Supplemental SF-424 (R&R) Instructions for Preparing the Human Subjects Section of the Research Plan

1. Introduction

A Protection of Human Subjects section of the Research Plan is required for certain applications submitted using the SF424 R&R instructions and forms. The information provided in the section on Protection of Human Subjects should be consistent with the information provided on the face page of the application.

For all research involving human subjects, the Scientific Review Group (SRG) will assess the adequacy of protections for research participants against research risks, and the appropriate inclusion of women, minorities, and children, based on the information provided in the application.

To assist in preparing the section on Protection of Human Subjects, five possible scenarios are provided in Section 2 below. All research projects will fall into one of these five. Determine which scenario the proposed research falls into, then go to the specific instructions applicable to that scenario in Section 3. Where appropriate, Section 3 provides instructions on addressing the Inclusion of Women and Minorities, information on Targeted/Planned Enrollment, and the Inclusion of Children (items 7, 8, and 9 of the Research Plan). Section 5 of this Part includes descriptions of and links to the DHHS Human Subjects Protections regulations.

Do not use the human subjects section to circumvent the page limit of the Research Strategy.

2. Scenarios

Scenario A. No Human Subjects Research

If no human subjects research is proposed in the application, you will have designated **No** in Item 1 on the SF424 R&R Other Project Information page. If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

See the instructions for Scenario A.

Unless you are providing a special justification as described above, no additional information is necessary if no human subjects are involved.

Scenario B. Non-Exempt Human Subjects Research

If research involving human subjects is anticipated to take place under the award, you will have designated **Yes** in Item 1 on the SF424 R&R Other Project Information page and entered your OHRP assurance number in Item 1a. In the Protection of Human Subjects section of the Research Plan, you must provide sufficient information for reviewers to determine that the proposed research meets (1) the requirements of the DHHS regulations to protect human subjects from research risks (45 CFR part 46), and (2) the requirements of PHS policies on inclusion of women, minorities, and children.

See the instructions for Scenario B.

Scenario C. Exempt Human Subjects Research

If **all** of the proposed human subjects research meets the criteria for one or more of the exemptions from the requirements in the DHHS regulations (46.101(b)), **Yes** should be designated in Item 1 on the SF424 R&R Other Project Information page, the appropriate exemption number checked in Item 1a, and "NA" entered for the Human Subject Assurance Number since no OHRP assurance number is required for

exempt research. In the section on Protection of Human Subjects in the Research Plan, provide a justification for the exemption(s) containing sufficient information about the involvement of the human subjects to allow a determination by peer reviewers and HRSA staff that claimed exemption(s) is/are appropriate.

The PHS will make a final determination as to whether the proposed activities are covered by the regulations or are in an exempt category, based on the information provided in the Research Plan. When in doubt, consult with the Office for Human Research Protections (OHRP), Department of Health and Human Services by accessing their Web site http://www.hhs.gov/ohrp/ for guidance and further information.

The six categories of research exempt from the DHHS human subjects regulations are found at the end of this document.

Please note: If the proposed research involves only the use of human data or biological specimens, you should first determine whether the research involves human subjects. The exemptions do not apply if the research does not involve human subjects.

See the instructions for Scenario C.

Scenario D. Delayed-Onset Human Subjects Research

If human subjects research is anticipated within the period of the award but plans for involvement of human subjects cannot be described in the application as allowed by the DHHS regulations (45 CFR part 46.118), you will have designated **Yes** in Item 1 on the SF424 R&R Other Project Information page and entered your OHRP assurance number in Item 1a. In the section on Protection of Human Subjects in the Research Plan, you should either include an explanation of anticipated protections for human subjects or an explanation of why protections cannot be described.

Examples of delayed-onset of human subjects research include:

- Human subjects research is dependent upon the completion of animal or other studies; or
- Human subjects research protocols to be included will undergo an independent decision-making process (often defined by a FOA).

See instructions for Scenario D.

Scenario E. Human Subjects Research Involving a Clinical Trial

If research involving human subjects is anticipated to take place under the award, and you intend to conduct a clinical trial during the project period, you will have designated **Yes** in Item 1 on the SF424 R&R Other Project Information page, entered your OHRP assurance number in Item 1a.

In the section on Protection of Human Subjects in the Research Plan, you must provide sufficient information for reviewers to determine that the proposed research meets:

1) the requirements of the DHHS regulations to protect human subjects from research risks (45 CFR part 46);
2) PHS policy requirements for Data and Safety Monitoring for Clinical Trials;
3) the ClinicalTrials.gov requirements if applicable;
4) the requirements of PHS policies on inclusion of women, minorities, and children; and
5) the requirements of PHS policy on reporting race and ethnicity data for human subjects in clinical research.

See instructions for Scenario E.

3. Instructions for Preparing the Section on Protection of Human Subjects

Scenario A. No Human Subjects Research Proposed

Criteria

Human Subjects Research	No
Exemption Claimed	No
Clinical Trial	N/A

Instructions and Required Information

If proposed studies using human data or biological specimens do not involve human subjects as described in the OHRP Guidance on Research Involving Coded Private Information or Biological Specimens (http://www.hhs.gov/ohrp/policy/cdebiol.html), provide an explanation of why the proposed studies do not constitute research involving human subjects.

The explanation could include: a description of the source of the data/biological specimens, and whether there is any intervention or interaction with the subjects in order to obtain the specimens and data; what identifiers will be associated; the role(s) of providers of the data/biological specimens in the proposed research; and the manner by which the privacy of research participants and confidentiality of data will be protected.

Research that does not involve intervention or interaction with living individuals, or identifiable private information, is not human subjects research. Research involving the use of coded private information or biological specimens may not constitute human subjects research if the conditions of the OHRP Guidance on Research Involving Coded Private Information or Biological Specimens have been met (http://www.hhs.gov/ohrp/policy/cdebiol.html).

Research that only proposes the use of cadaver specimens is not human subjects research because human subjects are defined as "living individuals." The use of cadaver specimens is not regulated by 45 CFR part 46, but may be governed by other Federal, State or local laws.

Scenario B. Non-Exempt Human Subjects Research

Criteria

Human Subjects Research	Yes
Exemption Claimed	No
Clinical Trial	No

Instructions and Required Information

Although no specific page limitation applies to this section of the application, be succinct.

In the application narrative, provide the required information for each of the following topics below..

Protections of Human Subjects - Section 4.1 - 4.1.4

Inclusion of Women and Minorities - Section 4.2

Targeted/Planned Enrollment - Section 4.3

Inclusion of Children - Section 4.4

If the research involves collaborating sites or subprojects, provide the information identified above for each participating site.

Scenario C: Human Subjects Research Claiming Exemption 1, 2, 3, 4, 5, or 6

Criteria

Human Subjects Research	Yes
Exemption Claimed	1, 2, 3, 4, 5, or 6
Clinical Trial	Yes or No

Instructions and Required Information

Although no specific page limitation applies to this section of the application, be succinct. The six categories of research exempt from the DHHS human subjects regulations are found at the end of this document.

Although the research may be exempt from the DHHS regulatory requirements, it is still research involving human subjects and the application must follow the instructions that are identified for each of the following topics and provide the information that is requested.

In the application narrative, provide the required information for each of the following topics below.

Protections for Human Subjects – Include the following statement: 'This Human Subjects Research falls under Exemption(s) … .' Clearly identify which exemption(s) (1, 2, 3, 4*, 5, 6) you are claiming, and justify why the research meets the criteria for exemption that you have claimed. If the research will include a clinical trial, even if exempt, include a Data and Safety Monitoring Plan – Section 4.1.5, and address the ClinicalTrials.gov requirements if applicable – Section 4.1.6.

Inclusion of Women and Minorities - Section 4.2

Targeted/Planned Enrollment - Section 4.3

Inclusion of Children - Section 4.4

*NOTE: If all the proposed research meets the criteria for Exemption 4, then the requirements for inclusion of women and minorities, targeted/planned enrollment table, and inclusion of children, do not need to be addressed.

Scenario D: Delayed-Onset Human Subjects Research

Criteria

Human Subjects Research	Yes
Exemption	Yes or No
Clinical Trial	Yes or No

Instructions and Required Information

In rare situations, applications are submitted with the knowledge that human subjects will be involved during the period of support, but plans are so indefinite that it is not possible to describe the involvement of human subjects in the application. The kinds of activities that lack definite plans are often institutional awards where the selection of specific projects is the institution's responsibility, research training grants, and projects in which the involvement of human subjects depends upon completion of instruments, animal studies, or purification of compounds.

If the involvement of human subjects cannot be fully described, create a heading entitled “Protection of Human Subjects” and provide a detailed explanation why it is not possible to develop definite plans at this time. The explanation should be specific and directly related to the Specific Aims in the application. If the involvement of human subjects depends upon information that is not presently available (e.g., completion of instruments, animal studies, purification of compounds), be explicit about the information and the factors affecting the availability of the information. Describe the information that will be necessary in order to develop definite plans for the involvement of human subjects, why that information is not currently available, and when the information is expected to become available during the course of the project.

If an award is made, prior to the involvement of human subjects the grantee must submit to the HRSA awarding office for prior approval either (1) detailed information as required in the Research Plan, Protection of Human Subjects (addressing risks to the subjects, adequacy of protection against risks, potential benefits of the proposed research, importance of the knowledge to be gained, and data and safety monitoring plan if applicable) and certification of IRB approval, OR (2) if all of the research meets the criteria for one or more exemptions, identification of which exemption(s) is/are applicable to the research, and a justification for the exemption with sufficient information about the involvement of human subjects to allow a determination that the claimed exemption is appropriate. For clinical research, the request for prior approval must also address the inclusion of women and minorities, the inclusion of children, and provide completed targeted/planned enrollment tables as required in the Research Plan.

Under no circumstance may human subjects be involved in research until approval is granted by the awarding entity, and certification of IRB approval has been accepted by the agency.

In the application narrative, provide the required information for each of the following topics below. Follow the instructions that are identified for each of the following topics and EITHER provide as much of the information that is requested as possible; OR describe why it is not possible to provide the information due to delayed-onset of human subjects research:

> Protection of Human Subjects - Section 4.1. If the research will include a clinical trial, even if exempt, include a Data and Safety Monitoring Plan as described in Section 4.1.5, and address the ClinicalTrials.gov requirements if applicable – Section 4.1.6.
>
> Inclusion of Women and Minorities - Section 4.2
>
> Targeted/Planned Enrollment - Section 4.3
>
> Inclusion of Children - Section 4.4

Scenario E: Clinical Trial

Criteria

Human Subjects Research	Yes
Exemption	Yes or No
Clinical Trial	Yes

Instructions and Required Information

In the application narrative, provide the required information for each of the following topics below.

Protection of Human Subjects - Section 4.1 - 4.1.6

Inclusion of Women and Minorities - Section 4.2

Targeted/Planned Enrollment - Section 4.3

Inclusion of Children - Section 4.4

If the research involves collaborating sites or subprojects, provide the information identified above for each participating site.

4. Instructions Pertaining to Non-Exempt Human Subjects Research

In your Research Plan Component, include attachments for Items 6 through 9, if required. Although no specific page limitation applies to this section of the application, be succinct. Scientific Review Groups will assess each application as being acceptable or unacceptable with regard to the protection of human subjects. DHHS regulations and policies governing human subjects research are described and referenced in Section 5 below. Use subheadings to address the issues listed under items 4.1-4.4 below. If your research includes a clinical trial, include a subheading "Data and Safety Monitoring Plan" and follow the instructions in 4.2 below.

4.1 Protection of Human Subjects

4.1.1 Risks to Human Subjects

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

- Describe the proposed involvement of human subjects in the work outlined in the Research Strategy section.
- Describe and justify the characteristics of the subject population, including their anticipated number, age range, and health status if relevant.
- Describe and justify the sampling plan, as well as the recruitment and retention strategies and the criteria for inclusion or exclusion of any subpopulation.
- Explain the rationale for the involvement of special vulnerable populations, such as fetuses, neonates, pregnant women, children, prisoners, institutionalized individuals, or others who may be considered vulnerable populations. Note that 'prisoners' includes all subjects involuntarily incarcerated (for example, in detention centers) as well as subjects who become incarcerated after the study begins.
- If relevant to the proposed research, describe procedures for assignment to a study group. As related to human subjects protection, describe and justify the selection of an intervention's dose, frequency, and administration.
- 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. Explain how data from the site(s) will be obtained, managed, and protected.

b. ***Sources of Materials***

- Describe the research material obtained from living individuals in the form of specimens, records, or data.
- Describe any data that will be collected from human subjects for the project(s) described in the application.
- Indicate who will have access to individually identifiable private information about human subjects.
- Provide information about how the specimens, records, and/or data are collected, managed, and protected as well as whether material or data that include individually identifiable private information will be collected specifically for the proposed research project.

c. ***Potential Risks***

- Describe the potential risks to subjects (physical, psychological, financial, legal, or other), and assess their likelihood and seriousness to the human subjects.
- Where appropriate, describe alternative treatments and procedures, including the risks and potential benefits of the alternative treatments and procedures, to participants in the proposed research.

4.1.2 Adequacy of Protection Against Risks

a. ***Recruitment and Informed Consent***

- Describe plans for the recruitment of subjects (where appropriate) and the process for obtaining informed consent. If the proposed studies will include children, describe the process for meeting requirements for parental permission and child assent.
- 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. If a waiver of some or all of the elements of informed consent will be sought, provide justification for the waiver. Informed consent document(s) need not be submitted to the PHS agencies unless requested.

b. ***Protections Against Risk***

- Describe planned procedures for protecting against or minimizing potential risks, including risks to privacy of individuals or confidentiality of data, and assess their likely effectiveness.
- Research involving vulnerable populations, as described in the DHHS regulations, Subparts B-D must include additional protections. Refer to DHHS regulations, and OHRP guidance:
- Additional Protections for Pregnant Women, Human Fetuses and Neonates: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartb
- Additional Protections for Prisoners: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartc
- OHRP Subpart C Guidance: http://www.hhs.gov/ohrp/policy/index.html#prisoners
- Additional Protections for Children: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#subpartd
- OHRP Subpart D Guidance: http://www.hhs.gov/ohrp/policy/index.html#children

- Where appropriate, discuss plans for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects. Studies that involve clinical trials (biomedical and behavioral intervention studies) must include a general description of the plan for data and safety monitoring of clinical trials and adverse event reporting to the IRB, HRSA and others, as appropriate, to ensure the safety of subjects.

4.1.3 Potential Benefits of the Proposed Research to Human Subjects 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.

4.1.4 Importance of the Knowledge to be Gained

- Discuss the importance of the knowledge gained or 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.

NOTE: Test articles (investigational new drugs, devices, or biologics) including test articles that will be used for purposes or administered by routes that have not been approved for general use by the Food and Drug Administration (FDA) must be named. State whether the 30-day interval between submission of applicant certification to the FDA and its response has elapsed or has been waived and/or whether use of the test article has been withheld or restricted by the FDA, and/or the status of requests for an Investigational New Drug (IND) or Investigational Device Exemption (IDE) covering the proposed use of the test article in the Research Plan.

4.1.5 Data and Safety Monitoring Plan

The PHS Data and Safety Monitoring Plan Policy is described and referenced in Section 5.3.

- If the proposed research includes a clinical trial, create a heading entitled "Data and Safety Monitoring Plan."
- Provide a general description of a monitoring plan that you plan to establish as the overall framework for data and safety monitoring. Describe the entity that will be responsible for monitoring and the process by which Adverse Events (AEs) will be reported to the Institutional Review Board (IRB), the funding I/C, and the Food and Drug Administration (FDA) in accordance with Investigational New Drug (IND) or Investigational Device Exemption (IDE) regulations. Be succinct. Contact the FDA (http://www.fda.gov/) and also see the following Web sites for more information related to IND and IDE requirements:
  http://www.access.gpo.gov/nara/cfr/waisidx_01/21cfr312_01.html (IND)
  http://www.access.gpo.gov/nara/cfr/waisidx_01/21cfr812_01.html (IDE)
- The frequency of monitoring will depend on potential risks, complexity, and the nature of the trial; therefore, a number of options for monitoring trials are available. These can include, but are not limited to, monitoring by a:
  a. PD/PI (required)
  b. Institutional Review Board (IRB) (required)

c. Independent individual/safety officer

d. Designated medical monitor

e. Internal Committee or Board with explicit guidelines

f. Data and Safety Monitoring Board (DSMB). PHS specifically requires the establishment of Data and Safety Monitoring Boards (DSMBs) for multi-site clinical trials involving interventions that entail potential risk to the participants, and generally for Phase III clinical trials. Although Phase I and Phase II clinical trials may also need DSMBs, smaller clinical trials may not require this oversight format, and alternative monitoring plans may be appropriate.

- A detailed Data and Safety Monitoring Plan must be submitted to the applicant's IRB and subsequently to the funding IC for approval prior to the accrual of human subjects.

4.1.6 ClinicalTrials.gov Requirements

Public Law 110-85 (also known as the FDA Amendments Act (FDAAA) of 2007) mandates registration and results reporting of certain "applicable clinical trials" in ClinicalTrials.gov. Under the statute these trials generally include: (1) Trials of Drugs and Biologics: Controlled, clinical investigations, other than Phase 1 investigations, of a product subject to FDA regulation; and (2) Trials of Devices: Controlled trials with health outcomes, other than small feasibility studies, and pediatric postmarket surveillance. Review the statutory definition of applicable clinical trial to identify if registration is required to comply with the law (See PL 110-85, Section 801(a), adding new 42 U.S.C. 282(j)(1)(A)).

PHS encourages registration of ALL clinical trials whether required under the law or not.

Registration is accomplished at the ClinicalTrials.gov Protocol Registration System Information Web site (http://prsinfo.clinicaltrials.gov/). A unique identifier called an NCT number, or ClinicalTrials.gov registry number, will be generated during the registration process.

The PHS implementation of FDAAA requires:

- the registration of applicable clinical trials in ClinicalTrials.gov no later than 21 days after the first subject is enrolled,
- the reporting of summary results information (including adverse events) no later than 1 year after the completion date for registered applicable clinical trials involving drugs that are approved under section 505 of the Food, Drug and Cosmetic Act (FDCA) or licensed under section 351 of the PHS Act, biologics, or of devices that are cleared under section 510k of FDCA, and
- if an “applicable clinical trial” is funded in whole or in part by an PHS grant or cooperative agreement, grant and progress report forms shall include a certification that the responsible party has made all required submissions to ClinicalTrials.gov.

For competing (new and renewal) applications that include applicable clinical trials which require registration and, in certain cases, require results reporting under FDAAA, provide the NCT number/s, Brief Title/s (protocol title intended for the lay public – see Definitions), and the identity (name, organization) of the responsible party and their contact information (e-mail address is required for internal administrative use only) in the human subjects section of the Research Plan under a section heading entitled ClinicalTrials.gov. If a new applicable clinical trial is proposed, or if the grant will support an applicable clinical trial that is ongoing but not yet required to register under FDAAA (e.g. less than 21 days have passed since enrollment of the first patient), the human subjects section of the Research Plan

must include a clear statement, under the heading ClinicalTrials.gov, that the project includes an applicable clinical trial which will require registration in ClinicalTrials.gov.

The entity responsible for registering the trial is the "responsible party". The statute defines the responsible party as:

(1) the sponsor of the clinical trial (as defined in 21 CFR 50.3) (http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=50.3), or

(2) the principal investigator of such clinical trial if so designated by a sponsor, grantee, contractor, or awardee (provided that "the principal investigator is responsible for conducting the trial, has access to and control over the data from the clinical trial, has the right to publish the results of the trial, and has the ability to meet all of the requirements" for submitting information under the law) (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_public_laws&docid=f:publ085.110.pdf). See PL 110-85, Section 801(a), (adding new 42 U.S.C. 282(j)(1)(A)(ix)).

For the complete statutory definitions of "responsible party" and "applicable clinical trial", refer to Elaboration of Definitions of Responsible Party and Applicable Clinical Trial.

The signature on the application of the Authorized Organization Representative assures compliance with FDAAA.

4.2 Inclusion of Women and Minorities

In the attachment for Item 7, include a heading entitled "Inclusion of Women and Minorities." Although no specific page limitation applies to this section of the application, be succinct. The PHS Policy on the Inclusion of Women and Minorities in Clinical Research is described and referenced in Section 5.6.

Scientific Review Groups will assess each application as being acceptable or unacceptable with regard to the inclusion of women and minorities in clinical research.

In this section of the Research Plan, address, at a minimum, the following four points:

1. The targeted/planned distribution of subjects by sex/gender and racial/ethnic groups for each proposed study or protocol using the format in the Targeted/Planned Enrollment Table. (Instructions for completing this table are provided below in 4.3.) If using existing specimens and/or data without access to information on the distribution of women and minorities, so state and explain the impact on the goals of the research as part of the rationale that inclusion cannot be described (item 3 below). Alternatively, describe the gender and minority composition of the population base from whom the specimens and/or data will be obtained. Include the Targeted/Planned Enrollment Tables in this section.
2. A description of the subject selection criteria and rationale for selection of sex/gender and racial/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.
3. A compelling rationale for proposed exclusion of any sex/gender or racial/ethnic group (see examples below).
4. A description of proposed outreach programs for recruiting sex/gender and racial/ethnic group members as subjects.

Below are examples of acceptable justifications for the exclusion of:

A. ***One gender:***

1. One gender is excluded from the study because:

- inclusion of these individuals would be inappropriate with respect to their health;
- the research question addressed is relevant to only one gender;
- evidence from prior research strongly demonstrates no difference between genders; or
- sufficient data already exist with regard to the outcome of comparable studies in the excluded gender, and duplication is not needed in this study.

2. One gender is excluded or severely limited because the purpose of the research constrains the applicant's selection of study subjects by gender (e.g., uniquely valuable stored specimens or existing datasets are single gender; very small numbers of subjects are involved; or overriding factors dictate selection of subjects, such as matching of transplant recipients, or availability of rare surgical specimens).
3. Gender representation of specimens or existing datasets cannot be accurately determined (e.g., pooled blood samples, stored specimens, or data-sets with incomplete gender documentation are used), and this does not compromise the scientific objectives of the research.

B. ***Minority groups or subgroups:***

1. Some or all minority groups or subgroups are excluded from the study because:
   - inclusion of these individuals would be inappropriate with respect to their health;
   - the research question addressed is relevant to only one racial or ethnic group;
   - evidence from prior research strongly demonstrates no differences between racial or ethnic groups on the outcome variables;
   - a single minority group study is proposed to fill a research gap; or
   - sufficient data already exists with regard to the outcome of comparable studies in the excluded racial or ethnic groups and duplication is not needed in this study.
2. Some minority groups or subgroups are excluded or poorly represented because the geographical location of the study has only limited numbers of these minority groups who would be eligible for the study, and the investigator has satisfactorily addressed this issue in terms of:
   - the size of the study;
   - the relevant characteristics of the disease, disorder or condition; or
   - the feasibility of making a collaboration or consortium or other arrangements to include representation.
3. Some minority groups or subgroups are excluded or poorly represented because the purpose of the research constrains the applicant's selection of study subjects by race or ethnicity (e.g., uniquely valuable cohorts, stored specimens or existing datasets are of limited minority representation, very small numbers of subjects are involved, or overriding factors dictate selection of subjects, such as matching of transplant recipients or availability of rare surgical specimens).
4. Racial or ethnic origin of specimens or existing datasets cannot be accurately determined (e.g., pooled blood samples, stored specimens or data sets with incomplete racial or ethnic documentation are used) and this does not compromise the scientific objectives of the research.

4.3 Instructions for Completing Information on the Targeted/Planned Enrollment for Reporting Race and Ethnicity Data for Subjects in Clinical Research

If your application includes information on the Targeted/Planned Enrollment for the study, save the information as a single PDF file.

The PHS Policy on Reporting Race and Ethnicity Data for Subjects in Clinical Research is described and referenced in Section 5.8.

A. New Applications

All new clinical research studies should collect and report information on participants with respect to two categories of ethnicity and five categories of race.

When reporting these data in the aggregate, investigators should report: (a) the number of research participants in each ethnic category; (b) the number of research participants who selected only one category for each of the five racial categories; (c) the total number of research participants who selected multiple racial categories reported as the "number selecting more than one race," and (d) the number of research participants in each racial category who are Hispanic or Latino. Investigators may provide the detailed distributions, including all possible combinations, of multiple responses to the racial designations as additional information. However, more detailed data should be compiled in a way that they can be reported using the required categories.

Instructions for Completing Information on Targeted/Planned Enrollment

Provide the study title.

The "Total Planned Enrollment" means the number of subjects that are expected to be enrolled in the study, consistent with the definition in ClinicalTrials.gov.

The "Total Planned Enrollment" will be reported in two ways : by "Ethnic Category" and by "Racial Categories."

"Ethnic Category": Provide the numeric distribution of the Total Planned Enrollment according to ethnicity and sex/gender.

"Racial Categories": Provide the numeric distribution of the Total Planned Enrollment, this time by racial categories and sex/gender. Note that Hispanic is an ethnic, not a racial, category.

List any proposed racial/ethnic subpopulations.

Describe how the project will assure cultural competence in terms of including individuals from the study population in the planning and implementation of the research project and in adapting the research methodology to reflect an understanding of and valuing of the culture of the study population.

Submitting Applications or Proposals Using Existing Data in Clinical Research with No Plans for Collecting New/Additional Data:

Investigators are instructed to provide plans for the total number of subjects proposed for the study and to provide the distribution by ethnic/racial categories and sex/gender. Under these circumstances, investigators are not required to re-contact subjects solely to comply with the newly revised categories.

4.4 Inclusion of Children

The PHS Policy on Inclusion of Children is referenced and described in Section 5.7. Instructions for Item 9 of the Research Plan are as follows:

- Create a section entitled "Inclusion of Children" and place it immediately following the Targeted/Planned Enrollment Table.
- For the purpose of implementing these guidelines, a *child* is defined as an individual under the age of 21 years.
- Provide either a description of the plans to include children, or, if children will be excluded from the proposed research, application, or proposal, present an acceptable justification for the exclusion (see below).
- If children are included, the description of the plan should include a rationale for selecting a specific age range of children. The plan also must include a description of the expertise of the investigative team for working with children at the ages included, of the appropriateness of the available facilities to accommodate the children, and the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose of the study.
- Scientific Review Groups will assess each application as being acceptable or unacceptable with regard to the age-appropriate inclusion or exclusion of children in the proposed research project.
- When children are involved in research, the Additional Protections for Children Involved as Subjects in Research (45 CFR part 46 Subpart D) apply and must be addressed under the Protections Against Risk subheading (4.1.2.b).

Justifications for Exclusion of Children

For the purposes of this policy, all individuals under 21 are considered children; however, exclusion of any specific age group, such as individuals under 18, should be justified in this section. It is expected that children will be included in all clinical research unless one or more of the following exclusionary circumstances apply:

1. The research topic to be studied is not relevant to children.
2. Laws or regulations bar the inclusion of children in the research.
3. The knowledge being sought in the research is already available for children or will be obtained from another ongoing study, and an additional study will be needlessly redundant. Documentation of other studies justifying the exclusions should be provided. HRSA program staff can be contacted for guidance on this issue if the information is not readily available.
4. A separate, age-specific study in children is warranted and preferable. Examples include:
   a. The condition is relatively rare in children, as compared to adults (in that extraordinary effort would be needed to include children, although in rare diseases or disorders where the applicant has made a particular effort to assemble an adult population, the same effort would be expected to assemble a similar child population with the rare condition); or
   b. The number of children is limited because the majority are already accessed by a nationwide pediatric disease research network; or
   c. Issues of study design preclude direct applicability of hypotheses and/or interventions to both adults and children (including different cognitive, developmental, or disease stages or different age-related metabolic processes). While this situation may represent a justification for excluding

children in some instances, consideration should be given to taking these differences into account in the study design and expanding the hypotheses tested, or the interventions planned, to allow inclusion of children rather than excluding them.

5. Insufficient data are available in adults to judge potential risk in children (in which case one of the research objectives could be to obtain sufficient adult data to make this judgment). Although children usually should not be the initial group to be involved in research studies, in some instances, the nature and seriousness of the illness may warrant their participation earlier based on careful risk and benefit analysis.
6. Study designs are aimed at collecting additional data on pre-enrolled adult study subjects (e.g., longitudinal follow-up studies that did not include data on children).
7. Other special cases can be justified by the investigator and found acceptable to the review group and the Institute/Center Director.

5. Human Subjects Research Policy

Human Subjects Research Policy includes DHHS regulations for the protection of human subjects and the following PHS policies related to human subjects research.

5.1 Protection of Human Subjects

The Department of Health and Human Services (DHHS) regulations for the Protection of Human Research Subjects provide a systematic means, based on established, internationally recognized ethical principles, to safeguard the rights and welfare of individuals who participate as subjects in research activities supported or conducted by the DHHS. The regulations stipulate that the awardee organization, whether domestic or foreign, bears responsibility for safeguarding the rights and welfare of human subjects in DHHS-supported research activities. The regulations require that all organizations engaged in nonexempt human subjects research supported or conducted by the DHHS hold a Federalwide Assurance (FWA) with the Office for Human Research Protections (OHRP), and establish appropriate policies and procedures for the protection of human subjects. These regulations, 45 CFR part 46, Protection of Human Subjects, are available from OHRP, Department of Health and Human Services, The Tower Building, 1101 Wootton Parkway, Suite 200, Rockville, MD 20852; telephone: 1-866-447-4777 (toll-free) or (240) 453-6900; E-mail: ohrp@osophs.dhhs.gov. In general, OHRP considers organizations that receive direct support from DHHS for the conduct of nonexempt human subjects research to be engaged in human subjects research (for more information on whether an institution is engaged in human subjects research, refer to: http://www.hhs.gov/ohrp/policy/engage08.html). When a research project is conducted by multiple organizations, each organization that is engaged in nonexempt human subjects research must hold an FWA and comply with the regulations at 45 CFR 46.

Nonexempt research involving human subjects may only be conducted under a DHHS award if the engaged organization(s) is operating in accord with an approved FWA and provides verification that an Institutional Review Board (IRB) that is registered under the specific FWA has reviewed and approved the proposed activity in accordance with the DHHS regulations. No award to an individual will be made unless that individual is affiliated with an assured organization that accepts responsibility for compliance with the DHHS regulations. Foreign applicant organizations must also comply with the provisions of the regulations unless a determination of equivalent protections is made in accord with 45 CFR 46.101(h).

Under DHHS regulations to protect human subjects, certain research areas are exempt. However, if an applicant makes inappropriate designations of the noninvolvement of human subjects or of exempt categories of research, this may result in delays in the review of an application or an application not being

reviewed. The PHS will make a final determination as to whether the proposed activities are covered by the regulations or are in an exempt category, based on the information provided in the Research Plan. With the exception of research projects that meet the criteria for Exemption 4, studies that are exempt from the human subjects regulatory requirements must still address the inclusion of women, minorities and children in the study design.

Regulations of the Food and Drug Administration (21 CFR 50, 21 CFR 56) generally apply to biomedical research involving an unapproved drug, device or biologic and may apply to certain studies of approved products. Additional information on FDA regulations is available at http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm. If work falls under FDA's regulatory requirements, the grantee must follow both DHHS and FDA human subject protection regulations.

Federal requirements to protect human subjects apply to most research on human specimens (such as cells, blood, and urine), residual diagnostic specimens, and medical information. Research involving existing data, documents, records, pathological specimens, diagnostic specimens, or tissues that are individually identifiable is considered "research involving human subjects."

The DHHS regulations require the PHS to evaluate all applications and proposals involving human subjects (http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.120). This independent evaluation is conducted at HRSA through the peer review system and HRSA staff review, and, as required, will take into consideration the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. On the basis of this evaluation, HRSA may approve or disapprove the application or proposal, or enter into negotiations to develop an approvable one.

5.2 Vulnerable Populations

Investigators who conduct research involving pregnant women, human fetuses and neonates, prisoners (or subjects who become prisoners after the research has started) or children, must follow the provisions of the regulations in Subparts B, C, and D of 45 CFR part 46, respectively. The subparts describe the additional protections required for conducting research involving these populations. Relevant information may be obtained at the OHRP Web site (http://www.hhs.gov/ohrp/policy/index.html).

Exemptions 1-6 do **not** apply to research involving prisoners or subjects who become prisoners (see Subpart C). Although Exemptions 1 and 3-6 apply to research involving children (see Subpart D), Exemption 2 can only be used for research involving educational testing or observations of public behavior when the investigator(s) do not participate in the activities being observed.

5.3 Data and Safety Monitoring Plans for Clinical Trials

For each proposed clinical trial, PHS requires a data and safety monitoring plan that describes oversight and monitoring to ensure the safety of participants and the validity and integrity of the data. The level of monitoring should be commensurate with the risks and the size and complexity of the clinical trial. Prior to the accrual of human subjects, a detailed data and safety monitoring plan must be submitted to the applicant's IRB and to the funding entity for approval. Adverse Events must be reported to the IRB, the PHS funding Institute or Center, and other appropriate offices or agencies. This policy requirement is in addition to any monitoring requirements imposed by 45 CFR part 46. PHS policy specifically requires the establishment of a Data and Safety Monitoring Board (DSMB) for multi-site clinical trials involving interventions that entail potential risk to the participants, and generally for Phase III clinical trials. A DSMB also may be appropriate for clinical trials if the studies are blinded (masked), employ high-risk interventions, or involve vulnerable populations.

Summary reports of adverse events must be provided to HRSA and to individual IRBs in order for them to address reports related to the site for which they have responsibility. Grantees should address questions on this subject to the HRSA Program Official.

5.4 IRB Approval

HRSA does not require certification of IRB approval of the proposed research prior to HRSA peer review of an application.

Following HRSA peer review, applicants and their institutions will be notified of the need for review and approval of the proposed research by an IRB that is registered under the institutional assurance with OHRP. See http://www.hhs.gov/ohrp/ to register an IRB. Certification of IRB approval must be sent to the Grants Management Office identified in the notice requesting documentation. Certification of IRB review and approval must include: the PHS application number, title of the project, name of the program director /principal investigator, date of IRB approval, and appropriate signatures. Grantees may also use the optional form "Protection of Human Subjects - Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)" (OMB Form No. 0990-0263 http://www.hhs.gov/ohrp/assurances/forms/of310.rtf) to meet this requirement.

According to OHRP policy, in general, an institution is considered to be engaged in human subjects research when it receives a HRSA award to support nonexempt human subjects research. See http://www.hhs.gov/ohrp/policy/engage08.html. All institutions engaged in human subjects research must obtain a Federal Wide Assurance (FWA) from OHRP. Instructions for applying for a Federal Wide Assurance (FWA) are available from the OHRP Web site at http://www.hhs.gov/ohrp/assurances/index.html.

DHHS human subject regulations at 45 CFR46.103(f) require that each application for non-exempt HHS-supported human subject research be reviewed and approved by an IRB (see also http://www.hhs.gov/ohrp/policy/conditionalapproval2010.html). Only the date of approval of the application should be submitted to HRSA. However, the IRB must ensure that any corresponding protocol(s) are consistent with the application, and must maintain documentation of IRB approval of all corresponding protocols, including those reviewed by consortium participants. For multi-site research, the primary grantee is expected to collect the certification from each subrecipient.

Any modifications to the Research Plan in the application, required by either HRSA or by the IRB, must be submitted with follow-up certification of IRB approval to HRSA before the competing award is made. It is the responsibility of the PD/PI and the applicant organization to submit the follow-up documentation.

If more than a year will have elapsed between the initial IRB review date and the anticipated award date, the awarding unit staff shall require re-review by the IRB prior to award.

5.5 PHS Policy on the Inclusion of Women and Minorities in Clinical Research

PHS policy requires that women and members of minority groups and their subpopulations must be included in all PHS-supported biomedical and behavioral research projects involving clinical research unless a clear and compelling rationale and justification establishes to the satisfaction of the funding IC Director that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. Exclusion under other circumstances must be designated by the Director, PHS, upon the recommendation of an IC Director based on a compelling rationale and justification. Cost is not an acceptable reason for exclusion except when the study would duplicate data from other sources. Women of childbearing potential should not be routinely excluded from participation in clinical research. All

PHS-supported biomedical and behavioral research involving human subjects is defined as clinical research. This policy applies to research subjects of all ages.

The inclusion of women and members of minority groups and their subpopulations must be addressed in developing a research design appropriate to the scientific objectives of the study. The Research Plan should describe the composition of the proposed study population in terms of sex/gender and racial/ethnic group, and provide a rationale for selection of such subjects. Such a plan should contain a description of the proposed outreach programs for recruiting women and minorities as participants.

5.6 PHS Policy on Inclusion of Children

Research involving children (see definition of "child") must comply with the PHS Policy and Guidelines on the Inclusion of Children in Clinical Research.

PHS policy requires that children (i.e., individuals under the age of 21) must be included in all clinical research, conducted or supported by the PHS unless there are clear and compelling reasons not to include them. Therefore, proposals for clinical research must include a description of plans for including children. If children will be excluded from the research, the application or proposal must present an acceptable justification for the exclusion.

The involvement of children as subjects in research must be in compliance with all applicable subparts of 45 CFR part 46 as well as with other pertinent Federal laws and regulations.

IRBs have special review requirements to protect the well-being of children who participate in research. These requirements relate to risk, benefit, parental/guardian consent, and assent by children, and to research involving children who are wards of the state or of another institution. The local IRB approves research that satisfies the conditions set forth in the regulations.

5.7 PHS Policy on Reporting Race and Ethnicity Data: Subjects in Clinical Research

The Office of Management and Budget (OMB) defines minimum standards for maintaining, collecting and presenting data on race and ethnicity for all Federal reporting agencies (including HRSA) in OMB Directive 15, http://www.whitehouse.gov/omb/fedreg_1997standards. The standards were revised in 1997 and include two ethnic categories (Hispanic or Latino and Not Hispanic or Latino) and five racial categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White). Reports of data on race and ethnicity shall use these categories. The categories in this classification are social-political constructs and should not be interpreted as being anthropological in nature. HRSA is required to use these definitions to allow comparisons to other federal databases, especially the census and national health databases. The following definitions apply to the minimum standards for the ethnic and racial categories.

Ethnic Categories:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino

Racial Categories:

American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnic/Racial Subpopulations: In addition to OMB ethnic and racial categories, HRSA uses the following definition for ethnic/racial subpopulations:

Subpopulations: Each ethnic/racial group contains subpopulations that are delimited by geographic origins, national origins, and/or cultural differences. It is recognized that there are different ways of defining and reporting racial and ethnic subpopulation data. The subpopulation to which an individual is assigned depends on self-reporting of specific origins and/or cultural heritage. Attention to subpopulations also applies to individuals who self identify with more than one race. These ethnic/racial combinations may have biomedical, behavioral, and/or social-cultural implications related to the scientific question under study.

Guidance on Collecting Race and Ethnicity Data from Human Subjects

When an investigator is planning to collect data on ethnicity and race, the categories identified above should be used. The collection of greater detail is encouraged, for example on ethnic/racial subpopulations. However, any collection that uses more detail must be designed in a way that data can be aggregated into these minimally required categories. Use self-report or self-identification to collect this information by asking two separate questions – one on ethnicity and one on race. Collect ethnicity information first followed by the question on race and provide subjects with the option to select more than one racial category.

See PHS Policy on Inclusion of Women and Minorities.

5.8 ClinicalTrials.gov Requirements

In checking the "I agree" box on line 17 of the SF424 (R&R) Cover component, the Authorized Organization Representative of the applicant organization certifies that if the research includes an applicable clinical trial under Public Law 110-85, the applicant organization will be in compliance with the registration and reporting requirements of Public Law 110-85, enacted 09/27/2007, if applicable (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_public_laws&docid=f:publ085.110.pdf). The law amends the Public Health Service Act to expand the scope of clinical trials that must be registered in ClinicalTrials.gov. It also increases the number of registration fields that must be submitted, requires certain results information to be included, and sets penalties for noncompliance.

The trials that must be registered are called "applicable clinical trials." Under the statute these trials generally include: (1) Trials of Drugs and Biologics: Controlled, clinical investigations, other than Phase 1 investigations, of a product subject to FDA regulation; and (2) Trials of Devices: Controlled trials with

health outcomes, other than small feasibility studies, and pediatric postmarket surveillance. HRSA encourages registration of ALL trials whether required under the law or not.

When registering clinical trials in the ClinicalTrials.gov Protocol Registration System, if applicable, enter the HRSA Grant Number associated with the trial in the "Secondary ID" field; include activity code, institute code and 5-digit serial number.

The entity responsible for registering the trial is the "responsible party."

For the complete statutory definitions of "responsible party" and "applicable clinical trial," refer to Elaboration of Definitions of Responsible Party and Applicable Clinical Trial.

Exemptions. The six categories of research exempt from the DHHS human subject regulations are:

Exemption 1: Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

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

(i) information obtained is recorded in such a manner that human subjects can be identified directly or through identifiers linked to the subjects and (ii) 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.

Exemption 2 for research involving survey or interview procedures or observation of public behavior, does not apply to research with children (see **45 CFR part 46, Subpart D**), except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.

Exemption 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 (b)(2) of this section if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

Exemption 4: Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or 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.

The humans subjects regulations decision charts (http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html) of the Office for Human Research Protection (OHRP) will determine whether the research falls under the human subjects regulations and if so, whether it meets the criteria for Exemption 4.

Research that meets the criteria for Exemption 4 is not considered "clinical research" as defined by PHS. Therefore the PHS policies for inclusion of women, minorities and children in clinical research, do not apply to research projects covered by Exemption 4.

Exemption 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: (i) public benefit or service programs (ii) procedures for obtaining benefits or services under those programs (iii) possible changes in or alternatives to those programs or procedures or (iv) possible changes in methods or levels of payment for benefits or services under those programs. Note: It is uncommon for investigators applying for a PHS grant to qualify for this exemption. Please seek guidance from HRSA staff if you think your project is eligible for Exemption 5.

Exemption 6: Taste and food quality evaluation and consumer acceptance studies (i) if wholesome foods without additives are consumed or (ii) 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 Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.