

1. PURPOSE

- 1.1 The purpose of this policy is to outline the implementation period for clinical protocols submitted to a Division of Microbiology and Infectious Diseases (DMID)-sponsored Investigational New Drug (IND).

2. SCOPE

- 2.1 This policy applies to new and amended clinical protocols.

3. DEFINITIONS

- 3.1 **Protocol Amendment:** Any change into a previously submitted protocol.
- 3.2 **Investigational New Drug (IND) Application:** A formal application submitted to the Food and Drug Administration (FDA) by a clinical study sponsor requesting authorization to administer an investigational drug or biological product to humans.
- 3.2.1 A new IND refers to a newly submitted IND application to the FDA for a drug or biological product that is being tested in clinical trials and will include a new protocol.
- 3.2.2 An existing IND is an IND application that has already received notification from the FDA that it may proceed. These include both active (currently undergoing clinical investigations) and inactive (no ongoing clinical investigation) INDs. New protocols may also be submitted to an active IND.

For other definitions, see [DMID glossary](#).

4. RESPONSIBILITIES

- 4.1 As defined in policy.

5. POLICY

- 5.1 All new protocols and protocol amendments must be submitted to the FDA and IRB prior to implementation at the clinical sites.
- 5.2 Following submission to the IND, DMID will wait for FDA review before proceeding with implementation of the protocol. This applies to:
- 5.2.1 The initial protocol submission to a new IND:
- May be implemented 30 calendar days after receipt by the FDA, barring Clinical Hold comments or after receipt of FDA notification that the study may proceed.
- 5.2.2 A new protocol submission to an existing IND:
- May be implemented 30 calendar days after receipt by the FDA, barring Clinical Hold comments.
- 5.3 Clinical protocol amendments to existing IND:

5.3.1 Change(s) to an existing clinical protocol should be submitted to the IND prior to implementation of the change(s). Protocol changes related to follow-up visits and assessments should be implemented as soon as they are IRB approved unless otherwise instructed by DMID.

5.3.2 Administrative changes to clinical protocols can be implemented as soon as they are approved by the IRB.

5.3.3 For clinical protocols with any changes that may significantly increase the risk to participants, new enrollment may not occur until after the 30-day FDA waiting period, even if IRB approval is obtained.

5.3.4 Significant changes include, but not limited to:

- Any increase in drug dosage or duration of exposure beyond that in the current protocol.
- Introduction of a new investigational product to an adaptive design trial.
- Changes in response to a Suspected Unexpected Serious Adverse Reaction (SUSAR), Serious Adverse Event (SAE), or Adverse Event of Special Interest (AESI).
- Changes affecting a parameter negotiated and agreed upon with the FDA.
- Significant increase in the number of subjects under study.
- Addition of a new test or procedure that is intended to improve monitoring for, or reduce the risk of, a side effect or adverse event; or the removal of a test intended to monitor safety.

5.4 Exceptions to the policy require written approval from the ORA Director.

6. REFERENCES

6.1 U.S Code of Federal Regulations, Title 21:

6.1.1 [21 CFR 50: Protection of Human Subjects.](#)

6.1.2 [21 CFR 56: Institutional Review Boards.](#)

6.1.3 [21 CFR 312: Investigational New Drug Application.](#)

6.2 [U.S. Code of Federal Regulations 45 CFR 46.](#)

6.3 [International Conference on Harmonization E6, "Good Clinical Practice: Consolidated Guidance".](#)

6.4 [IND Application Reporting: Protocol Amendments](#)

7. APPENDICES

7.1 Not applicable.

8. REVISION HISTORY

8.1 DMID-RA-POL-00001 is the original version of this procedure within the eQMS. It replaces ORA REG Policy-003.

9. ADDITIONAL INFORMATION

9.1 Document Lead: Office of Regulatory Affairs Director

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9.2 Posting externally: Yes