Version 1.0 of a protocol receives final signoff from the DAIDS Regulatory Affairs Branch (RAB) and is submitted to Network Operations Centers for distribution to sites. The Network Operations Center distributes Version 1.0 to your site.

A participant enrolled in a phase III, randomized, double-blind, placebo-controlled clinical trial evaluating the safety and efficacy of a new investigational anti-inflammatory agent develops severe abdominal pain and nausea one month after randomization. Subsequent medical evaluation reveals gastric ulcers. The IRB-approved protocol and informed consent document for the study indicated that the there was a 10% chance of developing mild to moderate gastritis and a 2% chance of developing gastric ulcers for subjects assigned to the active investigational agent. The investigator concludes that the subject's gastric ulcers resulted from the research intervention and withdraws the subject from the study. A review of data on all participants enrolled so far reveals that the incidence of gastritis and gastric ulcer are within the expected frequency.

A participant in a study presents with liver failure due to diffuse hepatic necrosis without any underlying liver disease. Protocol-related documents and other relevant sources of information only refer to elevated hepatic enzymes or hepatitis as potential adverse events related to the procedures involved in the research.

IRB submissions have been made on time, but the IRB is extremely slow to respond, and the site can't move forward with the study without the IRB approval.

A subject enrolled in a multicenter clinical trial receives a dose of an experimental agent that is 10-times higher than the dose dictated by the IRB-approved protocol due to a processing error by a pharmacy technician. While the dosing error increased the risk of toxic manifestations of the experimental agent, the subject experienced no detectable harm or adverse effect after an appropriate period of careful observation.

A female participant exposed to study agent F due to her involvement in a clinical trial gives birth to a child. Clinicians note a major cardiac defect at birth along with several clinically insignificant physical findings. The congenital anomaly is determined to be unexpected and there is reasonable possibility of relation to the study agent.

Your site investigator receives an off-site AE report that does not result in a change to the study risk and does not require modifications to study documents.

A protocol is amended to add urine collection to an approved study.

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A research participant files a complaint to clinic research staff regarding a clinic nurse performing a procedure at a recent study visit in which the nurse was not qualified to perform.

Per updates in federal regulations, informed consent forms will require additional elements related to use of de-identified information, use of biospecimens, and potential for commercial profit and return of clinically relevant results. Your research site elects to update the informed consent form to reflect these new elements for ongoing studies, ahead of when the policy becomes effective for all new studies.