**IBC Clinical Trial Application**

**HGT, Vaccine, & NIH-Exempt**

**Section I – Administrative Information:**

|  |  |
| --- | --- |
| 1. Principal Investigator |  |
| 1. Primary Institutional Affiliation |  |
| 1. Department/Division |  |
| 1. Phone Number |  |
| 1. Anschutz Mail Stop (Not Address) |  |
| 1. Email |  |
| 1. Co-Investigators |  |
| 1. Primary Contact/Designee(s) for Trial (i.e., CRA name, email, phone #, and institutional affiliation) |  |
| 1. Clinical Trial Title |  |
| 1. IBC Protocol # |  |
| 1. Sponsor/Grant Agency |  |
| 1. IRB of Record |  |
| 1. IRB Protocol # |  |

**Site(s) Where the Investigational Product (IP) Will be Prepared & Administered:**

* 1. Drug Preparation:

|  |  |
| --- | --- |
| Building(s): | Room Number(s): |
| Biological Safety Cabinet (BSC).  Will a BSC be used in preparation of study agent dose? Yes No | BSC Location: |
| BSC Serial Number: | BSC Current Certification Date: |

* 1. Drug Administration:

|  |  |
| --- | --- |
| Building(s): | Room Number(s): |

* 1. Drug Receipt/Storage:

|  |  |
| --- | --- |
| Building(s): | Room Number(s): |

**Section II – General Notes:**

If reference is made to another document as a response to any question below, you must state the document name and reference specific sections and pages which apply to the question.

The IBC is specifically charged with review of the environmental and public health considerations for the use of infectious or recombinant DNA materials in human subjects to include potential effects to patient contacts.

**Section III – Human Gene Transfer (HGT) Clinical Trials & Vaccine Trials:**

**Please check the box that applies to the type of trial and then proceed to the appropriate section.**

This trial utilizes viral vectors, rDNA plasmids, mRNA, or other synthetic nucleic acids. (Do not check if using genetically modified cells.) **(Proceed to Section III-A.)**

This trial utilizes genetically modified cells (i.e., use of genetically modified cells, attenuated or modified bacteria or viruses). **(Proceed to Section III-B.)**

This trial does not utilize HGT or vaccine materials falling under NIH or FDA requirements for IBC oversight. **(Proceed to Section IV.)**

**Section III-A – HGT Trials Utilizing Viral Vectors, rDNA, mRNA, or Other Synthetic Nucleic Acids:**

This trial utilizes viral vectors, rDNA plasmids, mRNA, or other synthetic nucleic acids.

**Description of the Investigational Product (IP):**

1. Describe the derivation of the delivery vector system including the source (e.g.,viral, bacterial, or plasmid vector); give specifics (e.g., lentiviral vector with tat, env, gag deleted):
2. Is vector replication incompetent?:
3. Describe the methods for replication competent virus testing if applicable:
4. Describe modifications (e.g.*,* deletions to attenuate or self-inactivate, encapsulation in any synthetic complex, changes to tropisms, etc.) if applicable:
5. Describe the genetic content of the transgene or nucleic acid delivered, including:
6. The species source of the sequence (e.g., human, bacterial, viral)
7. Whether any modifications have been made (e.g.*,* mutations, deletions, and truncations)
8. The regulatory elements contained in the construct if applicable
9. Any other material to be used in preparation of the agent (e.g., vector, transgene, nucleic acid) that will be administered to the human research subject (e.g., helper virus, packaging cell line, carrier particles)
10. Include references to any previous clinical experience with this/similar vectors or this nucleic acid molecule:

**Section III-B – HGT Trials Utilizing Genetically Modified Cells (i.e., use of genetically modified cells, attenuated/modified bacteria, or viruses for vaccine trials):**

This trial utilizes genetically modified cells (e.g., CAR-T cells, genetically modified bacteria).

**Description of the Investigational Product (IP):**

1. Describe the derivation of the biological material/nucleic acid. Explain how the IP will be manufactured (e.g., viral transduction of cells, rDNA modification of cells, etc.):
2. Describe the methods for testing the IP’s purity:
3. Describe modifications for viral vector used to modify cells if applicable. (e.g., deletions to attenuate or self-inactivate, encapsulation in any synthetic complex, changes to tropisms, etc.):
4. For genetically modified cells (e.g., CAR-T, autologous NK cells, etc.), describe the intendedtarget cells and transduction/transfection efficiency:
   1. Describe where the cell modification (transfection/transduction) will be done (e.g., Sponsor’s facility, Gates Manufacturing Facility, etc.)
   2. Submit documentation of GMP certification:
5. Describe the genetic content of the transgene or nucleic acid delivered, including:
   1. The species source of the sequence
   2. Whether any modifications have been made (e.g., mutations, deletions, and truncations)
   3. The regulatory elements contained in the construct if applicable
   4. Any other material to be used in preparation of the agent (e.g., vector, transgene, nucleic acid) that will be administered to the human research subject (e.g., helper virus, packaging cell line, carrier particles)
6. Include references to any previous clinical experience with this/similar vectors or this nucleic acid molecule:

**Section III-C – Risk Information for HGT Investigational Product (IP):**

1. Describe the HGT agent delivery method and location (e.g., method of administration: intra-tumor injection during surgery, hepatic artery with an infusion pump, out-patient clinic at hospital, etc.):
2. Will shedding studies be conducted? Is any vector or nucleic acid shedding expected?:
3. What measures will be performed to mitigate the risks of contamination by or dissemination of the vector/nucleic acid to other patients, health-care workers, family members or the environment (e.g., facility, home, or community)? Details may include disinfection procedures, restrictions on demographics of family such as no infants younger than six (6) months or immunocompromised persons in the home:
4. Is there a risk of transmission (i.e., horizontal transmission) of the IP from the patient to other persons (e.g., health care workers, intimate contacts, etc.)?:
5. Is there any risk of vertical transmission to any offspring?
   1. Will pregnancy tests be performed?

Yes  No

* 1. Will birth control measures be recommended to subjects? If so, for what period of time?:

1. Is there a significant possibility that the IP could contaminate the clinical facility (i.e., the environment in which the treatment will be administered or where patients will be domiciled after treatment)?:
2. What measures will be performed to mitigate the risks to public health? Please specifically address and explain whether there is a significant possibility that the administered IP may spread:
3. Please clearly describe all steps and safety procedures that will be used for transport of the IP to and while on campus:
4. Site-specific standard operating procedures (SOPs) are required. Please submit the Biosafety Site-Specific SOP as part of the application packet. Template for the Biosafety Site-Specific SOP can be found at the [University of Colorado Denver | Anschutz Medical Campus IBC website](https://research.cuanschutz.edu/committee-support/home/institutional-biosafety-committee/meeting-schedules-and-deadlines).
   1. Please note: The site-specific SOP includes risk information, storage, handling, transportation, waste disposal, spill, and exposure information:

**Section IV – NIH-Exempt Clinical Trials Requiring IBC Purview:**

**Certain clinical trials are designated by CU Denver | Anschutz Medical Campus leadership as requiring IBC review outside of the NIH mandate for IBC review of clinical trials. These may include (but are not limited nor all-inclusive to) internally sponsored clinical trials, trials using products manufactured on campus, trials impacting COVID-19 research, etc.**

Trial is NIH-exempt but IBC review is required by institutional leadership.

**Section IV.A – Product Description:**

1. Provide a bullet-pointed list that describes the IP and how it is manufactured:

**Section IV.B – Public Health Considerations Related to NIH-Exempt Investigational Products (IPs):**

Please specifically address and explain whether there is a significant possibility that the administered IP may spread.

1. Is there a significant possibility that the IP could contaminate the clinical facility (i.e., the environment in which treatment will be administered or where patients will be domiciled after treatment)?:
2. Are there any public health considerations associated with the creation, transport, administration, or disposal of this IP?:
3. Please clearly describe all steps and safety procedures that will be used for transport of the IP to and while on campus:

**Section IV.C – Facility Considerations Specific to NIH-Exempt Investigational Products (IPs):**

1. Where will donor cells be collected?:
2. Where and for how long will donor cells be stored?:
3. How will the donor cells be transported to the manufacturer? Please include who will transport, the containment type, refrigeration details, etc.:
4. How will the finished IP be transported to storage, the patient, etc.? If available, please provide SOPs associated with transportation:

**Section V – Laboratory and Clinical Facilities:**

**(This section must be completed for all clinical trial types.)**

Describe the laboratory, pharmacy, and clinical facilities where the proposed trial will be performed.

1. At which hospital(s) or clinic(s) will the IP be administered?:
2. Will the study be conducted as an inpatient procedure, outpatient procedure, or a combination of both procedures?:
3. Which facilities of the hospital or clinic will be especially important for the proposed trial?:
4. Will patients occupy regular hospital or clinical research center beds?:
5. Where will patients reside during the follow-up period?:
6. Which protocols will be followed for scheduling patients to outpatient clinics and to assure appropriate environmental cleaning of any room used in the study?:
7. Where will the IP be prepared and by whom?:

**Section VI – Risk Information for Personnel:**

**(This section must be completed for all clinical trial types.)**

1. In addition to the PI, which professional personnel (medical and nonmedical) will be involved in the proposed trial and what is their relevant expertise? **Note: This can be broad in scope, such as the specific nursing or care units that work with the IP, etc.**:
2. What training—specific to this protocol—is to be conducted by the PI and/or the sponsor for the involved medical personnel? Please attach a copy of any on-the-job or sponsor conducted training associated with this application:
3. Are there any additional staff restrictions or considerations for Occupation Health/Medical Surveillance or PPE for personnel conducting the study and/or administering the study agent?:
4. Anticipated Effect of Exposure for Study Staff: Please describe any potential anticipated side effects that might result from staff exposure to study agent:

**Section VII – Reporting of Serious Adverse Events, Unanticipated Problems, or Biosafety Incidents:**

**(This section must be completed for all clinical trial types.)**

1. Explain how safety reporting for all Adverse Events or Serious Adverse Events is to be handled. Who will be responsible for the notification to the FDA, reviewing IRB, and the IBC?:
2. Who will be responsible for reporting any biosafety incidents, spills, or exposures to the IBC, the BSO, and, ultimately, the NIH? Note: The BSO should be informed regarding any biosafety incidents immediately and will assist with the NIH reporting on this campus:
3. The NIH requires that “…any significant problems, violations of the NIH Guidelines, or any significant research-related accidents and illnesses” be reported to the NIH. Reports of incidents can be emailed to [NIHguidelines@od.nih.gov](mailto:NIHguidelines@od.nih.gov). Relevant incidents would include spills and accidents that result in overt exposures to organisms containing recombinant or synthetic nucleic acid molecules in the laboratory, rather than serious adverse events that may occur in the conduct of HGT research. Additional information on incident reporting and a reporting template are available on the NIH/OSP website at <https://osp.od.nih.gov/policies/biosafety-and-biosecurity-policy#tab2/>.
4. If applicable, how will any new findings from tests in laboratory animals that suggest a significant risk for human research participants be handled for this clinical trial?:
   1. Who will be responsible for the notification to the FDA, COMIRB and the IBC?:

**Section VIII – Informed Consent Files (ICF) Information:**

ICFs do not need to be submitted to the IBC for review as this information addresses general guidelines regarding ICF documents for clinical trials that fall under IBC purview. Review and approval of ICFs fall under the purview of the IRB of record as well as the FDA.

**Section IX – Post-Review Actions & Signature:**

Following approval of this clinical trial by the IBC, all post-approval actions on the trial (e.g., amendments, SAE/UAP, CRs, etc.) must be reported to the IBC. Separate documentation is available from the Research Committee Support office regarding the requirements for these submissions.

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| I understand that for any experiment involving the deliberate transfer of recombinant DNA, or DNA or RNA derived from recombinant DNA, into human research participants (Human Gene Transfer), ***no*** research participant may be enrolled, until the entire review and approval process has been completed in accordance with all University of Colorado Denver | Anschutz Institutional Biosafety Committee and IRB requirements and stipulations.  I acknowledge that I am aware of all the requirements and restrictions of the most current for the Human Gene Transfer Clinical trial to be conducted. I accept responsibility for the safe conduct of the clinical trial to be conducted at the University of Colorado Denver | Anschutz Medical Campus.  I understand that it is my responsibility to assure that all personnel working on this clinical trial are informed of and trained about any of the potential hazards of the recombinant DNA or gene transfer material, the proper actions for safe use, the appropriate steps to take in case of accidents, spills or exposures and that they are provided with all necessary safety equipment/personal protective equipment and are instructed in its use.  I understand that it is my responsibility to ensure that all follow-up actions relating to this trial must be reported to the IBC concurrent to IRB reporting.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature of Principal Investigator |

Please attach additional page(s) as necessary. The responses *must* be specific for clinical trials at the University of Colorado Denver | Anschutz Medical Campus. Assistance may be requested from the study sponsor for the appropriate responses to these questions.