



# Protocol Deviation Resource Guide for Research Personnel and

## **Principal Investigators**

**Purpose:** To provide guidance from data entry to IRB submission and outcome letter dissemination.

Audience: Research Personnel and Principal Investigators

**Summary:** This resource guide will focus on the protocol deviation from data entry to IRB submission and determination letter dissemination. The information provided in this resource guide contains helpful information for both research personnel and principal investigators. Please consult the Table of Contents below to find the information you need.

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## **Dashboard Information:**

- 1. When you log into IRBManager, your dashboard will appear. The information on your dashboard can be subdivided into four categories:
  - a) Actions Sidebar: Here, you can start x-forms<sup>1</sup> or go to your recently reviewed items. You can also see the progress status of all your x-forms.
  - b) My Projects Boxes: Under 'My Projects,' you will see more information on your projects<sup>2</sup>, x-forms, and study events<sup>3</sup>.
  - c) Notices Box: Important IRB information can be found here.
  - d) My Projects Table: The table is a listing of all your active research studies. By clicking on the blue study link, you will be directed to the study profile.

a) Actions Sidebar	b) My Projects Box				c) Notices Box			
Adventist	Home				Find Project (Ctrl+Q)			
<b>HealthCare</b>	4y Projects	5		T	ake a	tour H	elp Test's Sett	ings Sign off
Actions	Projects (	6 Active)				ices		
Actions IRB Member/Consultant/Invite Confidentiality Statement Reliance Agreement Show Sponsor IDs Recent Items 2019-TEST-SGMC 2017-07-SGMC 2017-06-WAH WA-2013-09-WAH Messages Welcome to IRBManager at Adventist HealthCare	<ul> <li>You are</li> <li>You are</li> <li>There ai</li> <li>The nex</li> <li>XForms (1)</li> <li>You have</li> <li>You have</li> <li>You have</li> <li>You have</li> <li>You have</li> <li>You have</li> </ul>	associated wit the PI for <u>6 ac</u> re <u>2 studies</u> es t study to exp <b>0 Active)</b> e <u>2 unsubmitt</u> e <u>8 xForms</u> be <u>9 Open)</u> events where <u>e 6 Continuing</u> <u>e 1 Deviation</u> <u>e 1 Initial Rev</u>	tive an xpiring ire is 2 ted xFc aing pro I am: [ nt even g Revie events riew events	ocessed at a later stage.	Plea or If ques	se contact th	e IRB Office at (3 thealthcare.com v	
My Docs & xForms 0 Attachments 3 xForms	You have <u>2 Reportable/Adv</u> You have <u>19 Total Open</u> eve My Projects (6 Active)							
	Project 👗	\$	рI <sup>‡</sup>	Title	÷	Expires *	\$	Reference Doc(s) \$
	2017-07- SGMC	Shady Grove Medical Center	Test PI, MD	A Randomized, Double Blind Controlled Factorial Clinical Trial of Edetate Disodium Based Chelation and High-Dose Oral Vitamins and Minerals to Prevent Recurrent Cardiac Events in Diabetic Patients With a Prior Myocardial Infaction	-	02/13/2019	Closed to Enrollment	
	2018-07- WAH	Washington Adventist Hospital	Test PI, MD	EnSite Precision Observational Study		01/07/2020	Pending IRB Review	
	2018-08- WAH	Washington Adventist Hospital	Test PI, MD	CREST-H			Pending IRB Review	
	2019- TEST- SGMC	Shady Grove Medical Center	Test PI, MD	Best Drug/Device Study Ever		02/11/2019	Pending IRB Review	
	Test-AHC	Adventist HealthCare	Test PI, MD	Test Study		11/08/2019	Active/Enrolling	
	WA-2013- 09-WAH	Washington Adventist Hospital	Test PI, MD	GraftMaster® RX Coronary Stent Graft System		07/11/2019	Active/Enrolling	

d) My Projects Table



# **Study Profile Information:**

2. Once you are on the study profile, you may begin submitting x-forms. To submit a x-form, go to the actions side bar and click 'Start xForm.' Afterwards, a list of available x-forms will populate. Choose the protocol deviation form.

Adventist	Home Find Project (Ctrl+Q)								
<b>HealthCare</b>	Project 2019-TEST	-SGM	IC (IRB	)			Help	Test's Settin	ngs Sign o
	Project								
Actions	Proj	ect:	2019-1	EST	Sponsor(s):	Duke Clinical Re	esearch Instit	ute (Primary)	
Send EMail	Commit	tee:	Adventi	st HealthCare IRB	Sponsor ID:				
Start xForm	Categ	ory:			Grants:	TEST			
xForms (0)	Departm	ent:	Critical	Care					
Done	Agent Ty	pes:	Device	• Drug	CRO:				
	Т	itle:	Best Dr	ug/Device Study Ever	Year:	2018			
Recent Items	Expedited Catego	ory:	6, 1B						
2019-TEST-SGMC 2017-07-SGMC	Comme	nts:							
2017-06-WAH	Project-Site								
WA-2013-09-WAH		(5):	SGMC -	Shady Grove Medical Center and others	PI:	Test PI, MD			
Messages	Sta	tus: I	Pending	IRB Review	Additional:	N			
Welcome to IRBManager	Appro	val:	Februar	y 13, 2018 for 11 months	Expiration:	February 11, 2019			
at Adventist					Other Expirations:				
HealthCare	ICF Version D	ate:	e: 10/25/2018 Number of 15						
My Docs & xForms					Subjects/Charts:				
0 Attachments	Comme	nts:							
2 xForms	▼Project-Site Contacts (2)								
	Name • Role							•	
	Elizabeth Carroll, MPH				Sub-Investigator				
	Maria Halaguena				Research Coordinator				
	v ▼Events (3)								
	Event ¢	Att	FE	Instance/UDF		\$	Start +	Complete +	Last Mtg 🕈
	Amendment	1					01/16/2019		
	Amendment	5					01/14/2019		
	Continuing Review	6					01/11/2019		

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## **Start a Protocol Deviation Form:**

3. Once you select the protocol deviation form, the Study Header page will populate. The Study Header page contains information on the IRB study number, protocol site<sup>4</sup>, study expiration date, principal investigator, and agent type<sup>5</sup>. The creating user<sup>6</sup> will be the person who started the x-form.

	b) Collaborators	<mark>a) Header</mark> Drop Down			
Adventist HealthCare	A Collaborators	Header	•	Page 1 of 2	Nex
	Creating User	FOL		Add Note	view Audit
	Maria Halaguena Email: mhalague@adventisthealthcare	mraft Form	Business: 301-315-3400		
	IRB Study Number 2018-08	V		Add Note	view Audit
	Study Name CREST-H			Add Note	view Audit
	Study Expiration Date 2/5/2019 for 12 months - Expiration: 2/4/2020			Add Note	view Audit
	Principal Investigator Test PI, MD			Add Note	view Audit
	Email: mhalague@terpmail.umd.edu		Phone:		
	Organizational Entity	Сору		Add Note	view Audit
	WAH - Washington Adventist Hospital				
	Agent Type:			Add Note	view Audit
	Device				
	Next Save for Later More •				

- a) The header drop down allows you to skip from one page to the next.
- b) The collaborators icon allows you to add others to view, edit, manage, and/or submit the form.
- c) You may also add notes to communicate with other collaborators or create notes for yourself.
- d) Click 'Next' to move to the next page of the form. If you wish to save and return to the form later, click 'Save for Later.'

## **Protocol Deviation Form Data Entry:**

4. The next page will take you to the Protocol Deviation Information page in which you will provide more information on the deviation and how it has impacted subjects' rights and welfare. You will also provide a description of a corrective and preventative action plan. If there are additional documents that need to be reviewed, you may attach them below.



Does the deviation affect the rights, health and/or welfare of subject(s)? (Required)			
No FO'			
Yes       No       Does the deviation affect the safety of subject(s)? (Require)       Yes       No			
Does the deviation affect the privacy of subject (app (Required) Yes			
© No			
Does the deviation affect the risk/benefit analysis of the study? (Required)			
◎ Yes ◎ No			
Does the deviation affect the subject(s) willingness to continue study participation? (Required)			
Ves No			
This deviation involves: (Required)		Add Note	View Audit
Enrollment process (inclusion/exclusion criteria, over-enrollment, etc.) Consent form (outdated/expired consent form, missing signature/dates, etc.)			
Consent form (outdated/expired consent form, missing signature/dates, etc.) Drug/Device administration (dosage, schedule, route of administration, formulation, etc.)			
Failure to perform required lab test (failure may affect subject safety/data integrity)			
Improper release of confidential subject information     Performing study procedure not approved by the IRB			
Failure to follow safety monitoring program			
Other			
Date of Deviation (Required)		Add Note	View Audit
Subject ID (Required)		Add Note	View Audit
Description of Deviation: (Required)		Add Note	View Audit
	-15-		
Description of Corrective Action: (Required)		Add Note	View Audit
		Add Note	view Audit
	₩ <b>C</b>		
	11		
Description of Preventive Action: (Required)		Add Note	View Audit
	₩5		
	/		
Document Attachment(s)		Add Note	View Audit
Add Attachment			

**Please note:** Questions on the x-forms are specifically conditioned based on your responses. In other words, certain questions will appear based on your answer(s) to a previous question(s). Furthermore, questions marked as required <u>cannot</u> be left unanswered. You will not be allowed to submit the form until you answer the required questions.

## PI Sign-Off and Admin Pre-Review:

- 5. After you have entered all the required information, you may now submit the form or save for later. Once the form is submitted, it will go directly to the PI for sign-off.
- 6. The PI will receive the following email, as shown below, which will include information on the link to the Protocol Deviation form.



	IRB@adventisthealthcare.com	mhalague@terpmail.umd.edu	2:17 PM	
	Protocol Deviation for 2018-08 Rec	~		
Dear Te	est PI, MD,			
Maria I	lalaguena has submitted a protocol devia	tion for 2018-08-CREST-H.		
Click he	ere to review and sign-off on the submission	on. <u>Protocol Deviation</u>		

For additional questions, please contact the IRB Office at 301-315-3400.

7. If the PI has suggested comments/modifications to the protocol deviation form prior to IRB submission, you will receive the following email, as shown below. The protocol deviation form will go back to data entry and you may edit the form accordingly.

IRB@adventisthealthcare.com	mhalague@adventisthealthcare.com	12:09 PM
PI Requested Changes to Protoc	ol Deviation for 2019-TEST	~

Dear Maria Halaguena,

Test PI, MD has reviewed the protocol deviation for 2019-TEST-Best Drug/Device Study Ever and is requesting changes before it can be submitted to the IRB.

PI Requested Changes:

test

Click here to access the form and make the changes. Protocol Deviation

For additional questions, please contact the IRB Office at 301-315-3400.

8. After you have finished making the revisions, the form will go back to the PI for sign off.

**Please note:** Each time a change is made to the study documents, the PI must sign off afterwards.

9. The IRB Office will review the Protocol Deviation form and if there are any changes requested, you will receive the following email.



I	IRB@adventisthealthcare.com  mhalague@terpmail.umd.edu; mhalague@adventisthealthcare.com  IRB Admin Requesting Changes to Protocol Deviation for 2019-TEST	12:24 PM
		· · ·
IRB Study	y Number: 2019-TEST	
Study Tit	tle: Best Drug/Device Study Ever	
Dear Tes	st PI, MD,	
The IRB (	Office has administratively reviewed the above referenced submission for consistency and completeness.	
Please ac	ddress the following questions:	
test		
Click here	re to access the form. Protocol Deviation	
Your form	m is open for edits. Please respond to these concerns and include any revised documentation in the form. The	IRB Office

can be contacted at IRB@adventisthealthcare.com or 301-315-3400 with any questions.

Thank you.

10. To make the changes requested by the IRB Office, click on the blue form link in the email and you will be directed to the x-Form. The IRB Office will utilize the notes feature to communicate the required changes to the research study teams, which will make it easier to identify the required changes on the x-Form. You may also use the notes feature to communicate with your collaborators by designating them as internal.

Adventist HealthCare	đ	Collaborators	Protocol Deviation Information	¥	Page 2 of 2		Next
Protocol Deviation Protocol Deviation Info	rmation		-0				
	I No		- 101				
	This deviatio	on involves: (Required)	et FORM		Add Note	View Audit	
	Consent for Drug/Devic Failure to p Improper n Performing	e administration (dosage, schedu	aria, over-ear/priment, etc.) m, milsingesignature/dates, etc.) Ile, router of administration, formulation, etc.) may affect subject safety/data integrity) rmation				
	Date of Devia	ation (Required)			Add Note	View Audit	
	2/26/2019						
	Subject ID (	(Required)			Add Note	View Audit	
	100012						
	Description of	of Deviation: (Required)			Add Note	View Audit	
		Entered: 02/26/19 By: Maria	a Halaguena Internal: No		🖂 🔍 🗙		
		test					
		Entered: 02/26/19 By: Maria	a Halaguena Internal: Yes		🖂 🔍 🗙		
		test					
	test				<b>₩</b> ⊊		
					<i>li</i>		

**Please note:** You cannot submit the form until the changes requested by the IRB Office have been made.



- 11. After you have made the changes requested by the IRB Office, the form will go to the PI for sign off.
- 12. If no additional changes are requested by the PI and IRB Office, the protocol deviation form is ready to be reviewed by the IRB.

#### **IRB Review:**

#### **Expedited Review**

13. The type of review is contingent upon whether the risk-benefit ratio remains appropriate, and the rights, health, and welfare of subjects are safeguarded. If the protocol deviation is reviewed via expedited review, the study team should receive an outcome letter within 4-5 business days. The outcome letter and informed consent form (if applicable) will be sent to the PI and creating user via email, as shown below.

IRB@adventisthealthcare.com mhalague@terpmail.umd.edu; mhalague@adventisthealthcare.com -	02	3:12 PM
Protocol Deviation Determination for 2019-TEST		~
2019-TEST ICF dated Feb1318.pdf 410 KB 2019-TEST Acknowledgment Letter dated Feb2619.pdf 82 KB	•	
IRB Study Number: 2019-TEST		
Study Title: Best Drug/Device Study Ever		
Dear Test PI, MD,		
Attached is the decision letter for the above referenced study. Please contact the IRB Office with any questions or co	ncerns.	

Thank you.

14. If modifications or revisions are needed to the protocol deviation, you will receive an email, as shown below, prompting you to make revisions to your form. To make the changes, click on the blue form link. After you have made your revisions, the form will go to the PI for sign-off and the IRB will conduct a second review.



IRB@adventisthealthcare.com mhalague@terpmail.umd.edu; mhalague@adventisthealthcare.com -Study T2019-007 Protocol Deviation Event Requires Changes 12:26 AM

Š

IRB Study Number: T2019-007

Study Title: INITIAL REVIEW APPLICATION # 4

Dear Test PI, MD

The IRB has reviewed the protocol deviation documents for the above referenced study via expedited review and determined that modifications are needed. Please click the form link to access the form and make changes. <u>Protocol Deviation</u>

Thank you.

#### **Referral to Full-Board**

15. If the protocol deviation is referred for full-board review, you will receive the email, as shown below, informing you of the referral.

IRB@adventisthealthcare.com	mhalague@terpmail.umd.edu; mhalague@adventisthealthcare.com 👻	7:41 PM			
Study 2018-07 Referred to Full-Board					

IRB Study Number: 2018-07

Study Name: EnSite Precision Observational Study

Dear Test PI, MD,

2018-07-EnSite Precision Observational Study was referred for full-board review. Please contact the IRB Office at IRB@adventisthealthcare.com or 301-315-3400 with any questions.

Thank you.

#### **Full-Board**

16. After the convened IRB meeting, the PI and creating user will receive an email containing the determination letter and informed consent form (if applicable) within two days of the IRB meeting.



- 17. If the IRB has determined that modifications are needed to the study, the IRB Office will send an email to the PI and creating user of the changes requested. The determination letter will be available in both a pdf and word copy for your convenience. The form will then go back to data entry and PI sign off.
- 18. To view the determination letter and stamped informed consent form within IRBManager, go to the study profile and click on the 'reportable event'. On the 'actions side bar', go to 'attachments' and then 'generated docs'.

### Principal Investigator Guidance

1. You will receive an email from <u>IRB@adventisthealthcare.com</u> informing you an x-Form has been completed by a research staff member. The email will include information on a link to the protocol deviation form.

	$\label{eq:linear} IRB@adventisthealthcare.com; \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	2:36 PM				
	Study 2018-08: Protocol Deviation Submission					
IRB Stud	dy Number: 2018-08					
Study Ti	itle: CREST-H					
Maria H	Maria Halaguena has submitted a protocol deviation for 2018-08-CREST-H, a converted study.					
PI: Test	PI, MD					
Click he	re to access the form and complete the admin pre-review. Protocol Deviation					

- 2. The blue form link will take you directly to the x-form for your signature. You can see the protocol deviation information entered by the creating user.
- 3. If you agree with the changes put forth in the submission, you will electronically signoff on the document by inputting your IRBManager password.



A	Adventist HealthCare	a Collaborators	PI Attestation and Signature	Page 1 of 1	Next	
Protoco	ol Deviation PI	Attestation and Signature	FOLL			
ſ	Is this protocol d	deviation ready to be sent to	o the IRB? (Required)	Add Note	View Audit	
	● Yes ○ No		Drait			
ſ	PI Attestation			Add Note	View Audit	
	By entering your password in the space below, the Principal Investigator assures that the information contained on this form (and any attachments) are true and accurate. (Required) To sign, enter password for mhalague@terpmail.umd.edu					
	Previous Next	Save for Later More ►				
			ight ©2000-2019 Tech Software. All Rights Reserved. Steampunk (2017,11,945,0/Release/b76e137)			
			TP-WEB01 at 2019-02-26 17:06:46Z			
			Page generated in 0.033 seconds.			

4. If you would like to request changes to the submission, you can indicate the changes you are requesting in the text box. These comments will go directly to the creating user.

	Adventist HealthCare	PI Attestation and Signature	Page 1 of 1	Next
Protocol Deviation PI Attestation and Signature				
ſ	Is this protocol deviation ready to be sent	to the IRB? (Required)	Add Note	View Audit
	⊖Yes ● No	Dran		
ſ	Indicate the changes you are requesting.	(Required)	Add Note	View Audit
	test		ABC	
	Previous Next Save for Later More •			
Copyright ©2000-2019 Tech Software. All Rights Reserved. Steampunk (2017.11.945.0/Release/b76e137)				
TP-WEB01 at 2019-02-26 17:14:13Z Page generated in 0.027 seconds.				
		Powered By 🛞 IRBManager		

5. Please be aware that your signature is required every time a change is made to the study documents. Any changes made to the document will be highlighted in yellow.



## Terminology for IRBManager:

- <sup>1</sup>X-forms: online version of the currently existing submission documents with slight modifications
- <sup>2</sup>Projects: research studies
- <sup>3</sup>Study Events/Events: actions or reviews for research studies. Examples include amendments, continuing review, and reportable event
- <sup>4</sup>Protocol site output: where the study will primarily take place. There may be more than one site listed.
- <sup>5</sup>Agent type: description of the nature of the study or the investigational aspect of the study (e.g., observational, specimen review, drug, device, etc.)
- <sup>6</sup>Creating user: the study staff member who started the x-form data entry