

# URMC Clinical Research Study Start-Up Manual



## Table of Contents

Confidential Disclosure Agreement Process .....	2
Sponsor / CRO Feasibility Process .....	2
OCR Feasibility Assessment Process .....	4
Pre -Site Selection Process .....	5
Post-Selection Process .....	6
IRB Submission and Approval & Regulatory .....	6
Financial Process .....	8
Creating Funding Proposal in IORA .....	12
Post Negotiations .....	14
Study Activation .....	15
Abbreviations .....	16
Appendix .....	18

The purpose of this guide is to review best practices concerning Study Start-Up within the University of Rochester (UR). This guide is *not* Department nor Sponsor specific and is an overall guideline for individuals within Study Teams to use as applicable.

Please keep in mind as you are navigating the guide that some contacts may have changed. We will do our best to keep this guide updated and as such, you can find the most recent electronic version on the [Office of Clinical Research \(OCR\) Website](#). As always, be sure to refer to your *Study Team Lead* for specifics related to your study.

Please note Sponsors often utilize Contract Research Organizations (CRO) to conduct negotiations. In this document, “Sponsor” refers to the actual Sponsor and/or any CRO acting on their behalf.

Please note “we” refers to the Office of Clinical Research.

For any questions or concerns regarding the manual, please email the [Office of Clinical Research](#).

# URMC Clinical Research Study Start-Up Manual



## Confidential Disclosure Agreement Process

Before sharing proprietary or confidential information with external parties, such as an industry representative or other entity, we recommend investigators have a Confidential Disclosure Agreement (CDA) in place. A CDA is a legal contract through which the parties involved in executing the agreement are obligated not to disclose any proprietary information covered under the CDA.

1. If the Principal Investigator (PI) is interested in moving forward with the study opportunity, obtain the Confidentiality Disclosure Agreement (CDA) and/or Non-Disclosure Agreement (NDA), and any other documents that can be shared from the Sponsor.
2. Contact your Department's Research Administrator (RA) to let them know about the study opportunity and they will work with you to upload the CDA into the [Integrated Online Research Administration \(IORA\)](#). **(Coordinator)**
  - a. Refer to the [Unfunded Agreements User Guide in IORA](#).
  - b. Be sure to enter the correct Collaborators from your Department – this often includes PI, Study Coordinator, and Department Research Administrator.
3. Once the agreement is submitted in IORA, ORPA will negotiate study language using the contract received from the Sponsor.
  - a. Note: [Unfunded agreements have assigned team members in ORPA](#), these are not the same folks as your sponsored program RA.
  - b. ORPA will copy the PI and the Coordinator on all communications.
4. Once agreement is agreed on between all parties, the Unfunded Agreements team will ask for PI signature on the CDA then co-sign and send a Partially Executed (PE) Agreement back to Sponsor/CRO.
  - a. Sponsor will send a Fully Executed (FE) agreement back to ORPA representative and the Department Designee.
  - b. A copy of the final CDA is sent to the PI and Coordinator to be filed according to your department policy.
5. When fully executed, the Sponsor can then send detailed information about the study to the study team to review. This generally includes the Protocol Synopsis or the Protocol. **(Sponsor)**
  - a. Be sure that the study materials are distributed to the appropriate parties for review. **(Coordinator)**

## Sponsor / CRO Feasibility Process

1. A Feasibility Survey is a long and detailed process for a Sponsor/CRO to assess a site and is generally started after the CDA is executed, and the PI received the Protocol or Synopsis for review. The purpose of this process is so both the Sponsor/CRO, and the Site can evaluate each other before formally participating in the Research Project. **(Coordinator)**
  - a. Feasibility Surveys can be sent as an email attachment to be completed or as a link to an online/electronic form.

# URMC Clinical Research Study Start-Up Manual



2. Sponsors/CROs will often ask about institutional/site-specific practices. Here are some important points to share regarding our institutional practices:
  - a. Send the Sponsor back our 'Go/No Go' items, which will include:
    - i. Indirect Rate Percentage.
    - ii. Withholding percentage must be 5% or less on Milestone Items only.
    - iii. Screen Failures: No Cap, No Randomization rations (paid for all).
    - iv. Monitor Visits – paid for each day.
      - Change in Monitor fee, Monitor fee per day
    - v. Send Sponsor applicable shared Resources Budget items.
      - Human use of Radiation ([HURC](#)) fees
      - Investigational Drug Service (IDS) Pharmacy Start Up (as appropriate)
      - Annual Maintenance (starting at year 1) and Closeout
      - Clinical Research Center (CRC) costs
      - Internal Review Board (IRB) costs – Local and/or Central costs
      - University of Rochester Medical Center (URMC) labs start up
      - Office of Clinical Research (OCR) costs (if applicable)
      - Recruitment/pre-screening/advertising (with backup)
      - Protocol Amendment (Staff time) (Flexibility to change budget each year as costs are subject to change each year)
      - If they're utilizing Advarra for Coverage Analysis, the \$1,500 fee will be reimbursed by the Sponsor
    - vi. If there are both contract and budget amendments, we need both portions together.
      - Please be sure to request the Tracked changes files for the Protocol and Clinical Trial Agreement (CTA) with any amendments.
    - vii. Please note we are unable to start budget work until we have the final Protocol, Consent Form, Sponsor Payment Schedule, Sponsor Budget, and other relevant Manuals (Labs, Imaging, etc.).
    - viii. If Central IRB is used, sponsor will pay them directly. This should be noted in the CTA.
    - ix. Final payment should be based on when our site closes vs all study sites.
      - Check CTA language
  - b. We are unable to use outside vendors for stipend payments (ex. Greenphire) however, we do have an internal [Participant Payments](#) process that can be used, with the appropriate invoiceable fee added to the budget.
    - i. Per Advarra Participant Payments and URMC Accounts Payable, all Non-Resident participants must be paid through [Workday SIR process](#).
  - c. Be sure to advise the Sponsor/CRO that we are unable to use outside vendors or contract employees for purposes of recruitment, must be URMC Staff.
  - d. [Data Security Form \(DSF\)](#)

# URMC Clinical Research Study Start-Up Manual



- e. If departments are aware that it's an Investigator Initiated Study, it will need an Internal Risk Assessment. The Risk Assessment Checklist for PI Initiated Clinical Studies can be found on the [ORPA website](#) under [Forms/Proposal Submission](#).
3. During the study opportunity feasibility phase is an ideal time to ask the Sponsor/CRO questions such as:
  - a. What is the expected enrollment target for our site specifically?
  - b. What are the enrollment goals across all Study Sites?
  - c. How long the study is expected to be Open?
  - d. How long do you expect enrollment will remain open? If the study is already enrolling, it's important to know how many patients have already been enrolled.
  - e. Will there be a Site Qualification Visit (Pre-Site Selection Visit), and will this be Remote or Onsite?
  - f. What is the study's monitoring visits plan? Confirm the frequency of visits, whether they will be onsite or remotely done, and how long the visits will take. Is there a limit to the number of subjects?
  - g. What are their expectations for the startup timeline, contract negotiation and eventual site approval?
4. If the Sponsor provided a summary at the conclusion of their Feasibility, please send to the OCR for our internal Feasibility Assessment.

## OCR Feasibility Assessment Process

With Office of Clinical Research (OCR) / Department

*This Feasibility Assessment process is a service offered by the OCR Staff to help Research Departments evaluate a new study opportunity more thoroughly. When performing the assessment, we take into consideration:*

- ❖ All potential studies in the pipeline and rank seniority
- ❖ Staffing levels – including Unfunded studies
- ❖ Who has OnCore and eRecord training
- ❖ Enrollment levels under that PI
- ❖ Same Disease Studies/Competitive Enrollment Studies
- ❖ Past timelines with Sponsor

*We can then help your department with the following:*

- ❖ Determine what your Enrollment Plan is
- ❖ Study Start Up Consultation with Clinical Translational Science Institute (CTSI)

# URMC Clinical Research Study Start-Up Manual



To request a Feasibility Assessment:

1. After obtaining the Study Protocol, and if available the Initial Study Budget, fill out the [Feasibility Assessment request form](#) – also on the [Office of Clinical Research website](#) > Feasibility tab.
  - a. Please try to be as concise and thorough as possible. (**Coordinator**)
  - b. The Feasibility Assessment consists of two segments, a weighted Risk Assessment, and a Break-Even Analysis.
    - i. Weighted Risk Assessment to predict the potential risk of a study based on our cohort discovery tools, utilization of institutional resources, and a thorough review of the protocol including the tasks and perceived burden for participants, current workload of investigators and coordinating staff, as well as past experience with the Sponsor/CRO.
    - ii. Break Even Analysis provides a deeper dive into a protocol and can provide a clearer financial projection to determine if a study is practical from a cost perspective, determines the number of subjects that must be recruited into a study to prevent losses conducting the trial, and helps to examine the costs and revenues of the proposed clinical trial. The break-even analysis relies on the protocol schedule of events to map, and build out the potential revenues, fixed costs and variables charges that will occur in the study.
    - iii. The Go/No Go during the Feasibility phase will give study teams a high-level determination of whether this study would be deemed successful. The study will then go through the more detailed Feasibility Assessment that has five categories; Low Risk: 33 – 55.33, Moderate Low Risk: 55.34 – 62.78, Moderate Risk: 62.79 – 70.23, Moderate High Risk: 70.24 – 77.67, and High Risk: 77.68-100.03. ([Appendix III](#))
2. The Feasibility Team will reach out to inform you they have received your request. (**OCR**)
3. Once the Feasibility Team has completed their assessment, they will reach out to you via email with the results. (**OCR**)
  - a. The Feasibility Team is available to discuss a more in-depth review of the assessment results via ZOOM.
4. After the Study PI has reviewed the results, they must sign the assessment and return it to the Feasibility Team via email. (**Coordinator**)

## Pre-Site Selection Process

Following the completion of the Feasibility Survey, the Sponsor/CRO will likely schedule a virtual or onsite Pre-Site Selection Visit (PSV, aka Site Qualification Visit) to review the responses submitted and to clarify any outstanding information. If the PSV is onsite, the Sponsor/CRO will often request a tour of the facility.

At the conclusion of the PSV, the Sponsor/CRO will create a report summarizing our site and feasibility to participate in the study. If our site is chosen to participate, a site selection letter will be sent to the primary contact of the department to begin Start Up activities.

[Requesting an Advanced Account.](#)

# URMC Clinical Research Study Start-Up Manual



## Post-Selection Process

1. If selected as a Study Site, notify the Lead Clinical Trial Coordinator who will be working on the study, and the Research Finance Admin (dependent of department) of the anticipated Site Initiation Visit (SIV) date. Best practice is to wait to schedule the SIV after the CTA is fully executed. If choosing to schedule ahead, reinforce the date is tentative and subject to change. **(Coordinator)**
2. Compile/confirm study teams have the most recent versions of the following items from the Sponsor/CRO - **(Coordinator)**
  - a. Required forms:
    - i. Protocol
    - ii. Informed Consent Forms (ICF)
    - iii. Sponsor Budget Proposal (internally referred to as Sponsor Budget Workbook)
    - iv. Draft Clinical Trial Agreement
  - b. Other commonly requested forms – as requested in the Protocol:
    - i. Assent Form (as applicable)
    - ii. Laboratory Manual
    - iii. Pharmacy Manual
    - iv. Electronic Case Report Forms (eCRM) guidelines/Source Documents
    - v. Questionnaires (electronic or paper)
    - vi. Data Security Form – we will fill out what we can on our form, then send it to the Sponsor to fill out the remaining pieces. This is needed for submission to ClickIRB.

## IRB Submission and Approval & Regulatory

Occurring parallel with Financial Process (outlined below)

1. Collect all forms that need a signature from the PI/Sub-Is and send for a signature, then send to the Sponsor. These forms include, but are not limited to:
  - a. Protocol Signature Page, Investigator Brochure, PI, and Study team Curriculum Vitae's (CV), PI and Study team Human Subject Protection and Good Clinical Practice (if applicable) training, and Medical Licenses.
  - b. [URMC Lab Credentials](#) such as College of American Pathologists (CAP), Clinical Laboratory Improvement Amendments (CLIA) Certificates and Local Lab Ranges.
2. If the Sponsor is relying on an External IRB to review the research (external to the Research Subjects Review Board [RSRB]), an IRB reliance agreement must be put into place with the Reviewing IRB.
  - a. Agreements currently exist for: WIRB-Coperinus Group (WCG), Advarra, and the National Cancer Institute cIRB. For all other IRBs, submit an eReliance request to initiate the reliance agreement process. For additional information see [OHSP Policy 504 IRB Reliance and Collaborative Research](#) and the corresponding [Guideline and Flow Chart When University of Rochester Relies on a Non-UR IRB](#).



# URMC Clinical Research Study Start-Up Manual



3. Update all informed consent form templates/model consent forms with institution-specific language and submit back to the Sponsor for approval.
  - a. Track all changes.
  - b. See the RSRB's [Relying Consent Reference Language](#) for instructions and institution-specific language that needs to be inserted (or replaced).
    - i. If utilizing Advarra Participant Payments, update Consent language using the [Participant Payments Guidelines for Coordinators](#).
    - ii. If any member of the study team has a conflict of interest (COI), add the consent language identified in the study team member's COI transparency checklist or COI management plan.
    - iii. Ensure all consent language is consistent with the study protocol, as well as any UR-specific protocol addendums and/or UR-specific practices.
  - c. If a consent template/model consent is not provided, use the Research Subjects Review Board's (RSRB) [biomedical consent template](#) to draft the consent form.
  - d. Once all edits have been made, return the tracked/drafted version to the Sponsor for their review/acceptance prior to IRB submission (see below).
    - i. If Sponsors do not agree with these revisions, remind them that they are institutional requirements and refer them [OHSP Policy 504 IRB Reliance and Collaborative Research](#). If objections are specific to the compensation for injury language, remind them that indemnification provisions are defined by the clinical trial agreement, not the consent document.
4. If submission to an Ancillary Committee ([Appendix II](#)) is required, additional forms and/or review processes may be required.
5. Prepare the initial Local IRB submission in Click IRB; see the [Click IRB Study Staff Guide](#) for step-by-step instructions. An overview of the IRB submission process is also available in the [Click IRB Overview & Basic Navigation Guide](#).
  - a. [Data Security Assessment \(DSA\) Form](#) must be submitted with all submissions. For additional information on this form, see the [Guideline for Human Subject Research Data Security Requirements](#) and/or view the pre-recorded seminar [September 29<sup>th</sup>, 2020] which is available on Blackboard – [Blackboard enrollment instructions](#).
  - b. Prior to submission, the PI can designate one or more PI Proxies to facilitate requests for clarification/review. Initial submissions must be submitted by the PI. When an initial submission is submitted by the PI Proxy, the submission will get sent back to the PI to confirm their certification of their responsibilities.
  - c. When/if the IRB requests clarifications or provides comments, an email notification will be sent to the PI, PI Proxy, and Primary Contact. Questions pertaining to the submission should be directed to the [IRB Coordinator](#).
  - d. When a reliance agreement is in place for the research to be reviewed by an External Reviewing IRB, you will receive a notification via Click IRB that reliance has been confirmed once the RSRB has completed their institutional review; a memo stating such will be available in Click IRB. The study can then be submitted to the External Reviewing

# URMC Clinical Research Study Start-Up Manual



IRB. The RSRB memo confirming reliance should be included in the submission.

Following approval:

- i. Upload a copy of the IRB approval letter and all watermarked documents into the Click IRB study submission (via the Add Comment activity).
- ii. You are responsible for adhering to all applicable External Reviewing IRB policies, [OHSP Policy 504 IRB Reliance and Collaborative Research](#), as well as your IRB-approved study protocol.

When the RSRB serves as your Reviewing IRB, you are responsible for complying with all applicable [RSRB policies](#), including [OHSP Policy 901 Investigator Responsibilities](#) and your IRB-approved study protocol.

## Financial Process

Occurring parallel with IRB Process (as outlined above)

If the department does not have the required support, the Office of Clinical Research (OCR) is available to help Study Teams manage Clinical Research Finances from start to finish. Before funding is awarded (Pre-award) the OCR Team will help Study Teams determine Medicaid/Medicare coverage, analyze the study cost and timeline, negotiate budgets with study sponsors, and enter budget information into the University's Clinical Trial Management System (CTMS) OnCore. After funding is awarded (Post-award), the OCR Team will help with invoicing, revenue reconciliation, review of patient's accounts, and more.

There are fees associated with the OCR's Pre-award, Post-award, and Research Billing Review Services, but these fees are included in costs while negotiating the budget with the Sponsor. Please contact [OCR Finance](#) for more information about Service Fees or any questions.

Regardless of who is responsible for the financial process, OCR or Department Designee, the below process is the same.

1. Obtain Informed Consent, Sponsor's budget grid, draft Clinical Trial Agreement (aka Contract) and protocol from the Sponsor. Compare protocol to budget grid/schedule of events to ensure they harmonize - look at tasks, not time or dollars. Let the Financial Coordinator know of anything missing on budget.
2. Review protocol and reach out to PI, as necessary, to determine if Billing Risk Study and Current Procedural Terminology (CPT) codes. Please note that any study billing at least one procedure/test over the course of the study through eRecord is considered Billing Risk. This is considered a "risk" as the participant's insurance could be charged.
  - a. Ask about the location of visits and any other resources we are expected to use (Center for Advanced Brain Imaging and Neurophysiology (CABIN), CRC, IDS Pharmacy, etc.).
  - b. Questions to ask Study Team:
    - i. How many anticipated subjects?



# URMC Clinical Research Study Start-Up Manual



- ii. Length of study/anticipated enrollment window?
    - iii. How many Screen Failures (SF), attrition rate (drop-out rate over time)?
    - iv. How often will the Invoiceable items on the budget happen? What is not being included in the budget?
    - v. Local labs, PI discretion items, unscheduled visits, extra study drug dispensing.
    - vi. Travel reimbursement – patient population we’re pulling from, are they local/how far are they coming from, hotels, meals, guardian/spouse?
    - vii. Confirm Standard of Care (SOC) items.
    - viii. What staff is needed for which procedures?
    - ix. Additional research laptops/electronics needed?
    - x. Paper/presentation/meeting/annual meeting travel for PI?
  - c. Confirm with [Research Compliance](#) that the study is exempt from their review and is Non-Billing Risk, and the Ancillary Review is completed in IORA. Non-Billing Risk exempt:
    - i. If all visits are happening in CRC.
    - ii. If the only procedure is bloodwork and you’re using a study special request.
    - iii. If the procedure is only happening in the CABIN.
  - d. If you think the study does not have billing risk and is exempt from their review, the following must be provided to Research Compliance:
    - i. Space – In Clinic or Research space, or CRC space
    - ii. IDS Pharmacy
    - iii. Equipment – EKG: Cardiologist costs
    - iv. Procedures – Blood draws with Local Labs (will a URMC Study Specification Requisition [SSR] be used), Imaging (CT, MRI, etc. with the plan to use a Study Specification Requisition)
  - e. Ask dept billing/PI/Financial Analyst what CPT codes for procedures performed in the study, Research Compliance can send example patient CPT codes if similar non-study participant names are provided.
  - f. Send our site memo of non-negotiable items with cost to budget contact with sponsor to understand upfront if challenges arise with negotiation before too much work starts. If there appears to be a sticking point this can be addressed before too much more work goes into budget setup.
3. Build out your Protocol Shell in [OnCore](#), containing the URMC and OnCore required [Minimum Footprint](#). (**Department Designee**)
  - a. [OnCore](#) is a Clinical Trial Management System (CTMS) that integrates with Epic eRecord and Advarra Participant Payments.
4. Send the protocol to your [OCR Finance contact](#) to build out the calendar in OnCore.
  - a. Send the protocol shell number after department has entered the Protocol into OnCore.
  - b. OnCore use is currently required for Billing Risk studies but is recommended for all studies.
    - i. Some departments may require all their studies to be entered in OnCore.

# URMC Clinical Research Study Start-Up Manual



5. If Coverage Analysis is needed:
  - a. If Coverage Analysis is needed, send to OCR Finance. OCR Finance will submit to Advarra for Coverage Analysis who currently charge \$1,500. Departments will include this fee in budget negotiations, so the cost is covered by the sponsor.
    - i. OCR will have the Department Designee fill out a Service Agreement to provide an account to charge this fee to.
6. Get Quotes, as applicable – See below for commonly used service centers. (**Coordinator**)
  - a. Get quote from [URMC Investigational Drug Service Pharmacy](#) (send pharmacy manual, if the manual(s) is/aren't ready send the quote anyway).
    - i. [RedCap link](#) to submit
    - ii. Contacts: [Carol Cole](#), [Kyle Richards](#), [Danio Grondin](#), or [Tyler Bedard](#)
    - iii. [General Inbox](#)
  - b. If using Clinical Lab:
    - i. Contact “UR Central Labs”, or [Internal URMC Clinical Trials](#) to get the following forms to fill out:
      - Clinical Research Study Setup for Pathology and Laboratory Service Request Form (Required)
      - Research Price Quote Form
    - ii. Send back completed forms and get a quote back – approximately 14 business days to receive a quote.
    - iii. These will not cause Billing Risk since a “Study Specific Requisition” will be used for the research related labs. URMC Labs will not post the charges for those labs into eRecord; rather, they are entered into an offline system the lab uses to generate invoices for each study at the end of each month.
    - iv. Contacts: [Jack Flowerday](#) and [Ashley Choate](#), [Jodi Richards](#) for invoicing.
  - c. Clinical Research Center
    - i. Go to the [CRC website](#)
    - ii. [CRC Information Sheet](#)
    - iii. Get quote using [the request form](#) on the CRC website.
    - iv. Contacts: [Ann Miller](#) – Clinical, [Karen Grabowski](#) - Admin/Start up.
  - d. Imaging: (**Department Designee**)
    - i. Obtain quote from [Imaging Research website](#) for budgeting purposes:
      - Click the [Imaging Clinical Trial Request for Quotation Form](#) link to download.
      - Send the completed form to [RadClinicalTrials](#).
      - Beneficial to get the quote because they will include costs besides the CPT codes that you may not be aware of.
    - ii. Contact: [RadClinicalTrials](#)
  - e. Clinical Trials Processing Laboratory (CTPL) (send laboratory manual. If the manual(s) is/aren't ready send the quote anyway).
    - i. The CTPL can help support study lab processing such as PKs and Biomarkers. They can assist with storage and shipping to the Sponsor’s designated central lab.
    - ii. Contact the Lab Director; [Christopher Lane](#).

# URMC Clinical Research Study Start-Up Manual



## iii. [Clinical Trials Processing Laboratory](#)

- f. Get quotes from Clinical Nursing Staff supplies that need to be purchased.
  - i. Supplies for blood draws (needles, tubes, etc.), supplies for injections, etc. If an injectable or IV drug are administered in a clinical setting, supplies are needed for this.
  - g. Services from another service center/department.
    - i. Iron Mountain Contact: [Melissa Murray](#).
    - ii. Research Subjects Review Board Invoicing Contact: [Janice Taylor](#).
  - h. Core Services – Flow Cytometry, Confocal Microscopy, Pathology.
  - i. Send all Quotes to Financial Coordinator, or to [OCR Finance](#) if utilizing their services.
7. For all studies, use the charges in OnCore's Charge Master to budget for the CPT codes and staff time (link to Study if it's in OnCore). Please refer to [OCR's Charge Master](#).
  - a. If there is not a charge in the Charge Master, then contact [OCR Finance](#) to get a price estimate and have CPT code added to Charge Master.
8. Refer to the [Common Protocol Costs list](#) to help you choose appropriate protocol related costs.
  - a. If a Central IRB is being used: Make sure you are including Local IRB submission cost and staff time for Protocol and Consent Form Amendments in your budget.
9. Run the Budget Calendar export out of OnCore 'with Research Costs' to determine your costs for running the study.
10. Revise sponsor's budget grid with our first offer, based on information from Budget Calendar Workbook. (**Financial Coordinator**)
  - a. Compare budget grid to protocol and modify grid to match protocol.
  - b. Review Contract to make sure language in contract matches budget grid.
  - c. Meet with Coordinator, Fellow, and PI to review time estimations.
  - d. Pointers for preparing budget for negotiations:
    - i. Always negotiate for Recruitment fee, Startup fee, Pharmacy Startup fee, Laboratory Startup fee, fees for Teleconferences, and Staff Training for Amendments.
    - ii. Have the Contract Research Organization pay the Central IRB fees directly.
    - iii. Don't accept anything higher than a 0% to 5% hold back.
    - iv. Always ask for Monitor Visits paid at a higher amount for the first day the Monitor is here.
  - e. OCR has Memos documenting required amounts for certain items that can be sent to sponsor, as needed, to justify our asking budget.
    - i. [OCR Shared Information for Departments](#)
11. Negotiate budget with sponsor utilizing sponsor's budget grid modifications to communicate. (**Financial Coordinator**)
12. When nearing the end of budget negotiations, email [Research Compliance](#) (if Billing Risk study) to confirm that study is in IORA (and OnCore), and it is ready for review.

# URMC Clinical Research Study Start-Up Manual



- a. Research Compliance minimally requires the Protocol, Consent Forms, Sponsor Budget, and CTA.
- b. Often there are questions or changes requested including possible changes needed with IRB, Contract language, Protocol, or Sponsor's budget grid which will cause changes in the above parallel processes.
- c. Departments need to review Payment Terms in the CTA.
  - i. Confirm the budget matches what was agreed upon.
  - ii. Make sure terms are appropriate (nobody else is reviewing this).
  - iii. Email your ORPA RA to be sure the payment terms are included in the final CTA. Best practice is to negotiate 0 or 5% withholding. Regardless, URMC will not accept anything higher than 15%.
  - iv. Take into consideration the length of monitor visits in hours or days and the location – onsite or remote – while negotiating the budget.
13. Once Research Compliance signs off (if needed), they will perform an Ancillary Review in IORA, then accept the budget with the Sponsor and confirm that OnCore was updated with the finalized budget numbers.
14. Research Compliance will perform a Compliance Review and provide written comments that will need to be addressed prior to Research Compliance approval.

## Creating Funding Proposal in IORA

Occurring parallel with IRB/Budget work:

1. Obtain Study Number from ClickIRB (see IRB Submission and Approval & Regulatory section above).
2. Initiate and complete the IORA Funding Proposal questionnaire (**Department Designee**):
  - a. [IORA User Guide for Pre-Award/Proposal Submission](#)
    - i. Manage Guest list as applicable to your department – Along with CLASP certified individual and PI, this should also include whoever else needs to have read/edit rights (department specific).
    - ii. For application submission deadline, for clinical trials, choose the date of the anticipated site visit by the sponsor.
    - iii. For clinical trials, retain one budget period only. You can then update the period to have any number of months within the period. Length of study can be estimated based on when you think you might enroll your first patient and the schedule of events/planned visits and follow-up.
  - b. [IORA Funding Proposal Budget for Study Start Up](#)
    - i. Since detailed budgets are created in OnCore and not IORA, teams do not have to fill in a detailed budget in IORA, but at a minimum you should add key personnel (specifically the PI and any other faculty participating), along with estimated effort

# URMC Clinical Research Study Start-Up Manual



- to be committed, as well as the [Facilities and Administration F&A rate](#) (Indirects or Overhead). Leave everything else blank.
- c. Attach the Sponsor's budget grid and Prospective Reimbursement Analysis (PRA - if applicable). Do not need to upload protocol, consent/assent, or contract as those are available in the IORA Agreements section and ClickIRB.
  - d. Ancillary review NOT required within the FP section of IORA.
  - e. Wait to submit Funding Proposal for department review until the related clinical trial agreement has been created and submitted.
3. PI, Senior Financial Analyst, Coordinator and Finance Coordinator read contract to make sure there are no changes first - tell ORPA the changes we would like. **(Department Designee)**
- a. Authorship and Publication rights.
  - b. Length of time for invoicing:
    - i. 0% holdback and will accept 5%.
    - ii. Length of time to keep the documents.
    - iii. Number of days to enter data in the Electronic Data Capture (EDC) entry - we want at least 5 business days.
    - iv. Times to make the payments - if they say quarterly then we ask for monthly.
    - v. URMC does not allow payments cards provided by the sponsor.
4. From the Funding Proposal, create an agreement (this allows the FP and the CTA to be linked as related projects).
- a. Refer to the [IORA User Guide for Funding Agreements](#) under Agreements and Collaborators.
    - i. It is important to add any member here who should have permission for this agreement. Inclusion under the Funding Proposal Guest List does not mean carry over to the agreement will occur.
    - ii. Supporting documents: ORPA will need a copy of the Protocol and Informed Consent Forms, as well as the budget and payment terms.
  - b. Make sure to submit the IORA Agreement and related Funding proposal.
    - i. Option on left menu after everything has been filled out.
    - ii. At this time, you can also link the related CTA from above (if not linked automatically as described).
5. ORPA will negotiate terms of Contract. **(Department Designee)**
- a. If it is an Investigator Initiated Research Trial (IIR) and/or sponsor does not offer full indemnification and/or subject injury reimbursement, then the study will have to go through an [Internal Risk Assessment](#). **(Department Designee)**
    - i. ORPA will ask PI and Financial Coordinator to fill out a checklist and submit to ORPA for this to occur.
    - ii. The Risk Assessment Checklist for PI Initiated Clinical Studies can be found on the [ORPA website](#) under [Forms/Proposal Submission](#).
    - iii. IRB will continue with their review but will hold until Risk Assessment is completed.



# URMC Clinical Research Study Start-Up Manual



- b. Risk assessment process may result in contract changes. So, communication with sponsor may have to occur after the Internal Risk Assessment.
6. Have PI review FP before submitting for Departmental Review. (**Department Designee**)
7. Confirm Ancillary Reviews are completed as required ([Appendix I](#)).
  - i. [IORA Ancillary Review Website](#)
8. Have PI complete the PI Certification once all Ancillary Reviews are complete. The PI Certification in the Funding Proposal workspace which must be completed prior to the execution of the Agreement. (**Department Designee**)
  - a. Best practice is to wait for the approved budget before having PI certify so that they don't need to re-certify if there are changes.
9. ORPA will tell us if PI needs to sign Contract, then they will complete full execution. (**Department Designee**)
  - a. ORPA cannot complete their signoff until FP is approved by department, certified by the PI, and Compliance has confirmed the budget is final (ancillary review).
  - b. Cannot start the study until IRB Approval and contract executed.
  - c. Electronic signature is the preferred mechanism. If the sponsor uses DocuSign this is the first-choice option, otherwise Adobe Pro PDF signature is allowed.

Receive Financial Activity Object (FAO aka Grant/Account number) and share with all internal parties, and Ancillary Service Departments as needed. (**Department Designee**)

## Post Negotiations

To be completed after the Budget and Clinical Trial Agreement have been finalized, and IRB Approval is completed.

1. Process within OnCore to get Manager Sign Off from Research Compliance:
  - a. Coordinator must perform the following actions within the PC Console: Reviews > IRB > Enter Action as "Approved" and the Action Date (approved date). This will change the study status to Initial IRB Approval.
  - b. Coordinator to email [Research Compliance \(Mike Ritz\)](#) notifying that the study is ready for Manager Sign Off.
  - c. Research Compliance will reach out to the OCR CTMS team to run a [Minimum Footprint](#) report. Once all fields are completed, they will return an email when Manager Sign Off is completed.
    - i. Once the Office of Clinical Research confirms all fields are completed, Research Compliance will send an email to set the study "Open to Accrual".
  - d. Coordinator returns to PC Console > Status > Click Project Coordinator Sign Off and enter the Date of Sign Off > Submit.
  - e. Protocol Status changed to Coordinator Sign Off in top right-hand corner of Console header.



# URMC Clinical Research Study Start-Up Manual



- f. After you have received the Greenlight from Sponsor, Click Open to Accrual and enter Date of Accrual > Submit. Protocol Status changes to Open to Accrual.
  - i. Following the SIV and the completion of any remaining training, you will receive an activation letter (Greenlight letter) stating the site is officially Open to Subject Enrollment from the Sponsor/CRO. Upon receipt of this letter, you are now considered officially Open and can begin screening patients!
- g. Notify [Research Compliance](#) and Study Team of status change to Open to Accrual.
2. Research Compliance will sign off on the calendar/budget in OnCore and Release it.
3. If the study is Billing Risk, Research Compliance will work with the OCR CTMS team to push the study over to eRecord and will communicate when completed.
4. If applicable, submit the approved study with the IRB Approval Date to the CRC for the full review and approval of the study. They assign their own CRC Protocol Number and attach an Approval letter.
5. If applicable, make sure the IDS Pharmacy had their own SIV with the study sponsor, has study drug ready, or is ready to receive study drug and 'Open' the study.
6. If applicable, set up [Advarra Participant Payments](#).
7. Notify any other applicable Service Centers of your Grant Number (GR).

## Study Activation

Set up your Site Initiation Visit with the study sponsor. Ask the Sponsor/CRO to send along a draft agenda so you can confirm what study team members need to attend and the amount of their time needed.

Other important considerations prior to activating a new study:

1. Have Regulatory Binders arrived?
2. Have you received Lab Kits, Study e-Diaries, Tablets, and other materials or equipment sent to the site from the Sponsor?
3. If a GR Number has been assigned, are other study supplies the site is responsible for ordering, ordered and arrived?

# URMC Clinical Research Study Start-Up Manual



## Abbreviations

**CAP** – College of American Pathologists  
**CABIN** – Center for Advanced Brain Imaging and Neurophysiology  
**CDA** – Confidential Disclosure Agreement  
**CITI** – Collaborative Institutional Training Initiative  
**CLIA** – Clinical Laboratory Improvement Amendments  
**COI** – Conflict of Interest  
**CPT** – Current Procedural Terminology  
**CRC** – Clinical Research Center  
**CRO** – Contract Research Organization  
**CTA** – Clinical Trial Agreement  
**CTMS** – Clinical Trial Management System  
**CTPL** – Clinical Trials Processing Laboratory  
**CTSI** – Clinical Translational Science Institute  
**CV** – Curriculum Vitae  
**DSA** – Data Security Assessment  
**DSF** – Data Safety Form  
**eCRM** – Electronic Case Report Forms  
**EDC** – Electronic Data Capture  
**EPIC** – Electronic Portfolio of International Credentials  
**F&A** – Facilities and Administration  
**FAO** – Financial Activity Object  
**FE** – Fully Executed  
**FP** – Funding Proposal  
**GR** – Grant Number  
**HIPAA** – Health Insurance Portability and Accountability Act  
**HURC** – Human Use of Radiation Center  
**ICF** – Informed Consent Forms  
**IDS** – Investigational Drug Service  
**IIR** – Investigator Initiated Research Trial  
**IORA** – Integrated Online Research Administration  
**IRB** – Internal Review Board  
**NDA** – Non-Disclosure Agreement  
**OCR** – Office of Clinical Research  
**ORPA** – Office of Research and Project Administration  
**PE** – Partially Executed  
**PI** – Principal Investigator  
**PRA** – Prospective Reimbursement Analysis  
**PRA** – Prospective Reimbursement Analysis

# URMC Clinical Research Study Start-Up Manual



- PSV** – Pre-Site Selection Visit
- RA** – Research Administrator
- RSRB** – Research Subjects Review Board
- SF** – Screen Fails
- SIV** – Site Initiation Visit
- SOC** – Standard of Care
- SSR** – Study Specific Requisition
- UR** – University of Rochester
- URMC** – University of Rochester Medical Center
- WIRB** – Western Internal Review Board

# URMC Clinical Research Study Start-Up Manual



## Appendix

### I. List of ClickIRB Ancillary Reviews

#### a. Not listed: Highland

#### 1. \* Does this research involve any of the following which may require additional institutional ancillary reviews?

- Study objectives/endpoints are cancer-related or have implications for cancer prevention or control (*Cancer Center Protocol Review and Monitoring Committee*)
- Pregnant to post-partum women (*Obstetrical Research Committee*)
- Hospitalized newborns (*Neonatal Clinical Trials Group*)
- Resources within the Clinical Research Center (CRC)
- Surgical Pathology tissue samples
- University Pharmacy / Investigational Drug Services
- Recruitment in the Emergency Department
- Oversight by the Human Use of Radiation Committee (HURC)/Radioactive Drug Research Committee (RDRC)
- Oversight by Institutional Biosafety Committee (IBC)
- University of Rochester Center for Advanced Brain Imaging & Neurophysiology (UR CABIN)
- Patients receiving radiation therapy (*Department of Radiation Oncology Protocol Review Committee*)
- Collection, transmission, or storage of electronic data (*Data Security Review*)

### II. Ancillary Review Matrix

#### a. Not listed: IDS Pharmacy, Budget Review, and Billing Risk potential sign off (Research compliance completes.

\*Please remember this is a working document and details can change\*

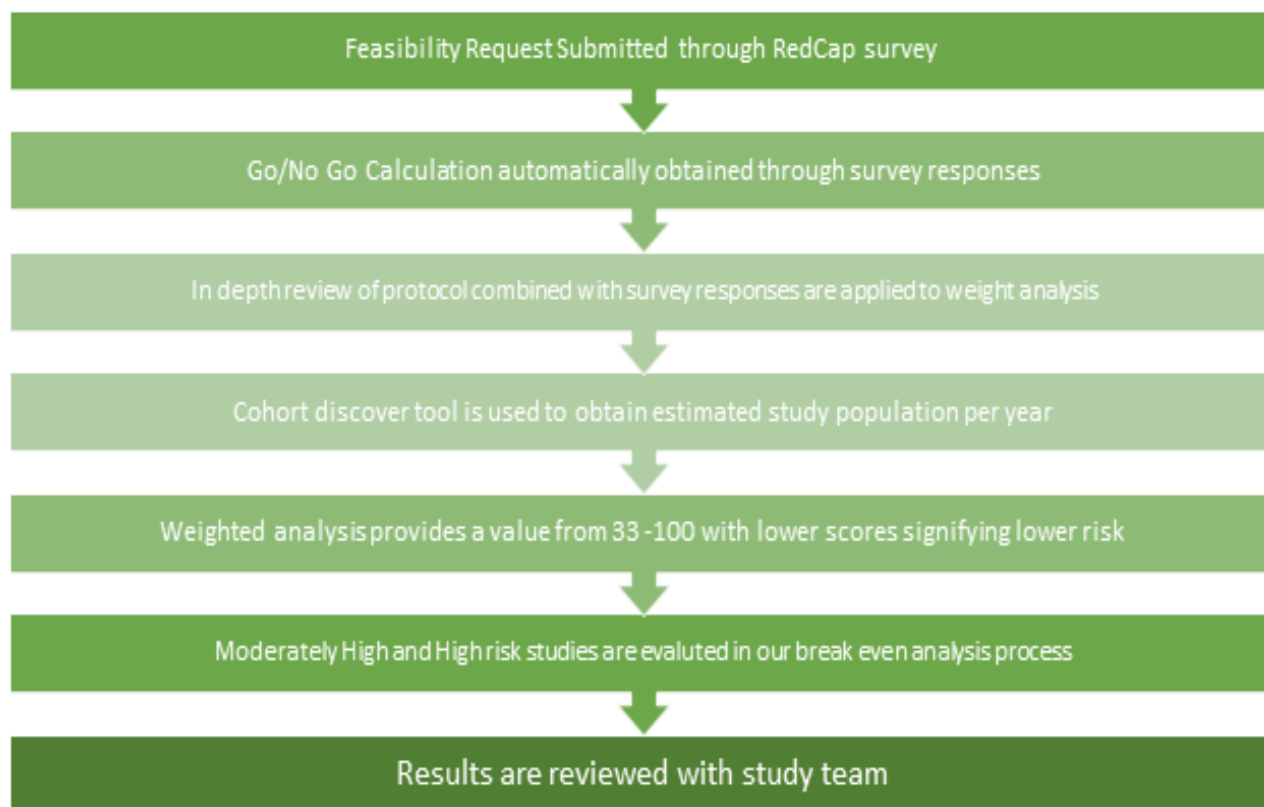
#### Ancillary Review Matrix

Type of review required*	Person to choose	Organization to Choose (look for this name exactly)	Notes
<b>GRANTS</b>			
Biostatistics and Computational Biology		Biostats and Computational Biology	Email will go to Brian Griebner and Jillian Cordts
Clinical and Translational Sciences Institute		Clin & Trans Science Institute	Email will go to CTSI mailbox, Jane Tolbert, and Jeanne Holden-Wiltse
Deans Office	SMD	Dean's Office M&D	Email will go to Rosalyn Smith, Stacie Chan, Christina Nesbit, and Jeff Bloss
	AS&E	Dean's Office Col-Admin	Email will go to Cindy Gary, Lindsey Harrington, and Hilary Mosher
	SON	Sally Norton	
	Warner	Sarah Peyre	
Export Control		Josef Mejido	
Indirect cost waiver	SMD	Dean's Office M&D	Email will go to Rosalyn Smith, Stacie Chan, Christina Nesbit, and Jeff Bloss
	AS&E	Dean's Office Col-Admin	Email will go to Cindy Gary, Lindsey Harrington, and Hilary Mosher
	SON	Sally Norton	
	Warner	Sarah Peyre	
Interdepartmental Cost Share Approval	Persons as required*		*See Ancillary Reviewers by Department document in the IORA Help Center
Other	Persons as required		
<b>AWARDS</b>			
Advance account review	Person as required		
Budget reconciliation	Departmental admin as required		
Contract Negotiations			
Dean's Office	SMD	Dean's Office M&D	Email will go to Rosalyn Smith, Stacie Chan, Christina Nesbit, and Jeff Bloss
	AS&E	Dean's Office Col-Admin	Email will go to Cindy Gary, Lindsey Harrington, and Hilary Mosher
	SON	Sally Norton	
	Warner	Sarah Peyre	
Export Control		Josef Mejido	
<b>AGREEMENTS</b>			
Biosafety	Sonia Rosenberger		
Conflict of Interest	Gunta Lidars		
Export Compliance/Control	Josef Mejido		
IT Security	Mark Baker		Alt: Mary Hallinan
Legal*	TBD		* This should only be used by ORPA
Privacy	Kathleen Tranelli		
RSRB	Appropriate RSRB Specialist		
UR Ventures	Mary Shierloh		

\*For multiple requests to the Deans office (e.g. cost sharing and indirect cost waiver) add only one Ancillary Review selecting Deans office as the Type and list each request in the comments field

# URMC Clinical Research Study Start-Up Manual

## III. Feasibility Process



## IV. [Getting Started with Your Research Flowchart](#)