DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372

IN REPLY REFER TO:
BUMEDINST 6000.4D
BUMED-28
23 December 1981

BUMED INSTRUCTION 6000.4D

From: Chief, Bureau of Medicine and Surgery

Subj: Clinical Investigation Program (CIP)

Ref: (a) DOD Directive 6000.4 (NOTAL)
(b) BUMEDINST 3900.3B
(c) BUMEDINST 6710.49
(d) SECNAVINST 3900.39A
(e) DODINST 3216.1 (NOTAL) (A
(f) BUMEDINST 3900.7 (A
(g) NAVMED P-5020, Financial Management Handbook

Encl: (1) Regional Clinical Investigation Centers
(2) Clinical Investigation Study Proposal, MED 6000-3, Part 1
(3) Clinical Investigation Budget Estimate, MED 6000-3, Part 2
(4) Required Elements of Consent (A
(5) Clinical Investigation Outline for Informed Consent
(6) Clinical Investigation Situational Report, MED 6000-4
(7) Clinical Investigation Cost Summary, MED 6000-5, Part 1
(8) Clinical Investigation Civilian Personnel, MED 6000-5, Part 2
(9) Clinical Investigation Budget Report (A
(10) Clinical Investigation Resources Summary Estimate, MED 6000-6

1. Purpose. To state Navy policy for conducting and managing clinical investigations, to assign responsibility for the program, and to outline review and reporting requirements, approval authority, and funding procedures. (R

2. Cancellation. BUMEDINST 6000.4C and report control symbols MED 6000-7, 6000-8, and 6000-9.

3. Definition. Clinical investigation is any research program, project, task, test, experiment, evaluation, or similar undertaking both in humans and by directly related laboratory work involving clinical problems of concern in the health care of members of the military community, including active duty and retired personnel, and their dependents. (A

4. Scope. Under reference (a), this instruction applies to all naval medical activities and all elements in the Clinical Investigation Program (CIP). Excepted are research proposals unique to the operational mission of the Navy and Marine Corps that shall be supported through the Director of Defense Research and Engineering (DDR&E) under reference (b). (R

R) 5. Policy and Objectives

a. Clinical investigation is an essential component of optimum medical care and teaching in the Navy. CIP embraces organized inquiry into clinical health problems and is organized to meet the following objectives:

(1) To achieve continuous improvement in the quality of patient care.

(2) To encourage clinical investigation especially by personnel assigned to naval hospitals where postgraduate educational programs are conducted.

(3) To maintain an atmosphere of inquiry consistent with the dynamic nature of the health sciences.

(4) To maintain high professional standing and accreditation of advanced health education progams.

(5) To provide experience in the mental discipline of investigation for personnel who will ultimately be teaching chiefs in military hospitals, departmental chairpersons in the Uniformed Services University of the Health Sciences, and medical specialty consultants or major program directors.

b. The principal investigator must be an active duty member of either the Medical, Medical Service, Dental, Nurse, or Hospital Corps.

6. Organization and Function

R) a. Director, Clinical Investigation Program (DCIP). The Navy CIP is established within the Naval Health Sciences Education and Training Command (HSETC), headed by a director. Under the Commanding Officer, HSETC, the DCIP is responsible for the overall management of CIP. The DCIP shall:

(1) Establish policies and regulations on clinical investigation.

(2) Serve as focal point for CIP.

(3) Exercise final approval authority for CIP proposals.

(4) Determine, program, and support total resource needs.

(5) Provide information about CIP to everyone eligible to participate.

(6) Conduct an annual inspection of each regional medical activity conducting research.

(7) Ensure compliance with Federal regulations.

(8) Coordinate the review process with the BUMED Naval Investigational Drug Review Board (NIDRB) under reference (c).

b. Regional Clinical Investigation Center (RCIC). The RCIC's are established as outlined in enclosure (1). The Director of the Clinical Investigation Center (DCIC) shall be appointed by the respective commanding officer and shall administer the local CIP. The DCIC shall: (R

(1) Enforce policies outlined by the DCIP.

(2) Promote, manage, and support clinical investigations within allocated resources.

(3) Establish procedures to review proposals submitted.

(4) Ensure compliance with reporting requirements.

(5) Serve as coordinator of clinical investigation for the hospital and serve as the principal liaison with the Regional Scientific Review Committee (RSRC) and the Committee for the Protection of Human Subjects (CPHS).

c. Regional Scientific Review Committee (RSRC). The RSRC shall review all investigation proposals for scientific adequacy, set priorities for support, and recommend action to the commanding officer. A RSRC shall be established at each regional medical center having a RCIC. Suggested membership includes the DCIC as chairman; at least three other chiefs of service or senior staff medical officers knowledgeable in clinical investigation; and a representative of the Dental Corps, Medical Service Corps, Nurse Corps, and a nonvoting fiscal representative. (A

d. Committee for the Protection of Human Subjects (CPHS). The CPHS shall review all clinical investigation protocols involving human subjects and recommend action to the commanding officer. This committee shall be composed of members who, by virtue of their background, experience, and training are qualified to evaluate the acceptability of proposals for medical safety, applicable laws and regulations, moral and ethical standards, and community attitudes. The composition and function of this committee is explained in reference (d). (A

7. Submission Requirements

a. New Study Proposals. RCIC's requesting the use of an investigational drug, device, or biologic, shall submit four copies of each (R

proposal in the format of enclosures (2) and (3). (All other proposals require two copies.) Enclosure (4) lists the elements of consent, as required by Federal law. An outline for informed consent is attached, enclosure (5).

(1) Send all proposals to HSETC Code 31, via the appropriate DCIC, as indicated in enclosure (1).

(2) New proposal submissions originate with the individual investigator. Chairmen of departments or chiefs of service may require a clinical investigation as part of a residency or other training program.

(3) The RSRC should satisfy itself that the investigator is sufficiently knowledgable in the proposed area of clinical investigation; that the investigator's proposal demonstrates a specific need for investigation; that it is scientifically sound; that the objectives are realistic; that the approach is sufficiently detailed and presents a logical plan to accomplish the objectives within a reasonable time; that the resources requested are reasonable and justified in the conduct of the study; and that all requirements of this instruction are met.

(4) After approval by the RSRC, proposals may require additional review.

(a) CPHS. Reviews and approves all proposals using human subjects as directed in paragraph 6d of this instruction.

(b) Nuclear Medicine Committee. Reviews and approves all proposals when radioactive agents will be used in a study.

(c) Animal Care and Use Committee. - Reviews and approves all research proposals involving animals. The membership of this committee should be representative of the various users, and at least one of the members should be a doctor of veterinary medicine. The committee shall ensure that the provisions of references (d), (e), and (f) are followed. The committee is responsible for specifically considering the following:

1 The scientific rationale and appropriateness of using the animal species selected for the study, especially those animals endangered or threatened with extinction. The proposal rationale should describe and reference previous research that fully supports use of the species.

2 The study is properly planned, carried out, and terminated with due and acceptable regard for the welfare and safety of the animals. The animal procedures shall be described in the proposal in sufficient detail to permit this evaluation. Adequate facilities, equipment, and personnel should be available to provide appropriate animal care and humane research ultilization. The approximate number, sex, weight, and ages of animals shall be indicated.

3 The study is designed and conducted to avoid inflicting needless pain and distress. The proposal should include the type of anesthetics, analgesics, tranquilizers (drug and dose) used to minimize pain and discomfort, and a detailed explanation as to why these classes of drugs cannot be used if the experimentation is likely to cause pain or discomfort. The agent and technique used for euthanasia, if appropriate, shall be indicated.

4 Adequate safeguards against the introduction of potentially biohazardous agents or substances into or from the study environment shall be implemented and monitored.

(5) All proposals require the appropriate commanding officer's endorsement.

b. HSETC (DCIP) shall: (R

(1) Assign a permanent clinical investigation file number to each proposal.

(2) Review the study including personnel and other resources support.

(3) Forward for review by other sources as required.

(4) Notify the RCIC forwarding the proposal of the DCIP's action and recommendation.

(5) Continually monitor the ongoing CIP through periodic followup reporting and onsite visits.

8. Funding (R

a. OPN and O&MN. The CIP is a special program authorized by reference (a), with O&MN and OPN funds provided through BUMED to support the individual clinical investigation studies and the RCIC's. Costs are charged against the approving activity's CIC monies provided for this program (investment equipment must be fully identified and justified under BUMEDINST 4235.5). Requests for changes or deletions of CIP approved investment equipment must be submitted to HSETC Code 31 via the appropriate RCIC.

b. Travel. Travel funds to support the presentations of approved clinical investigation studies shall be provided within available resources. Requests for travel funds must be initiated by the individual investigator and forwarded by separate correspondence to HSETC Code 31. The following information must be provided:

(1) Name, grade, SSN.

(2) Investigator's duty station.

(3) Clinical investigation study number.

(4) Study title.

(5) Organization sponsoring the meeting and proposed dates of attendance.

(6) Estimated travel costs, per diem, and fees.

(7) Attach a copy of acceptance letter.

(8) Endorsement by the appropriate DCIC.

(9) Endorsement by the appropriate commanding officer.

R) 9. Reporting Requirements

Title	Type	Due Date	Requiring Encl.
Clinical Investigation Situational Report	Progress Report	01 May	(6)
	Change	Situational	(6)
	Termination	Situational	(6)
	Completion	Situational	(6)
Clinical Investigation Cost Summary	Summary Report of Past Costs	01 Dec	(7)
Clinical Investigation Civilian Personnel	Personnel	01 Dec	(8)
Clinical Investigation Budget Report	Individual Budget Report	01 Dec	(9)
Clinical Investigation Resources Summary Estimate	Resources Summary Report	01 May	(10)

a. Periodic and Situational Reporting. Such reporting is required on all approved clinical investigation studies. All DCIC's shall show cost effectiveness where applicable. Enclosure (6) format, showing the estimated resources required and progress of the study, must be submitted to HSETC Attn: DCIP via the area RCIC as follows:

(1) Progress. A progress report to HSETC Code 31 is required annually by 1 May on each approved study. Failure to file this report by 1 May may result in immediate termination of the study.

(2) Change. Submit significant changes in an approved study, for example, change of investigator, unusual delays, change in objectives, or new funding requirements. A change report may be combined with the progress report provided it does not result in a delay of more than 30 days. (Enclosure (6)).

(3) Termination Report. Submit when the objectives are not met or when directed by HSETC. The reasons for termination should be fully justified, and submitted within 30 days of the termination. Include the actual total dollar outlay (O&MN and OPN) since the study's inception through the proposed termination date and a summary report of the study's findings. (Enclosure (6)).

(4) Completion Report. Submit within 30 days of the study's completion. This should be an accurately prepared detailed summary containing an abstract and complete bibliography of all publications and presentations resulting from the study in a format suitable for publication. (Enclosure (6)).

b. CIP Management Reports. Submit to HSETC Code 31.

(1) Summary Report of Costs. All activities having approved clinical investigation studies shall submit an annual summary report of costs for the immediate past fiscal year by 1 December. Summary data on funds expended from the CIP budget as well as costs from other contributing sources must be provided (e.g., pharmaceutical firms, foundations, other government agencies) using enclosures (7), (8), and (9).

(2) Resources Estimate Future Fiscal Years. Regional medical centers with RCICs must submit the fiscal year resource requirements for the next 2 fiscal years (enclosure (10)) annually by 1 May.

(3) Presentations and Publications. A list of the published and presented papers with pertinent information, shall be included within the annual progress report, enclosure (6).

c. Expense Elements. Each RCIC is required to furnish the Comptroller, HSETC Code 001 a quarterly expense element report, utilizing the expense elements listed in reference (q).

10. Acknowledgment Credit. The principal investigator of an approved clinical investigation study shall ensure that any presentation or publication resulting from such studies acknowledges and identifies the Naval Medical Department CIP as the sponsor of the study. The assigned CIP number shall also be included in any presentation, publication, or

written reference to the study. Acknowledgement to be as follows: "This study has been sponsored and supported by the Bureau of Medicine and Surgery, Clinical Investigation Program # _____."

11. Reports. The reporting requirements listed below have been approved for 2 years from the date of this instruction.

Symbol	Title
MED 6000-3 (part 1)	Clinical Investigation Study Proposal
MED 6000-3 (part 2)	Clinical Investigation Budget Estimate
MED 6000-4	Clinical Investigation Situational Report
MED 6000-5 (part 1)	Clinical Investigation Cost Summary
MED 6000-5 (part 2)	Clinical Investigation Civilian Personnel
MED 6000-5 (part 3)	Clinical Investigation Budget Report
MED 6000-6	Clinical Investigation Resources Summary Estimate

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