**Protocol Template**

Research Requirements:

The research question and methodology is written in sufficient detail to permit evaluation of the merit of the project. The research should include all of the required elements applicable to the research such as, but not limited to:

* Research rationale and objectives
* Design and detailed description of methodology
* Eligibility criteria, description of the population to be studied
* Recruitment and consent process
  + Please include a section that addresses participant recruitment and screening.
    - specify how many participants you are aiming to recruit
    - describe how potential participants will be identified and by whom.
    - Will you be obtaining consent from these potential participants? If yes, how? If not, request and justify a waiver of consent that meets TCPS 2 Article 3.7A conditions
    - describe any recruitment strategies planned, e.g. Flyer, social media, referrals from circle of care.
  + Please include a section that addresses your consent process. This section should clarify:
    - who will be conducting the consent discussion and obtaining consent
    - where (in person? Over the phone/virtually?)
    - how capacity will be assessed (if necessary)
    - participants will be given a signed copy of the ICF
* Research interventions
* Treatment allocation (if applicable)
* Primary and secondary outcome measures
* Assessment of safety
  + include a section that addresses the known and potential risks/harms to the participant
* Sample size justification
* Data analysis
* Data monitoring

1. Please include a section that addresses participant withdrawal (when and how a participant may withdraw/be withdrawn).
2. Please include a section that addresses any participants who are lost to follow-up
3. For each of the research activities required at each study visit, please provide the role of the team member who will be performing the study-related activity.
4. Please include a section that addresses all reasonably foreseeable benefits, to the participant, as well as indirect benefits to the individual or society in the future, if applicable.
5. Please include a section that addresses protocol deviation reporting.
6. Please include a section that describes record retention.
7. Please include a section that addresses privacy and confidentiality.
8. Please include a section that addresses funding.
9. Please include a section that addresses conflict of interest.
10. Please include a section that addresses publication/data sharing.
11. Please include a section that addresses any future secondary use of data.

CLINICAL TRIAL PROTOCOL AND PROTOCOL AMENDMENT(S)

The contents of a trial protocol should generally include the following topics. However, site

specific information may be provided on separate protocol page(s), or addressed in a separate

agreement, and some of the information listed below may be contained in other protocol

referenced documents, such as an Investigator’s Brochure.

1.0 General Information

1.1 Protocol title, protocol identifying number, and date. Any amendment(s) should also bear

the amendment number(s) and date(s).

1.2 Name and address of the sponsor and monitor (if other than the sponsor).

1.3 Name and title of the person(s) authorized to sign the protocol and the protocol

amendment(s) for the sponsor.

1.4 Name, title, address, and telephone number(s) of the sponsor's medical expert (or dentist

when appropriate) for the trial.

1.5 Name and title of the investigator(s) who is (are) responsible for conducting the trial, and

the address and telephone number(s) of the trial site(s).

1.6 Name, title, address, and telephone number(s) of the qualified physician (or dentist, if

applicable), who is responsible for all trial-site related medical (or dental) decisions (if

other than investigator).

1.7 Name(s) and address(es) of the clinical laboratory(ies) and other medical and/or technical

department(s) and/or institutions involved in the trial.

2.0 Background Information

2.1 Name and description of the investigational product(s).

2.2 A summary of findings from nonclinical studies that potentially have clinical

significance and from clinical trials that are relevant to the trial.

2.3 Summary of the known and potential risks and benefits, if any, to human subjects.

2.4 Description of and justification for the route of administration, dosage, dosage regimen,

and treatment period(s).

2.5 A statement that the trial will be conducted in compliance with the protocol, GCP and the

applicable regulatory requirement(s).

2.6 Description of the population to be studied.

2.7 References to literature and data that are relevant to the trial, and that provide

background for the trial.

3.0 Trial Objectives and Purpose

A detailed description of the objectives and the purpose of the trial.

4.4 Trial Design

The scientific integrity of the trial and the credibility of the data from the trial depend

substantially on the trial design. A description of the trial design, should include:

4.1 A specific statement of the primary endpoints and the secondary endpoints, if any, to be

measured during the trial.

4.2 A description of the type/design of trial to be conducted (e.g., double-blind, placebocontrolled, parallel design) and a schematic diagram of trial design, procedures and

stages.

4.3 A description of the measures taken to minimize/avoid bias, including:

(a) Randomization.

(b) Blinding.

4.4 A description of the trial treatment(s) and the dosage and dosage regimen of the

investigational product(s). Also include a description of the dosage form, packaging, and

labelling of the investigational product(s).

4.5 The expected duration of subject participation, and a description of the sequence and

duration of all trial periods, including follow-up, if any.

4.6 A description of the "stopping rules" or "discontinuation criteria" for individual subjects,

parts of trial and entire trial.

4.7 Accountability procedures for the investigational product(s), including the placebo(s) and

comparator(s), if any.

4.8 Maintenance of trial treatment randomization codes and procedures for breaking codes.

4.9 The identification of any data to be recorded directly on the CRFs (i.e., no prior written

or electronic record of data), and to be considered to be source data.

5.5 Selection and Withdrawal of Subjects

5.1 Subject inclusion criteria.

5.2 Subject exclusion criteria.

5.3 Subject withdrawal criteria (i.e., terminating investigational product treatment/trial

treatment) and procedures specifying:

(a) When and how to withdraw subjects from the trial/ investigational product treatment.

(b) The type and timing of the data to be collected for withdrawn subjects.

(c) Whether and how subjects are to be replaced.

(d) The follow-up for subjects withdrawn from investigational product treatment/trial

treatment.

6.6 Treatment of Subjects

6.1 The treatment(s) to be administered, including the name(s) of all the product(s), the

dose(s), the dosing schedule(s), the route/mode(s) of administration, and the treatment

period(s), including the follow-up period(s) for subjects for each investigational product

treatment/trial treatment group/arm of the trial.

6.2 Medication(s)/treatment(s) permitted (including rescue medication) and not permitted

before and/or during the trial.

6.3 Procedures for monitoring subject compliance.

7.1 Assessment of Efficacy

7.1 Specification of the efficacy parameters.

7.2 Methods and timing for assessing, recording, and analysing of efficacy parameters.

8.1 Assessment of Safety

8.1 Specification of safety parameters.

8.2 The methods and timing for assessing, recording, and analysing safety parameters.

8.3 Procedures for eliciting reports of and for recording and reporting adverse event and

intercurrent illnesses.

6.8.4 The type and duration of the follow-up of subjects after adverse events.

9.1 Statistics

9.1 A description of the statistical methods to be employed, including timing of any planned

interim analysis(ses).

9.2 The number of subjects planned to be enrolled. In multicentre trials, the numbers of

enrolled subjects projected for each trial site should be specified. Reason for choice of

sample size, including reflections on (or calculations of) the power of the trial and

clinical justification.

9.3 The level of significance to be used.

9.4 Criteria for the termination of the trial.

9.5 Procedure for accounting for missing, unused, and spurious data.

9.6 Procedures for reporting any deviation(s) from the original statistical plan (any

deviation(s) from the original statistical plan should be described and justified in protocol

and/or in the final report, as appropriate).

9.7 The selection of subjects to be included in the analyses (e.g., all randomized subjects, all

dosed subjects, all eligible subjects, evaluable subjects).

10.0 Direct Access to Source Data/Documents

The sponsor should ensure that it is specified in the protocol or other written agreement that the

investigator(s)/institution(s) will permit trial-related monitoring, audits, IRB/IEC review, and

regulatory inspection(s), providing direct access to source data/documents.

11.0 Quality Control and Quality Assurance

12.0 Ethics

Description of ethical considerations relating to the trial.

13.0 Data Handling and Record Keeping

14.0 Financing and Insurance

Financing and insurance if not addressed in a separate agreement.

15.0 Publication Policy

Publication policy, if not addressed in a separate agreement.

16.0 Supplements