|  |  |
| --- | --- |
| The purpose of this worksheet is to provide support for the convened IRB when evaluating an application to use a HUD. This worksheet is to be used. It does not have to be completed or retained. | |
|  | |
| 1. Humanitarian Use Device: (All must be “Yes”) | |
| Yes  No | The FDA has issued an approved Humanitarian Device Exemption (HUD) for this device. |
| Yes  No | The HUD is not being used to evaluate its safety and effectiveness. **(If “No,” complete WORKSHEET 311: Criteria for Approval and Additional Considerations)** |
|  | |
| 1. General Considerations (All must be “Yes”) | |
| Yes  No | The convened IRB (or Designated Reviewer) has adequate expertise to review this HUD application. **(If “No”, obtain consultation.)** |
| Yes  No | Materials are complete. **(If “No,” the HUD application cannot be approved.)** |
|  | |
| 1. Criteria For Approval Of HUD: (All must be “Yes” ) Applies to all reviews: initial, continuing, modifications, convened, and expedited) | |
| Yes  No | Risks to patients are minimized by using procedures, which do not unnecessarily expose patients to risk. |
| Yes  No | Risks to patients are reasonable in relation to the proposed use of the device. |
| Yes  No | There are adequate provisions to protect the privacy of patients. |
| Yes  No | There are adequate provisions to maintain the confidentiality of patient data. |
| Yes  No | The proposed use of the HUD is within the scope of the indication approved in the HDE. |
| Yes  No | The institution has approved the use of the HUD as a clinical service. |
|  | |
| 1. Additional Considerations | |
| Yes  No | **For Initial Review:** Should there be any limitations on the use of the HUD? (e.g., limitations based on one or more measures of disease progression, prior to use and failure of any alternative treatment modalities, reporting requirements to the IRB or IRB chair, or appropriate follow-up precautions and evaluations.) |
| Yes  No | **For Continuing Review and Modifications:** Is there information that needs to be provided to current patients because it may affect their willingness to receive/use the HUD? |
|  | |
| 1. Consent Process (All must be “Yes” in order to recommend approval) | |
| Yes  No | The HUD labeling states that the device is a humanitarian use device and that, although the device is authorized by Federal Law, the effectiveness of the device for the specific indication has not been demonstrated. |
| Yes  No | Patients or their legally authorized representatives will be informed of the patient labeling provided by the manufacturer. |
| Yes  No | Patients or their legally authorized representatives will be given sufficient opportunity to consider whether or not to receive/use the HUD. |
| Yes  No | Information regarding the HUD will be communicated in language understandable to the patient. |