Appendices

Representations & Certifications: http://orca.bpn.gov

APPENDIX 1 – CONFERENCE OR SYMPOSIUM SUPPORT INSTRUCTIONS

A. Conference or Symposium Support requests should be submitted electronically via **CONFERENCE OR SYMPOSIUM SUPPORT FORM, located at** www.usamraa.army.mil.

Note: Funds will not be provided to reimburse scientists from communist and terrorist countries.

1. Requestor's Full Name, Address, City, State, Zip, E-mail, FAX and Daytime telephone number.
2. Requesting Organization's Full Name, Address, City, State, Zip, E-mail, FAX and telephone number.
3. Conference/Symposium Title (Limited to 120 characters)
4. Start and End Dates of Conference/Symposium
5. City, State and County Where Conference/Symposium will be held.
6. Explanation of Conference and/or benefits/relevance to the mission of USAMRMC
7. Amount of Funds Requested
8. Explanation of funds:
   (a) Travel expenses of US participants
   (b) Printing costs (Proceedings, etc.)
9. Include an agenda/tentative program as well as a list of invitees/speakers and their organizations and countries
10. Include Curriculum Vitae (CV) of Chairperson and Co-chairperson, if available.

B. Questions regarding the USAMRMC BAA can be answered by calling 301-619-7148 or emailing: QA.BAA@DET.AMEDD.ARMY.MIL.

Questions regarding the NBACC BAA can be answered by calling 301-682-3662 or emailing NBACC_BAA@NBACC.net

APPENDIX 2 – PREPROPOSAL INSTRUCTIONS

A. Preproposals should be submitted electronically via a PREPROPOSAL FORM located at www.usamraa.army.mil/pages/BAA_forms/user/login.cfm.

Note: Funds will not be provided to reimburse scientists from communist and terrorist countries.

1. Principal Investigator's Full Name, Address, City, State, Zip, E-mail, FAX and Daytime telephone number.
2. Organization's Full Name, Address, City, State, Zip, E-mail FAX and Daytime telephone number.
3. Preproposal Title (Limited to 120 characters).
4. Six - Eight Keywords
5. Select the area of interests (3 max) from the drop down menu for which the proposal is being submitted.
6. Problem to be Studied/Goals and Objectives
7. Significance and/or Uniqueness of the Proposed Effort
8. The Potential Military Relevance
9. Proposed Duration of the Project in Years and Months
10. The total estimated cost of the research project, inclusive of direct and indirect costs.
11. Names, Title, Roles and Percent of Effort of Participating Personnel.
12. Itemized List of Major Capital Equipment/Subcontracts > $10K (If Known)
13. Brief Description of Animal and Human Use
14. Conclusions
15. Brief Curriculum Vitae (CV) for PI & Key Personnel
16. List of relevant publications (do not include a copy of the publications).

B. Questions regarding the USAMRMC BAA can be answered by calling 301-619-7148 or emailing: QA.BAA@det.amedd.army.mil.

Questions regarding the NBACC BAA can be answered by calling 301-682-3662 or emailing NBACC_BAA@NBACC.net.

POC = Point-of-contact

APPENDIX 3 – PROPOSAL COVER PAGE

A completed Research Proposal Cover Page must be the first page of the full proposal. The Cover Page must contain the information listed below. A suggested format is provided.

1. Log Number. If a preproposal was submitted, enter the log number that was assigned to the preproposal. If a preproposal was not submitted, leave this block blank.
2. Name and Address of Offeror: The full name and address of the organization or institution submitting the proposal should be supplied for this item.
3. Proposal Title: Insert title of research proposal not to exceed 120 characters.
4. BAA Area(s) of Interest or Title of BAA Supplement: Enter the title of the area of the interest described in the BAA or the BAA Supplement (NETRP, PRMRP, TMM, etc.) under which the proposal is being submitted.
5. Estimated Cost: Total cost to complete research effort (including direct and indirect costs).
6. Proposed Start Date: Earliest date principal investigator believes work could begin (at least six months from the submission date).
7. Proposed Duration: Number of years to complete research effort and complete final reports.
8. Proposal Valid Until: Allow a minimum of six months from the date of submission.
9. Principal Investigator's Organization: the name of the organization where the PI is employed.
10. Principal Investigator's Information: name, address, email, phone and fax.
11. Administrative Representative's Information: name, address, email, phone and fax.
12. Alternate Principal Investigator Information: name, phone and email.
13. Alternate Administrative Representative Information: name, phone and email.
14. Authorized Representative's Information: name, title, signature and date.

APPENDIX 3 – PROPOSAL COVER PAGE

RESEARCH PROPOSAL COVER PAGE

1. Log No.:		PROPOSAL COVER PAGE	
2. Name and Address of Offeror:			
3. Proposal Title:			
4. BAA Area(s) of Interest or Title of BAA Supplement			
5. Total estimated Cost: $	6. Proposed Start Date:	7. Proposed Duration	8. Proposal Valid Until:
9. Principal Investigator's Organization:			
10. Principal Investigator's Name and Address:		11. Admin. Representative Name and Address:	
Email:		Email:	
Phone No.:		Phone No.:	
FAX No:		FAX No:	
12. Alternate's Name:		13. Alternate's Name:	
Alternate's Phone No:		Alternate's Phone No:	
Alternate's Email:		Alternate's Email:	
14. Authorized Representative:			
Typed Name:		Signature:	
Title:		Date Signed:	

NOTHING ON THIS PAGE IS PROPRIETARY INFORMATION

APPENDIX 4 – PROPOSAL ABSTRACT

A completed Abstract must be the second page of each copy of the proposal. A sample is located at www.usamraa.army.mil.

The Abstract must include the information listed below. A suggested format is also provided.

1. Proposal Title (120 characters maximum)

2. Keywords. 6-8 words.

3. Abstract. Approximately 200 words. Nothing on this page should be proprietary or subject to other restrictions on distribution for evaluation purposes.

APPENDIX 4 – PROPOSAL ABSTRACT

Proposal Title: *(120 Characters Maximum)*
Keywords: *(6-8 words)*
Abstract: (Type within outline: approximately 200 words)

NOTHING ON THIS PAGE IS PROPRIETARY INFORMATION

APPENDIX 5 – PROPOSAL TABLE OF CONTENTS

A. Research Proposal Cover Page
B. Proposal Abstract
C. Table of Contents (with pagination)
D. Statement of Work
E. Body of Proposal
F. Detailed Cost Estimate
G. Addenda
    1. Acronym/Symbol Definition
    2. Biographical Sketch
    3. Personnel Curriculum Vitae
    4. Existing/Pending Support
    5. Letter Confirming Collaboration
    6. Facilities/Equipment Description
    7. Certificate of Environmental Compliance
    8. Human Use
        a. Optional Form 310, Protection of Human Subjects
        b. Human Use Documentation (32CFR 219 and 45 CFR 46)
        c. Copy of all protocols and consent forms
        d. Documentation of Local Institutional Review Board Review and Approval
    9. Animal Use
        a. Justification for animal/species use
        b. AAALAC approval or compliance with PHS and Federal
        c. Current approval letter/minutes from local Institutional Animal Care and Use Committee
        d. Assurance signed by the Principal Investigator
    10. Representations & Certifications: http://orca.bpn.gov

NOTHING ON THIS PAGE IS PROPRIETARY INFORMATION

APPENDIX 6 – DETAILED COST ESTIMATE

PRINCIPAL INVESTIGATOR (last, first, middle):							
DETAILED BUDGET FOR YEAR *:	☐ 1ST	☐ 2ND	☐ 3RD	☐ 4TH	☐ 5TH	FROM	THROUGH

PERSONNEL					DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT	TYPE APPT. (MONTHS)	ANNUAL BASE SALARY	EFFORT ON PROJECT	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	PI			%			
				%			
				%			
				%			
				%			
				%			
				%			
SUBTOTALS							

CONSULTANT COSTS	
MAJOR EQUIPMENT (ITEMIZE)	
MATERIALS, SUPPLIES AND CONSUMABLES (ITEMIZE BY CATEGORY)	
TRAVEL COSTS	
RESEARCH-RELATED SUBJECT COSTS	
OTHER DIRECT COSTS (ITEMIZED BY CATEGORY)	
SUBTOTAL OF DIRECT COSTS FOR THIS BUDGET PERIOD	
CONSORTIUM/ SUBAWARD COSTS – DIRECT COST	
CONSORTIUM/ SUBAWARD COSTS – INDIRECT COST	
TOTAL DIRECT COST FOR THIS BUDGET PERIOD	
TOTAL INDIRECT COSTS FOR THIS BUDGET PEIROD	
TOTAL DIRECT + INDIDRECT COSTS FOR THIS BUDGET PERIOD	
FIXED FEE (If applicable)	
TOTAL COSTS AND FIXED FEE	

***USE SEPARATE FORM FOR EACH BUDGET YEAR.**

APPENDIX 6 – DETAILED COST ESTIMATE

Principal Investigator (last, first, middle):						
SUMMARY BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT						
BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD	ADDITIONAL YEARS OF SUPPORT REQUESTED				TOTAL
		2ND	3RD	4TH	5TH	
PERSONNEL						
FRINGE BENEFITS						
CONSULTANT COSTS						
MAJOR EQUIPMENT						
MATERIALS, SUPPLIES, AND CONSUMABLES						
RESEARCH-RELATED SUBJECT COSTS						
OTHER DIRECT COSTS						
TRAVEL COSTS						
SUBTOTAL DIRECT COSTS						
CONSORTIUM/ SUBAWARD COSTS – DIRECT						
CONSORTIUM/ SUBAWARD COSTS – INDIRECT						
SUBTOTAL						
TOTAL INDIRECT COSTS						
TOTAL COST FOR EACH YEAR						*
FIXED FEE FOR EACH YEAR						
TOTAL COST (INCLUDING FEE)						**

** This amount should agree with the amount entered in block 12 on the Research Proposal Cover Sheet.*

***For Commercial Organizations requesting a fee, this amount should agree with the amount in block 12 on the Research Proposal Cover Sheet.*

APPENDIX 6 – DETAILED COST ESTIMATE

NOTE: Itemize all budget categories for each year on the *Justification* page, which follows. Follow Section E, Detailed Cost Estimate under Proposal Preparation in preparing your justification. Use continuation pages as needed.

APPENDIX 7 – BIOGRAPHICAL SKETCH

Provide the following information for the key personnel listed on the budget page.			
NAME	POSITION TITLE		
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include post-doctoral training).			
INSTITUTION AND LOCATION	DEGREE (IF APPLICABLE)	YEAR (S)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order, previous employment, experience and honors. Include present membership on any Federal Government public advisory committee. List in chronological order, the titles, all authors and complete references to all publications during the past 3 years and to representative earlier publication pertinent to this application. If the list of publications in the last 3 years exceeds 2 pages, select the most pertinent publications. PAGE LIMITATIONS APPLY. DO NOT EXCEED 3 PAGES FOR THE ENTIRE BIOGRAPHICAL SKETCH PER INVESTIGATOR.

APPENDIX 7 – BIOGRAPHICAL SKETCH

RESEARCH AND PROFESSIONAL EXPERIENCE (CONTINUED). PAGE LIMITATIONS APPLY.
DO NOT EXCEED 3 PAGES FOR THE ENTIRE BIOGRAPHICAL SKETCH PER INVESTIGATOR.

APPENDIX 8 – CERTIFICATE OF ENVIRONMENTAL COMPLIANCE

Certificate of Environmental Compliance (CEC)

This Certificate of Environmental Compliance shall be executed by the institution's official responsible for environmental compliance. The Council on Environmental Quality (CEQ) regulations (40 CFR 1500-1508) that implement the National Environmental Policy Act (PL 91-190, as amended) require all federal agencies to examine possible environmental consequences of their proposed and ongoing actions.

1. One CEC (this form) must be submitted for each site conducting research under the submitted research proposal. This includes all subcontractors.

2. If you have any questions concerning the generation or applicability of a CEC, please contact, Mrs. JoLane Souris, USAMRMC Command Environmental Coordinator, at either jolane.souris@amedd.army.mil or 301-619-2004.

The offeror currently _ IS _ IS NOT (check appropriate category) in compliance with applicable national, state, and local environmental laws and regulations. (If not in compliance, attach details and evidence of approved mitigation measures.) The offeror has examined the activities encompassed within the proposed action for compliance with environmental laws and regulations. (Enter title)

"_ "

PRINCIPLE INVESTIGATOR: _____

The offeror states that the conduct of the proposed action:

1. WILL NOT violate any applicable national, state, or local environmental law or regulation, and
2. WILL NOT have a significant impact on the environment.

The offeror agrees that if the work required under the proposed action at any time results in a significant impact on the environment or a violation of any applicable environmental law or regulation, the offeror will immediately take appropriate action, to include notifying and/or coordinating with the appropriate regulatory agencies as required by law and notifying the Grants Officer.

_____

Name and Title of Official Responsible for Environmental Compliance (Printed)

_____ _____

Signature Date

_____

Name of Organization (Printed)

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

This appendix contains an explanation of the required review and approval process for research involving human subjects and/or human anatomical substances (including human organs, tissues, cells, body fluids from human subjects as well as graphic, written, or recorded information derived from human subjects). Specific guidelines are subject to change as governing regulations, policies, and procedures are updated. Consult "Protocol Submission Guidelines" at https://mrmc.detrick.army.mil/crprcqhspd.asp for additional information and updates.

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APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

1. Introduction

In 1991, the Department of Defense (DOD), together with 15 other federal agencies, adopted regulations that are known collectively as the Common Federal Rule. These regulations embody the ethical principles of the Belmont Report. Title 32 Code of Federal Regulations Part 219 (32 CFR 219), "Protection of Human Subjects" applies to all research involving human subjects conducted or supported by the DOD. The Department of Health and Human Services (DHHS) National Institutes of Health (NIH) corollary is 45 CFR 46. Research conducted or funded by the U.S. Army Medical Research and Materiel Command (USAMRMC) is also governed by Army Regulation (AR) 70-25, January 1990 and Office of The Surgeon General (OTSG) Regulation 15-2, January 1989. The USAMRMC also adheres to the Food and Drug Administration (FDA) regulation, Title 21 Code of Federal Regulations for research involving investigational drugs or devices. The OTSG maintains the overall responsibility for protecting human research subjects for the Department of the Army.

2. Definitions

2-a. Research

In the Common Federal Rule, research is defined as " . . . a systematic investigation, including research development, testing and evaluation designed to develop or contribute to generalizable knowledge" (32 CFR 219.102). Activities that meet this definition constitute research for purposes of this policy, whether they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

The FDA defines clinical investigation as " . . . any experiment in which a drug is administered or dispensed to, or used involving, one or more human subjects" (21 CFR 312.3). This definition applies to research involving the use of FDA-regulated products.

2-b. Human Subjects

In the Common Federal Rule, a human subject is defined as "a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information" (32 CFR 219.102).

The FDA defines a human subject as "an individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy individual or a patient" (21 CFR 312.3).

2-c. Human Anatomical Substances (and Privileged or Protected Health Information)

The Common Federal Rule applies to the use of human organs, tissues, cells, or body fluids from individually identifiable human subjects and graphic, written or recorded information derived from individually identifiable human subjects.

3. Human Subjects Research Review Board

3-a. Review Levels for DOD-Sponsored Research

In addition to first level of review and approval by the local Institutional Review Board (IRB), a second level of review and approval is required for DOD-sponsored research. If a research proposal is recommended for funding and the research involves human subjects, human anatomical substances, or privileged or protected health information, a research protocol must be submitted to the Human Subjects Research Review Board (HSRRB) for review and approval. The HSRRB is functionally similar to a civilian IRB. The HSRRB is administratively supported by the Office of Regulatory Compliance and Quality, USAMRMC. HSRRB approval must be obtained prior to initiation of DOD-sponsored research.

If a claim of exemption is submitted, the Acting Chair of the HSRRB will review the proposal/protocol and make a determination of exempt status.

If the local IRB has made an assessment that the proposed research is no greater than minimal risk (NGTMR) and the research is eligible for expedited review, the Acting Chair of the HSRRB will review the protocol through an expedited review procedure. If the Acting Chair deems the protocol ineligible for expedited review, it will receive a full HSRRB review at a convened Board meeting.

If the local IRB has made an assessment that the proposed research is greater than minimal risk (GTMR), the protocol will receive a full HSRRB review. The protocol must be submitted through the Office of Regulatory Compliance and Quality to the HSRRB for full review and approval prior to initiation of the research.

3-b. Timelines and Outcomes

Initial feedback from the HSRRB is provided to the Principal Investigator (PI) within 1 month after submission of a complete protocol packet. After the protocol is approved, any revisions to the protocol, consent form, advertisements, questionnaires, or other related study documentation must be submitted through the local IRB to the HSRRB for approval prior to implementation. A change to the Principal Investigator (PI) is considered a revision to the protocol. The Surgeon General (TSG) of the U.S. Army must approve the recommendations of the HSRRB. The HSRRB will make one of the following recommendations to TSG:

Approval. The protocol should be approved without further revisions.

Conditional Approval. Approval of the protocol is contingent upon revisions being made and/or additional information being provided. The PI should address the Board's recommendations and submit a revised protocol and related documents to the Acting Chair, who can approve the revised protocol when all of the Board's recommended revisions and requests for additional information have been adequately addressed.

Disapproval. A protocol is not approved when there are substantive concerns about the conduct of the protocol and/or safety of the subjects. The PI should address the Board's recommended revisions and requests for additional information and submit a revised protocol and related documents to the Acting Chair for review at another convened meeting of the HSRRB.

Deferral. A protocol may be deferred or tabled for action at another meeting when there is a lack of sufficient information to make a more definitive recommendation.

3-c. Multi-site Protocol Review

For multi-site protocols involving the use of human subjects, the protocol and consent form for the primary site are first reviewed and approved by expedited or full Board review as appropriate. If the same protocol used by the primary site will be used at each of the other sites, each site-specific consent form can receive expedited review after review and approval of the protocol and consent form for the primary site. In addition, all domestic and foreign sites are required to assure compliance with the federal policy for the protection of human subjects. If an awardee institution or any of the collaborating sites does not have an assurance number, such as a Multiple Project Assurance (MPA) or Federal Wide Assurance (FWA) with the DHHS Office for Human Research Protections, then a FWA must be obtained, or an application for a DOD single project assurance (SPA) must be completed by each site that does not have an assurance and the application must be submitted to the Acting Chair, HSRRB. Refer to part 12, "Assurances" in this appendix for further details regarding submission of an SPA application.

4. Claim of Exemption

4-a. Approval of Exempt Status for Research Involving Human Subjects or Anatomical Substances

Certain categories of research are exempt from review by the HSRRB in accordance with federal guidelines. If your research fits in one or more of these categories, you may request exempt status for your protocol. Your protocol and Claim of Exemption form will be reviewed to evaluate your claim of exemption.

4-b. Exempt Categories

The following list, taken from 32 CFR 219.101, details the exemption categories.

1. Research conducted in established or commonly accepted educational settings involving normal educational practices, such as:

   a. Research on regular and special education instructional strategies, or

   b. Research on the effectiveness of or the comparison among instructional techniques, curricula or classroom management methods.

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, unless:

   a. Information obtained is recorded in such a manner that human subjects can be identified directly or through identifiers linked to the subjects; and

   b. Any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph 2 of this section, if:

   a. The human subjects are elected or appointed public officials or candidates for public office, or

   b. Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

4. Research involving the collection or study of existing data, documents, records, pathological specimens or diagnostic specimens, if these sources are publicly available of if the information is recorded by the investigator in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.

5. Research and demonstration projects that are conducted by or subject to the approval of Department or Agency heads, and that are designed to study, evaluate, or otherwise examine:

   a. Public benefit or service programs,

   b. Procedures for obtaining benefits or services under those programs,

   c. Possible changes in or alternatives to those programs or procedures, or

   d. Possible changes in methods or levels of payment for benefits or services under those programs.

6. Taste and food quality evaluation and consumer acceptance studies,

   a. If wholesome foods without additives are consumed, or

   b. If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Dept. of Agriculture.

4-c. Claiming Exemption

Investigators who believe that their protocol is exempt from review should submit (1) a completed Claim of Exemption Form and (2) documentation from the local IRB stating that the protocol has been determined to be exempt. If human anatomical substances are being used, a copy of the consent form that was used with subjects when the anatomical substances were initially obtained for use in research should be provided. This consent form should demonstrate that subjects consented to the use of their donated samples in the type of research being conducted.

5. Minimal Risk Research

5-a. Approval of NGTMR Research Involving Human Subjects or Human Anatomical Substances

Minimal risk is defined as "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 and psychological examinations or tests" in 32 CFR 219.102(i). If the research protocol is assessed as minimal risk in accordance with this definition and regulation, it can be approved by expedited review if the study involves one of the research categories that qualifies for expedited review, as listed in the Federal Register, Notices, Vol. 63, No. 216, dated November 9, 1998. Following is a brief synopsis of these categories:

1. Clinical studies of drugs for which an Investigational New Drug (IND) application is not required or of medical devices for which an Investigational Device Exemption (IDE) application is not required or the medical device has been cleared/approved for marketing and the device is being used for its cleared/approved labeling.

2. Collection of blood samples by finger, heel or ear stick, or by venipuncture, in healthy non-pregnant adults who weigh at least 110 pounds where the amount of blood drawn does not exceed 550 mL in an 8-week period and collection does not occur more frequently than two times per week. Collection of blood samples by finger, heel or ear stick, or by venipuncture, in other adults or children where the amount of blood drawn may not exceed the lesser of 50 ml or 3 ml/kg in an eight week period and collection does not occur more frequently that two times per week.

3. Prospective collection of biological specimens for research purposes by noninvasive means, such as hair and nail clippings, teeth extracted as routine patient care, excreta and external secretions, saliva, placenta removed at delivery, amniotic fluid obtained at the time of membrane rupture or during labor, dental plaque and calculus that is not more invasive than routine care, mucosal and skin cells collected by buccal scraping, mouth washings or swab, and sputum.

4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays and microwaves.

5. Research involving materials, such as data, documents, records or specimens, that have been collected or will be collected solely for nonresearch purposes (e.g. medical treatment or diagnosis).

6. Collection of data from voice, video, digital or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior, or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation or quality assurance methodologies.

5-b. Approval of a NGTMR Research Study with a Waiver of Informed Consent

A minimal risk protocol approved by expedited review can have the requirement for a written informed consent document waived if it meets the following four criteria, as outlined in 32 CFR 219.116(d):

1. The research involves no more than minimal risk to the subjects.
2. The waiver or alteration will not adversely affect the rights and welfare of the subjects.
3. The research could not practicably be carried out without the waiver or alteration.
4. Whenever appropriate, the subjects will be provided with additional information after participation.

If the local IRB has approved a protocol with waiver of informed consent and the study includes use of human anatomical substances, submit a copy of the consent form used to document individuals' consent to use their tissue, blood, or other medical information or records for research purposes.

6. Training for Research Investigators

Research investigators must complete appropriate institutional training before conducting human subjects research. Documentation of the most recent ethics training must be submitted for investigators of all protocols. In addition, for all investigational drug and device protocols, documentation of successful completion of a course in the conduct of clinical research in accordance with Good Clinical Practices (GCP) must be submitted for all investigators. The most recent ethics training and GCP course must be successfully completed within one year of the planned initiation of the protocol.

7. Guidelines for Writing Research Protocols Involving Human Subjects

7-a. Title 10 United States Code 980 (10 USC 980)

Before writing the research protocol, investigators must consider the requirements of 10 USC 980, which are applicable to DOD-sponsored research. 10 USC 980 requires that "Funds appropriated to the Department of Defense may not be used for research involving a human being as an experimental subject unless (1) the informed consent of the subject is obtained in advance, or (2) in the case of research intended to be beneficial to the subject, the informed consent of the subject or a legal representative of the subject is obtained in advance."

Furthermore and consistent with the Common Federal Rule for the Protection of Human Subjects, if an individual cannot give his/her own consent to participate in a research study, consent of the individual's legally authorized representative must be obtained prior to the individual's participation in the research. Moreover, an individual not legally competent to consent (e.g., incapacitated individuals, incompetents, minors) may not be enrolled in DOD-sponsored research unless the research is intended to benefit each subject enrolled in the study.

Investigators should be aware that this "intent to benefit" requirement often makes placebo controlled clinical trials enrolling incapacitated individuals, incompetents, or minors problematic. Investigators should therefore be able to articulate how this research intends to benefit these subjects if they will be in the placebo arm of the trial. For example, a subject in the placebo arm may benefit directly from medical treatment or surveillance provided because of the research that is beyond the standard of care.

7-b. Protocol Format

A detailed research protocol must be submitted for all human subjects studies for human subjects protection review (See Protocol Submission Checklist). In addition, the protocol must be reviewed and approved by the local IRB (the IRB of record) before it can be reviewed by the HSRRB, and the approval letter from the local IRB indicating the level of risk to subjects must be submitted with the protocol for initial HSRRB review.

Both IND and IDE protocols should follow the format described in the International Conference on Harmonisation (ICH), Consolidated Guideline E6 (www.ich.org). Other protocols may follow the ICH Guideline and include applicable paragraphs.

7-c. Required Elements of the Protocol

1. Protocol Title. The protocol title must be the same as the project/proposal title unless multiple protocols are being submitted within one proposal. In a proposal with multiple protocols, the proposal title must be referenced consistently across all protocols.

2. Phase. For medical products regulated by the Food, Drug and Cosmetic Act, designate the protocol as Phase I, II, III or IV research.

3. Principal Investigator. List the complete name, address, telephone and fax number, and e-mail address of the PI. Include a copy of the PI's curriculum vitae (CV) with the protocol. List the names of all personnel who will have significant involvement in the research study; include their practice license (i.e., MD or RN), highest degree(s), job title, and employing institution. In addition, include the name of the Medical Monitor with their current CV for Greater Than Minimal Risk Studies. (See number 15 of this section for details on the Medical Monitor requirement).

4. Location of Study. List all centers, clinics or laboratories where the study is to be conducted. Include the name, degree(s), title, employing institution and complete address of the investigator(s) for each site.

5. Time Required to Complete. State the month and year of expected start and completion times.

6. Objectives. Provide a detailed description of the purpose and objectives of the study.

7. Study Population.

a. Describe the target population (to whom the study findings will be generalized) and the nature, approximate number, and pertinent demographic characteristics of the accessible population at the study site (population from which the sample will be recruited/drawn).

b. Describe the methods that will be used to obtain a sample of subjects from the accessible population (i.e., convenience, simple random, stratified random) together with the inclusion and exclusion criteria (include age, gender, ethnicity).

c. If pregnant subjects will be excluded from participation in the study, the method used to determine pregnancy status in women of childbearing potential must be specified. Also, state the time that will elapse between the pregnancy test and exposure to research procedures or medical products and how long the non-pregnant subject should use effective contraceptive practices after participating in the study. Please note that contraceptive practices may be necessary for male subjects participating in certain types of studies. For IND studies, pregnancy testing is required within 48 hours before the start of the study.

8. Protocol Design. Describe the type of study to be performed (i.e. prospective, retrospective, randomized, controlled, etc). Outline the proposed methodology in sufficient detail to show a clear course of action. Technological reliability and validity of procedures should be indicated. Minimum guidance for the plan should include:

a. Subject identification. Describe the code system to be used to maintain the confidentiality of subjects.

b. Description of the recruitment process. Describe who will identify potential subjects, who will recruit them, and how they will be recruited. Provide copies of all recruitment and advertisement materials for review.

c. Description of the Informed Consent process. Specifically describe the plan for the informed consent process by stating who will perform the informed consent interview, when the interview will take place relative to the participant beginning study participation and in relation to any stressful situation like being informed he/she has cancer, or in relation to the administration of any mind-altering substances such as tranquilizers, conscious sedation, or anesthesia. Address how privacy and time for decision-making will be provided and whether or not the potential subject will be allowed to discuss the study with anyone before making a decision. Two copies of the consent form should be completed so that the subject can get an original copy and a copy can be kept for the PI's study records. A third copy may be needed for the patient's medical record; check with the participating site for specific study-site requirements.

d. Subject assignment. Describe the randomization process or other procedures used for subject group assignments.

e. Subject Screening Procedures. List and describe any evaluations (e.g., laboratory procedures, history, or physical examination) that are required to determine eligibility/suitability for study participation. Please note that some screening procedures may need a separate consent or a two-stage consent process.

f. Data Collection Procedures. Describe all data collection procedures to be used in conducting the study (e.g., laboratory evaluations, specimens to be collected, schedule and amounts, storage to include where and whether special conditions are required, labeling, and disposition). For studies using multiple measures or tests over time, it is helpful to display the data collection schedule in a spreadsheet or tabular format.

g. Clinical assessments. Provide a schedule of clinical evaluations and follow-up procedures. Provide any case report forms, data collection forms, questionnaires, rating scales, and/or interview guides that will be used in the study.

h. Research Interventions. Describe the research intervention or activity that the subject will experience. Provide sufficient detail in chronological order for a person uninvolved in the research to understand what the subject will experience.

i. Data Analysis. Describe the data analysis plan. The data analysis plan should be consistent with the study objectives.

9. Risks/Benefits Assessment.

a. Describe risks (physical [including pain and discomfort, disfigurement, infection, injury, death], psychological, social, economic, legal, and privacy/confidentiality risks]) associated with the research, measures to be taken to minimize and/or eliminate risks or to manage unpreventable risks and special medical or nursing care that will be needed prior to, during, or following participation.

b. Describe benefits of the research to the subject. If there will be no benefits to the subjects, (other than knowing he/she has contributed to science), state this in the protocol and consent form.

c. **NOTE**: Payment or compensation for participation is not considered to be a benefit and must be addressed in a separate section.

10. Reporting of serious or unexpected adverse events.

a. Serious or unexpected adverse events can occur in any and all types of studies, not just experimental interventions or clinical trials.

b. Include a definition of what constitutes an adverse event in the study.

(1) For IND or IDE research, include definitions as described in 21 CFR 312.32.

(2) All research protocols must address the following requirements, which is language from HSRRB Clause 7.01:

"An adverse event temporarily related to participation in the study should be documented whether or not considered to be related to the test article. This definition includes intercurrent illnesses and injuries and exacerbations of preexisting conditions. Include the following in all IND safety reports: Subject identification number and initials; associate investigator's name and name of MTF; subject's date of birth, gender, and ethnicity; test article and dates of administration; signs/symptoms and severity; date of onset; date of resolution or death; relationship to the study drug; action taken; concomitant medication(s) including dose, route, and duration of treatment, and date of last dose."

c. Describe agencies or offices to be notified with point of contact information in the event of a serious and unexpected adverse event. For all protocols involving human subjects, including investigational new drug or device studies, the following information about reporting serious and unexpected adverse events, which is language from HSRRB Clause 1.02, must be included in the protocol:

"Adverse experiences that are both serious and unexpected will be immediately reported by telephone to the USAMRMC, Deputy for Regulatory Compliance and Quality (301-619-2165) and send information by facsimile to 301-619-7803). A written report will follow the initial telephone call within 3 working days. Address the written report to the U.S. Army Medical Research and Materiel Command, ATTN: MCMR-RCQ, 504 Scott Street, Fort Detrick, Maryland 21702-5012."

11. Description of Protocol Drugs or Devices. If the protocol uses an investigational drug or device, provide the following information:

a. IND/IDE number and name of sponsor, if the study is in support of an application to the FDA.

b. Complete names and composition of all medication(s), device(s) or placebo(s).

c. Source of medications, devices or placebos.

d. Location of storage for study medications.

e. Dose range, schedule and administration of test articles.

f. Washout period, if used, should be described in detail.

g. Duration of drug or device treatment.

h. Concomitant medications allowed.

i. Antidotes and treatments available.

j. Disposition of unused drug.

k. The procedure by which the IND sponsor will monitor the protocol in accordance with 21 CFR 312.

l. In addition to the above list of requirements to be included in the protocol, the following additional items need to be submitted:

(1) A copy of the Investigator's Brochure and/or device manual and associated case report/data collection forms. If the study involved the testing of an approved drug for a new indication, provide a copy of the package insert.

(2) A signed Form FDA 1572 for IND Applications filed with the FDA, including the following information (for non-FDA new drug protocols, the following information should be included in the protocol):

(a) Name, address and a statement of the qualifications for each investigator and the name of each sub-investigator working under the PI.

(b) Names and addresses of facilities to be used.

(c) Name and address of each IRB reviewing the protocol.

(3) For Investigational Devices, include your local IRB's assessment of the risk (nonsignificant or significant) of the investigational device you plan to use in your study. If the device poses significant risk to research subjects, specify the IDE number obtained from the FDA, the name of the sponsor, and the procedure by which the sponsor will monitor the protocol in accordance with 21 CFR 812.

12. Disposition of Data. Describe where data will be stored, who will keep the data, how the data will be stored and the length of time data will be stored. Note that records of IND studies must be kept until 2 years after a New Drug Application is approved/issued, or for 2 years after the IND is withdrawn. Records required for IDE studies should be retained for 2 years following the date that the investigation is terminated or completed or the date that the records are no longer required for support of the pre-market approval application, whichever is sooner. For studies with minors, most states require keeping records for up to 7 years (dependent on state's statute of limitations) past the subject's age of majority.

13. Modification of the Protocol. Describe the procedures to be followed if the protocol is to be modified, amended or terminated before completion. Note that any modification to the protocol, consent form and/or questionnaires, including a change to the PI, must be submitted to the local IRB for review and approval and then the HSRRB for second level review and approval. Address this procedure even if you do not anticipate making any modifications.

14. Departure from the Protocol. Describe procedures and notifications to be made in the event of deviations from the approved protocol to include both the local IRB and the HSRRB.

15. Roles and Responsibilities of Study Personnel. Briefly describe the duties of all study personnel to include each of the persons listed as investigators, research staff, consultants and the medical monitor. Describe their roles in the research effort (e.g., Research Coordinator, 80%, recruit and consent subjects, maintain study records, administer study drug, take and record vital signs, enter data into computer data base). Duties of the medical monitor, as defined in HSRRB Clause 8.02, are as follows:

A medical monitor must be assigned to greater than minimal risk protocols. The name and curriculum vitae of the medical monitor, who is someone other than the PI, must be provided. This individual should be a qualified physician who is not associated with the protocol, able to provide medical care to research subjects for conditions that may arise during the conduct of the study, and able to monitor subjects during the conduct of the study. The medical monitor is required to review all serious and unexpected adverse events associated with the protocol and provide an unbiased written report of the event within 10 calendar days of the initial report. At a minimum, the medical monitor should comment on the outcomes of the adverse event and relationship of the event to the test article. The medical monitor should also indicate whether he/she concurs with the details of the report provided by the PI.

The medical monitor will forward reports to the U.S. Army Medical Research and Materiel Command, ATTN: MCMR-RCQ, 504 Scott Street, Fort Detrick, Maryland 21702-5012.

16. Completion of data sheets for entry into the Volunteer Registry Database is required for all greater than minimal risk intramural studies (Studies conducted in USAMRMC laboratories or conducted by USAMRMC personnel.) At the discretion of the HSRRB, greater than minimal risk extramural research may be required to comply with the Volunteer Registry Database requirement. If completion of data sheets is required, the following language regarding the Volunteer Registry Database (HSRRB Clause 2.01) should be included in the protocol and consent form:

"It is the policy of USAMRMC that data sheets are to be completed on all volunteers participating in research for entry into the U.S. Army Medical Research and Materiel Command Volunteer Registry Database. The information to be entered into this confidential database includes name, address, social security number, study name and dates. The intent of the database is twofold: first, to readily answer questions concerning an individual's participation in research sponsored by the USAMRMC; and second, to ensure that the USAMRMC can exercise its obligation to ensure research volunteers are adequately warned (duty to warn) of risks and to provide new information as it becomes available. The information will be stored at the USAMRMC for a minimum of 75 years."

Include in the protocol language to indicate that the Volunteer Registry Data Sheet must be completed. (See Parts 8 and 17 of this appendix.) In addition, include the completion of the data sheets in the study procedure timelines. Once completed, the data sheets must be sent to the following address:

Commanding General, U.S. Army Medical Research and Materiel Command
ATTN: MCMR-RCQ-HR
504 Scott Street
Fort Detrick, Maryland 21702-5012

These data sheets should be submitted upon completion of the study. In addition, some USAMRMC facilities have the capability to enter the information sheets directly into a secure database. Use of the Volunteer Registry Data Sheets is not required for exempt or no greater than minimal risk studies, unless otherwise indicated.

17. Medical care for research-related injuries. For DOD-funded research involving human subjects, medical care for research-related injuries must be provided at no cost to the subject. Describe how this requirement will be met. Many institutions and states provide for this medical care as part of their liability insurance. If not, this requirement may also be met by supplementing an existing insurance policy or by purchasing a separate insurance policy.

7-d. Advertisements, Posters and Press Releases to Recruit Subjects

If subjects will be recruited through an advertisement, newspaper article, or similar process, a copy of the local IRB-approved advertisement must be provided for review and approval by the HSRRB.

For studies involving investigational drugs or devices, local IRB review of advertisements is necessary to ensure that the information is not misleading to the subjects participating in IND studies. The FDA has established guidelines on advertisements for subjects. General guidance includes name and address of PI, summary of research purpose, brief eligibility criteria, truthful list of benefits, and the person to contact for further information.

7-e. Surveys, Questionnaires and Other Data Collection Instruments

If the research involves surveys, questionnaires or other instruments, include a copy of the most recent IRB-approved version of each of these documents with the protocol submission. For each instrument that is used, the following information at a minimum should be addressed:

a. The instrument should be labeled with the complete title of the study and instructions for completing and returning the instrument. The instructions should state that the subject can refuse to answer specific items without repercussions.

b. The instrument should be related to the objectives of the study.

c. Address whether the instrument is valid and reliable.

d. Provide instructions and order question items so that they are comprehensible and unambiguous.

e. Describe the procedure for confidentiality of hardcopy data or electronic data in the protocol and consent form.

8. Informed Consent Document Requirements

8-a. Required Elements of the Informed Consent Document

The format of the informed consent document may vary in accordance with the requirements of the local IRB. However, the informed consent document title must be the same as the protocol title. The following information is required for informed consent documents (32 CFR 219.116 and AR 70-25):

a. 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 that are experimental.

b. A description of any reasonably foreseeable risks or discomforts to the subject.

c. A description of any benefits to the subject or to others that may reasonably be expected from the research.

d. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

e. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. For example, describe procedures that will be followed to maintain the subject's privacy and confidentiality, how the identifying information or specimens will be stored and for how long. Also describe who will have access to the identifying data.

Army regulations require that medical care for research-related injury be provided at no cost to the subject. Include the following explanation of medical care available for research-related injury:

"Should you be injured as a direct result of participating in this research project, you will be provided medical care, at no cost to you, for that injury. You will not receive any injury compensation, only medical care. You should also understand that this is not a waiver or release of your legal rights. You should discuss this issue thoroughly with the Principal Investigator before you enroll in this study."

Three possible mechanisms are available to offset the costs of this requirement:

a. The proposed recipient may absorb such costs into the institution's operating budget.

b. The proposed recipient's liability insurance, if available, may be sufficient to cover any medical care costs. The proposed recipient's business office and/or legal advisor must ensure that there is adequate coverage under this liability insurance.

c. The proposed recipient could negotiate an additional amount of funds, if available, into the award that will cover such medical care cost (such as liability insurance).

If private citizens are enrolled, the following statement should be added to the consent form with the medical care clause:

"Other than medical care that may be provided and any other payment specifically stated in the consent form, there is no other compensation available for your participation in this research."

The name and contact information for someone to contact (a) about the research, (b) about research subjects' rights, and (c) about a possible research-related injury.

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

8-b. Additional Elements of the Informed Consent Document

When appropriate, one or more of the following elements of information shall also be provided to each subject (32 CFR 219.116 and applicable state/local laws):

a. 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) that are currently unforeseeable.

b. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.

c. Any additional costs to the subject that may result from participation in the research.

d. The consequences of a subject's decision to withdraw from the research and procedures that a subject can follow to terminate their participation in an orderly manner.

e. A statement that significant new findings developed during the course of the research will be provided to the subject so that they can decide whether to continue to participate.

f. The approximate number of subjects involved in the study.

g. Documentation of consent for human immunodeficiency virus (HIV) antibody testing, if scheduled, may be addressed in the body of the consent form or as separate HIV test consent form. Documentation should address any notifications required by state or local laws as well as any specific issues regarding confidentiality of positive test results.

h. The signature block of the consent form should include a signature line for the subject or legally authorized representative and lines for the permanent address of the subject.

8-c. Requirements Unique to DOD-Sponsored Research

Certification of Translation

Provide documentation that the foreign language version of the consent form is an accurate translation. Documentation of translation must be provided along with the English and foreign language version of the consent forms. The documentation of translation should include the following statement, "I certify that this is an accurate and true translation" as well as the signature, name, address, phone number and, if available, fax number of the translator.

Sample Donation

If the samples donated in this study will be used in other studies, the following statement should be included in the consent form:

"During this study, you will be asked to provide _____ (clearly specify the type of samples to be provided). These samples will be used for _____ (enter all known and anticipated uses) and may also be used for purposes that are currently unknown. There is a chance that the samples that you are donating under this study may be used in other research studies and may have some commercial value. (If a commercial value is anticipated, that value should be clearly described at this point.) Should your donated sample(s) lead to the development of a commercial product, _____ will own it and may take action to patent and license the product. _____ does not intend to provide you with any compensation for your participation in this study nor for any future value that the sample you have given may be found to have. You will not receive any notice of future uses of your sample(s). (When the study involves treatment as well as research, the following language should be added: You may agree to participate in the research protocol, but refuse to provide the additional samples discussed above.)."

In addition, a donation form may be prepared for signature by the volunteer that states:

"As a participant in _____ (insert the title of the study), I voluntarily donate _____ (clearly specify the type of sample(s) to be provided) to _____. These samples will be used for (enter all known and anticipated uses) and may also be used by _____ for uses not currently known to me. There is a possibility that the samples that I am donating under this study may be used in other research studies and may have some commercial value. (If a commercial value is anticipated, that value should be clearly described at this point). Should my donated sample(s) lead to the development of a commercial product, _____ will own it and it is possible that it will be patented and licensed by _____. _____ does not intend to provide me any compensation for this and will not give me any notice of future uses of my sample(s)."

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Please note that a separate sample donation form is not required. If you choose not to draft a separate sample donation form, the language from the first paragraph of this clause must be included in the informed consent document.

Payment for Study Participation: Active Duty Military Personnel

Under 24 USC 30, payment to Active Duty military personnel for participation in research is limited to blood donation and may not exceed $50 per blood draw. Active duty research subjects may not receive any other payment for participation in a research study.

Confidentiality

The following statement must be included in the consent form for all protocols that enroll military personnel:

"All data and medical information obtained about you, as an individual, will be considered privileged and held in confidence; you will not be identified in any presentation of the results. Complete confidentiality cannot be promised to subjects, particularly to subjects who are military personnel, because information bearing on your health may be required to be reported to appropriate medical or command authorities."

For studies involving civilian subjects and their donated samples, include language describing how the subject's confidentiality will be maintained, how long the samples will be retained, and who will have access to the samples. In addition, include language from HSRRB Clause 11.01-Review of Research Records, which states:

"It should be noted that representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research."

Pregnant Women

If pregnant women will be excluded, the following statement must be included if pregnancy during or after the study constitutes a risk to the participant or fetus:

"I should avoid becoming pregnant for at least (time period in days, weeks, or months) after participation in the study. To avoid becoming pregnant, I should either abstain from sexual relations or practice a method of birth control. Except for surgical removal of the uterus, birth control methods such as the use of condoms, a diaphragm or cervical cap, birth control pills, IUD, or sperm-killing products are not totally effective in preventing pregnancy."

Volunteer Registry Database

All studies that require completion of volunteer registry data sheets (See section 7-c, number 16) must notify subjects of the Volunteer Registry Database requirement in the consent form. The Volunteer Registry Database contains items of personal information, such as names, addresses, social security number and the name of the respective study. Information in the database will only be disclosed in accordance with Army Regulation 340-21 (the Army Privacy Program) and the Privacy Act of 1974. This means that only a person for whom data is collected, or his/her designated agent or legal guardian may request information from the database. Only authorized staff at the Office of Regulatory Compliance and Quality has access to information stored in the database.

For those studies that require that subjects be entered into the Voluntary Registry Database, USAMRDC Form 60-R must be completed for each volunteer. Send all completed forms to the Human Subjects Protection Branch annually and at the completion of the study. An example of the form is located in part 17 of this appendix. The following statement is normally included in the "Confidentiality" section of the consent form:

"It is the policy of USAMRMC that data sheets are to be completed on all volunteers participating in research for entry into this Command's Volunteer Registry Database. The information to be entered into this confidential database includes name, address, social security number, study name and dates. The intent of the data base is twofold: first, to readily answer questions concerning an individual's participation in research sponsored by

USAMRMC; and second, to ensure that the USAMRMC can exercise its obligation to ensure research volunteers are adequately warned (duty to warn) of risks and to provide new information as it becomes available. The information will be stored at USAMRMC for a minimum of 75 years."

9. Protocol Modifications and Amendments

As a second level review Board, the HSRRB continues to monitor protocols after the initial approval notification. All modifications to the protocol, consent form and/or study materials must be submitted to the HSRRB for review and approval prior to implementation. A list of proposed modifications or amendments to the protocol and an explanation of the need for these modifications should be submitted, along with a revised protocol incorporating the modifications. The level of review required for approval depends on the nature of the modifications.

10. Continuing Review and Final Reports

All continuing review reports and the final report approved by the local IRB must be submitted to the HSRRB. A continuing review of the protocol must be completed by the local IRB at least once each year for the duration of the study. Continuing review reports should include the following: the number of subjects accrued; a description of any adverse events or unanticipated problems involving risks to subjects or others and of any withdrawal of subjects from the research or complaints about the research; a summary of any recent literature, findings obtained thus far, amendments or modifications to the research since the last review, reports of multi-center trials and any other relevant information, especially information about the risks associated with the research; and a copy of the current informed consent document.

11. Serious or Unexpected Adverse Event Reports

Include in the initial adverse event reports the name of the person submitting the report, if different from the PI, name of the study, the HSRRB log number (A-xxxx) assigned to the study, the number of subjects enrolled to date, and the number and type of serious and unexpected adverse events previously reported in the study.

If the adverse event occurs in an IND study, the initial report must be identified as the "Initial Report for Subject (# or initials) enrolled in the clinical study Title and Log No. A-XXXX under IND #."

The following information must be provided:

(1) Description of Study. Double or single blind. If the study is being conducted in phases, indicate what phase of the study the subject is participating in.

(2) Number of subjects enrolled. Total number of subjects enrolled at the time of the adverse event.

(3) Synopsis of event. Provide a complete narrative of the event.

(4) Subject status. Did the subject recover? What was the patient status at the time of the report?

(5) Other serious and unexpected adverse events from this study. Please provide any information pertaining to other adverse events that may have occurred during the conduct of this study.

(6) Most frequently expected adverse events based on the nature of the product. What adverse events would you expect to see based on the nature of the product or based on information contained in the most current version of the Investigator's Brochure.

(7) Actions taken in response to the adverse event. Is the subject still enrolled in the study or not? Were any modifications or changes made to theprotocol in response to the event? Provide an assessment of the relationship of the adverse event/s to the subject's participation in the study.

(8) Submit identification information for the individual completing the report. Include the signature, printed name and role identification for the study (i.e., investigator, study physician, etc.)

In addition to the initial report of the adverse event, the report of the medical monitor must include his/her evaluation of the relationship of the adverse event to the subject's participation in the study and a follow-up report describing the resolution of the adverse event.

12. Assurances

If an institution has a current MPA or FWA with the DHHS Office for Human Research Protections, submit a letter with the following protocol information: (a) Assurance number, (b) risk level that the IRB classified the protocol (no greater than minimal risk or greater than minimal risk), (c) date of IRB approval, and (d) next continuing review date. This letter must be on official, institutional letterhead stationary and signed by the chairperson of the IRB that approved the protocol.

If the institution does not have a current MPA or FWA with the Office for Human Research Protections, a FWA must be obtained, or a written Assurance of Compliance must be filed with the Human Subjects Protection Branch of the Office of the Deputy Chief of Staff for Regulatory Compliance and Quality. The obligation to obtain an assurance can be found in 32 CFR 219.103.

There are four requirements for a DOD SPA that must be submitted to the Human Subjects Protection Branch. The first is to complete a DOD SPA application. For studies conducted outside of the United States, the international version of the SPA application should be completed. These applications can be found at https://mrmc.detrick.army.mil/crprcqhspd.asp.

The second requirement is to provide a table of the IRB membership with the credentials (e.g. M.D., Ph.D., etc.) of each member with his/her affiliation with the institute and the role fulfilled on the IRB (e.g. chairperson, alternate, scientist, etc.). An example of this table is provided in the SPA application.

The third requirement is to provide short CVs or biographical sketches of all of the IRB members. These CVs are used to verify qualifications of the IRB members.

The last requirement is to provide the written policies and procedures for conducting its initial and continuing review of research that are used by the IRB as outlined in 32 CFR 219.103. The SPA number will be issued after the protocol is approved by the HSRRB.

A letter from the Chairperson of the IRB that approved the protocol must accompany the SPA application on official, institutional letterhead stationary. The risk level assigned to the protocol by the IRB must be included along with the date of approval by the IRB and the next continuing review date.

13. Inclusion of Women and Minorities in Research

Consistent with the Belmont Report and recent congressional legislation, special attention is given to inclusion of women and minorities in research funded or managed by the USAMRMC. This policy is intended to promote equity both in assuming the burdens and in receiving the benefits of human subjects research. If women and/or minorities will be excluded from the protocol, a justification must be included.

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14. Where to Go for Help and Information

If your research involves human subjects, you should first contact your local IRB for institutional requirements. If you have questions regarding the HSRRB protocol and consent form requirements or the review and approval process, contact the Office of Regulatory Compliance and Quality at the address or phone number listed below.

Phone: 301-619-2620 (will ring over to 2165/2166)

Mail: Commanding General, U.S. Army Medical Research and Materiel Command
ATTN: MCMR-RCQ-HR
504 Scott Street
Fort Detrick MD 21702-5012

References:

- Title 32 Code of Federal Regulation, Part 219, Protection of Human Subjects
- Title 21 Code of Federal Regulation, Part 50, Protection of Human Subjects
- Title 21 Code of Federal Regulation, Part 56, Institutional Review Boards
- Title 21 Code of Federal Regulation, Part 312, Investigational New Drug Application
- Title 21 Code of Federal Regulation, Part 812, Investigational Devices
- Title 45 Code of Federal Regulation, Part 46, Subparts B, C, and D, Protection of Human Subjects
- Code of Federal Regulations is located at www.gpoaccess.gov/cfr
- Army Regulation 70-25, Use of Volunteers as Research Subjects
- Army Regulation 40-7, Use of Investigational Drugs and Devices in Humans and the Use of Schedule I Controlled Drug Substances
- Army Regulations can be located at www.usapa.army.mil
- Office of The Surgeon General Regulation 15-2, Human Subjects Research Review Board
- Title 10 United States Code, Section 980
- Department of Defense Directive 3216.2
- International Conference on Harmonisation, Good Clinical Practice, Consolidated Guideline is located at www.ich.org; all other ICH guidelines can be found in the ICH home page located at www.ich.org.

Copies of the preceding references can be obtained from either the U.S. Government Printing Office or the National Technical Information Service at:

Phone: 202-512-1800 Web Site: www.gpoaccess.gov

Mail: Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

Phone: 703-605-6000; 800-553-NTIS E-mail: orders@ntis.fedworld.gov

Mail: National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161

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15. Claim of Exemption Form

PROTOCOL TITLE:
PRINCIPAL INVESTIGATOR'S NAME: PROPOSAL NO:
INSTITUTION:

1. Will existing or archived data, documents, medical records, or database records be used? Yes No

2. Will existing biological specimens (e.g., cells, tissues, blood) be used? Yes No

3. Indicate below the sources of existing or archived data or biological specimens or cell lines (e.g., cell lines purchased from ATCC).

_____

_____

4. Will the donors of the original biological specimens be able to be identified, directly or indirectly, through identifiers linked to the donor? Yes No

5. Will data with identifiers be recorded in writing? Yes No

6. Will data be recorded by audiotape? Yes No

7. Will data be recorded by videotape? Yes No

8. If survey instruments are used, will sensitive or private topics be explored? Yes No

9. Will subjects be identifiable either by name or through demographic data? Yes No

If the answer to any question 4-9 is yes, describe on a separate sheet of paper how the confidentiality of a subject's identity will be maintained. Also describe plans for maintaining or destroying identifying links to subjects after the protocol has been completed.

_____

Principal Investigator's Signature Date

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16. Protocol Submission Checklist

PROTOCOL TITLE:
PRINCIPAL INVESTIGATOR'S NAME: PROPOSAL NO:
INSTITUTION:

Requirement for All Protocols as Appropriate:

___ Research Protocol

___ Consent Form(s)

___ Curriculum Vitae or Biosketch for Principal Investigator and Medical Monitor

___ Documentation of the most current ethics training for all research staff

___ Scientific Review/Peer Review Approval(s) (Note that for CDMRP proposals, this is obtained in-house)

___ Letter from the IRB Chairperson with the following protocol information: (a) MPA or FWA number, (b) risk level that the IRB classified the protocol (exempt, NGTMR, GTMR), (c) date of IRB approval, (d) next continuing review date, and (e) risk for medical devices (non-significant risk or significant risk).

___ Recruitment materials including advertisements, posters and announcements, recruitment letters phone scripts.

___ Case report form(s), data collection/recording form(s), questionnaires, interview guides, etc.

___ Radiation Control Committee/Biosafety Review Report

___ **If potential commercial use of sample(s) or future use of sample(s) in other studies, a** Sample Donation is required to be in the consent form.

Additional Requirements for IND Protocols:

___ Documentation of the Investigator's most recent GCP training

___ Document specifying IND Number

___ Investigator's Brochure

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Protocol Submission Checklist (cont.)

Additional Requirements for Medical Device Protocols:

___ Documentation of the Investigator's most recent GCP training

___ Document from manufacturer declaring level of risk for device (non-significant risk or significant risk) and IDE form

___ Document specifying IDE Number

___ Manufacturer's device manual/ device information

What type of study is proposed? (i.e. Phase I trial, pilot study, laboratory experiment, intervention, survey/record review, longitudinal, retrospective, etc)

_____

What procedures will be performed? (Administration of experimental drug, collection of biological specimens, diagnostic procedures, procedures involving radiation or radioactive materials, etc)

_____

Drug (s) to be used: _____ Drug Type _____

_____ _____

_____ _____

Human Subject Information:

Age range of subjects**:** _____ Subject Gender: ___Male ___Female

Total number of subjects expected to be enrolled: _____

Total number of subjects at each collaborating site: _____

Are subjects able to provide their own consent? ___Yes ___No

Vulnerable Subject Class: ___Prisoners___Minorities___HIV positive___Psychologically impaired ___Impaired decision-making ___Psychiatric patient ___Military__Employee/Student___Trauma

Subject Recruitment: ___Paid volunteers___Out-patients___Students/employees___In-patients

_____
Principal Investigator's Signature

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

17. Exempt Protocol Checklist

NOTE: All proposals must contain (1) a detailed proposal or protocol (if essentially the same) or a detailed protocol if different from the proposal, (2) Scientific Review/Peer Review, and (3) Curriculum Vitae (CV) of the Principal Investigator (PI) or a Bio-Sketch.

*** Exempt Protocol Checklist:**	Yes	No	N/A
Human Anatomical Substances Used			
REQUIRED Claim of Exemption form	☐	☐	☐
REQUIRED Local IRB Letter of Exemption	☐	☐	☐
or			
Optional form 310 (Signed by IRB Chair or designee)	☐	☐	☐
Supporting Letters of Collaboration/Agreement from Human Anatomical Substance Repositories indicating what personal identifying information, if any, will be used.	☐	☐	☐
If applicable, Standard Consent Form for the use of donated tissues for research	☐	☐	☐
Educational Practices/Tests/Surveys Used			
REQUIRED Claim of Exemption form	☐	☐	☐
REQUIRED Local IRB Letter of Exemption	☐	☐	☐
or Optional form 310 (Signed by IRB Chair or designee)	☐	☐	☐
Supporting Letters of Collaboration/Agreement From Educational Agency/ies	☐	☐	☐
Copies of all written tests, interview questions, Surveys, and/or data collection instruments	☐	☐	☐
Existing Data/Documents/Records Used			
REQUIRED Claim of Exemption form	☐	☐	☐
REQUIRED Local IRB Letter of Exemption	☐	☐	☐
or Optional form 310 (Signed by IRB Chair or designee)	☐	☐	☐
Supporting Letters of Collaboration/Agreement from Agencies that maintain the Data/Documents/ Records indicating what personal identifying Information, if any, will be used.	☐	☐	☐
Data Collection Procedures to include instruments	☐	☐	☐

* Based on the scope of the project, other documents may be requested or required.

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

18. USAMRDC Form 60-R

VOLUNTEER REGISTRY DATA SHEET (USAMRDC 60-R)
THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 USC 301; 10 USC 1071-1090; 44 USC 3101; EO 9397

2. Principal and Routine Purposes: To document participation in research conducted or sponsored by the U.S. Army Medical Research and Materiel Command. Personal information will be used for identification and location of participants.

3. Mandatory or Voluntary Disclosure: The furnishing of the SSN is mandatory and necessary to provide identification and to contact you if future information indicates that your health may be adversely affected. Failure to provide information may preclude your participation in the research study.

PART A - INVESTIGATOR INFORMATION
(To Be Completed By Investigator)

PLEASE PRINT, USING INK OR BALLPOINT PEN

1. Study Number: _____ 2. Protocol Title:

3. Contractor (Laboratory / Institute Conducting Study):

4. Study Period: From: _____/_____/_____ To: _____/_____/_____
DD MM YY DD MM YY

5. Principal / Other Investigator(s) Names(s): 6. Location / Laboratory
1. _____ _____/_____
2. _____ _____/_____
3. _____ _____/_____

PART B - VOLUNTEER INFORMATION
(To Be Completed by Volunteer)

PLEASE PRINT, USING INK OR BALLPOINT PEN

7. SSN: _____/_____/_____ 8. Name: _____

9. Sex: M___F___ 10. Date of Birth: ____/____/____ 11: *MOS/Job Series___ 12:Rank/Grade __

13. Permanent Home Address (Home of Record) or Study Location:

_____ _____
(Street) (P.O. Box / Apartment Number)

_____ _____ _____
(City) (Country) (State) (Zip Code)

Permanent Home Phone Number: _____

14. * Local Address (If Different From Permanent Address):

_____ _____
(Street) (P.O. Box / Apartment Number)

_____ _____ _____
(City) (Country) (State) (Zip Code)

Local Phone Number: _____

VOLUNTEER REGISTRY DATA SHEET (USAMRDC 60-R) (Continued)

15. * Military Unit: _____ Zip Code: _____

Organization: _____ Post: _____ Duty Phone Number: _____

PART C - ADDITIONAL INFORMATION
(To Be Completed by Investigator)

PLEASE PRINT, USING INK OR BALLPOINT PEN

16. Location of Study: _____

17. Is Study Completed: Y: _____ N: _____

Did volunteer finish participation: Y: _____ N: ____ If YES, date finished ___/____/____
DD MM YY

If NO, date withdrawn: ___/____/ Reason Withdrawn: _____
DD MM YY

18. Did any Serious or Unexpected Adverse Incident or Reaction Occur: Y: N: _____
If YES, Explain:

19. * Volunteer Follow-up: _____

Purpose: _____

Date: _____/____/_____ Was contact made: Y: _____ N: _____ If no action taken, explain:

20. * Hard Copy Records Retired: Place: _____ File NR: _____

21. * Product Information:

Product: _____

Manufacturer: _____

Lot #: _____ Expiration Date: _____

APPENDIX 9 - RESEARCH INVOLVING HUMAN SUBJECTS AND/OR ANATOMICAL SUBSTANCES

NDA #: _____ IND/IDE #: _____

---

*Indicates that item may be left blank if information is unavailable or does not apply. Entries must be made for all other items.

When completed, a copy of this form should be sent to the address below:

Commander
U.S. Army Medical Research and Materiel Command
ATTN: MCMR-RCQ-HR
Fort Detrick, MD 21702-5012

APPENDIX 10 - RESEARCH INVOLVING ANIMALS

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1. Introduction – [Animal Welfare Act Regulations (AWAR) Section 2.37; DOD Directive 3216.1, paragraph 12a]

The DOD definition of animal is "Any live nonhuman vertebrate." Institutions funded by Department of Defense agencies using animals in support of programs to conduct research, product development, testing and education projects must provide all information outlined in this appendix, for DOD review and approval. This required information must be addressed in a proposal appendix entitled "Research Involving Animals." This requirement also applies to all subcontractors using animals in support of DOD funded projects or programs.

The DOD policy and requirements for the use of animals in DOD-funded research, development, testing and evaluation are listed in Department of Defense Directive 3216.1, dated April 17, 1995. These requirements may differ from those of other funding agencies.

Questions concerning animal use and review should be directed to Kathleen Dennis, Animal Care and Use Review Administrative Support, who will direct inquiries to the most appropriate resource:

Phone: 301-619-2283

Fax: 301-619-4165

Email: Kathleen.Dennis@det.amedd.army.mil

Mail: U.S. Army Medical Research and Materiel Command
ATTN: MCMR-ZB-QA
504 Scott Street
Fort Detrick, MD 21702-5012

2. Alternatives to Painful Procedures [AWAR Section 2.31(d)(ii)]:

The USDA definition of painful procedure is "any procedure that would reasonably be expected to cause more than slight or momentary pain and/or distress in a human being to which that procedure is applied." Provide a narrative description of the methods and sources the Principal Investigator used to determine that alternatives were not available to the painful/distressful procedure or procedures used in the experiment, including those procedures in which pain/distress is alleviated (e.g., the Altweb (Johns Hopkins Center for Alternatives to Animal Testing), MEDLINE, Life Sciences Abstracts, AGRICOLA, and BIOSIS). The narrative must include: databases searched or other sources consulted, date of the search, years covered by the search, key words and/or search strategy used, and a discussion of what alternatives were considered but not used. If applicable, state the appropriate federal law or legal guidance that requires the specific testing procedures, to which alternative testing methods are not allowed.

3. Literature Search for Unnecessary Duplication [AWAR Section 2.31(d)(iii) Army Regulation 40-33 Figure C-3 paragraph II.2]:

Provide the following information describing your database search to ensure this proposal is not duplicating previous experiments: databases searched, keywords or search strategy used, period of search, and date search was performed. At least two databases must be searched: the Biomedical Research Database (BRD) at www.scitechweb.com/acau/brd and one of the following databases: Computer Retrieval of Information of Scientific Projects (CRISP) at www.crisp.cit.nih.gov or the Federal Research in Progress (FEDRIP) at http://grc.ntis.gov. Additional searches in databases specific to the area of research performed in the proposal are highly recommended.

4. Rationale for Using Animals [AWAR, Section 2.31(e)(2)]:

Provide a justification for using animals in the proposed research. State alternatives to animal use that you considered and explain why these alternatives cannot be used to obtain the research objectives (e.g., computer modeling, cell cultures).

5. Species Identification and Rationale [AWAR, Section 2.31(e)(1)(3)]:

Provide the species name and, if applicable, the strain, stock or breed of animals used in the proposal. State the strain or stock if mice, rats or guinea pigs are used. State the breeds if dogs, cats or rabbits are used. Provide a justification for using this particular animal model to include a discussion of the unique morphological and physiological characteristics that make it the best choice for this project.

6. Number of Animals Used [AWAR, Section 2.31(e)(1)(4)

State the number of: experimental groups, animals in each group and the total animals used by species. Also, using the USDA definition of "painful procedure" presented in paragraph 2 above:

a. State the common names and number of animals that will experience **no more than slight** or momentary pain or distress.

b. State the common names and numbers of animals that will experience pain or distress that **will be relieved** with anesthetics and/or analgesics.

c. State the common names and numbers of animals that will experience pain or distress that **will not be relieved** with anesthetics and/or analgesics.

7. Rationale for the Number of Animals Required [AWAR, Section 2.31(e)(2)]:

List the total number of animals used in this proposal and the size of the experimental groups. Include animals necessary for controls, technique development, expected losses, etc. Describe the statistical methodology used to determine that at least the minimum number of animals is used to obtain valid scientific results. State the statistical test(s) planned or describe the strategy intended to evaluate the data. If applicable, state the appropriate CFR or federal reference that requires specific group sizes and total number of animals to be used in an experiment or test.

8. Experimental Design [AWAR, Section 2.31 (d)]:

Outline the scientific plan and direction of experimentation. Provide a complete description of the experimental design of the project to include a summary table of experimental groups and a flowchart indicating sequence of experimental events. Describe the experimental design of each experiment separately if several experiments or sequential studies are included in the proposal.

9. Technical Methods (Animal Procedures) [AWAR, Section 2.31 (d)]:

State frequency of animal observation once experimental procedures start and describe health status assessment criteria used. Provide a complete description of all procedures the animals will experience to include:

a. surgical procedures

b. biosamples frequency, volume, harvest site and collection method)

c. adjuvants (if using Complete Freund's Adjuvant and/or *in vivo* production of monoclonal antibodies, provide a scientific justification and state what alternatives you considered and why they were not used)

d. tissue sampling for DNA analysis (age of sampling, amount of tissue taken, anesthetic use)

e. injections (i.e., agent, dosage, route, and anatomical site of administration)

f. prolonged restraint (include justification for its use)

g. food or water restriction (include justification for its use)

h. multiple major survival surgeries on the same animal (include justification for its use)

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10. Anesthesia/Analgesia/Tranquilization [AWAR, Section 2.31 (d)(iv)(A-C)]

Describe the methods or strategies planned to effectively relieve pain and distress. If drugs are used for anesthesia, analgesia or tranquilization, list: the drug's name, dosage, frequency, route and anatomical site of administration. Provide the observation criteria utilized to determine if the animals are experiencing pain and/or distress. Provide justification for using the following agents or procedures if they are used in the proposal: neonatal hypothermia, chloral hydrate, alpha-chloralose, ether or urethane. Provide an explanation for withholding anesthetic/analgesic agents from animals that will experience a painful or distressful procedure yet not receive anesthesia or analgesia.

11. Study Endpoint [AWAR, Section 2.31(d)(i)]:

State the projected study endpoint for the animals (e.g., recovery, euthanasia). Define specific health assessment criteria used to determine early study endpoints and/or indication for euthanasia (e.g., percentage of weight loss, tumor size, number of abdominal taps, abdominal distention, anorexia, decreased activity, ruffled fur).

12. Euthanasia or Final Disposition [AWAR, Section 2.31(d)(xi), Section 1.1]:

Describe the method of euthanasia by agent, dosage, route, and anatomical site of administration. State the final disposition of the animals if they are not euthanized.

13. Institutional Animal Care and Use Committee(s) (IACUC) Approval(s) [AWAR, Section 2.31(c)(6):

Provide documentation of IACUC protocol review and approval in the form of a letter on institutional stationery signed by the IACUC chair or the IACUC administrator from the facility where the animal research is performed. Include subcontracted facilities if applicable. Evidence of IACUC review and approval may follow proposal submission, but must be provided prior to DOD approval of the proposed animal research.

14. U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service Animal Care Inspection Report [AWAR, Section 2146(a), Section 2.30(a), DOD Directive 3216.1 paragraph 12b]:

Include a copy of the most recent annual USDA Facility Inspection Report for any and all facilities where animal research is performed to include any subcontracted facility.

15. Qualifications [AWAR, Section 2.31(d)(viii), Section 2.32]:

List by name all personnel working with animals under this proposal and all procedures, manipulations and observations each individual will perform. Provide each individual's training, experience and qualifications to perform these duties (e.g., surgery, euthanasia, pre- and post-operative care, injections, phlebotomy, restraint). Training citations should include all institutional courses provided to comply with AWAR, Section 2.32. Qualifications should include educational degrees.

16. Accreditation [DOD Directive 3216.1 paragraph D1]:

For each applicable item, provide the following information for each facility where the animal research will be conducted:

a. A copy of an Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC) letter confirming the institution's accreditation.

b. A copy of the current Institutional Letter of Assurance of Compliance with the "Public Health Service Policy on Humane Care and Use of Laboratory Animals," revised September 1986.

c. In the event that items 16.a and 16.b do not apply to your institution, provide a statement signed by the Institutional Official that the care and use of animals will be performed according to the National Research Council 1996 "Guide for the Care and Use of Laboratory Animals" and applicable Federal regulations.

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17. Principal Investigator Assurances [AWAR, Section 2.31]:

The law specifically requires several written assurances from the P.I. Please read and sign the assurances as indicated (this page may be photocopied and signed).

As the Principal Investigator on this protocol, I acknowledge my responsibilities and provide assurances for the following:

A. Painful Procedures: I assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research and that analgesic, anesthetic, and/or tranquilizing drugs will be used where indicated and appropriate to minimize pain and/or distress to animals.

B. Animal Use: The animals authorized for use in this protocol will be used only in the activities and in the manner described herein, unless a modification is specifically approved by the IACUC and the U.S. Army Medical Research and Materiel Command prior to its implementation.

C. Duplication of Effort: I have made a reasonable, good faith effort to ensure that this protocol is not an unnecessary duplication of previous experiments.

D. Statistical Assurance: I assure that I have consulted with a qualified individual who evaluated the experimental design with respect to the statistical analysis, and that the minimum number of animals needed for scientific validity will be used.

E. Training: I verify that the personnel performing the animal procedures/manipulations/observations described in this protocol are technically competent and have been properly trained to ensure that no unnecessary pain or distress will be caused to the animals as a result of the procedures/manipulations.

F. Responsibility: I acknowledge the inherent moral, ethical and administrative obligations associated with the performance of this animal use protocol, and I assure that all individuals associated with this project will demonstrate a concern for the health, comfort, welfare, and well-being of the research animals. Additionally, I pledge to implement animal use alternatives where feasible, and conduct humane and lawful research.

G. Scientific Review: This proposed animal use protocol has received appropriate peer scientific review, and is consistent with good scientific research practice.

(Principal Investigator Printed Name)	(Principal Investigator Signature and Date)

NOTE [DOD Directive 3216.1 paragraph 12c]: For proposals that require the use of nonhuman primates, companion animals, marine mammals, or for research deemed warranted by the USAMRMC, a site visit shall be conducted as necessary by the USAMRMC Animal Care and Use Review Officer or designees.

APPENDIX 11 - SAFETY PROGRAM PLAN

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APPENDIX 11 - SAFETY PROGRAM PLAN

1. Introduction

This appendix contains a description of the requirements, forms, approvals and assurances relating to safety in the research environment. To ease the burden of submitting general institution safety program information with each proposal, the USAMRMC has developed a Facility Safety Plan program. If you have any questions concerning this appendix, please contact Ms. Cavelle Williams of the USAMRMC Safety Office at 301-619-6035 or email at Cavelle.Williams@det.amedd.army.mil.

A Facility Safety Plan is a 2-10 page document that summarizes the institution's safety program. **Approval of the Facility Safety Plan is granted on an institution basis rather than on a proposal basis.** The Facility Safety Plan shall be institution-based, consist of six parts as outlined the **Facility Safety Plan**, part 2 of this appendix, and be prepared by the Facility Safety Director/Manager of the institution. Each institution is required to submit only one Facility Safety Plan. An institution with multiple research sites, subcontractor or a consortium must submit a separate Facility Safety Plan for each research site. The Facility Safety Plan submission for each site will include signed assurances from both the Facility Safety Manager and Principal Investigator Assurance (part 2F of this appendix).

Facility Safety Plan approvals are granted for a 5-year period with annual updates required (part 4 of this appendix). To determine if your organization has an approved Facility Safety Plan, check our website listing at: https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp

a. If your organization's name **appears** on this Institutional Facility Safety Plan listing **and** approval of the Facility Safety Plan has not expired, then your institution's Facility Safety Plan need not be sent with the proposal submittal.

b. If either your organization's name **does not appear** on this Institutional Facility Safety Plan listing **or** the approval of your institution's Facility Safety Plan has expired, your Facility Safety Manager/Director must provide the U.S. Army Medical Research and Materiel Command's (USAMRMC's) Safety Office with a Facility Safety Plan and a signed assurance, as outlined below (part 2 of this appendix).

2. Facility Safety Plan (Institution-Based)

The Facility Safety Director/Manager must provide information from the institutional perspective, as appropriate, for each of the six parts listed below. **This Facility Safety Plan should not reference the specific proposal**. A list of the first five components with a brief description of each is acceptable. **Do not send** institution safety manuals, although they may be referenced in your submission (a web site address is also acceptable). **Do not label** "Not Applicable" or "N/A". Each element shown below of the Facility Safety Plan should be addressed by providing a statement as it applies to your institution as a whole. **Example:** (see Radioactive Materials, part c) If your institution does not use Radioactive Materials and does not have a copy of the Nuclear Regulatory Commission (NRC), state-approved license, or the equivalent in cases of institutions outside the continental US then provide a statement to that effect.

a. Research Operations/Standard Operating Procedures (SOPs)
Provide a brief description of the safety procedures relating to the medical research operation of the facility. These should include (a) a description of any special skills, training and SOPs that assure safe research operations (Bio-Safety Committee, Radiation Committee, HAZCOM, Blood-borne Pathogens, Chemical Hygiene Plan, etc.) and (b) a description of medical surveillance and support.

b. Facility Equipment and Description (Related to the Research Environment)
Provide (a) a description of the facility; (b) a description of personal protective equipment used within the facility; and a list of specialized safety equipment such as bio-safety cabinets, hoods, exhausts, and ventilation systems.

c. Radioactive Materials
Provide a current copy of the Nuclear Regulatory Commission or state-approved license.

d. Hazard Analysis (Related to the Research Environment)
Provide a description of each hazard identified, the hazard analysis performed based on maximum credible event and the plan to minimize or eliminate each hazard and control risk to laboratory personnel.

e. Biological Defense Research Program Requirements
(Only applicable to the Biological Defense Research Program funded awards). For those institutions where Principal Investigators are supported by the USAMRMC and are conducting research with Bio-safety Levels 3 and 4 material, a Facility Safety Plan must be prepared in accordance with 32 Code of Federal Regulations (CFR) 626.18. See the following URL: www.access.gpo.gov/nara/cfr/waisidx_99/32cfr626_99.html for a copy of the 32 CFR 626.18, Biological Defense Safety Program.

f. Facility Safety Director/Manager Assurance
The Facility Safety Director/Manager must provide the following signed assurance:

APPENDIX 11 - SAFETY PROGRAM PLAN

Facility Safety Director/Manager Assurance

- I assure that this institution has an existing institutional safety and occupational health program that meets appropriate Federal, Sate and local regulations as required by law, as well as the National Institute of Health Guidelines for Research Involving DNA Molecules, dated Jan 2001.
- I assure that all hazards associated with the research laboratories have been identified, eliminated and/or controlled in such a manner as to provide for a safe research laboratory environment.
- I accept full responsibility for submitting the annual **Facility Safety Plan Status Report** including significant changes in facility, safety equipment, and safety procedures by fax to 301-619-6627, by e-mail to Cavelle.Williams@det.amedd.army.mil by mail to

  Commanding General,
  U.S. Army Medical Research and Materiel Command,
  ATTN: MCMR-ZC-SSE
  504 Scott Street
  Fort Detrick, MD 21702-5012.

- I assure that I have consulted with all current PI's holding USAMRMC awards concerning this institution's safety policies and procedures and will consult with all future PI's holding USAMRMC awards concerning this institution' s safety policies and procedures.
- Use of etiologic agents as defined in 32 CFR 626? ☐ Yes ☐ No
  "Etiologic agent = a viable microorganism, or its toxin which causes or may cause human disease, and includes those agents listed in 42 CFR 72.3 of the Dept of HHS regulations, **AND** any material of biological origin that poses a degree of hazard similar to those organisms.

_____
Name of Institution's Safety Director/Manager (print)

_____ _____
Signature Date

MAILING ADDRESS: _____
Street

_____
City State Zip Code

PHONE NUMBER: _____

FAX: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

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Principal Investigator Assurance

- I assure that I have involved the Facility Safety Director/Manager in the planning of this research proposal, discussed with him/her all aspects of the proposal that relate to occupational health and safety, and will help him/her prepare the annual Facility Safety Plan Status Report.
- I assure that I will comply with my institution' s safety program and its requirements.
- I understand that I am directly responsible for all aspects of safety and occupational health specific to my research protocol.
- I assure that I will report to the Facility Safety Director/Manager any changes in the safety or occupational health practices due to changes in my originally planned research.
- I assure that hazards associated with my research have been identified, eliminated and/or controlled.
- I assure that all Safety Plan requirements are in compliance with 32 CFR 626 and 627, "Biological Defense Safety Program and Biological Defense Safety Program, Technical Safety Requirements" *(if applicable*).

_____
Name of Principal Investigator (print)

_____ _____
Signature Date

MAILING ADDRESS: _____
Street

_____
City State Zip Code

PHONE NUMBER: _____

FAX: _____

E-MAIL ADDRESS: _____

APPENDIX 11 - SAFETY PROGRAM PLAN

3. Facility Safety Plan Status Report

A Facility Safety Plan Status Report must be submitted **annually** starting no later than 1 year **after** obtaining the initial approval of the institution's Facility Safety Plan. To determine if your organization has an approved Facility Safety Plan, check our website listing at: https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp.

The Facility Safety Director/Manager must provide a brief description of any parts of the Facility Safety Plan that may have changed during the past 12 months. (Additional pages may be attached.)

During the past 12 months:

1. Have any change(s) in Research Operation Safety Procedure(s) been made? Yes _____ No _____
   If yes, briefly describe:

2. Have any modifications to the facility, equipment and description (e.g., new equipment purchased, hood ventilation certification) been made? Yes _____ No _____If yes, briefly describe:

3. Hazard Analysis: Have any new hazards been identified for any of the awards supported by the USAMRMC?
   Yes _____ No _____If yes, provide a hazard analysis for each new hazard.

4. Radioactive Materials: Have any significant change(s) occurred in the use of the radioactive materials?
   Yes _____ No _____If yes, briefly describe:

   Are there any additional radioactive materials in use? Yes _____ No _____If yes, list additional material(s).

   Is the radioactive material licensure current? Yes _____ No _____If no, please explain.

I certify that all of the above elements are true and correct to the best of my knowledge, and I assure that this institution provides a safe environment for its employees working in research laboratories in accordance with Federal, State and local government regulations. This safety office provides employee safety training and periodic laboratory inspections in an effort to minimize, eliminate, or control potential hazards to the employees and the public.

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I understand that the Safety Office, USAMRMC, may conduct periodic site visits in order to ensure the indicated elements are in compliance with regulatory requirements.

Name of the Institution: _____

Name of Safety Director/Manager: _____

Signature: _____ Date: _____
Safety Director/Manager

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

FACILITY SAFETY PLAN APPROVED BY USAMRMC SAFETY OFFICE: _____ DATE _____

4. Change of Principal Investigator or Institution

a. Change of Principal Investigator

In the event that the Principal Investigator changes, the new Principal Investigator shall complete a Newly Appointed Principal Investigator Assurance form (see **Newly Appointed - Principal Investigator Assurance**)

b. Change of Institution

In the event that an institution involved in this proposal changes, the new institution shall have an approved Facility Safety Plan on file at the USAMRMC Safety Office. To determine if your organization has an approved Facility Safety Plan, check our website listing at: https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp. If it is determined that a Facility Safety Plan needs to be submitted for approval, follow the guidelines set in part 2 of this appendix.

APPENDIX 11 - SAFETY PROGRAM PLAN

Newly Appointed - Principal Investigator Assurance

- I assure that I have coordinated with the Facility Safety Director/Manager in the research, and have discussed with him/her all aspects of the research-related specific safety issues, and will help him/her prepare the annual Facility Safety Plan Status Report.
- I assure that I will comply with my institution' s safety program and its requirements.
- I understand that I am directly responsible for all aspects of safety and occupational health specific to my research protocol.
- I assure that I will report to the Facility Safety Director/Manager any changes in the safety or occupational health practices due to changes in my originally planned research.
- I assure that hazards associated with my research have been identified, eliminated and/or controlled.
- I assure that all safety requirements are in compliance with 32 CFR 626 and 627, "Biological Defense Safety Program and Biological Defense Safety Program, Technical Safety Requirements" *(if applicable)*.

_____
Name of Principal Investigator (print)

_____ _____
Signature Date

MAILING ADDRESS: _____
Street

_____
City State Zip Code

PHONE NUMBER: _____

FAX: _____

E-MAIL ADDRESS: _____