# Come Be **INSPIRed** as an IRB Member



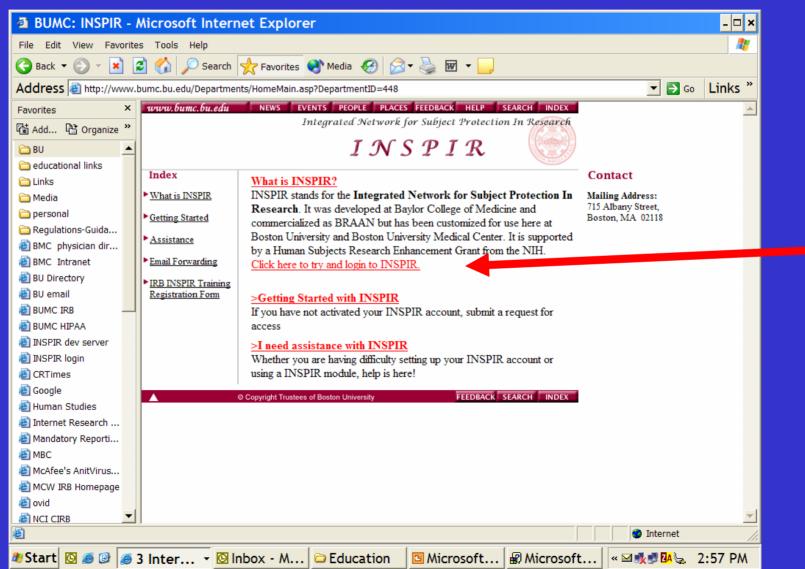


# To Begin

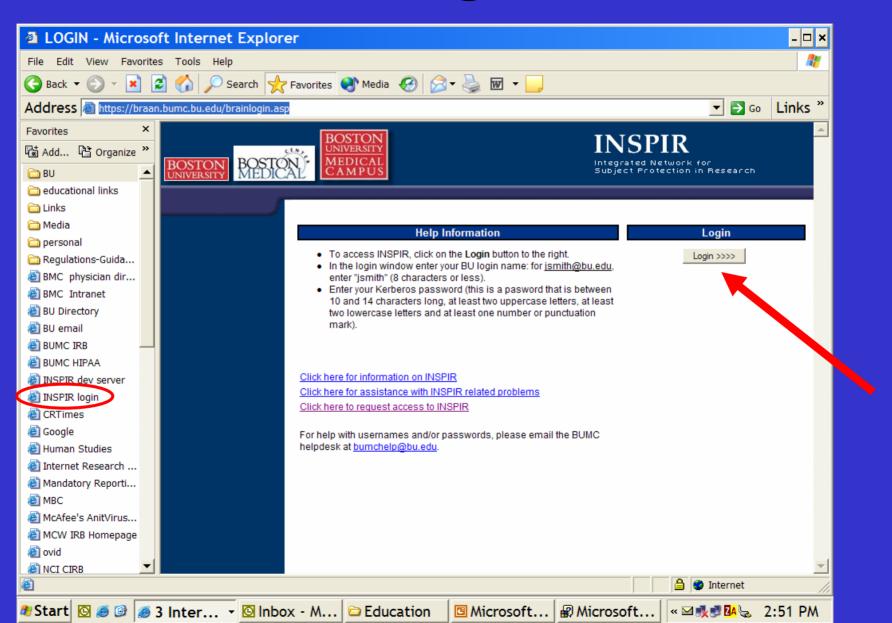
#### Go to <u>https://braan.bumc.bu.edu/brainlogin.asp</u> or

 <u>www.bumc.bu.edu/inspir</u> and go to <u>Click here to try and login to INSPIR.</u>

#### INSPIR Web Page www.bumc.bu.edu/inspir



# **Click the "Login" button**



#### **Enter BU User Name and Password**

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#### **Click on ESP1**

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#### **Board Member Role**

View protocols
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Guide

#### To Prepare for a Meeting

- Click <u>View Protocols</u>
- Select a meeting date, or all meetings
- \*\*\*\*\* means you have work to do!
- To begin review, click on the protocol # H-xxxx

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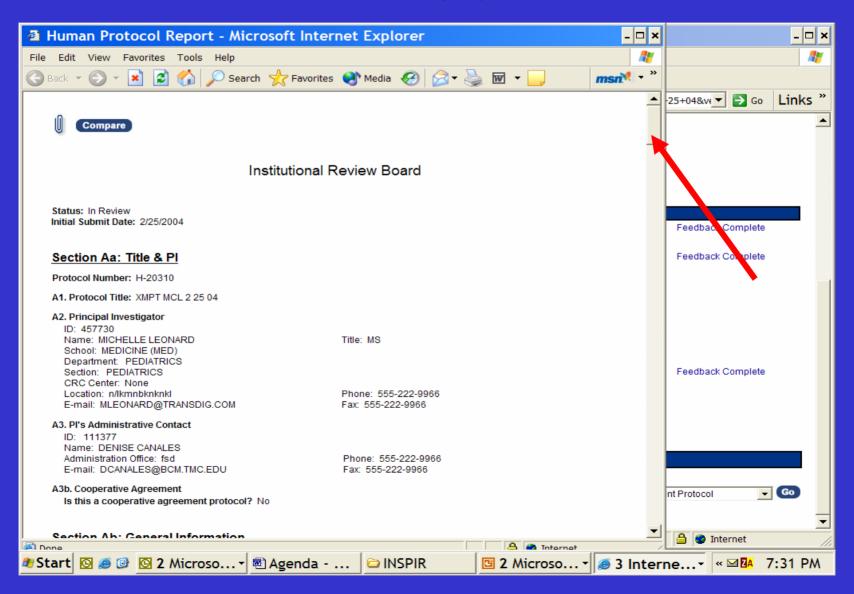
# What Would You Like To Do?

- 1. Give Feedback
- 2. Letters/protocol history
  - What has happened with the protocol in INSPIR
- 3. Search adverse events
- 4. View All Feedback Comments from all reviewers for all reviews done
- 5. View External Attachments All documents scanned by IRB office (attached externally)
- 6. View protocol deviations
- 7. View protocol exceptions
- 8. View/edit notepad
  - Notes among reviewers, Chairs, and IRB office
- 9. View/print protocol
  - See, review, and/or print the submission
- 10. Logout

#### **View/Print Protocol**

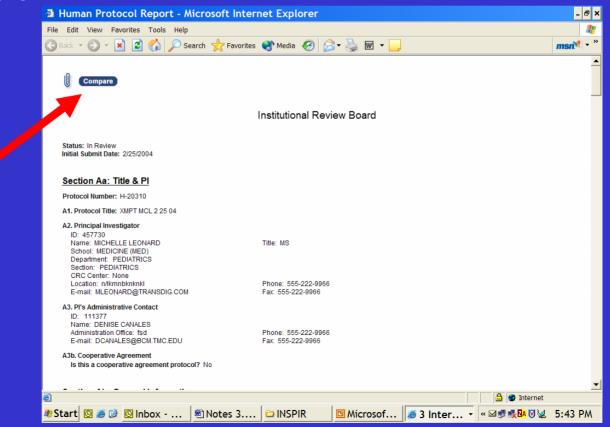
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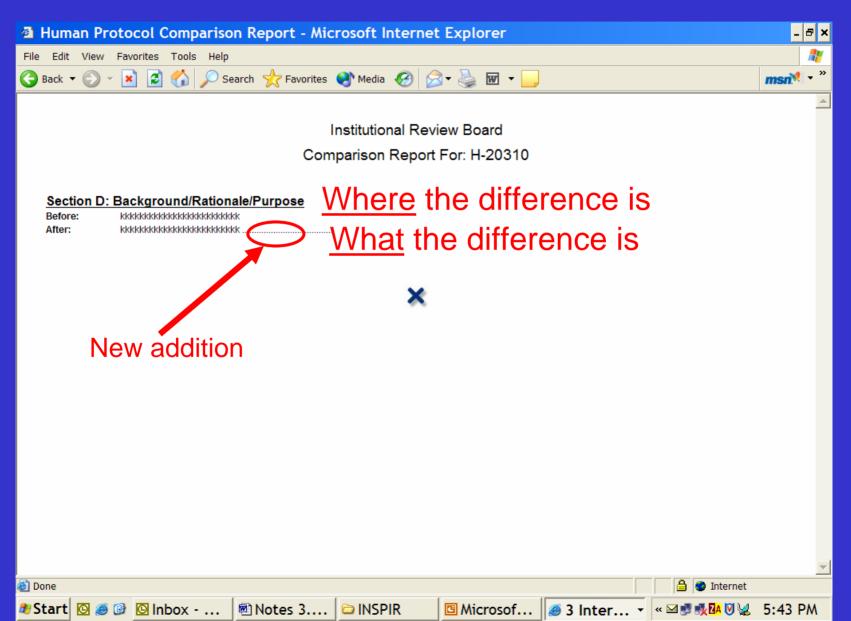


#### **COMPARE Button**

# This compares the submitted version to the previously approved version.



# **Comparing Versions**



#### **Attachments- Section S**

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A1. Protocol Title: XMPT MCL 2 25 04		
A2. Principal Investigator ID: 457730 Name: MICHELLE LEONARD School: MEDICINE (MED) Department: PEDIATRICS Section: PEDIATRICS CRC Center: None	Title: MS	
Location: n/lkmbknknkl E-mail: MLEONARD@TRANSDIG.COM	Phone: 555-222-9966 Fax: 555-222-9966	
A3. PI's Administrative Contact ID: 111377 Name: DENISE CANALES Administration Office: fsd E-mail: DCANALES@BCM.TMC.EDU	Phone: 555-222-9966 Fax: 555-222-9966	
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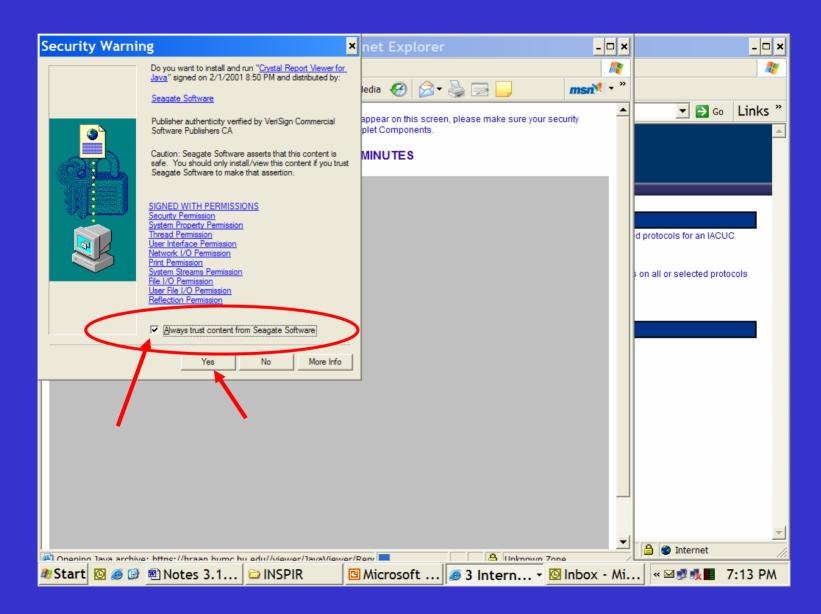
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Section P. Device Studies	Feedback Complete
Categorize the device: Humanitarian use device	
If applicable, provide the IDE number / HDE number. State the name of the device, the manufacturer and who holds the IDE.	
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#### **Software to View ICF and Reports**



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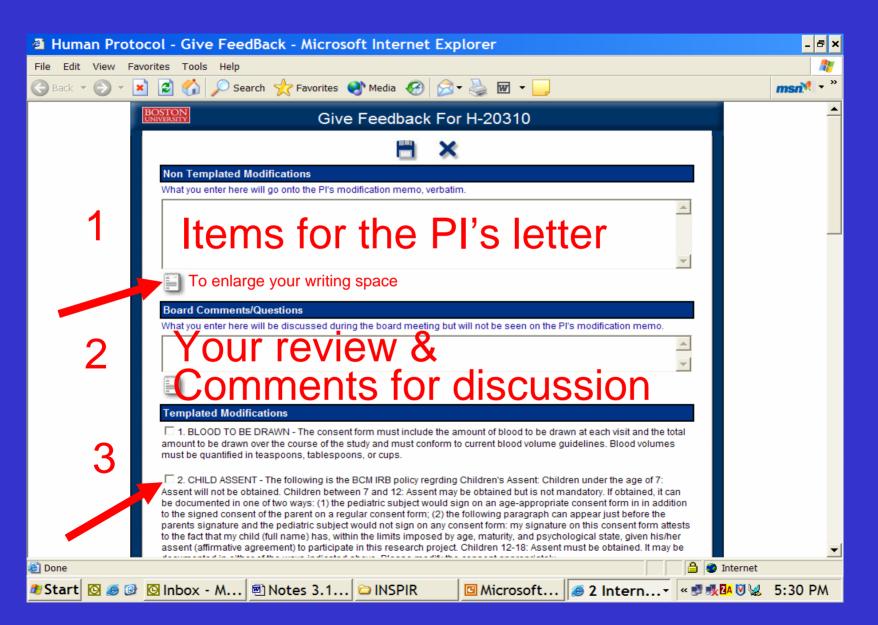
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#### **Reviewer Form= Give Feedback**



#### **Non-Templated Modifications**

- Items intended for letter to PI
- Conditions you want the PI to meet
- State clearly, so PI knows what you want him/her to do
- Begin with date, write conditions, end with your initials

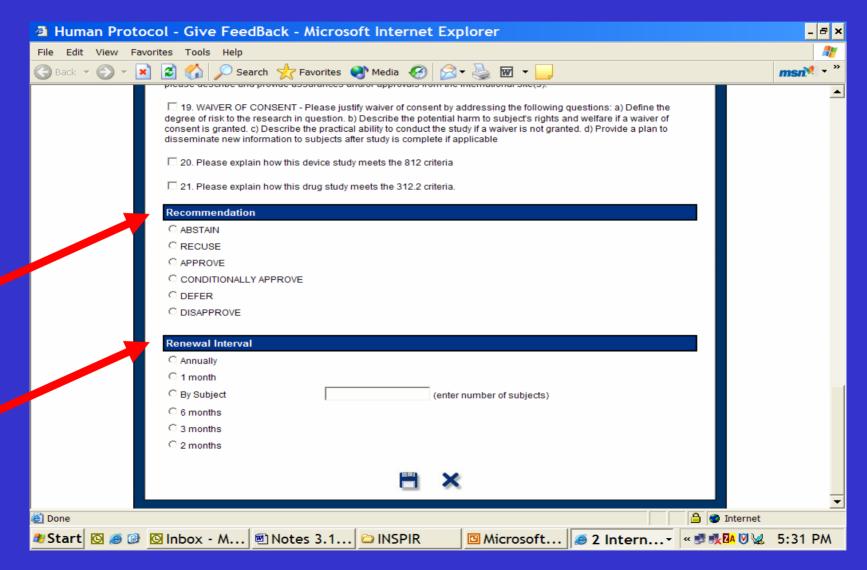
# Board Comments/Questions

- Protocol Review
  - Issues to discuss
  - Questions of other reviewers/IRB staff
- Comments that do not go to PI
- Begin with date, write comments, end with your initials

#### **Templated Modifications**

- Commonly used conditions
- Automatically inserted into PI's letter
- Editable by coordinators

#### IGNORE Recommendations & Renewal Interval



#### **Save Your Comments**

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please describe and provide assurances and/or approvals from the international site(s).         I       19. WAIVER OF CONSENT - Please justify waiver of consent by addressing the following questions: a) Define the degree of risk to the research in question. b) Describe the potential harm to subject's rights and welfare if a waiver of consent is granted. c) Describe the practical ability to conduct the study if a waiver is not granted. d) Provide a plan to disseminate new information to subjects after study is complete if applicable         I       20. Please explain how this device study meets the 812 criteria         I       21. Please explain how this drug study meets the 312.2 criteria.		25+04&v( Go Links »
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2. CHILD ASSENT - The following is the BCM IRB policy regrding Children's Assent: Children under the age of 7: Assent will not be obtained. Children between Assent may be obtained but is not mandatory. If obtained, it can be documented in one of two ways: (1) the pediatric subject would sign on an age-appropriate of form in in addition to the signed consent of the parent on a regular consent form; (2) the following paragraph can appear just before the parents signature and the subject would not sign on any consent form: my signature on this consent form attests to the fact that my child (full name) has, within the limits imposed by age maturity, and psychological state, given his/her assent (affirmative agreement) to participate in this research project. Children 12-18: Assent must be obtained. It documented in either of the ways indicated above. Please modify the consent appropriately.	consent pediatric e,	
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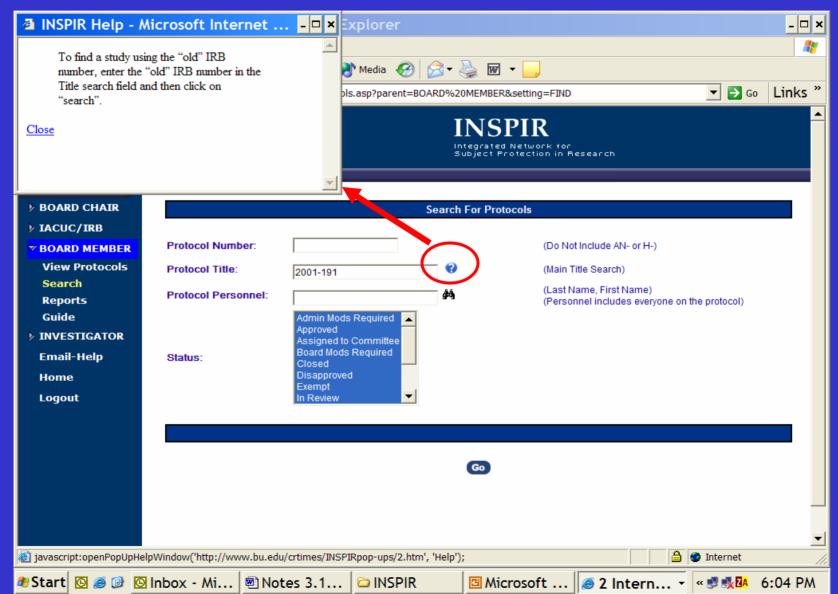
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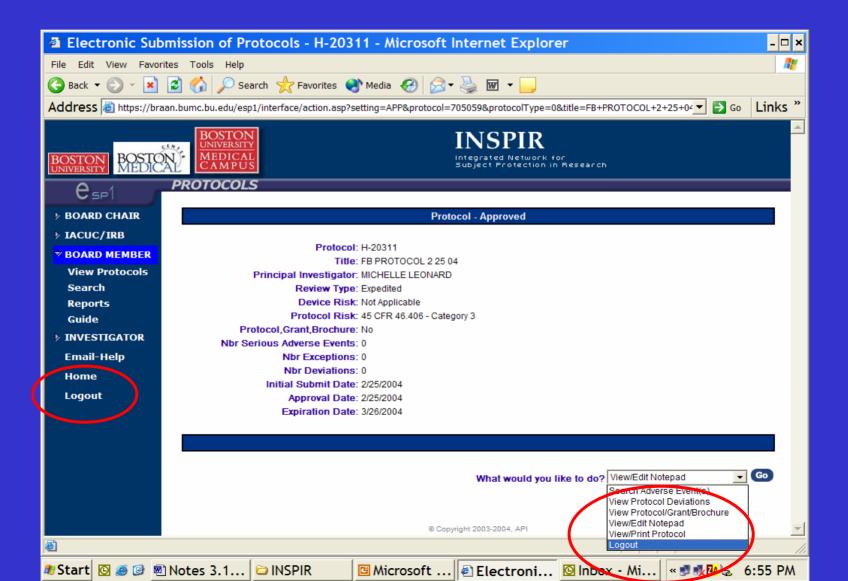
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