## GLOSSARY

### Adverse Drug Reaction

In the pre-approval clinical experience with a new medicinal product or its new usages, particularly as the therapeutic dose(s) may not be established: all noxious and unintended responses to a medicinal product related to any dose should be considered adverse drug reactions. The phrase responses to a medicinal product means that a causal relationship between a medicinal product and an adverse event is at least a reasonable possibility, i.e. the relationship cannot be ruled out. Regarding marketed medicinal products, a response to a drug which is noxious and unintended and which occurs at doses normally used in human for prophylaxis, diagnosis, or therapy of diseases or for modification of physiological function (ICH–Guideline for Good Clinical Practice (E6, R1), art. 1.1) Current reporting required by FDA is in http://umis.doh.gov.ph/ adverse.

### Adverse Events

Any untoward or undesirable medical occurrence in a patient or participant in clinical investigation after use or administration of an investigational product. This is not necessarily caused by the treatment. An adverse event (AE) can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal (investigational) product, whether or not related to the medicinal (investigational) product (see the ICH Guideline for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting).

### Amendment of the Protocol

A written description of a change(s) to, or formal clarification of a protocol and changes on any other supporting documentation made from the originally approved protocol by the research ethics review body after the study has begun.

### Approval

Favorable or affirmative decision of the Research Ethics Committee following a review of the protocol and other required documents and thus research may already be started and undertaken as set forth by the ethics committee, CPG, the institution, and relevant regulatory terms.

### Assent

Authorization for one's own participation in research given by a minor or another participant who lacks the capability to give informed consent. The assent is a requirement for research, in

addition to consent, given by a parent or legal guardian. It is an agreement by an individual not competent to give legally valid informed consent like a child or cognitively impaired person to participate in research.

**Audit**

An independent and systematic examination of trial related activities and documents to determine whether the evaluated trial related activities were conducted, and the data were recorded, analyzed and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), Good Clinical Practice (GCP), and the applicable regulatory requirement(s).

**Belmont Report**

A statement of basic ethical principles governing research involving human participants issued by the National Commission for the Protection of Human Subjects in 1978 on the conduct of biomedical and behavioral research involving human subjects including guidelines to ensure that research is conducted in accordance with the principles. (Retrieved from http://ohrp.osophs.dhhs.gov/ human subjects/guidance/belmont.htm).

**Bias**

The systematic tendency of any factors associated with the design, conduct, analysis and evaluation of the results of a clinical trial to make the estimate of a treatment effect deviate from its true value [ICH Harmonized Tripartite Guideline, General Considerations for Clinical Trial (E8)].

**Blinding**

Is a procedure in which one or more parties of the trial are kept unaware of the treatment assignment(s). Single blinding usually refers to the subjects being unaware which treatment he/she is receiving, while double-blinding usually refers to the subjects, investigator(s), monitor(s), and, in some cases, data analyst(s) being unaware of the treatment assignment(s).

**Clinical Research**

A study undertaken involving a particular person or group of people with the purpose of increasing knowledge and determining how well treatment or diagnostic test works in a particular patient population. Patient-oriented research involves a particular person or group of people or uses materials from humans. This research can include: studies of mechanisms of human disease; studies of therapies or interventions for disease; clinical trials; and studies to develop new technology related to disease. Epidemiological and behavioral studies examine the

distribution of disease, the factors that affect health, and how people make health-related decisions. Outcomes and health services research seeks to identify the most effective and most efficient interventions, treatments, and services." (Retrieved from http://www.nichd.nih.gov/health/clinicalresearch).

**Clinical Trial**

A written description of a trial/study of any therapeutic, prophylactic, or diagnostic agent conducted in human subjects, in which the clinical and statistical description, presentations, and analyses are fully integrated into a single report.

**Co-investigator**

Any individual member of the clinical trial team designated and supervised by the investigator at a trial site to perform critical trial-related procedures and/or to make important trial-related decisions (e.g., associates, residents, research fellows).

**Compassionate Use**

Permission given by the national regulatory authority in particular the Bureau of Food and Drugs/Food and Drug Administration to make investigational new drugs and devices that are not yet approved for marketing for use of very or terminally ill patients having no other treatment alternatives. The US National Cancer Institute defines it as, "A way to provide an investigational therapy to a patient who is not eligible to receive that therapy in a clinical trial, but who has a serious or life-threatening illness for which other treatments are not available. Compassionate use trials allow patients to receive promising but not yet fully studied or approved cancer therapies when no other treatment option exists. Also called expanded access trial." (Retrieved from www.cancer.gov/dictionary).

**Completed Study**

A finished study where a final report has been submitted to the MMC IRB.

**Confidentiality**

Protection of study participants such that an individual participant's identity cannot be linked to the information provided to the researcher and is never publicly divulged. It is the nondisclosure of information except to another authorized person.

**Conflict of Interest**

Arises when a member(s) of the Ethics Committee holds interests with respect to specific applications for review that may jeopardize his/her ability to provide free and independent

evaluation of the research focused on the protection of the research participants. Conflict of interests may arise when an EC member has financial, material, institutional or social ties to the research.

**Consensus**

A decision that requires all members to consider the decision at least acceptable and no member considers the decision unacceptable.

**Contract Research Organization**

A service organization with whom a drug or device manufacturer or sponsor contracts to perform clinical trial related activities which may include, among others, development of protocols, recruitment of patients, collection and analysis of data, and preparation of application documents to a national regulatory agency.

**Declaration of Helsinki**

A code of ethics for clinical research approved by the World Medical Association in 1964 and widely adopted by medical associations in various countries. This is World Medical Association's (WMA) response to the Nuremberg Code. The Declaration of Helsinki was adopted by the WMA in 1964 and has been amended five times, at regular intervals. A note of clarification about placebo-controlled trials was added in 2002 (Retrieved from http://www.wma.net/e/policy/b3.htm).

**Descriptive Study**

A study that is not truly experimental in nature such as quasi-experimental studies, correlational studies, record reviews, case histories, and observational studies.

**Document Tracker**

Used to record the status or activities of all the protocols/ documents submitted.

**Disapproval**

This is the expression of an unfavorable decision by the board. The study cannot be implemented if it has been disapproved by the Committee.

**Eligibility criteria**

The list of criteria or conditions that guide enrollment of participants into a study. The criteria describe both inclusionary and exclusionary factors. (Retrieved from https://www.ecri.org/patient/references).

**Ethics Review**

This is a systematic process by which this independent committee evaluates a study protocol to determine if it follows ethical and scientific standards for carrying out biomedical research on human participants. It checks if the protocol complies with the guidelines to ensure that the dignity, rights, safety and well- being of research participants are promoted.

**Ethical Principles**

"Refers to those general judgments that serves as a basic justification for the many particular ethical prescriptions and evaluations of human actions.'' (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research).

**Exclusion criteria**

Factors utilized to determine whether an individual is ineligible for a clinical trial or research study.

**Expedited Review**

This is a review conducted by at least two experienced members of the IRB. Protocols reviewed under this are minimal risk to none and fall under the categories as stated in form 2.6. This is done for some research involving no more than minimal risk and maybe for minor changes in approved research, annual renewals of approved projects, approval of protocol amendments, research conducting health record review, and for confirming changes required by the ethics committee for approval of the protocol.

**Food and Drug Administration (FDA)**

The new name and the reorganized and strengthen Bureau of Food and Drugs by virtue of the "Food and Drug Administration (FDA) Act of 2009" or Republic Act No. 971 1 of August 18, 2009, "An act strengthening and rationalizing the regulatory capacity of the Bureau of Food and Drugs (BFAD) by establishing adequate testing laboratories and field offices, upgrading its equipment, augmenting its human resource complement, giving authority to retain its income, renaming it the Food and Drug Administration, amending certain sections of Republic Act No. 3720, as amended, and appropriating funds thereof."

**Full board review**

Review of proposed research at a convened meeting at which majority of the membership of the IRB are present, including at least one member whose primary concerns are in non- scientific areas. For the research to be approved, it must receive the approval of a majority of those members present at the meeting.

**Good Clinical Practice**

Guidelines A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected.

**Helsinki Declaration**

Guidelines adopted in 1964 by the 18th World Medical Assembly (WMA) held in Helsinki, Finland, and revised in 2000 by the 52nd WMA General Assembly, for physicians conducting biomedical research. This declaration outlines clinical trial procedures required to ensure patient safety, consent and ethics committee reviews in human subjects.

**Inclusion criteria**

The factors used to judge to a participant's eligibility to be part in a trial or research. These factors are justified by the purpose of the researcher in conducting the research.

**Independent Consultant**

A non- IRB member consultant who is appointed as part of the pool of expert reviewer of study protocols.

**Informed Consent**

A process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate. Informed consent is documented by means of a written, signed and dated informed consent form.

**Institutional Review Board (IRB)**

Also called research ethics committee (REC), independent ethics committee (IEC) or institutional review board (IRB), a committee constituted to review the ethical aspects of a research proposal and its possible implementation. It is an independent body whose responsibility is to ensure the protection of the rights, safety and well-being of human participants involved in a trial and to provide public assurance of that protection.

**Investigator**

A person responsible for the conduct of the clinical trial at a trial site. If a trial is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator. See also co-investigator.

**Investigator's Brochure**

A compilation of the clinical and nonclinical data on the investigational product(s) which is relevant to the study of the investigational product(s) in human subjects (see 7. Investigator's Brochure).

**Minors**

Persons who have not yet reached the age of maturity, 18 years old.

**Monitor**

A person appointed by and responsible to the sponsor or contract research organization for monitoring and reporting progress of the trial and for verification of data (WHO, Guidelines for Good Clinical Practice for Trials of Pharmaceutical Products).

**Multicenter Trial**

A clinical trial conducted according to a single protocol but at more than one site, and therefore, carried out by more than one investigator.

**Ongoing Review**

A classification of an active file which has not yet been approved and is still in the process of evaluation and approval by MMC IRB.

**Ongoing Study**

A classification of an active file where the protocol has been approved by the MMC IRB.

**Phase I Clinical Trial**

The first trial(s) of a new active ingredient or new formulations in human, often carried out in healthy volunteers. Their purpose is to establish a preliminary evaluation of safety, and a first outline of the pharmacokinetic and, where possible, a pharmacodynamics profile of the active ingredients in humans (WHO, Guidelines for Good Clinical Practice for trials of pharmaceutical products). Also refer to the definition in the DOH Administrative Order No. 47-A series of 2001" Rules and Regulations on the registration including approval and conduct of clinical trials, and lot or batch release certification of vaccines and biologic products" and need to secure a permit for clinical investigational use.

**Phase II Clinical Trial**

Trial(s) performed in a limited number of subjects, often at a later stage of a comparative (e.g., placebo-controlled) design. Their purpose is to demonstrate therapeutic activity and assess

short-term safety of the active ingredient in patients suffering from a disease or condition for which the active ingredient is intended. This phase also aims at the determination of appropriate dose ranges or regimens and (if possible) clarification of dose-response relationships in order to provide an optimal background for the design of extensive therapeutic trials (WHO, Guidelines for Good Clinical Practice for Trials of Pharmaceutical Products). Also refer to the definition in the Department of Health Administrative Order No. 47-A series of 2001, Rules and regulations on the registration including approval and conduct of clinical trials, and lot or batch release certification of vaccines and biologic products, and need to secure a permit for clinical investigational use.

**Phase III Clinical Trial**

Trial(s) in larger (and possibly varied) patient groups with the purpose of determining the shortand long-term safety/ efficacy balance of formulation(s) of the active ingredient, and of assessing its overall and relative therapeutic value. The pattern and profile of any frequent adverse reactions must be investigated and special features of the product must be explored (e.g., clinically relevant drug interactions, factors leading to differences in effect such as age). These trials should preferably be of a randomized double-blind design, but other designs may be acceptable (e.g., long-term safety studies). Generally, the conditions under which these trials are carried out should be as close as possible to normal conditions of use (WHO, Guidelines for Good Clinical Practice for Trials of Pharmaceutical Products). Also refer to the definition in the Department of Health Administrative Order No. 47-A series of 2001, Rules and regulations on the registration including approval and conduct of clinical trials, and lot or batch release certification of vaccines and biologic products, and need to secure a permit for clinical investigational use.

**Phase IV Clinical Trial**

Studies performed after marketing of the pharmaceutical product. Trials in this phase are carried out on the basis of the product characteristics on which the marketing authorization was granted and are normally in the form of the post-marketing surveillance, or assessment of therapeutic value or treatment strategies. Although methods may differ, these studies should use the same scientific and ethical standards as applied in pre-marketing studies. After a product has been placed on the market, clinical trials designed to explore new indications, new methods of administration or new combinations, among others, are normality considered as trials for new pharmaceutical products (WHO, Guidelines for Good Clinical Practice for Trials of Pharmaceutical Products). Also refer to the definition in the Department of Health Administrative Order No. 47-A series of 2001, Rules and regulations on the registration

including approval and conduct of clinical trials, and lot or batch release certification of vaccines and biologic products, and need to secure a permit for clinical investigational use.

**Philippine Health Research Ethics Board**

Created on 1 March 2006 through DOST Special Order No. 091 series of 2006 as a policymaking body for research ethics in the Philippines.

**Prospective Study**

Research that watches for outcomes, such as the development of a disease, during the study period and relates this to other factors such as suspected risk or protection factor(s). The study usually involves taking a cohort of subjects and watching them over a long period.

**Protocol**

A document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial. The protocol usually also gives the background and rationale for the trial, but these could be provided in other protocol referenced documents. Throughout the ICH GCP Guideline the term protocol refers to protocol and protocol amendments.

**Protocol Screening**

A process of determining the type of review and assigning reviewers.

**Protocol Index**

A form placed in front of the protocol folder, utilized to check the completeness of the documents relevant to the study protocol.

**Randomization**

The process of assigning trial subjects to treatment or control groups using an element of chance to determine the assignments in order to reduce bias.

**Regulatory requirements**

Necessary prerequisites for the approval and conduct of clinical trial by a national regulatory authority.

**Retrospective Study**

A research that looks backwards and examines exposures to suspected risk or protection factors in relation to an outcome that is established at the start of the study.

**Serious Adverse Event (SAE) or Serious Adverse Drug Reaction (Serious ADR)**

Any untoward medical occurrence that at any dose:

- results in death,

- is life-threatening,

- requires inpatient hospitalization or prolongation of existing hospitalization,

- results in persistent or significant disability/incapacity, or

- is a congenital anomaly/birth defect

(see the ICH Guideline for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting).

**Sponsor**

An individual, company, institution, or organization which takes responsibility for the initiation, management, and/or financing of a clinical trial.

**Standard Operating Procedures (SOPs)**

Detailed, written instructions to achieve uniformity of the performance of a specific function.

**Standard of Care or Treatment**

Healthcare intervention or regimen that is generally accepted by health practitioners and experts as beneficial to an individual needing such care. Standard treatment is the treatment that is currently thought to be effective in medical practice.

**Subject/Trial Subject**

An individual who participates in a clinical trial, either as a recipient of the investigational product(s) or as a control.

**Suspected Unexpected Serious Adverse Reaction (SUSAR)**

A serious adverse reaction in research participants who were given a drug, that may or may not be dose related, but are not expected or anticipated since these reactions are not consistent with current information about the medicinal product in question. This may occur during clinical trials or clinical care. Current reporting required by FDA is in http://umis. doh.gov.ph/adverse.

**Terminated Study**

A study that has been discontinued by the MMC IRB.

**Unexpected Adverse Drug Reaction**

An adverse reaction, the nature or severity of which is not consistent with the applicable product information (e.g., Investigator's Brochure for an unapproved investigational product or package insert/summary of product characteristics for an approved product) (see the ICH Guideline for Clinical Safety Data Management: Definitions and Standards for Expedited Reporting).

**Unfinished review/ incomplete review**

Protocols for review with no resubmission for three years and remained dormant and inactive.

**Vulnerable Subjects**

Individuals whose willingness to volunteer in a clinical trial may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate. Examples are members of a group with a hierarchical structure, such as medical, pharmacy, dental, and nursing students, subordinate hospital and laboratory personnel, employees of the pharmaceutical industry, members of the armed forces, and persons kept in detention. Other vulnerable subjects include patients with incurable diseases, persons in nursing homes, unemployed or impoverished persons, patients in emergency situations, ethnic minority groups, homeless persons, nomads, refugees, minors, and those incapable of giving consent.

**Waiver of Informed Consent**

The act of intentionally or knowingly relinquishing or abandoning the right to consent to medical treatment by a patient or to participate in a medical experiment by a subject after achieving an understanding of what is involved, especially the risks (Merriam-Webster's Dictionary of Law (c), 1996). It is also refers to the permission given by an Ethics Review Committee for research to be conducted without the informed consent of subjects, under exceptional circumstances, such as when research has to be undertaken in an emergency situation.

**Withdrawn Study**

Unfinished study that has been concluded by the investigator/ sponsor.

REFERENCES:

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# GUIDELINES ON SUBMITTING AN INFORMED CONSENT FORM

The informed consent is defined as a process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate.

Both the discussion and the written informed consent provided to the subjects should include explanations of the following:

1. That the trial involves research.
2. The purpose of the trial.
3. The trial treatment(s) and the probability for random assignment to each treatment
4. The trial procedures to be followed, including all invasive procedures.
5. The subject's responsibilities.
6. Those aspects of the trial that are experimental.

7. The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus or nursing infant.
8. The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
9. The alternative procedure(s) or course(s) of treatment that may be available to the subject, and their important potential benefits and risks.
10. The compensation and/or treatment available to the subject in the event of trial-related injury.
11. The anticipated prorated payment, if any, to the subject for participating in the trial.
12. The anticipated expenses, if any, to the subject for participating in the trial.
13. That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
14. That the monitor(s), the auditor(s), the Institutional Review Board (IRB), and the regulatory authority (ies) will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
15. That the records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.
16. That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
17. The person(s) to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
18. The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
19. The expected duration of the subject's participation in the trial.
20. The approximate number of subjects involved in the trial.
21. For concerns regarding patient's rights, the participant may contact the following:

    - Makati Medical Center Institutional Review Board
      7th Floor, Keyland Center
      143 Dela Rosa cor. Adelantado Sts. Legaspi Village, Makati City
      Tel. No. 8888-999 Loc. 7166, 3972 or 3973
      Fax No. 8888-999 Loc. 7182

Email Address: irbmmc.admin@makatimed.net.ph

*References: ICH-GCP 1.28*
*ICH-GCP*

MAKATI MEDICAL CENTER

**INSTITUTIONAL REVIEW BOARD**

## POST-APPROVAL GUIDELINES

1. The Principal Investigator and the Study Team are urged to:
   a. Comply with all relevant international and national guidelines and regulations.
   b. Abide by the principles of Good Clinical Practice and ethical research.
   c. Comply with Makati Medical Center's policy on Medication Management and Use: Management of Investigational Drugs.
   d. Comply with all post-approval provisions of MMC-IRB
2. All approved Informed Consent Forms and other recruitment materials (e.g., posters, etc.) should bear the MMC IRB Stamp of Approval before these documents are used.
3. The following must be reported:
   a. All on-site Serious Adverse Events (IRB SAE Form 3.1A) within seven (7) days. Please forward two (2) copies of this form to the IRB office after encoding. Events from other sites must be reported along with progress report. SAEs are submitted online via the link below: https://docs.google.com/forms/d/1NpL_xfOGuXItFyrWQcP-eX-zHkWkkGL_jPgxxRK0H_Y/viewform?c=0&w=1&usp=mail_form_link
   b. Any scientific update, interim report, advisory or development related to the study drug, procedure, technology or device (particularly those that will adversely affect study participants )
   c. Any claims for damages or compensation instituted by any subject or patient.
   d. All protocol deviations /violations (Form 3.5)
4. In special instances, the investigator may be requested to come and enlighten the Board when necessary on any matter related to the study.
5. Changes in the protocol should not be implemented without prior written IRB Approval. Please submit the following for Amendments:
   a. Five (5) Copies of the amendment with letter of intent.
   b. Summary of the amended components (Form 3.2). (Please highlight and flag the page where the amendment is located.)
6. An end-of-trial report (Form 3.4) or an annual report (Form 3.3), whichever comes first, must be submitted. A Progress report should be submitted one (1) month before the expiration of the approval. Final reports are required after the completion of protocol procedures at the study site.

   For trainees (interns, residents and fellows), submission of the Final Report is necessary for clearance purposes from MMC-IRB before issuance of certificate from Medical Education and Training Division.

   The FINAL REPORT should provide the following information among other things:

   a. Number of subjects enrolled
      i. Target Population for the entire study (for multicenter studies)
      ii. Target Population for the Makati Medical Center site
   b. Number of withdrawals (dropout rate) and the reason(s) for withdrawals
   c. Adverse events during conduct of study (e.g., nature of adverse events, etc.)
   d. Date the study was initiated and completed
   e. Date the study was terminated/ and reason for termination
   f. Results and conclusions of the study

Kindly extend full cooperation to the IRB Secretariat Staff who will regularly track all protocol-related matters. For any questions regarding IRB, please contact any of the following:

a. Kristine D. Mercado (IRB Assistant) local 7166/Kristine.Mercado@MakatiMed.net.ph
b. Vanessa Mae L. Villajuan (IRB Administrative Staff) 3972/VanessaMae.Villajuan@MakatiMed.net.ph
c. Hazel Faye R. Docuyanan, RPh, MS (MMC-IRB Member-Secretary) 2939/Hazel.Docuyanan@MakatiMed.net.ph
d. D. Darwin A. Dasig, MD (MMC-IRB Chair) loc. 3971/drdadasig@yahoo.com

| **IDE Exempt Device Studies** |
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| Examples:<br>• Consumer preference testing<br>• Testing of a device modification<br>• Testing of >2 devices in commercial distribution if testing does not collect safety or effectiveness data or put subjects at additional risk<br>• Studies using already marketed medical device within cleared labeling indications<br>• Diagnostic device studies (e.g. in vitro diagnostic studies)<br>1. If non invasive<br>2. Does not require an invasive sampling procedure that presents significant risk<br>3. Does not by design or intention introduce energy into a subject<br>4. Is not used as a diagnostic procedure without confirmation of the by another, medically established diagnostic product or procedure. |
| **Non-Significant Risk Devices** |
| Examples:<br>• Caries Removal Solution<br>• Contact Lens Solutions intended for use directly in the eye (e.g., lubricating/rewetting solutions) using active ingredients or preservation systems with a history of prior ophthalmic/contact lens use or generally recognized as safe for ophthalmic use<br>• Conventional Gastroenterology and Urology Endoscopes and/or Accessories<br>• Conventional General Hospital Catheters (long-term percutaneous, implanted, subcutaneous and intravascular)<br>• Conventional Implantable Vascular Access Devices (Ports)<br>• Conventional Laparoscopes, Culdoscopes, and Hysteroscopes<br>• Daily Wear Contact Lenses and Associated Lens Care Products not intended for use directly in the eye (e.g., cleaners; disinfecting, rinsing and storage solutions)<br>• Dental Filling Materials, Cushions or Pads made from traditional materials and designs<br>• Denture Repair Kits and Realigners<br>• Digital Mammography<br>• Electroencephalography (e.g., new recording and analysis methods, enhanced diagnostic capabilities, measuring depth of anesthesia if anesthetic administration is not based on device output)<br>• Externally Worn Monitors for Insulin Reactions • Functional Non-Invasive Electrical Neuromuscular Stimulators<br>• General Biliary Catheters<br>• General Urological Catheters (e.g., Foley and diagnostic catheters) for short term use (< 28 days)<br>• Jaundice Monitors for Infants<br>• Low Power Lasers for treatment of pain<br>• Magnetic Resonance Imaging (MRI) Devices within FDA specified parameters<br>• Manual Image Guided Surgery<br>• Menstrual Pads (Cotton or Rayon, only)<br>• Menstrual Tampons (Cotton or Rayon, only)<br>• Nonimplantable Electrical Incontinence Devices |

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| • Nonimplantable Male Reproductive Aids with no components that enter the vagina<br>• Ob/Gyn Diagnostic Ultrasound within FDA approved parameters<br>• Partial Ossicular Replacement Prosthesis (PORP)<br>• Total Ossicular Replacement Prosthesis (TORP)<br>• Transcutaneous ElectricNerve Stimulation (TENS) Devices for treatment of pain (except for chest pain/angina)<br>• Ureteral Stents<br>• Urethral Occlusion Device for less than 14 days<br>• Wound Dressings, excluding absorbable hemostatic devices and dressings (also excluding Interactive Wound and Burn Dressings that aid or are intended to aid in the healing process). |
| **Significant Risk Devices** |
| Examples:<br>General Medical Use<br>• Catheters for General Hospital Use - except for conventional long-term percutaneous, implanted, subcutaneous and intravascular<br>• Collagen Implant Material for use in ear, nose and throat, orthopedics, plastic surgery, urological and dental applications<br>• Surgical Lasers for use in various medical specialties<br>• Tissue Adhesives for use in neurosurgery, gastroenterology, ophthalmology, general and plastic surgery, and cardiology Anesthesiology<br>• Breathing Gas Mixers<br>• Bronchial Tubes 10<br>• Electroanesthesia Apparatus<br>• Epidural and Spinal Catheters<br>• Epidural and Spinal Needles<br>• Esophageal Obturators<br>• Gas Machines for anesthesia or analgesia<br>• High Frequency Ventilators greater than 150 BPM<br>• Rebreathing Devices<br>• Respiratory Ventilators and new modes of ventilation<br>• Tracheal Tubes Cardiovascular • Annuloplasty Rings<br>• Aortic and Mitral Valvuloplasty Catheters<br>• Arterial Embolization Devices • Atherectomy and Thrombectomy Catheters<br>• Cardiac Assist Devices: artificial hearts, ventricular assist devices, intra-aortic balloon pumps, cardiomyoplasty devices<br>• Cardiac Bypass Devices: oxygenators, cardiopulmonary blood pumps, axial flow pumps, closed chest devices (except Class I cardiovascular surgical instruments), heat exchangers, catheters/cannulae, tubing, arterial filters, reservoirs<br>• Cardiac Mapping and Ablation Catheters<br>• Cardiac Pacemaker/Pulse Generators: antitachycardia, esophageal, external transcutaneous, implantable<br>• Cardiopulmonary Resuscitation (CPR) Devices<br>• Cardiovascular Intravascular (vena cava) Filters |

- Coronary Artery Retroperfusion Systems
- Distal Embolic Protection Devices
- Extracorporeal Counterpulsation Devices
- Extracorporeal Membrane Oxygenators (ECMO)
- Implantable Cardioverters/Defibrillators
- Intravascular Brachytherapy Devices
- Intravascular Stents
- Laser Angioplasty Catheters
- Organ Storage/Transport Units
- Pacing Leads
- Percutaneous Conduction Tissue Ablation Electrodes
- Percutaneous Transluminal Angioplasty Catheters
- Replacement Heart Valves
- Transcatheter Cardiac Occluders for atrial and ventricular septal defects, patent foramen ovale and patent ductus arteriosus
- Transmyocardial Revascularization, Percutaneous Myocardial Revascularization Devices
- Ultrasonic Angioplasty Catheters
- Vascular and Arterial Graft Prostheses
- Vascular Hemostasis Devices

**Dental**

- Absorbable Materials to aid in the healing of periodontal defects and other maxillofacial applications
- Bone Morphogenic Proteins with and without bone, e.g., Hydroxyapatite (HA)
- Dental Lasers for hard tissue applications
- Endosseous Implants and associated bone filling and augmentation materials used in conjunction with the implants
- Subperiosteal Implants
- Temporomandibular Joint (TMJ) Prostheses

**Ear, Nose And Throat**

- Absorbable Gelatin Sponge
- Auditory Brainstem Implants
- Cochlear Implants
- Endolymphatic Shunt Tubes with or without valve
- ENT Cements/Adhesives
- Implantable Bone Conduction Hearing Aids
- Implantable Middle Ear Hearing Device
- Injectable Teflon Paste
- Laryngeal Implants
- Synthetic Polymer Materials
- Tissue Autofluorescent Devices
- Vocal Cord Medialization (Augmentation) Devices

**Gastroenterology And Urology**
- Anastomosis Devices
- Balloon Dilation Catheters for benign prostatic hyperplasia (BPH)
- Biliary Stents
- Components of Water Treatment Systems for Hemodialysis
- Dialysis Delivery Systems
- Electrical Stimulation Devices for sperm collection
- Embolization Devices for general urological use
- Extracorporeal Circulation Systems
- Extracorporeal Hyperthermia Systems
- Extracorporeal Photopheresis Systems
- Femoral, Jugular and Subclavian Catheters
- Hemodialyzers
- Hemofilters
- Implantable Electrical Urinary Incontinence Systems
- Implantable Penile Prostheses
- Injectable Bulking Agents for incontinence
- Lithotripters (e.g., electrohydraulic extracorporeal shock-wave, laser, powered mechanical, ultrasonic)
- Mechanical/Hydraulic Urinary Incontinence Devices
- Penetrating External Penile Rigidity Devices with components that enter the vagina
- Peritoneal Dialysis Devices
- Peritoneal Shunt
- Plasmapheresis Systems
- Prostatic Hyperthermia or Thermal Ablation Devices
- Retention Type (Foley) Balloon Catheters for long term use (> 28 days)
- Suprapubic Urological Catheters and accessories
- Urethral Occlusion Devices for greater than 14 days use
- Urethral Sphincter Prostheses
- Urological Catheters with anti-microbial coatings
- Urological Stents (e.g., urethral, prostate, etc.)

**General And Plastic Surgery**
- Absorbable Adhesion Barrier Devices
- Absorbable Hemostatic Agents
- Artificial Skin and Interactive Wound and Burn Dressings
- Breast Implants
- Injectable Collagen
- Implantable Craniofacial Prostheses
- Repeat Access Devices for surgical procedures
- Sutures

General Hospital
- Implantable Vascular Access Devices (Ports) - if new routes of administration or new design

• Infusion Pumps (implantable and closed-loop - depending on the infused drug)

**Neurological**
• Electroconvulsive Therapy (ECT) Devices
• Hydrocephalus Shunts
• Implanted Intracerebral/Subcortical Stimulators
• Implanted Intracranial Pressure Monitors
•Implanted Spinal Cord and Nerve Stimulators and Electrodes
• Neurological Catheters (e.g., cerebrovascular, occlusion balloon, etc.)
• Transcutaneous Electric Nerve Stimulation (TENS) Devices for treatment of chest pain/angina

**Obstetrics And Gynecology**
• Abdominal Decompression Chamber
• Antepartum Home Monitors for Non-Stress Tests
• Antepartum Home Uterine Activity Monitors
• Catheters for Chorionic Villus Sampling (CVS)
• Catheters Introduced into the Fallopian Tubes
• Cervical Dilation Devices
• Contraceptive Devices:
  o Cervical Caps
  o Condoms (for men) made from new materials (e.g., polyurethane)
  o Contraceptive In Vitro Diagnostics (IVDs)
  o Diaphragms
  o Female Condoms
  o Intrauterine Devices (IUDs)
  o New Electrosurgical Instruments for Tubal Coagulation
  o New Devices for Occlusion of the Vas Deferens
  o Sponges
  o Tubal Occlusion Devices (Bands or Clips)
• Cryomyolysis
• Devices to Prevent Post-op Pelvic Adhesions
• Embryoscopes and Devices intended for fetal surgery
• Endometrial Ablation Systems
• Falloposcopes and Falloposcopic Delivery Systems
• Fundal Pressure Belt (for vaginal assisted delivery)
• Gamete and Embryo Surgical Systems
• Intrapartum Fetal Monitors using new physiological markers
• New Devices to Facilitate Assisted Vaginal Delivery
• Operative Hysteroscopy and Laparoscopy
• Uterine Artery Embolization

**Ophthalmics**
• Aniridia Intraocular Lenses (IOLs) or Rings (for iris reconstruction)
• Capsular Tension Rings

• Class III Ophthalmic Lasers
• Contact Lens Solutions intended for direct instillation (e.g., lubrication/rewetting solutions) in the eye using new active agents or preservatives with no history of prior ophthalmic/contact lens use or not generally recognized as safe for ophthalmic use
• Corneal Storage Media
• Extended Wear Contact Lens (i.e., including a single overnight use)
• Glaucoma Treatment Devices (e.g., trabeculoplasty devices, devices that treat ciliary bodies, devices that raise or lower intraocular pressure, aqueous shunt/drainage devices, etc.)
• Implants for Refractive Purposes (e.g., intraocular lenses, corneal implants, scleral expansion bands, etc.)
• Intraocular Lenses (IOLs)
• Keratoprostheses
• Refractive Surgical Devices (e.g., lasers, electrical current devices, thermal and non-thermal keratoplasty devices, ablation devices, expansion rings, treatment of ciliary bodies, etc.)
• Retinal Disease Treatment Devices (e.g., electrical stimulation devices to treat macular degeneration, lasers to ablate epiretinal membranes and vitreous strands, etc.)
• Retinal Prosthesis (implant)
• Retinal Reattachment Devices (e.g., fluids, gases, perfluorocarbons, perfluorpropane, silicone oil, sulfur hexafluoride, balloon catheter for retinal reattachment)
• Viscosurgical Fluids (viscoelastics)

**Orthopedics And Restorative**
• Anti-Adhesion Gels
• Bone Growth Stimulators
• Bone Morphogenetic Proteins/Biodegradable Scaffolds combination products, with or without allograft/autograft combinations and with or without metallic implant
• Bone Void Fillers (hydroxyapatite and other materials)
• Bovine Collagen Meniscus Implants
• Computer Guided Robotic Surgery
• Implantable Peripheral Neuromuscular Stimulators
• Implantable Prostheses (ligament, tendon, hip, knee, finger)
• Implantable Spinal Devices
• Injectable Sodium Hyaluronate

**Radiology**
• Boron Neutron Capture Therapy
• Hyperthermia Systems and Applicators

*The list includes commonly studied medical devices. Inclusion of a device in the list is not a final determination as risk must reflect the proposed use of a device study

*Adapted from: Information Sheet Guidance for IRBs, Clinical Investigators, and Sponsors. Significant Risk and non-significant Risk Medical Device Studies, USFDA

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## GUIDELINES ON PROTOCOL FILE, ARRANGEMENT AND COLOR CODING

### Active Protocol File Management

- Active files, records and documents should be properly maintained and updated.
  - Secretariat updates the study file folder and the database every week
  - Protocol index and document tracker is updated whenever a new document is added.
  - Secretariat ensures completeness of filling out of forms before filing.
- Keep all active study files in a secure file cabinet, with access limited only to (personnel allowed) who will be entrusted to keep the lock and key.
- Actives files can be accessed outside of regular protocol review in accordance with the SOP on Maintaining Confidentiality of Study Files and IRB Documents.
- The retention period of files is mandated by the national social regulations on clinical trials. The files are retained on-site for three (3) years after completion of the research. After which, the files are stored off-site.
- Protocol Label Code Format
  - It is necessary to use a unique identifier or code to refer to this file for efficient file management. Code active study files as follows: MMCIRB (year)-number (chronological number based on order of receipt). For example, if Protocol entitled "First Clinical Drug Trial on Pediatric Patients" is the first protocol received in 2012, the code MMCIRB 2012-001 is the code that should be used to identify this protocol.
  - Coding of protocol numbering YYYY – XXX
    - YYYY – year the protocol was submitted
    - XXX – chronological number for the year

| ACTIVE | | | | |
|---|---|---|---|---|
| **Classification** | **Description** | **Criteria for qualification** | **Label color code** | **Label coding** |
| Ongoing review | Protocols submitted for review and approval by IRB | Application form (Form 2.1) | yellow | Standard coding |
| Ongoing study | Protocols that have been approved by IRB | Approval letter (Form 2.10) | green | Standard coding |

**Inactive Protocol File Management**

- Inactive files are identified every last month of the year or earlier for completed or terminated protocols.
- Upon approval of the Final Report or Early Study Termination or withdrawal, the protocol is reclassified as inactive study files and the Secretariat initiates archiving procedure.
- Secretariat reviews the completeness of contents of the protocol file using the protocol index and transfers it from the active study filing area to the designated archive area.
- The archiving data should be entered accordingly in the protocol database.
- Protocol Label Code Format
    - Protocol folders are re-coded indicating the year YYYY – XXX / ZZZZ
        - YYYY – year the protocol was submitted
        - XXX – chronological number for the year
        - ZZZZ – year the protocol was completed, withdrawn or terminated
    - An archive number is assigned to the protocol by adding the / (year the final report is approved) as a suffix to the original protocol code. For example if the Final Report of Protocol MMC IRB 2010-002 is approved in 2012, the archiving code is MMC IRB 2010-002/2012.

| **Inactive** | | | | |
|---|---|---|---|---|
| **Classification** | **Description** | **Criteria for qualification** | **Label color code** | **Label coding** |
| Unfinished review/incomplete review | Protocols for review with no resubmissions for 6 months and remained dormant and inactive | 6 months inactive from the last communication form | Orange | Standard coding with YEAR at the end to indicate the year it was rendered inactive |
| Completed | Studies that were completed and finished and submitted a final report | Final report form 3.4 | Pink | Standard coding with YEAR at the end to indicate the year it was rendered inactive |
| Terminated | Studies that were terminated by IRB | Form 3.8 | Red | Standard coding with YEAR at the end to indicate the year it was rendered inactive |
| Withdrawn | Studies were | Letter from | Blue | Standard coding |

| | | | | |
|---|---|---|---|---|
| | withdrawn by sponsor/principal investigator | the sponsor or principal investigator stating the reason for withdrawing study | | with YEAR at the end to indicate the year it was rendered inactive |

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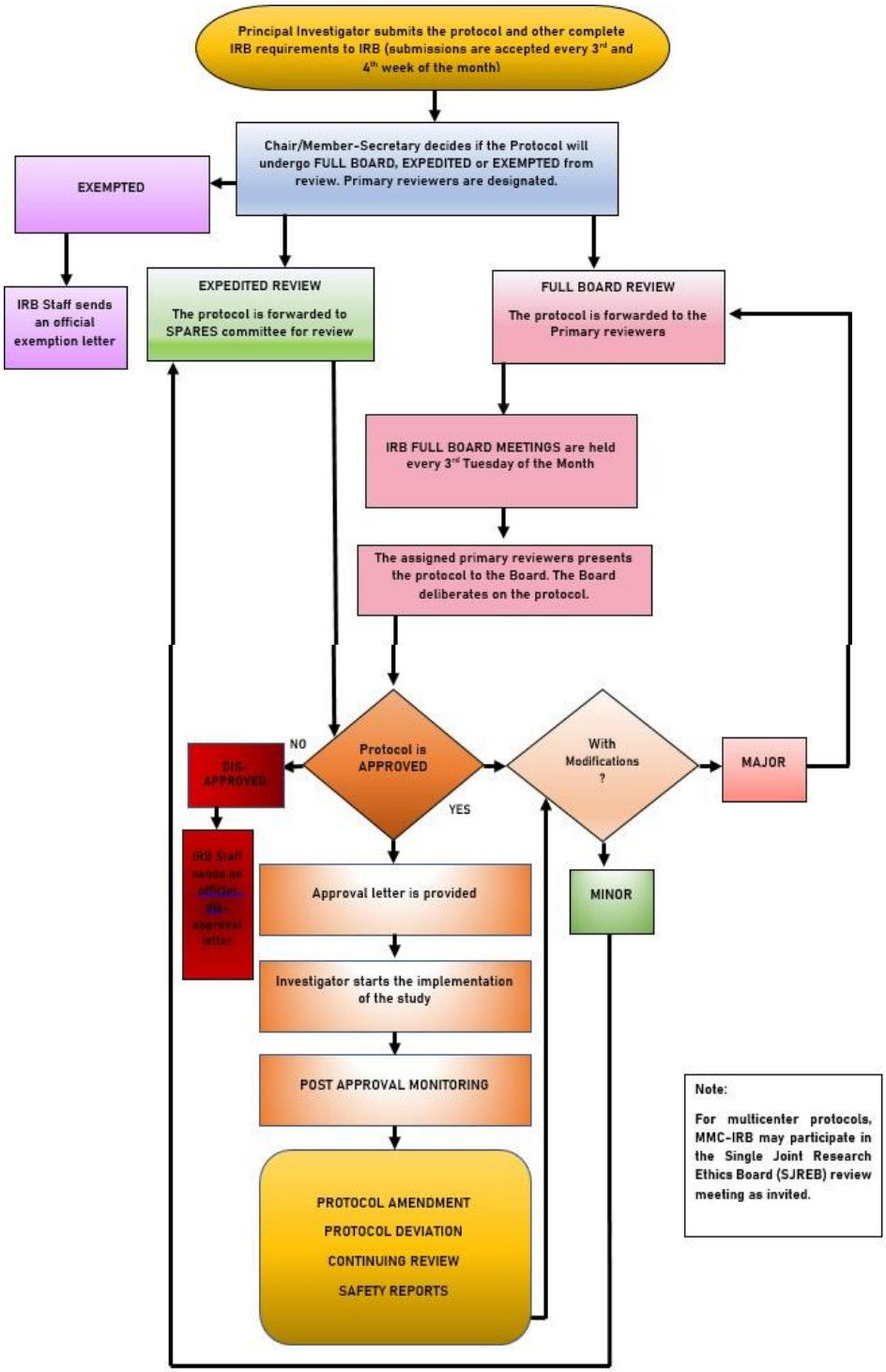
# PROCESS FLOW CHART



## FLOW CHART OF POST-APPROVAL PROCESS (CONTINUING REVIEW)

Amendment: IB, Protocol, and/or Informed Consent Form