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|---------------|--|
| IRB NUMBER    |  |
| PROTOCOL NAME |  |
| INVESTIGATOR  |  |

**Emergency Use of an Unapproved Drug or Biologic<sup>1</sup>**

**1. Exemption Criteria for Emergency Use of an Unapproved Drug or Biologic.** (Check if "Yes". All must be checked.)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The patient is (was) confronted by a disease or condition that is (was) either:  |
| <input type="checkbox"/> | Life-threatening (diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted and diseases or conditions with potentially fatal outcomes, where the end point of clinical trial analysis is survival) |
| <input type="checkbox"/> | Severely debilitating (diseases or conditions that cause major irreversible morbidity).  |
| <input type="checkbox"/> | The situation necessitates (necessitated) the use of the investigational drug or biologic.   |
| <input type="checkbox"/> | No generally acceptable alternative for treating the patient is (was) available.   |
| <input type="checkbox"/> | There is (was) insufficient time to obtain IRB approval.   |
| <input type="checkbox"/> | The treating physician will document (has documented) in the medical record that the above findings were met.  |
| <input type="checkbox"/> | The treating physician will report (has reported) the use to the IRB within 5 working days with documentation that the above findings were met.  |
| <input type="checkbox"/> | The FDA has (had) issued an IND or will authorize (has authorized) shipment of the test article in advance of the IND submission   |
| <input type="checkbox"/> | The use is (was) <b>NOT</b> research subject to DHHS regulation see CHECKLIST: Human Research Determination (HRP-310).   |

**NOTE: Section 2 or 3 must be met**

**2. Consent Criteria** (Check if "Yes". All must be checked, if approving for an ICF.)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Informed consent will be (was) sought from the patient or the patient's legally authorized representative, in accordance with and to the extent required by 21 CFR §50. See CHECKLIST: Criteria for Approval (HRP-314). |
| <input type="checkbox"/> | Informed consent will be (was) documented in accordance with and to the extent required by 21 CFR §50.27. See CHECKLIST: Criteria for Approval (HRP-314).   |

**3. Exception Criteria for Consent** (Check if "Yes". All must be checked, if approving for an EXCEPTION to an ICF.)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The patient is (was) confronted by a life-threatening situation necessitating the use of the test article.  |
| <input type="checkbox"/> | Informed consent cannot (could not) be obtained from the patient because of an inability to communicate with, or obtain legally effective consent from, the patient.              |
| <input type="checkbox"/> | Time is (was) insufficient to obtain consent from the patient's legal representative.   |
| <input type="checkbox"/> | There is (was) no available alternative method of approval or generally recognized therapy that provides an equal or greater likelihood of saving the life of the patient.        |
| <input type="checkbox"/> | The treating physician will document (has documented) in medical record that the above findings were met.   |
| <input type="checkbox"/> | The treating physician will report (has reported) the use to the IRB within 5 days with documentation that the above findings were met.   |
| <input type="checkbox"/> | If certification took place after the use of the drug or biologic, all of the following are true: ("N/A" if certification took place before the use) <input type="checkbox"/> N/A |
| <input type="checkbox"/> | Immediate use of the test article was, in the investigator's opinion, required to preserve the life of the patient.   |
| <input type="checkbox"/> | Time was insufficient time to obtain the independent determination a physician uninvolved in the clinical investigation.  |
| <input type="checkbox"/> | The treating physician will document (has documented) in the medical record that the above findings were met.   |
| <input type="checkbox"/> | The treating physician's report to the IRB within 5 working days will document that the above findings were met.  |

<sup>1</sup> Emergency use of an unapproved drug or biologic is a clinical investigation and must comply with 21 CFR §50 and 21 CFR §56.



**Institutional Review Board**  
**Worksheet: Emergency Use**

NUMBER | HRP-322

**Emergency Use of an Unapproved Device<sup>2</sup>**

|   |   |
|---|---|
| <b>4. Criteria for Emergency Use of an Unapproved Device</b> (Check if "Yes" or "N/A". All must be checked, if approving for a Device.) |   |
| <input type="checkbox"/>  | The patient is (was) confronted by a life-threatening disease or a serious condition requiring immediate use of the device.                     |
| <input type="checkbox"/>  | The situation necessitates (necessitated) the immediate use of the device.  |
| <input type="checkbox"/>  | No generally acceptable alternative for treating the patient is (was) available.  |
| <input type="checkbox"/>  | There is (was) insufficient time to use existing procedures to obtain FDA approval of an IDE.   |
| <input type="checkbox"/>  | There is (was) substantial reason to believe that benefits will (would) exist.  |
| <input type="checkbox"/>  | The treating physician will document (has documented) in the medical record that the above findings were met.                                   |
| <input type="checkbox"/>  | The treating physician will report (has reported) the use to the IRB within 5 working days with documentation that the above findings were met. |
| <input type="checkbox"/>  | One of the following is true:   |
| <input type="checkbox"/>  | There is (was) no IDE.  |
| <input type="checkbox"/>  | The treating physician wants (wanted) to use the device in a way not approved under an existing IDE.  |
| <input type="checkbox"/>  | The treating physician is (was) not part of an IDE study.   |
| <input type="checkbox"/>  | One of the following is true:   |
| <input type="checkbox"/>  | There is an IDE and the treating physician has (had) authorization from the sponsor.  |
| <input type="checkbox"/>  | There is no IDE and the treating physician will notify (has notified) FDA of the emergency use within 5 working days.                           |
| <input type="checkbox"/>  | The treating physician will follow (has followed) the procedures below if time permits (check all that apply):                                  |
| <input type="checkbox"/>  | Concurrence of an IRB Chair.  |
| <input type="checkbox"/>  | Informed consent from the patient or legally authorized representative.   |
| <input type="checkbox"/>  | Clearance from the institution as specified by policy.  |
| <input type="checkbox"/>  | The use is (was) <b>NOT</b> research subject to DHHS regulation. See CHECKLIST: Human Research Determination (HRP-310).                         |

<sup>2</sup> FDA does not consider the emergency use of an unapproved device to be clinical investigation and FDA does not require compliance with 21 CFR §50 and 21 CFR §56. The requirements are based on FDA guidance.