IRB Wise Serious Adverse Event (SAE) Example and Guidance

This presentation includes an example of a serious adverse event (SAE) submission in IRB Wise and also includes guidance for each section of the submission. The screen shots are of an example and the responses are not to be taken as the correct response. Each study is different, and therefore each response and each section will need to be filled out to tailor to your study. Please contact the Office of Research Integrity Assurance if you have any questions.

Start Page on IRB Wise

earch by Protocol Number: Go				Select One RBWISE, Principal Investigator
 Protocols for Principal Investigator 	clerts my protocols my account		Holding to	reswee, rinepa investigato
now: All of My Submissions		1		Submit New Protoco
age: [1] <u>2</u> <u>Show All</u>				
ubmission	Protocol Title	Current Status	Current Approval Period	Last Update
mendment #1 for TEST STUDY - 1	Test Study	Approved		12/12/2019
otocol TEST STUDY - 1	Test Study	Approved	12/12/2019 - 12/11/2020	12/12/2019
otocol		New		02/19/2018
otocol		New		02/06/2018
otocol TEST2016	Examining the clinical motivations for personalized health technology	Withdrawn		08/26/2016
otocol		New		07/22/2016
otocol	Demo BME 1300	Withdrawn		06/02/2016
otocol	BME1300	Withdrawn		06/02/2016
otocol	Test 123	New		01/19/2016
otocol	Demo for HCI	Withdrawn		08/28/2015
otocol Test123	Renu Test with OIT 508	Closed	11/22/2013 - 11/21/2014	09/22/2014
otocol	testing #2 mpowell	New		11/22/2013
otocol	Test Protocol	Withdrawn		04/09/2009
otocol	222	Withdrawn		10/29/2008
otocol	Test Protocol	Withdrawn		10/29/2008
otocol	BME 1300 Demo 2008	Withdrawn		10/29/2008
otocol	BME PM Lab 2008	Withdrawn		10/29/2008
estigator Brochure #1 for null	222	Withdrawn		09/03/2008
otocol	bmed1300 demo protocol	Withdrawn		10/11/2006
otocol al count: 20	BME 1300-	Withdrawn		10/11/2006

Visit the <u>Georgia Tech IRB Website</u> All e-mail will go to sudagar.sundaram@gtri.gatech.edu instead of the real recipient.

To submit an SAE, please click "My Protocols" (circled in red) at the top of the screen and then select the study that the event is associated with.

Reporting an SAE

Home Feedback Logout S IRBWISE Search by Protocol Number: Go Tasks: Select One T ✓ With PI ✓ With Department Head Approval Submitted to IRB ✓ Under Review Final Disposition ▶ Summary of Protocol TEST STUDY - 1 Select One Grant Access to Protocol permissions history Report Adverse Event details summary Report Deviation Protocol TEST STUDY - 1 Report SAE Title: Test Study **Report Study Closure** Current Status: Approved Principal Investigator: Principal Investigator Last Activity: 12/12/2019 - Amendment #1 for TEST STUDY - 1 Approved by IRB Admin Assigned: Scott Samuel Katz **Request Amendment** Committee Assigned: Original Approval Start: 12/12/2019 **Request Continuing Review Review Type:** Current Approval Period: 12/12/2019 - 12/11/2020 print *

Protocol Summary

Protocol Description:	
Protocol Department:	
Research Personnel:	1 personnel
Researcher Certifications:	1 1 researcher has no active certification 1
Amendments:	1 Amendment request created, 1 approved
Continuing Reviews:	none
SAE's/Adverse Event's:	none
Protocol Deviations:	0 Protocol Deviations created »Report Protocol Deviation
Study Closures:	0 Study Closures created
Research Funding:	none
Research Locations:	none
Research Subjects:	none
Vulnerable Populations:	none
Key Words:	none
Documents:	none

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> Once in the selected study, please click the Tasks drop-down menu and select "Report SAE."

SAE Form:	
Where was the subject enrolled?	Off Site •
Date of SAE:	December V 20 V 2019 V
Subject's Initials or Study #:	SSK
Type of Report:	Initial v
Number of Subjects currently enrolled:	Locally: 10 Total, if multi-center study: 0
Number of SAE's that have occurred:	On site: 0 Off site : 1
Research Involved:	□ Procedure □ Drug Name of Drug(s): ✓ Device Name of Device(s): Exoskeleton
Has this type of SAE been reported before?	No
Could this type of SAE occur again?	Yes T
Has the SAE been reported to the Sponsor/Federal Agency?	Yes V If yes, Date Reported: December V 22 V 2019 V
The SAE occured:	within 30 days of treatment
Was the event associated with or the cause of any the following?	Severe or Permanent Disability </td
If other, provide a brief description:	editor windo
s it possible or likely that the SAE was caused by the drug, device, or procedure?	Yes
Has the consent form been revised as a result of the SAE?	Yes ▼ If yes, enter date the Amendment was filed: January ▼ 5 ▼ 2020 ▼
f consent has not been revised, please explain why changes to the consent form are unnecessary based on the SAE	editor windo
A narrative, and supporting documentation describing the SAE, MUST be associated with this form.	<u>Upload Documents</u>
Save and Stay Here Save and Finish Later Save and Submit Form >>	

When reporting an SAE, you will need to fully describe the issue that occurred by completing the whole section. Additionally, you will need to provide a narrative that fully describes the event. This narrative must be uploaded in the "Upload Documents" section circled in red.

▶ Attach Documents to SAE for TEST STUDY - 1

Attach New Documents:

Back

None			
Currently Attached Document	ts		
		Attach This Document	Continue Application
Document Type:	Response to the IRB		
Delivery Method:	Electronic Upload Select File: Choose File SAE Event Diption.docx		
Document Title:	SAE Event Detailed Description		

After clicking "Upload Documents," you will be asked to provide a title for the document, the document type, and then to upload the document. When ready, click "Attach the Document."

Attacl	h Documents to	SAE for TEST STUDY - 1				
SUCCESS	Document added succ	cessfully.				
Attach New	Documents:					
	Document Title:					
	Delivery Method:	Electronic Upload Select File:	Choose File No file chosen			
	Document Type:	Select One	•			
Currently A	ttached Documen	ts		Attach This Doc	rument Continue Application	
Select	Document Title		Document Type	Method Sent	File Name	File Submission Date
0	SAE Event Deta	illed Description	Response to the IRB	Uploaded	SAE Event Detailed Description.docx (download)	January 10, 2020
Modify/Rep Back	olace Delete					

When ready to continue, please click "Continue Application."

Where was the subject enrolled?	Off Site •
Date of SAE:	December • 20 • 2019 •
Subject's Initials or Study #:	SSK
Type of Report:	Initial v
Number of Subjects currently enrolled:	Locally: 10 Total, if multi-center study: 0
Number of SAE's that have occurred:	On site: 0 Off site : 1
Research Involved:	□ Procedure □ Drug Name of Drug(s): ☑ Device Name of Device(s):
Has this type of SAE been reported before?	No
Could this type of SAE occur again?	Yes T
Has the SAE been reported to the Sponsor/Federal Agency?	Yes V If yes, Date Reported: December V 22 V 2019 V
The SAE occured:	within 30 days of treatment
Was the event associated with or the cause of any the following?	Severe or Permanent Disability T
If other, provide a brief description:	editor window
Is it possible or likely that the SAE was caused by the drug, device, or procedure?	Yes
Has the consent form been revised as a result of the SAE?	Yes Yes If yes, enter date the Amendment was filed: January January 2020
If consent has not been revised, please explain why changes to the consent form are unnecessary based on the SAE	editor window
A narrative, and supporting documentation describing the SAE, MUST be associated with this form.	Upload Documents
Save and Stay Here Save and Finish ater Save and Submit Form >>	

After uploading your documents, click "Save and Submit Form" when you are ready to submit the SAE.

SAE Form:

SAE Report Details

Date of SAE:	December 20, 2019
Where was the subject enrolled?	Off Site
Subject's Initials or Study #	SSK
Type of Report:	Initial
Number of Subjects Currently Enrolled Locally:	10
Total Number of Subjects Currently Enrolled (if multi-center study):	0
Number of SAE's that have occured:	0 On-site, 1 Off-site
Research Involved:	Device: Exoskeleton
Has this type of SAE been reported before?	No
Could this type of SAE occur again?	Yes
Has the SAE been reported to the sponsor?	Yes Date Reported: December 22, 2019 11:46 AM
The SAE occured:	within 30 days of treatment
Was the event associated with or the cause of an of the following?	Severe or Permanent Disability
Is it possible or likely that the SAE was caused by the drug, device, radiation, or procedure?	Yes
Has the consent form been revised as a result of the SAE?	Yes
Please explain why the changes to the consent form are unnecessary based on the SAE.	null
List of attached documents:	Document Title Document Type File Submission Date Document Approval Date SAE Event Detailed Description (download) Response to the IRB January 10, 2020 Image: Comparison of the IRB
Supplemental Documents:	File Name Submitted Date Submitted By None
Comment:	
	editor window
File Uploaded:	upload file
Edit SAE Information Submit Adverse Event to the IRB >>	

After clicking "Save and Submit Form," you will be asked to review all of the information that you have provided. If this information is accurate, then please click "Submit Adverse Event to the IRB." If any infomration needs to be changed, then please click "Edit SAE Information."

Office of Research Integrity Assurance Georgia Institue of Technology irb@gatech.edu Congratulations! You have officially submitted your SAE to the IRB.

Please contact the Office of Research Integrity Assurance if you have any questions regarding the submission process.

Office of Research Integrity Assurance Georgia Institute of Technology Dalney Street Building 926 Dalney Street NW, Atlanta, GA 30332-0415 Email: IRB@gatech.edu Website: https://oria.gatech.edu/irb