This is a TIP SHEET that covers common questions and issues. Section G.500 of the NIH Application Guide contains the complete guidance, policies and requirements for completion of the form.

Study Record: PHS Human Subjects and Clinical Trials Information

	OMB Number: 0925-000 Expiration Date: 09/30/202
Section 1 - Basic Information	
Required, must be unique (600 characters max). If a CT, title must match the "Official Title" registers same as the one on the IRB and/or the PI name on the IRB does not match the lead of the study, the	
1.1. * Study Title (each study title must be unique)* Is this Study Exempt from Federal Regulation	ns?
1.2. Exemption Number Multiple selections are permitted Yes No	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	8
1.3. * Clinical Trial Questionnaire Once "NO" is selected, all subsequent responses must also be "No"	lo." It's a CT only if all responses are Yes.
If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.	
1.4.a. Does the study involve human participants? 1.4.b. Are the participants prospectively assigned to an intervention? 1.4.c. Is the study designed to evaluate the effect of the intervention on the participants? 1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome	Yes No Yes No Yes No Yes No Yes No
1.4. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable	
Registration of a CT is required 21 days after enrollment of the first participant; then include the NCT#	on the next RPPR.
Section 2 - Study Population Characteristics	
2.1 Conditions or Focus of Study Can enter up to 20 conditions. Identify the name(s) of the disease(s) he study. Use appropriate descriptors from NLM's Medical Subject Headings (MeSH) so the application condition. If a CT, this field should match the ClinicalTrials.gov field Primary Disease or Condition Beir Add New Condition 2.2. Eligibility Criteria List the study's inclusion and exclusion criteria; if a CT, should match the ClinicalTrials.gov	on can be categorized. Include an entry for eaching Studied in the Trial, or the Focus of the Study.
NOTE for 2.3 — 2.4: If using an existing dataset, resource, or samples that may have been considered address inclusion as above and provide details about the sex/gender, race, and ethnicity for the exist appropriate to the scientific goals of the proposed study.	
2.3. Age Limits Minimum Age Maximum	n Age
For CT, matches ClinicalTrials.gov field (Age Limits).	
2.3.a. Inclusion of Individuals Across the Lifespan Exclusion of any specific age or age range group (e.g., children or older adults) should be justified in the	Add Attachment Delete Attachment View Attachment
	Add Attachment Delete Attachment View Attachment
Describe the planned distribution of subjects by sex/gender, race, and ethnicity and scientifically justify	any exclusions.
2.5. Recruitment and Retention Plan	Add Attachment Delete Attachment View Attachment
Required unless research is X4 and X4 is the only exemption chosen, or if an existing database is bein	<mark>g used.</mark>
2.6. Recruitment Status choose from menu Not required for X4. For CTs, should match ClinicalTrials.gov field (Overall Recruitment Status).	
2.7. Study Timeline	Add Attachment Delete Attachment View Attachment
Deptional except for CT 2.8 Enrollment of First Participant Required unless it's a	n existing database or only X4 research
2.9 Inclusion Enrollment Report(s) Required unless it's only X4 research. A Study Record can have	e more than one IER and IERs should represent

each participant once and not duplicate participants in different IERs. If it is a CT, use one Study Record with one IER, so that it will match up with what will be registered with clinicaltrials.gov. Manually enter planned enrollment. For RPPRs, when entering Cumulative enrollment, use the Participant Level Data template, which will auto-populate ages. For RPPRs for CTs, first update enrollment at clincialtrials.gov and then upload the data into the HSS system.

Add Inclusion Enrollment Report

OMB Number: 8925-977 Expiration Date: 93/90/202

Inclusion Enrollment Report

Remove Inclusion Enrolment Report

1. Inclusion Enrollment Report Title (unique title if more than 1 IER	
2. Using an Existing Dataset or Resource?	If YES, enter enrollment in the Cumulative Table and not under Planned Enrollment.
3. Enrollment Location Type	IDeA: foreign sites not allowed; non-IDeA Domestic sites allowed only if funded by non-IDeA source
4. Enrollment Country(ies) optional	
X	B
Add New Country	
5. Enrollment Location(s) optional. This is the site of the research r	not the recruitment site
6. Comments (optional)	

Planned

	Ethnic Categories									
	Not Hispani	ic or Latino	Hispanic	Total						
Racial Categories	Female	Male	Female	Male						
American Indian/Alaska Native	0	0	0	0	0					
Asian	0	0	0	0	0					
Native Hawaiian or Other Pacific Islander	0	0	0	0	0					
Black or African American	0	0	0	0	0					
White	0	0	0	0	0					
More than One Race	0	0	0	0	0					
Total	0	0	0	0	0					

Cumulative (Actual)

	Ethnic Categories									
Racial Categories	Not Hispanic or Latino			Hisp	anic or La	tino	Unknown/Not Reported Ethnicity			Total
	Female	Male	Unknow n/Not Reporte d	Female	Male	Unknow n/Not Reporte d	Female	Male	Unknow n/Not Reporte d	
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	(
Asian	0	0	0	0	0	0	0	0	0	(
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	(
Black or African American	0	0	0	0	0	0	0	0	0	(
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	(
Total	0	0	0	0	0	0	0	0	0	0

Instructions for Participant Level Data Upload 20

Participant level data file (CSV):



•	ects					Add Attachment	Delete Attachment	View Attachment
ng Exemptions: justify why I, size, and complexity. Mus	t have 4 section	s: Risks to H	<mark>luman Subjec</mark> t	ts, Adequacy c	f Protection	n Against Risks, P	otential Benefits of t	<mark>he Proposed</mark>
h to Research Participants ate protections for vulnerab					ed. Be sur	e that informed as	ssent is included if ap	oplicable and
s this a multi-site study the name only if this is non-exempt h								e domestic site
Yes No	N/A							
ingle IRB plan attachmen	t					Add Attachment	Delete Attachment	View Attachmer
ata and Safety Monitorin	•					Add Attachment	Delete Attachment	View Attachmer
Vill a Data and Safety Mo								amulation is involv
Yes No No No	GMS wants a Do pard (DSMB). A D	SMP, which s	hould include	oversight by ei	her an IMM	<mark>1 (Independent Me</mark>	risk or a vulnerable pedical Monitor) or a Denotification of seriou	ata Safety and M
ارات Overall Structure of the S	ours. cudy Team	Only requir	ed for CTs			Add Attachment	Delete Attachment	View Attachmer
on 4 - Protocol Synopsis	Entire Section 4	is only required	TIOI CTS. Relei t	o instructions for	equired com	tent.		
tudy Design								
.1.a. Detailed Description								
.1.b. Primary Purpose								
	pe							
.1.c. Interventions	pe							
1.c. Interventions	pe							
1.c. Interventions X Intervention Ty Name								
.1.c. Interventions X Intervention Ty Name Description Add New Interv								
.1.c. Interventions X		defined Pha	se III clinical	trial?	∕es [□ No		
Name Description Add New Interv. 1.d. Study Phase	ention	defined Pha	se III clinical	trial?	Yes [No		

4.1.g. Allocation

4.2. Outcome Measures						
x Name						
Туре						
Time Frame						
Brief Description						
Add New Outcome						
4.3. Statistical Design and Power	consult a statis	stician!		Add Attachment	Delete Attachment	View Attachment
4.4. Subject Participation Duration						
4.5. Will the study use an FDA-regulated in 4.5.a. If yes, describe the availability of Device Exemption (IDE) status		☐ Yes	☐ No	New Drug (IND)/I	nvestigational	
				Add Attachment	Delete Attachment	View Attachment
4.6. Is this an applicable clinical trial unde	r FDAAA?	Yes	☐ No			
4.7. Dissemination Plan				Add Attachment	Delete Attachment	View Attachment
equirements: Agree to register trial in consent forms that clinical trial infor fter primary completion date in Clinica	mation will be po	sted at Clinica	ITrials.gov, a	gree to report i	results no later t	han one year
OTES for CT: All clinical trials must post orms can be posted at ClinicalTrials.gov or osted AFTER enrollment closes and no la	r Regulations.gov.	Non-English co	nsent forms ca	an only be poste	d to Regulations.	gov. Must be

In HSS, you will need to add Section 6. Milestones pre-award or at the next RPPR. If it's a CT, the milestones must match what's in CT.gov.

Delete Attachments

Add Attachments

Only required for CTs AND only if required by the FOA.

View Attachments

Section 5 - Other Clinical Trial-related Attachments

5.1. Other Clinical Trial-related Attachments