This document is a fillable PDF form. Please complete the application and either apply your electronic signature or print the document and sign. This document should then be uploaded to the appropriate question in Section 16 of your eResearch application.

IDE DECISION WORKSHEET

For UM Investigators / Medical Device Clinical Investigations

INVESTIGATOR NAME: _____ **DEVICE NAME**: _____

PROTOCOL/STUDY TITLE:

_____

NOTE: The following worksheet is intended to help UM investigators determine if an IDE application to the FDA may be required prior to initiating a new clinical study. This document should be completed for all of the device(s) utilized in your study, and then provided to the IRB in support of an eResearch application prior to initiating a Clinical Trial.

QUESTION - Does your study require an IDE, or does it meet ALL the criteria for Non-Significant Risk (NSR)?

Investigational use of a medical device that is classified as Non-Significant Risk (NSR) may be approvable under the abbreviated IDE requirements provided all of the criteria are met (21 CFR 812.2). **Please answer all questions below:**

IDE REQUIREMENTS DECISION CRITERIA	YES	NO	NOT SURE
1. Does the study involve a medical device that is being used in accordance with FDA approved labeling? **If NO, then proceed to question # 2. If YES,** then an FDA approved IDE is not required.			
2. Is the Medical Device a Diagnostic Device? **If YES** then go question #3.			
3. **If the answer to question # 2 is NO, skip to question # 4. If YES, then answer questions # 3(a-e) below to determine if it is exempt.** **NOTE –** A Diagnostic Device is considered exempt from IDE regulations (21 CFR 812.2) **ONLY** if **ALL** of the following answers are true:			
3.a. The Diagnostic Device complies with the labeling requirements of 21 CFR 809.10(c).			
3.b. The testing is non-invasive.			
3.c. The testing does not require any invasive sampling procedures that present a Significant Risk.			
3.d. The testing does not by design or intention introduce energy into a subject.			
3.e. The testing is not used as a diagnostic procedure without confirmation of the diagnosis by another, medically established diagnostic product or procedure.			
4. **Answer questions # 4(a-d) below for ALL devices utilized in the clinical study, to determine if any are Significant Risk (SR) devices.** **NOTE** – An Investigational Device is **classified as SR** if **ANY** of the following statements (4.a – 4d) are true (21 CFR 812.3):			
4.a. Is the investigational device intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject?			
4.b. Is the investigational device purported to be for a use in supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject?			
4.c. Is the investigational device for use in diagnosing, curing, mitigating or treating a disease, or to prevent impairment of health or a potential for serious risk to the safety or welfare of a subject?			
4.d. Does the investigational device otherwise present a potential for serious risk to the health, safety, or welfare of a subject?			
5. If **ANY** of the questions in # 4 were answered **YES** (for any device utilized in the study), then that investigational device is **classified as SR and requires an IDE from the FDA and approval from the IRB prior to study initiation.**			
6. If **ALL** questions in # 4 were answered **NO**, then the device(s) are **classified as NSR**. If the IRB agrees then the Investigator must comply with the 'Abbreviated Requirements' (21 CFR 812.2) and to the Protection of Human Subjects (21 CFR 50) & IRB regulations (21 CFR 56).			

The MIAP Team is available to meet with any UM investigator(s) to discuss the issues outlined above. MIAP can provide advice regarding the IDE process, discuss FDA filing strategies, make recommendations for protocol improvement and give input / feedback regarding the FDA IDE exemption status for any project. MIAP Team can be reached via email at MICHRMIAP@med.umich.edu.

_____ _____

Principal Investigator Signature **Date**