

A. Complete the TMC Research Application Form (the following 3 pages)

Completion and review of the application ensures department and administrative approval is obtained.

- Projects that do not meet the federal definition of research = non-human subjects research (NHSR) or activities determined by the Institutional Review Board (IRB) as not human subjects research <u>DO NOT</u> require a <u>TMC</u> <u>Research Application Form</u>. The research process at TMC: http://med.umkc.edu/ora/conducting-research-at-tmc/
- The Principal Investigator (PI) or co-PI must be a member of the current TMC Medical Staff or TMC employee.
- All researchers and study personnel must complete the <u>CITI</u> education course for the protection of human research subjects (**Group 1-Biomedical**) and renew every 3 years. http://med.umkc.edu/ora/human subjects/
- Attach the appropriate items (study protocol, consent form, etc., listed on pg. #3) with the Application Form.
- To avoid bias and assure objectivity in research, for all sponsored research projects researchers and staff shall disclose any potential conflicts and significant financial interests in accordance with the TMC Code of Conduct, the sponsor's requirements, and University of Missouri System conflict of interest disclosure requirements.
- For funded research projects, please forward the sponsor's draft study agreement/contract and budget to Research Administration for review and negotiation as soon as the contract drafts are received.
- Research policies are posted on the TMC *intra*net http://intra/default.aspx click the Policy Medical icon.
- Research FAQs and links to federal research regulations: https://tmcmed.sharepoint.com/sites/Research

Office of Research Administration e-mail = $\underline{HSDResearch@umkc.edu}$ or call (816) 235-6015. **The office is located in the UMKC School of Medicine** on the 4th floor (M4-308).

B. Obtain approval from the Institutional Review Board (IRB)

Per an assurance with the U.S. Office of Human Research Protections, and institutional policies - research conducted at TMC requires approval by the appropriate IRB. The IRB will not provide final approval to conduct the research until verification of administrative approval at TMC has been obtained.

Most research at TMC is reviewed by the UMKC IRB: http://ors.umkc.edu/research-compliance/irb The UMKC IRB website has additional info about collaborative IRB review for projects that involve multiple institutions. The UMKC IRB utilizes an electronic IRB submission system.

Research requiring access, review, use, recording, or disclosure of any patient protected health information at TMC also requires review to ensure compliance with HIPAA Privacy Rule requirements. The Privacy Rule requirements will be reviewed during IRB review.

Please contact the IRB directly for questions about reviews, submission forms, or meeting information.

You may submit/apply to A & B above at the same time.



Application for Approval of Research and Document Review (Research Application Form)

1.	Research Protocol Title:			
2.	☐ New project ☐ On-go	oing project	Date of planned study initiation	
3.	Research site TMC-HSD	TMC-LW	□ ТМС-ВН	
4.	Is this a sponsored research project? Yes No Study Sponsor or separate research organization (if any)			
5.	Principal Investigator			
	Phone	Pager	Email	
	Faculty Mentor (if this is a res	sident's or student's research	n project)	
6.	Study Coordinator(s)			
	Phone	Pager	Email	
7	List all other staff that will v			
/.	during the conduct of this		in the event a study participant suffers an injury	
8.	Indicate the study protocol	procedures that are <u>no</u>	<u>t</u> 'standard of care' for this research project.	
9.	☐ Yes ☐ No		ernet, flyers, posters, etc.) be utilized? tion, TMC Public Relations must approve the info as well.	

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10.	Will study participants receive compensation for study participation? ☐ Yes ☐ No			
	If Yes, please indicate compensation method: Check or TMC Cash Office stipend from TMC research study account Gift certificate or gift card. Indicate source: Other:			
	Please note, the amount and method of compensation also require IRB approval.			
11.	Is the study sponsor providing any study recruitment incentives or bonuses to the site that are not mentioned in the study agreement/contract or budget? Yes No			
	If Yes, please describe:			
12.	 Attach copies of these items with this application: (1) ☐ Current Research Study Protocol. (2) ☐ Study Contract / Grant Application (if applicable). (3) ☐ Sponsor's study Budget (if applicable). (4) ☐ TMC Research Expense Worksheet for funded projects (if applicable) – "internal budget". (5) ☐ Informed Consent form (if applicable). Send the final IRB approved version when available. (6) ☐ For sponsored projects, every project staff member that has a significant financial interest or potential conflict of interest shall submit a Disclosure Form. (7) ☐ Investigator's Drug Brochure for pharmacy review (if applicable). (8) ☐ Review by Privacy Board and IRB Approval/Determination* (send IRB approval when available). * If the IRB submission is approved before review and approval of the TMC Research Application, the IRB may not release the approved Informed Consent and send final IRB approval until this Application has received administrative approval at TMC. Please obtain the signatures of the appropriate individuals (items #14 – #16 on the next page) before submitting this application. 			
13.	As the Principal Investigator or TMC employee/workforce member signed below, we/l certify that we/l have reviewed the applicable policies and requirements: (1) The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research, (2) U.S. DHHS regulations for the Protection of Human Subjects at 45 CFR Part 46, (3) US Food & Drug Administration (FDA) Regulations located throughout 21 CFR, and (4) The relevant TMC institutional policies and procedures for the protection of human research subjects, clinical trials, research privacy, and research integrity. For reference see the TMC intranet (TMC policies page) and https://tmcmed.sharepoint.com/sites/Research			
	Principal Investigator (Signature) Address (for inter-office mail) Date Co-Principal Investigator (Signature) (TMC Medical Staff Member or Employee if PI is not) Phone Email Inter Office Mail Address			



Laboratory Approval 14. Any lab tests/procedures (central or local), including Point-of-Care testing, to be performed for this study project? Yes ☐ No TMC Lab Director Date Please indicate the local lab tests requested to be performed AND any point-of-care tests (i.e., urine pregnancy test, blood glucose, etc.) to be performed by study staff. **Pharmacy Approval** 15. Any use of a drug (approved or investigational) or drug-eluting device? Yes No TMC Pharmacy Director Date Comments/Concerns **Department Approval Department Manager** Department Chair Date Date (Program Director if resident's study) Comments **Administration Approval** Estimated Revenue \$ 17. Financial and Administrative Review ☐ TMC ☐ UMKC ☐ Other____ Funds will be administered by: Comments _____ **Director of Research Administration** Date TMC Legal Counsel Date (As to Legal Form and Insurance) (Not applicable for non-sponsored research studies)

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