

[Department Name]

**Research Procedure Addendum**

*[RPA Reference Number]*

***[COM–CTMO SOP Title & Reference Number]***

**Authorized by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Department Medical Director] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Department Administrative Director] Date

1. **Objective [Required]**

This Research Procedure Addendum (RPA) is an elaboration on the College of Medicine Clinical Trials Management Organization SOP [SOP Title] effective on [DD-MON-YYYY]. This document describes additional detailed procedures for clinical research conducted by [Department Name] at The Ohio State University Wexner Medical Center (OSUWMC). These detailed instructions promote compliance in conducting clinical research.

1. **Applies To: [Required]** *(List individual titles, general classifications, or specific applications such as “anyone performing the informed consent discussion” as appropriate)*

1. **Definitions [Optional]** *(Define terms with specialized meaning for this research team)*
2. **Attachments [Optional]** *(List titles of any applicable attachments)*
   1. *[Attachment A]*
3. **Department Research Procedures [Required]**
   1. **Procedure for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(List out details of tasks to be completed, how to complete the tasks and who is responsible for completing the task)*

Issued: DD-MON-YEAR

Revised: DD-MON-YEAR