Navigating Ethics & Compliance Online System (ECOS) User Guide

Institutional Review Board (IRB) Module

(ECOS User Guide – IRB Module, Ver 1, 9 May 24)



© National Healthcare Group Pte Ltd

Table of Contents

IRB Dashboard

- Submission List
- Endorsement
- My Study List

New Application Form

- Creation of Application Form
- Study Site and Study Investigator
- Study Funding
- Exemption Application
- Clinical Trial

New Application Form (Cont'd)

Study Involving:

Human Biological Material

- Recording of Study Procedures on Audiotape, Film/video, or Other Electronic Medium
- Use of Software or Mobile Applications
- ➤ Medical Device
- Vulnerable Populations
- Waiver of:
 - Documentation of Informed Consent
 - Informed Consent for HBR and non-HBR
 - Informed Consent during Emergency Situation for Clinical Trial and HBR

Table of Contents

New Application Form (Cont'd)

- Consent obtained from research participant previously
- De-identified Data
- Features of Application Form

Submission Workflow

Other Forms

- Amendment (AMD)
- Study Status Report (SSR)
- Study Deviation/ Non-Compliance Report (DNC)
- Serious Adverse Event Report (SAE)
- UPIRTSO Report (UPT)
- Other Study Notification (OSN)

Track Changes

Export

Query - Pending PI Reply

Study Summary

IRB Dashboard – Submission List

E ECOS				Submi	ission List			ΨÇ
Configuration	•				+ New Applicatio	on Form + New Other Forms	🖽 Columns 🛃	Export Trilter(1)
🔮 CRMS	•	ECOS Ref	≑ ∣ IRB	🔷 Form Ref	Form Type	Form Status	Study Title	PI/Site-PI Nar Action
K FCOI	•	2023-0014	CIRB-Board B	2023-0014-APP2	Application	Pending PI Reply	QY05 (NCC) (Manual Unlock)	Dr NCC_BU(N 🔘
IRB	•	2023-0373	CIRB-Board B	2023-0373-APP2	Application	Pending Endorsement	QY28 (For Triage) ROC raise query	Dr NCC_BU(N NCC_BU(Sing 🗿 Unit (IMU))
Endersement		2023-0381	CIRB-Board B	2023-0381-APP1	Application	Pending Endorsement	QY30 (Retest) - to remove ttsh site	Dr NCC_BU(N 🧿
My Study List		2023-0380	CIRB-Board B	2023-0380-APP1				
, cluby 2.01		2023-0369	CIRB-Board D	2023-0369-APP1	• The Su	Ibmission List	Shows all	the forms
		2023-0155	CIRB-Board B	2023-0155-APP2	The '+ N creation	New Application of a new study ap	Form ' button plication.	allows the
		2023-0063	CIRB-Board B	2023-0063-APP2	Ihe '+ I search t	New Other Form for the approved	ns' button allo d study and	select the
		2023-0066	CIRB-Board B	2023-0066-APP2	different	form type for subr	nission.	
		2023-0177	CIRB-Board B	2023-0177-APP1	Application	Pending Endorsement	QY25 (NCC, TTSH - multi site, TTSH DR reject, TTSH remove)	Dr NCC_BU(N 🗿
							QY24 (NCC, TTSH - multi	Dr NCC BU(N 🥿

IRB Dashboard – Endorsement

E ECOS				E	ndorsement		ٹ	₽ ●
Onfiguration	•					🖽 Columns	s 🛃 Export	Filter(2)
🔮 CRMS	•	Form Ref	🔶 IRB	Study Title	PI/Site-PI Name	Department	Institution	Action
K FCOI	•							
ा RB	•							
Submission List Endorsement My Study List					 Endorsement di Site-Pl's ded Research O Endorsement Institution Research 	splays the list of forms claration ffice Check (if applicat nt by Department Repr epresentative	s that require ole) resentative a	es: and

IRB Dashboard – My Study List

E ECOS				My Stud	y List			<u>ٹ</u>	Q O
Onfiguration	•						Columns	🛃 Export	Filter
CRMS	•	ECOS Ref	🚔 IRB	Study Status	🗘 🛛 Study Title 🗘 🌲	PI/Site-PI Name	Initial Review Category	Outcome Dat	Action
FCOI	•	2023-0033	CIRB-Board F	 Review Process Terminated By IRB 	CR11 Application K (NCC) with query (pending PI reply), IRB terminate	Dr NCC_PI 2(National Cancer Centre (NCC))	Administrative	23-Nov-2023	0
Submission List	•	2023-0074	CIRB-Board F	 Review Process Terminated By IRB 	CR09b Application I (NCC), without query IRB to terminate.	Dr NCC_PI 2(National Cancer Centre (NCC))	Administrative	23-Nov-2023	0
Endorsement		2023-0075	CIRB-Board F	Pending Review	CR12 Application L (NCC) pending endorsement, PI submit withdraw request	Dr NCC_PI 2(National Cancer Centre (NCC))	-		0
My Study List		2023-0078	CIRB-Board F	 Pending Review 	CR04a Application D (SGH+NCC, sponsored (CRO, create CRMS), send to A, triage to F, triage F to F; remove SGH at Pending PI reply) and rHBR, to test withdraw requests	Dr NCC_PI 2(National Cancer Centre (NCC)),Dr SGH_PI(Singapore General Hospital (SGH))	-		0
		2023-0080	CIRB-Board F	 Withdrawn 	CR15 Application C pending secretariat up, PI submit withc request, withdraw	My Study studies that th	List shows ne user is inv	all the olved in.	•
		2023-0084	CIRB-Board F	• Ongoing	CR05 Application E and Exm S3+SSR); exempt review, change to expedited; PI submit withdraw request, reject withdraw (w/o dashboard); change to full board	Dr NCC_PI 2(National Cancer Centre (NCC))		28-Nov-2023	<u>َ</u>

Creation of New Application Form

IMPORTANT NOTE!

1. Please save before navigating to the next section or when exiting the form.

2. Please ensure that you are added into the CRMS system to have continued access to this study, if you are not an Investigator listed at Section B2 of this Form.

3. Please do not paste tabular data (tables) or images in the textbox. If required, please submit them as Attachments in the relevant sections.

- 4. When a document has been amended to replace an existing document:
 - a. Please ensure that both the clean and tracked copies are uploaded.

b. A version number and date should be reflected within documents used for the purpose of this research. Where a version number and/ or date is included in the file name, do ensure that it is the same as that stated within the document.

c. Please remove the obsolete copies as only the latest version is required.



 Click on 'Close' button to proceed with the creation of form.

Х

 Complete Section A: Study Title, Section B: Submission IRB and Board, at least 1 Study Site and 1 Principal Investigator to save draft.

Study Site and Study Investigator

K Back to Submission List	Submission Detail	Ŧ Ô 🔵				
ECOS Ref: -						
Form Detail						
Application Form	 For study site with multiple location, available options will appear in Section B2 (a). Please select the study 		X Cancel 🔒 Save			
○ No B2. Study Site and Study Investigator	location where applicable. Kindly note that multiple	location where applicable. Kindly note that multiple				
B2 (a) Please select the study sites and investigator:	study location can be selected.		Section B: Submission			
Study Site List		+ Add	Section C: Study Fundi			
Study Site	Location Endorsement needed Action	n	Section D: Study Type a			
*	Yes v Save	Cancel				
Investigator List		+ Add	Refer to			
Study Site Name	Study Role Email	Designatio	next slide			
B2. (b) Study Sites (For Information Only) ⑦	Please note that study site listed in B2 (b) is only for inform	ation				
Note: Other local/ overseas site (The sites lister in and the IRB's approval will not include any of the sites.						

Adding Study Investigator

Add	🕞 Save	
* Study Site Only	/ study site added would be a	available
	•	
* Name Se	arch via full name or email a	ddress
Please enter	Q	
* Study Role	elect study role	
	•	
Profile and Minimum Tra	ining	
-		
* Conflict of Interest	Indicate if there are any cont	flict of interes
🔵 Yes 💽 No		



Minimum Training Requirement

B2. Study Site and Study Investigator

B2 (a) Please select the study sites and investigator:

Study Site List

Study Site	Location	Endorsement neede	d
* Singapore Eye Research Institute (SERI)	V	∨ ¥ Yes	V
Investigator List			
Designation	Department	Institution	Profile and Minimum Training
Consultant	Glaucoma	Singapore Eye Research Institute (SERI)	Complete

- After user is added to study team, a link to 'Details' will be provided to view user profile and their minimum training status.
- Do a mandatory check to find out if the user had completed the minimum training requirement to conduct the study, the status will be as follows:
 - ✓ Complete: The user had fulfilled the minimum training requirement.
 - ✓ Incomplete: The user had not completed the minimum training requirement to conduct the type of study (e.g. Clinical Trials, HBR, non-HBR, SBE). Therefore, the form cannot be submitted.

Study Funding - Grant

Application Form

*C1. (b) (i) Name of Grant Agency:	
Others	\checkmark
*C1. (b) (i) Others chosen, please specify Name of Grant Agency	
*C1. (b) (ii) Grant Holder: Provide the name of the Grant Holder	 0
*c1. (b) (iii) Grant Amount Applied for: [®] Specify Grant Amount, if amount is in other currency, please amend accordingly.	
C1. (b) (iv) Has the grant been approved?	
 • If there are chan 	oproval, please
O Yes	
No *C1. (b) (v) (l) Please state alternate funding State the alternate funding if study initiation is not dependent on grant approval	

Study Funding - Pharmaceutical/ Industry Sponsored

Application Form	
*C1. (c) (i) Name of Sponsor Company Provide the name of the Sponsor Company	 Please provide Sponsor and Clinical Research Organisation
	(CRO) details in CRMS module.
*C1. (c) (ii) Is the sponsor offering any incentive connected with research participant recruitment or completion of research st research staff? ⑦	udy (e.g. finder's fee, recruitment bonuses etc.) that will be paid to the
⊖ Yes	
○ No	
*C1. (c) (iii) Will the sponsor be providing monitoring? Indicate if sponsor would be providi	ng monitoring
○ Yes	
○ No	
*C1. (c) (iv) Would the sponsor be responsible for the payment and compensation of injury or illness to research participants	arising from participation in the study? ⑦
⊖ Yes	
○ No	
*C2. Will the funding/sponsor cover all research-related costs e.g., drugs, devices, procedures, tests and visits?	
⊖ Yes	
○ No	
Not applicable - no research-related costs	

Exemption Studies

K Back to Submission List	Submission Detail	Ł	Ļ ●
ECOS Ref: - 📋			
Form Detail			
Application Form		X Cancel	Save
*D1. Form Type: Please select the appropriate form for submission.		Section A: Stud	ly Title
Application Form		Section B: Sub	mission
• Exemption Application Form			
Category S1 – Research in Established or Commonly Accepted Educational Settings ⑦		Section C: Stud	ly Fundi
Category S2 – Research that Only Involves Educational Tests, Surveys, Interviews, or Observation of Po	ublic Behaviour ⑦	Section D: Stuc	Ју Туре а
Category S3 – Research Involving Benign Behavioural Interventions ⑦		Section E: Des	earch M
Category S4 – Secondary Research Using Biospecimens or Private Information. ⑦		Section E. Rest	
Category S5 – Taste and Food Quality Evaluation and Consumer Acceptance Studies ⑦		Section F: Exer	mption R

- To submit studies for exemption, choose 'Exemption Application Form' in Section D1 and select the exemption application categories.
- Section E: Research Methodology & Section F: Exemption Review Criteria will then appear for completion.

Research conducted in established or commonly accepted educational settings that involves normal educational practices that are not likely to adversely impact student's opportunity to learn required educational content or the assessment of educators who provide instruction.



- Research on regular and special education instructional strategies
- Research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

- Research that only involves educational tests, surveys, interviews, or observations of public behavior that meets at least one of the following criteria:
 - a. Information obtained is recorded by investigator in such a manner that the identity of human subjects cannot readily be ascertained, directly or through identifiers to subjects;
 - b. Any disclosure of human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to subjects' financial standing, employability, educational advancement or reputation; or
 - c. Information obtained is recorded by the investigator in such a manner that the identity of the human subjects can be readily be ascertained, directly or through identifiers linked to the subjects and there are adequate provisions to protect the privacy of subjects and maintain the confidentiality of data.

Example

 Interview consisting of audio-recording but does not record any identifying information about the information. (This example meets criteria a. above.)

- Research involving benign behavioural interventions which are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:
 - a) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.
 - b) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing.

Examples

 Research required participants to play online game, solve puzzle under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

- Secondary research using identifiable biospecimens or private information, if
 - a. It uses publicly available identifiable biospecimens or private information; or
 - b. The information will be recorded by the investigator in such a way that the identity of the subjects cannot be readily ascertained, and the investigator will neither contact the subjects nor re-identify subjects.

Note: Secondary research is re-using information and/ or biospecimens that are collected for some other "primary" or "initial" study. This exemption is not applicable for Human Biomedical Research regulated under the HBRA

Examples

A researcher who examine an existing publicly-available database.

- Taste and food quality evaluation and consumer acceptance studies:
 - a. If wholesome foods without additives are consumed, or
 - b. If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe.

Examples

 Participants were asked to taste a set of novel snacks to determine consumers' preferences. The set of novel snacks contain food ingredients found to be safe.

Clinical Trial

	Submission Detail	4 Ç 🔶
ECOS Ref: - 🗐		
Form Detail		
Application Form		X Cancel 🕞 Save
D1. Form Type: Please select the appropriate form for submission.		Section A: Study Title
Application Form		
Exemption Application Form		Section B: Submission
*D2. Study Classification: Please determine which set of regulations would govern the study (or any	part of the study).	Section C: Study Fundi
(a) Clinical Trial - Regulated by Health Products Act/ Medicines Act (HSA)		,
(b) Human Biomedical Research - Regulated by Human Biomedical Research Act (MOH)		Section D: Study Type a
C (c) Restricted Human Biomedical Research – Regulated by Human Biomedical Research Act (MOH)		
(d) Others – The study is not regulated by Health Products Act/ Medicines Act (HSA) nor Human Biome	dical Research Act (MOH)	Section G: Research M
*D2. (a) Please indicate the Phase of the Trial.		Section H: Research D
		۱ ا
•	To submit clinical trial study choose 'Application	Section T: Research Da
*D3. Does the study involve any of the following? Please select where applicable (more tha	Form in Section D1 and select 'Clinical Irial -	Other Attachments
Questionnaire/ Survey/ Interview/ Focus Group Discussion	Regulated by Health Products Act/ Medicines Act	Declaration of Principal
Medical Records Review		
	(HSA) in Section D2.	
Use of Software or Mobile Applications	Section H: Research Details- Clinical Trials (Drug)	
Medical Device (including Telehealth Medical Device. Please refer to HSA website to determine	will there are conformer and there	
Surgical / Radiotherapy Procedure	will then appear for completion.	
Interventions/ Invasive procedures		/
None of the above		

Study involving Human Biological Material

K Back to Submission List	Submission Detail	₽ Ċ ●
ECOS Ref 📋		
Form Detail		
Application Form		X Cancel Save
*D1. Form Type: Please select the appropriate form for submission.		Section A: Study Title
Application Form Exemption Application Form	If study involves Human Biological Material,	Section B: Submission
*D2. Study Classification: Please determine which set of regulations would govern the study (or any part of the study).	choose 'Application Form' in Section D1	Section C: Study Fundi
(a) Clinical Trial - Regulated by Health Products Act/ Medicines Act (HSA)	and select 'Human Biological Material' in	
(b) Human Biomedical Research - Regulated by Human Biomedical Research Act (MOH) (c) Restricted Human Biomedical Research - Regulated by Human Biomedical Research Act (MOH)	Section D3	Section D: Study Type a
(d) Others – The study is not regulated by Health Products Act/ Medicines Act (HSA) nor Human Biomedical Research Act (MC	• Section W: Biological Materials Usage &	Section G: Research M
*D3. Does the study involve any of the following? Please select where applicable (more than 1 can be selected).	Section W. Diological Materials Usage &	
Questionnaire/ Survey/ Interview/ Focus Group Discussion	Storage and Section X: Data & Safety	Section I: Research Da
Medical Records Review	Monitoring will then appear for completion.	Section W: Biological M
V Human Biological Material		
Recording of Study Procedures on Audiotape, Film/video, or Other Electronic Medium		Section X: Data & Safet
Use of Software or Mobile Applications		Other Attachments
Medical Device (including Telehealth Medical Device. Please refer to HSA website to determine if your product is considered N	Adical Device in Singapore.)	
Surgical / Radiotherapy Procedure		Declaration of Principal
Interventions/ Invasive procedures		
None of the above		

Study involving Human Biological Material

K Back to Submission List Submission	Add X
ECOS Ref 🗐	≠W1. (a) (i) Type of human biological material:
Form Detail	
Application Form Select 'Human biological materials will be obtained	•W1. (a) (ii) How will they be collected?
 *W1. Please select where applicable: i. Human biological materials will be obtained prospectively ii. Existing human biological materials will be used prospectively' if excess (additional amount catered for 	0 characters entered #W1. (a) (iii) Amount to be collected and frequency of collection:
Please state the type of human biological materials used and de Please include the frequency of collection, the amount to be collected. How are the human biological materials identified? How are the human biological materials identified?	0 characters entered *W1. (a) (iv) Total amount required for the research study:
- Where will human biological material be stored during the study?	0 characters entered
	*W1. (a) (v) How human biological material would be identified?
No Data	•W1. (a) (vi) Where will human biological material be stored during the study?
 In Section W1, click on 'Add' and complete with information of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Human Biological Material that will be a sector of the Biological Material that will be a sector	with the pe used.

Study Involving Recording of Study Procedures on Audiotape, Film/video, or Other Electronic Medium

✓ Back to Submission List	Submission Detail	Ł Ģ ●
ECOS Ref: -		
Form Detail Application Form •D1. Form Type: Please select the appropriate form for submission. Application Form Exemption Application Form •D2. Study Classification: Please determine which set of regulations would govern the study (or a (a) Clinical Trial - Regulated by Health Products Act/ Medicines Act (HSA) (b) Human Biomedical Research - Regulated by Human Biomedical Research Act (MOH) (c) Restricted Human Biomedical Research – Regulated by Human Biomedical Research Act (MOH) (d) Others – The study is not regulated by Health Products Act/ Medicines Act (HSA) nor Human Biomedical	If the study involves recording of study procedures, choose 'Application Form' in Section D1 and select 'Recording of Study Procedures on Audiotape, Film/video, or Other Electronic Medium' in Section D3. Section U: Research Data – Recording of study procedures on audiotape, film/video, or other electronic medium. will then appear for completion.	Cancel Section A: Study Title Section B: Submission Section C: Study Fundi Section D: Study Type a Section G: Research M
*D3. Does the study involve any of the following? Please select where applicable (more than 1 can be se	lected).	Section T: Research Da
Questionnaire/ Survey/ Interview/ Focus Group Discussion Medical Records Review Human Biological Material		Section U: Research D
Recording of Study Procedures on Audiotape, Film/video, or Other Electronic Medium		Other Attachments
Use of Software or Mobile Applications Medical Device (including Telehealth Medical Device. Please refer to HSA website to determine if your prod Surgical / Radiotherapy Procedure Interventions/ Invasive procedures None of the above	luct is considered Medical Device in Singapore.)	Declaration of Principal

Study Involving the Use of Software or Mobile Applications

✔ Back to Submission List	Submission Detail	± Q ●
ECOS Ref		
Form Detail	If the study involves the use of software or mobile	
Application Form	applications choose 'Application Form' in Section	X Cancel Save
*D1. Form Type: Please select the appropriate form for submission.	D1 and select 'Use of Software or Mobile	Section A: Study Title
Exemption Application Form	Applications' in Section D3.	Section B: Submission
Study Classification: Please determine which set of regulations would govern the study (or an (a) Clinical Trial - Regulated by Health Products Act/ Medicines Act (HSA)	Section V: Research Data – Use of software or	Section C: Study Fundi
(b) Human Biomedical Research - Regulated by Human Biomedical Research Act (MOH)	mobile applications will then appear for completion.	Section D: Study Type a
 (c) Restricted Human Biomedical Research – Regulated by Human Biomedical Research Act (MOH) (d) Others – The study is not regulated by Health Products Act/ Medicines Act (HSA) nor Human Biomedical 		Section G: Research M
*D3. Does the study involve any of the following? Please select where applicable (more than 1 can be selec	ted).	Section T: Research Da
Questionnaire/ Survey/ Interview/ Focus Group Discussion Medical Records Review		Section V: Research Da
Human Biological Material		Other Attachments
Recording of Study Procedures on Audiotape, Film/video, of Other Electronic Medium		Other Attachments
Medical Device (including Telehealth Medical Device. Please refer to HSA website to determine if your product	is considered Medical Device in Singapore.)	Declaration of Principal
Surgical / Radiotherapy Procedure		
Interventions/ Invasive procedures		
None of the above		

Study Involving the Use of Software or Mobile Applications

Back to Submission List	Submission Detail	÷ Ó ●
ECOS Ref: - 🗐		
Form Detail		
Application Form		X Cancel Save
*V1. Please select the type of software(s) applicable and state the name of software (including th	nird party and mobile applications): ⑦	Section A: Study Title
V1. (a) Telehealth Medical Device		Costion D: Outmission
V1. (b) Telehealth Wellness Device		Section B. Submission
V1. (c) Others	In Section V please provide the detailed information of	Section C: Study Fundi
 V2. Please describe the following: What data would be collected via the telehealth device? Where the data would be stored? 	the software or mobile applications that would be used.	Section D: Study Type a
 Who have access to the data? How would the research data confidentiality be protected? 		Section G: Research M
		Section T: Research Da
*V3. Assurances by Principal Investigator.	0 characters entered	Section V: Research Da
The use of usage of the software or a mobile application and storage of data will be in complia	ance with institution policy.	Other Attachments
I agree with the above statement.		Declaration of Principal

Study Involving Medical Device (including Telehealth Medical Device)

K Back to Submission List	Submission Detail	4 Q 🔵
ECOS Ref 🗐		
Form Detail		
Application Form	If the study involves medical device (including telehealth medical device), choose 'Application Form' in Section D1 and select	X Cancel Save
•D1. Form Type: Please select the appropriate form for submission.	'Medical Device (including Telehealth Medical Device. Please	Section A: Study Title
Exemption Application Form	refer to HSA website to determine if your product is	Section B: Submission
*D2. Study Classification: Please determine which set of regulations	considered Medical Device in Singapore.)'	Section C: Study Fundi
(a) Clinical Trial - Regulated by Health Products Act/ Medicines Act (F (b) Human Biomedical Research - Regulated by Human Biomedical F	Section I: Research Data – Use of Medical Device and Section	Section D: Study Type a
 (c) Restricted Human Biomedical Research – Regulated by Human B (d) Others – The study is not regulated by Health Products Act/ Medicine 	X: Data & Safety Monitoring will then appear for completion.	Section G: Research M
*D3. Does the study involve any of the following? Please select where appli	icable (more than 1 can be selected).	Section I: Research Det
Questionnaire/ Survey/ Interview/ Focus Group Discussion		
Medical Records Review		Section T: Research Da
Human Biological Material		
Recording of Study Procedures on Audiotape, Film/video, or Other Electroni	c Medium	Section X: Data & Safet
Use of Software or Mobile Applications		
Medical Device (including Telehealth Medical Device. Please refer to HSA w	ebsite to determine if your product is considered Medical Device in Singapore.)	Other Attachments
Surgical / Radiotherapy Procedure		Declaration of Dringing!
Interventions/ Invasive procedures		Declaration of Principal

None of the above

Study Involving Medical Device (including Telehealth Medical Device)

K Back to Submission List Submission Def	Add
ECOS Ref: -	■Medical Device
Form Detail	O characters entered af1. (a) Is the medical device used as a prototype (including modified devices) under in this study? Yes
Application Form I1. Please state the name of the medical device(s) that will be tested or studied in this research (including product name and brand/ manufacturer) (No No No No No, It is registered as an In-Vitro Diagnostic (IVD) Medical Device No, it is unregistered
Add	eH. (c) Will you be submitting or have submitted the Clinical Research Material Notification (CRM-N) to HSA for the medical device? Yes No
No Data	sH. (d) Is this a US FDA IDE study or data is intended to be reported to FDA in support of an IDE Application? Yes No
	If the pressed bettermine the fisk level of the medical device to research participants: This is not a significant risk medical device This is a significant risk medical device #1. (g) Please describe on the storage, inventory and control of the medical device?
	O characters entered elf. (h) Who will be responsible for administering the medical device? Trained study learn member Research participants Others elf. (i) Please describe how the unused or returned medical device will be managed at the completion of this research study.
In Section I1, click on 'Add' and complete with the information of the Medical Device that will be used.	O characters entered #1. (j) Please attach the supporting documents for the medical device (e.g., device brochure, product catalogue(s), product information sheet/leaflet(s), directions/instructions for use, insert, labelling (if appropriate and/or applicable), safety data, image/photograph/diagram of device(s), etc.)

Study Involving Vulnerable Populations

K Back to Submission List		Submission Detail	÷ Ç •
ECOS Ref: - 🗐		If the study involves Vulnerable Populations, choose 'Applic's Form' in Section D1. In Section D4, select 'Yes' for involvement	
Form Detail		recruitment and select the group of vulnerable would be involved in Section D4(a) .	e populations that
Application Form	•	The following sections will then appear for conselection:	npletion based on
*D4. Would the study involve recruitment?		 Section K: Pregnant women, Foetuses & Section L: Children 	Neonates
• Yes		Section M: Prisoners	
○ No		Section N: Cognitive Impaired Person	
*D4. (a) Would the study involve recruitment of any of the following as rese	arch pa	articipants?	Section C: Study Fundi
Not applicable, the study does not involve vulnerable participants			
Pregnant Women, Foetuses & Neonates			Section D: Study Type a
Children			
Prisoners			Section G: Research M
Cognitive Impaired Person		Section J: Recruitment	
Other Vulnerable Population			
*D5. Please select the applicable type(s) of consent for the study.		Section T: Research Da	

Study Involving Vulnerable Populations – Pregnant Women, Foetuses & Neonates

K Back to Submission List	Submission Detail	± 0 ●
ECOS Ref: -		
Form Detail	If the study involves Viable Neonates, please select 'Children'	
Application Form	under Section D4(a) instead.	X Cancel Save
*K1. Please indicate if your research involves: Note: If the study involves Viable Neonates, please s	select "Children" under Section D4.	Section D: Study Typ ⁽⁾
Pregnant Women and Foetuses		Section G: Research M
Neonates of Uncertain Viability and/or Nonviable ne	onates	
*K2. Describe if preclinical studies, including studies	on pregnant animals, and clinical studies including studies on non-pregnant women, have been	Section H: Research D…
conducted and data is available to assess risks to p	regnant women and foetus.	Section J: Recruitment
	0 characters enter	Section K: Research Pa
∗K3. Describe how the risks to the foetus will be mini	mized.	Section T: Research Da
	0 characters enter	Other Attachments
∗K4. Describe the additional safeαuards that will be α	provided to protect the rights, safety and welfare of these vulnerable research participants.	Declaration of Principal

Study Involving Vulnerable Populations – Children

A Back to Submission Li	ist Submission Detail	Ł	₽ ●
ECOS Ref: - 1 • Form Detail Application F	Please indicate if study involved removal of human tissues not primarily for or diagnostic purpose from children who lacks sufficient unders intelligence to give consent ? Note: Human tissues refer to any human biolog except those excluded from definition of human tissue per First Schedule of HBF > To provide more information about the human tissues that would be remove	r therape tanding jical mate RA) ed.	eutic and rials,
 *L3. Does the study invo to give consent? Note: Yes 	olve removal of human tissues not primarily for therapeutic or diagnostic purpose from children who lacks sufficient understanding and intelligence Human tissues refer to any human biological materials, except those excluded from definition of human tissue per First Schedule of HBRA)	Section A: Study Section B: Subm	Title
	tune of human tissues	Section C: Study	Fundi
		Section D: Study	Type a
	0 characters entered	Section G: Resea	arch M…
*L3. (b) The removal of the study meets this criterion	he tissue involves no more than minimal risk to children who lacks sufficient understanding and intelligence to give consent. Please justify how your on.	Section J: Recru	itment
		Section L: Resea	arch Pa
*L3. (c) There are reason	0 characters entered	Section T: Resea	irch Da…
understanding and inte	Iligence to give consent. Please justify how your study meets this criterion.	Other Attachmen	ts

Study Involving Vulnerable Populations – Cognitive Impaired Person

〈 Back to Submission List	Submission Detail	4 Q 🔵
 Please indicate if study involved removal of human tissues not primarily for therapeutic or diagnostic purpose from (1) an adult who lacks mental capacity; OR (2) children who lacks mental capacity; OR (2) children who lacks mental capacity; Note: Human tissues refer to any human biological materials, except those excluded from definition of human tissue per First Schedule of HBRA) > To provide more information about the human tissues that would be removed. 		
*N2. Does the study involve	e removal of human tissues not primarily for therapeutic or diagnostic purpose from (1) an adult who lacks mental capacity; OR (2) children who	Section A: Study Title
 Yes 		Section B: Submission
O No		Section C: Study Fundi
∗N2. (a) Please state the typ	e of human tissues.	Section D: Study Type a
	0 characters entered	Section G: Research M…
*N2. (b) The removal of the	tissue involves no more than minimal risk to this group of participants. Please justify how your study meets this criterion.	Section J: Recruitment
	0 characters entered	Section N: Research Pa
*N2. (c) There are reasonab Please justify how your store	le grounds for believing that the proposed areas of research cannot be carried out without the use of the tissue to this group of participants. Idy meets this criterion.	Section T: Research Da…

Waiver of Documentation of Informed Consent

K Back to Submission List	Submission Detail	Ł Ó 🌔
ECOS Ref: - 🗐		
Form Detail	If the study is requesting for waiver of of consent, choose 'Application Form	documentation in Section D1
Application Form	and select 'Waiver of documentation	on of consent
Interventions/ Invasive procedures	(Verbal or Implied Consent)' in Section	on D5.
None of the above	 Section O: Consent Process - 	– Waiver of
D4. Would the study involve recruitment?	documentation of consent (Verba	al or Implied
D4. Would the study involve recruitment?	documentation of consent (Verba Consent) will then appear for completion	al or Implied on.
D4. Would the study involve recruitment? Yes No	documentation of consent (Verba Consent) will then appear for completion	al or Implied on.
D4. Would the study involve recruitment? Yes No D5. Please select the applicable type(s) of consent for th	documentation of consent (Verba Consent) will then appear for completion	al or Implied on.
 D4. Would the study involve recruitment? Yes No D5. Please select the applicable type(s) of consent for the Consent will be obtained 	documentation of consent (Verba Consent) will then appear for completion	al or Implied on. Section G: Research M
 D4. Would the study involve recruitment? Yes No D5. Please select the applicable type(s) of consent for th Consent will be obtained Waiver of documentation of consent (Verbal or Implied Conservation) 	documentation of consent (Verba Consent) will then appear for completion ne study.	al or Implied on. Section G: Research M Section O: Consent Pro
 D4. Would the study involve recruitment? Yes No D5. Please select the applicable type(s) of consent for th Consent will be obtained Waiver of documentation of consent (Verbal or Implied Conscussion Waiver of consent during emergency situation 	documentation of consent (Verba Consent) will then appear for completion ne study.	al or Implied ON. Section G: Research M Section O: Consent Pro Section T: Research Da
 D4. Would the study involve recruitment? Yes No D5. Please select the applicable type(s) of consent for th Consent will be obtained Waiver of documentation of consent (Verbal or Implied Consension) Waiver of consent during emergency situation Wavier of consent 	documentation of consent (Verba Consent) will then appear for completion ne study.	al or Implied ON. Section G: Research M Section O: Consent Pro Section T: Research Da
 D4. Would the study involve recruitment? Yes No D5. Please select the applicable type(s) of consent for th Consent will be obtained Waiver of documentation of consent (Verbal or Implied Consension) Waiver of consent during emergency situation Wavier of consent Wavier of consent Not applicable as study involves De-identified Data 	documentation of consent (Verba Consent) will then appear for completion he study.	al or Implied ON. Section G: Research M Section O: Consent Pro Section T: Research Da Other Attachments

Waiver of Informed Consent

✔ Back to Submission List	Submission Detail	Ł Ç 🔵
ECOS Ref: - 🗐		
Form Detail	 If the study is requesting for wa consent, choose 'Application Form 	iver of informed ` n' in Section D1
Application Form	 and select 'Waiver of consent' in Sec Based on the selection in Section 	ction D5. D2, the following
Interventions/ Invasive procedures	sections will appear for completion:	U
None of the above	For Clinical Trial and non-HBR st	udies.
*D4. Would the study involve recruitment?	Section R: Consent Process –	Waiver of
⊖ Yes	concept (nen HPP)	
○ No		
∗D5. Please select the applicable type(s) of consent for the study	For HBR and rHBR studies: Section S: Consent Process –	
Consent will be obtained	Waiver of concent (HPP)	
Waiver of documentation of consent (Verbal or Implied Consent) Discussion		
Waiver of consent during emergency situation		Section I: Research Da
✓ Wavier of consent		Other Attachments
Not applicable as study involves De-identified Data		
Consent obtained from research participants previously		Declaration of Principal

Waiver of Informed Consent (HBR)

K Back to Submission List Submission Detail	÷ Ó
ECOS Ref: - 🗐	
Form Detail	
Application Form	X Cancel 🕞 Save
∗ S1. Please select the type of waiver required.	Section A: Study Title
I. Waiver of appropriate consent under HBRA Fifth Schedule, Part 2, Section 3 (individually identifiable health information or human obtained or compiled before, on and/ or after 1 Nov 2017)	n biological material Section B: Submission …
II. Waiver of appropriate consent under HBRA Fifth Schedule, Part 2, Section 4 (individually identifiable health information obtained 2017)	d or compiled before 1 Nov Section C: Study Fundi
III. Waiver of appropriate consent under HBRA Fifth Schedule, Part 2, Section 5 (individually identifiable human biological material 1 Nov 2017)	obtained or compiled before Section D: Study Type a

- It is not required to submit PDPA Practicability Calculator.
- Please ensure that the study meets the 'Greater Public Good' criteria.

Waiver of Consent during Emergency Situation

✓ Back to Submission List	Submission Detail	Ł Q 🔵
ECOS Ref: - 🗐	 If the study is requesting for waiver of 	of informed consent
Form Detail	during emergency situation, cho Form' in Section D1 and select 'V	ose 'Application Vaiver of consent
Application Form	during emergency situation' in Sec	ction D5.
Interventions/ Invasive procedures	• Based on the selection in Section	D2, the following
None of the above	sections will appear for completion:	
*D4. Would the study involve recruitment?	For Clinical Trial: Section P: Co Waiver of Informed Consent d	nsent Process –
○ Yes	Situation (Olinical Trial)	uning Emergency
○ No	Situation (Clinical Irial)	
*D5. Please select the applicable type(s) of consent for the study.	For HBR and rHBR studies: Sec	ction Q: Consent
Consent will be obtained	Process – Waiver of Informed	Consent during
Waiver of documentation of consent (Verbal or Implied Consent) - The Discussion	Emergency Situation (HBR)	
✓ Waiver of consent during emergency situation		Section T: Research Da…
Wavier of consent		Other Attachments
Not applicable as study involves De-identified Data		
Consent obtained from research participants previously		Declaration of Principal

Consent Obtained from Research Participants Previously

✔ Back to Submission List	Submission Detail	Ł Ç ●
ECOS Ref: - 🗐		
Form Detail	 If the study is using data/samples with cor 	sent obtained
Application Form	from research participants previou Application Form ' in Section D1 and se	sly, choose lect ' Consent
O No	obtained from research participants	previous' in
*D5. Please select the applicable type(s) of consent for the study.	Section D5.	•
Consent will be obtained	• Section D5(a) and Section D5(b) wi	ll annear for
Waiver of documentation of consent (Verbal or Implied Consent) -	This op	n appear ior
Waiver of consent during emergency situation	completion.	
Wavier of consent		
Not applicable as study involves De-identified Data		
Consent obtained from research participants previously		Section G: Research M
*D5. (a) Please state the source. For approved study, please state Participant Information Sheet and Consent Form/ Informed Conse	the protocol title, IRB reference number and name of approving IRB. Please submit a copy of the approved ent Document.	Section T: Research Da…
		Other Attachments
DE (a) Blacco submits come of the emproved Berticinent Informat	0 characters entered	Declaration of Principal
*Do. (a) Flease Submit a copy of the approved Participant informat	ion sheet and Consent Form/ mormed Consent Document.	
U Oploau		

Study involves De-identified Data

✓ Back to Submission List	Submission Detail 🕁 🗘 🔵
ECOS Ref: - 🗐	
Form Detail	
Application Form	• If the study involved the use of de-identified data,
Use of Software or Mobile Applications	choose 'Application Form' in Section D1 and
Medical Device (including Telehealth Medical Device. Please refer to HSA websit	soloct 'Not applicable as study involved Do-
Surgical / Radiotherapy Procedure	Select Not applicable as study involved De-
Interventions/ Invasive procedures	identified Data in Section D5.
None of the above	• For research to be considered as working with de-
*D4. Would the study involve recruitment?	identifiable information, the record linkage key must
○ Yes	be held by a trusted third party.
○ No	 For research using unidentifiable data/samples (e.g.
∗ D5. Please select the applicable type(s) of consent for the study.	de-identified by Trusted Third Party) please
Consent will be obtained	de-identified by frusted filled faity), please
Waiver of documentation of consent (Verbal or Implied Consent) - This option mc	describe the process such as why, what, who,
Waiver of consent during emergency situation	where and how the unidentifiable data/samples are
Wavier of consent	obtained.
✓ Not applicable as study involves De-identified Data	
Consent obtained from research participants previously	

Features of Application Form

K Back to Submission Detail	Submission Detail	🕹 Q 🔵
2024-0193-APP1 Draft 🕥 ECOS Ref: 2024-0193 🗐		→ Declare and Submit
Form Detail		
Application Form	1 V Man	adatory Check X Cancel Save and Exit
*A1. Please enter the Study Title for this Study.		Section A: Study Title
CG23 - For Training Purposes		Section B: Submission
		28 characters entered Section C: Study Fundi

Click 'Mandatory Check' to ensure that all form fields are filled.



1

2 Use 'Save' frequently to ensure that all information are saved.



3 Use 'Save and Exit' to save and exit editing mode.

Features of Application Form

✔ Back to Submission Detail	Submission Detail	🛨 Q 🔵
2024-0193-APP1 Draft S ECOS Ref: 2024-0193		3
Form Type: Application Form	Outcome: - Initial F	Review Category: -
Current Editor: -		
PI/Site PI: Mrs SNEC_Basic1(Singapore National Eye Centre (SNEC))		
Study Title : CG23 - For Training Purposes		
1 View the 'Study Summary' such as For	ms, Forms Attachments and Study Letter subm	itted for the study.
2 Refer to the training for CRMS module	for more information.	
3 For PI, the ' <u> → Declare and Submit</u> ' button For all other roles, the ' <mark> ✓ Finalise</mark> ' bu	will be displayed, and form will be 'Pending End itton will be displayed, and form will be 'Pendinç	lorsement' upon submission. g PI Declaration' upon submission.

Submission Workflow



Submission Workflow



Note:

¹ This is only applicable for study involving multisites.

² ROC check is not applicable for all institutions
³ Please note that there may be queries from
ROC, DR or IR during the endorsement process.
⁴ There may be multiple returns depending on the quality and completeness of reply

⁵ Re-declaration / Re-endorsement is required if there are major changes to the application form.

Site-PI Declaration

E ECOS				Endorsement		Ŧ Ô 🔵
🐼 Homepage	-				U Columns	➡ Export
IRB	•	Form Ref	≑ ∣ IRB	Study Title	PI/Site-PI Name	Department Action
Submission List		2024-0193-APP1	CIRB-Board A	CG23 - For Training Purposes	Mrs SNEC_Basic1(Singapore National E (SNEC)),Dr NNI_PI 1(National Neuroscie Institute (NNI))	ye Centre ence Neurology (! 🎯
Endorsement					Dr KKH_PI 1(KK Women's and Children (KKH)).Dr NNI PI 1(National Neuroscier	's Hospital
My Study List		2024-0146-APP1	CIRB-Board C	PP01 - Round 4 Prep	Institute (NNI)),Prof NHC_PI 1(National	Heart Neurology (; 🧿

• For studies involving multi-sites, site-PI will click on the [Endorsement] tab, followed by the ' () icon to view the study.

K Back to Endorsement	Endorsement Detail	Ł Q 🔵
2024-0193-APP1 Pending Endorsement 🕄 ECOS Ref: 2024-0193		✓ Declare
Form Detail Endorsement		
	, to montaneous site. Di ale ale nation	
 Site-PI will click on ' 	to perform site-PI declaration.	

Endorsement Status

K Back to Submission List	Su	Ibmission Deta	ail		Ł	Û	\bullet
2024-0192-APP1 Pending Endorseme ECOS Ref: 2024-0192	ent 🕔						:
Form Detail Endorsement	Click on 'Endorsement' tab fo	or endorse	ment related inform	nation.			
Endorsement Status							
Institution	Cluster-Institution-Department	1 Endorsement Info	ormation	2 Endorser Name	(2)	Action	
Singapore National Eye Centre (SNEC) Main Site	Glaucoma	Pending DR End	dorsement	SNEC_DR 1	[]	I. O	+)
1 View the endorsement statu	IS.	3 Clic	ck to view query raise	d by endorsers.			
2 View the name of endorser	to complete the pending task.	4 Vie	ew the endorsement h	istory.			

How to endorse? (For ROC, DR and IR)

E ECOS				Endorsement			بى	u Q 🔵
Homepage	•					Columns	🛃 Export	Filter(2)
о IRB	•	Form Ref	🌲 IRB	🜲 📔 Study Title	🌲 🕴 PI/Site-PI Name		Depart	tment Action
Submission List		2024-0193-APP1	CIRB-Board A	CG23 - For Training Purposes	Mrs SNEC_Basic1(Sin (SNEC)),Dr NNI_PI 1 Institute (NNI))	ngapore National E (National Neuroscie	ye Centre ence Neurol	logy (: 🔘
Endorsement					Dr KKH_PI 1(KK Wor	men's and Children'	s Hospital	
My Study List		2024-0146-APP1	CIRB-Board C	PP01 - Round 4 Prep	(KKH)),Dr NNI_PI 1(I Institute (NNI)),Prof	National Neuroscier NHC_PI 1(National	nce Heart Neurol	logy (: 🧿

• For all endorser, click on the [Endorsement] tab, followed by the ' ③ ' icon to view the study.

✔ Back to My Tasks	Endorsement Detail	Ł Ó 🔵
2024-0193-APP1 Pending Endorsement ECOS Ref: 2024-0193		Query List Send Query
Form Detail Endorsement		
1 For ROC: <a>Checked	For DR and IR: × Reject ✓ Endorse	Reject button should only be used if you do not support the conduct of the study.

Creation of Other Forms



Amendment Form (AMD)

Back to Submission List	Submission Detail	₽ Ć ●
ECOS Ref: -		
Form Detail Amendment Form *Describe the proposed change(s) to the research and include a rationale for each proposed change. *Will the enrolled study participants be informed of these changes? Yes No *Will the enrolled study participants be re-consented?	 Indic resea prope State be in Cheo signite partic 	ate all the proposed changes to the arch and include the rational for each osed change. e if enrolled study participants would formed and re-consented. ck if proposed amendment would ficantly affect the study aims or study
○ Yes		
○ No Do the proposed amendments:		Section S: Consent Pro
Significantly change the original objectives, innovation and scientific methodology (e.g., re-design of study m institutions' research objectives, image and standards of the research study?	ethodology, change in investigational pr	oduct used, etc) and/or the alignment of the study to the Section T: Research Da
Require additional resources (e.g., expertise, manpower, time, budget) for the study to be properly conducted	d?	
Significantly increase the overall risk or negatively alter the risk benefit ratio to the research participants ?		Other Attachments
If any of the above is true, please elaborate		Declaration of Principal

Study Status Report Form (SSR)

✓ Back to Submission List	Submission Detail	Ł Ģ 🔵
ECOS Ref: 2023-0392		
Form Detail		
Study Status Report Form		X Cancel 🔒 Save
NOTE:		Study Status Report Form
1.For renewal of IRB approval, please submit the Study Deviation /Non-Compliance Report Form	n expiry.	
Por reactivation of expired study, please submit a Non-Compliance/Study Deviation Report For renewed.	rm if the study team had continued to carry out research activities during the lapse period before IRB approval is	Declaration of Principal
3.For study closure, please submit the Study Status Report Form within 30 days after study com	pletion.	
∗1.I am requesting for:		
	×	

- Select the reason for submission of SSR as follows:
 - ➤Study Renewal
 - Study Reactivation
 - ≻Study Closure

Study Deviation/ Non-Compliance Report Form (DNC)

Sack to Submission List	Submission Detail	🛨 🧘 🔵
ECOS Ref: 2024-3201 🗐		
Form Detail		
Study Deviation/Non-Compliance Report Form		X Cancel Save
Guidance	an compliance/ study deviation according to the reviewing IDP's requirement. All costions must be	Guidance
completed. Principal Investigators are obliged to suspend their research immedia greater likelihood of harm to the research participants.	or DNC Form	
<u>Definitions</u> Study Deviation: is an unplanned excursion from the study that is not implemente • A study deviation could be a limited prospective exception to the protocol (e.	ed or intended as a systematic change. g. agreement between sponsor and investigator to enroll a single research participant who does not	Declaration
 all inclusion/exclusion criteria). Like study amendments, deviations initiated to unless the change is necessary to eliminate an immediate hazard to the re Study deviation is also used to refer to any other, unplanned, instance(s) of the protocol or failures on the part of the research participant(s) to comple Non-Compliance: is a failure by an investigator or any study team member to a subject research. Some examples of non-compliance include but are not limited 	Study Deviation : An unplanned excursion from the implementation implementation implementation implemented or intended as a system.	study that is not matic change.
 Failure to obtain prior approval for research Failure to obtain informed consent when required Failure to use the latest IRB approved version of the protocol or consent for Failure to report an adverse event report according to IRB timeline and provide the protocol of research at an unapproved study site Performing an unapproved research procedure Failure to adhere to the approved protocol Eailure to submit study amondments for review and approved 	Non-Compliance: Failure by an investigator or any st to abide by the policies and proced applicable regulations governing human subject research.	udy team member lures of the IRB or the protection of
- r andre to submit study amendments for review and approval		

Serious Adverse Event Report Form (SAE)

K Back to Submission List	Submission Detail	🕁 🚑 🔵		
ECOS Ref: 2024-3203				
Form Detail	1. This form is for the submission of related SAE only.			
Serious Adverse Event Report Form	2. For DSRB reviewed studies, if the related SAE is unexpected, please	X Cancel 🕞 Save		
Note:	submit using the UPIRTSO Report Form.	Section A: Determinatio		
 This form is for submission of related \$ For DSRB reviewed studies, if the relat Do not use terms such as "Refer to atta 	3. To provide details in the form and do not use terms such as "Refer to	Section B: Basic Informat		
Section A: Determination of SAE	attached document" or similar.	Section C: Investigationa		
• A1 Please determine if the event is relate	d.	Section C. Investigationa		
Related: Related means there is a reason reasonable peoplibility that the event each	Section D: Event Summary			
reasonable possibility that the event occu	Section E: Comments by			
*A2. Please classify the SAE into at least one of the following categories:				
Resulted in or contributed to death		Section F: Investigator's		
Was life-threatening				

Sack to Submission List	Submission Detail	🕂 🛱 🔵
ECOS Ref: 1.	The UPIRTSO Report Form is for DSRB approved studies only.	
UPIRTSO Report Form	Up to 20 Single Event Report Forms can be submitted in the same UPT Form.	X Cancel 🕞 Save
Events Summary Table (Maximum 20)	+ New Even	t Declaration
Report No Event Onset Date	Death at Study Site Study Site under oversight of Event Keywords DSRB DSRB Study's Risk-Benefit Ratio has changed UNIOCK the Main UP	nt to T
	Form first	
Attach any other document(s)	ECOS X	
1 Upload	Study Site Please confirm that you want to create new event. This will save a new UPT form. Please click on new event again to fill in the UPT Single Event Report. Cancel Confirm	2. Click on Confirm



				UPT Form	
UPIRTSO Single Event Report	4. Click on Edit to update the UPT details	Z Edit	UPIRTSO Single Event Report	X Cancel	A Save to Main UPT form X
					Section A: Basic Inform
		Section A: Basic Inform	Related - Includes possibly related problem. Possibly	related means there is a reasonal	ble Section B: Participant In
*A1. Study Site:			possibility that the incident, experience, or outcome n procedures involved in the research.	hay have been caused by the	
Study Site(s)		Section B: Participant In	Unexpected - An unexpected problem is one whereby	the nature, severity or frequency	Section C: Investigation
\bigcirc Others (including overseas study site) $\textcircled{0}$		Section C: Investigation	not consistent with information in the approved study of information or the characteristics of the subject po	documents and relevant sources	Section D: Problem Ass
*A3. Event Onset Date:		eessen et meessgaterin.	D1 Opinion of Incontinuation submitting this support	putation being statica.	
Calast data		Section D: Problem Ass	Pl. Opinion of investigator submitting this report		Section E: Event Summ
Select date	۵		✓ Unexpected		Section F: Comments b
*A4. Date of First Knowledge by Investigator:		Section E: Event Summ	*D2. Opinion of Sponsor (for sponsored research)		
Select date	Đ		Related		
AE Turo of Danarty		Section F: Comments b	Unexpected		
*A5. Type of Report:					
🔵 Initial 💮 Follow Up					

Reminder for **Section D1**:

If the event is not a local death that occurred at local Study Site, then the PI must assess the event to be **<u>both Related</u> <u>and Unexpected</u>** to fulfill the UPT reporting criteria.

5. Click on Save to Main

6. The key details will be displayed in the Main UPT Form. Click on Save to save the Single Event Report Form in the Main UPT Form Remember to save each time a new Single Event Report Form is added

UPIRTSO Repo	ort Form					✓ Mandatory Check X Cancel	Save Save	e and Exit
Events Summary	/ Table (Maximum 20)					+ New Event	UPIRTSO Report	
Report No	Event Onset Date	Study Site	Death at Study Site under oversight of DSRB	Event Keywords	Study's Risk Benefit Ratic has changed	Action	Declaration	7. Once all the Single Event Reports have
- UPT1-1	01-May-2024	Test		Test	No	Edit Delete		been saved in the
Attach any other	document(s)							on Save and Exit

K Back to Submission Detail	Submission Detail	🛨 🗘 💭 🔵	
-UPT1 Draft ECOS Ref: Image: Constraint of the second sec		→ Declare and Submit	8. Click Declare and Submit to submit the UPT
UPIRTSO Report Form		🛃 Export 🖉 Edit	Form
		UPIRTSO Report	
Events Summary Table (Maximum 20) Report No Event Onset Date Study Site	Death at StudyStudy's Risk-Site underEvent KeywordsBenefit Ratiooversight ofhas changedDSRBImage: Study's Risk-	Declaration	
- 01-May-2024 営 Test	Test No		
Attach any other document(s)			

Other Study Notification Form (OSN)

K Back to Submission List	Submission Detail	🕁 🥰 🔵
ECOS Ref: 2024-3202 🗐		
Form Detail		
Other Study Notification		× Cancel Save
NOTE: Miscellaneous study documents that DO NOT require IRB app Form.	proval may be submitted for acknowledgment using this Other Study Notifications	OSN Form Declaration
Please select		
DSMB Report	1. For submission of miscellaneous study of acknowledgement that DO NOT require IPR and	locuments for
Annual/Interim /Periodic Safety Report	acknowledgment that DO NOT require IKB ap	provai.
Interim Data Analysis	2 Safety report should be submitted via SAE (1)	Event / Form)
Letter from Study Sponsors		
Other Notification		
*2. Please describe the contents of this notification.		

Track Changes

< Back to	to Submission List	Submission Detail		🕁 🥰 🔵
2024	1-3260-APD1	Dending Endorsement 5		, ÷
ECO		New/Revised information: Green highlight		
	Track Chan	Deleted information: Purple highlight with stri	kethrough	
Fo	Current Version	2024-3260-APP1 17-Apr-2024 15:30:56 V Previous Version 2024-3260-APP1 17-Apr-2024 14:10:05	~	
Appli				Track Changes
Sectio	Section	· Passarch Mathedology (Examplication)		Study Title
*A1. PI	E1. What a	re the specific aims of this study? est another adding site by Amendment)What are the specific aims of this study?		Submission B
CG0	E2. What a	re the hypothesis of this study? For qualitative studies, please provide the research question(s) instead.		Study Fundin
	CG11 (To t	est another adding site by Amendment)What are the hypothesis of this study? For qualitative studies, please provide the research question(s) instead.		Study Type an
	E3. Discus carried ou	s in detail the experimental design and procedures to be used to accomplish the specific aims of the study. Please list all procedures/activities as part of research in this study.	s that are	
	CG11 (To t all procedu	est another adding site by Amendment)Discuss in detail the experimental design and procedures to be used to accomplish the specific aims of the study. res/activities that are carried out as part of research in this study.	Please list	



K Back to Submission List	Submission Detail	🛨 🕂 😷 🔵
2024-3260-APP1 Pending Endorsement 🕄		:
Form Detail Endorsement		
Application Form	Click to Export the form in PD	F. Export Track Changes
Section A: Study Title		Section A: Study Title
*A1. Please enter the Study Title for this Study.		Section B: Submission B
CG0417 - To test exported draft		Section C: Study Fundin
		Section D: Study Type an
		Section E: Research Met
		Section F: Exemption Re

Query - Pending PI Reply



For PI, when there are endorsement or IRB query pending PI reply, the PI will receive a task in [My Tasks] and the action button would be with a red dot to symbolize that there are action required.

ROC/DR/IR Query that is Pending PI Reply

K Back to My Tasks	S	🛃 🤹 🕞		
2024-3121-APP1 Pending Endorse ECOS Ref: 2024-3121	The red dot indicates that the are endorsement queries.	re		Reply Query
Endorsement Status				
Institution	Department	Endorsement Information	Endorser Name	Action
National Neuroscience Institute Main Site	Neurology (SGH Campus)	 Pending PI Reply 	Mrs NNI_ROC1	5
	Click on the ' the queries se	icon to view and address ont by ROC, DR or IR.		

ROC/DR/IR Query that is Pending PI Reply

K Back to My Tasks Su	Query List National Neuro V 🕞 Saved at 05-Apr-2024 16:39:34	
2024-3121-APP1 Pending Endorsement ECOS Ref: 2024-3121	Pending Query All Query 1/1 Pending Handling	
Form Detail Endorsement	General	^
Endorsement Status	ABCDEF Query Round1 Mrs NNI_ROC1 05-Apr-2024 16:39:18	
Institution	* Reply Query	
National Neuroscience Institute Main Site Neurology (Son Campus)	GHUKLM	0
Singapore National Eye Centre Removed Glaucoma		

Note: Click the area outside to close the Query List.

ROC/DR/IR Query that is Pending PI Reply

K Back to My Tasks		Submission Detail	4 ¢ •
2024-3121-APP1 Pendi ECOS Ref: 2024-3121	ng Endorsement 🛛 🕄	If there is no amendment to the form, click on [Reply Query]	Reply Query
E Form Detail Endorsem	OS ① Are you sure to submit the following replie	s with the latest form?	
Application Form	National Neuroscience Institute	1 Query 🔨	Track Changes 🖉 Edit
	Query Item: General	^	Section A: Study Title
*A1. Please enter the Study Tit CG01 (5 Apr 24) - Ready for r	ABCDEF GHUKLM		Section B: Submission B
		Cancel Confirm	Section C: Study Fundin

Click on [Edit] to amend the form if required.

IMPORTANT

- All roles will have the [Reply Query] button if there are no changes to the form.
- If there are changes to the form, only Overall PI will have the [Submit] button.

ROC/DR/IR Query that is Pending PI Reply - PI Reply with Amendment to Form

〈 Back to My Tasks	Submission Detail	7 ¢ 🔵
2024-3121-APP	1 Pending Endorsement Image: This button will only appear for PI if there is changes to form.	⊇ Submit
	ECOS X	
Form Detail Er	Please confirm to submit. If applicable, the form will be routed for the necessary checks and endorsements.	
Application Form	Query	ack Changes 🖉 Edit
	National Neuroscience Institute	ection A: Study Title
*A1. Please enter the S CG01 (5 Apr 24) - Tra	Query Item: General	ection B: Submission B
	ABCDEF	
	GHUKLM	ection C: Study Fundin
	Cancel Submit	ection D: Study Type an
For allPlease	other roles, there will be no buttons available if there is changes to form. inform your PI when the form is ready for submission.	

IRB Query that is Pending PI Reply

K Back to My Tasks	Submission Detail	τ¢
2024-3238-APP1 Pending PI Reply 🕥	The red dot symbolized that there is IRB queries pending rep	oly> E. Query List
ECOS Ref: 2024-3238 🗐		b
Form Detail Endorsement		
Application Form	📩 Export	Track Changes 🖉 Edit
Section A: Study Title		Section A: Study Title
*A1. Please enter the Study Title for this Study.	Click on [Edit] to amend the form if required.	Section B: Submission B
CG0415 - Study 3 (IRB Reminder)		Section C: Study Fundin
		Section D: Study Type an

IRB Query that is Pending PI Reply

K Back to My Tasks	Sul	Query List 🕞 Saved at 18-Apr-2024 07:40:26		
2024-3238-APP1 Pending PI Reply 🕄 ECOS Ref: 2024-3238 🗐		Pending Query All Query 0/1 Pending Handling		
Form Detail Endorsement		General	^	
Application Form		Please check the aims of the study in Section E1 Query Round2 Ms CIRB_A_IRBSec1 18-Apr-2024 07:40:26		
Section A: Study Title		* Reply Query		
*A1. Please enter the Study Title for this Study.	ere	Please enter		
CG0415 - Study 3 (IRB Reminder)				

Note: Click the area outside to close the Query List.

Unlocking of Form for Re-Endorsement

- Section B2: Addition of study sites (Endorsement for additional sites only)
- Section B2: Change/ Addition of PI/ Site-PI (Endorsement for additional sites only)
- Section D1: Change of study classification to 'Clinical Trial'
- Section D3: Inclusion of Vulnerable Participants
- Section H4: Change to Placebo Controlled Trial
- IRB may unlock the Application Form if there are major changes made besides the scenario described above.

Study Summary

E ECOS		My Study List						Q O
🐼 Homepage	•					🛄 Colum	ns 🛃 Export	Filter
	•	ECOS Ref	🌲 IRB	Study Status	Study Title	PI/Site-PI Name	Initial Review Category	Action
Submission List						Mrs SNEC_Basic1(Singapore		
Endorsement		2024-0063	CIRB-Board A	Approved	CG19 - Round 3 Ready for Retest v1	(SNEC)),Dr SERI PI(Singapore Eve	Expedited	
My Study List	My Study List					Research Institute (SERI))		

- Click on [My Study List].
- Find the study and click on ' ()' to view the study summary.

Study Summary

