

Clinical Research Study Self-Monitoring Tool for Non-Drug Studies

Study Information

Study Title/Protocol #: _____ PI: _____ Self – Monitor Date: _____	IRB #: _____ Study Coordinator: _____ Subject Reviewed: _____
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Assent, Consent & HIPAA Process

1) Obtained for subject/legal guardian prior to performing any research-specific screening procedures.	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Valid IRB-approved form (most up-to-date version) was used to consent subject/legal guardian.	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No
3) The subject/legal guardian signed/dated each form for him/herself.	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No
4) An IRB-approved investigator/study coordinator who consented the subject signed and dated the consent form him/herself.	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Dates are consistent between the subject/legal guardian and the investigator/study coordinator on all forms (i.e. consent, assent, HIPAA).	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No
6) All yes/no, checkboxes, or similar options on the forms are completed and/or initialed.	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7) All pages of the forms are on file for subject.	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No
8) Original signed forms are retained in the subject binder/folder and a copy of each form was given to each subject/legal guardian.	Assent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No
	HIPAA <input type="checkbox"/> Yes <input type="checkbox"/> No
9) The consent discussion is documented in a progress note, visit note, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) A non-English speaking subject was consented in accordance with HRPP policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11) Subject was consented with revised consent forms in a timely manner and there's documentation of the consent process in a progress note, visit note, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Notes:

Subject Eligibility

12) All inclusion and exclusion criteria were met, documented and source information is present to support it.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Documentation indicating that the PI reviewed and verified that subject meets all inclusion/exclusion criteria.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Study Procedures

14) Documentation for all subjects who were screened and/or enrolled in the study including date(s), name, DOB and subject identification code (e.g. Subject Screening & Enrollment Log).	<input type="checkbox"/> Yes <input type="checkbox"/> No
15) All procedures and assessments are completed per protocol (e.g. specified visit or timeframe) and results are clearly documented including dates of procedures/assessments and staff who performed procedures; or documentation of missing procedures/assessments includes reason, resolution and preventive measures for future occurrences.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Corrections made on any data collection forms are dated and initialed by the corrector (including the subject for self-assessment forms) at the time of correction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17) Research staff performing study procedures has been approved by the IRB (e.g., consenting).	<input type="checkbox"/> Yes <input type="checkbox"/> No
18) Protocol deviations are documented and have been submitted to the IRB.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19) If subject was withdrawn from the study early, documentation indicates the reason why.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Subject Compensation

20) Subject payments are tracked (e.g., Subject Compensation Log) and subject signed and dated receipt of payment (e.g., Subject Compensation Receipts.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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Notes:

Data Privacy & Security

21) Study information including subject specific binders/folders and regulatory documents are stored in a locked cabinet with access limited to IRB-approved research staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22) Databases used to collect study information are password protected and are located on a secure drive (e.g. hospital network drive, REDCAP, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23) Study information that is shared outside Connecticut Children's is congruent with the terms of a Data Use Agreement or other Research Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
24) The process for transporting biological materials such as tissue and blood samples outside of Connecticut Children's is congruent with the terms of a Material Transfer Agreement and documentation of the transferred materials is in compliance with Connecticut's Children's policy and education on "Transporting Biological Specimens for Research Studies."	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
25) Equipment used to collect or store data or specimens such as refrigerator, freezer, thermometers in refrigerators or freezers, centrifuge, weight scale, EKG machine, BP monitoring is calibrated and documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Notes:	

Research Staff Training

26) Initial research staff training on the study is documented including date of training, method of training (e.g. meeting, observation of PI), study information discussed and research staff present at training.	
27) Subsequent research staff training regarding protocol changes, study progress or other updates is documented.	
Notes:	

Regulatory Binder

28) All IRB correspondence including IRB approval letters, all versions of assents/consents/HIPAA forms, protocol and protocol amendments and any other study documents is filed in chronological order with newest on top.	<input type="checkbox"/> Yes <input type="checkbox"/> No
29) Documentation of research staff protocol training (#26) and CV's of research staff are filed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	