**JOHNS HOPKINS MEDICINE (JHM) IRB LOCAL CONTEXT QUESTIONNAIRE**

Your site is participating in a study where JHM IRB will be the IRB of record. When relying on the JHM IRB, relying institutions must agree to provide the following important information to help the JHM IRB conduct its review:

* The requirements of any applicable state or local laws, regulations, institutional policies, standards, or other local factors, including local site ancillary reviews, relevant to the research that would affect the conduct or approval of the research at your institution.
* Site-specific consent information for this study using the template provided by the JHM IRB.

**Please seek guidance from your HRPP/Research Office/IRB regarding how to complete the local context review process at your institution. Most IRBs require a local submission in order to initiate the local context review process.**

The local context questionnaire contains three important sections:

* Section 1: Relying Site Study Team Information
* Section 2: Applicable Local Requirements
* Section 3: The Conduct of this Study at the Relying Site

Please carefully review the approved protocol and approved master template consent form and complete the local context questionnaire below and provide any locally required consent form language using the site-specific template provided. **Please Note**: The master template consent is being provided to facilitate your local context review only and is not approved for use to enroll subjects. A site-specific consent form will be created by the JHM IRB using the approved master template consent form and the completed site-specific consent template your site provides.

We strongly recommend that the local context questionnaire be completed as a collaborative effort. Often, to ensure all necessary information is captured, information from the local site PI, in addition to the IRB/institutional contact is required. **Please Note**: Signatures by both the local site PI and the Institutional Contact are required. Please be as careful as possible in completing this questionnaire so that the document does not need to be re-signed.

Study team members with questions about completing this local context questionnaire can contact [INSERT CONTACT NAME] at [INSERT EMAIL ADDRESS]. If your organization’s IRB has questions about this form, please contact Janelle Maddox-Regis at [jmaddox3@jhmi.edu](mailto:jmaddox3@jhmi.edu).

Your contributions to our IRB review process are important and we appreciate your assistance in providing your local context questionnaire.

**Study Title**: Click or tap here to enter text.

**Overall Study PI**: Click or tap here to enter text.

**JHM IRB Protocol:** Click or tap here to enter text.

**Section 1: Relying Site Study Team Information**

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| **Relying Institution Information** | |
| 1. **Legal Name of Relying Institution:** | Click or tap here to enter text. |
| 1. **Name of Relying Site PI:** | Click or tap here to enter text. |
| 1. **Relying Site PI Phone #:** | Click or tap here to enter text. |
| 1. **Relying Site PI Email:** | Click or tap here to enter text. |
| 1. **Name of Relying Site Lead Study Contact:** | Click or tap here to enter text. |
| 1. **Relying Site Lead Study Contact Phone #:** | Click or tap here to enter text. |
| 1. **Relying Site Lead Study Contact Email:** | Click or tap here to enter text. |
| **FWA #:** | Click or tap here to enter text. |
| **FWA Expiration Date:** | Click or tap here to enter text. |
| 1. **Does your FWA require you apply 45 CFR 46 to all studies regardless of funding source (e.g., "check the box")?** | YES NO |
| **List all institutions that are considered components under your FWA:** | Click or tap here to enter text. |
| **Does your site have an IRB?** | YES NO  *If YES, provide the IRB contact information:*  URL for the IRB/HRPP (*if applicable*):  Click or tap here to enter text. |
| 1. **Is your site AAHRPP accredited?** | YES NO |
| **Does your institution require HIPAA authorizations to be separate, or can they be included in the consent form?** | Must be Separate  Can be included in ICF ***Provide any site-required language in the site-specific consent information [SSCI] template. If your site does not have any specific HIPAA authorization language requirements, the JHM HIPAA language [already incorporated into the SSCI template] will be used for your site.*** |
| **Please review the planned list of personnel who will be engaged in human subjects research at your institution and verify that all of your institutionally-required training for the conduct of the research [including human subjects protections training, GCP training, and HIPAA training, as applicable] has been completed for each individual.** | Training Completed  ***Note:******This form should not be submitted for central review if training has not been completed.*** |
| **Are all involved individuals from your institution credentialed and/or appropriately qualified and meet the institution's standards for eligibility to conduct the research as described in the approved protocol?** | I confirm that all involved individuals are credentialed and/or appropriately qualified  ***Note: This form should not be submitted for central review unless all individuals are credentialed and/or appropriately qualified.*** |
| **Did the institution determine there is a relevant individual or institutional financial COI for this protocol?** | YES  NO  ***If yes****:*  (1) Provide a summary of the conflict and management plan or attach documentation:  **Click or tap here to enter text.**  (2)Provide an institutional Point Of Contact for questions related to the local management plan [This person should be someone in the office/entity who prepared the management plan]:  **Click or tap here to enter text.** |

**Section 2: Applicable Local Requirements**

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| 1. **Please review the protocol and template consent and identify areas where there are unique state, local or federal regulatory requirements that apply to the conduct of this study at your site (e.g., legally authorized representatives, state laws regarding confidentiality of specific types of health information, emancipated minors) and describe any steps that must be taken to adhere to these requirements.**   *Note: Only include what’s relevant to the conduct of this study at your site. Please outline any specific changes needed to ensure adherence with the requirements you have identified. This may include site-specific consent form language based on state law requirements [e.g. reportability of test results for infectious diseases]. This information needs to be considered as part of the JHM IRB review.* | Click or tap here to enter text.    **Do any of the applicable local regulatory requirements noted in this section have associated consent form language requirements?**  YES  NO  *If you marked ‘yes’ above, please ensure the applicable consent form language is include in the site specific consent information pages for your site.* |
| 1. **Please review the protocol and template consent and identify any institutional requirements (e.g., policy or procedural requirements such as recruitment, data security, remuneration) that apply to this study and describe any steps that must be taken to adhere to these requirements.**   *Note: Only include what’s relevant to the conduct of this study at your site. Please outline any specific changes needed to ensure adherence with the requirements you have identified. This may include changes to the consent form to include any language required based on local site requirements [e.g. any specific local site policy requirements related to consent for future use of biospecimens].* This information needs to be considered as part of the JHM IRB review*.* | Click or tap here to enter text.  **Do any of the applicable institutional requirements noted in this section have associated consent form language requirements?**  YES  NO  *If you marked yes above, please ensure the applicable consent form language is include in the site specific consent information pages for your site.* |
| **Does your organization require that the IRB grant a waiver of privacy authorization under HIPAA for any of the following recruitment activities?** | Check all that apply:   * Medical record review or other access to PHI (of potential subjects who are patients of the research team) * Medical record review or other access to PHI (of potential subjects who are not patients of the research team) * Telephone or in-person screening prior to the signing of a written privacy authorization   N/A to the conduct of this study at this site |
| **Please identify the ancillary reviews [e.g., radiation safety review, review for research with bio-specimens, drug/device safety review, etc.] that are applicable to this study and are required before the study may be initiated at your site.**  *Please confirm that these ancillary reviews have been completed and provide the outcome of those reviews (including any changes required to the conduct of the study).* | Click or tap here to enter text.  N/A – no ancillary reviews  Ancillary Reviews Completed  *Provide the ancillary review outcome(s) and attach any relevant documentation:*  Click or tap here to enter text. |
| **Are there sources of support that are unique to your site?** | YES  NO  **If *yes***, Check all sources of support (pending or awarded) and indicate the source name:  Monetary  Material or Equipment (e.g., drugs or devices)  None of the above  Click or tap here to enter text. |

**Section 3: The Conduct of This Study at the Relying Site**

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| **Please select the activities that will be performed at your site and/or performed by your site’s employees (select all that apply)** | Enrolling    Consenting    Data/Specimen analysis only    Funding Only    Other: *Click or tap here to enter text.* |
| **Are there any differences to the initial contact and/or recruitment plan at your site from that described in the protocol or associated documents based on local requirements or state law?** | YES  NO  ***If yes****, please describe the differences and specify whether you have attached any site-specific recruitment materials for IRB review:*  Click or tap here to enter text. |
| **Please review the protocol and template consent form and verify that there are sufficient resources available at your site to carry out the research as planned, including study team members with prior clinical trial experience.**  *If any changes are required to the study plan related to the resources available at your site, please outline the required changes.* | YES  NO  ***(Please note: the answer to this must be YES prior to submission)***  Click or tap here to enter text. |
| **Are there any different requirements for how data will be accessed and/or stored at your site from those described in the protocol or associated documents based on local requirements or state laws?** | YES  NO  N/A to this study’s conduct at this site |
| **Are you proposing any variation from the currently approved consent process and/or process for documentation of consent at your site?** | YES  NO  ***If yes***, please describe the differences:  Click or tap here to enter text. |
| 1. **Are there any other different requirements for how the protocol will be implemented and/or conducted at your site based on local requirements or state laws?** | YES  NO  ***If yes***, explain: Click or tap here to enter text. |
| 1. **Please provide a brief description of your institution’s human subjects protection training requirements for researchers and study staff.** | Click or tap here to enter text. |
| 1. **If your institution has a post-approval monitoring program or other regulatory oversight for ongoing research, please provide a description of the monitoring program.** | Click or tap here to enter text. |
| **Please review the protocol and template consent and identify whether there are any special characteristics/concerns of your community of which the reviewing IRB should be aware for this specific study. Please also outline any steps that must be taken to address these concerns.** | Click or tap here to enter text.  None  Characteristics/concerns have been identified.  Explain: Click or tap here to enter text. |
| **It is possible that the JHM SIRB may have additional questions about your local community. Please include the best contact below for additional questions about local site information.** | Local Site Contact Name: Click or tap here to enter text.  Email Address: Click or tap here to enter text.  Phone # Click or tap here to enter text. |

**Board-Specified Study-Specific Questions**

*[See Appendix A for Common Study-Specific Questions that may be added]*

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| *Add study-specific questions here* |  |
| *Add study-specific questions here* |  |
| *Add study-specific questions here* |  |

**Signatures/Attestations**

[USE FOR SMART AGREEMENT]

By signing below, the signatories affirm that they have reviewed the SMART IRB Agreement, Letter of Indemnification and the responsibilities of relying institutions and attest that the information fulfills the relying institutions responsibilities for the provision of local context information.

As specified in the Agreement, Relying Institution is solely responsible for consulting with its own legal counsel to determine whether research reviewed by Reviewing IRB (including but not limited to any consent process or documentation and any HIPAA documentation), meets all other applicable federal, state, and local legal and policy requirements, including but not limited to HIPAA compliance. Relying Institution is solely responsible for identifying all ancillary reviews required by applicable regulation or policy in the Reliance Application and must notify Reviewing IRB of the outcome of such reviews prior to final protocol approval.

[USE FOR NON-SMART AGREEMENT]

By signing below, the signatories affirm that they have reviewed the agreement and attest that the information fulfills the relying institutions responsibilities for the provision of local context information.

As specified in the Agreement, Relying Institution is solely responsible for consulting with its own legal counsel to determine whether research reviewed by Reviewing IRB (including but not limited to any consent process or documentation and any HIPAA documentation), meets all other applicable federal, state, and local legal and policy requirements, including but not limited to HIPAA compliance. Relying Institution is solely responsible for identifying all ancillary reviews required by applicable regulation or policy in the Reliance Application and must notify Reviewing IRB of the outcome of such reviews prior to final protocol approval.

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| Local Site Investigator Signature: | Institutional Contact [e.g. HRPP Lead] Signature:  Role/Title: Click or tap here to enter text. |
| Print Full Name: Click or tap here to enter text. | Print Full Name: Click or tap here to enter text. |
| Contact Phone Number/Email: Click or tap here to enter text. | Contact Phone Number/Email: Click or tap here to enter text. |
| Date of Signature: Click or tap here to enter text. | Date of Signature: Click or tap here to enter text. |

**Appendix A: Supplemental Questions Added on a Study-Specific Basis [as applicable]**

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| *[Add if sites are being added AFTER COVID]*  **Please select one [or more] of the following options as they relate to COVID restrictions on research activities at your site:** | I confirm that there are no COVID-related restrictions that would limit my site’s ability to begin research  My site is not currently permitting this type of research to start  My site has restrictions on specific research activities as described below:  Click or tap here to enter text. |
| *[Add if study is approved for enrollment of adults lacking capacity to consent]*  **Please identify any relevant state law or local policy requirements pertaining who may serve as a legally authorized representatives (LARs) providing informed consent for subjects lacking the capacity to consent. Please confirm that you will adhere to these requirements.** | Click or tap here to enter text. |
| *[Add if study is approved for enrollment of adults lacking capacity to consent]*  **Please identify any relevant state law or local policy requirements for assessing the capacity to consent (and/or determining whether an individual lacks capacity) and describe how capacity to consent will be assessed.** | Click or tap here to enter text. |
| *[Add if study is approved for enrollment of adults lacking capacity to consent]*  **Please provide a description of any site-specific requirements regarding re-consent when using a legally authorized representative. If re-consent is required per local law or institutional policy, please be specific as to whether the re-consent must be conducted in writing. Please provide a link to any applicable local laws or institutional policies related to re-consent.** | Click or tap here to enter text. |

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| *[Add if study includes protocolized drugs/devices]* **Does your site have an ancillary committee/reviewer that has reviewed and approved your plan for drug/device management (e.g., storage, dispensation and/or handling)?** | YES  NO  ***If No,*** *Please describe your institution’s plan for the storage, dispensing and monitoring of the study drug/device.*  Click or tap here to enter text. |
| *[Add if study is using traditional/high-efficacy drugs]*  **Are any of the approved drugs in either the first-line (traditional) therapies or second-line (higher-efficacy) therapies not considered a standard of care option at your site?** | YES  NO  ***If yes***, please explain and explain how this will be addressed at your site:  Click or tap here to enter text. |
| *[Add if Johns Hopkins requires physician consent]* **Does your site have a specific requirement for who may obtain informed consent for this research?** | YES  NO  ***If yes****,* *please describe the requirement and how you will address it.*  Click or tap here to enter text. |

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| *[Add if study is approved for enrollment of non-English speakers]*  **This study is approved for enrollment of non-English speakers. Which of the following applies to your site?** | We plan to target non-English speakers  **Please Note: If you plan to target non-English speakers, you are required to use a translated consent form. Please provide translated site-specific consent information sheet(s) after the English version has been approved.**  We do not plan to target, but may enroll a non-English speaker ***[jump to 3x]***    We will **not** enroll non-English speakers |
| *[Add if study is approved for enrollment of non-English speakers and adjust the options based on whether the study allows for a short form process]* **If your site will not target, but may enroll a non-English speaker, please select one of the following options:** | ☐ We plan to use our site-approved short form  ☐ We plan to use the JHM IRB short form  ☐ My site does not allow use of a short form. We plan to use a translated consent form [**Please provide translated site-specific consent information sheet(s) after the English version has been SIRB-approved**]  ☐ N/A – we will **not** target non-English speakers as indicated above. |

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| *[Add if study is approved for enrollment of pregnant women]*  **Will your site require pregnancy testing to verify eligibility for study participation?** | YES  NO  ***If yes****,* *please include any language in your site-specific consent template.* |
| *[Add if the protocol identifies plans for sharing data outside of the covered entity]*  **Does your institution have any policies related to data security?** | YES  NO  ***If yes****,* *please describe:*  Click or tap here to enter text. |
| *[Add if the protocol identifies plans for sharing data outside of the covered entity]*  **Please confirm that the plans for data sharing as outlined in the protocol comply with your institutional requirements. If additional requirements [e.g. agreements, data security provisions, etc.] are required for your site, please provide a summary of these requirements with your response.** | Click or tap here to enter text. |

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| *[Add if emancipated minors may be enrollment; Section 12.3.0 in the eIRB application indicates males and females less than 18 who can consent for themselves as permitted by law.]*  **Please identify any state law or local policy requirements pertaining to when a minor is emancipated and other requirements/conditions under which a minor can provide consent.** | Click or tap here to enter text. |
| *[Add if mandatory reporting is required]*  **Please provide your institutional or state requirements for HIV testing and STI reporting and also provide the specific required consent language related to these requirements.** | Click or tap here to enter text. |
| *[Add if mandatory reporting is required]*  **Please identify any state law or local policy requirements pertaining to HIV testing/reporting/.** | Click or tap here to enter text. |
| *[Add if the Board* ***REQUIRES*** *physician consent]* **Please confirm that a physician will carry out the consent process for your site and name the physicians approved to consent for this study.** | Click or tap here to enter text. |
| *[Add if the Board indicates specific requirements for who may obtain consent for studies involving termination of pregnancy]*  **Please describe your site’s plan to ensure that the individual(s) involved in obtaining consent for the study are distinct from any individual(s) involved in discussions regarding options for termination of the pregnancy.** | Click or tap here to enter text. |
| *[Add if the Board indicates specific requirements for who may determine viability of a neonate]*  **Please describe your site’s plan to ensure no member of the study team will play a role in determining the viability of the neonate.** | Click or tap here to enter text. |