M		eRESE	ARCH I	REGU	LATORY MANAGEI	MENT SA	ND.	Edit: Application - HUM00009940
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32. Data Safety Ar	nd Monito	ring Plan						
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Completion of this s		•		-				
study. The study-spe and procedures emp PI must prepare a sp guidelines and the s	ecific scient bloyed to sat becific data a tudy's comp esses for rec the respons	ific protocol she feguard the hea and safety moni plexity, risk, and cording and eva ibilities of resea	ould include Ith and safe itoring plan I size. The p luating the arch team n	e detailed in ety of the su taking into blan should data quality nembers an	include the / and integrity. The plan			
					and data confidentiality tion of this application.			
					PEERRS mandatory the study team after the			
initiation of the stud	y.			Juner Jenning				
The Risk Level has								
Name There are no items to	Risk Level		Dire	ect Benefit				
				tructions to	the subjects beyond what			
is included in the in Select all that		sent document.						
D PI								
Co-I								
Study Coordina	itor/Research	n Assistant						
Nursing/Profess	sional Suppo	rt Staff						
Other								
If other, please spec	cify:							
20.0* Indian (* 1			ad fine 11	oubi4-				
32.2* Indicate who Select all that		mormed conser	it from the	subjects.				Note: In situations where there is a real or perceived conflict of interest, it may be inappropriate for the conflicted study team
D PI								member(s) to obtain consent.
Co-I								
Study Coordina	Study Coordinator/Research Assistant							
Nursing/Professional Support Staff								
N/A - Complete	waiver of inf	formed consent r	requested in	section 10				
Other								
If other, please spec	cify:							
20.0* Indianta 1- 1	maahaalaa	(a) will be see 1	for month					
32.3* Indicate what events.	mechanism	i(s) will be used	ior monito	nny subject	ts and identifying adverse			

Mechanism (Select at least one:)	Conducted by:					
	Select all that apply:					
Direct interviews/	РІ					
physical exams conducted	Co-1					
by:	Study Coordinator/Research Assistant					
	Nursing/Professional Support Staff					
	C Other					
	If other, please specify					
	Select all that apply:					
Review of	D PI					
lab work, tests, procedures,	□ Co-I					
etc. by:	Study Coordinator/Research Assistant					
	Nursing/Professional Support Staff					
	C Other					
	If other, please specify					
	Select all that apply:					
Telephone follow-up	O PI					
conducted by:	Co-1					
	Study Coordinator/Research Assistant					
	Nursing/Professional Support Staff					
	C Other					
	If other, please specify					
Self- reporting by subject	Instructions must be included in the Informed Consent Document.					
Other	If other, please specify					
<u></u>						

Reminder: Adverse Events that come to the attention of any member of the study team must be reported to the PI in a timely manner.

