### 1.0 CoC Screens

#### 1.1 CoC User Interface, Question 1



#### 1.2 Burden Statement

#### **Burden Disclosure Statement**

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Public reporting burden for this collection of information is estimated to average 90 minutes per

response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0689). Do not return the completed form to this address.

# 1.3 User Interface: Certification, Questions 2-6

eRA	Electronic Research Administration	NIH National Institutes of Health		<u>ی</u> و
Note: You r	must complete the CoC request in one session, as	you will not be able to save and return at a later time.		
Cert	ificate of Confidentiality	Request 😧		
* Require	ed Field			
				OMB #0925-0689 OMB Expiry Date: 02/28/2023 Burden Disclosure:•
				🕀 Print
Funding 9	Source			
1. Select	t Funding Source(s):			
Non-f	ederal	•		
Certific	ation			
2. Does	the activity meet the definition of research a	as defined in 42 cfr§2a.2?		
	O Yes O No			
3. Does	the activity involve collection or use of iden	tifiable, sensitive information as defined by 42 U.	S.C 241(D)(4)?	
4 Will th	Ves O No No exclusion accordance with accordance with the source of the second second second and the	all applicable federal state and local laws and r	equilations including but not limited to 45 CER 462	
			generols, measurg, successmiles of the entrol	
5. Do all	I personnel with major responsibilities in the	research project have appropriate scientific and	other training?	
	○ Yes ○ No			
6. Is a w	aiver or alteration of informed consent under	er 45 CFR 46 to be used?		
	O Yes O No			
⇒ Ne>	xt			
0 Help		Privacy Notice	NIH - Office of Extramural Research	Screen Rendered: 12/06/2021 10:26:53 AM EST
Contac	ct Us	Accessibility	4 U.S. Department of Health and Human Services	COC0001@6242

1.3 User Interface, Certification Questions 7-1	6, Research, Institution, and Performance Sites
Project Details	
7. Research Project Title*	
8. Project Start Date*	
9. Project End Date*	
10. Project Description*	
Institution and Performance Site Details	
11. Name of Institution*	
12. Institution Address: Street Address*	
City*	
State*	
Country*	
Zip Code	
13. Name of Institutional Official*	
14. Email Address of Institutional Official*	
15. Phone Number of Institutional Official	
Peformance Site and Addresses	
16. Performance Site Name*	

1.3 User Interface: Certification, Questions 17-24, Performance Site, Principal Investigator, Other Person, Key Personnel

17.	Performance	Site Address*		
	Street Addres	s line 2		
	Street addres	s line 3		
	City*			
	Country*			
	State*			
	Zip Code			
Principal I	nvestigator and Oth	ner Key Personnel		
18.	Name of Princ	ipal Investigator (PI):		
F	First Name*	Middle Name	Last Name*	
19.	PI Phone			
20.	PI Email*			
21.	PI Degree*			
22.	PI Current Pos	sition*		
23. (	Other Person to	o Receive CoC Communio	cations and Certificate: (New)	
Firs	st Name	Last Name	Email Address of Other Perso	on
24.	Other Key Pers	sonnel		
Fire	st Name	Middle Name	Last Name	
Oth	her Key Personn	el Degree		
Oth	her Key Personn	el Current Position		

**1.3 User Interface: Certification, Questions 25-26, Administration of Drugs** 

Administration of Drugs

25. List any drugs that will be administered in this study, including method of administration and dosage (e.g. Phenobarbital 50 mg 2 times daily)

Name of Drug

Method of Administration

Dosage

26. Are all individuals administering drugs authorized to do so by Federal and State Law?

○ Yes ○ No

### **1.4 For Instructional Purposes Only**

1.41 User Interface

# **Instructions Only**

After the user completes questions 1-26, she/he will submit the CoC request.

- The user will click on the Submit for Verification button. Once the button is clicked, a message appears: Confirmation Needed. The user will click Yes.
- If any of the drugs being administered are a controlled substance, the user will click on the Upload and Submit for Verification button. The screen displays the following instructions: Please submit all documents as a single PDF. If more than one Drug Enforcement Certification of Registration will be submitted, please merge documents into a single file prior to submission. Once the button is clicked, a message appears: Confirmation Needed. The user will click: Yes Proceed with Upload and will then browse to select the upload the BND form 223.

The browser will display a success message:



If there are errors on the form, the form is not submitted and the user can scroll through the form to see the errors in red and correct:

• 🛞	stitution and Performance Site Details
O There are	errors in this Section
11. Name	of Institution
1	
This field is	required

Once corrected, the user will repeat the steps above to submit the CoC request.

The request will trigger the system to send an email to the Institutional Official (IO) email addresses with a PDF copy of the CoC request. The email will contain an encrypted link, with the following information: Verification and submission is needed for the following CoC application. When the Institutional Official clicks on the link, she/he will be redirected to the CoC form to review and verify the information is correct. The IO will make corrections if necessary. At the bottom of the request is a section titled Assurance Statement

### 1.42 User Interface

# **Instructions Only**

IO Assurance Statement questions

#### **Assurance Statement**

This request is submitted by an institutional official who has signature or other authority to submit this request.

□\*This institution agrees to use the Certificate of Confidentiality to protect against the compelled disclosure of personally identifiable information and to support and defend the authority of the Certificate against legal challenges.

□\*The institution understands that research information protected by a Certificate of Confidentiality is subject to the protections and the disclosure requirements noted in 42 U.S.C 241 and 42 CFR Sect. 2a. Any investigator or institution conducting research protected by a Certificate of Confidentiality SHALL NOT disclose or provide to any other person not connected with the research the name of such an individual or any information, document, or biospecimen that contains identifiable, sensitive information about such an individual and that was created or compiled for purposes of the research without the specific consent of the individual to whom the information pertains or as otherwise permitted in accordance with 42 U.S.C 241 and 42 CFR Sect. 2a.

□ \*This Certificate of Confidentiality will not be represented as an endorsement of the project by the DHHS or NIH or used to coerce individuals to participate in the research project.

□ \*The institution and personnel involved in the conduct of the research will comply with the informed consent requirements of the applicable Federal regulations, including 45 CFR Part 46.

□\*All subjects will be informed that a Certificate has been issued, and they will be given a description of the protection provided by the Certificate and disclosures that are outside the scope of coverage of the Certificate (e.g. public health reporting as required by Federal, State, or local laws, or requirements for child or elder abuse reporting). Any research participant entering the project after expiration or termination of the Certificate will be informed that the protection afforded by the Certificate does not apply to them.

The IO will read each institutional assurance statement and mark each checkbox if she/he agrees that the statement is true. When all checkboxes are marked, the IO will click on the submit button.

The IO, PI, and other person will receive a confirmation email from the system, which includes a PDF attachment of all submitted information. **NEW** 

## **1.5 Burden Disclosure**

When the Burden Disclosure link is selected on any system screen, the Burden Disclosure pop-up shown in section 1.5.1 will appear on the screen.

# 1.5.1 User Interface

**Burden Disclosure Statement** 

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