



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	1 of 13

The purpose of this checklist is to allow investigators to conduct a quality improvement self assessment and for IRB staff to conduct a quality improvement assessments of investigators. (LAR = "subject's Legally Authorized Representative")

**General Research  
(Not Clinical Trials)**

<b>Principal Investigator</b>	
<b>Protocol Name</b>	
<b>Name of Person Completing Checklist</b>	
<b>Date Completed</b>	

**1 Regulatory Documentation for Each Study**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Grant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Annual progress reports for grant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most recent version of the IRB approved protocol
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previously IRB approved versions of the protocol
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IRB approved amendments to the protocol
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most recent version of the IRB approved consent document
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous versions of the IRB approved consent document
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most recent versions of IRB approved information provided to subjects
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous versions of IRB approved information provided to subjects
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Currently approved recruitment materials
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous versions of approved recruitment materials
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IRB roster associated with each approval letter
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Correspondence with the IRB on file: (look for signature and date when needed for submission)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Initial IRB application
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Continuing review applications. <b>Number:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Modification applications. <b>Number:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Initial IRB approval
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Continuing review approvals
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Modification approvals
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Interim reports
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Notifications of IRB disapproval, deferral, modifications required to secure approval
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Responses to IRB actions
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IRB suspensions or terminations
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copies of email correspondence with the IRB
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other communications with the IRB
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records of investigator and staff training
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Signed agreements/contracts between parties
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Correspondences to and from the funding agency

**2 Document Retention**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Consent documents are retained for 3 years after completion of the research.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records for sponsored is retained until the sponsor authorized destruction of the records.

**3 Informed Consent**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	An investigator seeks consent only under circumstances that provide the prospective subject or the LAR sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The information given to the subject or the LAR is in language understandable to the subject or the LAR.



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	2 of 13

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators do not disclose any exculpatory language through which the subject or the LAR is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators disclose to the subject the information in the consent document.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators give either the subject or LAR adequate opportunity to read the consent document before it is signed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A copy of the signed and dated consent document is given to the person signing the document.

**4 Informed Consent Disclosures**

**Required:** (\*Starred elements can be omitted if there are none.)

- A statement that the study involves research.
- An explanation of the purposes of the research.
- An explanation of the expected duration of the subject's participation.
- A description of the procedures to be followed.
- Identification of any procedures, which are experimental. \*
- A description of any reasonably foreseeable risks or discomforts to the subject. \*
- A description of any benefits to the subject or to others, which may reasonably be expected from the research. \*
- A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject. \*
- A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. \*
- For FDA-regulated research, a statement that notes the possibility that the Food and Drug Administration may inspect the records.
- For research involving more than minimal risk an explanation as to whether any compensation is available if injury occurs and, if so, what it consists of, or where further information may be obtained.
- For research involving more than minimal risk an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.

- An explanation of how to contact the research team for questions, concerns, or complaints about the research.
  - An explanation of how to contact someone independent of the research team for questions, concerns, or complaints about the research; questions about the subjects' rights; to obtain information; or to offer input.
  - An explanation of whom to contact in the event of a research-related injury to the subject.
  - A statement that participation is voluntary.
  - A statement that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.
  - A statement that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.
- Additional:** (Include when appropriate.)
- A statement that the particular treatment or procedure may involve risks to the subject, which are currently unforeseeable.
  - A statement that if the subject is or becomes pregnant, the particular treatment or procedure may involve risks to the embryo or fetus, which are currently unforeseeable.
  - Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.
  - Any additional costs to the subject that may result from participation in the research.
  - The consequences of a subject's decision to withdraw from the research.
  - Procedures for orderly termination of participation by the subject.
  - A statement that significant new findings developed during the course of the research, which may relate to the subject's willingness to continue participation will be provided to the subject.
  - The approximate number of subjects involved in the study.
  - The amount and schedule of all payments.



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	3 of 13

Clinical Trials	
Principal Investigator	
Protocol Name	
Name of Person Completing Checklist	
Date Completed	

5 Regulatory Documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Grant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Annual progress reports for grant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most recent version of the IRB approved protocol
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previously IRB approved versions of the protocol
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IRB approved amendments to the protocol
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most recent version of the IRB approved consent document
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous versions of the IRB approved consent document
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most recent versions of IRB approved information provided to subjects
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous versions of IRB approved information provided to subjects
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Currently approved recruitment materials
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous versions of approved recruitment materials
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IRB roster associated with each approval letter
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Correspondence with the IRB on file: (look for signature and date when needed for submission)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Initial IRB application
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Continuing review applications. <b>Number:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Modification applications. <b>Number:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Initial IRB approval
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Continuing review approvals
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Modification approvals
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Interim reports
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Notifications of IRB disapproval, deferral, modifications required to secure approval
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Responses to IRB actions
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IRB suspensions or terminations
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copies of email correspondence with the IRB
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other communications with the IRB
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Records of investigator and staff training
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Signed agreements/contracts between parties
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Subject screening log <b>Number screened:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Subject identification code list
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Subject enrollment log <b>Number enrolled:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Record of retained body fluids/ tissue samples
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Correspondences to and from the sponsor/CRO
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Letters
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Meeting notes
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Notes of telephone calls
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CVs or other relevant documents evidencing qualifications of PI, co-investigators, and all study personnel
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CVs/other relevant information have been updated within the past two years
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CVs/other relevant information are signed and dated



## CHECKLIST: Investigator Quality Improvement Assessment

NUMBER	DATE	PAGE
HRP-430	3/31/2019	4 of 13

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Instructions for handling of investigational product(s) and trial-related materials (if not in protocol or investigator's brochure)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Decoding procedures for blinded trials
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Normal lab values
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Updates to normal lab values
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Lab certification (e.g. CLIA)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Updates to lab certification (e.g. CLIA)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Lab director's CV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Updates to lab director's CV
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Monitoring/auditing log. How often is monitoring taking place:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Site Initiation report/visit documentation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Study close-out report/visit documentation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	DSMB reports
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Staff signature log
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Signature log reflects current staff working on the study
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Staff working on the study are IRB approved
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Delegation of responsibility (The investigator maintains a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Most recently approved sample case report forms (CRF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	For marketed products, a package insert/product information
<b>6 Study Records (IND studies)</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	A signed current FDA 1572
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Previous signed versions of FDA 1572
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	A current signed financial disclosure form submitted to the sponsor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Previous versions of signed financial disclosure forms submitted to the sponsor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Valid licensure for each investigator/staff member listed on the 1572 or in the Investigator Statement
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Current investigator brochure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Previous versions of or updates to the investigator brochure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	There is shipping log for each drug. These include:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date shipment received
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Shipment # from packing slip study drug/device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Batch#/lot #/code mark
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Expiration date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	# of boxes, kits, or devices per lot #
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	# of bottles, vials, inhalers, or devices per box or kit
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Condition of study drug/device shipment (Intact/damaged)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Receiver's name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	There is an accountability log for each drug under. These include:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Subject ID #, initials, or name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Lot or kit number
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	# Bottles, vials, etc.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Amount of study drug per bottle, vial, etc.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Total amount dispensed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Initials
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date dispensed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date dispensed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	# Of bottles, vials, etc. Returned
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Total amount returned



## CHECKLIST: Investigator Quality Improvement Assessment

NUMBER	DATE	PAGE
HRP-430	3/31/2019	5 of 13

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Balance: number dispensed less number returned
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments: subject lost, discarded, etc.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Person who dispensed the drug
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	The investigator furnishes all reports to the sponsor of the drug
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	An investigator shall promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug. If the adverse effect is alarming, the investigator shall report the adverse effect immediately
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	An investigator shall provide the sponsor with an adequate report shortly after completion of the investigator's participation in the investigation
<b>7 Study Records (IDE studies)</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	A signed Investigator Statement
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Previous versions of signed Investigator Statements
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	A current signed financial disclosure form submitted to the sponsor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Previous versions of signed financial disclosure forms submitted to the sponsor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Valid licensure for each investigator/staff member listed on the 1572 or in the Investigator Statement
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	There is shipping log for each device. These include:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date shipment received
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Shipment # from packing slip study device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Batch#/lot #/code mark
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Expiration date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	# of boxes, kits, or devices per lot #
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	# of bottles, vials, inhalers, or devices per box or kit
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Condition of study drug/device shipment (Intact/damaged)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Receiver's name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	There is an accountability log for each device under investigation. These include:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Subject id #, initials, or name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Study device lot , batch #, or code mark
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date dispensed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Device disposition
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments, such as malfunctions, device failure, disposition of unused devices (returned to sponsor/destroyed,) or any other pertinent information concerning the device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Person who dispensed the device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Correspondence with another investigator, an IRB, the sponsor, a monitor, or FDA, including required report
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Reports of unanticipated adverse device effects. The investigator submits to the sponsor and to the reviewing IRB a report of any unanticipated adverse device effect occurring during an investigation as soon as possible, but in no event later than 10 working days after the investigator first learns of the effect.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Reports of withdrawal of IRB approval. The investigator reports to the sponsor, within 5 working days, a withdrawal of approval by the reviewing IRB of the investigator's part of an investigation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Progress reports. The investigator submits progress reports on the investigation to the sponsor, the monitor, and the reviewing IRB at regular intervals, but in no event less often than yearly
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Reports of deviations from the investigational plan. The investigator notifies the sponsor and the reviewing IRB of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. Such notice is given as soon as possible, but in no event later than 5 working days after the emergency occurred. Except in such an emergency, prior approval by the sponsor is required for changes in or deviations from a plan, and if these changes or deviations may affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects, FDA and IRB is required
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Reports of use of the device without informed consent. If the investigator uses a device without obtaining informed consent, the investigator reports such use to the sponsor and the reviewing IRB within 5 working days after the use occurs
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Final report. The investigator, within 3 months after termination or completion of the investigation or the investigator's part of the investigation, submits a final report to the sponsor and the reviewing IRB



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	6 of 13

<b>8 Document Retention</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	An investigator retains records required to be maintained under this part for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.
<b>9 Document Retention (IND studies)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	An investigator retains records required to be maintained under this part for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.
<b>10 Document Retention (IDE studies)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	An investigator or sponsor shall maintain the records required by this subpart during the investigation and for a period of 2 years after the latter of the following two dates: The date on which the investigation is terminated or completed, or the date that the records are no longer required for purposes of supporting a premarket approval application or a notice of completion of a product development protocol.
<b>11 Informed Consent Disclosures:</b> Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects includes explanations of the following:	



## CHECKLIST: Investigator Quality Improvement Assessment

NUMBER	DATE	PAGE
HRP-430	3/31/2019	7 of 13

**Required:** (\*Can be omitted if there are none.)

- The study involves research.
- The purposes of the research.
- The expected duration of the subject's participation.
- The procedures to be followed.
- Identification of any procedures, which are experimental.\*
- Any reasonably foreseeable risks or discomforts to the subject.\*
- Any benefits to the subject or to others, which may reasonably be expected from the research.\*
- Appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.\*
- The extent, if any, to which confidentiality of records identifying the subject will be maintained.\*
- How to contact the research team for questions, concerns, or complaints about the research.
- How to contact someone independent of the research team for questions, concerns, or complaints about the research; questions about the subjects' rights; to obtain information; or to offer input.
- Whom to contact in the event of a research-related injury to the subject.
- Participation is voluntary.
- Refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.
- The subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

**Required for More than Minimal Risk Research**

- Whether any compensation is available if injury occurs and, if so, what it consists of, or where further information may be obtained.
- Whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.

**Required for Clinical Trials**

- The approval of the IRB.
- The probability for random assignment to each treatment.
- The subject's responsibilities
- When applicable, the reasonably foreseeable risks or inconveniences to an embryo, fetus, or nursing infant.
- The important potential benefits and risks of the alternative procedures or courses of treatment that may be available to the subject.
- When there is no intended clinical benefit to the subject, a statement to this effect.
- The monitors, auditors, IRB, and regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and data, without violating the confidentiality of the subject, to the extent permitted by applicable laws and regulations and that, by signing the consent document, the subject or LAR is authorizing such access.
- If the results of the trial are published, the subject's identity will remain confidential.

**Required for FDA-Regulated Research**

- The possibility that the Food and Drug Administration may inspect the records.
- The data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.
- The investigator will ask a subject who is withdrawing whether the subject wishes to provide further data collection from routine medical care.
- For controlled drug/device trials (except Phase I drug trials) and pediatric device surveillance trials: "A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time."

**Additional:** (Include when appropriate.)

- The particular treatment or procedure may involve risks to the subject, which are currently unforeseeable.
- If the subject is or becomes pregnant, the particular treatment or procedure may involve risks to the embryo or fetus, which are currently unforeseeable.
- Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.
- Any additional costs to the subject that may result from participation in the research.
- The consequences of a subject's decision to withdraw from the research.
- Procedures for orderly termination of participation by the subject.
- Significant new findings developed during the course of the research, which may relate to the subject's willingness to continue participation will be provided to the subject.
- Approximate number of subjects involved in the study.
- Amount and schedule of all payments.

**12 Study Conduct (IND studies)**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators are responsible for the control of drugs under investigation.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators administer the drug only to subjects under their personal supervision or under the supervision of a sub-investigator responsible to the investigator.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators does not supply the investigational drug to any person not authorized to receive it.

**13 Study Conduct (IDE studies)**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators permit an investigational device to be used only with subjects under the investigator's supervision.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Investigators do not supply an investigational device to any person not authorized to receive it.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Upon completion or termination of a clinical investigation or the investigator's part of an investigation, or at the sponsor's request, investigators return to the sponsor any remaining supply of the device or otherwise dispose of the device as the sponsor directs.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the investigation is terminated, suspended, discontinued, or completed, investigators returns the unused supplies of the drug to the sponsor, or otherwise provides for disposition of the unused supplies of the drug as authorized by the sponsor.



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	8 of 13

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If an investigational drug is subject to the Controlled Substances Act, investigators take adequate precautions, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution.
	Investigators prepare and submit the following reports to the sponsor:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any unanticipated adverse device effect occurring during an investigation. (As soon as possible, but in no event later than 10 working days after first learning of the effect.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Withdrawal of approval by the reviewing IRB of the investigator's part of an investigation. (Within 5 working days.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Progress reports on the investigation. (At least yearly.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. (As soon as possible, but in no event later than 5 working days after the emergency occurred.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Use of a device without obtaining informed consent (Within 5 working days after the use occurs.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A final report. (Within 3 months after termination or completion of the investigation or the investigator's part of the investigation.)
	Investigators prepare and submit the following reports to the IRB:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any unanticipated adverse device effect occurring during an investigation. (As soon as possible, but in no event later than 10 working days after first learning of the effect.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Progress reports on the investigation. (At least yearly.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. (As soon as possible, but in no event later than 5 working days after the emergency occurred.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Use of a device without obtaining informed consent (Within 5 working days after the use occurs.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A final report. (Within 3 months after termination or completion of the investigation or the investigator's part of the investigation.)
	Investigators prepare and submit the following reports to the study monitor:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Progress reports on the investigation. (At least yearly.)





## CHECKLIST: Investigator Quality Improvement Assessment

NUMBER	DATE	PAGE
HRP-430	3/31/2019	9 of 13

<b>14 IND Sponsor-Investigator Requirements</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator submits a completed Form FDA 3454 attesting to the absence of financial interests and arrangements for all participating clinical investigators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For any participating clinical investigator for whom the investigator does not submit a completed Form FDA 3454, the investigator submits a completed Form FDA 3455 (Disclosure Statement).	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator maintains on file information pertaining to the financial interests of clinical investigators for 2 years after the date of approval of the application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator selects qualified investigators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator provides participating investigators with the information they need to conduct an investigation properly.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator ensures that the investigation(s) is conducted in accordance with the general investigational plan and protocols contained in the IND.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator maintains an effective IND with respect to the investigations.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator ensures that FDA is promptly informed of significant new adverse effects or risks with respect to the drug.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator ensures that all participating investigators are promptly informed of significant new adverse effects or risks with respect to the drug.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator selects only investigators qualified by training and experience as appropriate experts to investigate the drug.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator ships investigational new drugs only to investigators participating in the investigation.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Before permitting an investigator to begin participation in an investigation, the investigator obtains the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A signed investigator statement (Form FDA-1572).	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A curriculum vitae or other statement of qualifications of the investigator showing the education, training, and experience that qualifies the investigator as an expert in the clinical investigation of the drug for the use under investigation.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sufficient accurate financial information to allow the investigator to submit complete and accurate certification or disclosure statements.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator selects a monitor qualified by training and experience to monitor the progress of the investigation.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator provides each participating clinical investigator an investigator brochure.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator ensures, as the overall investigation proceeds, that each participating investigator is informed of new observations discovered by or reported to the investigator on the drug, particularly with respect to adverse effects and safe use.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator monitors the progress of all clinical investigations being conducted under the IND.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the investigator discovers that an investigator is not complying with the signed agreement (Form FDA-1572), the general investigational plan, or other applicable requirements; the investigator promptly either secures compliance or discontinues shipment of the investigational new drug to the investigator and ends the investigator's participation in the investigation.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the investigator's participation in the investigation is ended, the investigator ensures that the investigator dispose of or returns the investigational drug and notifies the FDA.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator reviews and evaluates the evidence relating to the safety and effectiveness of the drug as it is obtained from the investigator(s).	
	If the investigator determines that the investigational drug presents an unreasonable and significant risk to subjects, the investigator:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ensures discontinuation of those investigations that present the risk.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Notifies the FDA, all institutional review boards, and all investigators who have at any time participated in the investigation of the discontinuance.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ensures the disposition of all stocks of the drug outstanding.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furnishes the FDA with a full report of the investigator's actions.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator maintains adequate records showing the receipt, shipment, or other disposition of the investigational drug, including, as appropriate, the name of the investigator to whom the drug is shipped, and the date, quantity, and batch or code mark of each such shipment.	



## CHECKLIST: Investigator Quality Improvement Assessment

NUMBER	DATE	PAGE
HRP-430	3/31/2019	10 of 13

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator retains these records and reports for 2 years after a marketing application is approved for the drug; or, if an application is not approved for the drug, until 2 years after shipment and delivery of the drug for investigational use is discontinued and FDA has been so notified.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator retains reserve samples of any test article and reference standard identified in, and used in any bioequivalence or bioavailability studies and release the reserve samples to the FDA upon request.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator retains each reserve sample for a period of at least 5 years following the date on which the application or supplemental application is approved, or, if such application or supplemental application is not approved, at least 5 years following the date of completion of the bioavailability study.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator permits, upon request from any properly authorized officer or employee of the Food and Drug Administration, at reasonable times, such officer or employee to have access to and copy and verify any records and reports relating to a clinical investigation being conducted under the IND.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator submits, upon written request by the FDA, the records or reports (or copies of them) to the FDA.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator discontinues shipments of the drug to any investigator who has failed to maintain or make available records or reports of the investigation as required.</p>
	<p>If an investigational new drug is a substance listed in any schedule of the Controlled Substances Act (21 U.S.C. 801; 21 CFR part 1308), the investigator ensures:</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Upon the request of a properly authorized employee of the Drug Enforcement Administration of the Department of Justice, all records concerning shipment, delivery, receipt, and disposition of the drug, which are required to be kept be made available by the investigator to whom the request is made, for inspection and copying.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>That adequate precautions are taken, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>The investigator ensures the return of all unused supplies of the investigational drug from each individual investigator whose participation in the investigation is discontinued or terminated.</p>



## CHECKLIST: Investigator Quality Improvement Assessment

NUMBER	DATE	PAGE
HRP-430	3/31/2019	11 of 13

<b>15 Abbreviated IDE Sponsor-Investigator Requirements</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The device is labeled with the name and place of business of the manufacturer. <i>21 CFR §812.2(b)(1)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The device is labeled with the following statement: "CAUTION-Investigational device. Limited by Federal (or United States) law to investigational use." <i>21 CFR §812.2(b)(1)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The labeling describes all relevant contraindications, hazards, adverse effects, interfering substances or devices, warnings, and precautions. <i>21 CFR §812.2(b)(1)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The investigator has obtained IRB review and approval of the research. <i>21 CFR §812.2(b)(1)(ii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The protocol includes a brief explanation of why the device is not a significant risk device. <i>21 CFR §812.2(b)(1)(ii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The IRB has determined that the device is not a significant risk device. <i>21 CFR §812.2(b)(1)(ii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The IRB has documented that determination in the minutes along with the IRB's rationale for making that determination. <i>FDA Information Sheets for IRBs</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The investigator has obtained informed consent of each subject in accordance with 21 CFR §50. <i>21 CFR §812.2(b)(1)(iii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Unless waived by the IRB, the investigator has documented informed consent of each subject in accordance with 21 CFR §50. <i>21 CFR §812.2(b)(1)(iii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The investigator monitors the investigation for compliance. <i>21 CFR §812.2(b)(1)(iv)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator immediately conducted an evaluation of any unanticipated adverse device effect. <i>21 CFR §812.2(b)(1)(iv)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the investigator determined whether each unanticipated adverse device effect presented an unreasonable risk to subjects. <i>21 CFR §812.2(b)(1)(iv)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the investigator terminated all investigations or parts of investigations presenting that risk as soon as possible, not later than 5 working days after making this determination. <i>21 CFR §812.2(b)(1)(iv)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the investigator determined whether each unanticipated adverse device effect presented an unreasonable risk to subjects, the investigator has to terminate all investigations or parts of investigations presenting that risk as soon as possible, not later than 5 working days after the investigator makes this determination. <i>21 CFR §812.2(b)(1)(iv)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The investigator maintains the following records consolidated in one location and available for FDA inspection and copying: <i>21 CFR §812.2(b)(1)(v)-(vi)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No A statement of the extent to which the good manufacturing practice regulation in part 820 will be followed in manufacturing the device. <i>21 CFR §812.140(b)(4)(v)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No The name and intended use of the device and the objectives of the investigation. <i>21 CFR §812.140(b)(4)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No A brief explanation of why the device is not a significant risk device. <i>21 CFR §812.140(b)(4)(ii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No The name and address of each investigator. <i>21 CFR §812.140(b)(4)(iii)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No The name and address of each IRB that has reviewed the investigation. <i>21 CFR §812.140(b)(4)(iv)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Records concerning adverse device effects (whether anticipated or unanticipated) and complaints. <i>21 CFR §812.140(b)(5)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Records of each subject's case history and exposure to the device. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Case report forms and supporting data. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Signed and dated consent forms. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Medical records including, for example, progress notes of the physician, the individual's hospital chart(s), and the nurses' notes. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Documents evidencing informed consent. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A For any use of a device by the investigator without informed consent, any written concurrence of a licensed physician and a brief description of the circumstances justifying the failure to obtain informed consent. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Documentation that informed consent was obtained prior to participation in the study. <i>21 CFR §812.140(a)(3)(i)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No The investigator makes the following reports to FDA: <i>21 CFR §812.2(b)(1)(v)</i>	



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	12 of 13

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Unanticipated adverse device effects. An evaluation of an unanticipated adverse device effect under §812.46(b) was reported to FDA and the IRB within 10 working days after the sponsor first receives notice of the effect. Thereafter the investigator submitted additional reports concerning the effect as FDA requested. 21 CFR §812.140(a)(1); 21 CFR §812.150(b)(1)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Withdrawal of IRB approval. The investigator notified FDA of any withdrawal of approval of an investigation or a part of an investigation by the IRB within 5 working days after receipt of the withdrawal of approval. 21 CFR §812.140(a)(2); 21 CFR §812.150(b)(2)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Withdrawal of FDA approval. The investigator notified the IRB and participating investigators of any withdrawal of FDA approval of the investigation, and did so within 5 working days after receipt of notice of the withdrawal of approval. 21 CFR §812.150(b)(3)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Progress reports. At regular intervals, and at least yearly, the investigator submitted progress reports to the monitor and the IRB. 21 CFR §812.140(a)(3); 21 CFR §812.150(b)(5)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Recall and device disposition. The investigator notified FDA and the IRB of any return, repair, or disposal of any units of a device. Such notice occurred within 30 working days after the request was made and stated why the request was made. 21 CFR §812.150(b)(6)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The investigator submitted a final report to the IRB within 6 months after termination or completion. 21 CFR §812.150(b)(7)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Informed consent. The investigator submitted to FDA and the IRB a copy of any use of a device without obtaining informed consent, within 5 working days of receipt of notice of such use. 21 CFR §812.140(a)(5); 21 CFR §812.150(b)(8)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Significant risk device determinations. If the IRB determined that a device was a significant risk device, the investigator submitted to FDA a report of the IRB's determination within 5 working days after first learning of the IRB's determination. 21 CFR §812.150(b)(9)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other. The investigator, upon request by the IRB or FDA, provided accurate, complete, and current information about any aspect of the investigation. 21 CFR §812.150(b)(10)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	The investigator does not:
<input type="checkbox"/> Yes <input type="checkbox"/> No		Promote or test market the device. 21 CFR §812.7(a)
<input type="checkbox"/> Yes <input type="checkbox"/> No		Commercialize the device by charging the subjects a price larger than that necessary to recover costs of manufacture, research, development, and handling. 21 CFR §812.7(b)
<input type="checkbox"/> Yes <input type="checkbox"/> No		Unduly prolong an investigation. 21 CFR §812.7(c)
<input type="checkbox"/> Yes <input type="checkbox"/> No		Represent that an investigational device is safe or effective. 21 CFR §812.7(d)



CHECKLIST: Investigator Quality Improvement Assessment		
NUMBER	DATE	PAGE
HRP-430	3/31/2019	13 of 13

Clinical Trials Case History (complete for each subject)	
Principal Investigator	
Protocol Name	
Subject Code	
Name of Person Completing Checklist	
Date Completed	

<b>1 Subject Selection</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	There is a completed eligibility checklist.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The eligibility criteria checklist includes dated signature/initials of the person obtaining the information.
<b>2 Consent</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For subjects who did not meet eligibility (e.g. screen-failures), identifiable information was destroyed or authorization obtained to keep subject information.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Original copies of all consent forms signed by subjects are on file.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	There is a current consent form on file.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All previous consent forms are on file.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Valid IRB-approved consent forms were used.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The consent forms on file are the <i>original</i> signed and dated version (not a photocopy).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All pages of the consent forms are on file for each subject.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All yes/no or similar options on the consent forms are completed/initialed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Consent forms are free of any handwritten changes/corrections.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The subject signed his/her own consent forms. (Exceptions: IRB-approved surrogate or parental consent)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The subject received a copy of the signed and dated consent form.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The subject's receipt of a copy of the signed and dated consent form is documented.
<b>3 Prompt Reporting Requirements</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All prompt reporting requirements have been fulfilled
<b>4 Data Collection Source Documents</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Data collection complete/accurate for each subject. (e.g. no blank fields/missing data)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Source documentation is available to support data entry
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The source documentation/CRF for each subject includes dated signature/initials of the person obtaining the information for each subject.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Changes/cross-outs, additional comments (if any) in subject files routinely initialed and dated.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For any changes/cross-outs being made, the original entry is still legible. (e.g. use of white-out or pencil erased entries is not acceptable)