Renewal/Continuing Review from a Legacy Protocol Notes: Complete Legacy first, if it hasn't been already. If you have any changes to make, submit a Modification BEFORE submitting the renewal. After logging in, select Human Ethics from the Products drop-down. () Home - USM M Inbox (11) - tina.aubut@maine.c × 🛛 🚦 University of Maine System - Ca × 🖉 Human Ethics - Cayuse Researci × 🕂 + × đ \times ŝ \equiv \leftarrow \rightarrow C a○ 🗝 https://usm-maine-t.cayuse.com/rs/irb/#dashboard ${\top}$ cayuse 10 Role: Reviewer 👻 Human Ethics Products -🛔 Tina Aubut 💌 Dashboard Studies Submissions Tasks Meetings Reporting More Home Human Ethics + New Study Make sure **Researcher** is selected under the Role drop-down. Click on highlighted protocol , **New Submission** button. Dashboard Studies Submissions More Tasks Reporting Meetings Rocco IRB-2023-58 June 9th Test- Initial N/A 06-09-2023 Approved N/A Researcher Rocco IRB-2023-57 une 8th Test Initial Approved N/A N/A 06-08-2023 Researcher

| Studies / Study Details | | | + New Submission | | | |
|--|---|--|---------------------------|-------------------------------------|--|--|
| Study Details Approved Legacy was approved | | | Submissio | Renewal Modification Incident | | |
| Click Edit | | | | | | |
| Unsubmitted Initial IRB-2023-76 - Test Se | ▼ | | | | | |
| PI: Tina Aubut Review Type: N/A | Current Analyst: N/A Review Board: N/A | Decision: N/A Meeting Date: N/A | Policy: Post-2018 Rule | | | |

Cayuse is a smart form, you may not have to answer all these questions. It depends on your responses.

For the screenshots we clicked on all possibilities.

| | | | | | | Role: Analyst 🔻 | 2 | Prod |
|-------------------|--|---|--|----------------------|------------|-----------------|----------|------|
| Dashboard Studies | Submissions | Tasks | Meetings | Reporting | More | | | |
| Renewal | | | | | Previe | w Only | | |
| Sections < | Continu | uing Revi | ew | | | | | |
| Continuing Review | Submit an | nendments/mo | difications separa | te from the continui | ng review. | | | |
| | * Request fo Are you req © Provide a B I | or More Time uesting more tin Yes No brief summary <u>U</u> ∽ i≣ | ne for the project? of activities to dar ■ :≡ c⊃ | te: | | | | |

| Continuing Review | * IRB Oversight Arrangements |
|-------------------|--|
| | Indicate how IRB oversight is organized for this study. This should match what is in the latest approved version of this study (latest approved Modification or Initial approval). |
| | Study involving 1 site where this site is the <u>Reviewing IRB</u> (IRB of Record) Study involving more than 1 site where this site is the <u>Reviewing IRB</u> (IRB of Record) for other sites Study involving more than 1 site where each site will conduct their own IRB review Study involving more than 1 site where this site is <u>Relying</u> on an External IRB Multi-site study (multiple US sites participating in a research study using the same protocol) where this site is <u>Relying</u> on an External IRB Multi-site study (multiple US sites participating in a research study using the same protocol) where this site is <u>Relying</u> on an External IRB Multi-site study (multiple US sites participating in a research study using the same protocol) where this site is <u>Relying</u> on an External IRB |

| Sections < | |
|-------------------|---|
| Continuing Review | * Study & Subject Status |
| | Check all that apply. |
| | Study has not started or is on hold Study enrollment is open; NO enrollment to date Study enrollment is open and ongoing Study enrollment is closed Treatment and/or active follow-up continues Long-term follow-up only (no intervention/interaction) Remaining activities limited to data analysis Indentifiable data is sin use: Identifiable data is sill in use (including coded data for which a link to the identifiable information is retained) ONLY Coded data where BOTH are true: ALL links to identifiable information have been destroyed There is NO ability to link the data in use back to identifiable information |
| | O De-identified data ONLY |

| Continuing Review | Enrollment |
|-------------------|--|
| | For intervention/interaction studies or aims, Enrollment includes subjects who gave consent to participate, either in writing, orally, or by voluntary completion of a survey or participation in a focus group. |
| | For data or specimen studies or aims, Enrollment includes subjects whose identifiable records/specimens have been reviewed. |
| | * Total subjects enrolled to date <u>at all sites</u> |
| | |
| | * Total subjects enrolled to date <u>at this institution</u> |
| | |
| | * Total subjects enrolled at this institution since the last Renewal (or since Initial approval if this is the first Renewal) |
| | |

| Sections < | * Have there been any withdrawals <u>at this institution</u> during the this approval period? | | | | |
|-------------------|--|--|--|--|--|
| Continuing Review | NOTE: Includes subjects who consented but were determined ineligible, left voluntarily, or were withdrawn by study investigators. (o) Yes | | | | |
| | * Number of withdrawals this approval period | | | | |
| | | | | | |
| | * Briefly explain the reason for each withdrawal. | | | | |
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| Sections < | * Complaints |
|------------|--|
| | Have there been any subject complaints during this approval period? Please address for <u>this institution</u> only, UNLESS we are the Reviewing IRB for other sites. In that case, consideration should include all sites (be sure to reference the site name). (o) Yes * Describe any subject complaints and if the subject withdrew from the study as a result. |
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| Sections < | * Modifications |
|-------------------|--|
| Continuing Review | Have there been any changes to the study during this approval period that you have NOT already submitted as a Modification? |
| | Please address for this institution only, UNLESS we are the Reviewing IRB for other sites. In that case, consideration should include all sites. |
| | Yes Please create and submit a Modification with these changes immediately. |
| | ○ No |

| Sections < | | | | | |
|-------------------|--|--|--|--|--|
| Continuing Review | Reportable Events | | | | |
| | This includes adverse events or protocol deviations that were required to promptly be submitted as an Incident per IRB Policy. | | | | |
| | * Have any <u>Reportable Events</u> occurred during this approval period? | | | | |
| | Please address for <u>this institution</u> only, UNLESS we are the Reviewing IRB for other sites. In that case, consideration should include all sites (be sure to reference the site name). | | | | |
| | * Please briefly describe the events. | | | | |
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| | | | | | |
| Continuing Review | | | | | |
| | No * Have all <u>Reportable Events</u> during this approval period already been submitted as Incidents? | | | | |
| | Please address for this institution only, UNLESS we are the Reviewing IRB for other sites. In that case, consideration should include all sites. | | | | |
| | YesNo | | | | |
| | Please create and submit Incident submissions for these reportable events immediately. | | | | |
| | | | | | |
| | | | | | |
| Sections < | Unreportable Events | | | | |
| Continuing Review | This includes adverse events or protocol deviations that weren't required to promptly be submitted as an Incident per IRB Policy. | | | | |
| | | | | | |

* Have any <u>Unreportable Events</u> occurred during this approval period?

| ۲ | Yes |
|---|-----|
| 0 | |

No
 Provide a list of the unreportable events that occurred <u>at this institution</u>, including enough information to understand why the events were determined to be unreportable.

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* As applicable, provide a list of the unreportable events that occurred <u>across the whole study at all sites</u>, including enough information to understand why the events were determined to be unreportable.

This would ONLY be applicable for studies where we are the Reviewing IRB OR multi-site clinical trials (regardless of who is the IRB of Record).

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Unreportable Events Documentation

Attach any applicable documents for these unreportable events (e.g., event tracker).

ATTACH

| Sections < | * New Information | | | | | |
|-------------------|--|--|--|--|--|--|
| Continuing Review | Is there any <u>New Information</u> to report for this study? | | | | | |
| | Please address for this institution only, UNLESS we are the Reviewing IRB for other sites. In that case, entries should include all sites (be sure to reference the site name). | | | | | |
| | For example: | | | | | |
| | Change in funding Publications or scientific findings relevant to the risks and henefits to subjects | | | | | |
| | Independent Monitor/DSMB/DSMC findings | | | | | |
| | Interim analysis | | | | | |
| | Yes | | | | | |
| | * Please describe. | | | | | |
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| | | | | | | |
| Sections < | * Is this Denowal being submitted AFTEP the Study Expiration Date has already passed? | | | | | |
| Continuing Review | | | | | | |
| | This is applicable ONLY to studies that have a <u>study expiration Date</u> (e.g., full board studies and some expedited studies), NOT studies that have an Admin Check-in Date . | | | | | |
| | • Yes | | | | | |
| | ○ No | | | | | |
| | | | | | | |
| | Renewing an Expired Study | | | | | |
| Sections < | This is applicable QNIX to studies that have a Study Expiration Date (e.g. full board studies and some expedited studies) NOT studies that have an Admin | | | | | |
| Continuing Review | This is applicable ONLY to studies that have a <u>study Expiration Date</u> (e.g., full board studies and some expedited studies), NOT studies that have an Admin Check-in Date . | | | | | |
| | * Are you requesting that study activities continue while the study is expired? | | | | | |
| | It may be important for subject safety to continue with any study procedures or treatment during the expiration period. | | | | | |
| | Note: These activities cannot be represented as having "IRB Approval". | | | | | |
| | Yes * Requested Activities | | | | | |
| | Please describe the proposed activities and safety rationale for each. | | | | | |
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| | *Reason for Expiration | | | | | |
| | Please explain why the study was allowed to expire (e.g., delay of renewal submission, outstanding information request, delayed documentation | | | | | |
| | from IRB of Record, etc.), AND your plan to prevent this study from expiring in the future. | | | | | |
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| | | | | | | |
| Sections < | Additional Information | | | | | |
| Continuing Review | Additional Information or Comments | | | | | |
| | If applicable, you can provide additional information that you think to be beneficial to review of this Renewal (e.g., summary of project progress, | | | | | |
| | concerns or comments about risks to subjects, etc.). | | | | | |
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| | | | | | | |
| | Additional Documentation | | | | | |
| | If you have any additional documentation to provide for this Renewal, upload it here. | | | | | |
| | | | | | | |
| | ATTACH | | | | | |
| | | | | | | |

When done, click Complete Submission. Pop-ups will ask you to confirm.



Certify submission: PI, CO-PI, and Faculty Sponsor (Advisor) ALL must certify each submission.

When all certification routing is done, it goes into the que of an ORIO analyst for next steps.

| Awaiting Certification Initial IRB-2023-16 - Test Research | Project in Cayuse | | | | Routing: Return Certify |
|--|--|--|---------------------------|------------------------|----------------------------|
| PI: Tina Aubut Review Type: N/A Approvals Task History | Current Analyst: N/A Review Board: N/A Attachments | Decision: N/A Meeting Date: N/A | Policy: Post-2018 Rule | Required Tasks: N/A | |
| Research Team Name | Role | | Result | | Date |
| Tina Aubut | Principal Investigator | r | Pendin | g Certification | |