



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

CFR - Code of Federal Regulations Title 21

The information on this page is current as of April 1 2017.

For the most up-to-date version of CFR Title 21, go to the [Electronic Code of Federal Regulations \(eCFR\)](#).⁶

New Search

[Help](#)⁷ | [More About 21CFR](#) ⁸

[Code of Federal Regulations]
[Title 21, Volume 1]
[Revised as of April 1, 2017]
[CITE: 21CFR50]

TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER A--GENERAL
PART 50PROTECTION OF HUMAN SUBJECTS

Subpart D--Additional Safeguards for Children in Clinical Investigations

Sec. 50.50 IRB duties.

In addition to other responsibilities assigned to IRBs under this part and part 56 of this chapter, each IRB must review clinical investigations involving children as subjects covered by this subpart D and approve only those clinical investigations that satisfy the criteria described in 50.51, 50.52, or 50.53 and the conditions of all other applicable sections of this subpart D.

Sec. 50.51 Clinical investigations not involving greater than minimal risk.

Any clinical investigation within the scope described in 50.1 and 56.101 of this chapter in which no greater than minimal risk to children is presented may involve children as subjects only if the IRB finds that:

- (a) No greater than minimal risk to children is presented; and
- (b) Adequate provisions are made for soliciting the assent of the children and the permission of their parents or guardians as set forth in 50.55.

[78 FR 12951, Feb. 26, 2013]

Sec. 50.52 Clinical investigations involving greater than minimal risk but presenting the prospect of direct benefit to individual subjects.

Any clinical investigation within the scope described in 50.1 and 56.101 of this chapter in which more than minimal risk to children is presented by an intervention or procedure that holds out the prospect of direct benefit for the individual subject, or by a monitoring procedure that is likely to contribute to the subject's well-being, may involve children as subjects only if the IRB finds that:

- (a) The risk is justified by the anticipated benefit to the subjects;
- (b) The relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches; and
- (c) Adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians as set forth in 50.55.

[66 FR 20598, Apr. 24, 2001, as amended at 78 FR 12951, Feb. 26, 2013]

Sec. 50.53 Clinical investigations involving greater than minimal risk and no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subjects' disorder or condition.

Any clinical investigation within the scope described in 50.1 and 56.101 of this chapter in which more than minimal risk to children is presented by an intervention or procedure that does not hold out the prospect of direct benefit for the individual subject, or by a monitoring procedure that is not likely to contribute to the well-being of the subject, may involve children as subjects only if the IRB finds that:

- (a) The risk represents a minor increase over minimal risk;
- (b) The intervention or procedure presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations;
- (c) The intervention or procedure is likely to yield generalizable knowledge about the subjects' disorder or condition that is of vital importance for the understanding or amelioration of the subjects' disorder or condition; and
- (d) Adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians as set forth in 50.55.

[66 FR 20598, Apr. 24, 2001, as amended at 78 FR 12951, Feb. 26, 2013]

Sec. 50.54 Clinical investigations not otherwise approvable that present an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children.

If an IRB does not believe that a clinical investigation within the scope described in 50.1 and 56.101 of this chapter and involving children as subjects meets the requirements of 50.51, 50.52, or 50.53, the clinical investigation may proceed only if:

- (a) The IRB finds that the clinical investigation presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children; and
- (b) The Commissioner of Food and Drugs, after consultation with a panel of experts in pertinent disciplines (for example: science, medicine, education, ethics, law) and following opportunity for public review and comment, determines either:
 - (1) That the clinical investigation in fact satisfies the conditions of 50.51, 50.52, or 50.53, as applicable, or
 - (2) That the following conditions are met:
 - (i) The clinical investigation presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children;
 - (ii) The clinical investigation will be conducted in accordance with sound ethical principles; and
 - (iii) Adequate provisions are made for soliciting the assent of children and the permission of their parents or guardians as set forth in 50.55.

[66 FR 20598, Apr. 24, 2001, as amended at 78 FR 12951, Feb. 26, 2013]

Sec. 50.55 Requirements for permission by parents or guardians and for assent by children.

- (a) In addition to the determinations required under other applicable sections of this subpart D, the IRB must determine that adequate provisions are made for soliciting the assent of the children when in the judgment of the IRB the children are capable of providing assent.
- (b) In determining whether children are capable of providing assent, the IRB must take into account the ages, maturity, and psychological state of the children involved. This judgment may be made for all children to be involved in clinical investigations under a particular protocol, or for each child, as the IRB deems appropriate.
- (c) The assent of the children is not a necessary condition for proceeding with the clinical investigation if the IRB determines:
 - (1) That the capability of some or all of the children is so limited that they cannot reasonably be consulted, or
 - (2) That the intervention or procedure involved in the clinical investigation

holds out a prospect of direct benefit that is important to the health or well-being of the children and is available only in the context of the clinical investigation.

(d) Even where the IRB determines that the subjects are capable of assenting, the IRB may still waive the assent requirement if it finds and documents that:

- (1) The clinical investigation involves no more than minimal risk to the subjects;
- (2) The waiver will not adversely affect the rights and welfare of the subjects;
- (3) The clinical investigation could not practicably be carried out without the waiver; and
- (4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

(e) In addition to the determinations required under other applicable sections of this subpart D, the IRB must determine, in accordance with and to the extent that consent is required under part 50, that the permission of each child's parents or guardian is granted.

- (1) Where parental permission is to be obtained, the IRB may find that the permission of one parent is sufficient for clinical investigations to be conducted under 50.51 or 50.52.
- (2) Where clinical investigations are covered by 50.53 or 50.54 and permission is to be obtained from parents, both parents must give their permission unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.

(f) Permission by parents or guardians must be documented in accordance with and to the extent required by 50.27.

(g) When the IRB determines that assent is required, it must also determine whether and how assent must be documented.

[66 FR 20598, Apr. 24, 2001, as amended at 78 FR 12951, Feb. 26, 2013]

Sec. 50.56 Wards.

(a) Children who are wards of the State or any other agency, institution, or entity can be included in clinical investigations approved under 50.53 or 50.54 only if such clinical investigations are:

- (1) Related to their status as wards; or
- (2) Conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as subjects are not wards.

(b) If the clinical investigation is approved under paragraph (a) of this section, the IRB must require appointment of an advocate for each child who is a ward.

- (1) The advocate will serve in addition to any other individual acting on behalf of the child as guardian or in loco parentis.
- (2) One individual may serve as advocate for more than one child.
- (3) The advocate must be an individual who has the background and experience to act in, and agrees to act in, the best interest of the child for the duration of the child's participation in the clinical investigation.
- (4) The advocate must not be associated in any way (except in the role as advocate or member of the IRB) with the clinical investigation, the investigator(s), or the guardian organization.

Authority: 21 U.S.C 321, 343, 346, 346a, 348, 350a, 350b, 352, 353, 355, 360, 360c-360f, 360h-360j, 371, 379e, 381; 42 U.S.C. 216, 241, 262, 263b-263n.

Source: 45 FR 36390, May 30, 1980, unless otherwise noted.

Links on this page:

1. <http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdomain>
2. <http://www.addthis.com/bookmark.php>

3. <http://www.fda.gov/default.htm>
4. <http://www.fda.gov/MedicalDevices/default.htm>
5. <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm>
6. [http://www.ecfr.gov/cgi-bin/text-idx?
SID=3ee286332416f26a91d9e6d786a604ab&mc=true&tpl=/ecfrbrowse/Title21/21tab_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?SID=3ee286332416f26a91d9e6d786a604ab&mc=true&tpl=/ecfrbrowse/Title21/21tab_02.tpl)
7. </scripts/cdrh/cfdocs/search/default.cfm?FAQ=true>
8. <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/ucm135680.htm>

Page Last Updated: 08/14/2017

Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#).

Language Assistance Available: [Español](#) | [繁體中文](#) | [Tiếng Việt](#) | [한국어](#) | [Tagalog](#) | [Русский](#) | [العربية](#) | [Kreyòl Ayisyen](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [فارسی](#) | [English](#)

[Accessibility](#) [Contact FDA](#) [Careers](#) [FDA Basics](#) [FOIA](#) [No FEAR Act](#) [Site Map](#) [Nondiscrimination](#) [Website Policies](#)



U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)

[Contact FDA](#)



[For Government](#) [For Press](#)

[Combination Products](#) [Advisory Committees](#) [Science & Research](#) [Regulatory Information](#) [Safety](#) [Emergency](#)
[Preparedness](#) [International Programs](#) [News & Events](#) [Training and Continuing Education](#) [Inspections/Compliance](#)
[State & Local Officials](#) [Consumers](#) [Industry](#) [Health Professionals](#) [FDA Archive](#)



U.S. Department of **Health & Human Services**

Links on this page: