LINDENWOOD
UNIVERSITY

Institutional Review Board Manual

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Preface

This manual is intended for members of the Institutional Review Board; however, it is available to all Lindenwood University faculty, staff, and students as well as publicly available on the University website. The policies and procedures in this manual seek to comply with all federal regulations related to IRB. Additional information including training materials can be found on the LU IRB's website. This manual will be updated as policies and procedures change and situations arise.

Federal Wide Assurance

The Lindenwood University IRB does not currently have a Federal Wide Assurance (FWA) number with the Department of Health and Human Services. Accordingly, all research funded by Federal agencies must receive approval from an Institutional Review Board that has a FWA number in order to receive the Federal funding.

The Lindenwood University IRB intends to apply for a FWA, as soon as all of the requirements for receiving a FWA are met by the institution. That being the case, the LU IRB is committed to abiding by the Federal regulations applicable to human research subjects projection. At the time of this writing, Lindenwood faculty and students were not engaged in any research that falls under the authority of the FDA.

Definitions

Action Letter – document issued to PIs by the IRB communicating the IRB's official decision on a submitted protocol; any required or suggested changes to research protocols are specified in this document.

Adverse Event – unanticipated problem involving risks to study participants or others

Chair – duties include includes scheduling reviews, certifying IRB actions, certifying approval and disapproval of protocols, serving as the focal point for interaction of the IRB with the Lindenwood community, and overseeing the development and execution of the educational efforts of the IRB on campus. In the context of this manual, Chair refers to the chair of the IRB, not the Chair of a student's dissertation committee.

Classroom Projects to Teach Research Methods – classroom activities are course assignments/projects that involve student collection of data from human subjects to satisfy the curriculum requirements of a research methods related course. Typically class projects are concluded at the end of the relevant semester. A classroom activity is not "human subject research", and does NOT result in research data that will be disseminated beyond the institution of Lindenwood and its immediate university community. However, instructors should submit classroom projects on IRBNet using the appropriate form and wait to receive an exemption letter before proceeding with the project. All students participating in the classroom project should complete the NIH training. Classroom projects should still use all elements of informed consent outlined by federal regulations. Data from classroom projects may

not be disseminated at conferences **(including the LU Student Research Symposium)** or published in a forum accessible to anyone beyond the instructor and class.

Expedited Protocol – type of research protocol submitted if research involves no more than "minimal risk," but does not qualify for exemption from formal review.

Full Protocol – the default research protocol submitted to the LU IRB; a researcher must submit a full protocol, unless s/he believes the proposed research meets the criteria for expedited review or exemption from formal review.

Human Subject – a living individual about whom an investigator conducting research obtains (a) data through intervention or interaction with the individual, or (b) identifiable private information (44 CFR §46.102(f)).

Informed Consent – PI must obtain informed consent from each participant, or informed consent from the guardians or legal representatives of minor participants. A signed, written-consent form is not necessary for Exempt applications. However, in cases where a written-consent form is not used, researchers must adhere to an oral informed-consent process. In either written or oral form, the informed-consent process should meet the following criteria:

1. Script or document is written in age-appropriate language
2. Includes PI contact information
3. Explains voluntariness of participation
4. Explains procedure for withdrawal
5. Explains confidentiality of data

Institutional Review Board (IRB) – the Institutional Review Board is a committee made up of Lindenwood University faculty members from diverse disciplines and departments, which reviews proposed research protocols, for human subjects concerns.

IRB Approval – the determination of the IRB that the research has been reviewed and may be conducted at an institution within the constraints set forth by the IRB and by other institutional and federal requirements (45 CFR §46.102(h)).

IRBNet – online IRB management system used by Lindenwood University IRB for all submissions and communications to the IRB.

Minimal Risk – A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life (45 CFR §46.102(i)).

Office for Human Research Protections (OHRP) – more information at http://www.hhs.gov/ohrp/

Package – a document or collection of documents uploaded to IRBNet for submission to the IRB representing a one-time submission, including one or a collection of documents; for example: the initial

research protocol submission, a Completion/Amendment Form submission, or an Adverse Event Form submission. Multiple packages may make up a project.

Principal Investigator (PI) – the Principal Investigator is the person or persons conducting the research activities, also called the researcher.

Project – collection of all documents, including the initial package and all subsequent packages, pertaining to one research project, uploaded to IRBNet for submission to the IRB.

Research – systematic investigation with the intent of contributing to generalizable knowledge (45 CFR §46.102(d)).

Researcher—the lead researcher on the IRB protocol (also called Principal Investigator [PI]). A researcher may be a student if a full time faculty member has agreed to supervise. A researcher may be an adjunct faculty member if the Dean of the adjunct's school gives permission. The researcher should share the package on IRBNet with all members of the research team, so they have access to all correspondence from the IRB.

Sensitive Topics – those topics dealing with behaviors, which, if publicly disclosed, could be damaging to subjects or place them at risk of criminal or civil prosecution; some common examples are sexual activity, domestic or sexual violence, drug use/abuse, child abuse and other illegal activities. Sensitive topics, as defined by the NIH, include the following categories: (a) Information relating to sexual attitudes, preferences, or practices; (b) Information relating to the use of alcohol, drugs, or other addictive products; (c) Information pertaining to illegal conduct; (d) Information that if released could reasonably be damaging to an individual's financial standing, employability, or reputation within the community; (e) Information that would normally be recorded in a patient's medical record, and the disclosure of which could reasonably lead to social stigmatization or discrimination; (f) Information pertaining to an individual's psychological well-being or mental health. In addition to these categories, information in other categories, might also be considered sensitive because of specific cultural or other factors.

Systematic Investigation – an activity that involves a prospective plan that incorporates data collection, either quantitative or qualitative, and data analysis to answer a question.

Mandatory Training

Lindenwood University has a human protection training policy for all PIs, sponsors, and IRB members. Each of the previously named individuals must complete the National Institutes of Health (NIH) Protecting Human Research Participants training. A certificate of this training must be uploaded to IRBNet and linked to each submitted package. If researchers have an equivalent certificate of Human Subjects protection training, they should contact the IRB Chair to see if this training will be considered equivalent. This certificate is valid for five years. **Professors assigning students projects involving collection of data from human subjects are highly encouraged to require this training as a course assignment, even if the course activity does not constitute research under federal regulations.**

IRB Membership

Faculty IRB members are appointed by the dean of their respective schools. Some schools have more than one representative based on size and the number of IRB protocols received from that school. A list of the current IRB membership appears on the Lindenwood IRB website.

IRB members serve two-year terms. The chair and secretary of the IRB serves a one-year term. For smoother transitions, the secretary of the IRB often becomes the chair after the one-year term, but the Board still votes every year to determine the secretary and chair of the committee.

The IRB has a subcommittee of members who meet to review applications in the summer terms. The majority of IRB members are not 12-month contract employees and thus not obligated to attend meetings in the summer. The membership of this subcommittee is consistent with federal regulations for IRB membership. Those members with an asterisk next to their name on the roster are on the summer review subcommittee.

The IRB Chair may form additional subcommittees as needed, especially for creation of written policies and procedures and training for University students and faculty. Formation of these subcommittees and their membership will be noted in the minutes.

Faculty IRB members receive one course release per year for their service. IRB membership includes not only attending meetings but also reviewing all assigned protocols. Committee members should note their comments and recommendations on IRBNet to facilitate discussion during meetings. Community members receive a stipend of $75 per meeting. If an IRB member is unable to fulfill their obligation, he or she either relinquishes her course release or membership on the IRB. Attendance at meetings is essential for maintaining quorum to vote on protocols, as required by federal regulations. If quorum is not reached, protocols cannot be approved, although the Board members who are present may still discuss and informally provide feedback via email to the researcher.

Yearly, IRB members must sign a conflict of interest and confidentiality agreement. Within one month of joining the IRB, members must complete the NIH training required of researchers if they have not already. This certificate should be uploaded to IRB Net to fulfill regulations for education for IRB members.

If desired, schools may appoint an alternate IRB member to serve when the primary IRB Member cannot fulfill their commitments. Alternates must be formally appointed to be able to serve on the LU IRB but *ad hoc* substitutes are not permissible. Alternates must be listed on the official LU IRB roster as such, and the roster must identify the primary member(s) for whom each alternate member may substitute. The alternate's qualifications should be comparable to the primary member to be replaced. The IRB minutes will document when an alternate member replaces a primary member. When an alternate is to substitute for a primary member, the IRB chair must be notified in enough time so that the alternate member may receive and review the same material that the primary member received or would have received.

IRB Meetings

The IRB meets twice a month in August through December and February through May. The IRB meets once a month in January, June, and July. Dates and deadlines are posted on the IRB's website and reminders of the submission deadlines are emailed to all faculty and staff in the LU Digest. Even if there are no protocols for review, the IRB still meets for continuing education. IRB meetings typically take one hour but can extend to two hours depending on the number of protocols requiring review. Protocols may be tabled if the IRB requires additional documents or information from the PI. This will be requested in a message through IRBNet when the package is unlocked.

The minutes of IRB meetings indicate who was present, the vote on each protocol (the number for, against, abstaining, and recusing), and a summary of the discussion of each protocol including any required changes, as well as any continuing education. The minutes indicate expedited protocols that were approved. Protocol are always referred to by number in the minutes; researchers are never referred to by name. The minutes also never refer to specific IRB members by name or detail how they voted or discussion points that they raised. IRB members are expected to keep the deliberations confidential, as explained in the Conflict of Interest and Confidentiality Agreements. IRB members should encourage any students or faculty inquiring about their protocol to wait for official correspondence from the IRB.

Minutes should also indicate the criteria used for reviewing amendments to an application. Generally, amendments to expedited protocol that address the following changes listed below require only review by the chair and/or her/his designee (unless otherwise decided by the Board). In IRBNet, these types of reviews are called "administrative reviews."

1. Extension of project end date
2. Change the PI or supervising faculty member
3. Request for additional years or data-collection sites if collection procedures remain unchanged
4. Change in the minimum or maximum number of study participants
5. Minor changes to survey or interview protocol.

During meetings, the IRB secretary takes minutes (assisted by a GA if one is available). IRB action letters are developed from these minutes. Typically the minutes are in bullet points for each protocol on the agenda. Quorum must be reached for each protocol reviewed, since different members may recuse themselves for one protocol but not others. Quorum is defined as a majority of IRB Members, and must include at least one nonscientist (45 CFR §46.108(b)). Members who are supervising a student or a researcher on the protocol must leave the room during discussion. Members who have not read the protocol in sufficient detail should abstain from voting. The chair of the IRB does vote on protocols unless he or she recuses himself or herself.

IRB members may join the discussion by Skype if there is no other option. Some extension campus sites are over four hours away, and it is not feasible for the faculty members there to drive for every meeting. However, every attempt is made to schedule IRB meetings when these faculty are already on the main campus for other meetings.

Minutes of IRB meetings are available on IRBNet for all members. These minutes indicate all reviews including expedited and administrative reviews.

Review of Protocols

When considering whether an activity meets the definition of human subjects research, and thus requires approval by the LU IRB, one must consider two federal definitions: research and human subject (see above). Members are encouraged to consult their copy of *the Institutional Review Board Member Handbook* if they have questions during review of a protocol. Members are encouraged to first review the consent materials and recruitment documents, just as a participant would. Members should review all the materials for all protocols to which they have been assigned to review. For this reason, all full protocols must be submitted in IRBNet at least one week prior to the scheduled meeting date. Researchers should note that the Lindenwood IRB does not use a primary reviewer system; all members read all full protocols in their entirety. The protocol is then reviewed by the chair and placed on the agenda if appropriate. Members are notified of the IRB's decision by IRBNet. Typically researchers do not attend IRB meetings, but the chair may request a researcher's presence if he or she anticipates a great deal of questions.

Expedited protocols are reviewed on a rolling basis. The chair or secretary reviews all expedited protocols and assigns two IRB member as reviewers. While the chair attempts to pair members with protocols that fit their area of specialization, this is not always possible, so protocols may also be assigned randomly to evenly distribute the workload. Expedited reviewers use the Expedited Review Checklist to provide feedback to the chair. New members with less than a year of service on the IRB may be asked to review expedited protocols, but a more experienced member will be paired with them and each will read the other's review.

Applications for Exemption from IRB review and changes made to protocols that were approved with revisions receive administrative review. Administrative review requires no judgment to be made, but rather is a simple verification that either (a) the proposed research meets all requirements for exemption from IRB review, or (b) that all mandatory changes have been made as requested by the IRB.

The LU IRB only accepts research protocols from currently enrolled Lindenwood University students, graduate or undergraduate, and from full-time faculty or staff. Faculty and students from other institutions may be listed as researchers on protocols, but a Lindenwood University full time faculty member must agree to supervise the research. Adjunct professors at Lindenwood may submit to the LU IRB if they have a sponsor who is a full-time faculty member or if the Dean of the respective school grants permission. Non-Lindenwood affiliated PIs wishing to submit a research protocol to the LU IRB may request that the IRB review their protocol for a fee, but the IRB is under no obligation to approve any such request from non-Lindenwood affiliated PIs.

IRB Decisions

The IRB will come to one of four decisions about a protocol requiring full Board approval. This decision will be detailed in an action letter that researchers access through IRBNet.

IRB Decision	PI Action	IRB Action
Approved	Begin collecting data, fill out completion form when prompted, complete adverse event form if necessary and submit as new package under the original project on IRBNet	Send out request for completion form a maximum one year after approval
Approved with revisions	Make revisions, highlighting changes on protocol and indicating changes on response to action letter, resubmit as new package under the same project on IRBNet	Chair will review changes and approve if satisfied (expedited review on a rolling basis), protocol is then approved.
Tabled pending additional information/clarification of process	Supply IRB with necessary consent forms or additional information required to determine if human subjects are protected. Written approval from all research sites must be included before IRB will issue final approval. Upload missing documents to IRBNet in unlocked package and resubmit	Full IRB review, must wait for next deadline, protocol may be disapproved, approved, or approved with revisions at that point
Disapproved	Rewrite protocol and resubmit as a new package in IRBNet, consulting with School IRB rep/supervising faculty member	Full IRB review, must wait for deadline, PI may be asked to attend meeting; protocol may be disapproved, approved, or approved with revisions after the second review

If the IRB member reviewing an expedited protocol is unable to approve it based on federal regulations for protection of human subjects, the chair will either contact the PI and discuss revisions or place the protocol on the full IRB agenda. The IRB chair will contact the PI if the issue is lack of clarity or another issue that can quickly and efficiently be remedied. The protocol will be placed on the next full IRB agenda if the issue is one requiring discussion by the entire Board.

IRB approval generally expires after one year, thus without filing for an extension of time using the Completion/Amendment Form, LU IRB approval of a research protocol will expire one year from the

original date of IRB approval. If an extension of time to collect data is needed, PIs may make a request for an extension by submitting a Completion/Amendment Form as a new package under the existing project on IRBNet.

Amendments to Protocols

Unless the amendment specifically requests an extension of the deadline, the deadline specified on the original IRB is still in effect. Thus, if a PI is filing an amendment to extend data collection to an additional research site, it is recommended he or she also examine the completion date to determine if the project will be complete by then.

Amendments to expedited applications are always reviewed by the chair or secretary. If the amendment changes the protocol to one requiring full Board approval, the chair will request the PI complete a new protocol. PIs are encouraged to upload their initial IRB protocol and all attachments with the amendment.

Amendments must be submitted to the IRB through IRBNet. If the original research protocol was approved using the IRBNet system, the Completion/Amendment Form should be submitted as a new package under the existing project. If the original research protocol was approved prior to the implementation of the IRBNet system, then the Completion/Amendment Form should be submitted as a new project on IRBNet.

Appeal Process

If a protocol is tabled or disapproved at the IRB Panel meeting, the PI should work with the IRB and the Chair to resolve identified issues. The investigator may be invited to attend the next meeting after the protocol is resubmitted with changes. At that time the IRB can discuss with the PI any unresolved issues and obtain clarifications as needed. During the full-Board discussion and voting process the PI will not be in the room, but will be invited back into the room to answer additional questions and to receive the verbal report of the IRB's decision. If the PI and Board cannot reach an agreement, the investigator may contact the IRB Chair and request an appeal with the Provost.

Records

Records must be kept for as long as the applicable regulations require (3 years MINIMUM). Records must be kept in locked file, and it must be explicit (a) how long records will be retained, (b) who will have access to the records, and (c) when records will be destroyed.

Responsibilities of Investigators

Student PI – familiarize themselves with IRB guidelines and procedures before submitting research protocol, complete NIH Protecting Human Research Participants training, submit an adequately prepared/proofread research protocol, take proper measures to ensure confidentiality and security of

all information obtained from participants, submit to and be recommended by departmental pre-review process prior to submitting protocol to the LU IRB

Faculty PI – familiarize themselves with IRB guidelines and procedures before submitting research protocol, complete NIH Protecting Human Research Participants training, submit an adequately prepared and proofread research protocol, take proper measures to ensure confidentiality and security of all information obtained from participants

Faculty Supervisor – complete NIH Protecting Human Research Participants training, ensure that submitted student protocols are adequately prepared and proofread, supervise student research to make sure that proper measures are taken to ensure confidentiality and security of all information obtained from participants, ensure compliance with process described in approved research protocol

Informed Consent - No researcher may conduct human subject research unless the researcher has obtained the legally effective informed consent of the subject or the subject's legally authorized representative (45 CFR §46.116). In seeking informed consent the following information shall be provided to each subject:

> A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental (45 CFR §46.116(a)(1));
>
> A description of any reasonably foreseeable risks or discomforts to the subject (45 CFR §46.116(a)(2));
>
> A description of any benefits to the subject or to others which may reasonably be expected from the research (45 CFR §46.116(a)(3));
>
> A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained (45 CFR §46.116(a)(5));
>
> For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained (45 CFR §46.116(a)(6));
>
> An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject (45 CFR §46.116(a)(7)); and
>
> A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled (45 CFR §46.116(a)(8)).

Continuing Review

IRB approval is a temporary authority that may be withdrawn at any time if warranted by the conduct of the research. The regulations authorize the IRB to establish procedures for the concurrent monitoring of research activities. Periodic review of research activities is necessary to determine whether approval should be continued or withdrawn. All research must be reviewed at least annually.

Reporting Misconduct / Noncompliance

Faculty PIs are responsible for reporting any unanticipated risks to subjects or others, or any serious or continuing noncompliance to the LU IRB. Faculty supervisors are responsible for ensuring that the student PIs they supervise report any unanticipated risks to subjects or others, or any instance of serious or continuing noncompliance to the LU IRB.

Once the PI determines that an adverse event meets the IRBs' reporting requirements, s/he must report to the IRB on the required Event Form provided for this purpose. Supporting documents, including a copy of the Informed Consent (IC), should also be attached. For reasons of confidentiality, subjects names must not be included in the report. If the adverse event results in the need to revise the informed consent, or other study documents, the PI must submit a study amendment to the IRB.

Electronic Surveys

In order to preserve the confidentiality of student emails and other information, surveys of large groups of Lindenwood's student, faculty/staff, or alumni populations require the use of the University's Survey Monkey account and Provost approval. Individual classes or existing student groups may be electronically surveyed with the permission of the course instructor or faculty sponsor. Survey creators must carefully consider development of these instruments so that the information collected is anonymous. This is especially true for faculty members surveying their own students. The level of detail requested for demographics should be carefully considered to preserve anonymity. If these surveys meet the qualifications for research, IRB approval must first be sought before distribution.

Researchers are urged to carefully consider their method of survey delivery. While electronic surveying may be convenient, the response rate is often low because of the frequency of survey requests from different groups on campus. Researchers (and others conducting surveys) should consider if the Lindenwood Participant Pool is an appropriate recruitment method for survey responses. Direct emailing all students, alumni, or faculty/staff with requests for survey participation should be avoided if possible. Options include embedding links to surveys within existing communications such as the LU Digest (for faculty/staff) or LindenBark (for alumni). Departments or Schools may wish to embed survey requests into existing newsletters or other communication rather than sending separate emails. Incentives for survey participation are allowed as long as they are not substantial enough to become coercion to participate.

The University and specific departments send survey requests to comply with outside accrediting agencies. These surveys may take priority over research, and the timing of requests to distribute electronic surveys using SurveyMonkey will depend on what other surveys are in the system for distribution. This is in an effort to avoid overwhelming the same groups of faculty/staff and students

with electronic survey requests repeatedly. The schedule of electronic survey distribution is coordinated by the Executive Communications Office.

IRB's role is to protect human subjects.

REGULATORY REQUIREMENTS

HHS regulations at 45 CFR 46.103(b)(4) and (5) require that institutions have written IRB procedures for each of the following:

1. the procedures which the IRB will follow for conducting its initial review of research;
2. the procedures which the IRB will follow for conducting its continuing review of research;
3. the procedures which the IRB will follow for reporting its findings and actions to investigators and the institution;
4. the procedures which the IRB will follow for determining which projects require review more often than annually;
5. the procedures which the IRB will follow for determining which projects need verification from sources other than the investigators that no material changes have occurred since previous IRB review;
6. the procedures which the IRB will follow for ensuring prompt reporting to the IRB of proposed changes in a research activity, and for ensuring that such changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject; and
7. the procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, any Department or Agency head, and OHRP of:
    a. any unanticipated problems involving risks to subjects or others (hereinafter referred to as *unanticipated problems*);
    b. any serious or continuing noncompliance with 45 CFR Part 46 or the requirements or determinations of the IRB; and
    c. any suspension or termination of IRB approval.

GUIDANCE ON OPERATIONAL DETAILS

Written IRB procedures should provide a step-by-step description with key operational details for each of the above procedures. Important operational details for the above procedures should include:

1. a description of any primary reviewer system used for initial review, continuing review, review of protocol changes, and/or review of reports of unanticipated problems or of serious or continuing noncompliance;
2. lists of specific documents distributed to primary reviewers (if applicable) and to all other IRB members for initial review, continuing review, review of protocol changes, and review of reports of unanticipated problems or of serious or continuing noncompliance;
3. details of any process (e.g., a subcommittee procedure) that may be used to supplement the IRB's initial review, continuing review, review of protocol changes, and/or review of reports of unanticipated problems or of serious or continuing noncompliance;
4. the timing of document distribution prior to IRB meetings;
5. the range of possible actions taken by the IRB for protocols undergoing initial or continuing review and protocol changes undergoing review;
6. a description of how expedited review is conducted and how expedited approval actions are communicated to all IRB members;
7. a description of the procedures for:

   a. communicating to investigators IRB action regarding proposed research and any modifications or clarifications required by the IRB as a condition for IRB approval of proposed research; and

   b. reviewing and acting upon investigators responses;

8. a description of which institutional office(s) and official(s) are notified of IRB findings and actions and how notification to each is accomplished;

9. a description, if applicable, of which institutional office(s) or official(s) is responsible for further review and approval or disapproval of research that is approved by the IRB; please note that, in accordance with HHS regulations at 45 CFR 46.112, no other institutional office or official may approve research that has not been approved by the IRB;

10. a specific procedure for how the IRB determines which protocols require review more often than annually, including specific criteria used to make these determinations (e.g., an IRB may set a shorter approval period for high-risk protocols or protocols with a high risk:potential benefit ratio);

11. a specific procedure for how the IRB determines which projects need verification from sources other than the investigators that no material changes have occurred since previous IRB review, including specific criteria used to make these determinations (e.g., such criteria could include some or all of the following:

    a. randomly selected projects;

    b. complex projects involving unusual levels or types of risk to subjects;

    c. projects conducted by investigators who previously have failed to comply with the requirements of the HHS regulations or the requirements or determinations of the IRB; and

    d. projects where concern about possible material changes occurring without IRB approval have been raised based upon information provided in continuing review reports or from other sources);

12. a description of what steps are taken to ensure that investigators do not implement any protocol changes without prior IRB review and approval, except when necessary to eliminate apparent immediate hazards to subjects (e.g., this might be addressed through training programs and materials for investigators, specific directives included in approval letters to investigators, and random audits of research records);

13. a description of which office(s) or institutional official(s) is responsible for promptly reporting to the IRB, appropriate institutional officials, any supporting Agency or Department heads, and OHRP any:

    a. unanticipated problems;

    b. any serious or continuing noncompliance with 45 CFR Part 46 or the requirements or determinations of the IRB; and

    c. any suspension or termination of IRB approval;

14. a description of the required time frame for accomplishing the reporting requirements in the preceding paragraph; and

15. the range of possible actions taken by the IRB in response to reports of unanticipated problems or of serious or continuing noncompliance.

ADDITIONAL OHRP GUIDANCE RELEVANT TO WRITTEN IRB PROCEDURES

A. Guidance Relevant to Initial and Continuing Review

1. **Requirement for Review of Research by the IRB at Convened Meetings.** In accordance with HHS regulations at 45 CFR 46.108(b), initial and continuing reviews of research must be conducted by the IRB at convened meetings at which a majority of the members of the IRB are present, including at least one member whose primary concerns are in nonscientific areas (i.e., a quorum), except where expedited review is appropriate under HHS regulations at 45 CFR 46.110(b)(1) for the categories of research listed in the Federal Register of November 9, 1998 (see 63 FR 60364-60367 at http://www.hhs.gov/ohrp/humansubjects/guidance/63fr60364.htm). Approval of research is by a majority vote of this quorum. Should the quorum fail during a meeting (e.g., loss of a majority through recusal of members with conflicting interests or early departures, or absence of a nonscientist member), the IRB may not take further actions or votes unless the quorum can be restored.

2. **Research Review Materials**

   a. **Initial Review Materials.** HHS regulations at 45 CFR 46.111 set forth the criteria that must be satisfied in order for the IRB to approve research. These criteria include, among other things, determinations by the IRB regarding risks, potential benefits, informed consent, and safeguards for human subjects. In conducting the initial review of proposed research, IRBs must obtain information in sufficient detail to make the determinations required under HHS regulations at 45 CFR 46.111. Materials should include the full protocol, a proposed informed consent document, any relevant grant application(s), the investigator's brochure (if one exists), and any recruitment materials, including advertisements intended to be seen or heard by potential subjects. Furthermore, for HHS-supported multicenter clinical trials, the IRB should receive and review a copy of the HHS-approved sample informed consent document and the complete HHS-approved protocol, if they exist. Unless a primary reviewer system is used, all members should receive a copy of the complete documentation. These materials should be received by members sufficiently in advance of the meeting date to allow review of this material.

   If the IRB uses a primary reviewer system, the primary reviewer(s) should do an in-depth review of all pertinent documentation (see previous paragraph). All other IRB members should at least receive and review a protocol summary (of sufficient detail to make the determinations required under HHS regulations at 45 CFR 46.111), the proposed informed consent document, and any recruitment materials, including advertisements intended to be seen or heard by potential subjects. In addition, the complete documentation should be available to all members for review.

   b. **Continuing Review Materials.** Continuing review of research must be substantive and meaningful. The IRB must ensure that the criteria set forth by HHS regulations at 45 CFR 46.111 are satisfied at the time of continuing review. The procedures for continuing review by the convened IRB may include a primary reviewer system.

   In conducting continuing review of research not eligible for expedited review, all IRB members should at least receive and review a protocol summary and a status report on the progress of the research that includes:

   - the number of subjects accrued;
   - a summary of any unanticipated problems and available information regarding adverse events (in many cases, such a summary could be a simple brief statement that there have been no unanticipated problems and that adverse events have occurred at the expected frequency and level of severity as documented in the research protocol, the informed consent document, and any investigator brochure);
   - a summary of any withdrawal of subjects from the research since the last IRB review;
   - a summary of any complaints about the research since the last IRB review;
   - a summary of any recent literature that may be relevant to the research and any amendments or modifications to the research since the last IRB review;

- any relevant multi-center trial reports;
- any other relevant information, especially information about risks associated with the research; and
- a copy of the current informed consent document and any newly proposed consent document.

At least one member of the IRB (i.e., a primary reviewer) also should receive a copy of the complete protocol including any modifications previously approved by the IRB. Furthermore, upon request, any IRB members also should have access to the complete IRB protocol file and relevant IRB minutes prior to or during the convened IRB meeting.

The minutes of IRB meetings should document separate deliberations, actions, and votes for each protocol undergoing continuing review by the convened IRB.

When reviewing research under an expedited review procedure, the IRB Chair (or designated IRB member(s)) should receive and review all of the above-referenced documentation, including the complete protocol.

For additional details about OHRP's guidance on continuing review, see

http://www.hhs.gov/ohrp/policy/contrev0107.html.

3. **IRB Review in Emergency Situations.** HHS regulations do not permit human subject research activities to be started, even in an emergency, without prior IRB review and approval (see 45 CFR 46.103(b) and 46.116(f) and OHRP guidance at http://www.hhs.gov/ohrp/policy/hsdc91-01.html). When emergency medical care is initiated without prior IRB review and approval, the patient may not be considered a research subject under 45 CFR Part 46. Such emergency care may not be claimed as research, nor may any data regarding such care be included in any report of a prospectively conceived research activity. When emergency care involves investigational drugs, devices, or biologics, U.S. Food and Drug Administration (FDA) requirements must be satisfied.
4. **Contingent Approval of Research.** Convened IRBs often set conditions under which a protocol can be approved. OHRP notes that when the convened IRB requests substantive clarifications or modifications regarding the protocol or informed consent process/documents that are directly relevant to the determinations required by the IRB under HHS regulations at 45 CFR 46.111, IRB approval of the proposed research must be deferred, pending subsequent review by the convened IRB of responsive material.
5. **Conflicting Interest.** HHS regulations at 45 CFR 46.107(e) stipulate that no IRB member may participate in the IRB's initial or continuing review of a project in which the member has a conflicting interest, except to provide information requested by the IRB. OHRP recommends that except when requested by the IRB to be present to provide information, IRB members absent themselves from the meeting room when the IRB reviews research in which they have a conflicting interest, and such should be noted in the IRB meeting minutes.
6. **Initial and Continuing Expedited Review.** OHRP recommends that documentation for initial and continuing reviews conducted under an expedited review procedure include: (a) the specific permissible categories (see 63 FR 60364-60367 at http://www.hhs.gov/ohrp/humansubjects/guidance/63fr60364.htm) justifying the expedited review; and (b) documentation of the review and action taken by the IRB Chairperson or designated reviewer and any findings required under the HHS regulations.

B. Guidance Relevant to IRB Records and Documentation

1. **IRB Protocol Records.** IRB protocol records must include all the information stipulated by HHS regulations at 45 CFR 46.115(a)(1), (3), (4), and (7).

2. **Minutes of IRB Meetings**. The minutes of IRB meetings must include all the information stipulated by HHS regulations at 45 CFR 46.115(a)(2). The minutes of IRB meetings should document, among other things:

   a. Separate deliberations, actions, and votes for each protocol undergoing initial or continuing review by the convened IRB.

   b. The vote on all IRB actions including the number of members voting for, against, and abstaining. In order to document the continued existence of a quorum, OHRP recommends that votes be recorded in the minutes using the following format: Total = 15; Vote: For-14, Opposed-0, Abstained-1.

3. **Documentation of Findings.** HHS regulations at 45 CFR 46.116(d) require that the IRB make and document four findings when approving a consent procedure which does not include, or which alters, some or all of the required elements of informed consent or when waiving the requirement to obtain informed consent. OHRP recommends that when approving such a waiver for research reviewed by the convened IRB, these findings be documented in the minutes of the IRB meeting, including *protocol-specific* information justifying each IRB finding.

   Similarly, where HHS regulations require specific findings on the part of the IRB, such as:

   a. approving a procedure which waives the requirement for obtaining a signed consent form [see 45 CFR 46.117(c)];

   b. approving research involving pregnant women, human fetuses, or neonates (see 45 CFR 46.204-207);

   c. approving research involving prisoners (see 45 CFR 46.305-306);or

   d. approving research involving children (see 45 CFR 46.404-407), the IRB should document such findings.

   OHRP recommends that for research approved by the convened IRB, all required findings be fully documented in the minutes of the IRB meeting, including *protocol-specific* information justifying each IRB finding.

   For research reviewed under an expedited review procedure, these findings should be documented by the IRB Chairperson or other designated reviewer elsewhere in the IRB record.

4. **Documentation of Risk and Approval Period.** IRBs must determine which protocols require continuing review more often than annually, as appropriate to the degree of risk [see 45 CFR 46.103(b)(4) and 46.109(e)]. OHRP recommends that the minutes of IRB meetings clearly reflect these determinations regarding risk and approval period (review interval).

5. **Retention of IRB Records.** HHS regulations at 45 CFR 46.115(b) require that IRB records be retained for at least 3 years, and records relating to research which is conducted be retained for at least 3 years after completion of the research. All records must be accessible for inspection and copying by authorized representatives of HHS at reasonable times and in a reasonable manner.

C. Guidance Relevant to Review of Protocol Changes

1. **Requirement for Review of Proposed Protocol Changes by the IRB at Convened Meetings.** In accordance with HHS regulations at 45 CFR 46.108(b), review of proposed protocol changes must be conducted by the IRB at convened meetings at which a majority of the

members of the IRB are present, including at least one member whose primary concerns are in nonscientific areas, except where expedited review is appropriate under HHS regulations at 45 CFR 46.110(b)(2).

2. **Expedited Review of Minor Changes.** OHRP recommends that institutions adopt policies describing the types of minor changes in previously approved research which can be approved under an expedited review procedure in accordance with HHS regulations at 45 CFR 46.110(b)(2).

3. **Protocol Revisions.** OHRP recommends that each revision to a research protocol be incorporated into the written protocol. This practice ensures that there is only one complete protocol with the revision dates noted on each revised page and the first page of the protocol itself. This procedure is consistent with the procedure used for revised and approved informed consent documents which then supersede the previous one.

D. Miscellaneous Guidance

1. **Procedures for Determining Exemptions.** OHRP recommends that institutions adopt clear procedures under which the IRB (or some authority other than the investigator) determines whether proposed research is exempt from the human subjects regulations [see 45 CFR 46.101(b)]. Documentation should include the specific category justifying the exemption.

2. **Informed Consent Documents: Approval and Expiration Dates.** OHRP recommends that IRBs affix the approval and expiration dates to all approved informed consent documents and stipulate that copies of these dated documents must be used in obtaining consent. This procedure helps ensure that only the current, IRB-approved informed consent documents are presented to subjects and serves as a reminder to the investigators of the need for continuing review.

3. **Applicability of State and Local Laws to HHS-Supported Research.** The HHS regulations do not affect any applicable State or local laws or regulations which provide additional protections for human subjects [see 45 CFR 46.101(f)]. OHRP recommends that written IRB procedures describe applicable State and local laws and regulations relevant to the conduct of human subject research.

4. **Additional Considerations.** Institutions may wish to consider including additional pertinent information in their written IRB procedures, such as the following:

   a. important definitions (e.g., the definition of *research, human subject*, and *minimal risk)*;

   b. a description of procedures for implementing other relevant Federal regulations that apply to human subject research (e.g., FDA and HIPAA regulations);

   c. procedures for selecting and appointing the IRB Chairperson and members in order to satisfy the requirements of HHS regulations at 45 CFR 46.107;

   d. procedures for training and educating IRB members and staff and investigators;

   e. a description of the required elements of informed consent and criteria for waiving or altering these requirements; and

   f. procedures for ensuring that the IRB possesses sufficient knowledge of the local research context.