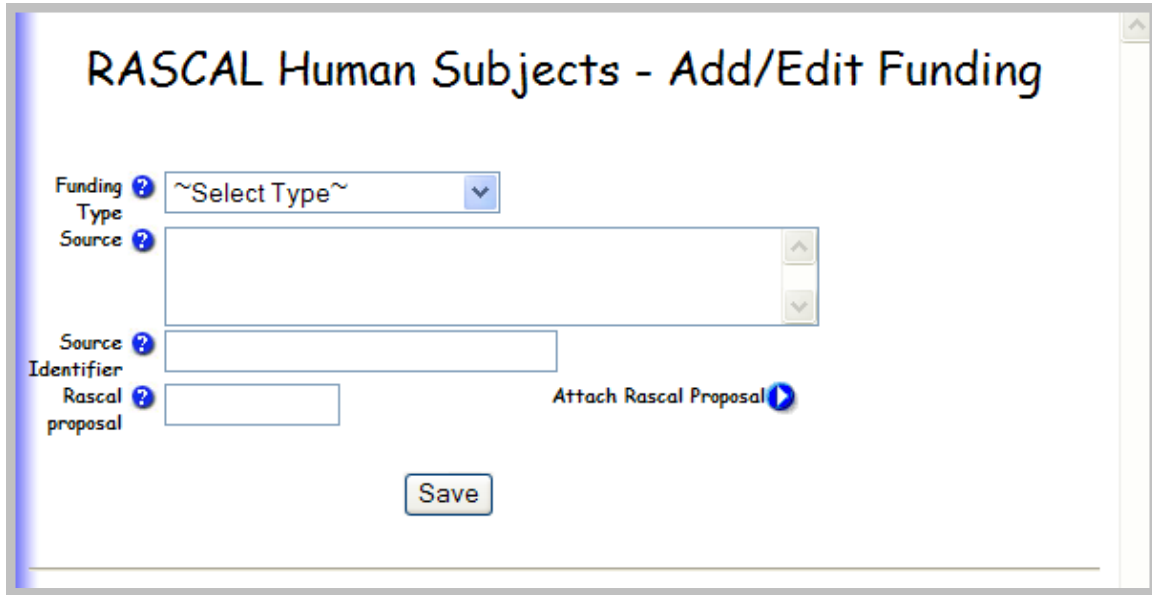


Figure 12. Funding dialog box.

Funding Type: Select from the drop down box how this study is to be supported. The choices are self-explanatory. If you select “External Federal Agency” you must attach the grant application in RASCAL. If you don’t, the protocol will be returned to you before it ever gets onto the Board’s agenda.

If you are getting internal departmental support for this, select “Internal”

If there is no funding whatsoever you should select “Unfunded.” At least by doing this, the Board reviews know that you haven’t simply skipped this step.

Source: Enter the funding source if you have external funding, e.g., NHLBI, American Heart Foundation, Pfizer.

Source Identifier: This is the number used by the funding agency to identify your grant or contract.

Rascal proposal: If there is external support for your study, you are required by Columbia University policy to submit a RASCAL Proposal in addition to what we are working on here, a RASCAL *Protocol*. This is done in another part of RASCAL.

If your Proposal has been finalized, you can use the link:

[Attach Rascal Proposal](#) 

to attach the Proposal. Because most investigators do the IRB submission before the Proposal is finished, this link is not available. However, if your RASCAL Proposal is not complete, you should enter the number of the proposal (the format is: PT-AAAD1234) in the box on the lower left.

Save your funding information and go to the next menu item, Location.

LOCATION

This is a straightforward section. On the opening page, click the right arrow after “Add Location”. If you are going to be enrolling patients and seeing them in more than one location (e.g., two different office sites), finish the first one, save, then click the right arrow again to enter the information on the next site.

SUBJECTS

This is one of the more confusing sections of the application.

This section helps the IRB fulfill certain regulatory requirements. For example, if you are enrolling children older than 8 years, you should have an assent form, or provide a justification of why waiver of assent is appropriate for your study. If you are enrolling children only up to 7 years of age, no assent form is required.

Certain choices on how to fill this out are subject to interpretation. Unfortunately, with a staff of more than 20 in the IRB office and three separate Boards at the Medical Center and another at the Morningside campus, the interpretation is not always consistent. What follows is my own interpretation.



Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

IRB-AAAB4980
Status: Creating

[General](#)
[Personnel](#)
[Research](#)
[Funding](#)
[Location](#)
[Subjects](#)
[Investigational Product](#)
[Human Specimen](#)
[Approvals](#)
[Attach IRBs/IRAPs](#)
[Attach IRPAA Forms](#)
[Attach Documents](#)
[Attach Consent Forms](#)
[Submit Protocol](#)
[Copy Protocol](#)
[Delete Protocol](#)
[Print Menu](#)
[View History](#)
[View Data Sheet](#)
[View Study Description](#)
[Protocol Overview](#)
[\[Previous List\]](#)
[\[IRB Menu\]](#)

Subjects

Protocol Number
IRB-AAAB4980

Date Created
05/27/2005 at 12:41

Department

Principal Investigator

Initiator

You are

Year
1
Modification
00

Total Number of Subjects
0

Columbia University/New York Presbyterian Hospital Outpatient Subjects
0

Columbia University/New York Presbyterian Hospital Inpatient Subjects
0

Population Gender

Females

Males

Non Specific

Population Age

0-7

8-17

18-65

>65

Non Specific

Population Ethnicity

African-American

Asian

Caucasian

Hispanic

Middle Eastern

Native American

Pacific Islander

Other

Non Specific

Save

Special Populations - check any that apply

☐ Children/Minors

☐ Pregnant women/fetuses/in vitro fertilization

☐ Non-english speaking

☐ Cognitively impaired

☐ Economically disadvantaged

☐ OU Students

☐ No contact with subjects/Chart review only

☐ OU/NYPH Residents/Fellows/Interns

☐ Wards/Foster Children

☐ Prisoners

☐ Medically Compromised

☐ Educationally disadvantaged

☐ Frail elderly

☐ No contact with subjects/data analysis only

☐ OU/NYPH Employees

Recruitment Media - check any that apply

☐ Person to Person

☐ Radio

☐ Newspapers

☐ Direct Mail

☐ Website

☐ Email

☐ TV

☐ Telephone

☐ Flyers/Handout

☐ New letters/Magazines/Journals

Subject Population Justification

Subject Compensation

Compensation Justification

Consent Form Waiver/Alteration Request

Recruitment URL (Maximum 255 characters)

Save

Figure 13. Subjects page.

Total Number of Subjects:

This is the total for the entire study. If this is a multi-centered study, this is the total target population (i.e., including all of the sites).

Columbia University/New York Presbyterian Hospital Outpatient Subjects:

This is the estimated number of local outpatient subjects

Columbia University/New York Presbyterian Hospital Inpatient Subjects:

Page 27

Rascal IRB Guide

This is the estimated number of local inpatient subjects.

If this is a single centered study, the sum of inpatient and outpatient subjects should equal the total. The designation of inpatient/outpatient refers to where the patient is when they are recruited into the study.

Unfortunately, most studies under-recruit subjects. You should know, however, that if you propose to enroll X number of patients, BEFORE you enroll subject X+1, you must submit a modification to the IRB requesting (and justifying) the increased enrollment. This should and can be a simple process, but it must be done before you exceed your initially stated enrollment target. (A description of preparing a modification begins on page 73.)

Population Gender, Age and Ethnicity:

This section is a prospective estimate of the gender, age and ethnic breakdown of the study population. If the condition or disease required for entry into the study does not have predominance in a particular sex, age or ethnic group, this estimated distribution should reflect the population available for enrollment at the medical center.

If the population to be studied differs significantly from the general population at the medical center, the reason(s) must be described in the Subject Population Justification text box. This need not be an extensive narrative. For example, a study of Lupus would expect to enroll many more women than men because of the female preponderance of the disease. A study of prostate disease will have no women.

If children are to be enrolled, special Federal rules apply that the Board must specifically address as to risk and benefits. (Note: There is a new section in RASCAL that you are required to fill out if your study is to involve children, see page 31). If children above the age of 8 are to be enrolled, an assent form should be provided.

Special Populations - check any that apply:

This again is a tool to help the IRB fulfill specific regulatory requirements. In general, these are what are considered vulnerable populations – i.e., populations that require additional protections. (This does not apply to the two check boxes labeled “No contact with subjects” – these were obviously stuck in here because there was no other place to put them.)

Some of these should be checked off, even if it applies to only one subject; others should be checked off only if the study targets a specific population, and one is in-between.

Examples of check boxes that need to be checked even if only one is involved:

- a. Children/Minors (see page 31, for additional information)
- b. Ward/Foster Children
- c. Pregnant women/fetuses/in vitro fertilization

- d. Cognitively impaired – those that are unable to give informed consent – NY State and Columbia University regulations are very restrictive in the enrollment of such subjects; consult with someone from the IRB if you are considering enrolling such subjects.
- e. CU students, Residents or Employees – an issue if the PI or others involved in the research have any type of authority over potential subjects.
- f. Prisoners

Below are examples of check boxes that need to be checked only if the study is targeting a specific population:

- a. Economically disadvantaged
- b. Educationally disadvantaged
- c. Medically compromised
- d. Frail elderly

If you are enrolling from the general population, it is likely that you will have subjects that are within one of these groups, but unless the study specifically targets or overrepresents one of these vulnerable populations, you need not check the box. For example, although it is likely that economically disadvantaged participants will be enrolled from our local community. If their economic status is not the basis for their enrollment, do not check the “Economically disadvantaged” box.

The check box that is in between is non-English speaking. The rules about this are a bit fuzzy. Clearly if you expect to enroll a number of non-English speaking patients into a study, you should have the consent form translated into that language. However, you can have a non-English speaking subject enrolled in a study without having a consent form in their language if (and this is an important if) having a patient speaking that language was not expected. Clearly, in Washington Heights it is not unexpected to enroll a Spanish-speaking patient, so this does not apply. However, were you to have a patient that spoke only French, you could enroll that patient without having a written consent form in French.

You would need to follow the short form process as spelled out in the Code of Federal Regulations, CFR 46.117.b.2.

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.117>

(It is expected that downloadable short form templates in a variety of languages will be posted on the IRB web site in the not too distant future.)

Again, this short form process cannot be used to enroll Spanish-speaking participants at the Medical Center.

Recruitment Media - check any that apply:

By Federal regulation, the IRB must review all materials (fliers, radio scripts, web sites, subway ads, etc) that are used to recruit subjects prior to the material being used. You need to attach any and all recruitment materials (see Attach Documents section, page 42) with your submission.

If materials are to be used, but have not been developed, don't check off the box, because the IRB will want to review these items. Instead, once the materials are developed, submit a modification to your protocol that includes these new materials. (One of the very nice features of the RASCAL system is how easily modifications can be submitted.)

If you're part of a multi-centered trial that is using a web site, a radio/TV spot, or a print ad for recruitment, before your site can be listed on these materials or have potential subjects referred to your site from a central recruiting facility, you need to have local IRB approval.

Subject Population Justification: (Text Box)

This is where an explanation for selecting a particular population is placed. In general this can be very brief. There is no need to duplicate material that is presented in the subject section of the study description. If vulnerable populations are to be studied, you need to explain how their rights will be protected.

Subject Compensation: (Text Box)

Any payment, whether for participation or reimbursement for travel expenses, needs to be described here. Note that in a study that requires multiple visits, you cannot make the whole payment dependent upon completion of the study, because this may be viewed as coercive. For example, if the subject decides to discontinue after 3 of the required 5 visits, they should receive a prorated amount.

Compensation justification: (Text Box)

Again, this need not be an exhaustive narrative. Compensation for time, missed work etc. is all reasonable. If the amount may seem to be excessive, you need to justify why you are paying so much.

Consent Form Waiver/Alteration Request:

Federal regulations allow for the waiver of a written consent in certain situations.

An IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects, if it finds either:

1. That the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality; or
2. That the research presents no more than minimal risk of harm to subjects, and involves no procedures for which written consent is normally required outside of the research context.

This is not the same as waiver of consent, but simply the waiver of the requirement of having a written consent. If your study is eligible for waiver of written consent, provide the justification here.

In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written information sheet regarding the research.

Recruitment URL:

Self explanatory, as long as you know that URL means web address.

CHILD INVOLVEMENT

This is a new feature added to RASCAL in December, 2005. In the Subjects section, if you choose either Children/Minors or Wards/Foster Children, after you “Save” the page, you are prompted with a notice.

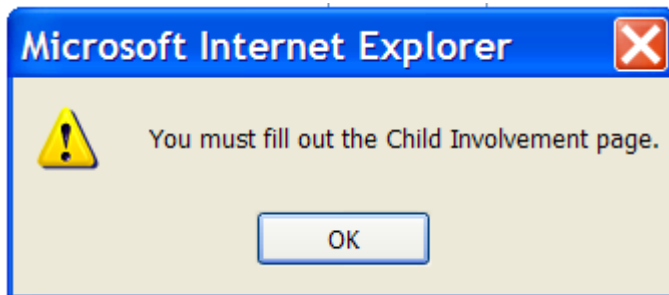


Figure 14. Child Involvement Notice

In addition, a new entry appears in the left hand menu, just below Subjects and before Investigational Product sections. (If you did not choose Children/Minors or Wards/Foster Children, you will not see the CHILD INVOLVEMENT menu item.)

Clicking on this new menu item brings up the screen shown in the next Figure.

Human Subjects Columbia University Research Rascal Home Help Log Out Email Rascal		Rascal Human Subjects									
IRB-AAAB2485 Status: Creating General Principal Research Funding Location Subjects Child Involvement Investigational Product Human Specimen Approval Attach History Attach IRBAA Forms Attach Documents Attach Consent Forms Submit Protocol Copy Protocol Delete Protocol Print Menu View History View Data Sheet View Study Description Protocol Overview [Previous List] [IRB Menu]		Child Involvement <table border="1"> <tr> <td colspan="2">Protocol Number: IRB-AAAB2485</td> </tr> <tr> <td>Date Created: 01/12/2005 at 15:44</td> <td>Department:</td> </tr> <tr> <td>Principal Investigator:</td> <td>Initiator:</td> </tr> <tr> <td>You are</td> <td>Year 1 Modification 00</td> </tr> </table> RISK/BENEFIT DETERMINATION PLEASE REFER TO THE COLUMBIA UNIVERSITY IRB POLICY ON RESEARCH INVOLVING CHILDREN (AVAILABLE ON THE IRB WEBSITE) FOR FURTHER INFORMATION. Select one of the four categories of research involving children that best describes your study. Upon selecting a category, provide the information requested in the pop-up window provided. ☐ No more than Minimal Risk (45 CFR 46.404/21 CFR 50.51) 1. 'Minimal Risk' means that 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. ☐ Greater than 'Minimal Risk' with the prospect of direct benefit to the subjects. (45 CFR 46.405/ 21 CFR 50.52) 1. Explain how the risk is justified by the anticipated benefit to the subjects; 2. Justify that the relation of anticipated benefit to risk is at least as favorable to subjects as that presented by available alternative approaches. ☐ Greater than 'Minimal Risk' with NO prospect of direct benefit to the subjects, but likely to yield generalizable knowledge about the subject's disorder or condition. (45 CFR 46.406/ 21 CFR 50.53) 1. Justify the level of risk presented as a minor increase over 'Minimal Risk'; 2. Explain how the interventions or procedures present experiences to the subjects that are reasonably commensurate with those inherent in their actual or expected situations; 3. Explain how the interventions or procedures are likely to yield generalizable knowledge about the subjects' disorder or condition that is of vital importance for the understanding or amelioration of the subjects' disorder or condition. ☐ Research not included in one of the above categories but which otherwise presents an opportunity to understand, prevent or alleviate a serious problem affecting the health and welfare of children. (45 CFR 46.407/ 21 CFR 50.54) 1. Explain how the proposed research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children.		Protocol Number: IRB-AAAB2485		Date Created: 01/12/2005 at 15:44	Department:	Principal Investigator:	Initiator:	You are	Year 1 Modification 00
Protocol Number: IRB-AAAB2485											
Date Created: 01/12/2005 at 15:44	Department:										
Principal Investigator:	Initiator:										
You are	Year 1 Modification 00										

Figure 15. Child Involvement Page

Federal regulations place special requirements for approvals for studies involving children. For studies to be approved a specific determination must be made about the risk and the potential benefit of all studies that involve children. Research involving children are placed into one of four categories:

- No more than Minimal Risk (known as 404, from the Regulation).
- Greater than “Minimal Risk” with the prospect of direct benefit to the Subject (405).
- Greater than “Minimal Risk” with no prospect of direct benefit to the subjects, but likely to yield generalizable knowledge about the subject’s disorder of condition (406).
- Research not included in the above (3) categories but which otherwise presents an opportunity to understand, prevent or alleviate a serious problem affecting the health and welfare of children (407).

By choosing one of these categories, you are presented with a pop-up window, which has between one and three boxes where you are prompted to answer specific questions.

IMPORTANT NOTES about latter two categories.

Studies that fall into category c (406) (more than minimal risk and no direct benefit to the child) require signed consent of both parents. (There are allowances if both are not available to consent)

Studies that fall into category d (407) must be approved by the Secretary of Health and Human Services (HHS) if supported by Federal funding, or by the Commissioner of the FDA if the study falls under FDA regulations, or by a special external review process

established specifically for this study, if neither HHS or FDA are involved. This is an extremely onerous and time consuming process.

The final determination as to which category the study falls under is made by the IRB. However, the answers you provide with your application will help the Board make its determination.

When you have finished the Subject section (and saved), the next menu item is Investigational Product.

INVESTIGATIONAL PRODUCT

If your study involves an investigational drug, device or biological you need to complete this section. If not, skip this menu item. If your study involves more than one investigational product, you must complete one of these sections for each item.

If your study involves the use of a drug or device that is being used for an FDA-approved indication, in the approved dosage and in the approved route of delivery, this is not an investigational product. For example, if you are comparing the efficacy of two FDA approved antibiotics in the treatment of community-acquired pneumonia, then you are not using an investigational product. You are still doing research, because you are collecting data, you may be randomly assigning treatment arms, but you are not using an investigational product.

If, however, you are using a drug for a condition for which it is not FDA-approved (even if in clinical practice it is commonly used for the same off-label indication), then you are using an investigational product.

The rules for investigational drugs and investigational devices are quite different. If you are doing a study with an investigational drug (i.e., an unapproved drug, or an approved drug for a non-approved indication or in a population for which it is not approved or at a dose or route of administration for which it is not approved) you are required to file with the FDA an IND (investigational new drug) application. After receipt of your application, the FDA may determine that your research is exempt from the requirement for an IND.

The following is from the FDA regulations (21 CFR 312.2):

The clinical investigation of a drug product that is lawfully marketed in the United States is exempt from the requirements of this part (of the regulations) if all the following apply:

- (i) The investigation is not intended to be reported to FDA as a well-controlled study in support of a new indication for use nor intended to be used to support any other significant change in the labeling for the drug;
- (ii) If the drug that is undergoing investigation is lawfully marketed as a prescription drug product, the investigation is not intended to support a significant change in the advertising for the product;
- (iii) The investigation does not involve a route of administration or dosage level or use in a patient population or other factor that significantly increases the risks (or decreases the acceptability of the risks) associated with the use of the drug product
- (iv) The investigation is conducted in compliance with the requirements for institutional review set forth in part 56 and with the requirements for informed consent set forth in part 50; and
- (v) The investigation is conducted in compliance with the requirements of § 312.7. (This refers to a section that deals with promotion and charging for investigational drugs.)

If you are doing a sponsored trial, the sponsor is usually responsible for obtaining an IND. If you are doing an investigator-initiated study, you (or your PI) assume the role of “sponsor” and it is your responsibility to submit an IND application, or make the argument that item (iii) is true. Although not officially in the regulations for drugs (as opposed to the regulations for devices, see below), at CUMC, it will be the IRB that either confirms your belief that your study is exempt from the IND regulations, or refutes your belief and requires you to submit an IND application to the FDA (who may tell you that your study is exempt from regulation).

When you select “Investigational Product” from the left-hand menu, the opening page has the following text:

Add Investigational Product  

Click the right arrow to get the next page.

Add/Edit Investigational Drug, Device, or Biologic

Type ? ~Select Type~ ▾

Name of Drug, Device, or Biologic ?

Description of Drug, Device, or Biologic ?

Device Version Number ?

Sponsor Protocol Version Number ?

Significant Risk ? ☐

Justification of Non Significant Risk ?

Drug Dosage ?

Drug Dosage Unit ?

Drug Administration Route ? ~Select Route~ ▾

IDE/IND Holder ?

IDE/IND Number ?

Explanation of IND Amendment ?

Phase of Study ?

Sponsor/Manufacturer etc.

Name of Manufacturer ?

Contact Name ?

Address Line 1 ?

Address Line 2 ?

Address Line 3 ?

City ?

State ?

Country ?

Postal Code ?

Phone ?

Email Address ?

Figure 16. Investigational Product page.

Type:

Select Drug, Device or Biologic from the drop-down menu.

Name of Drug, Device or Biologic:

Give the name of the product

Description of Drug, Device or Biologic:

Give a brief description here. For a more detailed description, you can state “refer to the attached investigator’s brochure”.

Device Version Number:

Enter, if applicable

Sponsor Protocol Version Number:

If you are doing a sponsored trial, enter the protocol version here.

Significant Risk: check box

Justification of Non Significant Risk: text box

This applies ONLY to devices. If you are not using a device, skip these boxes and move to the drug dosage field.

WARNING: This section is a bit confusing, so pay attention.

According to FDA device regulations, there are two types of devices: Significant risk and non-significant risk. A study can be done with a device which has not been approved by the FDA and that does not have an IDE (Investigational Device Exemption), if the local IRB determines that the device is a “non-significant risk device.”

There are two likely situations:

- 1) You are doing a study with an investigational device that has an IDE.

Click the Significant Risk check box, and skip over the “Justification of Non-Significant Risk” text box. (There is no need to make the argument in this space that the device is not a risk to participants. The risks need to be described in the study description, in the Study Description section 4 (Study Drugs and Devices, see page 23) and in section 9 (Potential Risks, page 24)

- 2) You are doing a study with an investigational device that does NOT have an IDE

Do not click the Significant Risk check box. In the ‘Justification of Non-Significant Risk’ text box, give your argument as to why you do not consider the use of this device to be a risk to the subject.

The IRB must agree that the device is a “non-significant risk” in order for you to be able to do your study, without obtaining an IDE.

For completion, there is one other scenario.

3) You are the inventor of a device for which you are planning on to obtain an IDE from the FDA.

In that case, you would check off the Significant Risk device check box, and in the fields below, you would enter your name in the IDE/IND holder and put “pending application to the FDA” in the IDE/IND number.

In this case, I would also recommend that you communicate directly with a senior member of the IRB staff about this protocol prior to submitting it to the IRB.

Drug Dosage:

Drug Dosage Units:

These are two separate fields. One is for the amount, the other for the units. The original plan had a drop down menu for the units (so that they would be standardized), but that was changed to a free-form text box.

Drug Administration Route:

Select from drop down menu. If your route is not available, you can call the RASCAL help line and they can add your route (alternatively, you can pick one that is close)

IDE/IND holder:

The name of the holder is entered here. It can be an individual, a company or an institution. Leave this and the next two entries blank if there is no IDE/IND.

IDE/IND number:

Add the number here. Note that you should attach a copy of the FDA letter detailing the IDE/IND, if not provided elsewhere in the sponsor’s protocol or other attached materials. (See page 42 for how to attach documents)

Explanation of IND amendment:

Brief explanation if the IND has an amendment (also attach FDA documents)

Phase of Study:

If a pharmaceutical study, enter the phase (as 1 to 4, with or without an a or b)

Sponsor/Manufacturer:

Enter as much information as you have.

IMPORTANT - Nothing you have done is saved until you press the SAVE button. If you start filling this in, be sure to save it. You can come back later to do any necessary editing or adding.

If you have more than one investigational drug or device, complete the first one, Save, then press the right arrow on the opening screen again to describe the next one.

When you have entered all the investigational drugs and devices, the next menu item is Human Specimen, which you click if it applies to your study.

HUMAN SPECIMEN

If your study involves obtaining any specimen, body fluid, tissue or organ from a human subject (living or dead), you need to fill out one of these sets of descriptors for each type of specimen. It should only take a few minutes to fill this out; the answers are either drop down menus or short answer.

The screenshot shows a software window titled "RASCAL Human Subjects - Add/Edit Human Specimen". It contains several input fields and a button. The fields are: "Description (MAX 255 Characters)" with a text box and up/down arrows; "Type" with a dropdown menu showing "~Select Type~"; "Origin" with a dropdown menu showing "~Select Origin~"; "Source of Specimen (MAX 255 Characters)" with a text box and up/down arrows; "Method of Obtaining (MAX 255 Characters)" with a text box and up/down arrows; "Length of Retention" with a text box; "How Donor will be Identified (MAX 255 Characters)" with a text box and up/down arrows; and "Specimens Will be Reused" with an unchecked checkbox. A blue "Add" button is located below the fields. Each field has a small question mark icon to its left.

Figure 17. Human Specimen dialog box.

Description:

A short description, e.g., 15 ml of blood, 3 liters of urine, liver biopsy

Type:

Drop down – select: organ, tissue or fluid

Origin:

Drop down – Select Biopsy, Necropsy, or Blood draw. This was confusing to me, because of my ignorance of the definition of biopsy. According to the on-line Merriam-Webster dictionary, biopsy is “the removal of tissue, cells or fluid from the living body.” Necropsy is the same from the dead body. So if the specimen is from a living subject and it is not from a blood draw, the correct answer is biopsy. If the specimen is from a dead subject, the correct answer is necropsy.

Source of Specimen:

From the help menu associated with this, it seems that this is if the source is outside of the study. For example, if you are doing studies on blood samples obtained under an IRB approved protocol at another institution, this is where that information would be put. If you are using your own study patients as the source of the material, this section should be left blank.

Method of Obtaining:

Fairly straightforward. This is where you would indicate, for example if you were using excess or discarded blood, urine or tissue that was being taken for clinical purposes. These are brief explanations – there is a 255 character (not word) limit. (This paragraph is 256 characters, not counting spaces)

Length of Retention:

How long, (e.g., day, week, month, indefinitely) you are keeping the sample before it is discarded or destroyed.

How Donor will be Identified:

If anonymous state “anonymous”; otherwise briefly indicate how you will identify the source of the specimen. For example, “samples will be coded and the code link to the donor will be kept in a secured database accessible only to the PI and the study coordinator”.

Specimens will be reused

Check box if true. This does not, as far as I can tell trigger any other required entries.

When you have entered any required information in Human Specimen, the next menu item is Approvals.

APPROVALS

If your department or division requires specific administrative sign-offs prior to submission to the IRB (e.g., Pediatrics), this is where you add that person to your protocol. This is somewhat of an honor system. If your department requires an

administrative sign off and you do not indicate it in this section, you will be able to submit your protocol without that person's approval.

Certain personnel listed in the personnel section also appear automatically in this section. This is defined by the role selected in the **PERSONNEL** section (see page 14). The roles defined in the Personnel section that are required to sign-off on the protocol are:

Principal Investigator
Co-Investigator
Study Coordinator
Faculty Advisor
Project Director
Sponsor

None of the other personnel with other RASCAL-defined roles are required to sign-off on the protocol prior to submission.

RASCAL TIP

If you are part of a large group and you want every one in the group to be able to obtain consent from subjects, but you would rather not have to track them down to sign off on the protocol before you are able to submit, you can give them other roles (if appropriate) in the study, for example: study physician, consent form administrant, research nurse. They will be listed on the protocol, but they do not need to sign off on the protocol before it is submitted to the IRB. All personnel listed are required to have completed the annual Conflict of Interest statement, and have passed the GCP and HIPAA courses.

There is a caveat to this tip. Only the Principal Investigator and Co-Investigators are allowed by the RASCAL system to submit the protocol to the IRB. Therefore, if you have only a PI and all the other investigators are given the role of "Study Physician" and your PI is not available when the submission is ready to go in, you are stuck until he/she is able to push the submit button.

After the Approvals section is completed, the next menu items are Attach Hazmats, Attach HIPAA Forms and Attach Documents.

ATTACH HAZMATS

This is a section in which documents produced within the Hazmats section of RASCAL are linked to the protocol. (I hope to produce an appendix at a later time that will provide details on completing the Hazmats section.)

ATTACH HIPAA FORMS

At Columbia University, the HIPAA (Health Insurance Portability and Accountability Act) function is done by the Privacy Board, a group that is separate from the IRB. There

is a new functionality that allows you to generate your HIPAA forms within the RASCAL system. Use of this functionality (as opposed to submitting them on paper) is optional. (With new protocols, you will be prompted to attach a HIPAA form if one has not been attached. However, you can ignore this warning, for the time being.)

A separate manual is available for downloading that goes through the use of this manual; see: http://www.columbiaclinicaltrials.org/media/RASCAL_HIPAA_Manual.pdf.

The only link between HIPAA and the RASCAL HUMAN SUBJECTS module is with the initial submission of a protocol. After the initial submission of a protocol to the IRB, all further HIPAA submissions or revisions of are done within the HIPAA RASCAL module.

Clicking on this item brings up the following screen:

Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

IRB-AAAB2485
Status: Creating

HIPAA Forms

Protocol Number: IRB-AAAB2485

Date Created: 01/12/2005 at 15:44

Department:

Principal Investigator:

Initiator:

You are:

Year: 1 Modification: 00

GENERAL INSTRUCTIONS

Current HIPAA Forms	Attach	View Form	Detach	Status
Clinical Research Authorization - Non-Sponsored (English version) Form A	▶			
Clinical Research Authorization - Sponsored (English version) Form A	▶			
Clinical Research Authorization - Non-Sponsored (Spanish version) Form A	▶			
Clinical Research Authorization - Sponsored (Spanish version) Form A	▶			
Application for Waiver of Authorization Form B	▶			
Request for Recruitment Waiver of Authorization Form C	▶			
Investigator Certification for Reviews Preparatory to Research Form D	▶			
Investigator Certification for Research with Decedent Information Form E	▶			
Data Use Agreement for Disclosure of a Limited Data Set Form F	▶			
Investigator Certification for Research with De-Identified Data Form G	▶			

Left Sidebar Links:
General
Personnel
Research
Funding
Locations
Subjects
Child Involvement
Investigational Product
Human Specimens
Approvals
Attach HIPAA Forms
Attach Documents
Attach Consent Forms
Submit Protocol
Copy Protocol
Delete Protocol
Print Menu
View History
View Data Sheet
View Study Description
Protocol Overview
Previous List
IRB Menu

Figure 18. Attach HIPAA Forms page.

By clicking on the blue attach button, all of your unattached HIPAA forms of the particular type you selected are displayed. You select the one you want to be attached to this protocol and you are done with that form.

Which Form to Choose?

All protocols that deal with any health information will have at least one HIPAA form attached. Many will have both English and Spanish versions of a Clinical Research Authorization. You will not have both a Non-sponsored and a Sponsored version for the

same protocol. If you have a Form A, and want to use any clinical information (PHI) that is not from your own practice in order to recruit subject, you need a Form D.

For more details about HIPAA, see Users Guide to Rascal HIPAA module.

(http://www.columbiaclinicaltrials.org/media/RASCAL_HIPAA_Manual.pdf)

ATTACH DOCUMENTS

This is one of the most useful and important features of RASCAL. This is where all sorts of relevant documents can be attached to your protocol. This assures the IRB has all of the documents it requires to perform its function. It also provides the investigative staff a repository of all study related material that is readily accessible (literally anywhere in the world).

Figure 19. Attach Documents dialog box.

Start in this box with the “Browse” button. You attach documents by clicking the “Browse” button, which gives you access to the files on your computer, on a floppy disk in your computer, or network drives that you have access to from your computer.

The only difficulty is that sometimes the document you need to attach is available only in hard copy. For small documents, this is best handled by using a desktop scanner to scan the document into a PDF file. Most reasonable scanners can easily do this. For larger files, or for people who do not have access to a scanner, the IRB offers a free service to scan documents to a PDF file format for investigators.

You should attach files only in standard formats [e.g., “PDF” (readable by adobe acrobat), “.doc” (Microsoft word)]. A lot of other file types require specific software that is not on a standard computer and therefore not useful.

For sponsored studies, sponsors, in general, will provide you with electronic copies of protocols, investigator drug brochures, etc. If they will not, you will need to have them scanned.

There is no known upper limit to the size file you can upload into RASCAL. I have personally loaded a 180 Megabyte file, although I had to do it at a time of low RASCAL usage, e.g., 7 AM on a Sunday.

RASCAL has added a feature that allows (actually requires) you to specify what type of document you are adding. The list is fairly comprehensive and includes “other.”

Always include a Document Identifier with each document you load. This is a name that has meaning to you and is interpretable by others. For example, “NIH grant application”, “Sponsors Protocol version X”, etc.) If you do not add this feature, the file name (whatever it is called) is just duplicated. More often than not, this name is meaningless to the reviewer, and perhaps even to you.

RASCAL TIPS

Here is a list of required documents. If you have any of these associated with your project, they should be included. If you don’t have these associated with your project, then obviously you can’t attach them (e.g., a sponsor’s protocol if you are doing your own investigator-initiated study).

Sponsor’s Protocol

Sponsor’s sample consent

Cooperative Group Protocol

Grant Application

Investigator’s Drug Brochure

Substitute Package Insert for Approved Drugs (i.e., the FDA-approved document in the Physician’s Desk Reference)

FDA correspondence for IDE or IND

Letters from NIH granting Certificate of Confidentiality (In general you cannot get one of these until after you have an approved protocol, see page 63 for more information)

Questionnaires (many standard questionnaires are available in PDF format on the Web – use Google to find)

Telephone scripts

Recruitment letters

You can also attach a letter to the Board if there are special situations that apply to your protocol that you need to explain. Give this a name such as: “Letter to the IRB from the Investigator”

One is rarely penalized for adding a document that doesn't need to be attached. That being said, you should not attach unnecessary documents. Omitting a required document, however, will delay approval.

As you add these documents, please remember to add a Document Identifier that is meaningful to you and more importantly to the reviewer. Failure to do so simply aggravates the reviewer.

After you attach all of the documents to your protocol, click on them (on the list of documents, click "view document") and make sure each document can be opened and viewed. If you can't open it, neither will anyone else be able to open it. This could result in your protocol being returned prior to being reviewed.

After you have attached a document, you can edit both the Document Identifier and the Document type without changing or having to re-upload the document.

After you have finished attaching all relevant documents, you are ready for Attach Consent Forms

ATTACH CONSENT FORMS

This is essentially the last step. When you click this selection, you are presented with the list of consent forms to which you have access and that are not already attached to another protocol. The title is the title you have given to that particular consent form. You can attach as many consent forms or assent forms as you want or need to attach.

RASCAL TIP

This tip really belongs in the section on consent forms (next section), but I will include it here as well. It is extremely useful to give the consent form a name that has meaning to you. You do this within the consent form menu, in a field that is called "Consent Form Name."

This name that you give to the consent form is not printed anywhere on the actual consent form. It appears on the RASCAL protocol screen as an identifier only. So a label such as "Screening consent for Pfizer UF47 trial" or "Parent's consent for my great study" etc. has a lot more meaning than "A randomized, double-blind double-dummy placebo controlled trial of"

The other place where this Label shows up is in your list of consent forms. A short meaningful label is much more useful than the official study name.

ANOTHER RASCAL TIP

You cannot edit or change a consent (or assent) form using this section of RASCAL. However, if you need to make changes after attaching the forms here, you can edit them

within the Consent Form section described below. The changes that you make to the consent form within the Consent Form module will appear in the attached consent form.

The next menu item is Notify Approvers.

NOTIFY APPROVERS

This is the penultimate step in submitting to the IRB (assuming your consent form(s) are attached). This is a required sign off by personnel with the following roles (as defined in the PERSONNEL section): Principal Investigator, Co-Investigators, Study coordinator, Faculty Advisor, Project Director, and Sponsor. In addition any departmental administrators that you have added must sign off.

When you click this you are prompted whether or not you are ready to notify approvers. If any of a limited set of required elements is missing, you will immediately see what is missing and needs to be corrected before you can answer yes.

If you select “Yes”, an email notification is sent out to everyone on your approvers list. They then must log into RASCAL and go to the “Approved Protocols” section. As part of their approval process, they must fill out a study-specific conflict of interest declaration, before they can approve the protocol.

Once all approvers have completed the approval process, the Principal Investigator and the Initiator of the study will receive an email from RASCAL informing them that all approvals have been signed and the protocol is ready to submit.

RASCAL TIP

You can continue editing, adding documents or anything else within RASCAL before, during and after the personnel are approving. The documents become locked, only after it is submitted to the IRB, the next and last step.

SUBMIT PROTOCOL

Now you are ready. The protocol can only be submitted by the Principal Investigator or a Co-Investigator

However, before the protocol is “submitted” to the IRB, I strongly suggest that you do a few things first.

Click on the “Print Menu” on the left-hand side. This gives you a view of what the submission will look like to the IRB. Remember, the items that are distributed to all of the IRB members are: the Data Sheet, the Study Description, the Consent Form(s) and any attached questionnaires or advertisements. Print out the Data Sheet, the Study Description and the Consent Form(s) and carefully go over them. If there are non-printable symbols or incorrect spacing you should correct these in RASCAL.

You can confirm that all of the personnel have completed the required GCP and HIPAA training from The Data Sheet. If they have not completed their annual Conflict of Interest statement, you will not be able to submit the protocol. The IRB will review the study if personnel have not yet completed the required GCP and HIPAA, but final approval will not be given until these certifications have been obtained.

RASCAL TIP

One of the features of RASCAL is that assembly of the documents is dynamic. What this means is that if you submit the protocol to the IRB and one of your investigators has not yet completed his or her HIPAA, but you get them to do it in the next few days, when the IRB prints out the Data Sheet a week or so after you have submitted the protocol, the person's HIPAA certification will appear as completed. I have actually documented during an IRB meeting (by going online to RASCAL) that an investigator has indeed completed the required certification that was not done before the Data Sheet was printed and distributed to the Board.

Finally, click on the documents you have attached and make sure that you can open them and read them.

Once you submit the protocol to the IRB, it is locked against changes. You can't call up the IRB and ask them to make any changes, no matter how trivial – the system will not allow them to do so. The IRB staff does have the ability to add attachments that you have forgotten to add.

If you forgot something (other than an attached document) or need to make changes, the protocol has to cycle through the system – a process that can take a few days to as much as a week.

If you immediately discover a mistake and the protocol has not yet been logged into the system, you can call the IRB and ask to have the protocol immediately returned without being logged in.

You and everyone involved in the process are much better off if the submission is complete the first time.

With that said, "Go for it."

RASCAL INFORMED CONSENT

It is the informed consent that is the most important process in conducting human subject research. Although much effort and angst is expended over the Informed Consent form, it is the process that is paramount. The form is simply a tool to facilitate the process. Having a good form no more guarantees a good process, than having a great palette guarantees a great work of art. A good form is necessary, but not sufficient to achieve truly informed consent.

A consent form in its basic structure must be able to inform the potential subject what the study involves (not necessarily in excruciating detail), what are the foreseeable risks and that unforeseeable risks may also be present, and what the potential benefits the potential subject or others may derive from their participation. Most important, the subject must understand that the decision to participate or not to participate is entirely theirs to make and that their decision will be honored and respected.

Unfortunately, over the past decade the consent form has morphed into a quasi legal document that seems more to serve the needs of lawyers, both institutional and external sponsor, rather than its original purpose, a tool to help provide information necessary for an individual to make an informed decision.

That being said, the RASCAL Informed Consent module is a powerful, if a somewhat frustratingly inflexible, tool for helping investigators construct a good form. I will start with an overview of what elements are required, and what additional elements are sometimes appropriate. Then, as I did with the Human Subjects Module, I will go line by line of what needs to be filled in and where. More than in the previous module, there are many undocumented tricks that one can use to improve the appearance and thus the readability of consent forms within RASCAL.

The required elements in an informed consent document are spelled out in Federal law. Columbia University has assured the Federal Government that all human subjects research will abide by applicable Federal law, not just research done under Federal sponsorship or under FDA regulations. Therefore, these rules apply to ALL research done by Columbia University faculty.

The list of required elements is not exhaustive and actually quite reasonable. They are:

- (1) A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;
- (2) A description of any reasonably foreseeable risks or discomforts to the subject;
- (3) A description of any benefits to the subject or to others which may reasonably be expected from the research;

(4) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;

(5) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

(6) For research involving more than minimal risk, an explanation as to whether, if injury occurs, any compensation and any medical treatments are available and, if so, what they consist of, or where further information may be obtained;

(7) An explanation of whom to contact for answers to pertinent questions about the research and research subject's rights, and whom to contact in the event of a research-related injury to the subject; and

(8) A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

These 8 elements are all that is required of all Informed Consent Documents.

There are six additional elements that are required, if appropriate, by regulations. These are:

(1) A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable;

(2) Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent;

(3) Any additional costs to the subject that may result from participation in the research;

(4) The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;

(5) A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject; and

(6) The approximate number of subjects involved in the study

With this as a framework, let's see how to use the RASCAL consent form module to create a document that fulfills these requirements.

RASCAL CONSENT FORM

The screenshot shows the 'Rascal Informed Consent' web application. At the top left, there is a header for 'Consent Forms' with a small logo and the text 'Columbia University Research' and 'Rascal Home | Help | Log Out | Email Rascal'. The main title 'Rascal Informed Consent' is centered at the top. On the left side, there is a vertical menu with a link labeled '[Consent Menu]'. The main content area contains a list of links: 'Create a Consent Form', 'Retrieve a Consent Form: CF-' followed by a text input field containing 'XXXX9999', 'Search for a Consent Form', 'Helpful Consent Form Information', and 'Edit Personal Information'. Below this list is a 'Go To ->' section with a series of links: 'Contracts/Grants', 'Animal Care', 'Human Subjects', 'Consent Forms', 'HIPAA Forms', 'Hazz Mate', 'CvBuilder', 'Administration', 'Testing Center', and 'My Rascal'.

Figure 20. Opening page of Rascal Informed Consent.

From this menu (which you can get to by a variety of routes), you select “Create a Consent Form,” or “Search for a Consent Form.” The latter brings up another page, which has a button that allows you to display all of the consent forms to which you have access.

If you select “Create a Consent Form” you will bring up the following page:



Consent Forms
Columbia University Research
[Rascal Home](#) | [Help](#) | [Log Out](#) | [Email Rascal](#)

Rascal Informed Consent

[\[Consent Menu\]](#)

General Information

Consent Form Id: CF-AAAB2031	
Date Created: 05/31/2005 at 14:42	Initiator:
You are:	Title:
Copied From Consent Form Number:	

GENERAL INSTRUCTIONS ?

Form Type ? Consent Spell Check following fields

Project Title (maximum 255 characters) ?

Research Purpose ?

Participation Duration ?

Anticipated Number of Subjects ?

Number of Signature Lines to Display

Principal Investigator ? 0

Study Coordinator ? 0

Study Subject ? 0

Child ? 0

Study Participant ? 0

Parent/Guardian ? 0

Assent ? 0

Additional ? 0

Witness ? 0

Person Obtaining Consent ? 0

Study Partner ? 0

Child (PRINT NAME) ? 0

Legally Authorized Representative ? 0

Subject Name (PRINT NAME) ? 0

Health Care Proxy ? 0

Additional Footer Information (maximum 255 characters) ?

Save

Figure 21. Informed Consent General page. (Prior to hitting “save” for the first time)

Just as with the first page of the Protocol section, as soon as you have entered some of the fields on this page, you should scroll down to the bottom of this page and hit the “Save” button. This brings up a menu on the left hand side of this screen: the full Consent Form menu.

Consent Forms
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Informed Consent

CF-AAAB1531

[General](#)
[Contact Information](#)
[Authorize Access](#)
[Information on Research](#)
[Risks](#)
[Benefits](#)
[Alternative Procedure](#)
[Confidentiality](#)
[Injuries](#)
[Compensation](#)
[Additional Costs](#)
[Participation](#)
[Additional Information](#)
[Legend](#)

[Delete Consent Form](#)
[Copy Consent Form](#)
[Generate Printable Version](#)

[\[Previous List\]](#)
[\[Consent Menu\]](#)

General Information

Consent Form Id: CF-AAAB1531	
Date Created: 05/09/2005 at 12:44	Initiator:
You are:	Title:
Copied From Consent Form Number:	

GENERAL INSTRUCTIONS ?

Form Type: Consent Spell Check following fields

Consent Form Name (maximum 255 characters) Not displayed on printable version:

Research Purpose:

Participation Duration:

Anticipated Number of Subjects:

Number of Signature Lines to Display:

- Principal Investigator:
- Study Coordinator:
- Study Subject:
- Child:
- Study Participant:
- Parent/Guardian:
- Assent:
- Additional:
- Witness:
- Person Obtaining Consent:
- Study Partner:
- Child (PRINT NAME):
- Legally Authorized Representative:
- Subject Name (PRINT NAME):
- Health Care Proxy:

Additional Footer Information (maximum 255 characters):

Figure 22. Informed Consent General page. (after hitting “save” button)

GENERAL INFORMATION

Form Type:

Drop down Consent/Assent. If you do nothing, the default is Consent

Consent Form Name (maximum 255 characters) Not displayed on printable version:

This is a where you give your consent (or assent) form a meaningful name.

IMPORTANT RASCAL TIP:

This field should be used to give a useful identification for the consent (or assent) form. The ONLY places this name shows up is in your list of Consent Forms and as a label for the form when it is attached to the protocol. It does not print anywhere on the actual consent form. The title to the consent form (the one that appears on the final form) comes from the Title you put in the HUMAN SUBJECTS Section (see page 13).

This is the place to put a useful tag to the consent form, particularly if you have multiple consents that will be included on one protocol. For example:

Screening Consent for AR-757 Study
Parental Consent for AR-757 Study
Consent for Normal Controls for AR-757 Study
Consent for Left-Handed Diabetics for AR-757 Study
Consent for Right-Handed Diabetics for AR-757 Study

If you use the study title here, e.g., “Randomized Double-Blind, Double Dummy Controlled Trial of AR-757 in Left and Right Handed Diabetics” your list of attached consent forms on the data sheet will have the same name, and you will only be able to distinguish them by opening them. This naming function is an extremely useful and woefully under-utilized feature in RASCAL.

Research Purpose:

This is the first thing on the consent form and it is meant to be understandable to the participant. It should be a simple declarative sentence.

Participation Duration:

This should be the total length of time the participant will be involved in this study. It could be 10 minutes for a simple survey, or 30 years for a longitudinal study of risk factors in heart disease. This time should include all of the planned follow-up. This need not be accurate to 3 significant figures, e.g., if a test takes 115 minutes, you could safely round this to 2 hours. Be sure to include the units of time.

Anticipated Number of Subjects:

This is the TOTAL number of participants in the study, not just the number at Columbia (unless, of course it is a single-centered study).

Number of Signature Lines to Display:

This is one of the more commonly screwed up parts of the consent form module. There are probably more choices for signature lines than are necessary. For example, there is both “Study Subject” and “Study Participant.” The historical reason for this is apparently the advisory committee that helped to design RASCAL could not agree on which term, subject or participant was preferable, and so the Programmers (the ones who actually built RASCAL) gave up and just added both.

You should know that for consent forms that are used for competent adults, the IRB only requires the signature of the Study Subject (Participant) and the person obtaining consent.

Many people add other signature lines, e.g., “Principal Investigator” or “Witness” to the consent form. If you decide to do this, you should know that if you have a consent form that the PI has not signed, or that a “witness” did not sign, then you have a protocol violation. You’re not required to have any lines other than the Subject and the Person Obtaining Consent, but if you choose to, you must have the signatures on the form. The

Person Obtaining Consent must be someone who is listed in the Personnel Section of the Protocol.

For a parental consent for a child participant (the child signs an assent, not the consent), you should have the following lines: Child (PRINT NAME), Parent/Guardian, and Person Obtaining Consent.

Columbia University has a very restrictive policy regarding consent for research by a Legally Authorized Representative. You should not use this signature line, unless you plan to enroll subjects who lack capacity to provide consent. The IRB will need to review the appropriateness of inclusion of such subjects, along with the informed consent process. If you plan to enroll subjects who cannot provide consent, I would strongly advise you to consult with a senior IRB staff member, prior to submitting your protocol.

These lines are added to the end of the Consent Form. Once you have chosen your lines, you should view them, by clicking the “Generate Printable Version” from the left hand menu. (You will only have a few things in the form, but the signature lines will appear as they will in the final, and you can correct your mistakes).

RASCAL TIP

The order of the lines should be: Study Subject followed by Person Obtaining Consent. For a consent form for a child: Child (PRINT NAME), followed by Parent/Guardian, and then Person Obtaining Consent.

How do you change the order? To get the desired order, go back to this list and put all “0” in the boxes and hit the save button, next place a “1” for the signature line you want to be first, and hit the save button. Next place a “1” for the signature line you want second (if you’re taking my advice this is also the last line) and hit the save button.

I have recently learned, however that this arrangement is unstable and may change as you further develop the consent form. However, if you do this as the last step after you are all done, I think you’re safe.

Additional Footer Information:

This is another useful (and under-utilized) feature to further identify your particular consent form. This footer information will be printed on the bottom of every page of your consent form. You can put things such as Parental Consent, Screening Consent, or anything else that may be of use to have on the consent form.

After you have finished the General section, click on the next menu item, Authorize Access.

AUTHORIZE ACCESS

This is how you grant access to others to your consent form. This is done through the UNI ID and you can grant permission to either “view” (that is not be able to change anything) or to “edit.” You need to authorize access to anyone you want to be able to view the consent form. In fact, no one, even the PI added in the Contact Information section (next section), has access to the consent form unless it is explicitly given using this menu item. People on the study personnel (see page 14) will automatically have access to view (but not to edit) the consent form after the consent form is attached to the protocol (page 44).

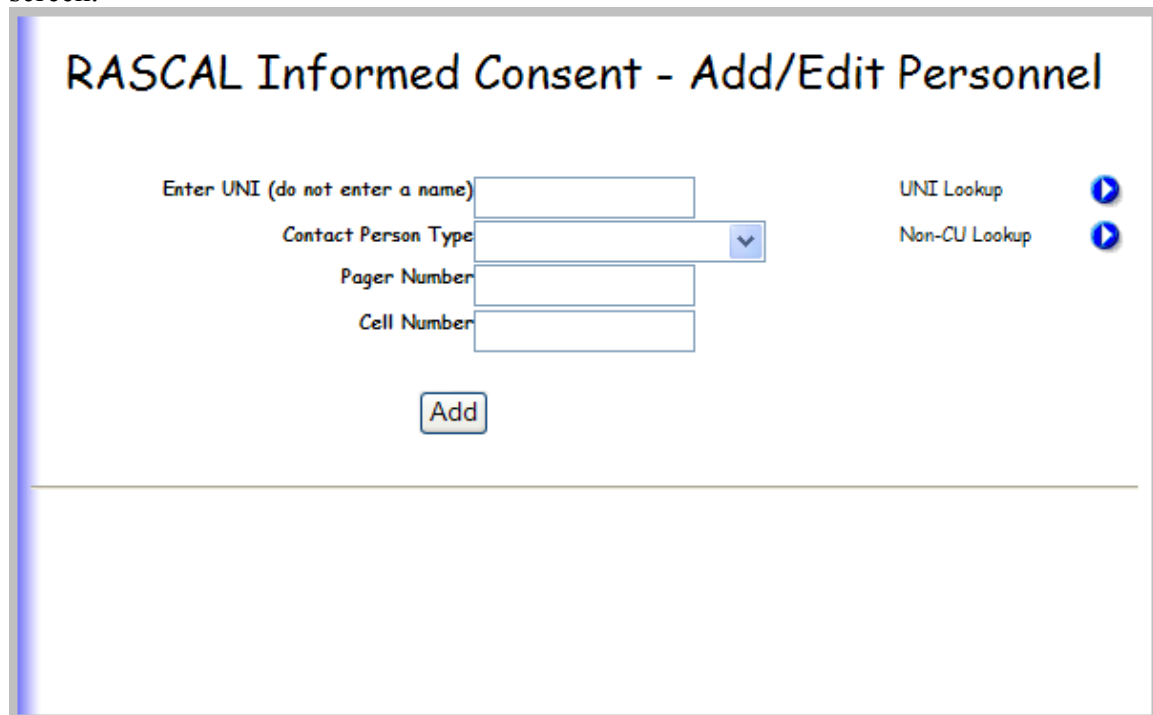
RASCAL TIP

If you want someone (even someone not involved in the study) to help on your consent form, add them here with edit privileges. Their name does not appear anywhere on the consent form document or on the study after the consent form is attached. It is a great help to have other people take a look at the consent form to help find typos and other things before it gets sent to the IRB.

After you have finished the Authorize Access section, click on the next menu item, Contact Information.

CONTACT INFORMATION

From the opening screen, press the right arrow after “Add contact” to get the following screen.



The screenshot shows a web-based form titled "RASCAL Informed Consent - Add/Edit Personnel". The form contains several input fields and buttons. On the left, there are four stacked input fields: "Enter UNI (do not enter a name)", "Contact Person Type" (which is a dropdown menu), "Pager Number", and "Cell Number". Below these fields is a blue "Add" button. On the right side of the form, there are two buttons: "UNI Lookup" and "Non-CU Lookup", each with a blue right-pointing arrow icon next to it. The form is enclosed in a light gray border.

Figure 23. Contact Information dialog box.

This is where information on who the subject should contact is included. These names will appear at the top of the first page of the consent form. You do not have to have the Principal Investigator on this list, although most often it is. If the Principal Investigator is the only person on this list, then he/she must provide a number by which the Study Subject can reach him/her (or a covering professional) 24 hours a day, if the study requires such coverage (e.g., treatment with a novel drug as an outpatient).

If there is someone else, not the Principal Investigator, who should be the emergency contact for the Study Subject, you should include this person in this list, and designate them as the emergency contact (with a 24 hour a day number, if appropriate for the nature of the study).

Similar to other additions of Columbia professionals to the Protocol, this is done through UNI IDs. You must select a type of contact for each person added. The choices are: Administrative, Co-Investigator, Emergency, Principal Investigator, and Study Coordinator. You can add cell phone or pager numbers if this the way you want your study subjects to reach the contact person. Once you have added someone, you can edit their titles and their telephone numbers (which come from the RASCAL database).

IMPORTANT WARNING

If you put someone's pager number, you cannot simply put the 4 (or now 5) digit number here (unless all of your participants are employees of the Medical Center and know how to access the paging system). You must provide a nine digit number that directly activates the pager or the consent form will not be approved until this has been corrected.

LESS IMPORTANT

It looks better if all of the numbers use the same format, e.g., (212) 305-4826, or 212-305-4826. Although the numbers are transferred from the RASCAL database, they are all editable in this section of the consent form module. You can make permanent the format of the numbers that are associated with you, through the Edit Personal Information menu item.

After you have added the contact information, the next menu item is Information on Research

INFORMATION ON RESEARCH

This is where you tell the subject what the research is about and what will be done.

Add/Edit Information on Research

Sub-Heading (not required)

Text

View Sample Text

Add Spell Check

Figure 24. Information on Research text box.

RASCAL TIP

Many people do not realize that you are not limited to a single entry in each of the sections within the RASCAL consent form module. You can, in fact, add an unlimited number of sections within INFORMATION ON RESEARCH, RISKS, BENEFITS, ADDITIONAL COSTS, etc. You can use this feature, along with the ability to add sub-headings for each section, to make the consent form more readable – a major complaint about many consent forms.

An example of what this may look like is shown below. In Figure 25, the Information on Research Section as it appears in RASCAL is shown with multiple separate entries, each with its own Subheading. Note that the entry labeled STUDY PROCEDURES is a Subheading only with no text. In Figure 26 the appearance of this Information on Research in the printed document is shown. This feature of RASCAL can be used to improve the readability of any of the sections of the consent form.

Consent Forms
Columbia University Research
[Rascal Home](#) | [Help](#) | [Log Out](#) | [Email Rascal](#)

Rascal Informed Consent

CF-AAAA8142
[General](#)
[Contact Information](#)
[Authorization Access](#)
[Information on Research](#)
[Risks](#)
[Benefits](#)
[Alternative Procedure](#)
[Confidentiality](#)
[Injuries](#)
[Compensation](#)
[Additional Costs](#)
[Participation](#)
[Additional Information](#)
[Layout](#)
[Delete Consent Form](#)
[Copy Consent Form](#)
[Generate Printable Version](#)

Information on Research

Consent Form Id: CF-AAAA8142
Date Created: 12/04/2004 at 22:10
You are:
Initiator:
Title:
Copied From Consent Form Number: CF-AAAA6763

Add Information on Research

Sub-Heading (not required)	Text	Modify	Delete
INTRODUCTION	You are being asked to participate in a research study. It is important that you read and understand several general principles that apply to all who take part in research studies....		
BACKGROUND	You have been diagnosed with stable exertional angina, a condition in where poor blood flow in your heart causes you to have chest pain (angina) when you exercise. You have not responded well to medicines intended		
STUDY PROCEDURES			
Randomization	During this study, you will be assigned to receive an injection of either one		
Initial Visits	Before receiving treatment, you will be evaluated to determine if you can participate in the study. You will have up to 3 visits....		
Treatment Visit - in Hospital	On the day prior to treatment you will be admitted to the New-York Presbyterian Hospital. A physical exam		
Follow-up Visits	For the duration of the study you will continue to take your routine medications as prescribed by your doctor. If you notice any change in your physical condition....		

Figure 25. Information on Research with multiple entries.

Information on Research

INTRODUCTION

You are being asked to participate in a research study. It is important that you read and understand several general principles that apply to all who take part in research studies....

BACKGROUND

You have been diagnosed with stable exertional angina, a condition in where poor blood flow in your heart causes you to have chest pain (angina) when you exercise. You have not responded well to medicines intended

STUDY PROCEDURES

Randomization

During this study, you will be assigned to receive an injection of either one

Initial Visits

Before receiving treatment, you will be evaluated to determine if you can participate in the study. You will have up to 3 visits....

Treatment Visit - in Hospital

On the day prior to treatment you will be admitted to the New-York Presbyterian Hospital. A physical exam

Follow-up Visits

For the duration of the study you will continue to take your routine medications as prescribed by your doctor. If you notice any change in your physical condition....

Voluntary Participation

Your decision as to whether or not to take part in this study is completely voluntary (of your free will). If you decide not to take part in this study it will not affect the care you receive and will not result in any loss of benefits to which you are entitled.

Figure 26. Print view of Information on Research with multiple subheadings.

It is useful to have a standard introductory paragraph that is basically the same for all of your consents. Below is an example of such an introduction:

You are being asked to participate in a research study. It is important that you read and understand several general principles that apply to all who take part in research studies: (a) taking part in the study is entirely voluntary; (b) you may or may not experience personal benefits as a result of taking part in the study, but knowledge may be gained from your participation that will benefit others; (c) you may withdraw from the study at any time without penalty or loss of any benefits to which you are otherwise entitled. The nature of the study, the benefits, risks, discomforts and other information about the study are discussed below. Significant new findings discovered during the course of this study, which may affect your willingness to continue participating in the study, will be provided to you. Up to XXX patients may be enrolled in this study at up to XX different institutions in the United States. Approximately XX patients will be enrolled in this study at the Columbia University Medical Center. You will be actively followed as a part of this study for X years.

This one paragraph takes care of required element (8) and part of (1) as well as additional elements (5) and (6). With minor editing, this same paragraph can be used in every consent form.

The sample paragraph above fulfills only part of element (1), the statement that the study involves research. Element (1) in its entirety requires:

A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.

The purpose is given in the “Research Purpose” filled in on the general page – although it is not unreasonable to re-iterate the purpose again in a section that could be given a sub-heading “Background.”

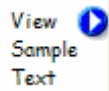
The main task remaining for the INFORMATION ON RESEARCH is a description of the procedures that will be followed and a clear identification of which procedures are experimental and which are not experimental.

This section does not need to be in excruciating detail – particularly for those parts of the investigation that are standard for whatever condition the subject has. But it is important to clearly describe what is done for research purposes.

Again, if the study is very complicated, it helps readability to break it down into sections with Sub-Headings. Examples of Sub-Headings include: Introduction, Background, Procedures Prior to Surgery, Surgical Procedures, Follow-up schedule, etc.

RASCAL TIP

Many text boxes within the Consent Form Module have sample texts that can be added to your consent. By clicking:



in the upper right corner in Figure 24, the following list of sample text comes up:

Display Samples		
Text	Sub-Heading	Append
My name is _____. I am asking you to participate in a study because you have a disease called _____. We want to see if your blood is different from people who don't have _____. This is a science study. We want to learn more about what causes _____.	Medical - Assent	
We invite you to participate in a research study. The principal investigator (or study staff or authorized member of the study team) will explain to you the purpose of the study, the procedures to be used, and the possible benefits and risks of your participation. Please ask the investigator (or study staff, or authorized member of the study team) to explain anything that you do not understand.	Medical or Non-Medical	
You are being invited to participate in this experiment because you are over 70 years old. This study is being conducted to determine memory loss based on age. You will be asked to memorize and recall two lists of words. You will then be asked to write the two lists of words on paper. The experiment will take 1/2 hour to complete.	Non-Medical - Memorization	
This study investigates how children of different ages understand the idea of friendship, and how they act when they are playing with children they see as friends, and with children they do not see as friends. A trained research assistant will interview your child individually, after he/she has been introduced by the teacher and has spent some time in the classroom getting to know the children. He/She will ask your child to name which children in the class are his/her friends, and then to talk about what it means to be a friend. This will take about twenty minutes of class time. If the child seems uncomfortable, or does not name any friends, the interviewer will stop asking questions about friends, and instead will invite the child to play a board game for fun. During two recess periods, the research	Non-Medical - Children	

Figure 27. Sample Text for Information on Research. (partial view)

By clicking on the blue dot, the corresponding text will be added to the currently opened Information on Research text box. The sample texts will almost always require some editing on your part, but they can be very useful tools.

After you have finished writing and editing Information on Research, you are ready to enter Risks.

RISKS

The Federal requirements are clear: “A description of any reasonably foreseeable risks or discomforts to the subject.”

The risks need to be put into a context that indicates their likelihood and should be ordered in a way in which the most serious come before the trivial. If you’re implanting an experimental device, the risk of bruising from blood drawing should not come before risk of the surgery.

If there are risks from a variety of different elements of the study (e.g., risk of medications, surgical risks, etc.) these can be grouped into separate sections, each with their own Sub-headings to improve readability and comprehension.

The risks should be the risks involved in the experimental part of the study, not the standard of care for the patient’s condition. For example, if you are studying a new anticoagulant therapy for patients undergoing a hernia operation, you need to explain the risk of the new therapy, not the risk of the operation that they are going to have as part of their treatment. In this case you could have in the consent form: “There are risks of having hernia surgery. This is not part of the research study you are being asked to participate in. Your surgeon will go over the risks of the surgery and ask for a separate consent for this procedure.” Then go into the risks of the new treatment.

This fulfills required element (2) (Risks)

It is also advisable to include a statement such as: “There may be other risks which are unknown at this time.” This takes care of part of Additional Element (1) (Unforeseeable risks). In addition, this statement is almost always true.

If there is a potential risk to an embryo or a fetus, this should be included in the risk section, preferably in its own section with a Sub-heading such as: “Pregnancy Risk.” This takes care of the rest of Additional Element (1).

After Risks are completed, the next menu item is Benefits.

BENEFITS

This section should never try to oversell the benefits.

Even for studies in which there is a high likelihood of benefit, it is probably safe to have the statement: “You may or may not directly benefit by participating in this study.”

If the study has no possibility of benefit to the participant, you should have a clear statement, such as: “You will not benefit personally by participating in this study.”

Societal benefits can be included, but again, don't oversell them (e.g., 'however, information gained as a result of this research may advance knowledge in this area and help others in the future').

If a study provides approved drugs that are used in an approved manner, and these are being provided to participants, this can be listed as a benefit (interestingly enough, this is not true if you are enrolling prisoners). Mere access to non-approved (experimental) drugs provided to the subject is not considered a benefit. However, the possibility that a non-approved drug may be effective is appropriate for inclusion in the benefit section.

If the study is a non-therapeutic study and the major motivation is money (as opposed to possible personal benefit), then you should have this in the Compensation section, but it should not be included in the Benefit section.

This takes care of required element (3) (Benefits).

After Benefits are completed, the next menu item is Alternative Procedure.

ALTERNATIVE PROCEDURE

You must have this section in all consents in order to fulfill required element (4) (Alternatives). For non-therapeutic studies, the alternative is simply: "The alternative to participating in this study is simply not to participate."

For studies that include therapy, this section must include some alternative. For a condition for which there is no known effective treatment, such as advanced pancreatic cancer, a statement such as: "The alternative to participation in this study is to receive palliative care, which is treatment to alleviate pain and other symptoms without treating the cancer."

If other experimental therapies are available, either at Columbia or elsewhere for the target patient population, these should be given as well. This need not be exhaustive, but it does require some thought.

Obviously, if some standard treatment is available, this should be given in this section.

After Alternative Procedure, the next menu item is Confidentiality

CONFIDENTIALITY

The confidentiality of data is also covered (as of April 14, 2003) by HIPAA as well as what is included in the consent form (see separate HIPAA manual). For the vast majority of studies the following RASCAL boilerplate (with appropriate editing) can be used.

Although every effort will be made to protect the confidentiality of your records, absolute confidentiality cannot be guaranteed. By signing this document you grant permission for information about you obtained during the study to be made available to:

- The investigator, study staff and other health professionals (if applicable) who may be evaluating the study;
- Authorized representatives of the sponsor of this research (if applicable);
- Columbia University;
- New York Presbyterian Hospital (if applicable);
- Authorized representatives of the National Institutes of Health ("NIH"), Food and Drug Administration ("FDA"), the Office of Human Research Protections ("OHRP") or other government regulatory agencies (if applicable); and
- Applicable Institutional Review Boards ("IRBs") that independently review the study to assure adequate protection of research participants, as required by Federal regulations.

The investigator, regulatory authorities, IRB and study sponsor may keep the research records indefinitely. If the results of the study are published or presented at a medical or scientific meeting, you will not be identified.

Where the boilerplate says "(if applicable)" that means you are suppose to edit this clause. For example if there is no sponsor, then delete the line:

"-Authorized representatives of the sponsor of this research (if applicable)."

You should also edit this to name the sponsor, e.g. edit this to read:

"-Authorized representatives of Amgen, the sponsor of this research."

The "Applicable Institutional Review Boards ..." should be changed to:

The Columbia University Medical Center Institutional Review Board (IRB) that independently reviews the study to assure

If your study is part of a multi-centered Federally-sponsored study, where another institution is the primary grant holder, then their IRB may have access to study materials from the CUMC site. If so, you should include the name of that IRB as well.

Because all research at CUMC is done under a Federal Wide Assurance, all research done on the campus is subject to review by the Office of Human Research Protection. Not all research is subject to NIH, FDA or other governmental agencies. You should edit this to include only those agencies that apply to your particular study.

RASCAL TIP

Boilerplate language that you insert into your consent form from RASCAL can be edited within the text box in RASCAL. Alternatively, you can insert the boilerplate, copy the text into your word processor, edit within your word processing program and copy the text back into the RASCAL text box. (To copy text you highlight it by holding the left mouse button down, and drag the mouse from the beginning to the end of the text, right click on the mouse and select “copy.”)

Certificate of Confidentiality (COC)

Studies that gather certain types of information, for example illicit drug use, can obtain certificates of confidentiality from the NIH. A study does not have to be funded by the NIH in order to qualify for a Certificate of Confidentiality.

For more information about this see:

<http://grants1.nih.gov/grants/policy/coc/>

If your study receives a Certificate of Confidentiality (the IRB may require you to obtain one if they feel it is appropriate), you should include the boilerplate from RASCAL in the confidentiality section:

We will do everything we can to keep others from learning about your participation in the research. To further help us protect your privacy, the investigators have obtained a Confidentiality Certificate from the Department of Health and Human Services (DHHS).

With this Certificate, the investigators cannot be forced (for example by court subpoena) to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, or other proceedings.

Disclosure will be necessary, however, upon request of DHHS for the purpose of audit or evaluation.

You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. Note however, that if an insurer or employer learns about your participation, and obtains your consent to receive research information, the investigator may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy.

Finally, you should understand that the investigator is not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others.

IMPORTANT NOTE: There is somewhat of a catch-22. You need to have IRB approval of the study, BEFORE you can get a Certificate of Confidentiality. Thus, if you are planning to get a COC, you should include the above boilerplate in your consent form and get approval of the study by the IRB.

Then you need to apply for the COC from the NIH (see link above). Once you have been granted the COC, you should submit a modification to your approved protocol (see page 73) noting the receipt of the COC, attach a copy of the COC and submit.

You should not start your study until you have received the COC.

Note: Many sponsors' templates for consent forms contain the HIPAA language. At CUMC, HIPAA is not part of the consent form, but is an additional form the subjects must sign. If you cut and paste HIPAA language into the consent form, the IRB will make you take it out.

This satisfies required element (5) (Confidentiality)

After Confidentiality, the next menu item is Injuries.

INJURIES

This is where you describe what you (or the sponsor) will do in the event the subject is injured as a result of his or her participation. If this study is investigator-initiated or if it is sponsored by the NIH or another federal agency, there is generally no provision to provide for the cost of medical care to treat an injury. This is also often true of studies with foundation support.

The current boilerplate in RASCAL in this section is as follows:

If you are hurt or become ill during the course of this study, you should contact the [ENTER emergency contact person] at [ENTER emergency contact number] the number provided. Although compensation for injury that results from participation in this research is not available, Columbia University will assist you in obtaining medical treatment, including emergency treatment, hospital care and follow-up care as needed.

Your insurance carrier will be billed for the cost of such treatment and will be charged in the usual way. If your carrier denies coverage, Columbia University is under no obligation to pay for the treatment but may do so at its sole discretion. By providing financial or other assistance, neither Columbia University nor the researchers are stating that they are legally responsible for the injury. Further information regarding compensation for injured research subjects may be obtained from the IRB Office. (I think the

IRB number, 212-305-5883, or 212-870-3587 for the Morningside IRB should go here as well).

If you are doing a study with a commercial sponsor, the contract negotiated with the sponsor by the Clinical Trials Office will always contain language that covers the institutions (Columbia and NYP Hospital) for costs to cover medical care for injuries as a result of participation in a study.

Getting the sponsor to agree to language that goes into this section of the consent form that is acceptable to the IRB, however, is often a difficult issue. No sponsor is going to assume the liability for injury caused by an investigator or study personnel not following the protocol. They often want this made clear in the consent form.

In addition, many sponsors want the patient's insurance to be billed and they will only commit to paying what is denied by the insurance carrier. This is a confusing area, since some consider billing for such care (care necessitated by injury from participation in a trial – where the injury was due to a problem with an experimental drug or device) potentially fraudulent.

There is no current appropriate boilerplate within RASCAL for injury from a sponsored study. This is probably good, as no one example seems to be acceptable to all sponsors or to all IRBs.

An example below may work, in many cases. It starts the same as the one above.

If you are hurt or become ill during the course of this study, you should contact the emergency contact person specified on this consent form at the number provided. (NOTE: The IRB usually prefers that you edit this to name the person here and include the telephone number)

Medical treatment and/or care will be provided to you if you have an injury as a result of your participation in this study. However, if medical care is required, you or your insurance company will be billed for the cost of such care. If your injury is the result of the experimental treatment being used in this study, provided it was administered according to the trial protocol, then the sponsor of this trial will cover the cost of the medical care necessary to treat this injury.

No other type of compensation, such as lost wages or payment for discomfort due to injury suffered as a direct result of this study will be paid.

You do not give up any of your legal rights by signing this consent form.

The last sentence is very important, and should be included in all statements about research related injury. No one ever gives up their right to sue – that would be un-American.

This is a segment where it is usually much easier to enter the boilerplate and then edit it.

This satisfies required element (6) (Compensation for injury), and part of required element (7) whom to contact in event of injury.

After Injuries, the next menu items are Compensation and Additional Costs.

COMPENSATION

This is where any money or other forms of compensation (e.g., gift certificates, MetroCards) are listed. If none, you should include a statement such as: “You will receive no money or other type of compensation for your participation in this study.”

Interestingly, this is not one of the required or additional elements of consent. However, it is required by the CUMC IRB.

IMPORTANT: This is not where payment for injury is to be put; that comes in the previous section.

ADDITIONAL COSTS

This section is included to fulfill additional element (3) (Additional costs). If there are no costs involved, you should include a statement: “There will be no costs to you as a result of your participation in this study.”

If you are doing a study where everything that is being done is “standard of care” and the study involves collection of data, then you should state that “You or your insurance company will be billed in the standard way for all of the tests, procedures and drugs that are used in this study. You will be personally responsible for any co-payments or for charges not covered by your medical insurance.”

If your study is sponsored by a pharmaceutical company, they may be providing the drug and paying for all of the tests, or for tests done specifically for purposes of the study, or for tests that insurance refuses to pay for. If one of these is the case, this section should make it clear.

The important information for the potential subject is: “What are the costs that I would have to pay only if I were to decide to participate?”

After Additional Costs, the next section is Participation.

PARTICIPATION

This is to meet required element number (8) (Voluntary Participation). There are several boilerplates that are available in RASCAL, including the following, which is appropriate for most clinical trials:

Your participation in the study is voluntary. You may decide not to participate in the study. If you decide to participate, you are free to withdraw from the study at any time. We advise you to tell the investigator if you intend to withdraw. You may be asked to return any unused study drug or return for a follow-up visit.

Your refusal to participate, or your early withdrawal, will not affect any benefits to which you are otherwise entitled from Columbia University or the Sponsor.

I would do a few edits, as follows: I would add a parenthetical phrase after voluntary of (of your own free will). I would change the 3rd sentence to read: “If you decide to withdraw from the study, we urge you to let the study doctor know of your decision.”

I would change the last word from Sponsor to the New York-Presbyterian Hospital.

I would add a last paragraph that says: “The study doctor has the right to stop your participation in the study at any time. Your study doctor could decide to stop your participation because you had an unexpected reaction, or because you did not follow instructions, or because the entire study has been stopped.”

My final edited version is as follows:

Your participation in the study is voluntary (of your own free will). You may decide not to participate in the study. If you decide to participate, you are free to withdraw from the study at any time. If you decide to withdraw from the study, we urge you to let the study doctor know of your decision. You may be asked to return any unused study drug or return for a follow-up visit.

Your refusal to participate, or your early withdrawal, will not affect any benefits to which you are otherwise entitled from Columbia University or the New York-Presbyterian Hospital.

The study doctor has the right to stop your participation in the study at any time. Your study doctor could decide to stop your participation because you had an unexpected reaction, or because you did not follow instructions, or because the entire study has been stopped.

This is a fairly generic and reusable statement that fulfills required element (8) (Voluntary participation) and additional elements (2) (Termination) and (4) (Consequences of termination).

After Participation, the next section is Additional Information.

ADDITIONAL INFORMATION

This is the section where I put at least two items: a section on whom to contact for answers to questions about the research and research subject's rights, and the statement of consent. The former fulfills required element (7) (Contacts and rights). For this I create an entry with a sub-heading "Questions" and the following in the box:

If you have any questions, please ask, and we will do our best to answer them. If you have additional questions in the future, you can reach Dr. Joan Smith at (212) 555-5555.

If you have any questions on your rights as a research subject, you can call the Institutional Review Board at (212) 305-5883 for information. (For the Morningside IRB, the number is (212) 870-3587.)

The other entry has the sub-heading: "Statement of Consent" and the following in the box:

I have discussed this study with Dr. Joan Smith or her designee to my satisfaction. I understand that my participation is voluntary and that I can withdraw from the study at any time without it affecting my care at the New York-Presbyterian Hospital. I have read the above and agree to enter this research study. Signing this form does not waive any of my legal rights.

I understand that:

- a. The New York-Presbyterian Hospital will furnish that emergency medical care determined to be necessary by the medical staff of this hospital;
- b. I will be responsible for the cost of such care, either personally or through my medical insurance or other form of medical coverage;
- c. No monetary compensation for wages lost as a result of injury will be paid to me by the Columbia University Medical Center; and
- d. I will receive a copy of this consent form.

This was the boilerplate that was used for years at Columbia. The boilerplate that is in the Voluntary section of RASCAL is actually better. You can copy the text and add it to and ADDITIONAL INFORMATION text box and put Statement of Consent” as the sub-heading. The text is as follows:

Statement of Consent

I voluntarily consent to participate in the study. I have thoroughly read this consent form and understand the nature and the purpose of the study. I have fully discussed the study with the investigator or study staff, have had the opportunity to ask questions and have received satisfactory answers. The explanation I have been given has mentioned both the possible risks and benefits to participating in the study and the alternatives to participation.

I understand that I am free to not participate in the study or to withdraw at any time. My decision to not participate or to withdraw from the study will not affect my future care or status with this investigator.

I confirm that I have informed the investigator or study staff to the best of my knowledge of: any medication/drug that I have taken before the start of the study; and any medication/drug that I am taking or plan to take, whether prescribed or not.

I agree to cooperate with the study investigator/staff and will report any unexpected or unusual symptoms.

I understand that I will receive and may keep a copy of this signed and dated consent form. By signing and dating this consent form, I have not waived any of the legal rights that I would have if I were not a participation in the study.

CONGRATULATIONS, you’re almost done with the consent form. The only thing that remains is a section that many (if not most) never go into.

LAYOUT

Consent Forms
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Informed Consent

CF-AAAB1531

[General](#)
[Contact Information](#)
[Authority Access](#)
[Information on Research](#)
[Risks](#)
[Benefits](#)
[Additional Costs](#)
[Compensation](#)
[Injuries](#)
[Confidentiality](#)
[Participation](#)
[Alternative Procedures](#)
[Additional Information](#)
[Layout](#)
[Delete Consent Form](#)
[Copy Consent Form](#)
[Generate Printable Version](#)

Rearrange Your Consent Form

Consent Form Id		CF-AAAB1531
Date Created	05/09/2005 at 12:44	
You are	Initiator	Title
Copied From Consent Form Number		
GENERAL INSTRUCTIONS		

Rearrange the sections of your Consent Form

Sequence	Type	Text (displaying 200 characters)
5	Information on Research	This is the first Information on Research
5	Information on Research	This is the second Information on Research
5	Information on Research	This is the third Information on Research
10	Risks	This is the first Risks
10	Risks	This is the second Risks
15	Benefits	This is Benefits
20	Alternative Procedures	This is Alternative Procedures
25	Confidentiality	This is Confidentiality
30	Research Related Injuries	This is Research Related Injuries
35	Compensation	This is Compensation
40	Additional Costs	This is Additional Costs
45	Voluntary Participation	This is Voluntary Participation
50	Additional Information	This is Additional Information

Save

Figure 28. Consent Form layout.

The RASCAL system assigns a sequence number automatically to each box you add to the consent form. These sequence numbers determine the order that the boxes print in the final consent.

If you use the suggestion of using multiple entries within sections to improve readability (see p. 56), the boxes within the same section (e.g., Information on Research and Risks sections in Figure 28) will be assigned the same number. The default print order with sections is the order in which they were entered into RASCAL, unless you change them (see below).

The default numbers are as follows:

- 5 Information on research
- 10 Risks
- 15 Benefits
- 20 Alternative procedure
- 25 Confidentiality
- 30 Injuries
- 35 Compensation
- 40 Additional costs
- 45 Participation
- 50 Additional information

This numbering sequence follows logically from the required elements of consent.

If you use the Additional Information section to contain the Statement of Consent this should be last. If you use the boiler plate for Statement of Consent in the Participation section, then Additional Information should be the penultimate section and Participation should be last.

If you use the feature of having multiple text boxes within sections, then you sequence the boxes in the order you want them to print, by using the numbers in between the default numbers, e.g., 5, 6, 7 for the Information on Research entries in Figure 28. Do this at the Layout page in the column entitled Sequence (see, Figure 28).

Note: The default numbers were changed in RASCAL in June, 2005. For any consent forms initiated prior to this RASCAL change, or copied from consent forms initiated prior to this change, the default number sequence will be different.

Once you have the text in the order you want, use the Generate Printable Version menu item to print and proofread the consent form. After editing, attach the consent form to its protocol (this is done within the RASCAL Human Subjects section). Note, after you have attached a consent form to a protocol, you can still make changes to it, as described on the next page.

Once you have proofread and attached the consent form, there still may be changes you want to make before submitting the protocol. Use the Search for a Consent form feature to do this:

Search for a Consent Form (to edit it)

From the main Consent Form menu (which you can get to by a variety of routes), you select “Search for a Consent Form.” The latter brings up another page, which has a button that allows you to display all of the consent forms to which you have access. At this point you will appreciate having given your consent form a title that is meaningful. The menus will all be the same and all the text and entries that you have will be filled in for you to edit.

Many studies require very similar consent forms and one feature within RASCAL is the ability to copy a consent form. The Consent Form menu choice is “Copy Consent Form”. This creates a brand-new copy of the currently-open consent form with the same text but a new RASCAL number (the original form remains unchanged.) You can now change anything, but the first thing you should change is the title. Locked consent forms (consent forms that have been submitted or even consent forms that have been approved) can be copied and edited to make new forms.

Generate Printable Version brings up Adobe Reader, which allows you to save an electronic (PDF) version of the consent form. You should keep a copy and send one off to your sponsor for their approval. You should do this after the consent is attached to the

protocol, so that the study title is generated on the form; however, you should get others to read the form prior to submission.

IMPORTANT RASCAL TIP

You should always, always, always generate a printable copy of the consent, print it and read it through before you submit it with a protocol to the IRB. At this point, it is worth checking the order of the signature lines and making adjustments by the method outlined in the RASCAL TIP on signature line order (see page 53).

Remember, once you submit a consent form, attached to a protocol, to the IRB, you cannot make any changes or corrections until the protocol is returned to you by the IRB. Isn't it better to get the consent form back from the IRB meeting, fully approved and stamped?

You're done.

RASCAL MODIFICATIONS

Modifications are any changes that are made to an approved protocol. These can be as trivial as the addition or deletion of a member of the study personnel, or as complex as a major change in how the study is being performed, e.g., adding additional procedures, or changing the inclusion/exclusion criteria. Any change needs to be submitted to the IRB and approved, either on an expedited basis for non-substantive changes (e.g., some types of study personnel changes) or by review by the full board (e.g., for any substantive change that changes the risk/benefit ratio or results in a change to the consent form.) You cannot implement a change to a protocol (or use a modified consent form) until approval is given to the change by the IRB. There is one exception to this rule: a modification to the approved protocol that is done to eliminate an immediate hazard to a participant. If this is done, a protocol deviation should be submitted (see page 106).

The starting point for creating a modification (or a renewal or for reporting an adverse event) is the Protocol Overview page.

The screenshot shows the 'Rascal Human Subjects' interface. At the top, there's a header with 'Human Subjects' and 'Columbia University Research'. Below this, the title 'Rascal Human Subjects' is centered. The main heading is 'IRB-AAAA2286 Protocol Overview'. On the left, there are links for 'IRB Menu' and 'Previous List'. The main content area is titled 'Select to Retrieve' and contains a table with the following data:

Event	Creation Date	Initiator	Identifier/Summary	Status	IRB Approval Date	Expiration Date
Protocol	05/09/2005 at 15:57	Emmaver	Test	Approved	05/10/2005	05/09/2006

Below the table, there is a list of actions:

- [Create Modification](#)
- [Create Renewal](#)
- [Report a Serious and Unexpected Adverse Event](#)
- [Request Expanded Access](#)
- [File Termination Report](#)
- [Manage HIPAA Forms](#)

Figure 29. Protocol Overview page.

From this page, you select “Create Modification,” and the following screen opens up. Note, the status of the protocol [“Status” is the 5th column from the left (or the 3rd column from the right for those who prefer to read right to left)] in Figure 29 must be “Approved” before you can make this choice. In addition, if you have a modification already submitted to the IRB and not yet approved, you cannot submit an additional modification until the previously submitted modification has been approved.

RASCAL TIP

While you cannot submit a second modification until the previously-submitted modification is approved, you can contact the IRB and request that the pending modification be returned to you, so that you can combine the two modifications into one submission.

Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

Modification Information

Protocol Number: ISB-AAAA2286	
Date Created: 05/09/2005 at 15:57	Department:
Principal Investigator:	Initiator:
You are	Year 1 Modification 00

Number of Subjects Currently Enrolled

Subject Enrollment Status ~Select Study Status~

Summary and Explanation of Proposed Changes

Figure 30. Modification Information page (prior to saving).

On this page, there are only three fields:

Number of Subjects Currently Enrolled

This is the number of subjects enrolled during the current approval period (i.e., since the last renewal). For multi-site studies, this is the number enrolled at the site for which the Columbia IRB has responsibility not the total subjects in the study.

Subject Enrollment Status (drop down box)

Choose from one of four possibilities:

- Data Collection Not Started
- Study Closed to Enrollment
- Recruitment/Related Interventions Ongoing
- Study Uses No Subjects

Summary and Explanation of Proposed Changes (text box)

This is where you indicate the changes to the approved protocol you are proposing in this modification. This can be the sum total of the modification (e.g., addition of Dr. John Jones as a co-investigator), or a summary of more extensive modifications (e.g., when a sponsor has issued a protocol amendment). In the latter case, the sponsor often includes a summary of the protocol changes (which can and should be attached in RASCAL, as described on page 77 below) in addition to a new full protocol that incorporates the changes (which must also be attached in RASCAL). In this section, you should

summarize all of the substantive changes being proposed and refer the reviewer to the attached summary for more complete details.

IMPORTANT: It is not sufficient to simply state: “refer to the attached sponsor’s summary”. These summaries often are a complete listing of the changes in the protocol, including pages of such trivial items as changes in contact information at the sponsor. In the interest of helping the IRB do its job (which is to quickly and effectively review and approve your modification), take a few minutes to tease out the important changes, i.e., those changes that may affect the risk/benefit ratio of the study. This is what the IRB needs to assess in order to make their determination. Make this process easier for the IRB and they, in turn, will make your life easier. (Or at least, they will be able to review your modification more quickly.)

It is also necessary to indicate whether or not the changes to the protocol require changes to the consent form, and if so, summarize what changes you have made in the consent form you are submitting with this modification. If you believe that no changes are needed (and have made none), include a statement that you do not believe that the consent form need be changed and no changes have been made.

The IRB staff or Board chair must make an assessment as to whether these changes to the protocol are simple administrative changes that can receive expedited approval, or are more substantial and require re-presentation to the full board. You help facilitate the process (and decrease the time it takes to complete this) by being clear and concise in your description of the proposed changes in this text box.

It is much better (and safer) to write this section in MS Word or other word processor (using the “RASCAL Tips” on page 20) and then copy the text into this box.

Once this is done, hit the “SAVE” button.

Figure 31. Modification Information page (after saving).

Saving the Modification Information Page brings up the full menu on the left hand side in Figure 31. This menu is similar to the menu present in the General Information page you used for the initial submission into RASCAL (Figure 5) with one additional item and several slightly changed menu items. The additional menu item is:

Modification Information (the page that is currently opened).

The changed items are substitution of “Modification” instead of “Protocol” in the following items:

Submit Modification
Copy Modification
Delete Modification

In addition to bringing up the full RASCAL menu, hitting the “Save” button results in all of the information from the currently-approved protocol being brought forward to populate all of the fields in the modification. The final thing that hitting the “Save” button does is give the modification a number. This is in the Gray area on the top right hand side of the page. In Figure 31, the identification is “Year 1 Modification 01.”

Depending on which part of the protocol is being modified, you need to select from the menu on the left the items to be edited. For example, if you are adding a co-investigator,

select the Personnel menu item, add the person using his/her UNI, save the page and your modification is done (well, almost).

If this Modification is a Sponsor's protocol amendment, you have already summarized the changes in the text box in Figure 31. You need to attach the new (modified) protocol (using the "Attach Documents" function in the full menu, see page 42 and below) and the sponsor's summary of the protocol changes (if available). In addition, you should delete the previous sponsor's protocol (see below)

VERY IMPORTANT (and very long) RASCAL TIP. There is a bit of confusion about document management within the RASCAL system, specifically getting rid of documents. The misuse and under-use of the document management capabilities of RASCAL results in confused and confusing submissions to the IRB. (NOTE: This discussion is about Attached Documents, not attached Rascal Consent forms – these are handled differently.)

Documents can be “gotten rid of” in two ways: they can be deleted or they can be archived. However, you can only do one or the other, either delete or archive, not both. The one you can use depends upon the protocol's status.

Before you submit a protocol (or a renewal or a modification) to the IRB, you can delete any document that you have attached to the protocol. When you create a renewal or a modification, the RASCAL system copies all* of the material from the previously-approved submission. This includes all of the attached documents. At this point, you can delete any of the attached documents. This does not delete these documents from RASCAL, just from this new renewal or modification. They still exist attached to the previous (approved) submission. For example, if you are submitting a modification that is a Sponsor's protocol Version 2, you should delete Sponsor's Version 1 (copied into the modification) and attach the new Sponsor's Version 2.

A renewal or modification should include only the current versions of any study documents. For example if your previous version had an FDA letter of approval that you attached to the previous version, and your new version (Version 2) has a new FDA letter of approval, then delete the previous FDA letter and attach the new one. Again, by deleting this you have not removed it from the RASCAL system (it is still there with the previously-approved protocol). What you are doing, is making your submission clearer to the IRB.

*The documents that you “archived” (explained below) in the previously approved submission (ones that are marked as inactive) are not copied forward by RASCAL into new modifications or renewals.

Human Subjects
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Rascal Human Subjects

IRB-AAAA2286

Status: Creating

[General](#)
[Personnel](#)
[Research](#)
[Funding](#)
[Location](#)
[Subjects](#)
[Modification Information](#)
[Investigational Product](#)
[Human Specimen](#)
[Approvals](#)
[Attach Documents](#)
[Attach Consent Forms](#)
[Notify Approvals](#)
[Submit Modification](#)
[Copy Modification](#)
[Delete Modification](#)
[Print Menu](#)
[View History](#)
[View Data Sheet](#)
[View Study Description](#)
[Protocol Overview](#)
[Meeting History](#)
[\[Previous List\]](#)
[\[IRB Menu\]](#)

Attach Documents

Protocol Number

IRB-AAAA2286

Date Created	01/12/2005 at 15:44	Department	
Principal Investigator		Initiator	
You are		Year	1 Modification 01

Add Attachment

Documents

View Document	File Name	Document Type	Date Attached	Attached By	Active	Edit	Delete
FDA Approval Letter	FDA Letter for IPRC 4-27-04.pdf	Other	05/17/2005	John Ennever (jfe7)	Y		
Full Protocol	FREEDOM protocol.pdf	Sponsor's Protocol	05/17/2005	John Ennever (jfe7)	Y		

Figure 32. Attach Document Screen (Prior to submission to IRB)

Deletion is done within the Attach Documents page by clicking on the Trash Can

icon, in the column on the right labeled “Delete.”

CAUTION: There is no confirmation step, once you hit the trash can, the document is gone and cannot be retrieved. However, you can always re-attach any document that you inadvertently deleted at this step.

Once you submit a protocol (or a renewal or a modification) to the IRB, you can no longer “delete” documents that were originally attached to your submitted protocol. (This preserves a record of what is submitted to the IRB for comparison, as well as for audit purposes.) If your protocol is returned to you by the IRB (e.g., to answer questions raised by the Board review), you can no longer “delete” any of the previously attached document, you can only “archive” the documents that were previously attached to your protocol. The Attach Document Screen is changed to that shown below.

Page 78

Rascal IRB Guide



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Columbia University Research
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Rascal Human Subjects

IRB-AAAA2286

Status: Creating

[General](#)
[Personnel](#)
[Research](#)
[Funding](#)
[Location](#)
[Subjects](#)
[Modification Information](#)
[Investigational Product](#)
[Human Specimen](#)
[Approvals](#)
[Attach Documents](#)
[Attach Consent Forms](#)
[Notify Approvals](#)
[Submit Modification](#)
[Copy Modification](#)
[Delete Modification](#)
[Print Menu](#)
[View History](#)
[View Data Sheet](#)
[View Study Description](#)
[Protocol Overview](#)
[Meeting History](#)
[Previous List](#)
[IRB Menu](#)

Attach Documents

Protocol Number

IRB-AAAA2286

Date Created	01/12/2005 at 15:44	Department	
Principal Investigator		Initiator	
You are		Year	1 Modification 01

Add Attachment

Documents

View Document	File Name	Document Type	Date Attached	Attached By	Active	Edit	Archive/Delete
FDA Approval Letter	FDA Letter for HPC 4-27-04.pdf	Other	05/17/2005	John Ennever (jfe7)	y		☐
Full Protocol	FREEDOM protocol.pdf	Sponsor's Protocol	05/17/2005	John Ennever (jfe7)	y		☐

In the right hand column, the trash can has been replaced by a column entitled “Archive/Delete.” (This is a bit confusing so pay attention.)

Any documents that were attached to the protocol (or modification or renewal) when you submitted it to the IRB, can no longer be deleted, they can be only “archived.” This is done by clicking the box in the column on the right. When you re-submit your protocol (or modification or renewal), the document will be marked as inactive, but it will still be visible with the submission. As noted in the footnote on page 77, the “archived” documents are not carried forward with a subsequent modification or renewal.

If you have added additional documents to your protocol after it was returned to you by the IRB, clicking the Archive/Delete” box will delete the document.

Proper use of this feature of RASCAL will simplify the work of the IRB. If you properly delete or archive old documents (e.g., previous versions of sponsor's protocols, outdated investigator brochures, and other documents that are no longer relevant to your study), the IRB will not have to go searching through a long list of files to find the relevant documents.

When you make the work of the IRB easier, we all benefit.

[END OF VERY IMPORTANT (and very long) RASCAL TIP]

Once you have all your documents properly attached, deleted or archived, you should open the RASCAL protocol (by clicking on “Research” in the left hand menu in Figure 33). This section contains the two abstracts and the study description previously submitted and approved by the IRB. You must make any changes to these documents that are required as a result of this proposed modification.

If the modification is a simple administrative change, then obviously there is no need to change the description of the research. If however, the modification is a substantive change to the protocol, e.g., change in inclusion/exclusion criteria, addition or deletion of an intervention, the description of the protocol within RASCAL must be changed to include these substantive changes.

The currently-approved consent form is copied to a new consent form and given a new number. (This is not true for “non-Rascal” consent forms; they are simply copied forward with all of the other attached documents.) This is done so that you can edit the consent form to incorporate any changes to the informed consent necessitated by the modification. You can edit this consent form via the consent form module within RASCAL (page 47). (The original approved consent form is viewable, but un-editable.)

Many times, perhaps even more often than not, modifications do not require any changes to the consent form. The fact that RASCAL automatically generates a new consent form that is identical to the currently-approved form and gives it a new number has caused a bit of discontent among the investigator community. The RASCAL team has on their agenda an alteration to RASCAL that will not automatically generate a new consent form with each modification, unless there is a change to the form. This is not at all a trivial programming change.

A great deal of the discontent is because once the modification is approved, the previously-approved consent is no longer valid, even though the text of the document is identical. This becomes a problem if you typically print out your current consent form from RASCAL and then make photocopies to use for each new subject enrolled. If a modification is approved after you last printed out your consent form and before you consent your next subject, the copy you are using is not “officially” valid. This problem, however, can be completely avoided.

RASCAL TIP

The RASCAL system is a fantastic repository of all of your study materials. **Use it.** There is no need to make photocopies of your consent forms. Each time you are to enroll a new subject, log on to RASCAL, open your protocol and print a copy of the consent form. By doing this, you always have a fresh and guaranteed-current version of your consent form.

There is another, less easily solved problem. That is, sponsors always need to have copies of the current consent form and since few, if any other, institutions have a fully electronic IRB system, they have a hard time understanding that you have a new consent

form that is identical in everyway except for the number (the CF-AAAB#####). The protocol number (IRB-AAAB#####), which is also printed on the consent form, does not change with the modification. Usually, however, with a brief description of our RASCAL system, sponsors learn to live with it.

RASCAL TRIVIA

For those of you concerned that we are simply wasting useful numbers by giving a new number to a consent form that is otherwise identical, no need to worry. The RASCAL numbering sequence will allow for 456,519,024 uniquely-numbered consent forms – sufficient to consent approximately 2 out of 3 people in the world today using a separate consent form for each.

There is one final problem that is part of a larger problem. That is translated consent forms. Since these are not within RASCAL consent form module, they do not get copied to a new form. As long as there is no change to the English consent form, and the scanned Spanish consent form [with both HTC (Hispanic Translation Center, formerly the HRC) and IRB stamps] is attached to the protocol, it will be brought forward with the Modification. The problem is that on the Spanish consent, it is noted as being translated from a specific IRB-approved English consent form that has now been replaced. This is more of a theoretical problem than a real problem, since one could prove (if necessary) that the consent form from which the Spanish consent was translated is identical to the new one which is approved with the Modification. Of course, if you do modify the wording of the consent form, you must also modify the translation.

As I mentioned, this copying of consent forms may be changing in the future. I personally hope that the reduction in investigator discontent will be worth this expenditure of valuable programming time that, in my opinion, could be put to better use.

Final Steps

Once you have made all of the necessary modifications, you click on Notify Approvers. Unlike the situation with the initial submission, the only required approver for Modifications is the person on the protocol personnel list that has the asterisk. This is usually the Principal Investigator, but is not always. See page 17 for an explanation of who gets the asterisk and how to change it.

Note: There is an exception. If the modification includes the addition of any new project personnel, these new personnel will be required to approve the modification as well.

Once the Principal Investigator (and any new personnel) approves the Modification electronically, the Modification can be submitted by a Co-Investigator or the Principal Investigator.

You may not implement any of the proposed modifications until the modification has been officially approved by the IRB. This approval may be either by an expedited process (if the modification is administrative or trivial), or following presentation at a full board meeting. In the interim, you can continue with the unmodified, approved protocol and consent form. If the modification is a requirement of the sponsor for continuing or

initiating the study, you will have to wait until the modification is approved. If you have done a good job of presenting the modification, this should not take too long.

RASCAL RENEWALS

The federal regulations that dictate the roles and responsibilities of the IRB include the following:

45 CFR 46.109 (e) An IRB shall conduct continuing review of research covered by this policy at intervals appropriate to the degree of risk, but *not less than once per year*, and shall have authority to observe or have a third party observe the consent process and the research (emphasis added).

Most investigators refer to this process as annual renewals, but in fact the process is one of “continuing review” of the research, and yearly is the maximum time between reviews. The period of time between reviews is defaulted to one year, although for some higher-risk protocols, the IRB will require a shorter period before the next review.

As with the Modifications, the power of the RASCAL system can make the process of Renewal (continuing review) easy, efficient and relatively painless. Again, as with the Modification section, one starts from the Protocol Overview page.

Human Subjects
Columbia University Research
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Rascal Human Subjects

IRB-AAAA2286 Protocol Overview

[\[IRB Menu\]](#)
[\[Previous List\]](#)

Select to Retrieve

Event	Creation Date	Initiator	Identifier/Summary	Status	IRB Approval Date	Expiration Date
Protocol	05/09/2005 at 15:57	Ennever	Test	Approved	05/10/2005	05/09/2006

- [Create Modification](#)
- [Create Renewal](#)
- [Report a Serious and Unexpected Adverse Event](#)
- [Request Expanded Access](#)
- [File Termination Report](#)
- [Manage HIPAA Forms](#)

Figure 34. Protocol Overview page

From this page, select “Create Renewal” and the following screen opens up:

Human Subjects
Columbia University Research
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Rascal Human Subjects

Renewal Information

Date Created 05/09/2005 at 15:57		Protocol Number IRB-AAAA2286	
Principal Investigator You are		Department	
		Initiator	
		Year 1 Modification 00	

Subject Enrollment Status ~Select Study Status~

Date enrollment began at our site

Certificate of Confidentiality Required ☐

Expiration Date of Certificate of Confidentiality

Summary of any recent literature or findings

Explain any change including risk/benefit ratio

List papers pending or published

Synopsis of the results to date

Figure 35. Renewal Information page (prior to saving).

On this page several items to be entered:

Subject Enrollment Status (drop down box)

Choose from one of four possibilities:

- Data Collection Not Started
- Study Closed to Enrollment
- Recruitment/Related Interventions Ongoing
- Study Uses No Subjects

Date enrollment began at our site: (drop down boxes)

Enter the date the first patient enrolled in this study. This section may be left blank if the study has not yet started enrollment (first choice in the Subject Enrollment Status) or if the study uses no subjects (fourth choice). If you do enter a date, only valid dates are accepted. (RASCAL is smart enough to know when February has 29 days and when it doesn't.)

Obscure RASCAL TIP: The drop down box for the year gives only a ten year range. There is a work around if your study started before the range that is available. You select the earliest year from the drop down box, then click "save." You then go back to the year drop down box, and the year you saved is now in the middle of a ten year span, you can then select up to five years earlier. If your study started in 1850, you will have to repeat this several times, but eventually, you can get to the correct date.

Certificate of Confidentiality Required (check box)

If your study has a Certificate of Confidentiality (see page 63), you need to check this box. A common error is checking this box when you don't have (or need) a Certificate of Confidentiality. If you check this and do not provide a copy of the certificate and indicate the date of expiration in the next field, the protocol will be returned to you.

Expiration Date of Certificate of Confidentiality (drop down boxes)

Self explanatory

The next four sections are all text boxes that are best pasted from a word processing program (see important RASCAL tip on cutting and pasting on page 20). The purpose of these sections is to provide the IRB with the information it requires to do its continuing review process.

Summary of any recent literature or findings (text box)

The RASCAL help information for this states:

Provide a brief summary of all literature, findings, and other information discovered over the last approval period relating to this study. There is a separate text field for listing any papers pending or published that resulted directly from this study over the last approval period.

This is where new information generated from **outside** of your study that may have relevance to your study should be indicated.

Explain any change including risk/benefit ratio (text box)

The RASCAL help information for this states:

Describe anything that has occurred during the last approval period that has changed the investigator's opinion of the risk versus benefit ratio for this study (i.e., literature, results to date, summary of pertinent findings, etc.).

This is where you are asked to pull together anything that has occurred within your study or outside of your study that you think has any impact on the risk/benefit ratio of your study. (I think a better title would be "Explain any change in risk/benefit ratio.")

List papers pending or published (text box)

Self explanatory

Synopsis of the results to date (text box)

This is supposed to be a summary of all of the results obtained since the beginning of the study. (In addition, this should include information about adverse events that have occurred. See adverse events section, beginning on page 96, for reporting policies.)

Providing information on what has happened in your study is important to the IRB members. They do appreciate learning about what you have accomplished in your work. There needs to be some basis for continuing to approve a study and these sections are where you provide this basis. Otherwise, continuing review is a meaningless exercise, and the Institution and, more importantly, our subjects are at risk.

Once you hit the “Save” button on this page, you get the following screen.

Figure 36. Renewal Information Page (after saving)

Saving the Renewal Information page brings up the full menu on the left hand side. This is similar to the menu present in the General Information page you used for the initial submission into RASCAL (Figure 5) with two additional items and several slightly changed menu items. The additional menu items are:

- Renewal Information (the page that is currently opened)
- Adverse Event Information

The changed items are the substitution of “Renewal” instead of “Protocol” in the following items:

- Submit Renewal
- Copy Renewal
- Delete Renewal

In addition to bringing up the full RASCAL menu, hitting the “Save” button resulted in all of the information from the currently-approved protocol being brought forward to populate all of the fields in the renewal. The final thing that hitting the “Save” button did was to change the protocol identification in the gray section on the top right to Year 2 Modification 00. (Designating this as Year 2 is possibly a mistake, since it could, and sometimes is less than a full year since the last renewal. Perhaps this eventually will be changed to Period 2 rather than Year 2)

If nothing has changed in the study and there are no reason that the Risk/Benefit ratio has changed, then there are only two sections that need to be filled in to complete the renewal process. One is the Renewal Subjects page (Figure 37) the other is the Adverse Event Information.

There is also the addition of a relatively new field on the General Information Page which asks for the IRB of record. For new protocols, this will be filled out with the initial submission and carried forward. For studies coming up for renewal that were submitted and approved prior to this field being added, you will need to fill this in at the time of renewal.

Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

IRB-AAAA2286
Status: Creating

- General
- Personnel
- Research
- Funding
- Location
- Subjects
- Investigational Product
- Human Specimen
- Approvals
- Attach Informs
- Attach Documents
- Attach Consent Forms
- Research Information
- Adverse Event Information
- Notify Approvals
- Submit Renewal
- Copy Renewal
- Delete Renewal
- Print Menu
- View History
- View Data Sheet
- View Study Description
- Protocol Overview
- [Previous List]
- [IRB Menu]

Renewal Subjects

Protocol Number		IRB-AAAA2286	
Date Created		Department	
Principal Investigator		Initiator	
You are		Year 2 Modification 00	

Original number of participants anticipated ?

Number of participant complaints at our site ?

Number of participants who completed the study at our site ?

Number of participants enrolled last year at our site ?

Number of participants expected to enroll next year ?

Number of participants enrolled to date at other sites ?

Number of participants removed by physician ?

Number of participants enrolled to date at our site ?

Number of participants who withdrew of own initiative ?

Breakdown Of Participants Enrolled To Date

Population Gender ?

Females % Males % Non Specific %

Population Age ?

0-7 % 8-17 % 18-65 % >65 % Non Specific %

Population Ethnicity ?

African-American % Asian % Caucasian % Hispanic % Middle Eastern % Native American % Pacific Islander % Other % Non Specific %

Explain participant complaints at our site ?

Explain incomplete participation at our site ?

Explain participants removed by physician ?

Explain participants who withdrew of own initiative ?

Explain problems meeting anticipated accrual number ?

Strategies to remedy this problem ?

Subject Population Justification ?

Subject Compensation ?

Compensation Justification ?

Consent Form Waiver/Alteration Request ?

Recruitment URL (Maximum 255 characters) ?

Save

Figure 37. Renewal Subjects Page

RASCAL TIP

This is one of the more commonly incorrectly filled out parts of the renewal application. If this is not filled out correctly, the renewal cannot be approved at the board meeting. At the very least, the renewal will have to be returned to the Investigator for corrections and

then resubmitted in RASCAL and reviewed by the IRB Chair or designated reviewer before it is approved. This process will add at least a week (in the best of times) or more before the renewal is approved. If your study is near the end of the current approval period, this delay can (and often does) result in a “lapse” of IRB approval.

Spending a few minutes to get this section correct will save you and the IRB a lot of headaches.

The definition of a “participant” is an individual that has signed a consent form (or in the case where there is waiver of written consent, agreed to participate in the research project).

What follows are entry by entry instructions:

Original number of participants anticipated

This is the number of participants that you requested with your original submission, or if this has been subsequently modified, the modified number should be entered here. If this is a multi-centered study, enter the number for the local site only.

Number of participant complaints at our site

If there have been none, leave entry as default 0. If there has been one or more, enter total in this box. This refers to official complaints, not overhearing someone say “Boy, I really had to wait a long time today”.

Number of participants who completed the study at our site

This is the number of participants who have completed all parts of the study. For studies that have a three year follow-up period, then no patients will have completed it at the time of the first renewal.

Number of participants enrolled last year at our site

This is the number of participants enrolled at the local site since the last renewal of the study (or in the case of a first renewal, since the approval of the study).

Number of participants expected to enroll next year

This is where you project the future. This is also where many investigators get into trouble. Time for a little algebra:

- Let “x” represent the original number of subjects approved for this study (or the number that was approved in a subsequent modification).
- Let “y” represent your total enrollment thus far in your study (entered three boxes down).
- Let “z” represent the number you expect to enroll next year.

If $z > (x - y)$, then you’re telling the IRB that you are planning on enrolling more subjects than you have approval for enrolling. This is not allowed.

Number of participants enrolled to date at other sites

This applies only to multi-centered studies. These are participants for which the Columbia University Medical Center does not have primary responsibility.

If you are conducting your study at several locations where you (or your study staff as listed on the RASCAL protocol) are seeing the participants, these participants are considered to be “our site,” and they should be included in the second entry above, not in this total.

Number of participants removed by physician

This is the number of participants who were stopped from completing the study after having signed a consent form. This could be as a result of an adverse event, or because the patient failed to comply with the study requirements, or because they failed some part of the eligibility requirements, etc.

Number of participants enrolled to date at our site

This is the total number of subjects who have enrolled since the beginning of the study. This should include all patients who ever signed the consent form.

Number of participants who withdrew of own initiative

These are participants who quit for whatever reason. This should include only those who expressed verbally (or written) that they wanted to stop. If they simply stopped coming for study visits and you dropped them, these should be included in the number under “participants removed by physician.”

IMPORTANT NOTE: Just like on any math test you took in school, check over your numbers.

You may not exceed the total number of subjects you are approved by the IRB to enroll over the course of the study. As soon as it appears likely that your enrollment will exceed the total number of subjects you planned to enroll (as stated in the original application or in an IRB approved modified application) you must submit a modification explaining why you wish to exceed the anticipated enrollment with a request to increase the number of subjects to be enrolled over the course of the study. If you have already exceeded the planned number, this is a protocol violation and you must notify the IRB immediately and stop enrolling subjects.

If you plan to exceed the number of subjects you were originally (or in a modification) approved to enroll, this is a protocol modification. You can do this as a separate modification to your protocol (after the renewal is approved) or you can propose this modification as part of your renewal. If you choose the former, be sure that in the equation above: $z \leq (x - y)$. If you choose the latter, you need to include this information in the text box labeled “Explain any changes including risk/benefit ratio” on the Renewal Information page (page 85). You need to include a justification as to why you need to increase the subject population for your study.

In the next section, you are required to enter the distribution by sex, age and ethnic group of the patients that were ACTUALLY enrolled into your study. When you started the Renewal Application by pressing the “save” button in Figure 35, the distribution you predicted in your original application was brought forward to populate these fields. It would be extremely unlikely that your prediction exactly matched your actual enrollment, so take the time to populate these fields with the actual distribution of the patients enrolled.

If you have a large study that is enrolling hundreds of participants, getting this information is going to take a bit of work; keeping a running log of the characteristics of your population as you enroll is a good way to make this step easier. You may have entered “non-specific” in your initial submission (although I have noticed that this is now often not accepted by the IRB). Since you now have the data (or will have to generate the data) as to who has enrolled, “non-specific” will not be acceptable in the renewal. You should round the numbers (RASCAL does not allow tenths of a percent) and make sure the total for each characteristic (sex, age and ethnicity) equals 100.

Our family was once talking about rounding at the dinner table, and my older son who at the time was about 7, said that “rounding is like Newt Gingrich, if you don’t have much he wants to take it away and if you have a lot already, he wants to give you more.”

Once you have filled these number fields in, there are six text boxes that need to have entries. Again, this information is best prepared in a word processing document and then pasted into the text boxes. The purpose of these entries is to provide the IRB with some indication as to whether or not there may be some issue with the study that perhaps was not apparent with the initial review. All of the information within these text boxes refers to participants enrolled since the initial, or last continuing review, whichever was more recent.

Explain participant complaints at our site

If you entered any number other than “0” in the fourth box in the top of Figure 37 put a brief description in this text box. If you had no complaints, put “not applicable” in this text box.

RASCAL TIP

I strongly discourage using the abbreviation “N/A” as it could be interpreted as either “Not Available” or “Not Applicable.”

Explain incomplete participation at our site

This is where you account for participants who were enrolled, but failed to complete the study.

This text box has the following instructions attached to it:

Provide an explanation for any incomplete participation at our site, such as subject drop-outs, withdrawals by subject of their own initiative or by the investigator, study suspensions, etc

Since the next two text boxes deal specifically with participants removed by the investigator and participants who quit on their own, you should put in here any drop-outs that do not fit into these two groups, e.g., screen failures. Screen failures are participants who were eligible to enter the study, but after some study-specified tests or procedures were ineligible to continue. Thus, they were not removed by the investigator but rather as a requirement of the protocol.

Explain participants removed by physician

A description of the circumstances for each participant (that is someone who signed a consent form) who was removed by the physician should be entered into this text box. It should not include any personally identifiable information. Examples include: as a result of an adverse event, failure to comply with study requirements; stopped showing up for follow-up, change in health status that rendered the subject ineligible to continue in the study.

If a participant was enrolled but was subsequently found not to be eligible based upon inclusion/exclusion criteria this should be noted. This is a type of protocol violation that should also be reported to the IRB (see page 106, reporting protocol violations).

Explain participants who withdrew of own initiative

This is where a description of any participants who initially signed a consent form and then expressed that they changed their mind and did not want to complete the study (again with no personally identifiable information). Participants who never followed up, but never verbally communicated their wish to discontinue, would be removed by the Investigator and should be included in the previous text box.

Explain problems meeting anticipated accrual number

If you told the IRB that you planned to enroll 50 patients during the current year and you enrolled 2, you need to tell the IRB why. If you planned to enroll 50 and you enrolled 45, you probably don't have a major problem. (If you told the IRB that you were going to enroll 50 and you enrolled 51, you have a protocol violation).

Strategies to remedy this problem

If you have acknowledged that you have a problem (always the first step to recovery), describe what you plan to do in the coming year to remedy this issue. For example, if you are going to use new recruitment fliers you should state that here and attach the fliers (see attaching documents, page 42).

If you achieved 5% of your goal and you have not entered anything in these two boxes, I think the IRB should not approve the renewal. There is no reason that the IRB should continue to approve studies that have no chance of providing useful information because of a lack of enrollment.

The next five text boxes are populated with whatever was in these fields in the most recently approved protocol (i.e., the original submission if this is the first renewal and there have been no modifications). These can be left unchanged, if none have changed. If, however, you listed adding or increasing compensation as a “strategy to remedy” a lack of enrollment, you need to edit subject compensation and compensation justification text fields on this page (as well as the consent form).

Subject Population Justification
Subject Compensation
Compensation Justification
Consent Form Waiver/Alteration Request
Recruitment URL (Maximum 255 characters)

REMEMBER TO HIT THE SAVE BUTTON!!!!

Once you have completed this section, if there are no changes to the protocol, the consent form or any other part of the study, you are essentially ready to submit.

The last section that is left is the Adverse Events Page

Human Subjects
Columbia University Research
Rascal Home | Help | Log Out | Email Rascal

Rascal Human Subjects

RB-AAAA2286
Status: Creating

[General](#)
[Personal](#)
[Research](#)
[Funding](#)
[Locations](#)
[Subjects](#)
[Investigational Product](#)
[Human Specimen](#)
[Approvals](#)
[Attach Inquiries](#)
[Attach Documents](#)
[Attach Consent Forms](#)
[Related Protocols](#)
[Renewal Information](#)
[Adverse Event Information](#)
[Notify Approvals](#)
[Submit Renewal](#)
[Copy Renewal](#)
[Delete Renewal](#)
[Print Menu](#)
[View History](#)
[View Data Sheet](#)
[View Study Description](#)
[Protocol Overview](#)
[\[Previous List\]](#)
[\[IRB Menu\]](#)

Renewal Adverse Event Information

Protocol Number: RB-AAAA2286	
Date Created: 06/29/2005 at 12:18	Department:
Principal Investigator:	Initiator:
You are	Year: 2 Modification: 00

Adverse Event Keyword	#Occurrences	Anticipated	High Incidence	Preventive Measures
Death	3	Some	☐	
Heart Abnormality	1	Yes	☐	

[Save](#)

Figure 38. Renewal Adverse Event Information page

This page is automatically populated with all of the adverse events that have been submitted and approved by the IRB (see next section Adverse Event Reports, beginning

on page 96, for details concerning what is to be reported to our IRB) for your study over the last approved period. (Note: If you have not had any adverse events submitted to and approved by the IRB, this page will be blank. Adverse events that you submitted to the IRB that were returned to you because they did not follow the CUMC IRB reporting rules will not be included in this list.)

The reported adverse events are totaled based upon the Keyword, and given one of three designations as to whether they were anticipated adverse events. The three are: Yes, No and Some. The latter designation is used when some of the adverse events were anticipated and some were not.

If a particular adverse event is occurring at a higher than expected frequency, you should check the box in the column entitled “High Incidence” and then click on the



This brings up the following text box:

The image shows a software window titled "Preventive Measures". Inside the window, there is a label "Preventive Measures" followed by a large, empty rectangular text area. At the bottom of the window, there are two buttons labeled "Save" and "Quit".

Figure 39. Adverse Event Preventive Measures

This is where measures that you are taking to prevent this particular type of frequently occurring adverse event should be described.

Finally, the renewal application should include a summary of all of the adverse events that have occurred since the last IRB review. Only a subset of adverse events is to be reported individually to our IRB (see page 97). The way in which RASCAL is currently set up, the only place in which to include adverse events not reported to the IRB is in the

Synopsis of the results to date (page 85). If you have a table of all of the adverse events, it is acceptable to attach this as a document (see page 42) to your renewal and simply state that such a document is attached in the text of your synopsis. If this is a multi-centered trial, you can also attach and refer to a summary of adverse events provided by the sponsor.

If there are no changes to the protocol, study description or consent forms, you are now ready to submit. If you are combining a modification with this renewal you should clearly state this in the “Explain any change including risk/benefit ratio” text box (page 85) on the Renewal Information page (Figure 35). Again, if you have sponsor-issued modification, you should attach a document that describes the details of the modification, but distill it down for the IRB members in the “Explain any change including risk/benefit ratio” text box. You should also modify the study description and the consent form(s) as appropriate.

Unlike modifications which only the Principal Investigator need approve, renewals require approval of all of the people who were required to approve the original submission (as well as any new key project personnel added to the renewal). (See page 45 for the personnel titles required to approve.) Once all of the approvals have been obtained, the Principal Investigator or one of the Co-Investigators can submit the renewal for review.

The IRB renewal process is usually straightforward. However, it does take at least two to three weeks, so to be safe you should submit the renewal no later than six weeks prior to the expiration of your protocol. Completely and clearly submitting all of the required elements (and having your numbers add up) will assure quick turnaround. If your submission is not complete, it can easily take six to 10 weeks to get renewal approval.

Renewals for Exempt Studies

Exempt studies are required by University policy to be renewed every two years. The purpose of this is to assure that the University maintains an accurate inventory of all human subjects research being done on the campus.

If no changes to the research project have occurred, the renewal process for exempt studies requires only filling out the first page of the renewal application (Figure 35). You need not fill out Subjects Page (Figure 37).

The IRB takes its responsibility for continuing review seriously. So should you.

RASCAL ADVERSE EVENT REPORTING

Monitoring studies for adverse events has been a responsibility of Institutional Review Boards from their beginning. For single site studies, the local IRB is often the only external monitor of the safety of a study. It is common now that for studies that involve new therapies or other significant risks an independent group is established to monitor the safety during the execution of the study. These are called variously DSMB (Data Safety Monitoring Board), DMC (Data Monitoring Committee), or some other acronym. Their role is to review the preliminary data, unblinded if necessary, to monitor the study as it progresses. They will recommend stopping the study if the frequency of adverse events is unexpectedly high. Alternatively, they will recommend stopping a study if the experimental treatment is so good that its efficacy is proven before the planned enrollment is achieved.

A major problem facing local IRBs (and local investigators) is that the FDA requires that sponsors of all studies performed under their regulations notify all investigators involved in a study of all the serious adverse events that occur. Sponsors request that investigators forward this information to their local IRB. For some large studies this could be scores of reports every day.

The Columbia University IRB has developed their own standards about what Adverse Event Reports they want to have you report and those they do not want to see (except in summary form at the time of renewal) in compliance with reporting requirements.

The full policy can be found at:

www.cumc.columbia.edu/dept/irb/docs/Adverse_Event_Reporting_Policy.pdf

The hardest part of adverse event reporting is to understand the terms.

Adverse Event

Any experience or abnormal finding that has taken place during the course of a research project and was harmful to the subject participating in the research, or increased the risks of harm from the research, or had an unfavorable impact on the risk/benefit ratio.

[The FDA also includes in its definition of an adverse event an abnormal preclinical or laboratory finding which may not yet have resulted in direct harm to subjects (e.g. a bacterium is identified in a culture from the same batch of cells used to produce a vaccine which has been administered, even if no cases of infection have been reported)].

FDA characterizes adverse events resulting from devices as adverse device effects. Only unanticipated adverse device effects that are serious need to be reported promptly. The Columbia policy encompasses this regulatory requirement.

NOTE: The definition of adverse event makes no distinction as to causality.

Scenario: A person involved in a clinical trial is in an automobile accident. This is an adverse event.

Serious Adverse Event

Any experience occurring that results in any of the following outcomes: death; life-threatening experience; requires in-patient hospitalization or prolongation of existing hospitalization; results in persistent or significant disability/incapacity; is a congenital anomaly/birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered a serious adverse experience when, based upon appropriate medical judgment, they may jeopardize the subject and may require medical or surgical intervention to prevent one of these outcomes.

Scenario: The person who was in the clinical trial and was involved in an automobile accident was hospitalized (or died) as a result of the accident; this would be a Serious Adverse Event.

Unanticipated adverse event (serious or not)

Any adverse drug, device, or intervention experience for which the specificity, frequency, or severity is not consistent with the current investigator's brochure; or, if an investigator's brochure is not required or available, the specificity, frequency, or severity of which is not consistent with the risk information described in the general investigational plan or elsewhere in the current application.

Scenario: Very few investigator drug brochures mention automobile accidents, so our participant who was hospitalized as a result of an automobile accident would have had a serious and unanticipated adverse event.

Internal

Occurring in a study approved by a Columbia University IRB at a site for which a Columbia University investigator is responsible for the conduct of the study.

It can be on our campus or in South America if a Columbia University investigator is responsible.

External

Occurring in a study at a site for which a Columbia University investigator is not responsible for the conduct of the study.

Columbia University IRB Policy on Adverse Event Reports

INTERNAL: The following Adverse Events shall be reported to the IRB within **48 hours** of the event or the investigator being notified of the event:

Adverse events that are both Serious and Unanticipated

Scenario: The case of our study participant who was involved in an automobile accident and was hospitalized would require a filling of an Adverse Event report to the Columbia University IRB.

EXTERNAL: The following Adverse Events shall be reported to the CU IRB within 5 **business days** of the event or the investigator being notified of the event:

Adverse events that are both Serious and Unanticipated AND possibly (*or probably or definitely*) related to study procedures. (Parenthetical phrase added by me.)

The latter qualification, possibly related to study procedures, is clearly a judgment call.

Scenario: If our study were of a drug that may cause drowsiness or is potentially epileptogenic, it is possible that the automobile accident was related to the study drug. If so, even if this were a participant at another site, it would require submission of an Adverse Event report. The IRB's concern is that if the drug were to have this potential it would be important that the consent form had language that cautioned against driving while taking the drug.

The Columbia University Policy further states that:

Events that do not meet the above criteria shall **ONLY** be reported in summary form at the time of continuing review. If reported as they occur, the reports will be returned to the researcher without IRB review.

It will unburden you and the IRB if you do not submit adverse events that do not meet the reporting requirements.

Often as part of a multicenter trial, you will receive adverse event reports from sponsors that report serious and unanticipated adverse events from other sites that are classified either by the investigator or the medical monitor of the study as possibly related. Even if you disagree with this assessment, you are obligated to report these individually to the Columbia University IRB.

With this background, you are now ready to enter your Adverse Event into the Rascal Adverse Event Module.

As with both Modifications and Renewals, you start your Adverse Event Report with the Protocol overview page (see Figure 29)

Selecting "Report a Serious and Unexpected Adverse Event" brings up the screen shown below:

Human Subjects
Columbia University Research
[Rascal Home](#) | [Help](#) | [Log Out](#) | [Email Rascal](#)

Rascal Human Subjects

[\[IRB Menu\]](#)
[\[Previous List\]](#)

Serious and Unexpected Adverse Event Report

Protocol Number		IRB-AAAA2286	
You are		Department	
Principal Investigator		Initiator	
Date Created	11/30/2005 at 14:03		

GENERAL INSTRUCTIONS ?

Event Keyword ? ~Select Keyword~

Event in relation to study ? ~Select Relation~

Event was an anticipated risk ? ☐

Anticipated risk based on ? ~Select Anticipated Risk Based~

Where did this event occur? ? ~Select Location~

Date of the event ?

Date PI became aware of event ?

Event was reported to PI by ?

Event reported To (select all that apply) ?

☐ Sponsor

☐ FDA

☐ DSMB (Data Safety Monitoring Board)

☐ Co-Investigators

Subject identifier ?

Select Investigational Product(s) involved ? ~Select Product~

Description of Event ?

Treatment/Outcome ?

Treatment location (max 255 characters) ?

Treatment provider (max 255 characters) ?

Results of Event (select all that apply) ?

☐ Death

☐ Requires or Prolongs hospitalization

☐ Disability

☐ Supportive treatment required

☐ Subject remains on study

☐ Blind has been broken

Change required to protocol ?

Change required to consent form ?

Save

Figure 40. Serious and Unexpected Adverse Event Report (prior to saving)

What follows are entry by entry instructions for filling out this form.

Event keyword (drop down menu)

The selection is large, but not exhaustive. You should choose the symptom (note this is a symptom classification, not a diagnosis) that most closely matches the adverse event you are reporting. The choices are found in the list below. In our example, the choice of “Hospitalization” for the auto accident might be the closest match.

Abdominal Pain	Cramp	Hernia	Psychosis
Abnormal Blood Tests	Dandruff	Hiccup	Rash
Acne	Deafness	Hives	Renal Dysfunction
Addiction	Death	Hospitalization	Respiratory Arrest
Aggression	Deformity	Hypertension	Seizure
Allergic Reaction	Dehydration	Hypotension	Senility
Anemia	Delirium	Impotence	Sexual Dysfunction
Aneurysm	Delusion	Imprisonment	Shock
Angina	Dementia	Incontinence	Shortness of Breath
Anxiety	Depression	Indigestion	Sinus Problem
Appetite Change	Despondency	Infection	Skin Reaction
Arrest/Imprisonment	Diarrhea	Infertility	Sleep Disturbance
Arthritis	Disorientation	Infestation	Sneezing
Ascites	Dizziness	Inflammation	Spasm
Asthma	Double Vision	Insomnia	Speech Problem
Back Pain	Dry Mouth	Irregular Heartbeat	Spontaneous Abortion
Behavior Change	Earache	Irregular Period	Stroke
Bleeding	Eating Disorder	Itching	Suicide
Blindness	Eczema	Jaundice	Suicide Ideation
Blister	Edema	Labor Onset	Sweating
Blood Clot	Endometriosis	Leukemia	Swelling
Blurred Vision	Eye Pain	Melanoma	Syncope
Bone Density Loss	Fainting	Memory Loss	Teeth Grinding
Breach of	Fatigue	Menstrual Change	Toothache
Confidentiality	Fever	Metabolic Change	Toxemia
Carcinoma	Fibromyalgia	Migraine	Trembling
Cardiac Arrest	Fibrosis	Mood Change	Tremor
Caries	Fluid Retention	Muscle Weakness	Tumor
Catatonia	Gas/Bloating	Nail Change	Ulcer
Chest Pain	Hair Loss	Nose Bleed	Urination Problem
Chills	Headache	Osteoporosis	Vertigo
Cirrhosis	Hearing Problem	Pain	Violence
Cold Sore	Heart Abnormality	Paranoia	Vision Problem
Colic	Heart Attack	Pneumonia	Vomiting
Coma	Heart Failure	Poisoning	Weakness
Constipation	Heart Rate Change	Polyp	Wheezing
Convulsion	Heartburn	Pregnancy	Withdrawal Reaction
Cough	Hemorrhage	Premature Birth	X-Ray Reaction

Figure 41. Adverse Event Symptom List

Event in relation to study (drop down menu)

The choices are:

- Unrelated
- Unlikely to be related
- Possibly related
- Probably related
- Definitely related

Event was an anticipated risk (check box)

Check this box if the particular adverse event was anticipated.

If you check this box, you need to indicate of what basis, this was an “anticipated risk.” This is done in the next line:

Anticipated risk based upon (drop down menu)

The choices are:

- Investigator brochure
- PDR
- Sponsor protocol
- Consent form
- Underlying condition
- Other

Where did this event occur? (drop down menu)

The choices are:

- Columbia University
- Off-site
- Other

This is an indication of whether or not the Columbia University IRB is the responsible IRB. To be consistent with the policy, this probably should be “Internal” and “External.” You should select Columbia University if it is a study that is under the jurisdiction of the Columbia University IRB and Off-site if it is not under the Columbia IRB. I would recommend not using “Other.”

At this point in filling out the Adverse Event report you need to look at what you have entered.

IMPORTANT INFORMATION

First, if you checked “Event was an anticipated risk” then you misunderstood the policy. If it is an anticipated adverse event, then according to Columbia University you should not file this report. If you go ahead and do all of the rest of this submission, it will simply be returned to you to withdraw it.

There is an exception for reporting an adverse event that was “anticipated.” That is if either the frequency or the severity of the adverse event is greater than anticipated. If this is the case, you should not check the box “Risk was an anticipated risk”. In the description of the event text box, you can explain that while the event was anticipated, it is occurring at a higher frequency or more severely than was originally anticipated.

(I have suggested to the RASCAL programming team, that if you check the anticipated box, and hit the “save” button, that a macro is launched that erases the report.)

Second, if it is not anticipated (i.e., you did not check the “Event was an anticipated risk” box) and this is an external (i.e., not a site for which the Columbia IRB has responsibility), if your selection for “Event in relation to study” is unrelated or unlikely to be related, then again you should not file this Report.

To reiterate the policy: for internal studies, report within 48 hours (of learning of the event) all serious and unexpected; for external studies, report within 5 business days (of learning of the event) all serious and unexpected and possibly (or higher) related.

Date of the event (drop down boxes)

Self-explanatory

Date PI became aware of event (drop down boxes)

Remember, if this is an “Internal” report, this should be within two days of when the report is submitted to the IRB. If it is “External” this submission should be within one week of learning of the event.

Event was reported to PI by (text box)

Self-explanatory

Event reported To (select all that apply)

The choices are:

- Sponsor
- FDA
- DSMB
- Co-investigators

Check all those that you have already notified or plan to notify as soon as you get off RASCAL. Note that if you state that the event was reported to PI by the Sponsor, then Sponsor should not also be listed as event reported to.

Select Investigational Product(s) involved

This item exists only in those protocols that have an investigational product entered in the Human Subjects module (page 33). Choose among the investigational product list all that were involved in this adverse event.

Subject identifier

Put the identifier that you (or the sponsor) use to specifically identify the research subject. **DO NOT USE THE PERSON’S NAME.** This is a HIPAA no-no.

The importance of this is so that if there is a follow-up report on this subject, the IRB can find the antecedent report.

Description of Event (Text box)

The help in RASCAL states:

Provide a full description of the adverse event, including information on the medical history of the subject that may be pertinent to the event being reported (i.e., relevant pre-existing medical conditions, etc.). Report symptoms and the timing of both symptoms and the event itself.

The purpose of this and subsequent sections is to help the IRB to understand the event and make a judgment as to what their action should be. You need not provide a complete medical history, but you do need to describe what occurred.

If this is a report from a sponsor (e.g., an external – but serious, unexpected, and possibly related adverse event), you will have a MedWatch or similar report that you need to attach to the adverse event report. This report will have all of the information you need to submit for the report. You can briefly describe the event and refer within the text box to the report that you attach (see page 42 for how to attach).

Treatment/Outcome (Text box)

The help in RASCAL states:

Describe any treatment that the participant received and the outcome. Any persistent or significant disability/incapacity, prolonged hospitalization or medical treatment that the subject will continue to require should be included here.

Treatment location (max 255 characters) (Limited size text box)

This is where you indicate where the participant received medical treatment as a result of the adverse event. If the participant received no treatment, state “Not applicable.” Don’t use “N/A” because that can also mean “not available,” not an acceptable answer.

Treatment provider (max 255 characters) (limited size text box)

The IRB may need to contact the provider of the treatment to the participant that experienced the adverse event. You should provide name and contact information that would allow the IRB to do this. This information is necessary (if available) only for “Internal” adverse events.

Results of Event (select all that apply) (check boxes)

The choices are:

- Death
- Requires or Prolongs hospitalization
- Disability
- Supportive treatment required
- Subject remains on study
- Blind has been broken

The choices are straightforward.

Change required to protocol (check box)

If you or the sponsor plan to change the protocol as a result of this event, check this box. (The change will need to be done as a separate step within the modification module. You do not need to wait until this adverse event is acted upon by the IRB to initiate the protocol modification.)

Change required to consent form (check box)

If you or the sponsor plan to change the consent form as a result of this event, check this box. (Again, this change will need to be done within the modification module).

HIT THE SAVE BUTTON!!

If you've filled all of this in without having hit the save button, you've been skating on thin ice.

Once you hit the save button, the screen is updated as follows:

The screenshot shows the 'Rascal Human Subjects' interface. On the left is a navigation menu with links: General, Attach Documents, Submit Report, Copy Report, Delete Report, Print Menu, View Data Sheet, View History, Protocol Overview, Meeting History, Previous List, and IRB Menu. The main content area is titled 'Serious and Unexpected Adverse Event Report'. At the top, it shows the Protocol Number 'IRB-AAA2286' and a table with fields for 'You are', 'Principal Investigator', 'Department', and 'Initiator'. Below this is a 'GENERAL INSTRUCTIONS' section with various dropdown menus and checkboxes for event details. The 'Event Keyword' is set to '~Select Keyword~', 'Event in relation to study' is '~Select Relation~', 'Event was an anticipated risk' is unchecked, 'Anticipated risk based on' is '~Select Anticipated Risk Based~', 'Where did this event occur?' is '~Select Location~', 'Date of the event' is set to 11/30/2005, 'Date PI became aware of event' is set to 11/30/2005, and 'Event was reported to PI by' is set to 'Sponsor'. The 'Event reported To (select all that apply)' section has 'Sponsor' checked. The 'Subject identifier' is 'sorgromastim (Leukine)'. The 'Select Investigational Product(s) involved' is '~Select Product~'. The 'Description of Event', 'Treatment/Outcome', 'Treatment location (max 255 characters)', and 'Treatment provider (max 255 characters)' fields are empty. The 'Results of Event (select all that apply)' section has 'Death' checked. The 'Change required to protocol' and 'Change required to consent form' checkboxes are unchecked. A 'Save' button is at the bottom.

Figure 42. Serious and Unexpected Adverse Event Report (after saving)

Once you have “saved” the report, you can attach documents, e.g., MedWatch or other sponsor provided documents that further explain the adverse event, using the “Attach Documents” choice on the left-hand menu.

Unlike initial submissions, renewal or modifications, adverse events do not require any “approvals” from study staff in order to be submitted to the IRB. Any personnel on the protocol can submit an adverse event report.

If you need to report another adverse event, return to the Protocol Overview page and start over.

RASCAL PROTOCOL DEVIATION/VIOLATION REPORTING

Federal Regulations require that all protocol deviations and/or instances of noncompliance with IRB regulations be reported to the IRB by the principal investigator as soon as the violations are discovered.

A protocol violation/deviation occurs when there is a variance in a research study between what is described in the protocol (reviewed and approved by the IRB) and the actual activities performed by the research team.

Examples of protocol deviations:

- Unreported minor modifications in the IRB approved protocol or consent documents
- Changes in procedures initiated to eliminate immediate hazards to study subjects
- Enrolment of subjects outside protocol inclusion/exclusion criteria
- Failure to obtain official IRB approval of an amendment approval prior to enrolling research subjects under a revised protocol
- Failure to perform certain study-related tasks or follow-up visits according to the protocol
- Breach of confidentiality or privacy
- Medication or intervention errors such as an incorrect drug/intervention or incorrect dosage of a drug
- Exceeding IRB approved enrollment numbers

Any variance from the IRB-approved protocol is a protocol violation and needs to be reported promptly to the IRB.

The only change to the approved protocol that is allowed by the regulations is a change from the approved procedure that is done to eliminate immediate hazards to the study subject. If this is done, however, it needs to be reported to the IRB after the fact.

There is no separate module within RASCAL to submit these reports. You need to use either the Modification module or the Adverse Event Module. If the deviation/violation results in harm or the potential for harm to the subjects, you should use the Adverse Event Module. This should be done within 48 hours of the occurrence, or of your learning of the occurrence.

If there is no harm or potential for harm, you should make your report using the Modification module in Rascal. Within the Modification modules, use the “Summary of Changes” section to describe the deviation/violation and explain why and how the deviation/violation occurred.

You should describe how the deviation/violation affected the risk/benefit ratio for the subject (if no change, this should be stated explicitly). If the deviation/violation affected the integrity of the research data this should be explained as well.

Finally, you should describe corrective measures that will be taken to prevent the recurrence of the deviation/violation in the future.

The IRB does have the power (and responsibility) to shut down a study because of failure to adhere to an approved protocol, particularly if subjects' rights or health have been put at risk as a result.

APPENDIX

SUBMISSION OF PROTOCOLS TO THE WESTERN IRB

A limited sub-set of protocols is permitted to have the Western IRB (WIRB) serve as the IRB of record for studies performed by CUMC faculty.

Studies that meet all of the following requirements are eligible to go to WIRB:

- 1) Industry-sponsored (not investigator-initiated and receiving industry support)
- 2) Multi-centered (i.e., number of sites ≥ 2).
- 3) Have an IND or IDE for the study that is held by the industrial sponsor.

This includes new studies and renewals of studies currently at the WIRB that meet these three requirements.

NOTE: There is absolutely no requirement that studies that meet these criteria must go to WIRB – it is only an option. Any study can be submitted to the CUMC IRB.

It is critically-important that investigators submit the contract to the Clinical Trials Office before submitting protocols to the WIRB. There is no mechanism to assure compliance with this, but you should know that the negotiation of a contract with a pharmaceutical sponsor usually takes longer than the time necessary for obtaining approval by the WIRB.

Even though the WIRB is the IRB of record for the studies they review, the University must know of all studies being done on this campus. The way in which this is done is by having a submission of the protocol within the RASCAL system.

The process may seem a bit awkward, but keep in mind that the RASCAL system was never designed for this purpose. From this point of view, RASCAL serves quite well as a repository of the information the University needs to keep for studies reviewed by the Western IRB.

PRIOR TO SUBMISSION TO WIRB

For each protocol, create a new RASCAL submission that includes:

- A standard proposal (Grants and Contracts) module
- An abbreviated Protocol (IRB) module (details below)

The process of completing the Proposal (Grants and Contracts) module in RASCAL and submitting the proposal materials to the Clinical Trials Office (which can now be done on-line at: <http://www.columbiaclinicaltrials.org>) is not changed.

If your protocol requires other approvals (for example the Cancer Center Protocol Review and Monitoring Committee (PRMC), Joint Radiation Safety Committee (JRSC), Institutional Biosafety Committee (IBC) or the University Stem Cell Research Committee), these must be obtained prior to submitting to the WIRB. Copies of these approvals should be attached in Rascal and submitted with the application to WIRB.

The process of completing the Protocol (IRB) module is much abbreviated and the detailed instructions are given below. The bolded items refer to items in the Rascal Human Subjects Module

GENERAL (see page 10)

Originating Department Code

Enter Department Code for PI

Submitting to

Medical Center

Protocol Begin Date

Enter approximate start date (in the future)

Protocol End Date

Enter an approximate end date – end of follow-up

Title

Enter official title (Do not add prefix WIRB)

Abbreviated Title

Enter an abbreviated title (e.g., acronym)

IRB of Record

From drop-down menu, select Western IRB

IRB number used by non-CU IRB

Leave blank – will be filled in later

Select any items that apply to your Research

Select drug or device or both and any of the other items that apply.

Select any Research Facilities/Resources that apply

Check all that apply

PERSONNEL (see page 14)

Add **all** study personnel using UNIs. (This allows for all personnel to complete their study-specific conflict of interest disclosures).

RESEARCH

Study Description (see page 17)

Enter the following text:

“This protocol is being submitted to the WIRB for review”

Note that Rascal requires that some text be placed in three other places:

Add Research/Protocol Hypothesis (REQUIRED) (see page 18)

Scientific Abstract (see page 20)

Lay Abstract (see page 21)

The same text as above can be placed in these three places as well.

FUNDING (see page 25)

Funding Type

Select either external pharmaceutical or external medical device from drop down menu.

Source

Enter the name of the Sponsor

Rascal proposal

Enter the Rascal proposal number (even if you have not finalized it yet). The number will be in the format: PT-AAAD1234

INVESTIGATIONAL PRODUCT (see page 33)

Complete an entry for each investigational product being used in this study.

The following must be included for each investigational item:

Type

Name of Drug, Device or Biologic

Sponsor Protocol Version Number

IDE/IND holder

IDE/IND number

Phase of Study

Sponsor/Manufacturer Enter contact person from sponsor and include at least a telephone number

ATTACH DOCUMENTS (see page 42)

Attach copies of the following documents:

Sponsor's Protocol – REQUIRED

Investigator's brochure – REQUIRED

(in device trials this documents may be called Instructions for Use)

Sponsor's draft consent form – IF PROVIDED

This is all that need be entered into the Rascal Protocol submission.

Once this is complete, you need to have all of the key personnel “approve” the protocol.

This is done by selecting:

NOTIFY APPROVERS (see page 45)

This process allows the personnel to enter their study-specific conflict of interest information. Once all the approvals have been obtained, the PI or Co-PI can submit the protocol to the CUMC IRB by selecting:

SUBMIT PROTOCOL (see page 45)

The protocol will be reviewed by the IRB staff for eligibility for WIRB submission, and to check that all of the required items have been filled out and attached. Once this has been done (typically in 5 days or less), the initiator and the Principal Investigator will receive an automated email message informing them that they have correspondence from the IRB. The status of the protocol in the RASCAL system will be “Returned.”

The initiator or the Principal Investigator must log onto Rascal and go to the Notification Queue on the Rascal Human Subjects page (see Figure 3) and retrieve the correspondence. (Alternatively, anyone listed in the Personnel section can go into RASCAL, open the protocol and select “view Correspondence” from the left hand menu on the Human Subjects page (Figure 5)

The correspondence will appear as in the following Figure:

View Correspondence for IRB Protocol

IRB-AAAA2057

From: IRB Office on 11/18/2005 at 12:18

To: Researcher

Review Correspondence

Protocol Number: IRB-AAAA2057 Protocol

Current Status: Returned

Notification Date: 11/18/2005

From: IRB Office

To: Researcher

Subject: RASCAL IRB Protocol IRB-AAAA2057 (Protocol)

Text:

Protocol (Returned)

>Original Message From: Admin C

>Date: Fri, 18 Nov 2005 17:17:32 GMT

>

>Original Message From: maggie berryman

>Date: Fri, 18 Nov 2005 16:57:32 GMT

>

This has been returned to you by the IRB. Following is a request for additional information or changes.

You have permission to send this industry-sponsored, multi-centered clinical trial to the Western IRB (WIRB) for review.

The Clinical Trials Office will handle billing and payment issues related to WIRB charges. There is no change in the process of completing the Proposal Tracking (Grants and Contracts) module in RASCAL and submitting the proposal materials to the Clinical Trials Office, which can now be done on-line at: <http://www.columbiaclinicaltrials.org>

If the protocol requires approval by the Cancer Center (RMC), Joint Radiation Safety Committee (JRSC), or Institutional Biosafety Committee (IBC), this/these approval(s) must be obtained prior to submission to WIRB. The CUMC-IRB will not screen your initial submission for these approvals. It is the investigator's responsibility to ensure that a copy of each required approval is included in the application to WIRB.

FOLLOWING APPROVAL BY WIRB: As soon as approval from WIRB is received, attach a copy of the WIRB approval letter and WIRB-approved consent form (provided electronically by WIRB) to the RASCAL protocol and resubmit the protocol to the CUMC IRB.

This final RASCAL submission must be approved by the CUMC IRB.

Required attachments include:

- * WIRB approval letter and WIRB approved consent form.
- * Sponsor's protocol (same version as approved by WIRB)
- * Investigator's Drug Brochure or Device Manual
- * Copies of all applicable local approval letters, such as:
 - o Cancer Center (RMC)
 - o Hazardous Materials or Biosafety (IBC)
 - o Radiation Safety (JRSC or RDRC), and
 - o Recombinant DNA Advisory Committee (RAC)

Note: Incomplete submissions will be returned to the Investigator with correspondence indicating what is missing. Complete submissions will receive expedited review and approval.

If you have any technical questions, please call the RASCAL help line at 212.870.3480. If you have any other questions, please call the IRB office at 212.305.5883.

You must make all changes within RASCAL, then re-'SUBMIT' the protocol via RASCAL to continue the review process.

It is not sufficient to send correspondence that addresses each of the concerns; the changes must be made to the applicable document (e.g., protocol, consent form) and the entire protocol must be resubmitted. If there are no changes to documents, (i.e., clarification or explanation only is required), add the appropriate correspondence within RASCAL and re-'SUBMIT' the protocol.

If you have any technical questions, please call the RASCAL help line at 212.870.3480. If you have any other questions, please call the IRB office.

Figure 43. Correspondence giving permission to go to WIRB

You need to print out this correspondence and include it with your submission to the WIRB.

NOTE: The WIRB will not review any new protocols that do not have this RASCAL correspondence attached. Be sure to include the header which includes the RASCAL IRB number.

AFTER APPROVAL FROM WIRB

Once you receive your approval for the study from WIRB, you need to go back to the Protocol in RASCAL to complete the process.

This involves attaching document to the RASCAL submission.

WIRB approval letter **REQUIRED**

WIRB-approved consent form(s) **REQUIRED**

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Cancer Center (PRMC) Approval	IF REQUIRED
IBC	IF REQUIRED
JRSC	IF REQUIRED

In addition, you need to enter the WIRB study number on the General Information page:

IRB number used by non-CU IRB: (see page 21).

The number that goes here is the WIRB Study Number, NOT the WIRB Protocol Number.

WIRB (as opposed to Rascal) Tip:

Every WIRB submission has 4 numbers associated with it. These are shown on the right hand side in the following Figure.

WIRB [®] (360) 252-2500 FAX: (360) 252-2498 1-800-562-4789	Western Institutional Review Board [®] Western International Review Board [®] 3535 SEVENTH AVENUE, SW, OLYMPIA, WA 98502-5010 P.O. BOX 12029, OLYMPIA, WA 98508-2029	<i>Certificate of Approval</i>
	<u>THE FOLLOWING WERE APPROVED:</u> INVESTIGATOR: BOARD ACTION DATED: 11/11/2005 PANEL: 12 STUDY APPROVAL EXPIRES: 11/04/2006 STUDY NUM: 1054070 WIRB PRO NUM: 20031023 INVEST NUM: 101456 WO NUM: 1-342569-4	

Figure 44. WIRB numbers

At WIRB, every protocol has a WIRB PRO NUM or protocol number. The WIRB often has the same protocol to review for more than one investigator.

In addition, every principal investigator has his/her individual INVEST NUM or investigator number.

It is the combination of a protocol number and an investigator number that uniquely identifies this study, and this number is the STUDY NUM.

The WO number is the work order number which applies to the specific event associated with the specific study, e.g., initial review, modification, etc.

Once you have attached all the required documents and entered the WIRB study number, the PI or Co-Investigator needs to resubmit the protocol to the CUMC IRB.

The submission will have an administrative review at the IRB and, if complete, will receive an “Approved” status with an expiration date that is the same as that given by the WIRB.

NOTE: Because of how the RASCAL system is structured (and it was never meant to serve as a repository of other IRB-approved protocols), the “approval” will not match the true approval date – that given by the Western IRB.

The “approval” by the CUMC IRB is not a requirement for the initiation of your study, only the approval by the Western IRB and a contract signed by the University and Hospital representatives. The process of “approval” is simply a way to keep track of the WIRB approved studies using the RASCAL system.

RENEWALS FROM WIRB

You will obtain continuing review (renewal) notices from the WIRB. Because you have the same protocol within the RASCAL system with the same expiration date, you will receive automatic reminders about submitting a renewal in RASCAL. You should wait to respond to these automatic RASCAL notices until you receive your renewal approval certificate and consent form from WIRB.

Once you have obtaining your renewal of your protocol from WIRB, you should prepare a renewal for the RASCAL version of your protocol. This is an abbreviated version of the standard RASCAL renewal (see section on Renewals, beginning on page 83).

On the Renewal Information page, you should fill out the following sections:

Subject Enrollment Status (drop down box)

Date enrollment began at our site: (drop down boxes)

If personnel have changed on your protocol, you should make these changes in the Personnel section.

If you had not put in the WIRB study number previously, please enter that on the General Information page and be sure that the IRB of record is Western IRB.

Finally, you need to attach the following documents:

New WIRB approval letter

New WIRB-approved consent form(s)

If a new version of the protocol or investigator’s brochure has been issued, these should also be attached.

NOTE: Any “old” documents (e.g., the old WIRB approval letter and old WIRB-approved consent form) will be carried over into your renewal. These should be deleted from the renewal, as they are being replaced with new documents. [This deletion does not remove these documents from the previous submission. For complete explanation

about document management within RASCAL, see “Very Important (and very long) Rascal Tip on page 77.]

All of the key personnel will be required to “approve” the submission and fill-out study specific conflict of interest forms.

Once all of the approvals are obtained, the PI or a Co-Investigator can submit the renewal in RASCAL.

This renewal will be administratively reviewed and, if complete, will be “approved” in Rascal.

NOTE: There is the possibility that within the RASCAL system, your protocol may have a “lapse” if the date when RASCAL “approval” is given is after the previous expiration of your study. This is not a true lapse in approval for your study. The true approval date (and expiration) date is that issued by the Western IRB.

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