

IRB Submissions 101

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Office of Research**



UC Irvine Urology

Steps for planning a study

1. Determine whether IRB review is required
2. Complete CITI Tutorials
3. Determine study risk level and level of IRB review
4. Timelines
5. Ancillary committees
6. IRB Application package
7. IRB Application submission tips – common errors
8. IRB review process (FC & Expedited - charts)
9. After IRB Approval - Researcher responsibilities
10. Research Roadmap
11. New Submitter's training video
12. Helpful Tips/Guidance



Determine Whether IRB Review is Required

RESEARCH

Systematic investigation and
designed to develop or
contribute to generalizable knowledge

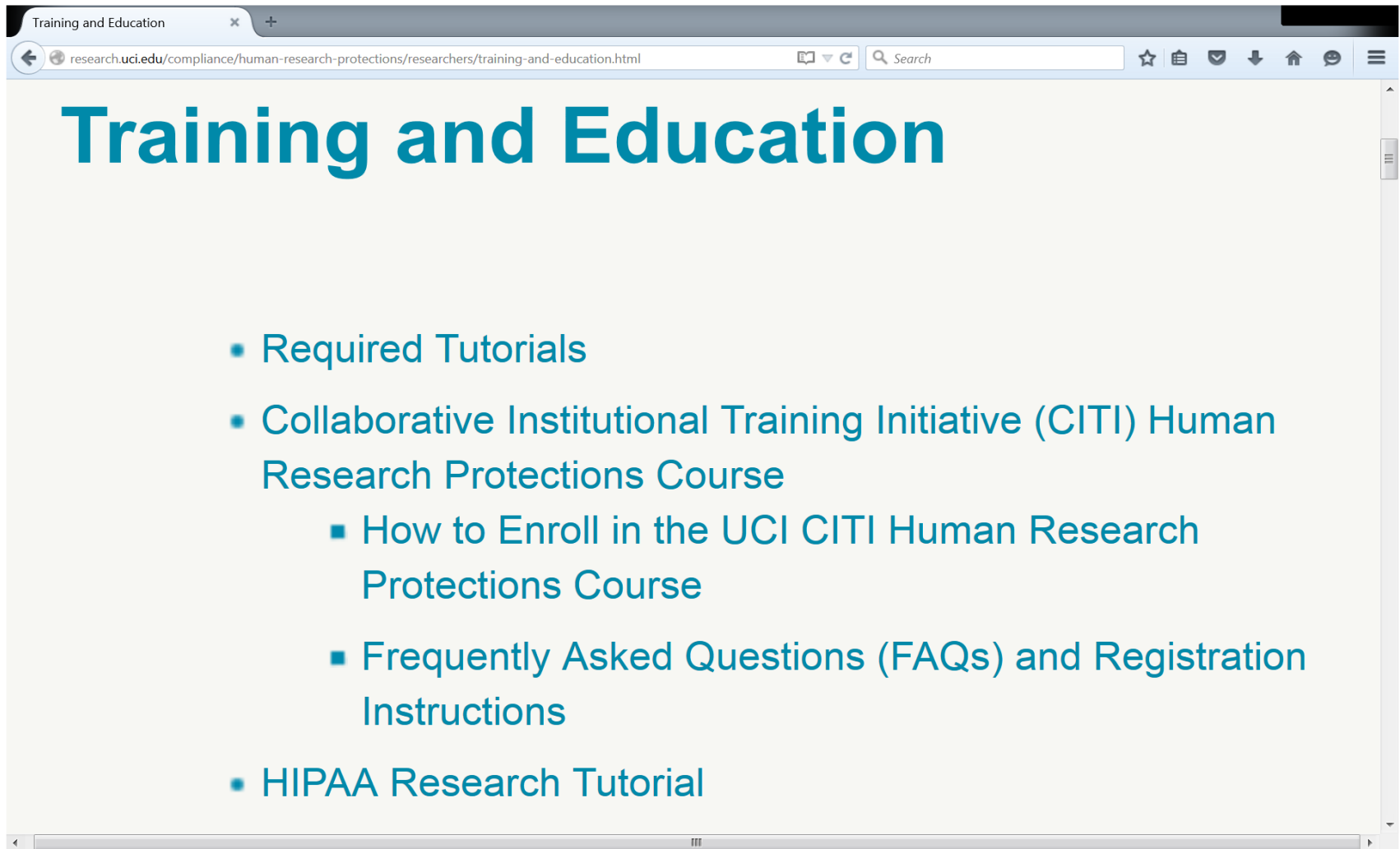


HUMAN SUBJECT

Research **about a living individual** either through
intervention/interaction or
identifiable private information

IRB REVIEW IS REQUIRED

Complete CITI and HIPAA Training



Training and Education

research.uci.edu/compliance/human-research-protections/researchers/training-and-education.html

Training and Education

- Required Tutorials
- Collaborative Institutional Training Initiative (CITI) Human Research Protections Course
 - How to Enroll in the UCI CITI Human Research Protections Course
 - Frequently Asked Questions (FAQs) and Registration Instructions
- HIPAA Research Tutorial



CITI Training

The screenshot shows the CITI Program website interface. At the top, there is a navigation bar with the CITI PROGRAM logo and the text "Collaborative Institutional Training Initiative at the University of Miami". Below this is a search bar and a "Search Knowledge Base" button. The main content area features a large image of a person in a lab coat working with a large, blue, hexagonal structure. To the right of the image is a login section with fields for "Username" and "Password", a "Log In" button, and a link for "Forgot Username or Password?". Below the login section is a "Log in through my institution" section with a "Log in via SSO" button. Further down is a "Create an account" section with a "Register" button. The website also includes a "Home | About Us | Courses | Become a Subscriber | CE Credits | News and Events | Contact Us" navigation menu and a footer with links for "Accessibility", "Copyright", "Privacy Notice", "Terms of Service", "Site Index", and "Contact Us".

Left Callout Boxes:

- **Select:**
University of California, Irvine
- **Use:** *UCINetID and UCI email address*

Right Callout Boxes:

- **Choose:**
Biomedical Investigator, or Social & Behavioral Investigator
- **Pass quizzes at 80% or higher**
- **Renew every 5 years**

HIPAA Training

Research On-Line Tutorial

https://apps.research.uci.edu/tutorial/

OFFICE OF RESEARCH
UNIVERSITY of CALIFORNIA • IRVINE

On-Line Research Tutorials

Welcome to the UCI Health Insurance Portability and Accountability Act (HIPAA) Research Tutorial website. This tutorial reviews core concepts and requirements for accessing, collecting, creating and/or providing Protected (Personal) Health Information (PHI) in the conduct of research involving human research participants.

Please read the following information carefully.

The HIPAA Research Tutorial is required when researchers will be listed on IRB protocols involving PHI.

All UCI employees (faculty, staff) and students (undergraduates, graduates, UNEX) must take the UC HIPAA Research tutorial for credit by using their UCINetID and password to log-in.

Will you be taking this tutorial for credit?

Yes, I will take the tutorial for credit.

No, I want to take the tutorial as a visitor.

Submit

Notes:

- If an outside institution has asked you to complete the UC HIPAA Research tutorial, you should take the tutorial as a visitor. Upon completion of the tutorial, a congratulations message will appear indicating that you have completed the tutorial as a visitor. You should print this for verification of tutorial completion if it is required by your institution. UCI researchers are now required to complete a CITI course to satisfy the Human Research Protections education requirement.

Determine Study Risk Level and Level of IRB Review

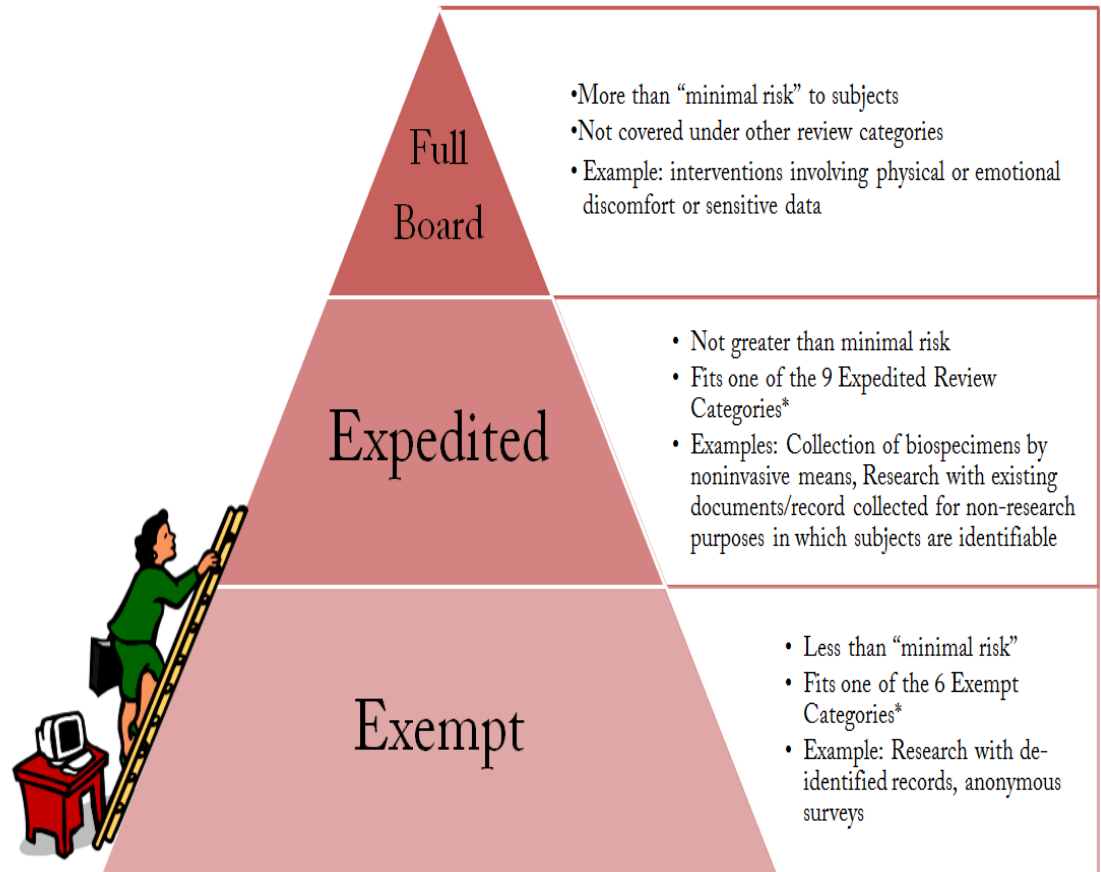
DEFINITION OF MINIMAL RISK

...the probability and magnitude of harm or discomfort...are not greater...than those ordinarily encountered in daily life* or during the performance of routine physical or psychological examinations or tests

* in the general population

45 CFR 46.102(i)

Levels of IRB Review



*Defined by federal regulation (45 CFR 46)

Timelines

January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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25	26	27	28	29	30	31

February						
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22	23	24	25	26	27	28

March						
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29	30	31				

April						
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26	27	28	29	30		

May						
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24	25	26	27	28	29	30
31						

June						
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28	29	30				

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26	27	28	29	30	31	

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23	24	25	26	27	28	29
30	31					

September						
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25	26	27	28	29	30	

October						
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18	19	20	21	22	23	24
25	26	27	28	29	30	31












November						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

UCI University of California, Irvine

Institutional Review Board

Meeting Calendar 2015

-  IRB A Meeting Date
-  IRB A Deadline Date
-  IRB B Meeting Date
-  IRB B Deadline Date
-  IRB C Meeting Date
-  IRB C Deadline Date
-  IRB A & C Meeting Date
-  IRB A & C Deadline Date
-  IRB B & C Meeting Date
-  IRB B & C Deadline Date
-  Holiday

Reviews from Ancillary Committees

Other Reviews Required by UCI... x +

research.uci.edu/compliance/human-research-protections/irb-partners-and-affiliates/other-uci-reviews.html

Search

Regulatory Compliance

Conflict of Interest

Human Research Protections

- ▶ About HRP and the IRB
- ▶ Researchers
- ▶ IRB Members
- ▶ Participants
- ▶ IRB Partners & Affiliates

Animal Care & Use


Export Controls

Human Stem Cell Research

Institutional Biosafety

Other Reviews Required by UCI (e.g., School of Medicine Review Committees)

Before the IRB can review or approve research, there are other prerequisite UCI reviews that may be required. Please review the below pages and the Other UCI Committee Reviews section of the IRB Application. Please note that many of the other UCI Committees have their own applications. In addition, they may require submission of the IRB Application, protocol narrative, consent forms, and other applicable documentation for their review.

- RP Roadmap 
- Reference Chart: Determining Other UCI Committee Review Applicability

Review required prior to IRB Review:

hSCRO
RSC
IBC
PRMC

Review can occur concurrent with IRB Review:

SRC
CRB
COIOC
RDRC
Specimens

Secure approval prior to initiation of research:

LSC
EIP
OR

- Cancer Related Protocols (PRMC)
- Clinical Research Billing (CRB)
- Conflict of Interest Oversight Committee (COIOC)
- Institutional Biosafety Committee (IBC)
- Radioactive Drug Research Committee (RDRC)
- Radiation Safety Committee Review
- Scientific Review
- Environmental Health and Safety
- Epidemiology and Infection Prevention (EIP) Committee

1. **PRMC:** study is Cancer related
2. **CRB:** study takes place in a clinical environment, or use physician billing systems
3. **COI:** study team disclosure of a financial COI
4. **IBC:** study has rDNA, or use infectious agents, human/non-human primate blood/fluids/tissues
5. **RDRC:** studies involving radioactive material
6. **RSC:** studies involving radiation exposure
7. **SRC:** investigator-authored, greater than minimal risk, (not cancer)
8. **EIP:** studies involving devices, biologics, infectious agents

hSCRO: use of human stem cells
LSC: use of an investigational or FDA-approved laser (used off-label)
OR: studies conducted in surgical units
Specimens: Require review/approval from Anne Sawyers (asaawyers@uci.edu, 714-456-8975)



IRB Reliances

The screenshot shows the UCI Office of Research website. The browser address bar displays <http://research.uci.edu/compliance/human-research-protections/irb-partners-and-affiliates/index.html>. The page features the UCI Office of Research logo and a navigation menu with links for Applications & Forms, Contact Us, and Calendar. A search bar is located in the top right. The main content area is titled "IRB Partners and Affiliates" and includes a section for "Other UCI Committees" with a list of links. A left sidebar contains a "Regulatory Compliance" menu with "IRB Partners & Affiliates" selected. A "Resources" section on the right lists several documents, including "IRB Reliances Chart (PDF)". Two yellow arrows highlight the "IRB Reliances" link in the sidebar and the "IRB Reliances Chart (PDF)" link in the Resources section.

UCI Office of Research

Researcher's Toolbox

Applications & Forms Contact Us Calendar

About the Office Integrity in Research Policy Library

Sponsored Projects Centers & Institutes

Regulatory Compliance Facilities & Services

Research Development Training & Education

Regulatory Compliance

Conflict of Interest

Human Research Protections

- About HRP and the IRB
- Researchers
- IRB Members
- Participants
- IRB Partners & Affiliates**

Animal Care & Use

Export Controls

Human Stem Cell Research

Institutional Biosafety

Comments & Suggestions

IRB Partners and Affiliates

Other UCI Committees

- Other Reviews Required by UCI

IRB Reliances

- Overview
- Human Research Activities Performed At Other Institutions
- Children's Hospital of Orange County (CHOC), MemorialCare Health System (MHS) and UC Irvine (UCI) - CMU IRB Reliance
- National Cancer Institute Central IRB (CIRB) Independent Review Process
- UC IRB Reliance
- Western Institutional Review Board (WIRB) Reliance

Resources:

- RP Roadmap
- Other UCI Required Reviews Chart (PDF)
- IRB Reliances Chart (PDF)**

IRB Application Package

- ✓ **CITI TRAINING** (staff engaged in research)*
- ✓ **IRB APPLICATION** (signed)**
- ✓ **PROTOCOL NARRATIVE**
 - Choose: Biomed, or SBE, or Exempt**

When applicable:

- Consent Forms: Assent, Minors, Verbal, Debriefing, HUD, Biomed, SBE, Human Stem Cell, Translated, Surrogate, Informant, Pregnant Partner**
- HIPAA Authorization**
- Recruitment Material**
- Etc.**

SUPPORTING DOCUMENTS

When applicable:

- Appendices**
- Sponsor / FDA**
- Letter of Permission**
- Certificate of Confidentiality**
- Release Form**
- DOD Supplement**
- Decisional Capacity**
- Etc.**



Application & Forms

The screenshot shows a web browser window with the address bar displaying www.research.uci.edu/forms/index.html. The page content is as follows:

- [+] Guidance Documents
- Human Research Protections**
- [+] Appendices
- [+] Applications
- [+] Checklists
- [+] Consent Forms
- [+] Documentation for Sponsors
- [+] Foreign Language Translations
- [+] Guidance Documents
- [+] HIPPA Documents
- [+] Other Forms
- [+] Protocol Narratives
- Human Stem Cell Research**

Application & Forms



Applications & Forms

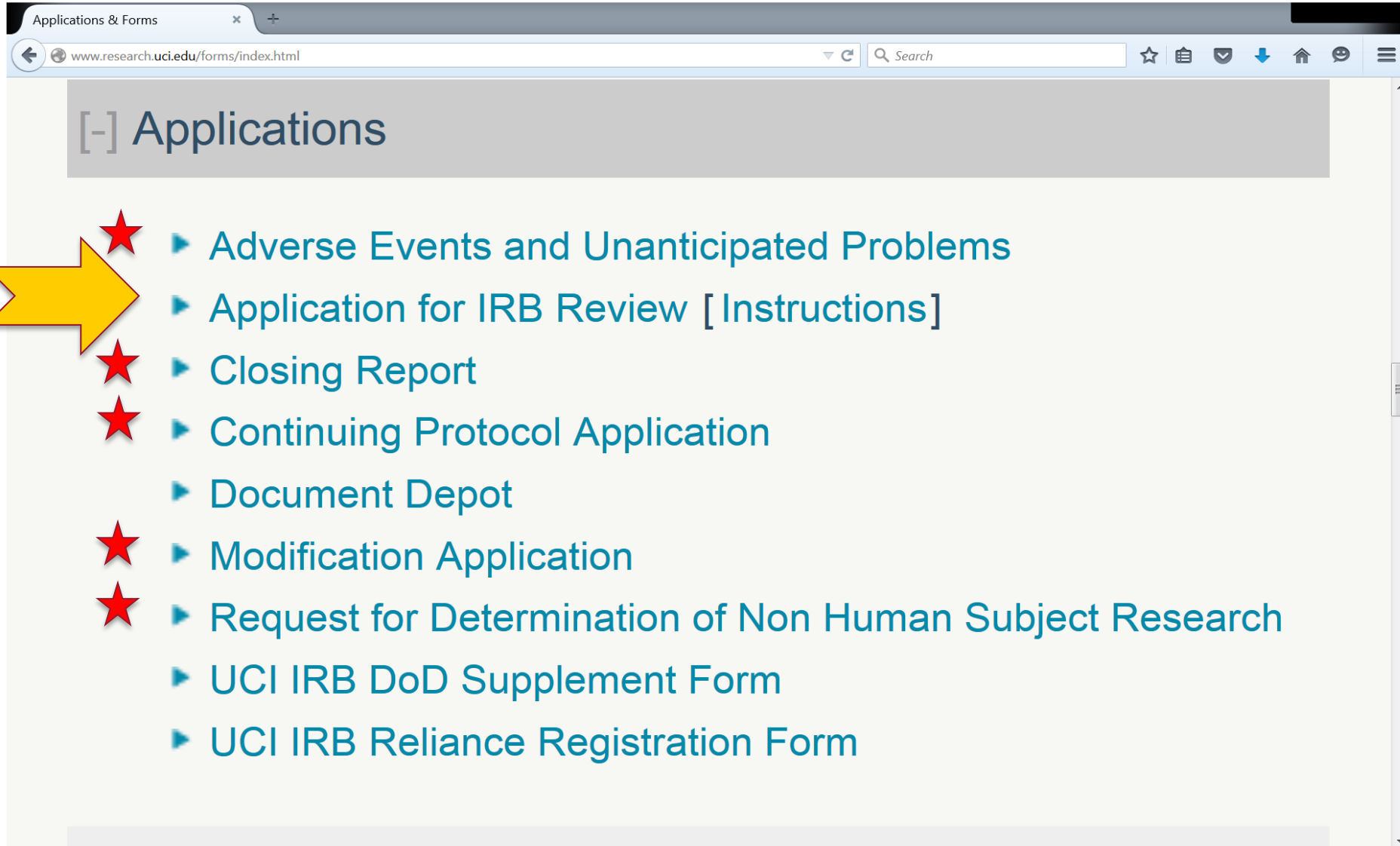
www.research.uci.edu/forms/index.html

Human Research Protections

[-] Appendices

- ▶ [Appendix A - UCI Research Performed at Non-UCI Sites and Locations](#)
- ▶ [Appendix A - » Letter of Permission Template](#)
- ▶ [Appendix B - Vulnerable Populations: Pregnant Women, Human Fetuses, or Neonates](#)
- ▶ [Appendix C - Vulnerable Populations: Prisoners](#)
- ▶ [Appendix D - Vulnerable Populations: Children](#)
- ▶ [Appendix E - Cognitively Impaired/Medically Incapacitated Subjects and Use of Surrogate Consent](#)
- ▶ [Appendix G - Use of Deception/Incomplete Disclosure](#)
- ▶ [Appendix H - International Research](#)
- ▶ [Appendix I - Ethnographic Research/Fieldwork](#)
- ▶ [Appendix J - Use of FDA-Approved Drugs & Investigational Drugs or Biological Products in Clinical Investigations](#)
- ▶ [Appendix K - Use of FDA Approved or Cleared Devices and Investigational Devices in Clinical Research Studies](#)
- ▶ [Appendix L - Justification for Use of a Placebo or Sham Procedure, or Placebo Washout Period](#)
- ▶ [Appendix M - Storage of Data and/or Specimens for Future Research](#)
- ▶ [Appendix N - Collection of Genetic Specimens and Genetic Testing Studies](#)
- ▶ [Appendix O - Request for a Waiver of Informed Consent](#)
- ▶ [Appendix P - Request for a Wavier of Written \(Signed\) Consent](#)
- ▶ [Appendix Q - Request for Use of a Short Form Consent Process](#)
- ▶ [Appendix S - Description of Data Safety Monitoring Plan \(DSMP\)](#)
- ▶ [Appendix T - Waiver of HIPAA Authorization for the Use or Disclosure of Personal Health Information](#)

Application & Forms



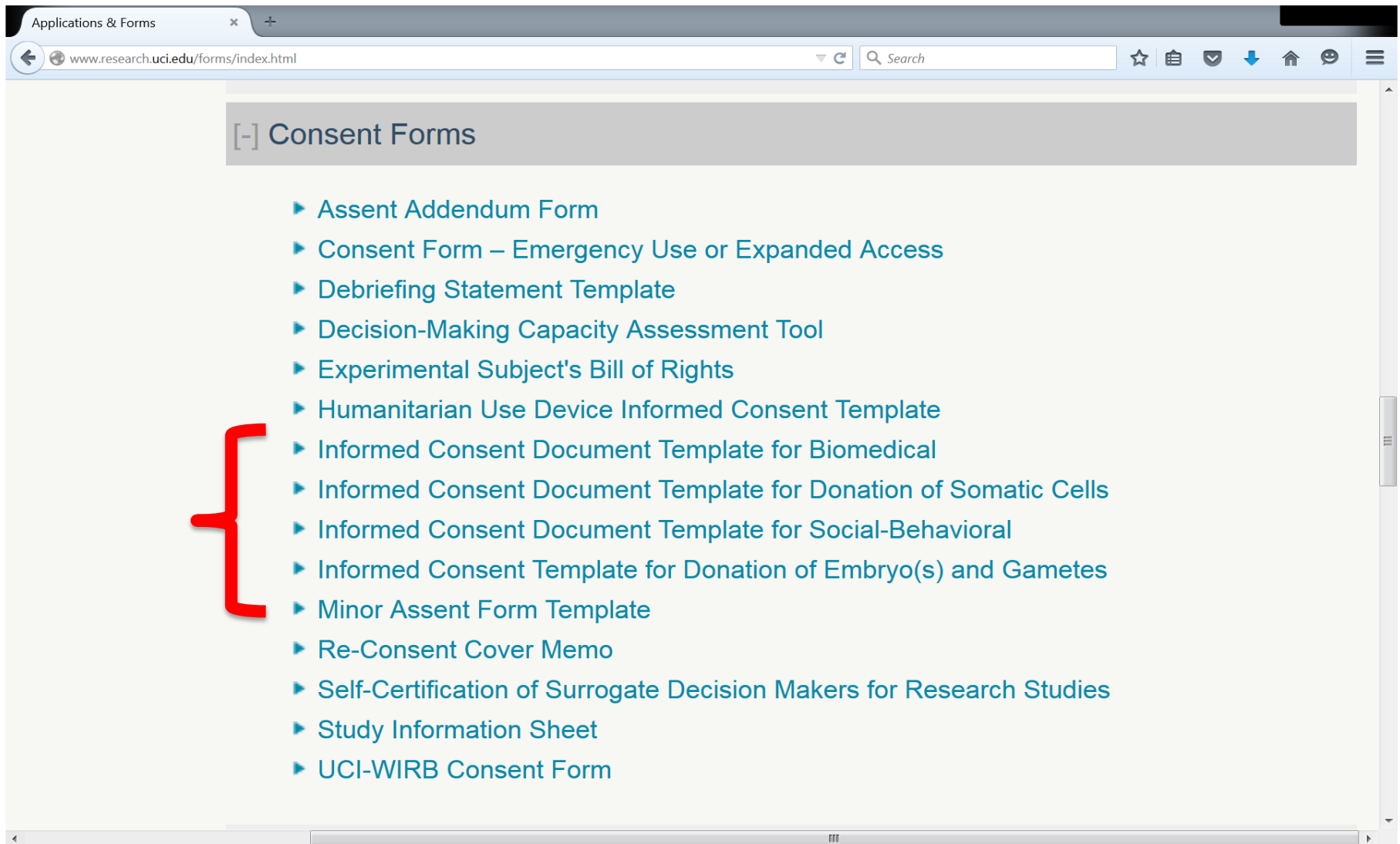
Applications & Forms

www.research.uci.edu/forms/index.html

[-] Applications

- ★ ▶ Adverse Events and Unanticipated Problems
- ▶ Application for IRB Review [Instructions]
- ★ ▶ Closing Report
- ★ ▶ Continuing Protocol Application
- ▶ Document Depot
- ★ ▶ Modification Application
- ★ ▶ Request for Determination of Non Human Subject Research
- ▶ UCI IRB DoD Supplement Form
- ▶ UCI IRB Reliance Registration Form

Application & Forms



Applications & Forms

www.research.uci.edu/forms/index.html

[-] Consent Forms

- ▶ Assent Addendum Form
- ▶ Consent Form – Emergency Use or Expanded Access
- ▶ Debriefing Statement Template
- ▶ Decision-Making Capacity Assessment Tool
- ▶ Experimental Subject's Bill of Rights
- ▶ Humanitarian Use Device Informed Consent Template
- ▶ Informed Consent Document Template for Biomedical
- ▶ Informed Consent Document Template for Donation of Somatic Cells
- ▶ Informed Consent Document Template for Social-Behavioral
- ▶ Informed Consent Template for Donation of Embryo(s) and Gametes
- ▶ Minor Assent Form Template
- ▶ Re-Consent Cover Memo
- ▶ Self-Certification of Surrogate Decision Makers for Research Studies
- ▶ Study Information Sheet
- ▶ UCI-WIRB Consent Form

Application & Forms

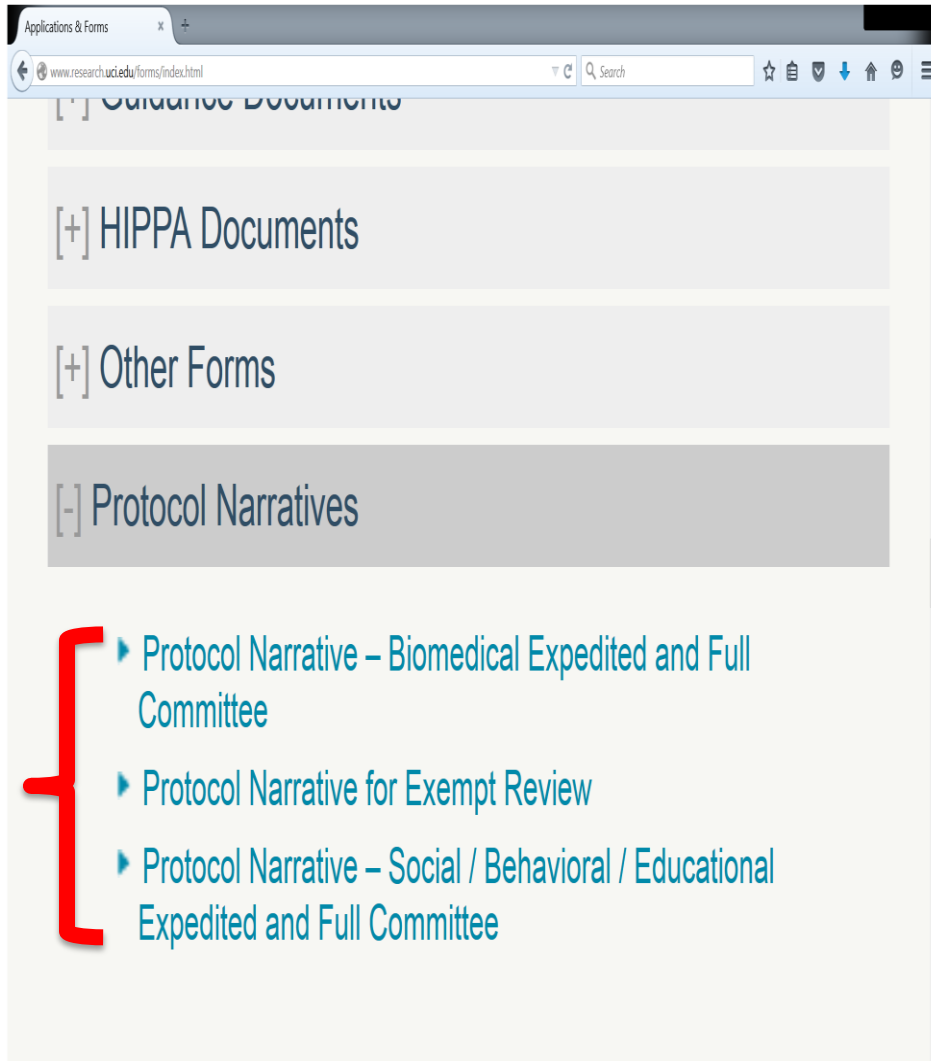
Applications & Forms x +

www.research.uci.edu/forms/index.html

[-] Foreign Language Translations

- ▶ Consent Short Form - Cambodian
- ▶ Consent Short Form - Chinese
- ▶ Consent Short Form - English (for reference)
- ▶ Consent Short Form - Farsi
- ▶ Consent Short Form - Korean
- ▶ Consent Short Form - Spanish
- ▶ Consent Short Form - Tagalog
- ▶ Consent Short Form - Vietnamese
- ▶ Experimental Subjects Bill of Rights - Cambodian
- ▶ Experimental Subjects Bill of Rights - Chinese
- ▶ Experimental Subjects Bill of Rights - Farsi
- ▶ Experimental Subjects Bill of Rights - Korean
- ▶ Experimental Subjects Bill of Rights - Spanish
- ▶ Experimental Subjects Bill of Rights - Tagalog
- ▶ Experimental Subjects Bill of Rights - Urdu
- ▶ Experimental Subjects Bill of Rights - Vietnamese
- ▶ HIPAA Research Authorization for Release of PHI - Spanish
- ▶ Self Certification of Surrogate Decision Makers for Research Studies - Chinese
- ▶ Self Certification of Surrogate Decision Makers for Research Studies - Farsi
- ▶ Self Certification of Surrogate Decision Makers for Research Studies - Korean
- ▶ Self Certification of Surrogate Decision Makers for Research Studies - Spanish
- ▶ Self Certification of Surrogate Decision Makers for Research Studies - Vietnamese

Applications & Forms

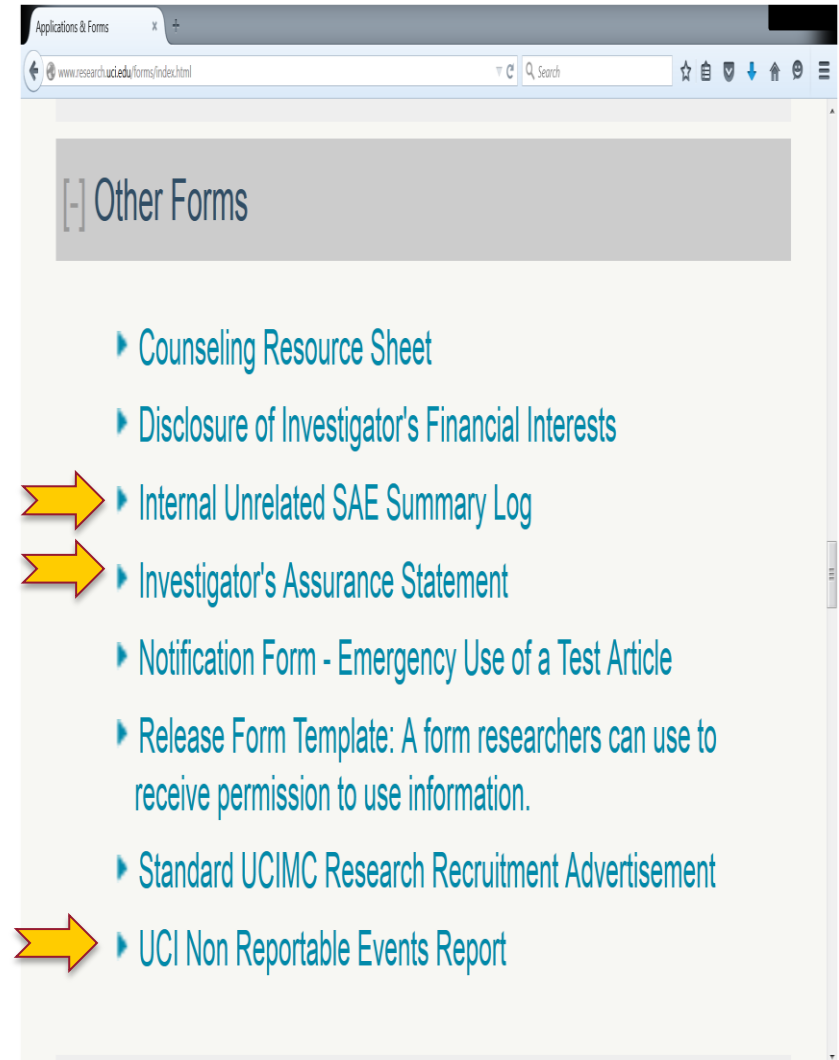


Applications & Forms

www.research.uci.edu/forms/index.html

- [+] HIPPA Documents
- [+] Other Forms
- [-] Protocol Narratives

- ▶ Protocol Narrative – Biomedical Expedited and Full Committee
- ▶ Protocol Narrative for Exempt Review
- ▶ Protocol Narrative – Social / Behavioral / Educational Expedited and Full Committee



Applications & Forms

www.research.uci.edu/forms/index.html

- [-] Other Forms
 - ▶ Counseling Resource Sheet
 - ▶ Disclosure of Investigator's Financial Interests
 - ▶ Internal Unrelated SAE Summary Log
 - ▶ Investigator's Assurance Statement
 - ▶ Notification Form - Emergency Use of a Test Article
 - ▶ Release Form Template: A form researchers can use to receive permission to use information.
 - ▶ Standard UCIMC Research Recruitment Advertisement
 - ▶ UCI Non Reportable Events Report



Electronic IRB Application

How To Submit Electronic IRB ... x +

research.uci.edu/compliance/human-research-protections/researchers/how-to-submit-electronic-irb-applications-for-review.l

How To Submit Electronic IRB Applications For Review

- Overview
- [Exempt Registration Confirmation](#) ←
- [Expedited Review](#)
- [Full Committee Review](#) ←

Overview

Federal regulations divide human subjects research into three categories (based upon risk to subjects), each of which has a corresponding requirement for institutional approval or registration. For an explanation of each, visit [Levels of Review](#). Once the level of review has been determined, investigators need to submit an application for exempt registration or IRB review. **No human research may begin until an IRB registration or approval letter is provided.**

IRB Application Submission Tips

COMMON ERRORS:

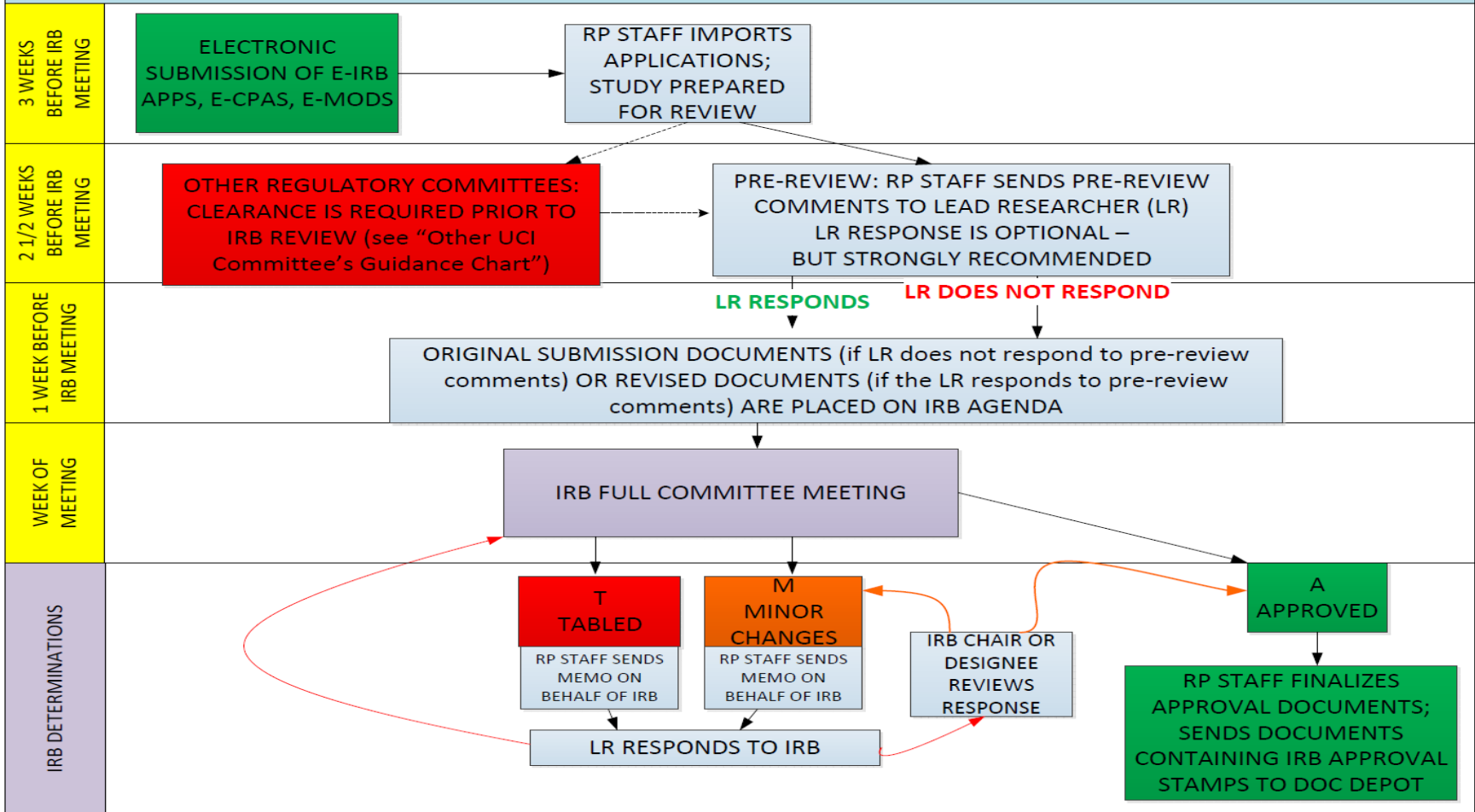
- ❑ *There is inconsistency between study documents*
- ❑ *Ancillary Committee requirements are not addressed*
- ❑ *Research staff have not completed the CITI training*
- ❑ *Off-site IRB approval are not provided (where applicable)*
- ❑ *Applicable appendices are not provided*
- ❑ *Protocol Narrative: instructions located in grey box are not addressed*
- ❑ *Consent Form: (applicable) instructions in red text are not addressed*
- ❑ *Recruitment materials: materials are not submitted*



IRB Review Process

FULL COMMITTEE IRB REVIEW PROCESS

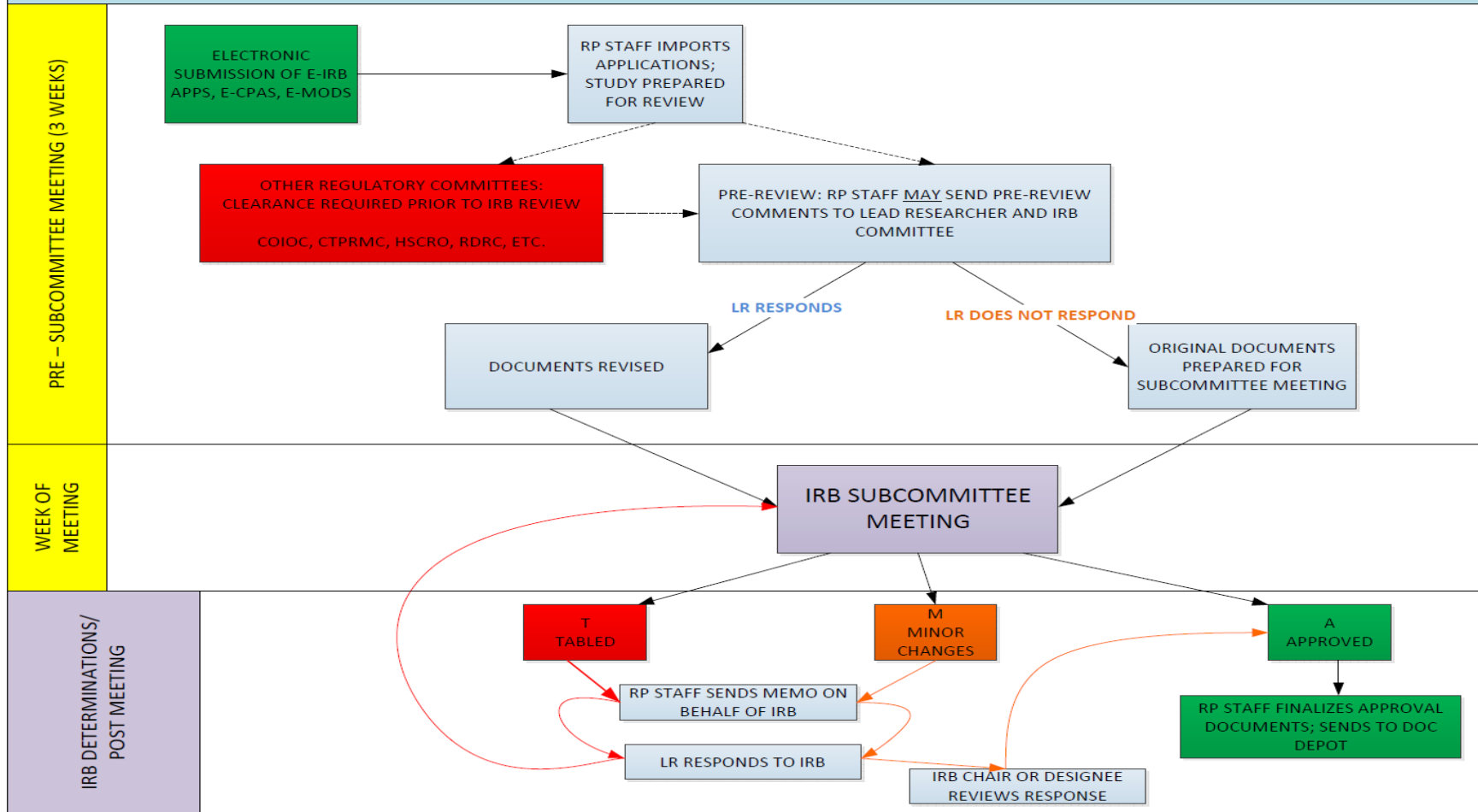
NOTE: THERE ARE 16 WORKING DAYS FROM THE DEADLINE, NORMALLY A THURSDAY AT 5PM, UNTIL THE COMMITTEE MEETING ON FRIDAY AT 7:15 AM.



IRB Review Process

SUBCOMMITTEE IRB REVIEW PROCESS

NOTE: THERE ARE NO SUBMISSION DEADLINES FOR EXPEDITED & EXEMPT REVIEW. THEY ARE REVIEWED ON A ROLLING BASIS, USUALLY WITHIN 3 WEEKS.



After IRB Approval – Research Responsibilities



The image is a screenshot of a web browser displaying a page titled "After IRB Approval". The browser's address bar shows the URL "www.research.uci.edu/compliance/human-research-protections/researchers/index.html". The page content is a list of research responsibilities, with several items highlighted by red stars and yellow underlines. The list is organized into two columns. The left column contains four items, and the right column contains five items. The items in the right column are preceded by red stars. The items in both columns are preceded by blue square bullet points. The items in the right column are: "Guidelines for Registering with Clinicaltrials.gov", "How to Consent", "Modifications to Approved Research", "Reporting Adverse Events, Unanticipated Problems and Protocol Violations", and "Closing a Protocol". The items in the left column are: "Tracking Protocol Status", "Lead Researcher Recordkeeping Responsibilities", "Preparation and Maintenance of a Research Audit File", and "Education and Quality Improvement Program (EQUIP)".

Researchers

www.research.uci.edu/compliance/human-research-protections/researchers/index.html

After IRB Approval

- Tracking Protocol Status
- Lead Researcher Recordkeeping Responsibilities
- Preparation and Maintenance of a Research Audit File
- Education and Quality Improvement Program (EQUIP)

- ★ - Guidelines for Registering with Clinicaltrials.gov
- ★ - How to Consent
- Modifications to Approved Research
- Continuing Review Process
- Reporting Adverse Events, Unanticipated Problems and Protocol Violations
- Closing a Protocol

Lead Researcher Recordkeeping Responsibilities

Records to keep when a study is approved by the IRB

- Approved/Stamped Protocol Narrative (electronic and/or paper copy)
- Approved/Stamped Consent Form
- Approved Modification Submissions
- Approved Continuing Protocol Submissions

** Maintain in a regulatory binder, and according to the privacy and confidentiality and data security plan (per protocol narrative)*

Records Retention Requirements

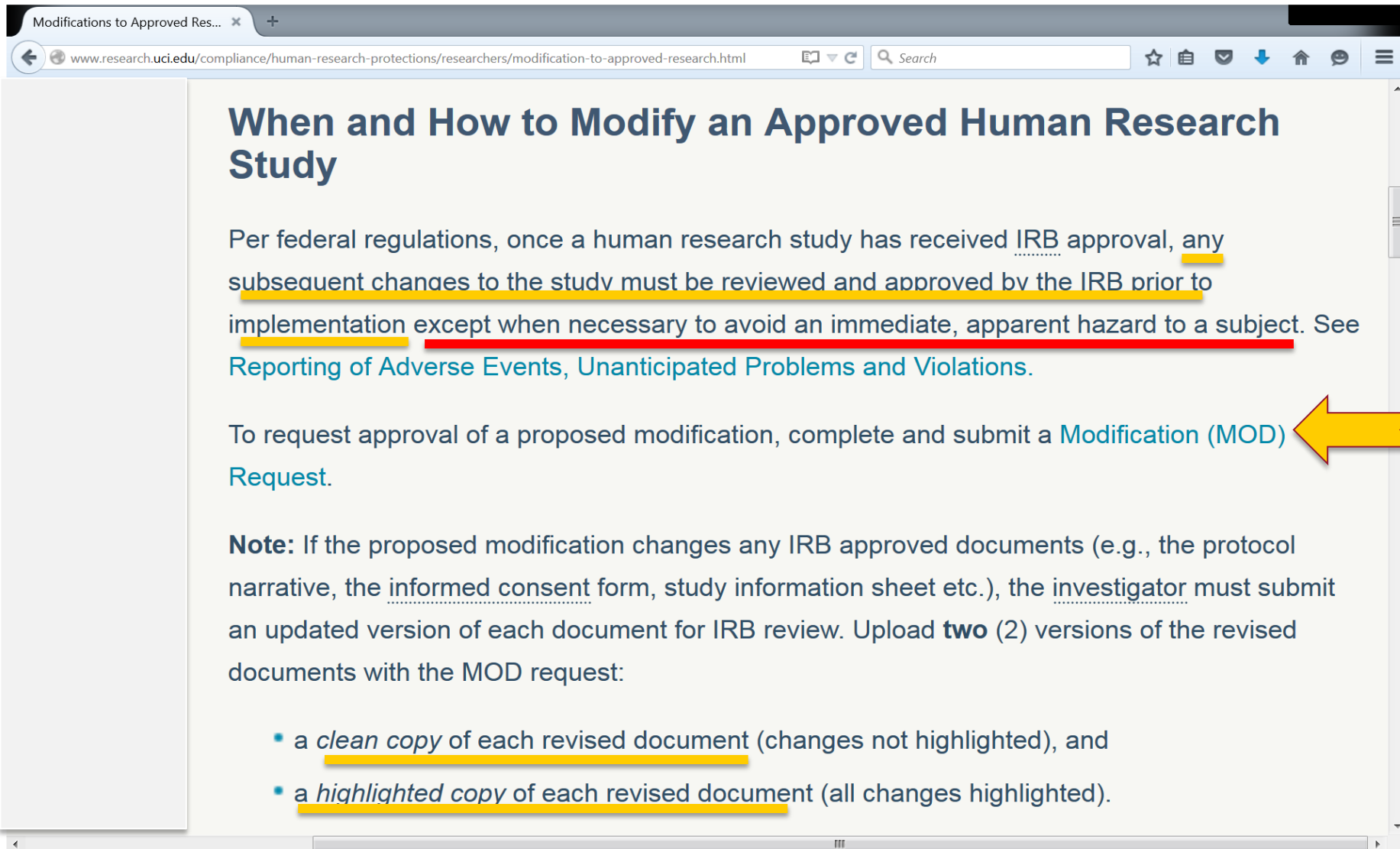
- Retain all study records for a **minimum of three years** past the close of the study - approved IRB documents, as well as case-report forms, tapes or transcripts, and all other data-collection instruments and source documents
- UC General Counsel recommends longer retention periods for certain research records:
 - Records involving the generation, disclosure, and/or use of Protected Health Information (PHI) should be retained for **six years**
 - Minors in research: records retained for **seven years after all minors enrolled in the study reach the age of majority [age 18 in California]**
 - Records pertaining to in vitro fertilization studies or research involving pregnant women must be retained **25 years after study closure**
- In the case of FDA-regulated studies, investigators are required by regulation to retain records for periods which may be significantly longer than six years after study closure of the IRB protocol at UCI.
 - For drugs with an approved marketing application, the retention period is two years after FDA approval
 - For drugs where the marketing application is not filed/not approved, the retention period is two years after the investigation is discontinued and FDA is notified
 - *Contractual obligations may require records to be maintained per the agreement with the trial sponsor*

Suggested templates for record-keeping documentation

- NIH: <http://www.nidcr.nih.gov/research/toolkit/#startup5>
- UCSF: <http://hub.ucsf.edu/virtual-regulatory-binder>



Modifications to an approved protocol



Modifications to Approved Res... x +

www.research.uci.edu/compliance/human-research-protections/researchers/modification-to-approved-research.html

When and How to Modify an Approved Human Research Study

Per federal regulations, once a human research study has received IRB approval, any subsequent changes to the study must be reviewed and approved by the IRB prior to implementation except when necessary to avoid an immediate, apparent hazard to a subject. See Reporting of Adverse Events, Unanticipated Problems and Violations.

To request approval of a proposed modification, complete and submit a Modification (MOD) Request.

Note: If the proposed modification changes any IRB approved documents (e.g., the protocol narrative, the informed consent form, study information sheet etc.), the investigator must submit an updated version of each document for IRB review. Upload **two** (2) versions of the revised documents with the MOD request:

- a clean copy of each revised document (changes not highlighted), and
- a highlighted copy of each revised document (all changes highlighted).

Continuing Review Process

Continuing Review Process

www.research.uci.edu/compliance/human-research-protections/researchers/continuing-review-process.html

Federal Requirements for Continuing Review

Except for human research studies that have been granted Exempt registration, DHHS and FDA regulations requires the IRB to continually review ongoing research at intervals appropriate to the potential risk to participants, but at least annually.

While initial IRB review is based on the researcher's best assessment of the anticipated benefits, risk, and procedures, the continuing review process is important because it is based on the conduct of the study; actual risk can be evaluated and preliminary results used to assess the risk/benefit ratio. In addition, the risk/benefit ratio may change not only because of unexpected results and effects of the research intervention itself, but because new knowledge resulting from related research may affect the balance.

Per OHRP, continuing review must be substantive and meaningful. The criteria to grant continuing IRB approval are the same criteria required for initial IRB approval of the research (45 CFR 46.111 and 21 CFR 56.111)

- Risks to subjects are minimized.
- Risks to subjects are reasonable in relation to anticipated benefits.
- Selection of subjects is equitable.
- Informed consent will be sought.
- Informed consent will be appropriately documented.
- When appropriate... adequate provision for monitoring the data.
- When appropriate... adequate provisions to protect the privacy and confidentiality.

Include the following information:

- # participants enrolled
- Summary of AEs/UPs
- # participants withdrawn + rationale
- Summary of complaints
- Summary of relevant recent literature, interim findings, and modifications since last review
- Current risk/benefit assessment based on existing study results
- Other relevant information (risks associated with the research)
- Copy of current consent form

Expedited Studies may qualify for an Extended IRB Approval period (continuing review every 3 years), when these conditions are met:

- ✓ Research is permanently closed to enrollment of new subjects
- ✓ All subjects completed research-related interventions
- ✓ Active only for long-term follow-up of subjects
- ✓ Remaining research activities limited to data analysis

In order to ensure that research protocols continue to meet current regulatory and institutional standards, every seven years, protocols will be required to undergo a "Seven-Year De Novo Review."



Adverse Events, Unanticipated Problems, Protocol Violations

Adverse Event

untoward or undesirable experiences associated with research

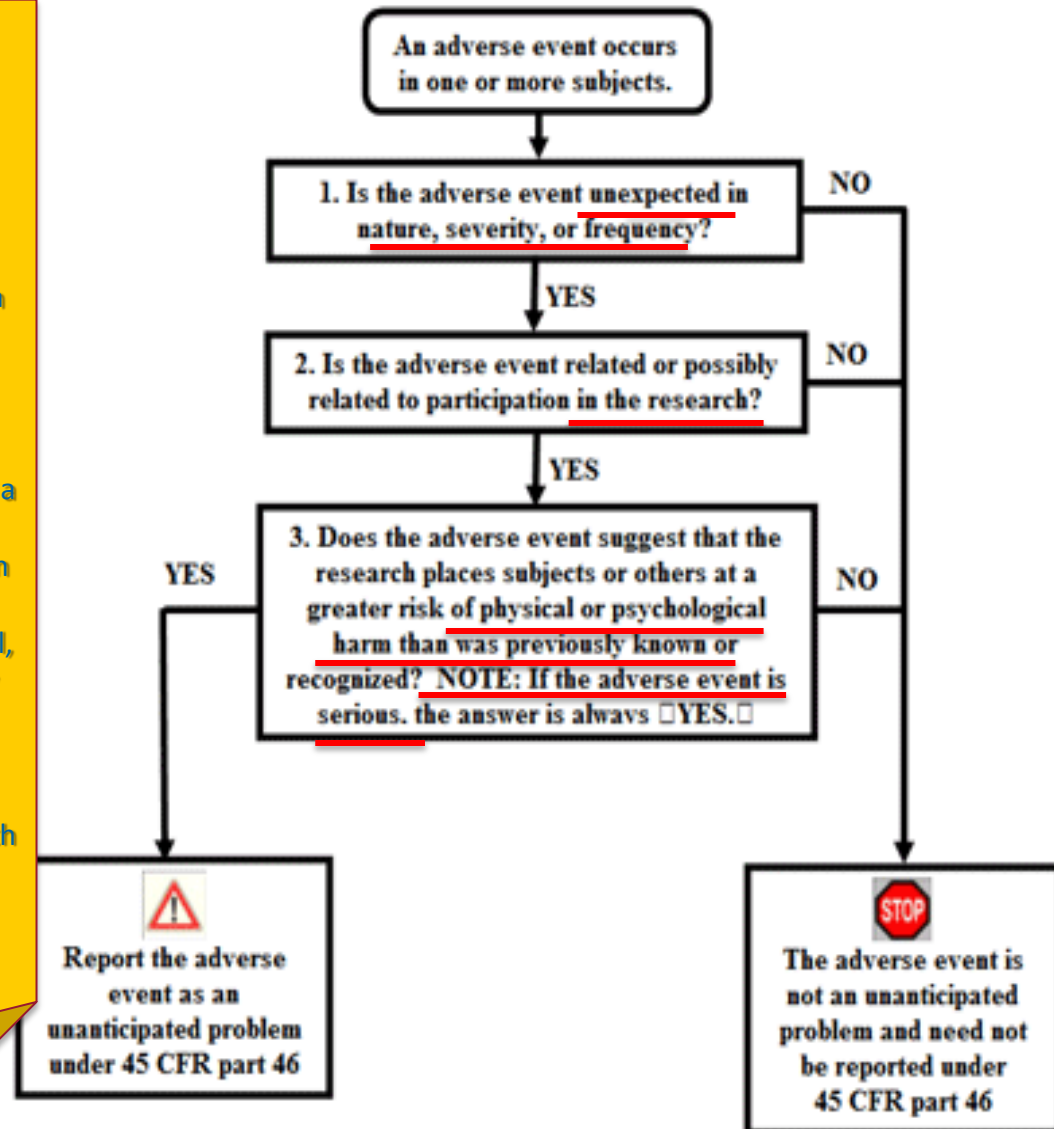
Unanticipated Problems Involving Risk to Participants or Others

any event, experience, or problem that is: **(1)** unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the IRB-approved documents, such as the protocol and informed consent document, and (b) the characteristics of the subject population being studied; **(2)** related or possibly related to participation in the research (possibly related means there is a reasonable possibility that the incident, experience, or problem may have been caused by the procedures involved in the research); and **(3)** suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized

Protocol Violation

accidental or unintentional change to, or non-compliance with the IRB approved protocol without prior sponsor and IRB approval. Violations generally increase risk or decrease benefit, affects the subject's rights, safety, or welfare, or the integrity of the data

* If an event does not meet this 3-criteria threshold, it can be reported at the time of continuing review



Closing a Protocol

Closing a Protocol

www.research.uci.edu/compliance/human-research-protections/researchers/closing-a-protocol.html

Search

Closing a Protocol

A study may be closed when **all** of the following apply:

- All subject recruitment and enrollment is complete (i.e., no new subject recruitment or enrollment are ongoing)
- All subject specimens, records, data have been obtained (i.e., no further collection of data/information from or about living individuals will be obtained)
- No further contact with subjects is necessary (i.e., all interactions or interventions are complete and no further contact with enrolled subjects is necessary)
- Analysis of subject identifiable data, records, specimens are complete (i.e., use or access to subject identifiable data is no longer necessary. **Note: this includes review of source documents by study sponsors.**)

In order to close an IRB protocol officially, submission of a [Closing Report](#) is required.

Once the closing report has been received by the IRB, a confirming e-mail will be sent to the [Lead Researcher](#) (LR), and "cc:" to the Administrative Contact and Faculty Sponsor (if applicable), to document protocol closure.

Note: The official retention period for UCI's IRB records begins on the date a closing report is submitted to the IRB by the LR. For more information about the LR's IRB record retention responsibilities, please see [Lead Researcher Recordkeeping Responsibilities and Preparation and Maintenance of a Research Audit File](#).

- **"Auto-closed"**: when the study never received IRB approval, and PI did not respond to IRB memo
- **"Discontinued"**: when a closing report has been submitted to the IRB


www.research.uci.edu/compliance/human-research-protections/researchers/index.html

Research Protections Roadmap

Sections

- Introduction
- Activity Classification




Introduction

UCI Office of Research  **Research Protections Roadmap**

Supported browsers: Firefox and Google Chrome. Internet Explorer, Safari, and Tablet users may encounter issues while completing the form.

The Research Protections Roadmap is a tool designed to help investigators identify the institutional requirements that are necessary for the research project or study they wish to conduct. The number and type of requirements varies depending on the research being proposed. Typically, projects require at least one Research Protections Regulatory Committee review and approval, which include the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), and the Human Stem Cell Research Oversight Committee (hSCRO).

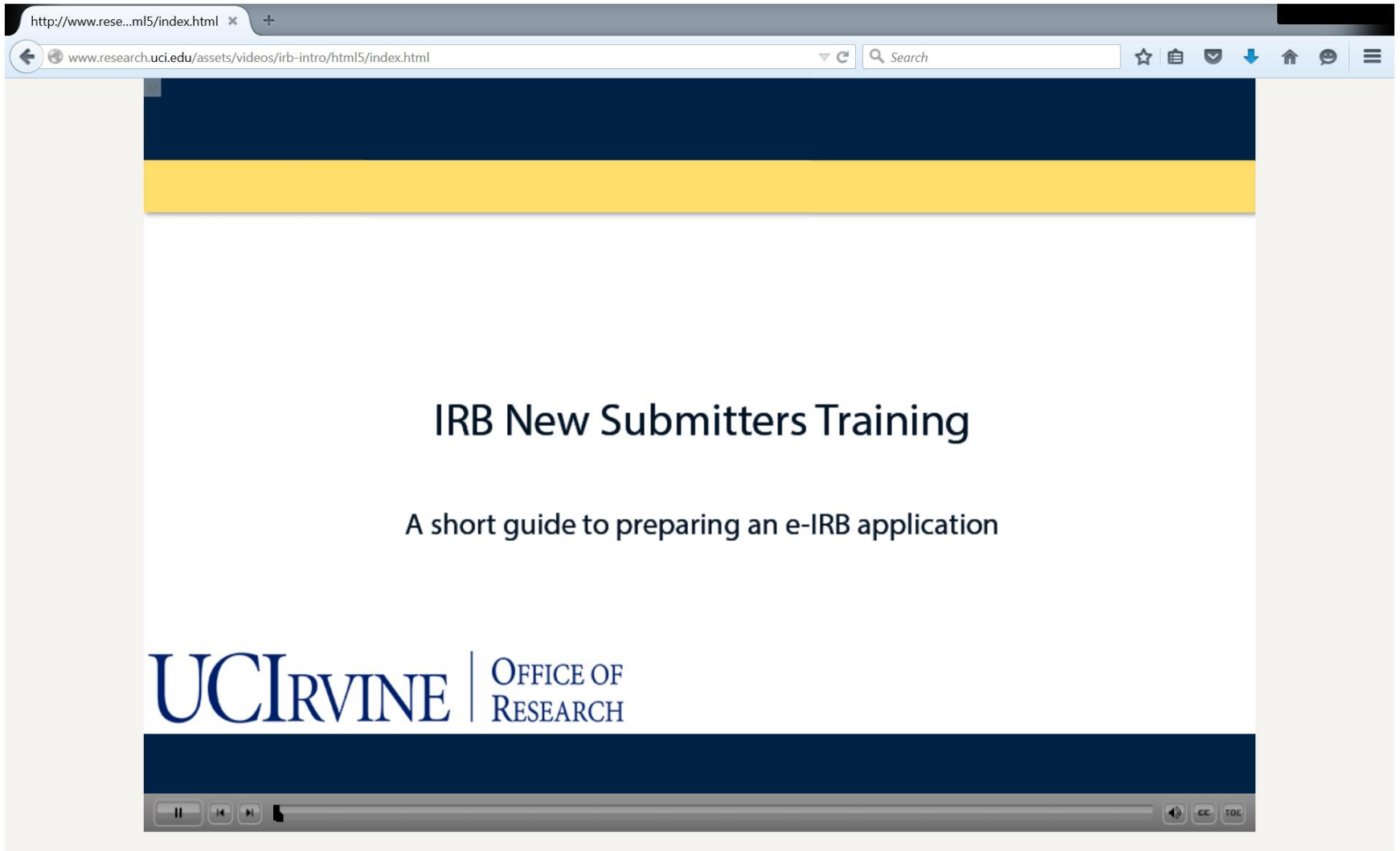
The Roadmap takes approximately 5-10 minutes to complete. You will be asked a series of yes/no questions about your research activities. After completing these questions you will be able to generate a PDF document listing the institutional requirements necessary to conduct your research at UCI. The traffic signal icons indicate the action order of the institutional requirements relative to each Research Protections Regulatory Committee review and/or approval.

	Approval or other requirement is necessary before Research Protections committee review (e.g., IACUC, IRB)
	Approval or other requirement can be secured concurrent with Research Protections committee review (e.g., IACUC, IRB)
	Approval or other requirement is necessary before initiation of research activities

Roadmaps are not saved in the system, but they may be saved for a period of time in your web browser's local cache. If you do not complete a roadmap you may need to start over. If you complete a roadmap and generate a PDF document be sure to save it to your computer for future use.

Start Research Protections Roadmap

IRB New Submitters Training Video



The screenshot shows a web browser window with the address bar containing the URL <http://www.research.uci.edu/assets/videos/irb-intro/html5/index.html>. The browser interface includes a search bar and navigation icons. The main content area features a dark blue header, a yellow horizontal bar, and the following text:

IRB New Submitters Training

A short guide to preparing an e-IRB application

At the bottom of the content area, the logo for UCI IRVINE | OFFICE OF RESEARCH is displayed. Below the content is a video player interface with a dark blue background and a grey control bar at the bottom containing play, pause, and volume icons.

Reference

Human Research Protections: <http://www.research.uci.edu/compliance/human-research-protections/index.html>

Guidance for Researchers: <http://www.research.uci.edu/compliance/human-research-protections/researchers/index.html>

Applications & Forms: <http://www.research.uci.edu/forms/index.html>

IRB Calendar: <http://www.research.uci.edu/compliance/human-research-protections/docs/2014-irb-meetings-and-deadlines.pdf>

HRP Staff Directory: <http://www.research.uci.edu/compliance/human-research-protections/about-the-irb/hrp-contact-list.html>

Helpful Tips

- SBE research vs Biomedical Research
- Difference between NHR, Exempt and Expedited Review for a minimal risk medical record chart review study
- Exempt and Expedited Review criteria
- Waiver of Informed Consent criteria
- HIPAA/PHI
- Waiver of HIPAA Authorization criteria
- Device/IDE requirement
- Drugs/IND requirement
- Dietary Supplements/IND requirement
- Humanitarian Use Device criteria
- Scientific Review criteria
- IRB Chair's review/perspective
- QI vs Research
- Tips for completing the Protocol Narrative



Social Behavioral Research

Social Behavioral Research

Social behavioral research applies the behavioral and social sciences to the study of people's or animals' responses to certain stimuli (both external and internal). Such research is conducted by the following academic disciplines: sociology, psychology, anthropology, economics, political science, and history.



Types

NIH separates social behavioral research into two types, made up of several categories, as shown here:

Basic or Fundamental Research	Applied Research
<ul style="list-style-type: none"> • Research on behavioral and social processes • Biopsychosocial research • Research on methodology and measurement in the behavioral and social sciences 	<ul style="list-style-type: none"> • Research on the identification and understanding of behavioral and social risk and protective factors associated with the onset and course of illness, and with health conditions • Research on the effects of illness or physical condition on behavioral and social functioning • Treatment outcomes research • Research on health promotion and disease prevention • Research on institutional and organizational influences on health

Methods

- Interviewing/Questions
 - Overt or covert
- Studies of existing records
- Experimental designs involving exposure to some type of stimulus or intervention
 - In person
 - Over the telephone
 - Via questionnaire
- Observation
 - With or without observer interaction
 - Includes public (*e.g.*, vital statistics, motor vehicle registrations, or court records) and/or non-public and sensitive (*e.g.*, medical or educational records in which the subjects are identified)
 - Conducted in public places, in private settings (*e.g.*, a clinic or therapist's office), or in laboratories
 - Interventions in such studies range from the innocuous, such as varying the package design of commercial products, to the potentially significant, such as varying behavior modification techniques in studying the treatment of alcoholism.

Risks/Harm

Risk is the probability of harm or injury (physical, psychological, social, or economic) occurring as the result of participation in a research study. Most social behavioral research involves no physical intervention and therefore no physical risk, but the potential risks of social or psychological harm must still be considered. Researchers must consider the following risks when conducting their study.

- Social harm can occur when:
 - questions about illegal behaviors or immigration status may damage subjects' reputation or raise legal concerns
 - information about subjects' activities may place them at risk of harm or legal action
 - confidentiality is compromised, jeopardizing employment and/or insurance coverage
- Psychological harm can occur when:
 - the research involves deception
 - the research provides subjects with unwelcome and disturbing information about themselves
 - the research questions or procedures can cause stress, embarrassment or raise painful memories

Although most social and psychological risks are minimal and transitory, investigators must be aware of the potential for harm. The IRB will want to know how such outcomes will be minimized or addressed.

Biomedical Research

Biomedical Research

Biomedical scientists study human physiology and the treatment or understanding of disease. Biomedical research applies the principles of the physical sciences to medicine. Most biomedical research is conducted by physicians or biomedical scientists, but many studies are conducted by biologists, chemists, physicists, and other medical and scientific professionals.



Most biomedical research involves clinical trials, which are phased studies using human volunteers, designed to answer safety and efficacy questions about biologics, devices, pharmaceuticals, new therapies or new ways of using known treatments. Clinical trials are the fastest and safest way to find efficacious treatments for those who need the remedy. Trials are often conducted in stages to obtain useful and required information by testing in a small group initially but expanding greatly once safety and efficacy are demonstrated. Most clinical trials are FDA regulated, but there are some exceptions.

Risks/Harm

Risk is the probability of harm or injury (physical, psychological, social, or economic) occurring as the result of participation in a research study. Biomedical researchers must consider the following risks when conducting their study:

- Social, psychological, or economic harm (See [Social Behavioral Research](#) for details)
- Physical harm
 - exercise-induced or repetition-exacerbated physical harm, such as carpal tunnel syndrome, stress fractures, asthma attacks, or heart attacks
 - exposure to minor pain, discomfort (e.g. dizziness), or injury from invasive medical procedures
 - possible side effects of drugs

Although most of the adverse effects that result from medical procedures or drugs are temporary, investigators must be aware of the potential for harm. The IRB will want to know how such outcomes will be minimized or addressed and is responsible for conducting a risk/benefit assessment.

Types and Methods

- Studies designed to evaluate the safety, effectiveness, or usefulness of an intervention:
 - research on therapies (e.g., drugs, exercise, surgical interventions, or medical devices)
 - diagnostic procedures (e.g., CAT scans, prenatal diagnosis through amniocentesis)
 - preventive measures (e.g., vaccines, diet, or fluoridated toothpaste)
- Research on normal human functioning and development:
 - studies of the human body while exercising, fasting, feeding, sleeping, or learning
 - responding to such things as stress or sensory stimulation
- Studies comparing the functioning of a particular physiological system at different stages of development (e.g., infancy, childhood, adolescence, adulthood, or old age)
- Studies defining normal childhood development so that deviations from normal can be identified
- Records research – often used to develop and refine hypotheses
- Research on specific disease processes is often needed before improved methods of prevention, diagnoses, and treatment can be developed, for example:
 - research on the biochemical changes associated with AIDS
 - research on the neurological changes associated with senile dementia
- Research on the human genome and genetic markers – for the purpose of creating new avenues for understanding disease processes and their eventual control
- Other biomedical studies that do not involve human subjects or are exempt from the human subjects regulations, and, therefore, do not require IRB review:
 - research with animals
 - research on preexisting samples of materials (tissue, blood, or urine) collected for other purposes, where the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects
 - research based on records, when the data are recorded in such a manner that the individuals to whom the records pertain cannot be identified, either directly or through identifiers linked to them

NHSR, Exempt, and Expedited criteria for medical record chart review study

What Is the Difference Between Non-Human Subject, Exempt and Expedited Review for a Minimal Risk, Medical Record Chart Review Study?

	Definition	Can I view identifiers (direct or indirect)?	Can I record identifiers (direct or indirect) in my research record?
Non-Human Subjects (NHS)	Research obtaining individual private information from a living individual will be considered human subjects research and NOT fit within a NHS determination. <i>Private information</i> includes information provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). 45 CFR 46.102(f)	 Information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.	
Exempt	Research can be exempt under 45 CFR 46.101(b)(4) if it involves the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens 1) from sources that are publicly available OR 2) if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. 45 CFR 46.101(b)(4)		 *Unless using publicly available sources
Expedited	Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). 45 CFR 46.110 (Expedited Category 5)		

Eligibility for Exempt and Expedited Review

Exempt and Expedited Review

- Minimal Risk
- Identification of subjects or their responses will not reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal
- Not *classified* research

Waiver of Informed Consent

Waiver of written documentation of Informed Consent

(verbal consent/Study Information Sheet)

- Minimal risk
- Verbal consent contains required elements of informed consent
- Involves no procedures for which written consent is normally required outside the research setting

OR

- Not FDA regulated
- Verbal consent contains required elements of informed consent
- The only record linking the subject and the research is the consent form
- The principal risk of a signed consent would be the potential harm from a breach of confidentiality

Waiver of Informed Consent (no consent)

- Not FDA-regulated
- Does not include non-viable neonates
- Minimal risk
- Does not adversely affect the rights and welfare of subjects
- Research could not practicably be done without the waiver
- If appropriate, subjects will be provided with pertinent information

OR

- Not FDA-regulated
- Does not involve non-viable neonates
- A research or demonstration project conducted by the state/local government
- Research could not practicably be conducted without the waiver



HIPAA/PHI

What is HIPAA?

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. The intention of HIPAA is to protect patients from inappropriate disclosures of "Protected Health Information" (PHI) that can cause harm to a person's insurability, employability, etc.

What Does the Privacy Rule Have To Do With Research?

HIPAA affects only that research which uses, creates, or discloses PHI. Researchers have legitimate needs to use, access, and disclose PHI to carry out a wide range of health research studies. The Privacy Rule protects PHI while providing ways for researchers to access and use PHI when necessary to conduct research. In general, there are two types of human research that would involve PHI:

- Studies involving review of existing medical records as a source of research information. Retrospective studies, such as chart reviews, often do this. Sometimes prospective studies do it also, for example, when they contact a participant's physician to obtain or verify some aspect of the participant's health history.
- Studies that create new medical information because a health care service is being performed as part of the research, such as testing of a new way of diagnosing a health condition or a new drug or device for treating a health condition. Virtually all sponsored clinical trials that submit data to the U.S. Food and Drug Administration (FDA) will involve PHI.

What is PHI?

PHI is information that can be linked to a particular person and that is created, used, or disclosed in the course of providing a health care service (i.e., diagnosis or treatment).

There are 18 PHI identifiers as follows:

Name	Address (all geographic subdivisions smaller than state, including street address, city, county, ZIP code)	All elements (except years) of dates related to an individual (including birth date, admission date, discharge date, date of death and exact age if over 89)
Telephone numbers	FAX number	E-mail address
Social Security number	Medical record number	Health plan beneficiary number
Account number	Certificate/license number	Any vehicle or other device serial number
Device identifiers or serial numbers	Web URL	Internet Protocol (IP) address numbers
Finger or voice prints	Photographic images	Any other characteristic that could uniquely identify the individual



Requesting a Waiver of HIPAA Authorization

Requesting a Waiver of HIPAA Authorization

Although it is always preferred to get permission to use an individual's Protected Health Information, HIPAA permits research using PHI without obtaining permission (called "Authorization"). In order to waive HIPAA Authorization, the IRB must determine that the study meets all of the following criteria:

- The use or disclosure of PHI involves no more than minimal risk
- Granting of the waiver will not adversely affect privacy rights and welfare of the individuals whose records will be used
- The project could not practicably be conducted without a waiver
- The project could not practicably be conducted without use of PHI
- The privacy risks are reasonable relative to the anticipated benefits of research
- An adequate plan to protect identifiers from improper use and disclosure is included in the research proposal
- An adequate plan to destroy the identifiers at the earliest opportunity, or justification for retaining identifiers, is included in the research proposal
- The project plan includes written assurances that PHI will not be re-used or disclosed for other purposes
- Whenever appropriate, the subjects will be provided with additional pertinent information after participation



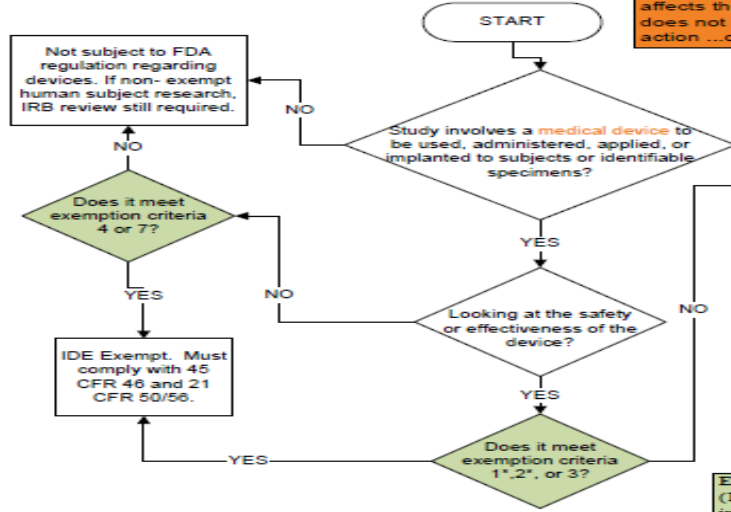
IDE requirement

Is this study subject to FDA regulations under 21 CFR 812? DEVICES

Medical Device : An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent . . . or component, part, or accessory. . . intended to **diagnose a disease or condition or to cure, mitigate, treat, or for prevention of disease or it affects the structure or function of the body . . . and does not achieve its primary purpose through chemical action . . . or by being metabolized.**

March 2014
Version 2.1
Mary Klote, MD

Reference:
<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/ucm126288.htm>



Device is other than significant risk and is not a banned device?
YES → Abbreviated IDE. Conduct IAW 21 CFR 50/56, 45 CFR 46 and criteria below.
NO → Conduct study under IDE IAW 21 CFR 812, 21 CFR 50/56 and 45 CFR 46.

IRB Responsibilities:
1. Review under applicable regulations
2. Review the device manual
3. Assign study risk determination and device risk determination

Exemption Criteria:
(1) A device, other than a transitional device, in commercial distribution immediately before May 28, 1976, when used or investigated in accordance with the indications in labeling in effect at that time.
(2) A device, other than a transitional device, introduced into commercial distribution on or after May 28, 1976, that FDA has determined to be substantially equivalent to a device in commercial distribution immediately before May 28, 1976, and that is used or investigated in accordance with the indications in the labeling FDA reviewed under subpart E of part 807 in determining substantial equivalence.
(3) A diagnostic device, if the sponsor complies with applicable requirements in 809.10(c) and if the testing:
(i) Is **noninvasive**,
(ii) Does not require an invasive sampling procedure that presents significant risk,
(iii) Does not by design or intention introduce energy into a subject, and
(iv) Is not used as a diagnostic procedure without confirmation of the diagnosis by another, medically established diagnostic product or procedure.
(4) A device undergoing consumer preference testing, testing of a modification, or testing of a combination of two or more devices in commercial distribution, if the testing is not for the purpose of determining safety or effectiveness and does not put subjects at risk.
(5) and (6) Animal use only
(7) A custom device as defined in 812.3(b), unless the device is being used to determine safety or effectiveness for commercial distribution.

Noninvasive procedure: one that does not by design or intention: (1) Penetrate or pierce the skin or mucous membranes of the body, the ocular cavity, or the urethra, or (2) enter the ear beyond the external auditory canal, the nose beyond the nares, the mouth beyond the pharynx, the anal canal beyond the rectum, or the vagina beyond the cervical os. For purposes of this part, blood sampling that involves simple venipuncture is considered noninvasive, and the use of surplus samples of body fluids or tissues that are left over from samples taken for noninvestigational purposes is also considered noninvasive.

Abbreviated Criteria:
The sponsor will:
(i) Labels the device in accordance with 812.5;
(ii) Obtains IRB approval of the investigation after presenting the reviewing IRB with a brief explanation of why the device is not a significant risk device, and maintains such approval;
(iii) Ensures that each investigator participating in an investigation of the device obtains from each subject under the investigator's care, informed consent under part 50 and documents it, unless documentation is waived by an IRB under 56.109(c).
(iv) Complies with the requirements of 812.46 with respect to monitoring investigations;
(v) Maintains the records required under 812.140(b) (4) and (5) and makes the reports required under 812.150(b) (1) through (3) and (5) through (10);
(vi) Ensures that participating investigators maintain the records required by 812.140(a)(3)(i) and make the reports required under 812.150(a) (1), (2), (5), and (7); and
(vii) Complies with the prohibitions in 812.7 against promotion and other practices.

Significant risk device means an investigational device that: (1) Is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject; (2) Is purported or represented 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; (3) Is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or (4) Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject.

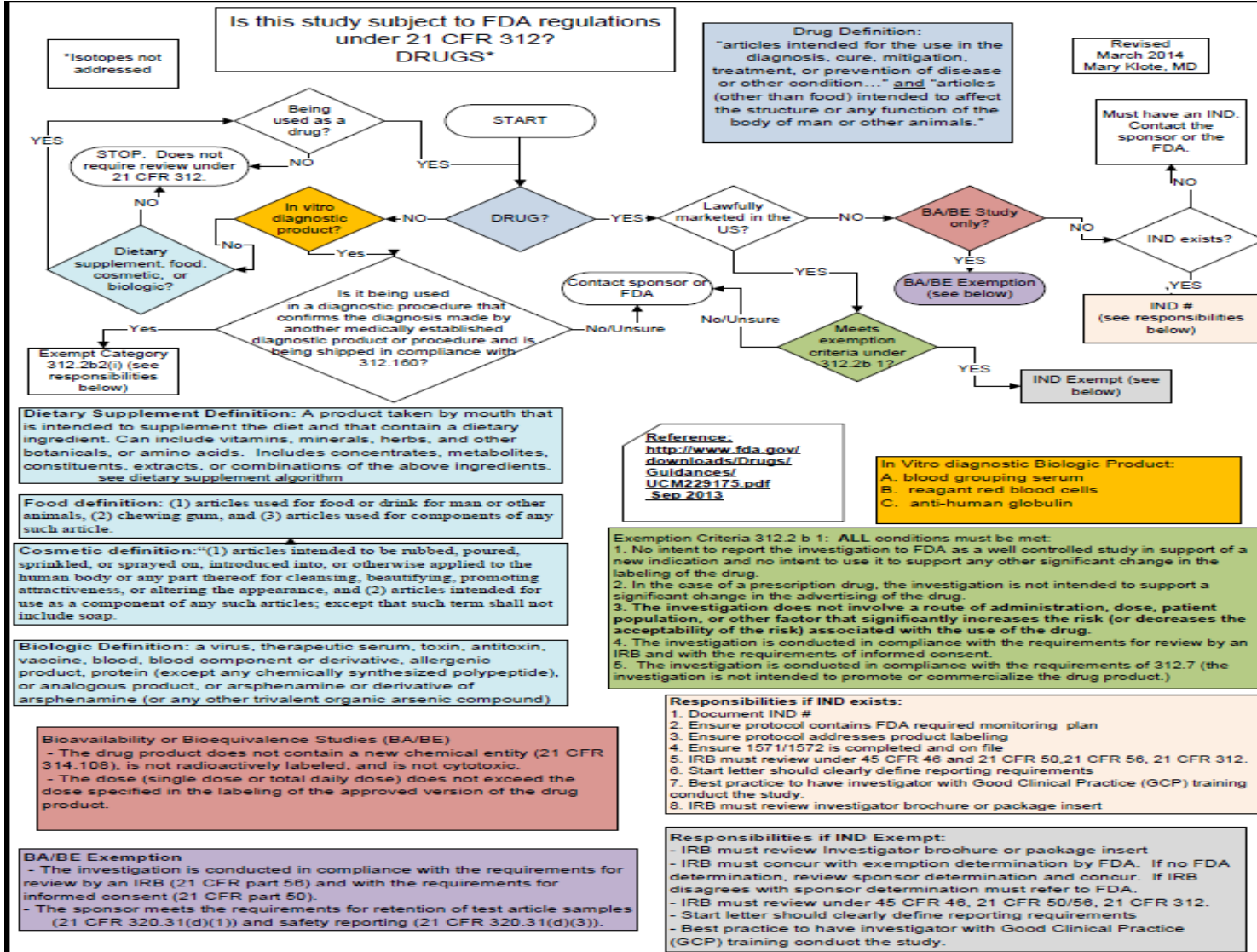
*Certain restrictions on Class II and III devices using this exemption. Check with the sponsor or FDA.

Appendix K

- ✓ **Definition of Device**
- ✓ **Definition of Clinical Investigation:** safety data collection
- ✓ **Intent of study**
- ✓ **Categories:**
 - ❑ No IDE required: studies of physiology and practice of medicine
 - ❑ IDE required: studies of safety, effectiveness
 - SR: support or sustain human life, serious risk
 - NSR: not SR
 - ❑ Abbreviated IDE: NSR devices; only IRB review is required
 - ❑ Exempt from IDE: devices used according to label, non-invasive

* In Vitro Diagnostic (IVDs) and programs/software may also be a device

IND requirement



Appendix J

- ✓ **Definition of Drug**
- ✓ **Definition of Clinical Investigation:** an experiment using a drug for research purposes
- ✓ **Intent of study**
- ✓ **Categories:**
 - ☐ IND required: studies of a drug (approved or unapproved) for research
 - ☐ Exempt from IND:
 - marketed drug used according to label and study results are not reported to FDA
 - serological tests
 - placebos
 - BA/BE studies
 - radioactive drugs for research use
 - cold isotopes for research use



IND requirement – Dietary Supplement

Dietary Supplement (DS) Algorithm

Dietary Supplement Definition: A product taken by mouth that is intended to supplement the diet and that contains a dietary ingredient. Can include vitamins, minerals, herbs, and other botanicals, or amino acids. Includes concentrates, metabolites, constituents, extracts, or combinations of the above ingredients.

Any DS that makes a disease claim or health claim must have prior approval from the FDA. Consider the product as a drug. See Drug algorithm.

Drug Definition: "articles intended for the use in the diagnosis, cure, mitigation, treatment, or prevention of disease or other condition..." and "articles (other than food) intended to affect the structure or any function of the body of man or other animals."

Health claims are limited to claims about disease risk reduction, and cannot be claims about the diagnosis, cure, mitigation, or treatment of disease. Health claims are required to be reviewed and evaluated by FDA prior to use. An example of an authorized health claim, is: "Three grams of soluble fiber from oatmeal daily in a diet low in saturated fat and cholesterol may reduce the risk of heart disease. This cereal has 2 grams per serving."

Nutrient content claims describe the level of a nutrient in the product, using terms such as *free*, *high*, and *low*, or they compare the level of a nutrient in a food to that of another food, using terms such as *more*, *reduced*, and *lite*. An accurate quantitative statement (e.g., 200 mg of sodium) that does not otherwise "characterize" the nutrient level may be used to describe the amount of a nutrient present. However, a statement such as "only 200 mg of sodium" characterizes the level of sodium by implying that it is low. Therefore, the food would have to meet the nutritional criteria for a "low" nutrient content claim or carry a disclosure statement that it does not qualify for the claim (e.g., "not a low sodium food"). Most nutrient content claim regulations apply only to those nutrients that have an established Daily Value.

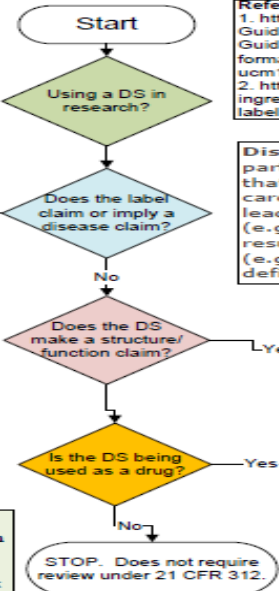
Permitted structure/function statements. Dietary supplement labels or labeling may...bear statements that describe the role of a nutrient or dietary ingredient intended to affect the structure or function in humans or that characterize the documented mechanism by which a nutrient or dietary ingredient acts to maintain such structure or function, provided that such statements are not disease claims....

Structure/function claims may describe the role of a nutrient or dietary ingredient intended to affect the normal structure or function of the human body, for example, "calcium builds strong bones." In addition, they may characterize the means by which a nutrient or dietary ingredient acts to maintain such structure or function, for example, "fiber maintains bowel regularity," or "antioxidants maintain cell integrity." Structure/function claims for dietary supplements will focus on non-nutritive as well as nutritive effects.

Manufacturer requirements for structure/function claims: First, the law says you can make these claims if you have substantiation that the claims are truthful and not misleading. You must have this substantiation before you make the claims. Second, you must notify FDA that you are using the claim within 30 days of first marketing your product. Third, the claim must include a mandatory disclaimer statement that is provided for in the law.

References:
1. <http://www.fda.gov/Food/GuidanceRegulation/Information/Supplements/ucm103340.htm>
2. <http://www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm111447.htm>

March 2014
Mary Klote, MD



Disease definition:...damage to an organ, part, structure, or system of the body such that it does not function properly (e.g., cardiovascular disease), or a state of health leading to such dysfunctioning (e.g., hypertension); except that diseases resulting from essential nutrient deficiencies (e.g., scurvy, pellagra) are not included in this definition.

Disease claim definition: ...if it mentions a specific disease or class of diseases. For example, a claim that a product is "protective against the development of cancer" or "reduces the pain and stiffness associated with arthritis" would be a disease claim. A statement also is a disease claim if it implies that it has an effect on a specific disease or class of diseases by using descriptions of the disease state. Examples of implied disease claims are "relieves crushing chest pain (angina)," "improves joint mobility and reduces inflammation (rheumatoid arthritis)," or "relief of bronchospasm (asthma)."

Disease Claim Criteria:
Criterion 1: Claims an effect on a disease or class of diseases
Criterion 2: Claims an effect on characteristic signs or symptoms of disease using scientific or lay terminology
Criterion 3: Claims an effect on a condition associated with a natural state or process
Criterion 4: It is an implied disease claim because of the product name, formulation, use of pictures, or other factors
Criterion 5: Claims that a product belongs to a class of products that is intended to diagnose, mitigate, treat, cure, or prevent a disease
Criterion 6: Claims to be a substitute for a product that is a therapy for a disease
Criterion 7: Claims to augment a therapy or drug intended to diagnose, mitigate, treat, cure, or prevent a disease
Criterion 8: Has a role in the body's response to a disease or to a vector of disease
Criterion 9: Claims to treat, prevent, or mitigate adverse events associated with a therapy for a disease
Criterion 10: Otherwise suggests an effect on a disease or diseases

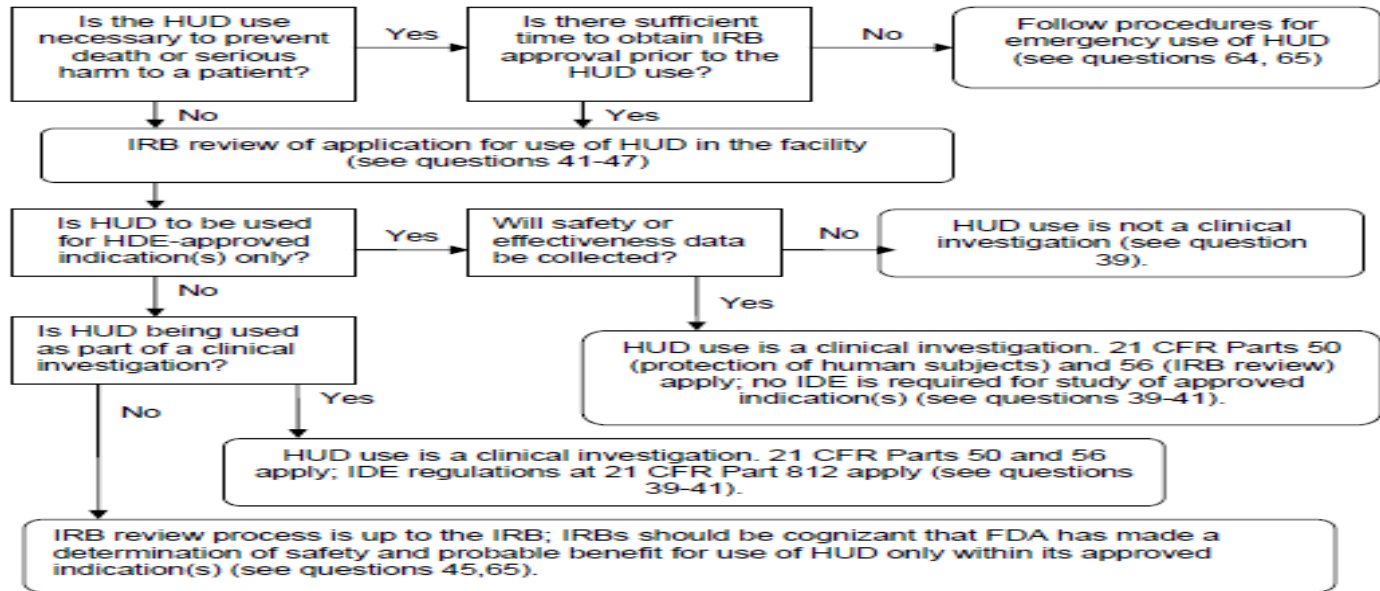
Appendix J

✓ If a Dietary Supplement is being used as a drug, complete Appendix J

Humanitarian Use Device

Contains Nonbinding Recommendations

Figure 1: Decision Tree for IRB Review of HUDs



Note: Medical device reporting is required under 21 CFR Part 803 whenever the use of a HUD may have caused or contributed to a death or serious injury, or has malfunctioned and would be likely to cause or contribute to a death or serious injury if the malfunction were to recur (see questions 30, 49, 65). For investigational use of a HUD under an IDE, reports of unanticipated adverse device effects must be reported under 21 CFR 812.150(a)(1) and 812.150(b)(1).

Scientific Review of Human Subjects Research, David B. Resnik, JD, PhD

Bioethicist and IRB Chair, NIHEHS

Figure 1. Scientific Review Form

The purpose of this form is to provide the IRB with information and analysis concerning the scientific aspects of the proposed study, which it can use to evaluate the ethical and regulatory aspects of the research. Answer each question from a scientific perspective and, where appropriate, provide commentary to explain your answer.

1. Does the proposed study address an important scientific, medical, public health, or social question or issue?
2. Does the study address questions not already addressed adequately by previous studies?
3. Is the study likely to make a significant contribution to the literature?
4. Are the aims, objectives and hypotheses clearly stated?
5. Is the study well-designed?
6. Are the methods and procedures appropriate?
7. Are the inclusion/exclusion criteria appropriate?
8. Are the statistical methods appropriate?
9. Is the study adequately powered?
10. Are study personnel qualified to perform the research?
11. Will any collaborating investigators or institutions provide scientific expertise, data, samples, or other help in conducting the research?
12. Are the personnel, facilities, funding and other resources adequate to conduct the research?
13. Does the proposal include an adequate review of prior research pertaining to the study?
14. Does the proposal include adequate plans to publish the research and share data, samples or results?
15. Is the proposal clearly written?
16. Have the investigators submitted all required documentation, such as radiation safety review and biohazard safety review?
17. Does the proposal clearly identify and describe risks to subjects or others?
18. Does the study use appropriate methods or procedures to minimize risks?
19. Does the study use any investigational drugs or devices? If so, has the investigator submitted adequate documentation from the FDA or other regulatory authority?
20. Does the study involve drug dosing? If so, are the dosing amounts, schedules, sites and routes appropriate to minimize risks?
21. Does the study need a data and safety monitoring board?
22. Does the proposal clearly identify and describe potential benefits to the subjects or others?
23. Are there any other issues that might affect the scientific validity of the study?
24. Should the study be approved as is, approved with modifications, disapproved or tabled due to lack of sufficient information?

“Evaluating the Science and Ethics of Research on Humans, A Guide for IRB Members”

Will the study’s findings matter?

1. Assuming the investigator completes the study as planned, will it create generalizable knowledge of any significance?
2. Have previous (or current) studies addressed essentially the same hypothesis?
3. Is the study designed in such a way (e.g., with an appropriate study population and adequate statistical power) that the findings will be useful?
4. How likely is it that the study will have a material impact on medical practice?
5. How likely is it that the study will help create knowledge that will support future research that eventually could have a material impact on medical practice?
6. Would negative results be useful?

Do the benefits outweigh the risks?

7. Are the risks clearly much larger than can be justified by the potential benefits?
8. Are the risks too uncertain to even assess?

Is this the right team for the study?

9. Is the study proposal so poorly written that proper conduct of the study is questionable?
10. Has the investigator demonstrated the qualifications and experience necessary to conduct the study, given its risks and complexities?
11. Are the other personnel on the research team qualified?
12. Are support personnel and departments qualified?
13. Will everyone involved give the study adequate attention?
14. How will the study team hold up in the face of problems like serious adverse events or the loss of a team member?
15. How is the situation likely to change over the course of the study?
16. Can any weaknesses be addressed with supervision or assistance from more qualified people?

Distinguishing QI activities from research

RESEARCH

Systematic investigation
and designed to develop or

CONTRIBUTE TO
GENERALIZABLE
KNOWLEDGE



HUMAN SUBJECT

Research **about a living individual** either through **intervention/interaction** or **identifiable private information**

IRB REVIEW IS REQUIRED

Tips for completing the Protocol Narrative

Protocol Narrative	Tips
Non-Technical Summary	similar to a journal abstract format/outline (1-2 paragraphs)
Section 1	Answer each (applicable) item
Section 2	Answer each item; in the consent form, list only those that are involved in consenting subjects
Section 3	Include <u>all subject populations</u>
Section 4	Describe recruitment (passive, active) for <u>all subject populations</u> , and complete applicable waivers (ICF/HIPAA)
Section 5	Describe consent process for <u>all subject populations</u> , provide appropriate consent forms for <u>all subject populations</u> ; if pre-screening is included, provide a verbal consent and screening scripts If the study involves secondary data analyses (use of existing data/specimens from a prior study), please include a copy of the prior consent form from the prior study
Section 6	Describe all research activities (may want to include a timeline/chart of activities) for <u>all subject populations</u> ; helpful to correlate the research activities to (each) study aims; if study is industry-sponsored, you may refer to the master protocol/IB (include the page #s); this section should be similar to the Procedures-section in the consent form
Section 7	Describe all the risks (refer to each research activity described in section 6), for <u>all subject populations</u> ; this section should be similar to the Risks-section in the consent form
Sections 8-10	Answer each (applicable) item
Section 11	Answer each (applicable) item for <u>all subject populations</u> ; for most studies, identifiable data is necessary (multiple study visits, data quality assessment, etc), but the plan to protect the data needs to be described; this section should be similar to the Confidentiality-section in the consent form