**NCATS Prior Approval for Research Involving Human Subjects**

**Pilot Grants and KL2-Scholar Projects**

**Overview**

Prior approval from NCATS is required for all pilot studies and KL2-scholar projects involving Human Subjects Research supported by MICHR, including full funding support, partial funding support or voluntary committed cost share.

Prior Approval requests that do involve human subjects research, including studies that may be considered exempt\*, will be submitted via the new NIH Human Subjects System (HSS).

Projects that are declared Not Regulated\* do not have to request prior approval. If your project is classified as Not Regulated, provide documentation to your appropriate MICHR contact.

\*Not regulated and exempt are not the same thing. Exempt human subject research is a sub-set of research involving human subjects and must obtain the necessary approvals. Activities not regulated as human subject research do not meet the regulatory definition of research and/or do not meet the definition of involving human subjects.

MICHR will be responsible for filling out the study record and the uploading of required materials.

The pilot grant PI or KL2 Scholar will be responsible for obtaining IRB approval and providing all required materials and information needed to complete a study record in the HSS.

Prior Approval requests that involve Human Subjects research should be submitted to MICHR only when:

* All required documentation is final; AND
* IRB approval has been obtained (IRB-approval letter is required for submission)
	+ The IRB application must be linked to the corresponding UL1 (Pilot Projects) or KL2 (KL2 Scholar Projects) awards (See below).

**IRB Application**

It is the responsibility of the Pilot grant PI or KL2 Scholar to complete their IRB application in eResearch Regulatory Management. In completing or updating the application, as a requirement of ORSP, you need to ensure MICHR’s award details are linked in section 2.1 of the application. For Pilot Projects, MICHR’s internal award # is AWD003558 and for KL2 Projects, MICHR’s internal award # is AWD003560.

**Providing MICHR with Prior Approval Information and Documentation**

For prior approval, NCATS requires that a study record be completed in the HSS and within that study record an addendum file that addresses NCATS specific requests must also be included.

MICHR has created a template that captures the necessary information for the HSS study record. This same template also captures information for the addendum file and includes a checklist of additional attachments that are needed for the addendum file.

**Classification of Human Subjects Research**

To reduce submission burden, we have classified HSRPA requests into three major categories and specify requirements for each.

**A.** Human Subjects Research that meets the [NIH definition of a clinical trial](https://grants.nih.gov/policy/clinical-trials/definition.htm)

**B.** Human Subjects Research that does not meet the [NIH definition of a clinical trial](https://grants.nih.gov/policy/clinical-trials/definition.htm) (with 2 sub-categories)

**C.** Studies Meeting the Criteria for Exemption under [45 CFR 46](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML).

**Using the Addendum Template**

* Complete the short Addendum template by filling out the necessary information and preparing the required attachments. The required attachments vary based on the classification of Human Subjects Research that is being conducted.

**Using the HHS Template**

* Complete the required sections of the HHS template. Required sections vary based on the classification of the Human Subjects Research being conducted.
* For the items that are labeled attachment, MICHR will create the attachment from the text that you provided in the template.

**Submission**

* After you have obtained IRB approval, completed the template, and prepared the applicable addendum attachments, send the materials to your point of contact at MICHR.
* MICHR will prepare the official prior approval request in HHS and track the request as it goes on to NCATS for approval.

**Prior Approval Template and Checklist for NCATS Approval Addendum File**

**Addendum Information**

The following information is needed to complete the NCATS Approval Addendum form:

**Section I**

**Name of KL2 Scholar/Pilot Grant PI:** Click or tap here to enter text.

**Type of Proposed Research**: Select Pilot Study or KL2 Project

**Title of Proposed Research Protocol (must match IRB approval documentation):**

Click or tap here to enter text.

**Is this proposed research ancillary to another study?** Select Yes or No

**If Yes, provide Title and PI of Parent Study (if proposed research is ancillary to another study):**

**Parent Study PI Name:** Click or tap here to enter text.

**Title of Parent Study:** Click or tap here to enter text.

**Section II**

**Checklist of Items Needed for Addendum – No Matter the Classification of Human Subjects Research**

[ ]  ≤ 500-word Summary of the specific aspects of the proposed study that will be supported by NCATS and include a line item budget for each aspect (supplies, services, personnel costs). Please note KL2 scholar salaries should not be included in the budget

[ ]  If proposed research is an ancillary study (If yes in the section above), provide a summary of the parent study and how this proposed study connects to it. [ ]  Check here if Not Applicable

[ ]  Biosketches for Study PI and each key personnel involved in the human subjects research study. Combine biosketches into 1 file

[ ]  PEERRS Certifications for Study PI and each key personnel involved in the human subjects research study. Combine certifications into 1 file.

Provide a list of the names of Key Personnel involved in the study in the box below:

Click or tap here to enter text.

**Section III**

**Checklist of Other Required Documents – Based on the Classification of Human Subjects Research**

Use the Checklist (A, B, or C) for the classification of Human Subjects Research that fits your project

1. **Human Subjects Research that meets the** [**NIH definition of a clinical trial**](https://grants.nih.gov/policy/clinical-trials/definition.htm)(answered “Yes” to all the questions in HSS *Section 1.4* - *Clinical Trial Questionnaire)*

[ ]  Institutional Review Board (IRB) Approval for the proposed research

[ ]  PEERRS Certifications for Study PI and each key personnel involved in the human subjects research study. Combine certifications into 1 file.

[ ]  IRB-Approved Protocol

[ ]  IRB-Approved Informed Consent, Verbal Informed Consent Transcript, Assent and Parental Permission documents, or Documentation of IRB Waiver, as applicable

1. **Human Subjects Research that does not meet the** [**NIH definition of a clinical trial**](https://grants.nih.gov/policy/clinical-trials/definition.htm)

Use the checklist for either sub-category 1 or 2

* 1. If the study is deemed **Greater than Minimal Risk** by the Institutional Review Board (IRB) **OR** if the risk determination is **not indicated** in the IRB approval documentation **OR** **involves pregnant women, human fetuses or neonates, prisoners, children, or individuals with impaired decision-making capacity**

[ ]  Institutional Review Board (IRB) Approval for the proposed research

[ ]  PEERRS Certifications for Study PI and each key personnel involved in the human subjects research study. Combine certifications into 1 file.

[ ]  IRB-Approved Protocol

[ ]  IRB-Approved Informed Consent, Verbal Informed Consent Transcript, Assent and Parental Permission documents, or Documentation of IRB Waiver, as applicable

* 1. **Studies deemed No More than Minimal Risk by the Institutional Review Board (IRB), and does not involve any of the populations outlined in III.B**

[ ]  Institutional Review Board (IRB) Approval for the proposed research

[ ]  PEERRS Certifications for Study PI and each key personnel involved in the human subjects research study. Combine certifications into 1 file.

1. **Studies** **meeting the criteria for Exemption under** [**45 CFR 46**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML)**.**

[ ]  IRB Exemption Determination (required)

[ ]  PEERRS Certifications for Study PI and each key personnel involved in the human subjects research study. Combine certifications into 1 file.

**Prior Approval Template for Human Subjects System Study Record**

**Humans Subjects System Information**

The following information is needed to complete the Human Subject System Record. Based on the classification of the Human Subjects Research and Exemption #, complete the fields as follows:

* **Human Subjects Research that meets the** [**NIH definition of a clinical trial**](https://grants.nih.gov/policy/clinical-trials/definition.htm)
	+ Complete all Sections 1-4
* **Human Subjects Research that does not meet the** [**NIH definition of a clinical trial**](https://grants.nih.gov/policy/clinical-trials/definition.htm) **(Includes exempt categories other than E4)**
	+ Complete section 1 and 2; 3.1 and 3.2
* **Studies meeting the criteria for Exemption # 4 under** [**45 CFR 46**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML)**.**
	+ Complete section 1; 2.7 and 3.1

**Section 1 – Basic Information**

* 1. **Study Title**

<Insert Full Title>

* 1. **Is this Study Exempt from Federal Regulations (See** [**decision charts**](https://www.hhs.gov/ohrp/regulations-and-policy/decision-charts/index.html#c2) **for help determining)?**

Select Yes or No

* 1. **Exemption Number**

Select Exempt #

* 1. **Clinical Trial Questionnaire (If any of the a-d questions below are “no”, then you do not need to complete section 4, and some items in section 3 are optional)**
		1. **Does the study involve human participants?**

Select Yes or No

* + 1. **Are the participants prospectively assigned to an intervention?**

Select Yes or No

* + 1. **Is the study designed to evaluate the effect of the intervention on the participants?**

Select Yes or No

* + 1. **Is the effect that will be evaluated a health-related biomedical or behavioral outcome?**

Select Yes or No

* 1. **Provide the ClinicalTrials.gov Identifier for this trial, if applicable (If you answered “yes” to all 4 questions in 1.4, then you need to register your research in ClinicalTrials.gov – You do not have to have a NCT # for prior approval submission)**

<Insert NCT#> - If Applicable

**Section 2 – Study Population Characteristics – This section Is required, with the exception being that if your study is exemption # 4 (Other exemptions #s must still fill this out). If exemption # 4, you still must fill out 2.7**

**2.1. Conditions or Focus of Study**

List entries here (at least 1, no more than 20). Identify the name(s) of the disease(s) or condition(s) you are studying, or the focus of the study. If available, use appropriate descriptors from [MeSH](https://www.nlm.nih.gov/mesh/2018/download/2018NewMeShHeadings.pdf) Each entry can be up to 255 characters.

Insert Text Here

**2.2. Eligibility Criteria**

List the study’s inclusion and exclusion criteria. Further explanation or justification should be included in the Recruitment and Retention plan. Your text entry is limited to 15,000 characters.

Inclusion Criteria

Insert Text Here

Exclusion Criteria

 Insert Text Here

**2.3. Age Limits**

**Minimum Age:** Insert Age Choose an item. **Maximum Age:** Insert Age Choose an item.

**2.4. Inclusion of Women, Minorities, and Children (Attachment)**

* Describe the planned distribution of subjects by sex/gender, race, and ethnicity.
* Describe the rationale for selection of sex/gender, racial, and ethnic group members in terms of the scientific objectives and proposed study design. The description may include, but is not limited to, information on the population characteristics of the disease or condition under study.
* Describe proposed outreach programs for recruiting sex/gender, racial, and ethnic group members.
* Inclusion and Excluded Groups: Provide a reason for limiting inclusion of any group by sex/gender, race, and/or ethnicity. In general, the cost of recruiting certain groups and/or geographic location alone are not acceptable reasons for exclusion of particular groups.

**I. Inclusion of Women and Minorities:**

Insert Text Here

**II. Inclusion of Children**

Insert Text Here

**2.5. Recruitment and Retention Plan (Attachment)**

Describe how you will recruit and retain participants in your study. You should address both planned recruitment activities as well as proposed engagement strategies for retention.

Insert Text Here

**2.6. Recruitment Status (Drop Down Box)**

Choose an Item

**2.7. Study Timeline (Attachment)**

Provide a description or diagram describing the study timeline. The timeline should be general

and should not include specific dates.

Insert Text Here

**Inclusion Enrollment Report(s)**

1. Using an Existing Dataset or Resource? Select Yes or No
2. Enrollment Location Type: Domestic
3. Enrollment Country: USA
4. Enrollment Locations: <Insert Location - **Optional**> (Type of enrollment location, not name of location – field is optional)
5. Comments:

Enter Comments Here (**Optional**) (500 Character limit) Enter information you wish to provide about this IER. This includes, but is not limited to, addressing information about distinctive subpopulations if relevant to the scientific hypotheses being studied. If inclusion monitoring is conducted on another study or NIH grant (e.g., data coordinating center or research site), please indicate here.

**Planned\***

|  |  |
| --- | --- |
| **Racial Categories** | **Ethnic Categories** |
| Not Hispanic or Latino | Hispanic or Latino | **Total** |
| **Female** | **Male** | **Female** | **Male** |
| American Indian/Alaska Native | 0 | 0 | 0 | 0 | 0 |
| Asian | 0 | 0 | 0 | 0 | 0 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| Black or African American | 0 | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 | 0 |
| More than One Race | 0 | 0 | 0 | 0 | 0 |
| **Total** | 0 | 0 | 0 | 0 | 0 |

**\*Do not fill out Planned enrollment table if you are using existing dataset or resource. Instead you will fill out the Actual Enrollment Table below.**

**Cumulative Enrollment (Actual)** – **Only fill this out if you are using an existing dataset/resource**

|  |  |
| --- | --- |
| **Racial Categories** | **Ethnic Categories** |
| Not Hispanic or Latino | Hispanic or Latino | Unknown/Not Reported Ethnicity | **Total** |
| Female | Male | Unknown/Not Reported | Female | Male | Unknown/Not Reported | Female | Male | Unknown/Not Reported |
| American Indian/Alaska Native | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Black or African American | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| More than One Race | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown or Not Reported | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Section 3 – Protection and Monitoring Plans – This entire section is required if project is a clinical trial. Section 3.1 and 3.2 are required even if not a clinical trial. Section 3.1 is still required if project falls under exemption # 4**

**3.1. Protection of Human Subjects (Attachment)**

**For Human Subjects Research Claiming Exemptions:** If you are claiming that your human subjects research falls under any exemptions, justify why the research meets the criteria for the exemption(s) that you have claimed. This justification should explain how the proposed research meets the criteria for the exemption claimed. Do not merely repeat the criteria or definitions themselves.

Insert Text Here (If Applicable-Otherwise, fill out sections 1-4 for Protection of Human Subjects)

**1. Risks to Human Subjects**

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

* Briefly describe the overall study design.
* Describe the subject population(s) to be included in the study; the procedures for assignment to a study group, if relevant; and the anticipated numbers of subjects for each study group.
* List any collaborating sites where human subjects research will be performed, and describe the role of those sites and collaborating investigators in performing the proposed research.

Insert Text Here

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

* Describe all planned research procedures (interventions and interactions) involving study subjects; how research material, including biospecimens, data, and/or records, will be obtained; and whether any private identifiable information will be collected in the proposed research project.
* For studies that will include the use of previously collected biospecimens, data or records, describe the source of these materials, whether these can be linked with living individuals, and who will be able to link the materials.
* Describe all the potential risks to subjects associated with each study intervention, procedure or interaction, including physical, psychological, social, cultural, financial, and legal risks; risks to privacy and/or confidentiality; or other risks. Discuss the risk level and the likely impact to subjects.
* Where appropriate, describe alternative treatments and procedures, including their risks and potential benefits. When alternative treatments or procedures are possible, make the rationale for the proposed approach clear.

Insert Text here

1. **Adequacy of Protection Against Risks**

**a. Informed Consent and Assent**

* Describe the process for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. When appropriate, describe how potential adult subjects’ capacity to consent will be determined and the plans for obtaining consent from a legally authorized representative for adult subjects not able to consent.
* If a waiver of some or all of the elements of informed consent will be sought, provide justification for the waiver. Do not submit informed consent document(s) with your application unless you are requested to do so.

Insert Text here

**b. Protections Against Risk**

* Describe planned strategies for protecting against or minimizing all potential risks identified, including strategies to manage and protect the privacy of participants and confidentiality of research data.
* Where appropriate, discuss plans for ensuring necessary medical or professional intervention in the event of adverse effects on participants.
* Describe plans for handling incidental findings, such as those from research imaging, screening tests, or paternity tests.

Insert Text here

**c. Vulnerable Subjects, if relevant to your study**

Insert Text if Applicable

1. **Potential Benefits of the Proposed Research to Research Participants and Others**
* Discuss the potential benefits of the research to research participants and others.
* Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to research participants and others.

Insert Text Here

1. **Importance of the Knowledge to be Gained**
* Discuss the importance of the knowledge to be gained as a result of the proposed research.
* Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that reasonably may be expected to result.

Insert Text Here

**3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?** Choose an Item

If yes, describe the single IRB Plan (Attachment)

Insert Text Here (If Yes to 3.2)

**3.3 Data and Safety Monitoring Plan (Attachment) Optional if not a Clinical Trial**

For any proposed clinical trial, NIH requires a data and safety monitoring plan (DSMP) that is commensurate with the risks of the trial, its size, and its complexity. Provide a description of the DSMP, including:

* The overall framework for safety monitoring and what information will be monitored.
* The frequency of monitoring, including any plans for interim analysis and stopping rules (if applicable).
* The process by which Adverse Events (AEs), including Serious Adverse Events (SAEs) such as deaths, hospitalizations, and life-threatening events and Unanticipated Problems (UPs), will be managed and reported, as required, to the IRB, the person or group responsible for monitoring, the awarding IC, the NIH Office of Biotechnology Activities, and the Food and Drug Administration.
* The individual(s) or group that will be responsible for trial monitoring and advising the appointing entity. Because the DSMP will depend on potential risks, complexity, and the nature of the trial, a number of options for monitoring are possible. These include, but are not limited to, monitoring by a:
	+ PD/PI: While the PD/PI must ensure that the trial is conducted according to the approved protocol, in some cases (e.g., low risk trials, not blinded), it may be acceptable for the PD/PI to also be responsible for carrying out the DSMP.
	+ Independent safety monitor/designated medical monitor: a physician or other expert who is independent of the study.
	+ Independent Monitoring Committee or Safety Monitoring Committee: a small group of independent experts.
	+ Data and Safety Monitoring Board (DSMB): a formal independent board of experts including investigators and biostatisticians. NIH requires the establishment of DSMBs for multi-site clinical trials involving interventions that entail potential risk to the participants, and generally, for all Phase III clinical trials, although Phase I and Phase II clinical trials may also need DSMBs. If a DSMB is used, please describe the general composition of the Board without naming specific individuals.

Insert Text Here (Required if Clinical Trial – Optional if Not Clinical Trial)

**3.4. Will a Data and Safety Monitoring Board be appointed for this study?**

Choose an item.

**3.5. Overall Structure of the Study Team (Attachment) (Optional if not a Clinical Trial)**

Provide a brief overview of the organizational structure of the study team, particularly the administrative sites, data coordinating sites, enrollment/participating sites, and any separate laboratory or testing centers.

**Note:** Do not include study team members’ individual professional experiences (i.e. biosketch

information).

Insert Text Here (Required if Clinical Trial – Optional if Not Clinical Trial)

**Section 4 – Protocol Synopsis (This section is only Required if study is a Clinical Trial – Yes to all questions in Section 1.4)**

**4.1. Brief Summary**

Enter a brief description of objectives of the protocol, including the primary and secondary endpoints. The Brief Summary is limited to 5,000 characters.

Insert Text here

**4.2. Study Design**

**4.2.a. Narrative Study Description**

Enter a narrative description of the protocol. Studies differ considerably in the methods used to assign participants and deliver interventions. Describe your plans for assignment of participants and delivery of interventions. You will also need to show that your methods for sample size and data analysis are appropriate given those plans. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage. The narrative description is limited to 32,000 characters.

Insert Text here

**4.2.b. Primary Purpose**

Select from the dropdown menu a single Primary Purpose that best describes the clinical trial.

Choose an item.

If you selected Other – Provide a Description (limit 255 characters).

**4.2.c. Interventions**

Complete the “Interventions” fields for each intervention to be used in your proposed protocol. If an arm of the study to which subjects will be assigned (as discussed in 4.2.a. Narrative Study Description) includes more than one intervention (e.g., drug plus educational intervention), complete this section for each intervention. You can add up to 20 interventions.

Choose an item.

**Name:** Insert Text here

**Description:** Insert Text here

Choose an item.

**Name:** Insert Text here

**Description:** Insert Text here

Choose an item.

**Name:** Insert Text here

**Description:** Insert Text here

**4.2.d. Study Phase**

Enter or select from the dropdown menu a Study Phase that best describes the clinical trial. If the study involves a device, choose Other, and then describe.

Choose an item.

If you selected Other – Provide a Description (limit 255 characters).

**Is this an NIH-defined Phase III clinical trial?** Select Yes or No

**4.2.e. Intervention Model**

Enter or select from the dropdown menu a single "Intervention Model" that best describes the clinical trial. If you select “Other,” provide a description in the space provided.

Choose an item.

If you selected Other – Provide a Description (limit 255 characters).

**4.2.f. Masking**

Select "Yes" or "No" to indicate whether the protocol uses masking. Note that masking is also referred to as “blinding.”

Choose an item.

If you selected Yes, select one or more types of masking that best describes the protocol:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Participant | [ ]  Care Provider | [ ]  Investigator | [ ]  Outcomes Assessor |

**4.2.g. Allocation**

Select from the dropdown menu a single "Allocation" that best describes how subjects will be assigned in your protocol. If allocation is not applicable to your clinical trial, select “N/A” (e.g., for a single arm trial).

Choose an item.

**4.3. Outcome Measures**

Complete the “Outcome Measures” fields for each primary, secondary, and other important measures to be collected during your proposed clinical trial. You may have more than one primary outcome measure, and you can add up to 50 outcome measures.

**Name:** Insert Name

**Type:** Choose an item.

**Time Frame:** Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment, etc.)

**Brief Description:** Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Description is limited to 999 characters.

**Name:** Insert Name

**Type:** Choose an item.

**Time Frame:** Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment, etc.)

**Brief Description:** Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Description is limited to 999 characters.

**Name:** Insert Name

**Type:** Choose an item.

**Time Frame:** Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment, etc.)

**Brief Description:** Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Description is limited to 999 characters.

**Name:** Insert Name

**Type:** Choose an item.

**Time Frame:** Indicate when a measure will be collected for analysis (e.g., baseline, post-treatment, etc.)

**Brief Description:** Describe the metric used to characterize the outcome measure if the metric is not already included in the outcome measure name. Description is limited to 999 characters.

**Copy and paste more blocks (Name, Type, Time Frame, Description) if you need to list more Outcome measures.**

**4.4. Statistical Design and Power (Attachment)**

Specify the number of subjects you expect to enroll, the expected effect size, the power, and the statistical methods you will use with respect to each outcome measure you listed in 4.3 Outcome Measures.

You will need to show that your methods for sample size and data analysis are appropriate given your plans for assignment of participants and delivery of interventions. For trials that randomize groups or deliver interventions to groups, special methods are required; additional information is available at the Research Methods Resources webpage.

Insert Text here

**4.5. Subject Participation Duration**

Enter the time (e.g., in months) it will take for each individual participant to complete all study visits. If the participation duration is unknown or not applicable, write “unknown” or “not applicable.” The subject participation duration is limited to 255 characters.

Insert Text here

**4.6. Will the study use an FDA-regulated intervention?**

Select "Yes" or "No" to indicate whether the study will use an FDA-regulated intervention (see the definition of “FDA Regulated Intervention” under the Oversight section of the ClinicalTrials.gov Protocol Registration Data Element Definitions for Interventional and Observational Studies page).

Choose an item.

**4.6.a If yes, describe the availability of the IP and IND/IDE status (Attachment)**

Describe the availability of study agents and support for the acquisition and administration of the study agent(s). Please indicate the IND/IDE status of the study agent, if applicable, and whether the investigators have had any interactions with the FDA. If the study agent currently has an IND/IDE number, provide that information. Note: The awarding component may request consultation with the FDA and the IND/IDE sponsor about the proposed clinical trial after peer review and prior to award.

Insert Text here (If Yes to 4.6)

**4.7. Dissemination Plan (Attachment)**

Explain briefly your plan for the dissemination of NIH-funded clinical trial information and address how the expectations of the policy will be met. The plan must contain sufficient information to assure the following:

* the applicant will ensure that clinical trial(s) under the award are registered and results information is submitted to ClinicalTrials.gov as outlined in the policy and according to the specific timelines stated in the policy;
* informed consent documents for the clinical trial(s) will include a specific statement relating to posting of clinical trial information at ClinicalTrials.gov; and
* the recipient institution has an internal policy in place to ensure that clinical trials registration and results reporting occur in compliance with policy requirements.

Note: Do not include informed consent documents in your application.

**Dissemination Plan**

1. **Clinical Trials Registration**

Insert Text here

1. **General Principals of Resource Sharing Plan**

Insert Text here

1. **Clinical Trial Data Sharing Plan**

Insert Text here

1. **Dissemination Plan**

Insert Text here