

# Investigator Checklist for Research Involving Children

PROTOCOL TITLE: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_

*This checklist is designed to assist the IRB in determining if your research fulfills all the requirements of the federal regulations as outlined in 45 CFR 46 Subpart D and/or 21 CFR Parts 50 and 56 for inclusion of children as research subjects. Special risk/benefit determinations must be discussed and documented by the IRB. Provided below are categories of research that are permissible in children if the listed requirements are met. Adequate provisions are required for soliciting permission from parents or guardian, and soliciting the assent of each child when the IRB deems the children are capable of assent.*

**Definition of minimal risk:** The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

EXAMPLES of minimal risk procedures per FDA guidance include: clean-catch urinalysis, administering electroencephalograms, minimal changes in diet or daily routine, tests of devices involving temperature readings orally or in ear, use of standard psychological tests, there may also be some circumstances under which products with established safety profile in adults may present no more than minimal risk in children.

## 1. STUDY PHASE/DESIGN

- Pilot  Phase I  Phase II  Phase III  Phase IV  Healthy Volunteers  Registry
- Randomized  Blinded  Placebo-Controlled  Open-Label

## 2. SAFETY MONITORING

- Yes  No Data Safety Monitoring Committee (DSMC):  
o *May be required for FDA studies, otherwise DSMC is recommended for all phase 3 drug trials*
- Yes  No Data Safety Monitoring Plan:  
o *Must be in place for phase 1 and 2 drug trials without a DSMC*

## 3. RATIONALE FOR INCLUSION OF MINORS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. AGE RANGE: Specify the eligible age range for minors in this study: \_\_\_\_\_

## 5. INFORMED CONSENT (Permission from Parent(s)/Guardian(s) and Assent from Minors)

Indicate the consent/permission and assent that will be used for this study:

- Informed consent addressed to parent(s) and minor  
 Simplified assent form addressed to the subject, 7-12 years old (parents get separate form)  
 Assent form addressed to the subject, 13 years and older (for subjects and parents)  
 Request waiver of consent and/or assent: Complete question #4

**6. WAIVER OF PERMISSION/ASSENT (45 CFR 46.408)**

Under certain circumstances, the federal regulations allow for waiver of parental permission or child's assent. If you wish to request either type of consent waiver, then check the appropriate box and provide justification in the relevant section.

**Waiver of parental/guardian permission** (45 CFR 46.408(c))

- Permission is not a reasonable requirement to protect the subjects (e.g., neglected/abused children)
- An appropriate mechanism for protecting children in research is substituted; and
- The waiver is not inconsistent with Federal, State or local law. OR
- The waiver meets the provisions set forth in 45 CFR 46.116 Subpart A (IRB must find that (1) research involves no > than minimal risk, (2) waiver will not adversely affects rights/welfare of subjects, (3) research could not practicably be carried out without waiver, and (4) subjects will be given additional information after participation

→ Justification for waiver of parental permission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Waiver of minor's assent** (45 CFR 46.408(a))

- The capability of some or all of the children is so limited that they cannot be reasonably consulted, OR
- The research holds out a prospect of direct benefit that is important to the health or well-being of the children and is available only in the context of the research, OR
- The waiver meets the provisions set forth in 45 CFR 46.116 Subpart A (The IRB must find that:
- (IRB must find that (1) research involves no > than minimal risk, (2) waiver will not adversely affects rights/welfare of subjects, (3) research could not practicably be carried out without waiver, and (4) subjects will be given additional information after participation

→ Justification for waiver of assent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. SELECT THE APPROPRIATE CLASSIFICATION OF THE PROPOSED RESEARCH.**

**45 CFR 46.404: FDA 50.51**

- Research not involving greater than **minimal risk** to children

**45 CFR 46.405: FDA 50.52**

- Greater than minimal risk** but presenting the prospect of **direct benefit** to the individual subject.

1) Are the risk justified by the anticipated benefits?

YES: Describe: \_\_\_\_\_

\_\_\_\_\_

NO

2) Is the relationship of the anticipated benefit at least as favorable as alternative procedures?

YES     NO

**45 CFR 46.406: FDA 50.53**

**Greater than minimal risk** and no reasonable prospect of direct benefit to the individual subject, but likely to yield generalizable knowledge about the subject's disorder or condition.

1) Does the risk represent a minor increase over minimal risk?

YES: Describe: \_\_\_\_\_

NO

2) Does the intervention or procedure present experiences commensurate with those inherent in the subject's actual or expected medical, dental, psychological, social or educational needs?

YES  NO

3) Is the intervention or procedure likely to yield generalizable knowledge about the subjects' disorder or condition that is vital to understanding or ameliorating the subject's disorder or condition?

YES  NO

*(Note: Both parents or legally appointed guardian must give consent unless one parent or guardian is deceased, incompetent or not reasonably available).*

**45 CFR 46.407: FDA 50.54**

**Research not otherwise approvable** which presents the opportunity to understand, prevent or alleviate a serious problem affecting the health or welfare of children.

If the IRB finds that the research presents a reasonable opportunity to further the understanding, prevention or alleviation of a serious problem affecting the health or welfare of children, the research must be considered by the Secretary of DHHS and/or FDA in consultation with a panel of experts and the opportunity for public comment.

**45 CFR 46.409: FDA 50.55**

**Children who are wards.** For research involving no direct benefit or "otherwise not approvable", children who are wards of the State or institution may be included only if:

1) Is the research related to their status as wards?

YES  NO

-- OR --

Is the research conducted in settings in which the majority of the children are not wards?

YES  NO

2) The IRB shall require appointment of an advocate for the child participants. The advocate must be independent of the research

\_\_\_\_\_  
*Signature of Principal Investigator*

\_\_\_\_\_  
*Date*

**FOR IRB USE ONLY:**  
**IRB REVIEWER CHECKLIST**

- Yes  No Is the participation of children as research subjects justified in this particular instance?
- Yes  No  N/A Have results from any adult research indicate that the proposed research would benefit, or at least not be harmful, to children?
- Yes  No Risks to subjects are minimized. Are procedures consistent with sound research design? Do procedures not unnecessarily expose subjects to risks? Whenever possible, are procedures already being performed for diagnostic or treatment purposes?
- Yes  No  N/A Have the investigators clearly defined how the assent of the child-subjects will be obtained?
- Yes  No The influence of payments on equitable selection and amount, method and timing of compensation is not coercive or do not present undue influence to potential subjects.
- Yes  No  N/A If the investigator is a junior investigator, is there evidence of appropriate mentorship and oversight by a more senior investigator or oversight committee?
- Yes  No  N/A If phase 3 drug trial, is a DSMC in place?
- Yes  No  N/A If phase 1 or 2 drug trial, is a DSMC or data monitoring plan place in place?
- Yes  No  N/A Has investigator provided plans for data monitoring?

<b><u>IRB REVIEWER EVALUATION</u></b>	
_____	I Agree with the Principal Investigator's Assessment.
_____	I Do Not Agree with the Principal Investigator's Assessment. (comment below)
COMMENTS: _____	
_____	
_____	
_____	
_____	
_____	_____
Reviewer's Signature	Date