

PROTOCOL TITLE: _____

ABBREVIATED TITLE (30 characters or less): _____

PROPOSED START DATE: _____ END DATE: _____ TOTAL SUBJECTS TO BE ACCRUED: _____

MULTI-SITE COLLABORATION:
 None Foreign site(s) only*
 Domestic site(s) only* Foreign & domestic sites*
 *Include in the protocol the full name and address of each site and identify whether each holds a FWA or MPA. For more information, contact the Office of Human Subjects Research (301-402-3444).

REQUESTED ACCRUAL EXCLUSION (Check all that apply):
 None Asian
 Male Black or African American
 Female White
 Children Hispanic or Latino
 American Indian/ Alaskan Native Native Hawaiian or Pacific Islander
 *Attach detailed statement describing the rationale for any requested exclusion(s).

SUBJECT ACCRUAL CHARACTERISTICS:
 Minimum Age Permitted _____
 Maximum Age Permitted _____
 Pediatric None <1 Yr. 1-3 Yrs. 4-17 Yrs. 18-20 Yrs
 Healthy Volunteers Yes No
 Are Healthy Volunteers NIH Employees? Yes No
 Subject Remuneration Yes No

NOTE: Each Protocol must include a discussion of the rationale for subject selection including gender and ethnicity of the population at risk. Recruitment plans and procedures must also be described.

PROTOCOL TYPE: (Check one):
 Screening
 Training
 Natural History
 Natural History - Specimen Procurement Only
 Clinical Trial: Identify Phase (Definitions on Reverse) (Check one)
 Phase I Phase II Phase III Phase IV

IS TISSUE BEING COLLECTED FOR RESEARCH PURPOSES? Yes No
PATIENT SELF REFERRAL ALLOWED? Yes No
LIST ON WEB Yes No

KEY WORDS (Enter 5 words, not contained in the protocol title, particularly salient in describing the protocol):
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

IONIZING RADIATION USE (X-rays, e.g., CT; radioisotopes, e.g. PET; etc.):
 None
 Medically indicated
 Research indicated (Complete NIH-88-23a, and attach to this application. Send a copy of entire protocol and NIH-88-23a to Chair, Radiation Safety for concurrent review).

INVESTIGATIONAL NEW DRUG/DEVICE: None IND IDE
 FDA No. _____
 Name: _____
 Sponsor: _____

List all commercial or other entities providing investigational drug/device: (Explanation/examples on reverse side) _____

Does the protocol involve a drug/device/product that may lead to you or the NIH receiving payment and/or royalties?
 No Yes (Append a statement of disclosure)

Do any investigators have equity, consultative, or other financial relationship with a non-NIH source related to this protocol which might be considered a conflict of interest?
 No Yes (Append a statement of disclosure)

MEDICAL ADVISORY INVESTIGATOR (if necessary):

LEAD ASSOCIATE INVESTIGATOR (Definition on reverse side):

(Name) (Institute/Branch) (Telephone)

RESEARCH CONTACT:

(Name) (Institute/Branch) (Address, Telephone, Fax)

ASSOCIATE INVESTIGATOR(S) (Name, Institute/Branch, Telephone) Initial:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

(Principal Investigator: Be sure to include PRECIS <=400 words as first section of protocol)

SIGNATURE	Principal Investigator	Print/Type Name	Date	Send to Accountable Investigator
RECOMMENDATION	Accountable Investigator	Print/Type Name	Date	Send to Branch Chief, or CC Dept. Head of PI
	Branch Chief or CC Dept. Head of P.I.	Print/Type Name	Date	Send to Institute/Center Scientific Review Committee
APPROVALS	For Institute/Center Scientific Review Comm.	Print/Type Name	Date	Send to Clinical Director
	Clinical Director	Print/Type Name	Date	Send to Chair, Institutional Review Board
	Chair, For Institutional Review Board	Print/Type Name	Date	Send to Office of Protocol Services, through IRB Protocol Coordinator
PATIENT SAFETY/ RESOURCE REVIEW	Director, Clinical Center	Print/Type Name	Date	Return to Office of Protocol Services, (10/1S231B)
COMPLETION	Protocol Specialist	Date	PROTOCOL NO.	

Definitions for Research Types

R:CT Research: Clinical Trials – Includes Phase I through Phase IV clinical trials.

Phase I

Phase I includes the initial introduction of an investigational new drug into humans. Phase I studies are typically closely monitored and may be conducted in patients or normal volunteer subjects. These studies are designed to determine the metabolism and pharmacologic actions of the drug in humans, the side effects associated with increasing doses, and, if possible, to gain early evidence on effectiveness. During Phase I, sufficient information about the drug's pharmacokinetics and pharmacological effects should be obtained to permit the design of well-controlled, scientifically valid, Phase II studies. The total number of subjects and patients included in Phase I studies varies with the drug, but is generally in the range of 20-80.

Phase II

Phase II includes the controlled and uncontrolled clinical studies conducted to evaluate the effectiveness of the drug for a particular indication or indications in patients with the disease or condition under study and to determine the common short-term side effects and risks associated with the drug. Phase II studies are typically closely monitored, and conducted in a relatively small number of patients, usually involving no more than several hundred subjects.

Phase III

Phase III studies are expanded controlled and uncontrolled trials. They are performed after preliminary evidence suggesting effectiveness of the drug has been obtained, and are intended to gather the additional information about effectiveness and safety that is needed to evaluate the overall benefit-risk relationship of the drug, and to provide an adequate basis for physician labeling. Phase III studies usually include from several hundred to several thousand subjects.

Phase IV (From CFR 312.85)

Phase IV studies. Concurrent with marketing approval, the FDA may seek agreement from the sponsor to conduct certain postmarketing (Phase IV) studies to delineate additional information about the drug's risks, benefits, and optional use. These studies could include, but would not be limited to, studying different doses or schedules of administration than were used in Phase II studies, use of the drug in other patient populations or other stages of the disease, or use of the drug over a longer period of time.

R:NH Research: Natural History/Disease Pathogenesis – Protocols designed to study normal human biology and disease pathogenesis.

Such protocols may have multiple components including provision for screening, standard therapy, physiological investigations, natural history, and long-term effects of therapy.

S Screening – Designed to determine if individuals may be suitable candidates for inclusion in one or another study being carried out by an Institute. The NIH does not support a rigid quota of patients to be admitted for screening purposes, since this may vary widely among ICs and within an IC over time. Furthermore, specific screening protocols may be written for long-term accrual of cohorts of patients with interesting, unexplained disease presentation for the purpose of identifying new syndromes. However, the projected number of patients to be accrued to such screening protocols must be estimated in advance and subsequently monitored.

T Training – Provide the opportunity for staff physicians and other health workers to follow particular types of patients in order to maintain or increase their professional skills. The projected number of subjects to be accrued to such training protocols must be indicated in advance and subsequently monitored.

Commercial or Other Entities Providing Drug/Device

A sponsor of a clinical trial is the IND holder. The sponsor usually supplies the drug or device for the trial, monitor the clinical trial, and report to the FDA. The sponsor can be an individual, commercial entity (e.g., drug company), government agency (e.g., Cancer Therapy Evaluation Program), academic institution, or clinical trial organization (e.g., cooperative group operations office). Commercial entities that manufacture the investigational drug/device, supply the drug/device for the trial, hold the IND and sponsor the trial, or are a partner in the development of the drug/device should be reported.

Lead Associate Investigator:

An associate investigator who has played a leading role in the formulation, writing, and implementation of a clinical research protocol under the mentorship of the protocol's principal investigator. A lead associate investigator may be a physician, a dentist, a Ph.D., an RN, a member of the allied health professions, or a trainee.