1) Log in to eProtocol with your CalNet ID & password at: https://eprotocol.berkeley.edu

2) Click on the IRB tab to see your Investigator Homepage for IRB Submissions.

3) If the protocol that you want to submit does not yet exist, you should first see the eProtocol Quick Guide Create a Protocol. If a protocol under your name already exists, it will be visible on your Investigator Homepage. To open the protocol, click on the Protocol ID link or the Yet to Submit link.

4) A pop-up window will appear asking if you want to open the protocol for editing. Click on Edit.

Note: If there is no edit option, someone else has the protocol open and you must ask them to close the protocol before you will be able to proceed. Only one person can edit a protocol at one time.

5) The protocol application will open on the Personnel Information section. Make any final edits/revisions to the protocol now. The Next arrow can be used to go through the protocol section-by-section (the Assurance section is the last section in the protocol).
6) When ready to submit, click on **Assurance** in the blue menu on the left side of the screen. There are different requirements for this section depending on whether the protocol is for research by a Principal Investigator or for research by a Student/Postdoctoral Investigator, as follow:

- For **Student or Postdoctoral** research, the Assurance section includes two separate assurance statements: (1) one to be completed by the Faculty Sponsor and (2) one to be completed by the Student or Postdoctoral Investigator. Each party must log in separately, open the protocol application for editing, and check the box for the appropriate assurance statement.

- **Faculty Sponsor** must log in to check box.

- **Student/Postdoctoral Investigator** must log in to check box.

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**Faculty Sponsor**

As Faculty Sponsor, I understand that I am responsible for overseeing the protection of the rights and welfare of the human subjects, and adherence to CPHS requirements, federal regulations, and state statutes for human subjects research.

I hereby assure the following:

1. I have discussed with the Student/Postdoctoral Investigator how to comply with his or her assurances.

2. I will be available throughout the course of the study to provide guidance and consultation.

3. I have read and agree to the above assurances.

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**Student/Postdoctoral Investigator**

As Student/Postdoctoral Investigator, I am responsible for the performance of this study, the protection of the rights and welfare of the human subjects, and strict adherence by all co-investigators and research personnel to CPHS requirements, federal regulations, and state statutes for human subjects research.

I hereby assure the following:

1. The information provided in this application is accurate to the best of my knowledge.

2. All experiments and procedures involving human subjects will be performed under my supervision or that of another qualified professional listed on this protocol.

3. The description of human subjects used in the funding proposal(s) is identical in principle to that contained in this application.

4. The legally effective informed consent of all human subjects or their legally authorized representative will be obtained (unless waived) using only the current, approved consent forms.

5. If any study subject experiences an unanticipated problem involving risks to subjects or others, and/or a serious adverse event, the CPHS will be informed promptly within no more than one week (7 calendar days), and receive a written report within no more than two weeks (14 calendar days), of recognition notification of the event.

6. No change in the design, conduct, or key personnel of this research will be implemented without prior CPHS review and approval, unless the changes are necessary to eliminate an apparent immediate hazard to subjects. Changes made to eliminate hazards to subjects will be reported to CPHS/CPHS via the AEUP reporting process.

7. Applications for continuation renewal will be submitted in a timely manner prior to the expiration date to allow sufficient time for the renewal process. I understand that if approval expires, all research activity (including data analysis) must cease until effective notice of re-approval by the CPHS.

8. Parallel EEIs for information about the study will be addressed appropriately.

9. I will promptly and completely comply with a CPHS decision to suspend or withdraw its approval for the project.

10. I will submit a study closure form at the conclusion of this project.

I have read and agree to the above assurances.
b) For Principal Investigator research, there is only one assurance statement. The Principal Investigator must log in to check the box.

I hereby assure the following:

1. The information provided in this application is accurate to the best of my knowledge.

2. All experiments and procedures involving human subjects will be performed under my supervision or that of another qualified professional listed on this protocol.

3. This protocol covers the human subjects research activities described in the grant proposal(s) supporting this research, or any such activities that are not covered have been/will be covered by a CPHS approved protocol.

4. The legally effective informed consent of all human subjects or their legally authorized representative will be obtained (unless waived) using only the current, approved consent form(s).

5. If any study subject experiences an unanticipated problem involving risks to subjects or others, and/or a serious adverse event, the CPHS will be informed promptly within no more than one week (7 calendar days), and receive a written report within no more than two weeks (14 calendar days), of recognition/notification of the event.

6. No change in the design, conduct, or key personnel of this research will be implemented without prior CPHS review and approval, unless the changes are necessary to eliminate an apparent immediate hazard to subjects. Changes made to eliminate hazards to subjects will be reported to OFHS/CPHS via the AE/UP reporting process.

7. Applications for continuation review will be submitted in a timely manner prior to the expiration date to allow sufficient time for the renewal process. I understand that if approval expires, all research activity (including data analysis) must cease until I receive notice of re-approval by the CPHS.

8. Participants’ complaints or requests for information about the study will be addressed appropriately.

9. I will promptly and completely comply with a CPHS decision to suspend or withdraw its approval for the project.

10. I will submit a study closure form at the conclusion of this project.

☐ I have read and agree to the above assurances.

7) Once the application is complete, submit the application by clicking on **Submit Form** in the blue side panel menu.
8) A pop-up will appear asking if you want to submit. Click on **Yes**.

![Image of pop-up asking to submit](image1.png)

9) The system will then check to make sure that all of the sections in the protocol application have been completed.

   - If any section is incomplete, the protocol will not be submitted and another pop-up will appear including a link to the incomplete section(s); you will need to click on the link to add the missing information, and repeat steps 6 - 8.

![Image of protocol application](image2.png)

b) If the protocol application is complete, a message will appear on your Investigator Homepage in bright blue thanking you for the submission and the Protocol Event column will change to read “SUBMITTED TO IRB.”

![Image of protocol status](image3.png)