

THE  
UNIVERSITY  
OF RHODE ISLAND  
DIVISION OF RESEARCH  
AND ECONOMIC  
DEVELOPMENT

INSTITUTIONAL REVIEW BOARD  
GOVERNANCE AND OPERATING POLICIES

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## 1.0 MISSION STATEMENT

The University of Rhode Island (URI), investigators and their research staff, and the Office of Research Integrity (ORI), must share a collaborative responsibility and commitment to maintain the highest ethical standards in our research endeavors. Human Subjects protection is not the responsibility of one office, or one individual. All individuals involved in Human Subjects research are equally responsible to ensure that all research is in compliance with federal regulations and 's policies and procedures. Human Subjects research is constantly evolving and the research community will be notified of regulatory or procedural changes through the website. This will ensure that Human Subject researchers will receive the most up-to-date regulatory and procedural standards.

The URI is guided by the ethical principles regarding all research involving humans as subjects set forth in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research entitled Ethical Principles and Guidelines for the Protection of Human Subjects of Research, the "[Belmont Report](#)".

The URI has established the institutional review board (IRB) responsible for the institution's obligations to review research involving human research. Researchers are allowed to involve human subjects in their research under the terms and conditions set forth by the Office of Human Research Protections (OHRP) of the Federal Government Department of Health and Human Service (DHHS) and the Food and Drug Administration (FDA). All employees, students, faculty and staff must comply with these regulations, as well as state and local laws, and institutional policies. Failure to comply with the required rules and regulations can result in loss of funding for human subjects research for the entire institution.

All research projects involving human subjects conducted by University faculty, staff and students or done under the sponsorship or auspices of the institution must be reviewed and approved by the prior to the commencement of "engaged" human subjects research. This includes research involving subjects from outside the university and research that is not funded.

The University becomes "engaged" in research as defined by the DHHS, when its employees or agents for the purposes of the research project obtain:

1. Data about living individuals for research purposes through intervention or interaction with them,
2. (Individually identifiable private information for research purposes (45 CFR 46.102(d), or
3. The informed consent of human subjects.

Employees and agents, including students, are individuals performing institutionally designated activities and acting on behalf of the institution or exercising institutional authority or responsibility.

In general, an institution is considered to be engaged in human subjects research whenever it receives a direct HHS award to support such research, even if all of the human subjects activities will be performed by agents or employees of another institution. In general, simply informing potential subjects about a research study is not considered engagement in research. Also, providing written information about a research study, including how to contact the investigators for information and enrollment, and seeking and obtaining prospective subjects' permission for investigators to contact them are not considered engagement in research.

However, seeking or obtaining informed consent from a research participant is considered engagement in research.

### **1.1 Institutional Authority under which the is Established and Empowered**

The University's IRB is guided by ethical principles, Federal, State and local laws regarding all research involving humans as subjects. The Nuremburg Code of 1947, the Declaration of Helsinki of 1964 and the Belmont Report Ethical Principles and Guidelines have set these guiding ethical principles, forth for the Protection of Human Subjects of Research of 1979.

The Federal Regulations include:

- The Office of Human Rights and Protection, the DHHS United States Code of Federal Regulations (CFR) Title 45 CFR 46
- FDA Title 21 CFR 50 and 56. This also includes:
  - Investigational New Applications - IND 312;
  - Radioactive Diagnostic Drugs 361;
  - Investigational Device Exemptions IDE 812
- Department of Education 34 CFR Part 97, 98, 99, 350 and 356
- Department of Defense (DOD)-Department of Navy (DON) 3216.02, 3210.7, 6200.2, Title 10 USC 980

The University has secured from the U.S. DHHS, Office for Human Research Protections, a Federal Wide Assurance (FWA) (FWA 00003132) that is valid from through April 22, 2019. The FWA is an assurance of compliance with the federal regulations for the protection of human subjects in research. The Assurance defines the responsibilities of the Institution, the IRB, the IRB administrative office and staff, and the investigator to protect human research subjects.

### **1.2 Purpose of the IRB**

The primary responsibility for protecting the rights and welfare of human subjects rests with each individual who initiates, directs, or engages in research. It is the responsibility of IRB to insure that the rights and welfare of the human research subjects recruited to participate in research activities conducted under auspices are protected.

### **1.3 The Principals that Govern the IRB**

The University has established the IRB as responsible for the institution's obligations to review research involving human subjects. This committee has been established under an assurance of compliance negotiated with the DHHS and is governed by the ethical principles outlined in the Belmont Report (The Ethical Principles and Guidelines for the Protection of Human Subjects, 1979).

## **2.0 THE AUTHORITY OF THE IRB**

### **2.1 Types of Studies that must be Reviewed**

All research projects involving human subjects conducted by University faculty, staff and students or done under the sponsorship or auspices of the institution must be reviewed and approved by the IRB prior to commencement of the research.

This includes research-involving subjects from outside the university and research that is not funded. This includes the following types of research (this is not an exhaustive list):

- All surveys and questionnaires distributed on-campus for research purposes
- Behavioral and social science research
- Clinical research
- Human genetic research
- Pilot studies

URI allows research to those participants requiring additional protection outlined in the federal regulations:

- Pregnant Women
- Viable Neonates
- Prisoners
- Children
- Research involving human fetuses

The 45 CFR 46 subpart A defines a set of research activities that may be exempt from its purview. Although the category is called "exempt," this type of research does require IRB review and registration. To qualify, research must fall into six (6) federally-defined exempt categories. These categories present the lowest amount of risk to potential subjects because, generally speaking, they involve either collection of anonymous or publicly-available data, or conduct of the least potentially-harmful research experiments.

URI does not have the faculty, staff or facilities to conduct research involving the following subject population:

- Research involving nonviable neonates
- Research involving planned emergency waivers of informed consent

### **2.2 Disapproving, Modifying, or Approving Studies based on Human Subject Protection**

#### ***2.2.1 Actions on Protocols Reviewed by the IRB.***

By regulation, action on protocols that require full IRB review may be taken only 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. In order for the research to be approved, it must receive the approval of a majority of those members present.

The Full Committee may act on a protocol in one of five ways:

1. It may be approved
2. It may be approved with modifications to secure approval.
  - a. This option may not be used when the IRB requests modifications or clarifications that are directly relevant to the regulatory criteria for approval.
  - b. For the IRB Chair or an IRB member will review modifications and clarifications that are not relevant to the regulatory criteria designated by the IRB Chair to approve.
3. It may approve some components of the proposed research study and defer taking action on the other components
  - a. The IRB may approve components of the proposed research and allow the investigator to initiate research activities only related to those components. In such circumstances, the IRB must ensure that the approved components of the research study are scientifically valid and satisfy all criteria required for IRB approval, even if the other components are never approved and conducted. (OHRP Guidance November 10, 2010)
4. It may be tabled, needing substantial revisions or clarifications (such protocols will need to be re-reviewed by the full committee)
5. It may be disapproved (in this case, the study may be re-written to address all concerns and re-submitted for full committee review).

In cases where a study is disapproved - the IRB will provide its rationale for the action taken. The investigator may request an appearance before the IRB to present arguments for reversal of the decision or propose a change in the protocol based on the advice and counsel of the IRB.

### **2.3 Progressive Reports**

The IRB may require progress reports or summary of findings from the investigator at any time and may determine a need to oversee the conduct of the study. The IRB has the authority to observe, monitor or request that an audit be performed to ensure that proper scientific, ethical and regulatory requirements are followed.

### **2.4 Monitoring for Compliance**

Monitoring of ongoing studies may include determining whether the investigator has:

- Current, complete copies of all informed consents in his/her files for subjects enrolled in the study
- A copy of the current protocol and a blank copy of the most recent informed consent document
- Complete and current copies of correspondence from the IRB and, if applicable, the study sponsor
- Adhered to inclusion/exclusion criteria
- Reported all unanticipated problems and adverse events to the IRB

## **2.5 Termination or Suspension**

The IRB has the authority to determine if a research project should be suspended or terminated for cause. The action will be reported to appropriate institutional officials, the head of any supporting Federal Department or Agency (if applicable), the OHRP under DHHS, and the corporate study sponsor (if applicable). If the project that is suspended or terminated involves a drug, device, or biologic regulated by the FDA, the FDA shall also be notified of the suspension/termination.

## **3.0 THE IRB ORGANIZATIONAL STRUCTURE**

### **3.1 Administration of the Institution**

For matters relating to the execution of their duties and responsibilities, the IRB staff reports directly to the Authorized University Institutional Official, the Vice President of Research and Economic Development.

The following are reported to the Vice President of Research and Economic Development who in turn communicates with the OHRP within the DHHS:

- Changes in IRB membership
- When required, serious or continuing noncompliance with federal regulations, within three (3) business days, upon verification.
- When required, any unanticipated problems involving risks to subjects or others, within three (3) business days, upon verification
- When required, any suspension or termination of IRB approval for a project, within three (3) business days, preceding the convened meeting.

Reports of serious or continuing non-compliance, unanticipated problems involving risks to subjects or others, and suspensions and terminations of the IRB are also made to:

- The IRB as an information item in the agenda in the next scheduled meeting.
- Other federal agencies when the research is overseen by those agencies, and they require reporting separate from that to the Office of Human Rights Protection (OHRP), within 14 business days of suspension or termination of research protocol.
- The FDA, when the research is FDA regulated, within fourteen days of suspension or termination of research protocol.

### **3.2 Institutional Official**

The Vice President of Research and Economic Development is designated by the University President to be the Institutional Official responsible for the Human Research Protection Program. The Institutional Official agrees to uphold the responsibilities and commitments with the requirements set forth in the Federal Wide Assurance and the regulations for the protection of human subjects at 45 CFR Part 46, the FDA 21 CFR 50 and 56, State and Local laws concerning Human Subjects research.

### **3.3 Other Committees**

The IRB works in collaboration with other committees and with the campus community as a whole to ensure the protection of human subjects. The following is a list of other offices and committees that may be involved in collaboration. When research involves one of these committees, the IRB process requires review and approval from these other committees. Letters of review and approval must be received and reviewed by the convened IRB. This review requirements and process is outlined in the IRB Application.

#### ***3.3.1 Institutional Biosafety Committee (IBC)***

The National Institutes of Health require that universities maintain the highest level of scientific integrity and community safety in the review of research involving recombinant and synthetic nucleic acids. Strict rules have been established regarding types of experimentation allowable and under what circumstances different classes of experiments can be conducted. The Institutional Biosafety Committee reviews all such research, involving recombinant and synthetic nucleic acids, as well as research involving infectious agents and human or nonhuman primate materials (e.g., blood, tissues, cells).

#### ***3.3.2 Radiation Safety Committee***

The use of radioactive materials on campus is governed by the Rhode Island Department of Health. The Radiation Safety Committee advises members of the university in matters involving radiological procedures and safety; establishing procedures pertaining to the ordering, receipt, use and disposal of radioactive materials; and advises faculty on specific problems related to the use of radioactive materials in research and instruction.

#### ***3.3.3 Institutional Animal Care and Use Committee (IACUC)***

To provide for the care and well-being of animals used for research, training and education at URI; To support the animal-related needs of University researchers, educators and students; To ensure compliance with all standards mandated by federal and state law, accrediting bodies and the Institutional Animal Care and Use Committee.

### **3.4 Other Institutions**

All research that is being conducted in collaboration with another institution must receive approval from the other institution's IRB, if one exists. If the collaborating institution does not have an IRB then a letter of permission from an individual who has authority must be obtained. If the research will be conducted in an educational environment, permission must be obtained from the Superintendent of the School District. All letters of permission must be received before research can commence. This may also include research sponsors, other IRBs with which we have a review relationship, and community and special interest advocacy groups.

These collaborating institutions must provide a letter of understanding that outlines that all applicable laws and regulations will be abided by and adhered to.



In certain circumstances, URI has entered into agreements with other institutions so that IRB approval at multiple institutions is not necessary. For more information see Section 29 - Reliance Agreements.

### **3.5 Regulatory Agencies**

The University's IRB is required to communicate with Federal, State and local authorities regarding all information that is outlined in the Federal Guidelines. We also strive to maintain positive and productive relationships with regulatory agencies, local and state legislators.

## **4.0 ROLES AND RESPONSIBILITIES**

### **4.1 Institutional Official**

The Institutional Official is designated by the University President to have responsibility for the Human Research Protection Program with the authority to delegate activities as may be necessary to fulfill the following responsibilities:

- Assure compliance with institutional policies and all applicable regulations for the protection of human research subjects.
- Is legally authorized to represent the institution in matters regarding human subjects research and is the signatory authority for all the Federal-Wide Assurance to the Office for Human Research Protections.
- Responsible for review and evaluation of reports on IRB performance and Quality Improvement (QI) activities.
- Responsible for further institutional review and approval or disapproval of research approved by the University IRB (neither the Institutional Official nor any other University official can approve research that was disapproved by the IRB).
- Reviews copies of all IRB meeting minutes, containing reports of IRB deliberations on human subjects protocols, the results of QI audits, and noncompliance findings.
- Signs all correspondence and reports sent to federal regulatory agencies regarding PI or institutional noncompliance.

### **4.2 IRB Chair**

The Chair should play a leadership role in establishing and implementing IRB policy. As a primary representative of IRB decisions, the IRB Chair should have shared authority over all IRB policy and procedures in collaboration with the Institutional Official and IRB Administrator. IRB Chair's main responsibilities are as follows and are not all inclusive:

- Represent the IRB in discussions with other segments of the organization.
- Represent the organization in discussion with federal authorities.
- Review all protocols presented to the full committee. The IRB Chair is expected to have read each full committee protocol and to communicate with other reviewers so that important IRB issues are identified or resolved before the full committee meeting.
- Direct the proceedings and discussion of the full committee meeting. This includes keeping the discussion focused on important IRB issues and seeing that the full-committee meeting process is both efficient and effective.

- Vote at full committee meetings.
- Have an in-depth understanding of the ethical issues, state law, institutional policy, and federal research regulations that are applicable to studies that are reviewed by the IRB.
- Assist the IRB Administrator in the drafting of letters from the IRB to researchers regarding IRB decisions.
- Review protocols in a timely fashion.
- Review and make decisions about responses to condition for IRB approval of research in a timely fashion. This task is shared with the IRB Committee and the IRB Administrator.
- Serve as the reviewer for research that is reviewed by exempt or expedited process. This task may be shared with the IRB Administrator or other qualified IRB member.
- Represent the IRB in defending or discussing IRB decisions with researchers.
- Investigate instances of non-compliance in collaboration with the Institutional Official and develop a plan of action to address the non-compliance and oversee monitoring of any remedial action.
- Review all of the unanticipated problems/adverse events/complaint forms and take appropriate action as needed regarding revision or status of the protocol and informed consent.
- Report as needed to the Institutional Official.

#### **4.3 Institutional Review Board (IRB)**

The IRB's main responsibilities in safeguarding the rights and welfare of subjects are as follows and are not all inclusive:

- Conduct review of initial protocol submissions, continuing reviews, and all revisions to protocols of human subjects research conducted by the University researchers.
- Approve, require modifications to secure approval, defer (table), or disapprove research activities overseen and conducted under the auspices of the University, regardless of location of the research activities.
- Systematically analyze protocols for benefits to subjects and importance of knowledge to be expected and assess the potential benefits in relation to the potential risks involved in the research.
- Review of human subjects research for scientific or scholarly validity. For research previously subjected to full peer review (e.g., reviewed by a study section, grant committee or grant agency, graduate thesis/dissertation program committee, undergraduate research award review committee), no additional internal scientific review is required.
- Report in writing the findings and actions of the IRB to the PIs, Institutional Official, and, when applicable, to federal regulatory agencies or departments, as necessary.
- Determine the interval at which ongoing studies need to be reviewed by the IRB (must be at least annually).
- Determine which studies need verification from sources other than the researchers that no material changes have occurred since the previous IRB review.
- Observe, or have a third party observe, consent processes and/or the conduct of research, as necessary
- Ensure prompt reporting of any changes in research activities to the IRB by researchers.

- Ensure prompt reporting, by PIs, to the IRB and/or federal agencies or departments (where applicable) of:
  - Unanticipated problems involving risks to subjects or others.
  - Serious or continuing noncompliance with regulations.
  - Suspension or termination of IRB approval.
- Determine if studies involving drugs need an investigational new drug (IND) number designated by the FDA.
- Determine if studies involving investigational devices pose significant or non-significant risk and whether an IDE is required.
- Suspend or terminates approval of research not being conducted in accordance with IRB requirements or that has been associated with unexpected serious harm to subjects.
- If applicable, act as the Privacy Board for research involving use of PHI.

#### **4.4 Principal Investigators (PIs)**

The Principal Investigator (PI) is ultimately responsible for assuring compliance with applicable University IRB policies and procedures, DHHS Federal Policy Regulations, and FDA regulations and for the oversight of the research study and the informed consent process. Although the PI may delegate tasks to members of his/her research team, s/he retains the ultimate responsibility for the conduct of the study.

Because PI responsibilities involve direct interaction and supervision of the research team, the PI must be regular faculty, emeritus faculty, and fixed term faculty employees with rank of assistant professor or higher. Students, staff, and individuals holding other appointment titles, such as research associate, specialist, post-doctoral fellow, visiting, adjunct, or clinical faculty, may be designated on the IRB application as a co-investigator, but not as the PI. Only under special circumstances and with approval may an URI individual (e.g., director, specialist) who is not URI regular faculty, emeritus faculty, clinical faculty, or fixed term faculty employee with a rank of assistant professor or higher serve as the PI on a human subject research study. In these special circumstances, the individual may make this request to the IRB for review and approval. In order to approve a request, the individual must provide documentation of necessary experience and independence, a current curriculum vitae, and (if requested) a written recommendation from the department chair, academic director, or dean.

The following are the PI responsibilities and are not all inclusive:

- Assure that all personnel listed on the research protocol have completed the human subjects research training.
- Submit protocols for IRB review and approval of the proposed research activities prior to commencing the research.
- Employ sound study design in accordance with standards of the PI's discipline.
- Assure that adequate time and resources are present before conducting a research study to assure participant protections.
- Maintain appropriate oversight of each research study, as well as research staff, and appropriately delegate research responsibilities and functions.
- Insure that the research is conducted according to the protocol, any signed agreements, in compliance with all applicable laws and regulations and organizational policies and procedures with the highest of ethical standards.

- All members of the research team comply with the findings, determinations, and requirements of the IRB.
- Research does not commence until the human subject research conducted under their name has received review and approval by the IRB.
- The informed consent document and process complies with the IRB's reviewed and approved and stamped document.
- Continuing review and approval of the research has been conducted within the requirements set by the IRB.
- No modifications or revisions have been initiated without prior IRB review and approval, except when necessary to eliminate apparent immediate hazards to subjects.
- No research is continued beyond the IRB designated approval period.
- Any unanticipated problems involving risks to subjects and any serious adverse events are reported to the IRB within 5 business days, or sooner depending on the severity as outlined in section ensuring prompt reporting to the IRB, appropriate institutional officials, the OHRP and FDA unanticipated problems/adverse events/complaints.
- The PI is required to report all allegations and finding of non-compliance within 5 business days to the IRB Office.
- The PI is required to complete Appendix X - Conflict of Interest in Human Subject Research, if applicable.
- The PI is required to follow the Department of Education regulations regarding access to instructional material used in a research or experimentation program.
- All instructional material - including teachers' manuals, films, tapes, or other supplementary instructional material, which will be used in connection with any research or experimentation program or project, must be available for inspection by the parents or guardians of the children engaged in such research.
- Research or experimentation programs or projects mean any programs or projects in any research that is designed to explore or develop new or unproven teaching methods or techniques.
- Children are persons enrolled in research not above the elementary or secondary education level, who have not reached the age of 18.
- Obtain legally effective informed consent from subjects prior to commencement of research activities, unless the requirement is waived by the IRB.
- Ensure the rights, safety and welfare of the research subjects are upheld and protected.
- Follow reporting requirements for problems that require prompt reporting (see Section 14).
- Submit requested data at specified times for continuing review of ongoing research activities.
- Upon completion of a study, honor all commitments that were agreed to as part of the approved research, e.g., providing information about the study results to research subjects or honoring commitments for reimbursements to subjects.
- Upon completion of a study, the PI will submit Appendix U - Final Study Report to the IRB.
- Retain records as required by the regulations, the sponsoring entity and local policy for the appropriate time period (See Section 17 for more information on record retention).
- When PI is the lead researcher for a multi-site study, applications must include information about the management of information that is relevant to the protection of

research participants, e.g., interim results; protocol modifications; how unanticipated problems involving risks to participants or other unanticipated problems will be managed.; how communication of unanticipated problems to all sites will occur; how protocol modifications will be managed; is there a formal agreement in place delineating each site's roles and responsibilities.

- If you hold an IND/IDE, adhere to sponsor responsibilities in addition to investigator responsibilities as per 21 CFR Parts 312/812.
- If appropriate, assure that applicable clinical trials (includes some of the NIH funded trials) are registered on the governmental database at <http://www.ClinicalTrials.gov>. Applicable clinical trials are defined by Federal Statute (Public Law 110-85). Generally, these trials include:
  - Trials of Drugs and Biologics: Controlled clinical investigations, other than Phase I investigations, of a product subject to FDA regulation; and
  - Trials of Devices: Controlled trials with health outcomes, other than small feasibility studies, and pediatric post-market surveillance.
- Address research participant's concerns, complaints, or requests for information.
- Members of the International Committee of Medical Journal Editors (ICMJE) will consider the results of clinical research for publication only if the trial has been registered prior to enrollment of the first subject. ICMJE defines a clinical trial as: "Any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and health outcome." ...This definition includes drugs, surgical procedures, devices, behavioral treatments, process-of-care changes and the like." ICMJE further defines "medical intervention" as "any intervention used to modify a health outcome."
- Notify the IRB well in advance if leaving the University so that arrangements can be made to either close the study or name another appropriately qualified individual currently at the institution to serve as the PI.

#### **4.5 Faculty Sponsors**

The responsibilities for a Faculty Sponsor (FS) are equivalent to those for a PI and should not be accepted lightly. Acting as a FS is time-consuming and requires an enthusiastic commitment to the students and to the research project. The FS must be actively involved in the research, from protocol design to data analysis and report preparation. In many cases, it may be the student's first experience with formal research. The success of the student's experience will be measured not only in the outcome of their projects, but also in what they learn from the faculty sponsor. These experiences will help form their perception of scientific research, and in some cases, determine whether a career in academic research is right for them. The following are the faculty sponsor responsibilities and are not all inclusive:

- Advise the student on the selection of a topic, the content and preparation of their research proposal. Understand the research hypothesis, goals and methodology. Guide and interact with the student throughout the research project.
- Assist the student with the preparation of the IRB application. Complete and sign forms as required. Ensure the student obtains all necessary approvals (i.e., IRB) before initiating the project, implementing any changes in the research activities and continuing the research activities after the approval period has expired.

- Serve as the IRB protocol PI of record for the student when the research meets the criteria for exemption from the regulations or for any ongoing research when the student leaves the institution prior to completing the research protocol.
- Ensure that the student is provided with, or has access to, information on University policies relating to administration of their protocol.
- Assure the student understands the underlying ethical principles for conducting research with human subjects and the applicable research regulations and local policies and procedures. Stay abreast of the status of the protocol and ensure on-going compliance with federal regulations and institutional policies and procedures relating to human subjects research and IRB required reporting.
- Advise and assist students with the preparation of poster presentations and papers, as applicable.
- Ensure that all study documents and data are archived at the end of the study in accordance with federal, state and local policy and regulations.
- Be available to the student during the active research period.

## **5.0 TRAINING**

### **5.1 Researcher Training Requirements**

The University policy requires training for all faculty, faculty mentors, researchers, and students, including researchers from other institutions who wish to conduct human subjects research at the University. All key personnel (PI, Co-PI, Faculty Sponsor), originally listed or later added to a study through an amendment, must complete the required human subjects training. In order to comply with the policy, researchers are required to complete either the University's training affiliated with Collaborative Institutional Training Initiative (CITI) Human Subjects Research Group 1 (Basic Course) which includes modules relating to ethics, regulations, risk assessment, informed consent and privacy and confidentiality or an alternative equivalent if approved by the IRB Chair (e.g., ethics training provided in a language other than English for non-English speaking study staff). Completion of this training must be accomplished every three years. Following initial completion, researchers may complete the Basic Course Refresher. Protocol submissions (initial, continuing, amendments) are checked to assure all researchers and research staff have completed training. Protocol actions are not approved until training is completed by all personnel listed on the protocol.

### **5.2 IRB Chair and Member Training Requirements**

The IRB members are required to complete the on-line Collaborative IRB Training Initiative (CITI) educational program. Members must complete either the CITI Basic Course (Group 1), the course for IRB members (Group 2), the refresher course for either previously mentioned courses or an equivalent alternative if approved by the IRB Chair (e.g., documented in-person training performed by IRB Administrator or similar).

- The CITI Education must be completed prior to serving as a primary reviewer. CITI as well as the ORI staff will notify those members requiring Continuing Education. This continuing education must be completed by the expiration date of 3 years from the last certification date in order to maintain active in URI's IRB.

- The Department of Defense regulations require initial and continuing research ethics education for all personnel who conduct, review, approve, oversee, support, or manage human participant's research. Educational requirements will be outlined through correspondence (i.e. email) by the Department of Defense and these requirements will be forwarded to the appropriate personnel by the IRB staff (i.e. all personnel who conduct, review, approve, oversee, support, or manage human participant's research). CITI as well as the IRB staff will notify those members requiring continuing Education. This continuing education must be completed by the expiration date of 3 years from the last certification date in order to maintain compliance with the Department of Defense funded research.
- The IRB Administrator will review with the new member the procedures for obtaining materials and the various forms used. This includes reviewing access to <http://www.IRBNet.org>, how to retrieve documents, using reviewer checklists, and adding reviewer comments to IRBNet.

As part of continuing education, the IRB Administrator or IRB Chair will present training materials to the committee on a regular basis. Additional training materials will be sent to IRB members via email and IRBNet. The committee members are also free and encouraged to submit educational findings regarding human subjects for distribution through email or through project mail in IRBNet. URI Division of Research and Economic Development will provide support to send as many IRB members as possible to attend appropriate national and regional conferences on Human Participants Research protections.

### **5.3 IRB Staff Training Requirements**

The IRB staff (e.g., IRB Administrator, Director of Research Integrity) are required to complete the on-line Collaborative IRB Training Initiative (CITI) educational program. Staff must complete either the CITI Basic Course (Group 1), the course for IRB members (Group 2), or the refresher course for either previously mentioned courses. Additionally, IRB staff must be familiar with:

- URI's –FWA;
- URI's IRB's Governance and Operating Policies;
- Belmont Report;
- Applicable Federal & State regulations including:
  - 45 CFR Part 46 – The Common Rule
  - 21 CFR Part 50 – Protection of Human Subjects
  - 21 CFR Part 56 – Institutional Review Boards;
  - FDA Information Sheets Guidance; and
  - OHRP Guidance Sheets.

Continuing training and education is provided to IRB staff through the following:

- Discussions of regulatory and ethical issues that arise during the processing of IRB Proposals;
- CITI refresher courses (required every four years);
- Attendance at Convened IRB meetings;
- Conferences on Human Subjects Research protections (routinely); and
- Additionally, IRB staff members are encouraged to become CIP–certified.

## **6.0 THE MEMBERSHIP OF THE IRB**

### **6.1 Composition**

#### ***6.1.1 Number of Members***

The IRB shall have at least five members, with varying backgrounds to promote complete and adequate review of research activities commonly conducted at URI.

The IRB will consist of individuals who have expertise in the areas of research reviewed and have sufficient expertise and diversity to evaluate ethical issues involved in research. The IRB has at least one non-scientist, and at least one person who is not affiliated with the university, both represent the perspective of the research participants.

The committee will not have a member participate in the committee's initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.

The IRB will invite individuals with competence in special areas to assist in the review of issues, which require expertise beyond or in addition to that available on the IRB. These individuals may not vote with the IRB.

#### ***6.1.2 Qualification of Members***

The IRB Chairperson in collaboration with the IRB Administrator will identify those areas of research which IRB member's expertise is required. Recommendations for appointment to the IRB are requested from individuals in the research community. Individuals responsible for raising funds or garnering support for research are not allowed to serve on the IRB. Community members may be identified through various sources and depending on the area of expertise required. The IRB conducts an initial contact to gauge the willingness of the individual. Individual names of those that express an interest and desire are forwarded to the Institutional Official. The Institutional Official appoints the individual.

#### ***6.1.3 Diversity of Members***

The IRB membership will not consist entirely of men or entirely of women; it will include qualified persons of both sexes. The IRB will not consist entirely of members of one profession.

The University's IRB evolves and changes to ensure that the committee has the expertise to professionally evaluate the research protocols and to ensure the protection of human subjects. Our board members represent a wide range of professions and laymen and women. These always include a Physician, Professors in various fields, a community advocate, and a prisoner advocate. The compilation of various backgrounds brings to the committee the ability to assess risk from differing perspectives.

The University's IRB has called on in the past, individuals who are expert in a field that the committee lacks or does not include.



## **6.2 The Chairperson**

The Chair has direct responsibility for assuring that the IRB operates in full accordance with regulatory requirements and the highest ethical standards. The Chair works with IRB staff, committee members, institutional officials, and investigators to ensure that the rights and welfare of research participants are adequately protected, and that the benefits of the research justify the risks to the research participants.

### ***6.2.1 Selection and Appointment***

The Institutional Official (Vice President for Research and Economic Development) appoints the IRB Chairperson.

### ***6.2.2 Length of Term/Service***

The Chair of the IRB is usually appointed for a three-year term.

### ***6.2.3 Removal***

The Institutional Official is empowered to remove the Chair, at any time, for cause in consultation with the President.

## **6.3 IRB Members**

The Chair, IRB Administrator and Director of Research Integrity review and identify areas in which expertise is required. The IRB obtains the willingness of the individual to serve on the IRB prior to recommending the prospective member to the Institutional Official for appointment. Individuals responsible for raising research funds or garnering support for research are now allowed to serve as voting IRB members.

### ***6.3.1 Length of Term/Service***

Members serve a two-year term and can be re-appointed at the end of their term. Members may resign at any time by submitting a letter of resignation to the Chair of the IRB.

### ***6.3.2 Duties***

- The IRB members are responsible for completing initial and ongoing educational requirements regarding protection of human subjects.
- Identifying any conflicts of interest at IRB meetings and removing themselves from the discussion and voting except to provide information requested by the IRB.
- Identifying any conflicts of interest when requested to conduct reviews using the expedited procedure and not being involved in the discussion and decision making except to provide information requested by the IRB.
- Reading all material provided to them and being informed and prepared for the meeting.
- Conducting reviews as requested
- Being an active member of the IRB and attending the meetings on time, participating in the discussion and planning to stay the length of the meeting.

### **6.3.3 Attendance Requirements**

The IRB members in accepting their appointments are informed of the scheduled meetings and it is their responsibility to make every effort to attend each meeting. In the event that a member is not available for a period of three consecutive meetings in one semester or six meetings in a one-year period, their membership on the committee will be evaluated and potentially relinquished.

### **6.3.4 Removal**

The Institutional Official may remove members from the IRB prior to the end of their appointment. The IRB member removal may occur in the event that the member does not fulfill their duties or responsibilities in reviewing protocols or has displayed inappropriate behavior and has affected the conduct of the meeting. Members cannot be removed based on their voting record, or in an attempt to alter the IRB membership to obtain approval for protocols.

### **6.3.5 Alternate Members**

Alternates are appointed and function in the same manner as the primary IRB members. The alternate's expertise is comparable to those of the primary member. The role of the alternate member is to serve as a voting member of the IRB when the regular member is unable to attend a convened meeting. When an alternate member substitutes for a primary member, the alternate member will receive and review the same materials prior to the IRB meeting that the primary member received or would have received. The alternate member will not be counted as a voting member unless the primary member is absent. The IRB minutes will document when an alternate member replaces a primary member.

## **6.4 Liability Coverage for IRB Members**

The URI Office of Risk and Safety provides insurance to all URI groups and individual members for their work representing URI.

## **6.5 Use of Consultants**

The IRB will call on consultants to provide to the IRB the additional expertise, including a review of scientific merit, or cultural diversity that may arise.

Consultants are chosen by the IRB Chair in consultation with the IRB Administrator and input from other individuals knowledgeable in the area of study, based on their expertise and can be drawn from an institution, the community, or a colleague.

The consultant is required to provide a summary of expertise or their CV and to disclose any potential conflicts of interest. Those individuals who have a conflict of interest in the research they are asked to review will not be allowed to serve as a consultant.

The consultant will provide an opinion to the IRB in layman terms. This may be accomplished through a written report that will be distributed to the IRB via IRBNet or they may attend a meeting and submit the report then and be available for questions. If the consultant attends the IRB meeting, they will not be involved in the discussion and decision-making except to provide

information requested by the IRB. The Consultant must leave the meeting before final discussion and voting.

All consultant reports will be uploaded to IRBNet and the information provided to the IRB by the consultant will be reflected in the minutes of the meetings.

## **6.6 Chair, Member, and Staff Evaluations**

The membership of the IRB shall be reviewed periodically to:

- Ensure that membership includes individuals with varying backgrounds and the experience and scientific or scholarly expertise needed to review the scope of research involving human subjects conducted at URI.
- Evaluate the performance of IRB members

The IRB Administrator and Director of Research Integrity shall be responsible for compiling information about research protocols reviewed at convened meetings to assess the scope of research involving human subjects reviewed by the IRB. The Director, the IRB Administrator and the IRB Chair shall review the report, conduct the membership review, present results of the review to the Institutional Official, and recommend adjustments to IRB membership as appropriate. The Director of Research Integrity is responsible for providing feedback to IRB members.

To assess the performance of the IRB chair and members, the Director and IRB Administrator will periodically evaluate anonymous surveys, attendance records, and other data related to member performance. A summary of this information will be shared with the chair and members, along with the Institutional Official.

The Director of Research Integrity and the Institutional Official will annually review the IRB staff to ensure that staffing levels are appropriate for the number of research protocols submitted and that other IRB metrics (e.g., turnaround time) are comparable to peer institutions.

## **7.0 CONFLICT OF INTEREST AND CONFIDENTIALITY**

IRB members (or consultants) will not review, participate in the discussion of, or vote upon any research protocol for which they have a conflict of interest (COI). No IRB member (or consultants) can take part in the initial, amendment or continuing review of a protocol in which they have a conflict of interest other than to provide requested information. A summary of the COI policy for IRB members will be included in each IRB meeting agenda as a reminder for members to self-disclose any potential conflicts.

### **7.1 Conflicts of Interest for Members**

The University's IRB policy prohibits IRB members from reviewing, participating in the discussion of, or voting upon any research protocol for which they, their spouse, dependent children, or partner are involved in the design, conduct, or reporting of the research.

IRB members are prohibited from reviewing, participating in the discussion of, or voting upon any research protocol when the committee member, their spouse, dependent children, or

partner holds a financial interest, meaning anything of monetary value, including although not limited to, salary or other payments for services (e.g. consulting fees or honoraria); equity interests (e.g. stocks, stock options, or other ownership interest); and intellectual property rights (e.g. patents, copyrights, and royalties from such rights)

The University's IRB members with these types of COI shall recuse themselves from the final discussion and vote of all such studies. All conflicted members must recuse themselves and leave the room for the vote and are not counted towards quorum. Absences of IRB Committee members, who have a conflict, from the deliberation and the vote are noted in IRB minutes.

When a member, or a member's spouse, relative or partner, is an investigator on a study to be reviewed, IRB members must recuse themselves from the review, discussion of, and vote on the protocol.

Consultants are considered to have a conflict of interest when they, their spouse, dependent children, or partner are involved in the design, conduct, or reporting of the research.

Consultants are considered to have a conflict of interest when consultant, their spouse, dependent children, or partner holds a financial interest, meaning anything of monetary value, including although not limited to, salary or other payments for services (e.g. consulting fees or honoraria); equity interests (e.g. stocks, stock options, or other ownership interest); and intellectual property rights (e.g. patents, copyrights, and royalties from such rights).

## **7.2 Conflicts of Interest for Researchers**

All PIs are required to complete the COI section of the application. If a potential COI is disclosed, the PI will complete the COI in Human Subjects Research Form. The IRB will receive a copy of this form and evaluate whether the research protocol, as written, poses a COI and ensures that full disclosure is included in the consent form.

Additionally, the ORI oversees the COI disclosure process for sponsored research. If a disclosure is made during this process that involved research involving human subjects, the Director of Research Integrity will be responsible for raising the disclosed COI with the URI Conflict of Interest Management Committee (CIMC) and for briefing the IRB Chair on the issue. The CIMC has the authority to determine the appropriate management of the COI; however, the IRB has the final authority to decide whether to approve the human subjects research given the COI and its management.

## **7.3 Confidentiality of IRB Meetings**

To the extent possible, the proceedings of the meetings are confidential. Individuals such as students or interested parties may request to attend as observers. Upon receipt of these requests, ORI staff or the IRB Chair may grant permission for attendance by these individuals. Observers do not receive a copy of application materials.

## **8.0 OPERATION OF THE IRB**

### **8.1 IRB Administrator Responsibilities**

The day-to-day operation of the IRB is the responsibility of the IRB Administrator. In addition, the IRB Administrator has the following responsibilities to:

- Serve as the primary resource for investigators regarding the administrative review requirements for human research protocols
- Understand, interpret and document compliance with Federal and State research regulations
- Perform preliminary review of all research applications and determine protocol status and identify problems and issues on the submission based on the University's, the Federal Government Guidelines and Rhode Island State Laws
- Approve protocols based on Federal criteria for Exempt and Expedited protocols if appointed to the IRB by the Institutional Official.
- Track pending applications and advise investigators on the status of their protocols
- Identify and track approved research protocols, including implementing office-established procedures to assist investigators in complying with conditions imposed by the committee
- Review which members will be present at the convened meetings and determine that:
  - At least one member will have sufficient scientific or scholarly expertise related to the research
  - If the research involves vulnerable populations at least one member who is knowledgeable about or experienced in working with such subjects will be present
  - If the research involves other necessary expertise, such as knowledge of local context, at least one IRB member with such expertise will be present
- Inform the IRB Chair if an outside consultant is required
- Issue approval notices based on conditions imposed by the committee
- Design and create all databases and documents pursuant to Federal Guidelines
- Supervise the updating of all databases and maintain correct records of confidential research protocols
- Train the Fiscal Clerk and student interns regarding IRB functions
- Provide educational training in Human Subjects Research to URI's academic departments and the Washington County community
- Create and modify all forms and applications required for protocol submissions
- Update and revise Policy and Procedures pursuant to Federal Policy 45 CFR 46.116(b) (5). And 21 CFR 56.

### **8.2 Scheduling of Meetings**

The IRB Administrator informs the board members of the date and times of the scheduled meetings during the initial communication with the potential board member. The other board members are informed of the meeting schedule upon receipt of their appointment letters. The committee members at that time agree to attend the meetings, and in the event that they cannot they inform the ORI immediately. The IRB Administrator and Chair take into consideration the

number of meetings that the board member cannot attend and a decision is made whether or not to ask the board member to recuse himself or herself for the semester.

### **8.3 Information Provided Prior to Meeting**

The University's IRB members meeting materials are distributed electronically through a web-based system called IRBNet. All protocols and relevant documents are placed (7) days prior to the scheduled meeting. The members are informed via email that the materials are available online and asked to review the documents and if additional information is required. The web posted meeting material includes:

- Meeting agenda
  - New Research
  - Modification Requests
  - Continuing Review Request
  - Listing of all approved expedited protocols
  - Listing of all administrative and exempt approved protocols
- Minutes from previous meeting
- Adverse Event/Complaint Reports
- All relevant document for protocol review
- New Business and or topics to be discussed

### **8.4 Voting Requirements**

#### **8.4.1 Quorum**

A quorum of more than half of the voting membership is required to conduct business. A quorum requires a majority of IRB members and at least one member whose primary concerns is in non-scientific areas to be present. For FDA regulated studies, at least one member who is a physician is required for quorum. For studies involving prisoners, a prisoner representative must be present for the entire presentation, discussion, and deliberation.

It is strongly recommended that IRB members be physically present at the meeting. If physical presence is not possible, a member may be considered present if participating through teleconferencing or videoconferencing. In this case the member must have received all pertinent material prior to the meeting and must be able to participate actively and equally in all discussions.

For research to be approved, it has to receive approval of a majority of the members present at the meeting. Members not present for a substantial part of the discussion and deliberations should abstain from voting. The presence of a quorum of members is documented in the meeting minutes.

The IRB Administrator may invite individuals with competence in special areas to assist in the review of issues that require expertise beyond or in addition to that available on the. These individuals may not vote with the IRB.

#### **8.4.2 Absence or Loss of Quorum**

If the quorum is not achieved or lost at a meeting due to members with conflict being excused, early departures, or a loss of a non-scientist, the meeting is terminated from further votes unless the quorum can be restored.

The status of the quorum will be documented in the minutes and announced at the meeting. In the event that a committee member must excuse themselves and a quorum is not met, the loss of a quorum will be announced and documented in the minutes noting the time the meeting was closed due to loss of quorum.

#### **8.4.3 Diversity Requirements of Quorum**

The IRB members consists of individuals that are sufficiently qualified to review research through their experience, expertise, and diversity, including consideration of race, gender, cultural backgrounds, and sensitivity to community issues and attitudes.

#### **8.4.4 Approval Percentage**

The approval of a research protocol requires a majority of votes by the IRB.

#### **8.4.5 Voting Rights**

Each IRB member has one vote. In the case where an both a member and the member's alternate are in attendance, only the member or the alternate's vote may be included in the vote. The member who will have their vote included in the vote should be determined prior to the meeting.

#### **8.4.6 Proxy Votes**

Proxy votes (e.g., votes taken by phone or email at a time different than the meeting) are not allowed.

### **8.5 Communication from the IRB**

The ORI communicates with researchers regarding IRB decisions and requests for additional information through IRBNet, email and telephone. These communications can take the form of verbal, written or electronic. Major revisions or changes concerning IRB policy and procedures are communicated to the researchers through an IRB research listserv and the URI webpage.

#### **8.5.1 Additional Information Required from the Investigator**

During the initial review the IRB administrator will compare the protocol documents received with our checklist of required documents. In the event that information is missing the investigator will be contacted via email for the documentation.

When the IRB members receive the protocol they can also contact the administrator and request additional documentation or clarification. At this time the IRB administrator will contact the PI via email and request the additional documentation.

### **8.5.2 Conveying the IRB Decision to the Investigator**

Immediately after the convened meeting the IRB Administrator and IRB Chair review their notes to ensure that the committee's decisions, request for additional information or any other documentation is clearly documented.

Protocols that have been approved: The IRB staff will notify PIs that their research has been approved via IRBNet. The IRB approved stamped consent forms will be posted to IRBNet.

Protocols that have been tabled: The IRB Administrator will outline the committee's decision and the committee's request or concerns regarding the study listing the Federal Guidelines that the committee considered in their decision. At this time the draft email will be forwarded to the IRB Chair for review and revision if necessary. After review, the Chair will forward the final draft to the IRB Administrator to who will post the decision letter to IRBNet and forward an email to the PI.

Protocols that have not been approved: The IRB staff will compose a letter to the PI noting the unfavorable decision and will include the substantial reasons for disapproval. The Chair will review and revise or authorize the letter. The IRB Administrator will post the decision letter to IRBNet and forward an email to the PI.

### **8.5.3 Conveying the IRB Decision to the Institutional Official**

The Institutional Official a copy of the minutes of the meeting that include the boards voting decision of all protocols.

## **8.6 Communicating to the IRB**

URI employs an online submission system for the IRB application process using IRBNet located on the internet at <http://www.irbnet.org>.

All questions, concerns, and/or suggestions can be directed to the IRB office either by telephone (401) 874-4328 or via email at [researchintegrity@etal.uri.edu](mailto:researchintegrity@etal.uri.edu)

## **8.7 Appeal of the IRB Decision**

### **8.7.1 Criteria for Appeal**

If an IRB Application is disapproved, the reasons for disapproval will be conveyed to the investigator via IRBNet. This decision letter will include the committee's decision and concerns regarding the study listing the Federal Guidelines that the committee considered in their decision. The investigator may request the IRB to reconsider by responding through IRBNet, and may request an opportunity to appear before the IRB.

### **8.7.2 Appeal of the IRB Decision**

All appeals of IRB decisions should be addressed to the IRB Chair through an IRBNet submission.



### **8.7.3 Resolving an Appeal**

The IRB allows investigators various levels of appeal from the time a study receives initial review through approval or disapproval. Any and all IRB decisions are contingent upon the response of the investigator. If the Board finds that the negotiation is at an impasse, the Board may request an intramural or extramural independent consultant review.

## **8.8 Resources**

The University's IRB is provided resources pursuant to Federal Regulations 45 CFR 46.103(b)(2).

- Space and office - The ORI is located in the basement of 70 Lower College Road on the Kingston Campus. Resources also include meeting space, office equipment and supplies, including technical support, file cabinets, computers, Internet access, and access to copy machines. These resources are reviewed during the annual budget review process.
- Personnel - The IRB is provided adequate staffing for conducting IRB business. Personnel hires are bound by URI and the state of Rhode Island, and federal regulations of all Affirmative Action and Equal Employment Opportunities requirements. The recruitment and hiring process follow the policy and procedures and works in collaboration with the Human Resource Office.
- Human Subjects Education Program - All IRB staff and committee members are required to fulfill the Collaborative IRB I Initiative (CITI) Group 1 (Basic Course), Group 2 (IRB Member), or the refresher training of either course . The office staff maintains records to ensure that the members are currently up-to-date on all training. The CITI program also sends out reminders to all CITI registered users of any refresher courses that are required. All IRB staff and members also are involved in additional training through the use of current events relevant to human subjects research discussed during convened meetings. All new federal regulations, policy and procedures revisions and other news that require immediate notification to the research community is accomplished through the newsletter.
- Legal Counsel - The IRB relies on the URI's General Counsel for the interpretations and applications of law and the laws of any other jurisdiction where research is conducted as they apply to human subject research.
- Community outreach - The IRB participates in community information setting by being present or providing brochures and educational material for individuals who have or may participate in Human Subjects Research. For those community members who have questions, complaints or concerns regarding participation in human subjects research, our office contact information is made widely available through media and the informed consent documents. Our office maintains documentation of all community questions, comments or concerns that are relayed to the IRB via email and IRBNet and discussed during convened meetings.

## 8.9 IRB Quality Improvement Program

The purpose of the Quality Improvement Program (QIP) for Human Subjects Research is to provide systematic reviews or evaluations of documentation and processes that will increase compliance with federal, state, local and institutional requirements. This program will also promote human subjects protections through educating investigators, staff and students on the ethical conduct of research.

The QIP Review Program is responsible and has the authority to:

- Perform routine and/or directed internal reviews of IRB records. Internal evaluations include, but are not limited to the following:
  - Review of the IRB agendas and minutes to verify that meeting discussion address issues relating the regulatory requirements in 45 CFR 46.111 and for subsections B, C and D for IRB approval of research.
  - Review minutes to assure that quorum was met and maintained.
  - Review minutes to ensure that the Continuing Reviews are reviewed on an annual basis pursuant to federal regulations 45 CFR 46.109(e).
  - Review Complaints/ Adverse Events and Unanticipated Problem reports.
  - Review electronic and hard copy files to assure presence of all appropriate documentation.
  - Verification of IRB Federal Wide Assurance and Institutional Review Board applications with the DHHS.
- Perform voluntary onsite reviews of any study that has been approved by the URI IRB.
- Conduct directed (for-cause) reviews at the request of the IRB, ORI Director, or Institutional Official.
- Provide investigators with quality improvement recommendations to ensure that research is conducted in accordance with best practices and relevant guidelines.
- Provide training and education to the research community.
- Recommend action to the IRB, based on onsite observations during directed (for-cause) reviews.
- Investigate allegations and findings of non-compliance.
- Report potential serious or continuing non-compliance with applicable regulations or institutional policies to the IRB and/or ORI Director.

The QIP Educational Program provides the following services:

- Assist investigator with IRB submission
- Provide investigator/study staff with study management tools
- Conduct voluntary onsite monitoring (e.g., observation of the consenting process).
- Offer regular education and training opportunities, and as requested by investigators and their study staff.

All reports will be filed with the Institutional Official and copies provided to the IRB. The Institutional Official and the IRB will review the reports and revise policy and procedures to accommodate the required actions found in the report.

## 9.0 INITIAL IRB REVIEW OF RESEARCH ACTIVITIES

### 9.1 General

The IRB Chair or an individual who possess the qualification and is a current member of the IRB will review each application for compliance with federal and state regulations and institutional policies. The IRB Chair or designee will determine if the protocol is “Human Subjects Research”, as defined below, and is eligible for exempt/accelerated review pursuant to 45 CFR 46.110 and 21 CFR 56.110 and 45 CFR 46.101(b)

Research involving “human subjects,” means any activity that either:

- Meets the DHHS definition of “research” and involves “human subjects” as defined by DHHS; or
- Meets the FDA definition of “research” and involves “human subjects” as defined by FDA.

If it is determined that the protocol does not meet the definition of “Human Subjects Research”, the IRB Chair or designee will administratively assign a determination of “Not Human Subject Research” in IRBNet and generate a letter to the PI communicating this decision.

#### DHHS Definitions:

- **Research:** a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. [. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities. 45 CFR 46.102(e)] The definition of “research” has also been expanded to list activities that are specifically deemed not to be research (e.g., oral history, journalism, public health surveillance, criminal justice or criminal investigative activities, and activities in support of intelligence, homeland security, defense, or other national security missions).
- **Human Subject:** a living individual about whom an investigator (whether professional or student) conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or
- generates identifiable private information or identifiable biospecimens. [45 CFR 46.102(e)]
- “Intervention” as defined by DHHS regulations means both physical procedures by which data are gathered (e.g., venipuncture) and manipulations of the subject or the subject’s environment that are performed for research purposes. [45 CFR 46.102(f)]
- “Interaction” as defined by DHHS regulations means communication or interpersonal contact between investigator and subject. [45 CFR 46.102(f)]
- “Private information” as defined by DHHS regulations means information about behavior that occurs in a context in which an individual can reasonably expect that no observation

or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (e.g., a medical record). [45 CFR 46.102(f)]

- “Identifiable information” as defined by DHHS means information that is individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information).
- “Clinical trial” means a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

#### **FDA Definitions:**

- Research - any experiment that involves a test article and one or more human subjects, and that either must meet the requirements for prior submission to the FDA under section 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act, or need not meet the requirements for prior submission to the FDA under these sections of the Federal Food, Drug and Cosmetic Act, but the results of which are intended to be later submitted to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit. The terms research, clinical research, clinical study, study, and clinical investigation are synonymous for purposes of FDA regulations [21 CFR 50.3(c), 21 CFR 56.102(c)]
- Human Subject means an individual who is or becomes a subject in research, either as a recipient of the test article or as a control. A subject may be either a healthy human or a patient. [21 CFR 50.3(g), 21 CFR 56.102(e)] A human subject includes an individual on whose specimen a medical device is used. [21 CFR 812.3(p)]
- “Experiments that must meet the requirements for prior submission to the FDA under section 505(i) of the Federal Food, Drug, and Cosmetic Act” means any use of a drug other than the use of an approved drug in the course of medical practice. [21 CFR 312.3(b)]
- “Experiments that must meet the requirements for prior submission to the FDA under section 520(g) of the Federal Food, Drug, and Cosmetic Act” means any activity that evaluates the safety or effectiveness of a device. [21 CFR 812.2(a)]
- “Any activity in which results are being submitted to or held for inspection by FDA as part of an application for a research or marketing permit is considered to be FDA-regulated research. [21 CFR 50.3(c), 21 CFR 56.102(c)]”

#### **Other Definitions:**

- Systematic Investigation - one utilizing the observation of phenomena, the formulation of a hypothesis concerning phenomena, experimentation to demonstrate the truth or falseness of the hypothesis, and a conclusion that validates or modifies the hypothesis.

- Generalizable Knowledge - information that is gathered to draw general conclusions beyond the context and/or subject from which the data is gathered.

## **9.2 Full Committee Review**

By regulation, action on protocols that require full IRB review may be taken only at convened meetings at which a majority of the members are present, including at least one member whose primary concerns are in nonscientific areas. In order for the research to be approved, it must receive approval of a majority of those members present. In the event a quorum is lost during a meeting, the IRB cannot take votes until a quorum is restored.

### **9.2.1 Materials for Submission**

The following should be submitted to the ORI for review through IRBNet:

- The IRB Application (including Personnel Form and applicable Appendices)
- Research Protocol/Narrative Proposal
- Proposed consent documents and all other documents noted in the IRB Application
- Grant Application, if applicable
- Recruitment materials (e.g., flyers, posters, web-pages, email messages)
- Copies of all instruments if the study involves the use of questionnaires, surveys, or similar instruments

### **9.2.2 Assignment of Primary and Secondary Reviewers**

The IRB Administrator will assign each protocol to IRB members who, as primary and secondary reviewers, will review the protocol in detail and act as a liaison between the IRB and the PI. Primary and secondary reviewers are assigned, as closely as possible, according to their expertise with the research being proposed and/or the subject population(s) being enrolled and their appropriate scientific or scholarly expertise to review the protocol. Protocols are not assigned to reviewers who have a COI. The primary and secondary reviewers may contact the investigator, co-investigators, other IRB members, or outside sources as necessary to ensure a thorough evaluation of risks and benefits of the proposed research.

At times, the IRB may not have the appropriate expertise to review the study for scientific or scholarly validity. In those cases, the IRB Chair will consider who in the University faculty or community has the appropriate scientific expertise to serve as an expert consultant to perform an in-depth review of the study. Consultants will disclose any COI prior to performing the review and those with a COI will not be used for protocol review.

If the IRB does not have the appropriate expertise to review the study for scientific or scholarly validity and a consultant with the appropriate expertise cannot be identified, the IRB Chair may request that the particular protocol be deferred from IRB review until a member or consultant with the appropriate expertise can be identified.

### **9.2.3 Presentation and Discussion of Protocols**

Protocols undergoing initial and continuing review at the convened meeting are presented individually to the IRB by the PI, PI designee, or Primary Reviewer. For those protocols undergoing initial review, the following are discussed in detail (list is not all-inclusive):

- The regulatory criteria for approval at 45 CFR 46.111 are met.
- The scientific /scholarly rationale
- The setting in which the research occurs; i.e. investigators have adequate time, staff and facilities to safely conduct and complete the research.
- The scientific and ethical justification for including vulnerable populations (children, prisoners, pregnant women, fetuses, decisionally impaired adults), if applicable.
- Analysis of the procedures to minimize risk that includes PI access to a population that will allow recruitment of the necessary number of participants and the availability of medical or psychosocial resources that participants might need as a consequence of the research.
- The procedures to be used to ensure protection of subject privacy and data confidentiality.
- The scientific qualifications and experience of the investigators and their research staff.
- The human subjects protection training of the investigators and their research staff.
- Potential or disclosed investigator conflict of interest.

If applicable:

- The scientific and ethical justification for excluding classes of persons from the research.
- Data Safety Monitoring Plan
- Written consultant reports. (If the protocol was reviewed by a consultant, the consultant will not be present for deliberation and the voting on the protocol.)
- The influence of payment to participants

#### **9.2.4 Criteria for IRB Approval of Research**

In order to approve research, the IRB will provide ethical and scientific review of all human subjects research to the extent necessary to determine that all of the requirements of [45 CFR 46.111](#) (Criteria for IRB approval of research) are satisfied.

To ensure that all regulatory requirements for review have been met, a Primary and Secondary Reviewer checklist is utilized.

#### **9.2.5 Length of Approval**

The IRB will also determine the interval for the continuing review of the research, appropriate to the degree of risks that will be experienced by subjects. The interval for continuing review will be at least once per year (not to exceed 365 days; 366 days during a leap year) but may be shorter. If the protocol was approved or approved with modifications, the expiration date is calculated from the date of the convened meeting. Protocols that have not undergone continuing review will expire at midnight on the expiration date. Research activities may not continue after midnight of the expiration date. The following conditions are likely to require review more often than annually:

- There is a high degree of risk to subjects.
- The stage of research is such that many of the risks are unknown.
- The proposed procedures have not been used in humans.
- There have been confirmed instances of serious or continuing noncompliance.
- An IRB member believes more frequent review is required.
- Other reasons for which the IRB requests closer monitoring.

### **9.3 Expedited Review**

IRB Applications received that qualify for expedited review are reviewed for approval by the IRB Chair or an experienced member of the IRB designated by the Chair. Experience is defined as those committee members who having gained this knowledge of the subject beyond that of an average man through their education, training, skill, or experience.

The Chair will designate experienced IRB members by periodically updating a list of experienced IRB members designated to conduct review using the expedited procedure and the IRB staff will select reviewers from the list. If the chairman or designated member of the IRB questions the approval of the protocol, they will communicate their questions to the PI. Comments, questions and the request for additional information will be returned to the PI in writing. The PI must address all comments, questions and additional information requested in the review before the protocol can be approved.

If a protocol has been determined to be minimal risk it may be considered for expedited review provided that it fits one of the categories authorized by [45 CFR 46.110](#) for expedited review.

Research including prisoners (See Section 21.2) and involving direct interaction with the prisoners may be reviewed by the expedited review process if a determination is made that the research is minimal risk for the prison population being studied or included and a prisoner representative must review the research as either a primary or secondary reviewer.

Research that does not involve interaction (e.g., existing data, record review) with prisoners may be reviewed by the expedited review process if a determination is made that the research is minimal risk for the prison population being studied or included. A prisoner representative may review the research but review by a prisoner representative is not required.

### **9.3.1 Materials for Submission**

- The following should be submitted to the ORI for review through IRBNet:
- The IRB Application (including Personnel Form and applicable Appendices)
- Brief Research Protocol/Narrative Proposal or Grant Application
- Proposed consent documents and all other documents noted in the IRB Application
- Grant Application, if applicable
- Recruitment materials (e.g., flyers, posters, web-pages, email messages)
- Copies of all instruments if the study involves the use of questionnaires, surveys, or similar instruments (as separate documents)
- The complete DHHS-approved protocol (when one exists)
- Appendix X - COI in Human Subjects Research (when applicable)

### **9.3.2 Reviewer Considerations**

Protocols undergoing expedited review are reviewed to assure:

- The research meets all applicability criteria and falls into **one or more categories** of research eligible for review using the expedited procedure (defined in: [45 CFR 46.110](#))
- The regulatory criteria for approval are met. Investigators and their research staff have appropriate and sufficient qualifications, expertise, and training.

### **9.3.3 Applicability Criteria**

The following criteria should be considered for research undergoing expedited review:

- The research procedures present no more than minimal risk to subjects.
- The 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 the risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
- The research is not classified.



### **9.3.4 Criteria for IRB Approval of Research**

In order to approve research, the IRB will provide ethical and scientific/scholarly review of all human subjects research to determine that all of the **requirements** of [45 CFR 46.111](#) criteria for IRB approval of research are satisfied.

Protocols that may be minimal risk but are not included on the list of activities that may undergo expedited review are reviewed at a convened meeting of the IRB. The IRB may then designate that a protocol is minimal risk and determine that the protocol may undergo an expedited review process under [Category 9](#) during its subsequent reviews for continuation.

### **9.3.5 Length of Approval Period**

The interval for continuing review will be at least once per year (not to exceed 365 days; 366 days during a leap year) but may be shorter. If the protocol was approved or approved with modifications, the expiration date is calculated from the date of review and approval by the IRB Chair or designated reviewer. Protocols that have not undergone continuing review will expire at midnight on the expiration date. Research activities may not continue after midnight of the expiration date.

### **9.3.6 Reporting of Expedited Review to the IRB**

The protocol number, title, PI name, and the category of research for which each protocol that was approved using an expedited review procedure is reported to the IRB at the next scheduled meeting.

## **9.4 Exempt Research**

For HHS-funded research, the following exemptions do not apply if the research is FDA regulated.

Research qualifying for exempt status must be in accordance with the University's ethical standards and training requirements.

The HHS and FDA regulations define some research as exempt from IRB review. The IRB recognizes the exempt categories described in Section 9.4.1. However, depending on the category of exemption and the potential risks subjects may experience, the regulations may require a "limited IRB review" as described in Section 9.4.3 or the IRB may require a higher level of review either through the expedited process or by the IRB at a convened meeting. PIs who feel their research fits one of the categories for exemption may request such a determination by submitting an Exempt Research Application. Upon receipt, the IRB Administrator or designee, in consultation with the ORI Chair or ORI Director as necessary, will evaluate all requests for exemption and determine whether or not the research is eligible for exemption. PIs will be informed of the results of the evaluation by letter. PIs are not allowed to make the final determination of exemption. PIs are not authorized to begin until this letter is received.

### **9.4.1 Exempt Research (Not FDA Regulated)**

The categories for exemption are as follows:

1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
  - a. The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
  - b. Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or
  - c. The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review.
3. Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:
  - a. The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
  - b. Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or
  - c. The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review.

For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how

to allocate a nominal amount of received cash between themselves and someone else.

4. If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research. Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:
  - a. The identifiable private information or identifiable biospecimens are publicly available;
  - b. Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;
  - c. The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or
  - d. The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for non-research activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with applicable federal privacy standards found in the E-Government Act, Privacy Act and the Paperwork Reduction Act.

**Note:** Exemption Category 4 only applies to the re-use of data and specimens that were or will be collected for non-research purposes or from research studies other than the proposed research study. The research materials typically will be publicly available materials, medical records or existing repositories of clinical specimens. No contact between investigator and subject is allowed. If an investigator wants to collect information/specimens directly from research subjects, then another approval path would be required.

5. Research and demonstration projects which are conducted by or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads, and that are designed to study, evaluate, or otherwise examine:
  - a. Public benefit (e.g., financial or medical benefits as provided under the Social Security Act) or service programs (e.g., social supportive or nutrition services as provided under the Older Americans Act);

- b. Procedures for obtaining benefits or services under those programs;
- c. Possible changes in or alternatives to those programs or procedures; or
- d. Possible changes in methods or levels of payment for benefits or services under those programs.

**Note:** Each Federal department or agency conducting or supporting the research and demonstration projects must establish, on a publicly accessible Federal website or in such other manner as the department or agency head may determine, a list of the research and demonstration projects that the Federal department or agency conducts or supports under this provision. The research or demonstration project must be published on this list prior to commencing the research involving human subjects.

6. Taste and food quality evaluation and consumer acceptance studies if:
  - a. Wholesome foods without additives are consumed.
  - b. A food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or
  - c. Agricultural chemical or environmental contaminant at or below the level found to be safe by the FDA or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.
7. Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential secondary research use if an IRB conducts a limited IRB review and makes the determinations required by §\_\_.111(a)(8).

**Note:** URI IRB has chosen not to implement this Category of Exempt Research.

8. Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met:
  - a. Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained in accordance with §\_\_.116(a)(1) through (4), (a)(6), and (d);
  - b. Documentation of informed consent or waiver of documentation of consent was obtained in accordance with §\_\_.117;
  - c. An IRB conducts a limited IRB review and makes the determination required by §\_\_.111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; and 479
  - d. The investigator does not include returning individual research results to subjects as part of the study plan. This provision does not prevent an investigator from any legal requirements to return individual research results.

**Note:** URI IRB has chosen not to implement this Category of Exempt Research.

#### **9.4.2 Exempt Research (FDA)**

The categories of research qualifying for exemption are as follows:

1. Any investigation that commenced before July 27, 1981 and was subject to requirements for IRB review under FDA regulations before that date, provided that the investigation remains subject to review of an IRB that meets the FDA requirements in effect before July 27, 1981;
2. Any investigation commenced before July 27, 1981 and was not otherwise subject to requirements for IRB review under FDA regulations before that date;
3. Emergency use of a test article, provided that such emergency use is reported to the IRB within 5 working days. Any subsequent use of the test article at the institution is subject to IRB review;

4. Taste and food quality evaluations and consumer acceptance studies, if wholesome foods without additives are consumed or if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural, chemical or environmental contaminant at or below the level found to be safe by the FDA or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

#### **9.4.3 Criteria to Determine the Protection of Human Subjects in Exempt Research and Limited IRB Review**

Although exempt research is not covered by the federal regulations, it is not exempt from ethical considerations. The IRB Chair, IRB Administrator, ORI Director or other qualified IRB member will determine if additional protections are needed. In addition to assuring that the research meets the criteria of one of the categories for exemption listed above, additional considerations include, but may not be limited to:

- The research involves no more than minimal risk to subjects;
- Selection of subjects is equitable;
- If there is recording of identifiable information, there are adequate provisions for maintaining confidentiality of the data;
- If there are interactions with subjects, there will be a consent process that will disclose such information as:
  - The activity involves research.
  - Description of the procedures.
  - Participation is voluntary.
  - PI's name and contact information.
- There are adequate provisions to maintain the privacy interests of subjects.

“Limited IRB review” is required in the following circumstances:

##### *Exempt category 2 (educational tests, surveys, interview or observations of public behavior)*

When the information is recorded by the investigator in an identifiable manner and disclosure of the subject's responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement or reputation.

##### *Exempt category 3 (benign behavioral interventions)*

When the information is recorded by the investigator in an identifiable manner and disclosure of the subject's responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement or reputation.

When reviewing the exempt categories 2 and 3, the limited IRB review assures adequate protections for the privacy of subjects and adequate plans to maintain the confidentiality of the data.

#### **Reviews Related to Privacy and Confidentiality**

In order to assure appropriate protections, the limited IRB review may consider the following topics:

- The nature of the identifiers associated with the data
- The justification for needing identifiers in order to conduct the research
- Characteristics of the study population
- The proposed use of the information guidance will be developed at that time.
- The overall sensitivity of the data being collected
- Persons or groups who will have access to study data
- The process used to share the data
- The likely retention period for identifiable data
- The security controls in place
  - Physical safeguards for paper records
  - Technical safeguards for electronic records
  - Secure sharing or transfer of data outside the institution, if applicable
- The potential risk for harm that would occur if the security of the data was compromised.

### **Individuals Performing the Limited IRB Review**

Limited IRB review must be performed by the IRB Chair or by an experienced IRB member. The review can occur on an expedited basis and does not require consideration by a convened board. The reviewer may require modifications to the proposal prior to approval. Disapprovals must be made by the convened board. If the limited IRB review does not result in approval under the exempt categories, then the IRB can evaluate whether or not approval is appropriate under the expedited categories. Expedited research must meet all the approval criteria under 45 CFR 46.111, including either informed consent or waiver of consent.

#### ***9.4.4 Length of Approval Period***

Since protocols that are exempt from IRB review are not approved by the IRB, there is no approval period. However, PIs will be contacted every 3 years to verify that the research is ongoing and remains exempt. If the research is completed prior to the 3 year period, investigators are requested to notify the IRB of the study's closure.

#### ***9.4.5 Modifications to Exempt Research***

Researchers should notify ORI of proposed modifications to research determined to be exempt to assure that the research activities remain exempt for IRB review and exempt determination.

### **9.5 Possible IRB Determinations**

Either the IRB at a convened meeting or a designated reviewer (expedited protocols) will render one of the following determinations for each protocol:

1. **Approved:** Approved by the IRB as written with no modifications.
2. **Modifications Required to Secure Approval:** Approved with requirements for minor changes or simple concurrence of the PI. These will be identified to the PI and must be

completed and documented prior to beginning the research. For these conditions, the IRB Program Administrator(s), in consultation with IRB Chair's designated reviewers, upon reviewing the PI's response(s) to the conditions, may approve the research on behalf of the IRB. PI responses to conditions deemed to be significant or that are directly relevant to regulatory criteria must be reviewed by the IRB at a convened meeting.

3. **Approve Components of a Protocol:** The IRB may approve components of the proposed research study and defer taking action on the other components. The IRB may approve components of the proposed research and allow the investigator to initiate research activities only related to those components. In such circumstances, the IRB must ensure that the approved components of the research study are scientifically valid and satisfy all criteria required for IRB approval, even if the other components are never approved and conducted. (OHRP Guidance November 10, 2010)
4. **Tabled:** Generally, the protocol or consent form has deficiencies that prevent accurate determination of risks and benefits or requires significant clarifications, modifications, or conditions that, when met or addressed, require full IRB review and approval of the PI's responses and revisions. The deficiencies will be specified to the PI, and on occasion the PI is asked to attend the full board meeting in order to clarify the points in question. The PI must revise the protocol, consent forms, or other documents as specified by the IRB and re-submit the entire protocol for full review at a convened meeting. The PI may request reconsideration of determination by submitting a written response to the IRB. The IRB will invite the PI to the IRB meeting if the IRB has additional questions. The IRB will reconsider its original decision in light of new information presented by the PI. The second decision is final.
5. **Disapproved:** This determination may only be made at a convened IRB meeting. The protocol describes a research activity that is deemed to have risks which outweigh potential benefits or the protocol is significantly deficient in several major areas. The protocol and/or other documents will need to be completely re-written and re-submitted as a new submission. PIs may request reconsideration of disapproved studies by submitting a written response to the IRB. The IRB will invite the PI to the IRB meeting if the IRB has additional questions. The IRB will reconsider its original decision in light of new information presented by the PI.

For those protocols reviewed using the expedited review process, the designated reviewer may render decisions of approved, approved with modifications, or tabled. The designated reviewer may not render a decision of disapproved. A decision of protocol disapproval may only be rendered by the IRB at a convened meeting.

Due to the high volume of protocols reviewed by the IRB, any protocol for which no PI response to approved with modifications or tabled is received in 60 days may be withdrawn from IRB consideration. Reconsideration of the protocol will require complete re-submission.

A decision letter for the approval and a final approved version of the consent form with the approval stamp is forwarded to the researchers through IRBNet. The IRB reserves the right to delay IRB Protocol activation, if needed.



## 10.0 INFORMED CONSENT

### 10.1 General Policy

Researchers must describe in their research protocol how the informed consent process will be conducted, the setting in which it will occur, a description of the waiting period between informing the prospective participant and obtaining consent and methods in place to prevent undue influence on a potential participant to enroll in a study.

Researchers should consider obtaining informed consent as a process, not just a consent form, by which the research study is thoroughly explained to the potential subject. The requirement to obtain informed consent should be seen as not only a legal obligation, but also as an ethical obligation. Documentation of informed consent is accomplished through the use of a consent form. Prior to enrolling subjects in a research activity, researchers are required to obtain legally effective informed consent from a potential subject or their legally authorized representative (LAR) and, if the research involves children, a parent's permission or child's consent. (See Section 10.5-Parental Permission/Child Assent).

As part of the informed consent process, researchers are responsible for ensuring subjects (LARs) are given sufficient opportunity to consider whether or not to participate in the study and must seek to avoid coercion or undue influence. Information given to potential subjects (or LAR) must be in language that is understandable to the subject or representative. Non-English speaking subjects must have information presented in a language they understand (See [Appendix J – Non-English Speaking Participants](#)).

No process or consent form used to obtain and document consent may include exculpatory language through which the subject waives any of their legal rights or releases, or appears to release, the researcher, sponsor, or institution or its agents from liability for negligence. Any consent form used to enroll subjects in a research protocol must be reviewed and approved by an IRB prior to enrollment. In addition, the IRB may request to observe the informed consent process to ensure adequate consent when the research involves particularly vulnerable populations.

Researchers should be aware that the setting in which consent is sought may induce a feeling of undue influence. For example, students in an educational setting may feel that refusal to participate will affect their grades. Prevention of these sorts of pressures should be addressed in the research design as the process must always preserve the right to refuse participation.

In all cases, consent forms must be consistent with state laws and federal regulations regarding content. The informed consent requirements stated in this manual are not intended to preempt any applicable federal, state, or local laws that require additional information to be disclosed in order for informed consent to be legally effective.

URI provides informed consent, parental consent and assent templates for PI's use in Library Manager within IRBNet. The use of URI templates is strongly suggested to ensure all required components of the consent documentation are included.

Procedures for requesting a waiver of the requirements for obtaining and/or documenting informed consent are delineated in Section 10.

## 10.2 Elements of Informed Consent

The IRB will determine that the required disclosures will be provided to each subject or a legally authorized representative in accordance with legal and regulatory requirements listed below as required elements of informed consent. The IRB will also consider whether additional disclosures are required for inclusion in the consent process.

It is expected that researchers will use the informed consent form template with required sections and verbiage for preparing consent forms. Other formats may be considered providing that all required elements and applicable additional elements are present. Research-related consent forms must contain all the basic elements of informed consent regardless of the risk level of the study unless a request for waiver or alteration of some or all of the elements is requested by the researcher and the waiver is approved by the IRB. The consent form template contains all the required elements of consent. In addition, the IRB requires that all consent forms be written in the second person, e.g., "You will be required to ..." The following are the basic required elements (extracted from 45 CFR Part 46.116):

- A statement that the study involves research.
- An explanation of the purpose of the proposed research.
- The expected duration of the subject's participation.
- A description of the procedures to be followed.
- Identification of which procedures are experimental. For studies that are not greater than minimal risk and are not HHS-funded, this element may be omitted.
- A description of reasonably foreseeable risks or discomforts that the subjects may encounter, and, if appropriate, a statement that some risks are currently unforeseeable.
- A description of possible benefits, if any, to the subject and others which may be reasonably expected. It should be stated that if it is an experimental treatment or procedure, no benefits can be guaranteed.
- A disclosure of appropriate alternative procedures or treatments, if any, which are available and might be advantageous to the subject. One alternative might be to choose not to participate in the research. For studies that are not greater than minimal risk and are not HHS-funded, this element may be omitted.
- A statement describing the manner and extent, if any, to which confidentiality of records identifying the subject will be maintained, a statement that the IRB and other entities may inspect the records, and, if the research is FDA-regulated, FDA may inspect the records.
- For research involving more than minimal risk, an explanation as to whether any compensation or any medical treatments are available if injury occurs and if so, what they consist of or where further information may be obtained. For studies that are not greater than minimal risk and are not HHS-funded or a study where there is reliance with another institution's IRB, this element may be omitted.
- A description of whether or not reimbursement for time, inconvenience, etc. will be given, including the schedule of payments.
- Information regarding who to contact for answers about the research and in the event there is a research-related injury (this is generally the PI or another staff member closely associated with the study). A separate contact, typically this is the Division of Research

and Economic Development, must be named for questions concerning the subject's rights to provide input, comments, or complaints.

- A statement that the subjects' participation is voluntary, that refusal to participate will not involve penalty or loss of benefits to which the subject is entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is entitled.

**Note:** for FDA regulated *applicable clinical trials* the following statement must be included:

"A description of this clinical trial will be available on <http://www.ClinicalTrials.gov> as required by U.S. Law. This web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time."

The following additional elements of informed consent must be added to the consent form when appropriate:

- A statement that the particular treatment and/or procedure may involve risks to the subject (or to the embryo or fetus, if the subject becomes pregnant) that are currently unforeseeable. This element should be included when the research involves an investigational drug or device or involves procedures for which the risk profile is not well known.
- Anticipated circumstances under which the subject's participation may be terminated by the PI, with or without the subject's consent. Include when there are known circumstances under which the subject's participation may be terminated by the PI or sponsor.
- A description of additional costs for which the subject will be responsible, that may result from participation in the research study. Include when there are additional costs to subjects, over and above standard of care, e.g., additional MRIs, radiographs, DEXA scans, additional visits that may not be covered by insurance/Medicare/Medicaid.
- A description of the consequences of a subject's decision to withdraw from the research and procedures for orderly and safe termination of participation by the subject. This element should be included when there is a likelihood that abrupt termination from the research is likely to result in adverse events to the subject.
- A statement that significant new findings developed during the course of the research that may relate to the subject's willingness to continue participation will be provided to the subject. Include when there is likelihood that interim findings might indicate increased risk and a reasonable person would wish to reconsider participation.
- The approximate number of subjects that will be involved with the study, totally and at the University. Include when such information might affect a subject's willingness to participate.

Other additional information may be required by the IRB.

### 10.3 Other Requirements for Obtaining Informed Consent

- The IRB must be made aware of the person(s) who will be conducting the informed consent process. These faculty/staff members should be listed in the application and are the only personnel allowed to obtain consent. The IRB requires that the person obtaining consent be appropriately trained in human subjects research (See Section 10) and fully knowledgeable about the project and be able to answer questions that potential subjects may ask regarding the project and/or procedures performed as a part of the project.
- If potential subjects are deemed as decisionally impaired, informed consent must be obtained from a LAR (See Section 10.4 on Third Party Surrogate Consent). They should be told that their obligation is to try to determine what the subject would do if they were competent, or if the subject's wishes cannot be determined, what they think is in the best interest of the decisionally impaired subject. The PI must include Appendix Q – Adults with Decisional Impairments. The IRB must approve the inclusion of decisionally impaired subjects.
- The consent form is only part of the total consent process in which the researcher conducting the informed consent process, perhaps using the written consent form as an outline, describes all facets of the study and answers the subject's questions. The person obtaining consent is responsible for insuring that research subjects understand the research procedures and risks. Each subject (or LAR) must be provided adequate time to read and review the consent form, in addition to being advised of the procedures, risks, potential benefit, alternatives to participation, etc. Failure of the subjects to ask questions should not be construed as understanding on the part of the subject.
- The IRB has the authority to observe the consent process at any time. Depending on the perceived risk of the research procedures, the IRB may wish to observe the consent process for that protocol. In these cases, the PI will be contacted and the time and place for observing the process will be scheduled.
- Obtaining informed consent from subjects must be accomplished prior to performing the research activity and using only an IRB-approved and stamped consent form. Written requests for amendments to an existing consent form must be approved prior to implementation, at which time the revised consent form will be stamped and dated by the IRB Administrators and be accompanied by a formal approval notification.
- Upon receipt of an IRB approved consent form, copies of all old versions should be discarded to prevent inadvertent use of an outdated consent form. Copies of the most recently approved consent form may be made and should be used until superseded by an amended consent form. The consent form must be reviewed at least annually as part of the continuing review process and should not be used after the expiration date stamped on the form. It is advised the researchers retain a copy of the original, expired consent form(s) for their records.
- For long-term studies, researchers are reminded that the informed consent process is an ongoing and that does not end with the signing of the consent form. Subjects should be kept apprised of events that might affect their willingness to participate.

- Researchers are reminded that the informed consent process and form must be in a language understandable to the subject. Therefore, if it is anticipated or known that there will be non-English speaking potential subjects who might be interested in enrolling in a study, the consent form must be translated. It will then have to be reviewed and approved by the IRB. Translation of the consent form should be conducted by a certified translator or if performed by someone who is not a certified translator but is fluent in the translated language the PI must certify that it is an accurate translation. (See [Appendix J – Non-English Speaking Participants](#)).

#### **10.4 Third Party/ Surrogate Consent**

- The regulations are clear that written documentation of informed consent (or permission of the parents if the subject is a child) of the subject (or LAR) is required.
- When a PI proposes to conduct a research project utilizing adult subjects who by virtue of age, physical impairment, mental impairment, or any other reason may not be able to personally execute legally effective informed consent, the IRB shall review the project on the basis of risk and benefit. This policy is not meant to imply that the requirement for written documentation of consent is waived. Rather, it applies to those studies in which third party/surrogate consent is obtained from a LAR. The PI must include Appendix Q – Adults with Decisional Impairments.
- Rhode Island State Law states that surrogate consent, other than that of a parent or legal guardian is not allowable, unless there is a legal document that specifically authorizes another to act on behalf of someone for research purposes. For example, the consent of a friend would not be allowed. Those individuals allowed to give consent to a third party include:
  - Persons appointed as health care agents
  - Court appointed guardians
  - Next of kin in the following order: spouse, adult child, parent, and adult sibling when there is a legal document that specifically authorizes another to act on behalf of someone for research purposes.
- For research conducted outside of Rhode Island, it is the PIs responsibility to ensure that Federal Guidelines 45.102(c) is followed: (c) Legally authorized representative means an individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure(s) involved in the research. Therefore the PI must provide to the IRB documentation of State Law, where the research is being conducted, concerning proxy care and these laws must be incorporated in the consent process.

#### **10.5 Parental Permission/ Child Assent**

If the research involves minors under the age of 18 years the federal regulations require the assent of the child or minor and the permission of the parent(s) (45 CFR 46.408). While children may be legally incapable of giving informed consent, they nevertheless may possess the ability to assent. The assent process should involve taking the time to explain to a child, at whatever age they can begin to understand, what is going on in the proposed study, why the study is

being done, what will be done to them, and that if they object, the research will be terminated. *Assent* means the potential subject's affirmative agreement to participate in the research. Mere failure to object should not, in the absence of affirmative agreement, be construed as assent.

To obtain informed consent for children under the age of 18 years utilize the Parental Consent Form and Child Assent Form templates located on our website under [Forms and Submission Process](#).

For more information see Section 21 – Research Involving Children.

## **10.6 Waiver of Informed Consent and Waiver of Documentation of Consent**

Waivers cannot be granted for FDA-regulated research and the IRB does not approve requests for “Planned Emergency Research” or exceptions to the requirement to obtain consent for “Planned Emergency Research.” To request a waiver of informed consent or a waiver of documentation of consent, researchers must complete [Appendix M1 – Waiver or Alteration of Consent](#) and/or [Appendix M2 – Waiver or Alteration of Consent Documentation](#).

### **10.6.1 Waiver of Informed Consent**

Federal regulations include provisions for approval of a waiver or alteration of part or all of the consent process. There are two general instances when an IRB may approve a consent procedure that does not include, or that alters, some or all of the elements of informed consent set forth in 45 CFR 46.116, or waives the requirement to obtain informed consent. In the first general instance (45 CFR 46.116(c)) the IRB must find and document that:

- The research is to be conducted by or subject to approval of state or local government officials and is designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) Possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs; and
- The research could not be practicably carried out without the waiver or alteration.

In the second general instance (45 CFR 46.116(d)) an IRB may approve a consent procedure that does not include, or that alters some or all of the elements of informed consent or that waives the requirement to obtain informed consent provided that the IRB finds and documents that:

- The research involves no more than minimal risk to the subjects.
- The waiver or alteration will not adversely affect the rights and welfare of the subjects;
- The research could not practicably be carried out without the waiver or alteration (it is impracticable to perform the research if obtaining informed consent is required and not just impracticable to obtain consent); and
- Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

### **10.6.2 Waiver of Documentation of Consent**

Documentation of consent cannot be waived if the research is FDA regulated.

The IRB has the authority to waive the requirement for written documentation of informed consent. When waiving the requirement for a consent form, the IRB must review a written description of the information that will be provided to subjects and consider whether to require the researcher to provide subjects with a written statement regarding the research. If required, the IRB encourages researchers to use the consent template, or a reformatted version, with the signature sections removed. The IRB may waive the requirement for the researcher to obtain a signed consent form for some or all subjects if it finds that (45 CFR 46.117 (c)):

- The only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality and the research is not FDA-regulated. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern or;
- The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

The determination of the applicability for waiver of the consent process must be documented in the IRB minutes as to the specific paragraph and subparagraph(s) under which the waiver was approved.

### **10.6.3 Emergency Waiver of Consent**

[45 CFR 46.101\(i\)](#) and FDA Regulation: 21 CFR 50.24

The waiver of the applicability of the title 45 CFR part 46 (protection of human subjects) requirement for obtaining and documenting informed consent, for a strictly limited class of research involving activities which may be carried out in human subjects who are in need of emergency therapy and for whom, because of the subjects' medical condition and the unavailability of legally authorized representatives of the subjects, no legally effective informed consent can be obtained. Due to special regulatory limitations relating to research involving prisoners (subpart C of 45 CFR part 46) and research involving fetuses, pregnant women, and human in vitro fertilization (subpart B of 45 CFR part 46), this waiver is inapplicable to these categories of research.

URI does not have the faculty, staff or facilities to conduct research that would require a Waiver of Emergency Consent. URI does not oversee the use of emergency uses of test articles in a life-threatening situation.

## **10.7 Authorization to Use or Disclose Protected Health Information**

Researchers may perform research activities in which they collect or have access to Protected Health Information (PHI). To use or disclose PHI, researchers must obtain an authorization signed by the subjects.

### **10.7.1 Required Elements**

1. A description of the information to be used or disclosed presented in a specific and meaningful fashion.
2. The name or other specific identification of the person(s), or class of persons, to whom the use or disclosure will be made.
3. A description of each purpose of the requested use or disclosure.
4. An expiration date or event that relates to the individual or the purpose of the use or disclosure.
5. A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization.
6. A statement indicating when the authorization for use and disclosure occurs; e.g., at the end of the research.
7. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

In addition to the core elements, the authorization is required to contain statements adequate to place the individual on notice of all of the following:

1. The individual's right to revoke the authorization in writing, and either:
  - a. The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
  - b. To the extent that the information in Section 10.7.1 is included in the notice required by 45 CFR 164.520, a reference to the covered entity's notice.
2. The ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization, by stating either:
  - a. The covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations applies; or
  - b. The consequences to the individual of a refusal to sign the authorization, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.
3. The potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected.
4. The authorization must be written in plain language.
5. The individual must be provided with a copy of the signed authorization.

### **10.8 Waiver of Authorization for Use and Disclosure of PHI**

In order to use or disclose PHI without an authorization signed by the research subject, must submit Appendix N – Waiver or Alteration of HIPAA Research Authorization with their IRB Application. The researcher must submit one of the following:

1. Documentation that an amendment or waiver of the research subjects' authorizations, for use/disclosure of PHI has been approved by the IRB. This provision of the rule might be used, for example, to conduct records research when researchers are unable to use de-identified information; or



2. Verification:
  - a. That the research is only for purposes of preparing a research protocol or similar uses preparatory to research.
  - b. That he or she will not remove any PHI from the covered entity and
  - c. That PHI is necessary for the research purpose; or
3. Verification prior to disclosing PHI of decedents where the researcher represents that the use or disclosure of PHI is:
  - a. Solely for research on the PHI of decedents,
  - b. Necessary for the research, and
  - c. Documentation of the death of the individuals about whom PHI is sought and provided.

## **10.9 Re-Consenting Subjects**

Researchers have the responsibility to inform subjects of any new information that might affect subjects' willingness to continue participation in the research. In these cases, an amended consent form, delineating the findings and the changes to research risks/benefits, must be reviewed and approved by the IRB. Subjects should then be briefed on the changes, asked if they wish to continue participation and signify their willingness to continue participation by signing the amended consent form. For minor changes to the consent form that will not change risk/benefit, re-consenting is generally not required.

## **10.10 Record Retention Requirements for Subject Consent Forms**

The PI shall maintain, in a designated location, the original copy of all executed subject consent forms. The signed consent forms, along with all research-related files, are to be available for inspection by authorized officials of the University administration, the IRB, regulatory agencies, sponsors and, if applicable, the FDA or HHS. For non-FDA regulated studies, forms should be retained for at least three years after completion of the study. For FDA-regulated studies, all signed subject consent forms shall be retained by the PI for the appropriate period(s) specified below:

1. Drugs: 2 years following the date a marketing application is approved or the study is discontinued.
2. Devices: 2 years after a study is terminated or completed and the records are needed to support FDA approval.

Should a PI or project director depart the University prior to the completion of an activity or less than the time specified above, the PI is responsible for initiating mutually satisfactory arrangements with their department and the University administration as to the disposition of executed subject consent documents.

## **11.0 SUBJECT RECRUITMENT AND PARTICIPATION**

### **11.1 General Recruitment Guidelines**

In some cases, the information in recruiting materials may constitute the earliest components of the informed consent process. In addition to its review for scientific merit and protection of

subjects from unnecessary research risks, the IRB will evaluate all protocols for equitable and non-discriminatory subject recruitment. When inclusion is inappropriate with respect to the safety or well-being of the subjects or the purpose of the research justification for exclusion of particular groups will be considered and approved. The IRB will also consider the scientific and ethical justification for exclusion of classes of persons who might benefit from the research and determine if exclusion is justifiable and allowable.

There are several questions in the IRB application in which the PI must describe the proposed study population, the number of subjects to be enrolled, and the procedures to be used for recruitment. In addition, all materials used to recruit subjects must be reviewed and approved by the IRB. These would include written advertisements and the amount of reimbursement (See Section 11.6 - Compensation for Research Subjects) to be given to subjects to compensate for their time and inconvenience, parking, travel, etc.

## **11.2 Advertisements**

The IRB must review and approve the information contained in all advertisements that will be used to recruit subjects for a specific research study and the mode of their communication. Generally, advertisements used to recruit research subjects should be limited to information that a potential subject would need to determine if they are eligible and interested in participating. More specifically, the advertisements should include information such as:

1. The name of the investigator and/or research facility.
2. A clear statement that the participant is being recruited for a URI research study.
3. The condition or disease that will be the focus of the research.
4. The purpose of the research with reference to the fact that the study is investigational.
5. If any, a brief list of potential benefits of participation.
6. A summary of criteria for eligibility to participate.
7. The time and other commitments that will be required of the subject.
8. The location of the study and the office to contact for further information.
9. If any, state that reimbursement for time, travel, etc. will be given.
10. The statement: "This study has been approved by The University of Rhode Island Institutional Review Board."

### **The advertisement should not contain:**

1. Emphasize the amount of reimbursement that subjects will receive by bolding or using large fonts. The ads may state that reimbursement for time, travel, etc. will be given.
2. Exculpatory language where the subjects would be required to give up some of their rights.
3. A promise for a favorable outcome or benefits.
4. The concept promoting that the subjects will be receiving medical treatment at no cost (free medical treatment) since the reality is that they will not be charged to participate in a research project.
5. Explicit or implicit claims of equivalency or superiority to other standards of treatments or safety and efficacy.

6. Wording that the study involves “new treatment”, “new Medication, or “new drug” without an explanation that the treatment is investigational.
7. Claims, explicitly or implicitly, about the drug, biologic or device under investigation that are inconsistent with FDA labeling.

Advertisements conforming to the above guidelines may be approved for any advertising format, e.g., posted flyers, newspapers, internet advertisements, radio/television, slides shown prior to films at movie theaters. However, the IRB must review the final copy of printed advertisements to evaluate the relative size of font type used and other visual effects and must review the script of the final audio or video taped advertisements. To avoid multiple requests for IRB review and approval, investigators should specify in their original request all advertising formats that are anticipated. If a website is to be used to advertise for a research study, the website address must be identified to the IRB.

When following FDA regulations, the IRB reviews advertising to ensure that advertisements do not allow compensation for participation in a trial offered by a sponsor to include a coupon good for a discount on the purchase price of the product once it has been approved for marketing.

IRB approval is required prior to investigators discussing the specifics of a human subject research project with the media. Investigators must abide by University policy which requires communicating with the URI Office of External Relations and Communications prior to discussing research projects with the press or to coordinate media coverage (e.g., issue a press release). A copy of any proposed press release must be forwarded to the Office of Research Integrity (ORI) with a cover memo indicating the approved IRB protocol under which the research was approved. Press releases are not considered research project recruitment materials and therefore, do not need to be submitted to the IRB for formal review and approval.

### **11.3 Pre-Screening**

Some research may require a pre-screening process in which potential subjects are asked for personal and sensitive health information to determine eligibility for the study. Questions asked during this pre-screening process are subject to IRB review, in particular, to determine if proper procedures are in place for protecting the privacy and confidentiality of the information collected. All pre-screening or exclusionary checklists must be submitted to the IRB for review. In addition, if more than the above listed information is present, the IRB must evaluate whether or not the description of potential risks and benefits is presented in a fair and balanced manner. The IRB must also assess the types of incentives, if any, that are offered, whether or not the site clearly states that the trial is voluntary, and other subject protection issues.

### **11.4 Recruitment of Students and Staff**

The University students and staff have the same rights as any other potential subject to participate in a research project, irrespective of the degree of risk, provided all of the following conditions exist:

1. Recruitment should not be conducted in ways that students may reasonably perceive to be undue influence.

2. The research must not bestow upon participating University subjects any competitive academic or occupational advantage over other students or staff who do not volunteer. The researchers must not impose any academic or occupational penalty on those not volunteering.
3. Due to the potential for perceived or undue influence to participate, University students and staff who desire to participate in the research must not be under the direct supervision of anyone who has access to identified data (e.g., researchers, those collecting data).
4. If incentives for participation are offered (e.g., extra course credit), the incentives should not be so large as to cause undue influence. Typically this means that any credit or extra credit must be only a small portion of the total grade.

## **11.5 Researchers Recruiting from Their Own Courses**

One particular circumstance that raised special ethical concerns involves researchers recruiting students from courses that they are teaching. The primary issue with gathering data from one's own course is the potential for undue influence.

### ***11.5.1 Potential for Undue Influence***

Instructors have inherent power over students (e.g., through their responsibility for assigning grades). Because of this power relationship, it is likely that some students will feel pressure to comply with requests made by their instructors. This is true independent of whether the instructors actually try to pressure the students. For example, when instructors ask students to participate in research projects, some students may worry that not participating could influence the instructor's opinion of them or that their grade might be affected. Such potential concerns are problematic regardless of whether the instructor actually should think negatively of nonparticipation or whether the students' grades actually would be affected. Students' perceptions that such negative consequences could happen are enough to make them feel pressure to participate.

### ***11.5.2 Reducing the Potential for Undue Influence***

Due to the potential for undue influence of students, it is unlikely that the IRB would allow recruiting from one's own class. However, when approved by the IRB, researchers are expected to minimize the potential for students to feel pressured to participate. There are various strategies for minimizing the potential pressure to participate. One way that researchers have reduced the potential to cause undue influence is to design the study so that the instructor is blind to the identity of the participants (at least until after the final grades have been assigned). For example, a researcher can run the study and keep any identifying information from the instructor. If a researcher designs a study in this way these points are crucial:

1. Before being asked to participate, potential subjects should be informed that the instructor will not know who did and who did not participate (at least until after the final grades have been assigned).
2. The research should be designed so that the instructor cannot infer who participated through indirect means (e.g., by seeing who walks into the

laboratory, by getting a list of who earned extra credit for participating in the study).

3. In short, due to the potential for undue influence, researchers generally should avoid recruiting subjects from their own classes. When recruiting from their own class is the only feasible way to do a study, researchers are expected to design the research in such a way that the potential for students to feel pressure is minimized.

### **11.5.3 Exceptions**

There are cases in which the research cannot be feasibly completed without recruiting students from a particular course. For example, if the research project concerns a teaching method that will be implemented in the course, then the only possible subject pool comes from the students enrolled in that course. If a research project has a reasonable chance of yielding benefits, and the only feasible way to complete the study is to recruit in the researcher's course, the reach may be permissible if the researcher is able to sufficiently reduce the potential for students to feel pressure to participate.

## **11.6 Compensation for Research Subjects**

During the initial review of a research protocol, the IRB is required to review both the amount of compensation proposed and the method and timing of disbursement to assure that neither are coercive or present undue influence. There are guidelines to assist investigators in determining a reasonable amount of compensation that can be given to research subjects and also place some boundaries on what is and is not "reasonable." The "reasonableness" of a particular sum of money or other form of payment should be based upon the time involved, the inconvenience to the subject, reimbursement for expenses incurred while participating, and should not be so large as to constitute a form of undue influence. The guidelines are:

1. For studies involving more than one visit/session, compensation should not be contingent upon the subject completing the study, but should accrue as the study progresses.
2. Unless it creates undue inconvenience or undue influence, compensation to subjects who withdraw from the study should be made at the time they would have completed the study, had they not withdrawn.
3. The amount of compensation and any prorating or scheduling of payments should be clearly described in the informed consent document.
4. Finder's fees and bonus payments of any kind are not permitted (See Section 11.7).

## **11.7 Finder's Fees and Bonus Payments**

Finder's fees and bonus payments are generally associated with clinical trials and are offered by the sponsor of the research as an incentive to enhance recruitment. The IRB does not permit the payment of finder's fees and/or bonus payments (monetary or in kind) in any form, due to the potential that such a practice could be perceived as causing undue influence and bordering on unethical research subject recruitment. In addition, several professional associations and groups have stated that this practice is unethical (e.g., AMA, APA).

## **11.8 Costs to Research Subjects**

When appropriate, a statement must be included in the informed consent document alerting the potential subject to any additional costs that may result from participation in the research, specifically if a research subject may have to bear any costs which would be unnecessary if the subject had declined to participate in the research. All potential subjects must be fully informed of the nature and estimated extent of these costs when obtaining consent.

## **11.9 Protection of Privacy for Subjects and Confidentiality of Subject Data**

### ***11.9.1 General***

The possibility that research activities may invade the privacy of individuals or result in loss of confidentiality of their private information should always be of concern to researchers involved in human subjects research. In some cases, the risks of serious harm resulting from loss of privacy or confidentiality may exceed the physical or other risks associated with the research activity. In addition, loss of privacy or confidentiality associated with a research activity can be considered a moral wrong and can provide cause for legal actions against the investigator and/or the institution. In this regard, as part of its review of research proposals and protocols, the University IRB considers several issues related to procedures to protect research subject's privacy and confidentiality.

### ***11.9.2 Considerations and Provisions to Protect Human Subjects Privacy***

When the IRB considers whether or not subject's privacy is adequately and appropriately protected in a particular study, members might consider, but not be limited to, the following:

1. The methods used to identify and contact potential subjects, the nature of the information being sought, and whether or not an invasion of privacy is involved.
2. The setting in which subjects will be interacting with the investigator.
3. The methods used to obtain information about and from subjects.
4. The nature of the information being obtained from individuals other than the "target subjects" that might result in an invasion of subject privacy (e.g., survey information about a family member).
5. Whether or not the information is publicly available.
6. Whether or not information about the subject is recorded in such a manner as to prevent identification.
7. The methods used to limit access to subject logs and signed consent forms.
8. Whether subject consent will be sought and obtained or the requirement to obtain consent meets criteria for waiver.
9. Whether signed consent forms will be kept in locked cabinets or other secure location separate from subjects' data.
10. For observational studies, chart reviews, or discarded materials studies, the subjects will not be identified.

### **11.9.3 Confidentiality Data Security Considerations**

Whenever researchers promise subjects that their responses and data will be maintained in confidence, all researchers (investigators, directors, transcribers, students, and staff) are required to prevent accidental and intentional breaches of confidentiality. However, all measures used to assure confidentiality of data need to be understood by all research staff before research is initiated, and followed once research is initiated. Confidentiality procedures must be described in research applications that come before the IRB. Researchers proposing projects that will address sensitive, stigmatizing, or illegal subjects must explicitly outline the steps they will take to assure any information linking participants to the study is maintained in confidence. The requirement of signed consent forms is often waived in sensitive studies, if the consent document is the only written record linking participants to the project and a breach of confidentiality presents the principal risk of harm anticipated in that research. When the IRB considers whether or not subject confidentiality is adequately and appropriately protected in a particular study, members might consider, but not be limited to, the following:

1. The methods used by the investigator to ensure that information obtained is not improperly divulged.
2. The nature and adequacy of the safeguards that will be used to ensure protection of sensitive data.
3. The methods used to de-identify data.
4. Substituting codes for subject identifiers.
5. Removing names from survey instruments containing data.
6. Proper disposal of identified data at the earliest possible time.
7. Limiting access to data in locked file cabinets or password protected computer files.

### **11.9.4 Protecting Subjects' Health Information**

URI is not a HIPAA covered entity as defined by the HIPAA Privacy Rule. However, the use or disclosure of subjects' Protected Health Information (PHI) is generally required to have the subject's signed authorization. Even in circumstances where a waiver of the requirement for written documentation of informed consent has to be approved by the IRB, a signed authorization from the research subject permitting the use and disclosure of their PHI, will still be required. The requirement for written documentation authorizing use or disclosure of PHI may also be waived by the IRB under certain circumstances (See Section 6.9). Confidentiality is best maintained by anonymous data collection. In the event that the Privacy rule is more restrictive than the procedures described in the consent requirements, the more restrictive rule must be followed.

### **11.9.5 Certificates of Confidentiality**

Under provisions of the Public Health Service Act, the Secretary of Health and Human Services "may authorize persons engaged in biomedical, behavioral, clinical, or other research ... to protect the privacy of individuals who are the subject of such research by withholding, from all persons not connected with the conduct of such research, the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any federal, state or local

civil, criminal, administrative, legislative, or other proceedings to identify such individuals.”

Protection can be granted only to research activities, i.e., systematic investigations designed to develop or contribute to generalizable knowledge. The protection will be granted only when the research is of a sensitive nature where the protection is judged necessary to achieve the research objectives. Research can be considered sensitive in any of the following categories if it involves the collection of information (including but not limited to):

1. Relating to sexual attitudes, preferences, or practices.
2. Relating to the use of alcohol, drugs or other addictive products.
3. Pertaining to illegal conduct.
4. That, if released, could be reasonably damaging to an individual's financial standing, employability, or reputation within the community.
5. Would normally be recorded in a patient's medical record, and the disclosure of which could reasonably lead to social stigmatization or discrimination.
6. Pertaining to an individual's psychological well-being or mental health.
7. Pertaining to qualify genetics.

For research funded by National Institutes of Health (NIH) that falls into one of the categories described above, NIH will automatically issue a Certificate of Confidentiality. Information regarding Certificates of Confidentiality is available on the NIH website at: <http://grants.nih.gov/grants/policy/coc/index.htm>.

It should be noted that the protection offered by a Certificate of Confidentiality is not absolute. It does not restrict voluntary disclosures. For example, it does not prevent PIs from voluntarily disclosing to appropriate authorities such matters as child abuse, a subject threatening violence to self or others, or from reporting a communicable disease. However, if PIs intend to make such disclosure it should be clearly stated in the consent form. In addition, a Certificate of Confidentiality does not authorize the person to whom it is issued to refuse to reveal the name or other identifying characteristics of a research subject if:

1. The subject or the subject's legally authorized representative consents to the disclosure in writing.
2. Authorized personnel of the DHHS request the information for audit or program evaluation or for investigation of HHS grants or contractors and their employees.
3. Release of such information is required by the Federal Food, Drug and Cosmetic Act or regulations implementing that act.

In addition to certificates of confidentiality available from NIH, the U.S. Attorney General is authorized to grant protection for research concerning drug abuse under the Controlled Substance Act. For more information, contact the Drug Enforcement Administration at 14501 I St., NW, Washington, DC 20537.

### **11.10 Use of Collected Data if a Subject Withdraws from a Study**

Current regulatory agencies generally agree that when a subject withdraws from a study or participation of a subject in a study is terminated by the PI, the PI is allowed to retain and



analyze already collected data pertaining to the subject. The use and/or analysis of the data must fall within the scope described in the IRB approved protocol and may include identifiable private information relating to the subject.

However, for research not subject to FDA (FDA) review, PIs can choose to honor a subject's request to destroy data relating to the participant or exclude the data from further analysis. PIs are encouraged to consult with the funding agency, if applicable, to assure that requirements of the funding agency are met.

Additionally, PIs are encouraged to consider discussing during the enrollment process, verbally or in the consent form, the use or analysis of collected data if a subject chooses to withdraw from a research study. In deception research, subjects should be permitted to withdraw their data at the time of the debriefing.

For more detail information on HHS and FDA information see:

- <http://www.hhs.gov/ohrp/policy/subjectwithdrawal.html>
- <http://www.fda.gov/downloads/RegulatoryInformation/Guidances/ucm126489.pdf>

### **11.11 Specimen Collections for Research Purposes**

Collection of body fluids (e.g., blood, saliva, urine, etc.) for research purposes must be reviewed and approved by the IRB and the Institutional Biosafety Committee. [Appendix H - Storage of Biological Materials](#) must be submitted with the IRB Application. For some studies the only research intervention is the collection of blood for analysis. Studies involving the collection of blood may be considered minimal risk if the procedures meet certain requirements.

#### **11.11.1 General Requirements**

1. There are no special health reasons (e.g., anemia) to contraindicate blood withdrawal.
2. The withdrawal method is by cutaneous sticks (e.g., finger) or by standard venipuncture in a reasonably accessible peripheral vein, and the frequency of punctures does not exceed two per week.
3. The volume of blood drawn from lactating or known pregnant subjects does not exceed 20 ml per week.
4. All blood withdrawals and collections are carried out by experienced personnel.

#### **11.11.2 Additional Requirements for Adults**

1. If less than 50 ml is collected, there are no additional restrictions with regard to hemoglobin or hematocrit.
2. If a volume greater than 50 but less than 200 ml is collected for "no-benefit" studies, hemoglobin levels should be >11.0 g/dl for males and >9.5 g/dl for females with a Mean Corpuscular Volume (MCV) >85 femtoliters. The cumulative volume withdrawn or collected may not exceed 450 ml per eight-week period

(this maximum includes blood being drawn for clinical purposes) from patients 18 years of age or older in good health and not pregnant.

### **11.11.3 Additional Requirements for Children**

1. No more than three skin punctures are to be made in any single attempt to draw blood, and the frequency of punctures does not exceed twice per week.
2. The volume of blood withdrawn, including blood for clinical purposes, does not exceed the lesser of 50 ml or 3 ml/kg in an 8 week period and collection may not occur more frequently than 2 times per week.
3. The cumulative volume of clinical and research blood withdrawn per 8 week period does not exceed 6.0% of the child's total blood volume.

## **12.0 CONTINUING REVIEW**

### **12.1 Requirements for Continuing Review**

Any research activity involving the use of human subjects that has received initial review and approval by an Institutional Review Board (IRB) is subject to continuing review and approval (see Continuing Review Form). Time intervals for such reviews shall be made at the discretion of the IRB based on the anticipated risks to subjects but shall occur no less than once per year. The PI must seek approval of continuation unless one of the following is true:

1. Research is eligible for expedited review in accordance with §46.110;
2. Research is reviewed by the IRB in accordance with the limited IRB review described in §46.104(d)(2)(iii), (d)(3)(i)(C), or (d)(7) or (8);
3. Research has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study: A) Data analysis, including analysis of identifiable private information or identifiable biospecimens, or B)
4. Accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care.

If the research has progressed to the point where continuing review is no longer required, the PI must submit Appendix U - Final Study Report to official close the protocol. Study closures can be approved administratively by IRB Staff or the IRB Chair.

As a courtesy, the IRB office will send a reminder to PIs approximately two months before the study expires. If no response is received a second notice will be sent approximately a month later. However, it is ultimately the PI's responsibility to complete and submit the IRB Continuing Review Application in time for IRB review prior to the study's expiration of approval.

Generally, if a protocol was approved at a convened meeting of the IRB at initial review, it must be reviewed at a convened meeting of the IRB for its continuing review. However, if the research initially did not qualify for expedited review the IRB may designate the protocol as minimal risk and determine that the protocol may undergo an expedited review process under [Category 9](#). This determination can be made at the time of initial review or at a subsequent continuing review.

No research protocol may continue after approval has expired until final approval for continuation is granted.

## **12.2 Submission Requirements**

Continuing reviews must be submitted through the IRBNet. Full board and expedited studies require the following be submitted for continuing review:

1. Completed IRB Continuing Review Form which includes the following information:
  - a. Number of participants accrued.
  - b. A summary since the last IRB review of:
  - c. Adverse events, untoward events, and adverse outcomes experienced by participants.
  - d. Unanticipated problems involving risks to participants or others.
  - e. Participant withdrawals.
  - f. The reasons for withdrawals.
  - g. Complaints about the research.
  - h. Amendments or modifications.
  - i. Any relevant recent literature.
  - j. Any interim or significant findings that might affect participants' willingness to continue.
  - k. Any relevant multi-center trial reports.
  - l. A summary of the research.
2. Consent form, if applicable:
  - a. Current version with IRB stamp, date, and whited out (redacted) signatures.
  - b. If no changes are made in the consent form a new copy of the consent form utilizing URI IRB consent template must be submitted so it can be stamped with a new date.
3. Other documents relating to the research activities that have not been reviewed by the IRB during initial review or by an amendment to the protocol.
4. Renewal letters from cooperating IRBs as relevant (e.g., site still operational). If the site(s) in question did not have an IRB of record and thus submitted an official letter granting permission for the researcher to conduct the research, then a second letter is not required.
5. Data and Safety Monitoring Plan (if applicable).
6. If changes to the protocol, consent or other documents are proposed, the PI must submit an Amendment Form/Changes in Research form along with the modified documents. If the protocol is being amended, submit a copy that highlights the changes that are being made.

A protocol receives a status of "Out of Compliance" when the required documents are not submitted and approved by the date of expiration.

## **12.3 Continuing Review of Research Appropriate for Expedited Review**

### **12.3.1 Review of Protocol**

Effective January 21, 2019, the Federal Policy for the Protection of Human Subjects (a.k.a. the "Common Rule") no longer requires continuing reviews for expedited studies.

Expedited studies approved prior to January 21, 2019 will be required to complete the continuing review process. At the time of continuing review, the IRB Administrator will determine if the study has completed interactions with subjects, at which time, annual continuing reviews will no longer be required.

Expedited continuing reviews are reviewed by IRB Administrator for completeness and congruence with the currently approved protocol. In addition, the IRB Administrator determine if the continuing review of studies previously reviewed at a convened meeting qualify for expedited review because:

1. The protocol was initially reviewed using the expedited review process.
2. The protocol meets the criteria for expedited review under expedited [Category 8a, 8b or 8c](#).
3. The protocol was designated by the IRB at a convened meeting as meeting the criteria for expedited review under [Category 9](#).

### **12.3.2 Review of Materials**

The materials that will be reviewed as part of an expedited continuing review application (e.g., Continuing Review Form and Appendix B - Expedited Review) include but are not limited to the materials listed in Section 12.2.

### **12.3.3 Reviewer Considerations**

1. The research falls into one or more of the categories of research eligible for review using the expedited procedure and meets applicability criteria for expedited review:
  - a. The research procedures present no more than minimal risk to subjects. For continuing review, this applies to current and future procedures and does not include procedures no longer being performed. These criteria do not apply to Category 8(b).
  - b. The 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 the risks related to invasion of privacy and breach of confidentiality are no greater than minimal. For continuing review, this applies to current and future procedures and does not include procedures no longer being performed. These criteria do not apply to Category 8(b).
  - c. The research is not classified.
2. The regulatory criteria for approval are met (See Section 12.5)

### **12.3.4 Possible IRB Protocol Determinations**

Either the IRB Chair or a designated reviewer will render one of the following determinations for each protocol:

1. **Approved:** It is approved as written with no modifications.
2. **Modifications Required to Secure Approval:** The protocol was approved with modifications requiring minor changes or simple concurrence of the PI. These will

be identified to the PI and must be completed and documented prior to continuing the research.

3. **Tabled:** The information in the submitted documents has deficiencies that prevent accurate determination of risks and benefits or requires significant clarifications, modifications, or conditions that, when met or addressed, require full IRB review and approval of the PI's responses and revisions. The deficiencies will be specified to the PI, who must address all IRB concerns in a written response. On occasion the PI is asked to attend the full board meeting in order to clarify the points in question. PIs may respond to a "tabled" decision with a written request. The IRB will review the appeal and invite the PI to the IRB meeting if the IRB has additional questions. The IRB will reconsider its original decision in light of new information presented by the PI. The second decision is final.

A designated reviewer may not render a decision of disapproval. Protocol disapprovals may only be rendered by the IRB at a convened meeting.

#### **12.3.5 Length of Approval Period**

The interval for continuing review will be at least once per year (not to exceed 365 days; 366 days during a leap year) but may be shorter. The expiration date is calculated from the date of review by the IRB Chair or designated reviewer. Protocols that have not undergone continuing review will expire at midnight on the expiration date. Research activities may not continue after midnight of the expiration date.

#### **12.3.6 Notification of the IRB of Expedited Review**

A list of protocols approved for continuation through the expedited review process since the previous IRB meeting is provided to IRB members at each meeting.

### **12.4 Continuing Review at a Full Committee Meeting**

#### **12.4.1 Distribution of Submitted Documents**

Upon receipt of, the IRB Administrator provides the following continuing review documents to all IRB members (including alternate members, if attending) and consultants for review:

1. Completed IRB Continuing Review Form which includes the following information:
  - a. Number of participants accrued.
  - b. A summary since the last IRB review of:
  - c. Adverse events, untoward events, and adverse outcomes experienced by participants.
  - d. Unanticipated problems involving risks to participants or others.
  - e. Participant withdrawals.
  - f. The reasons for withdrawals.
  - g. Complaints about the research.
  - h. Amendments or modifications.
  - i. Any relevant recent literature.

- j. Any interim or significant findings that might affect participants' willingness to continue.
  - k. Any relevant multi-center trial reports.
  - l. A summary of the research.
- 2. Consent form, if applicable:
  - a. Current version being used with IRB stamp and date.
  - b. If no changes are made in the consent form a new copy must be submitted so it can be stamped with a new date.
  - c. If changes are being made the PI must submit an amendment. (See Amendment Form/Changes to Research)
- 3. If the protocol is being amended, submit a copy that highlights changes are being made.
- 4. Copies of questionnaires, payment schedules, recruitment materials, and scripts that are still being used.
- 5. Other documents relating to the research activities that have not been reviewed by the IRB during initial review or by an amendment to the protocol.
- 6. Renewal letters from cooperating IRBs as relevant (e.g., site still operational). If the site(s) in question did not have an IRB of record and thus submitted an official letter granting permission for the researcher to conduct the research, then a second letter is not required.
- 7. Data and Safety Monitoring Plan (if applicable).

#### **12.4.2 Presentation and Discussion of Protocols**

Protocols undergoing continuing review are presented individually to the IRB by the PI, PI designee, or IRB Chair. IRB staff will assure that appropriate scientific expertise, local knowledge, and other expertise specific to the protocol(s) is present at the IRB meeting and at least one member who is knowledgeable about or experienced in working with such subjects, when research involving subjects who are vulnerable to coercion are reviewed, will be present at the IRB meeting. If a member with the appropriate expertise, knowledge, or experience in working with the specific vulnerable population cannot be present, the IRB Administrator will notify the IRB Chair to obtain a consultant if needed. To be properly presented and discussed, a quorum of the members must be present for the presentation, discussion, and deliberations of the protocol. Members not present for a substantial part of the discussion and deliberations should abstain from voting. For those protocols undergoing continuing review, the following are discussed in detail (list is not all-inclusive):

- 1. The regulatory criteria for approval at 45 CFR 46.111 are met.
- 2. The new consent form to be used for the next approval period and the adequacy of the consent process.
- 3. Demographics of recruited/enrolled subjects.
- 4. Reports of protocol deviations, unanticipated problems, amendments, multi-center/ Data and Safety Monitoring Board reports, and audits reports.

#### **12.4.3 Length of Approval Period**

The IRB will determine the interval for the continuing review of the research, appropriate to the degree of risks that will be experienced by subjects. The interval for continuing

review will be at least once per year (not to exceed 365 days; 366 days during a leap year) but may be shorter. When the IRB grants approval for one year at the time of continuing review and performs the continuing review and re-approval (with or without modifications) of the research within 30 days prior to the IRB approval period expiration, the IRB will retain the anniversary of the expiration date of the initial IRB approval as the expiration date of the subsequent one-year approval period. Protocols that have not undergone continuing review will expire at midnight on the expiration date. Research activities may not continue after midnight of the expiration date.

The IRB may require certain protocols be reviewed more than once a year. Reasons for the IRB to require more than annual review include but are not limited to the following:

1. Increase in risks over what was originally anticipated.
2. Noncompliance history.
3. As necessitated by protocol Quality Assurance recommendation.

#### **12.4.4 Third Party Observation**

The IRB has the authority to observe or appoint a third-party to observe research conduct, including consent procedures. It may also consider whether a study requires independent verification from sources other than the PI to ensure that no material changes have occurred since the last IRB approval. The IRB will require verification of the information provided for continuing review when:

1. Continuing review materials appear inconsistent or inaccurate compared to prior applications or records and discrepancies cannot be resolved via communication with the PI; or
2. The IRB determines that such actions are useful as part of a corrective action plan for any unanticipated problem or event.

If the findings of such investigations during the continuing review process warrant corrective actions, the IRB may suspend or terminate a research project to ensure the quality of research and protection of research subjects.

### **12.5 Criteria for IRB Approval of Research Continuation**

In order to approve research for continuation, the IRB must consider the PI's continuing review report and assure that the requirements 45 CFR 46.111 remain satisfied as follows:

1. Risks to subjects are minimized:
  - a. By using procedures that are consistent with sound research design and which do not unnecessarily expose subjects to risk; and
  - b. Whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.
2. Risks to subjects continue to be reasonable in relation to anticipated benefits, if any, to subjects and the importance of the knowledge that may reasonably be expected to result from the research. In evaluating risks and benefits, the IRB will consider only those risks and benefits that may result from the research, as distinguished from risks and benefits of therapy the subjects would receive even if not participating in the research.

3. Selection of subjects is equitable and takes into account the purpose of the research and the setting in which the research will be conducted. Special attention is paid to problems of research involving vulnerable populations such as, children, prisoners, pregnant women, fetuses, and decisionally impaired adults.
4. Unless waived by the IRB, informed consent will be appropriately sought from each prospective subject or the subject's legally authorized representative in accordance with and to the extent required by appropriate local, state, and federal laws or regulations. The IRB is responsible for the review and approval of the informed consent form submitted by the PI.
5. Informed consent will be appropriately documented according to local, state, and federal laws or regulations.
6. Where appropriate, there are adequate provisions to protect the privacy of the subjects and to maintain the confidentiality of their identifiable data.
7. When appropriate, the research plan continues to make adequate provision for monitoring the data collected to ensure the safety of subjects.
8. When some or all of the subjects are likely to be vulnerable to coercion or undue influence, additional safeguards have been included in the study and in the IRB review process, to protect the rights and welfare of the subjects.

## **12.6 Notification of IRB Determinations**

Within five (5) working days after the IRB meeting at which the protocol was reviewed for continuation or after expedited review by an IRB Chair designated reviewer, the PI will be notified of the IRB determination for their protocol via IRBNet. Approved protocols require no further action. Protocols that are approved with modifications will have a list of conditions provided and PIs are notified that final approval will not be granted until all conditions have been met. For protocols reviewed at a convened meeting, the IRB will determine, at the convened meeting, whether the PI's responses to modifications must be reviewed by the entire IRB or may be reviewed for appropriateness and completeness by the Chair or the Chair's designee. Responses to clarifications that are directly relevant to regulatory criteria must be reviewed by the convened IRB. When the PI has responded appropriately and completely, in a letter to the IRB office, to all conditions a final approval is granted. The PI will be notified by an approval letter that research can resume and when the protocol will require continuing review.

For tabled protocols the PI will be notified, by letter, of the reasons the protocol was tabled. The entire submission, with all required documents, will need to be resubmitted after revision for IRB review.

For protocols that are disapproved for continuation, the PI will receive a letter that delineates the reasons for disapproval. PIs may appeal the determination in writing to the IRB Chair.

## **12.7 Failure to Comply with Continuing Review Requirements- Lapsed Protocols**

IRB approval can be for no longer than a one year period of time and there is no grace period beyond the expiration date of IRB approval. Extensions of approval beyond the expiration date cannot be granted. Failure to submit the required documents and receive IRB approval for the protocol before the end of the approval period will result in a status of "Out of Compliance." This will occur even if the PI has provided the required documents but IRB review and approval is not completed before the expiration date. If a protocol is placed in this status, the PI will be notified



that they must cease all research activities (recruitment, advertisement, screening, enrollment, consent, interventions, interactions, and collection and analysis of private identifiable information) until the required documents are submitted, reviewed, and approved by the IRB. This must occur within 30 days for protocols undergoing expedited review. For protocols that must be reviewed at a convened meeting of the IRB, the 30 day period may be extended, at the Chair's discretion, when scheduling of the meeting prevents review within this time frame. During the period of noncompliance, subjects who are currently enrolled and for which continuation would be in the best interest of their health or well-being, may continue to participate if the PI requests and justifies, in writing, the need for continuation. The request will be considered by the IRB Chair. If the IRB Chair is of the opinion that stopping participation could result in increased risk or potential injury or hardship to subjects, the IRB Chair may approve continued participation for a reasonable time beyond the expiration date. Therefore, to prevent expiration of IRB approval and stopping of research, it is of vital importance to ensure timely completion and submission of the continuing review documents to allow sufficient time for IRB review prior to the expiration date. No research protocol may continue activities after the expiration date of the protocol until final approval for continuation is granted.

Failure to submit a response to IRB stipulated changes or inquiries related to deferred Protocols within 90 days of the IRB date of determination will result in administrative closure of the IRB protocol. The PI will receive notification of the closure of the IRB protocol, including an explanation for this action. An extension beyond 90 days may be granted by the IRB if sufficient cause is provided by the PI.

## **13.0 AMENDMENTS OF HUMAN SUBJECTS RESEARCH ACTIVITIES**

### **13.1 Requirements for Amendments**

Modifications to consent forms or process, protocols, or procedures/study-related activity must be reviewed and approved by the IRB prior to making any changes in study procedures except when necessary to eliminate apparent immediate hazards to subjects. If modifications are made prior to IRB review to remove immediate hazards to subjects, the modification must be promptly reported to the IRB and the modification(s) will be reviewed to verify that it was appropriate to implement prior to IRB review and approval.

### **13.2 Submission Requirements**

Amendments must be submitted through the IRBNet. The requirements for amendments are:

1. Completed Amendment Form/Changes to Research.
2. Revised consent process described in protocol or document with changes highlighted.
3. Protocol, recruitment, enrollment, or other study activity or procedure if modified.
4. Requests must describe what modifications are desired, why the changes are required, and if the changes pose any additional risks to the subjects.

Amendments may only be submitted after any prior amendment for the same protocol has been approved. If a protocol amendment is submitted while a prior amendment request is still under review for the same protocol, the new amendment request will be withdrawn.

### 13.3 Assignment of Expedited Reviewer

Upon receipt, the IRB Administrator will verify if the amendment is appropriate for expedited review. They will work with the PI to assure that all required documentation has been uploaded and the application is complete. The amendment is then reviewed by the IRB Chair or the IRB Chair appointed designated reviewer.

### 13.4 Review of Amendment Requests

Minor changes (i.e., those which involve minimal risk procedures and/or do not increase the risk or decrease the potential benefit to subjects, do not involve one or more of the regulatory criteria, and may include Categories 1-7 on the Expedited list) may be approved through an expedited review process. Minor changes can be approved by an experienced IRB member, including the IRB Administrator. Typical changes considered to be minor include, but are not limited to:

- Changes in personnel,
- non-significant changes in sample size,
- Addition of a questionnaire that does not include sensitive or controversial questions,
- Change in the compensation schedule,
- Addition of a site, etc.

Reviewers using the expedited review process must consider the following:

1. The amendment is a minor modification to previously approved research,
2. The regulatory criteria for approval are met.

At the reviewer's discretion the amendment may be referred to the convened IRB. All amendments reviewed through an expedited process are reported, as a list included with the minutes of the previous convened meeting, to the IRB at a convened meeting.

Changes considered as more than minor or those that involve one or more of the regulatory criteria must be reviewed at a convened meeting of the IRB. When amendments are reviewed by the convened IRB, all IRB members will be provided with a copy of all documents submitted by the PI. The IRB Administrator will assure that appropriate scientific expertise, local knowledge, and other expertise specific to the protocol(s) is present at the IRB meeting and at least one member who is knowledgeable about or experienced in working with such subjects, when research involving subjects who are vulnerable to coercion are reviewed, will be present at the IRB meeting. If a member with the appropriate expertise, knowledge, or experience in working with the specific vulnerable population cannot be present, the IRB staff will notify the IRB Chair to obtain a consultant, if needed. To be properly presented and discussed, a quorum of the members must be present for the entire presentation, discussion, and deliberation of the amendment request. Members not present for a substantial part of the discussion and deliberations should abstain from voting.

### 13.5 Possible IRB Protocol Determinations

Either the IRB Chair or a designated reviewer will render one of the following determinations for each protocol:

1. **Approved:** It is approved as written with no modifications.

2. **Modifications Required To Secure Approval:** The protocol was approved with modifications requiring minor changes or simple concurrence of the PI. These will be identified to the PI and must be completed and documented prior to continuing the research.
3. **Tabled:** The information in the submitted documents has deficiencies that prevent accurate determination of risks and benefits. The deficiencies will be identified to the PI, who must address all concerns in a written response.

A designated reviewer may not render a decision of disapproval. Protocol disapprovals may only be rendered by the IRB at a convened meeting.

### 13.6 Criteria for Approval of Amendments

In order to approve an amendment to research activities, the IRB will provide ethical and scientific scholarly review of all human subjects research to determine that all requirements are satisfied according to [45 CFR 46.111](#) Criteria for IRB approval of research.

### 13.7 Length of Approval Period

Amendment approvals do not change the approval period of the protocol. Therefore, the expiration date will remain the same as was determined for the protocol at the time of initial or continuing review.

### 13.8 Notification of Investigators of IRB Determination

Within five (5) working days after each IRB meeting a decision letter is rendered through IRBNet. An approval letter requires no further action and the PI can begin research. Letters giving approval with modifications will contain a list of required conditions and PIs will not receive final approval until all required conditions have been met. Along with the determination the IRB will determine whether the PI's responses to the modifications will need to be reviewed for appropriateness and completeness by another IRB convened meeting, the IRB Chair or designated reviewer. Responses to clarifications that are directly relevant to regulatory criteria must be reviewed by the convened IRB. When the PI has responded appropriately and completely, in a letter submitted through IRBNet, to all conditions then final approval is granted. The PI will be notified by an approval letter that research can begin and when the protocol will require continuing review.

For tabled protocols the PI will be notified through IRBNet the reasons the protocol was tabled. The entire submission, with all required documents, will need to be revised as needed and resubmitted.

For disapproved amendments, the PI will be notified through IRBNet that the amendment was disapproved and the reason(s) for the disapproval.

## **14.0 REPORTING UNANTICIPATED PROBLEMS**

### **14.1 Principal Investigator Reporting Requirements**

#### ***14.1.1 Reporting Determinations***

The IRB requires PI's to promptly report a summary of each unanticipated problem involving risks to subjects and others to the IRB through IRBNet using [Appendix S – Event Reporting](#). Unanticipated problems include but are not limited to the following:

1. An actual unforeseen harmful or unfavorable occurrence to subjects or others that relates to the research protocol (injuries, side effects, deaths).
2. A problem involving data collection, data storage, privacy, or breach of confidentiality.
3. A subject complaint about IRB approved research procedures.
4. New information about a research study (e.g., a publication in the literature, interim findings, safety information released by the sponsor or regulatory agency, or safety monitoring report) that indicates a possible increase in the risks of the research.
5. Changes in approved research initiated without IRB review and approval to eliminate apparent immediate hazards to the subject.
6. Incarceration of a subject.
7. A sponsor-imposed suspension of a protocol due to possible increased risk.
8. A complaint from a subject when the complaint indicates potential increased risk or when the complaint cannot be resolved by the PI.
9. A protocol deviation that places one or more subjects at increased risk or has the potential to occur again.
10. An event that requires prompt reporting to the sponsor.
11. Adverse event if research is FDA-regulated.

#### ***14.1.2 Reporting Unanticipated Problems***

PIs are required to report unanticipated problems to the IRB within five working days of becoming aware of the problem. However, if a protocol deviation or unanticipated problem meets any of the following criteria, the protocol deviation or unanticipated problem is considered serious and it must be reported to the IRB office within 24 hours:

1. Was unanticipated and unexpectedly serious (in terms of nature, severity, or frequency) or life-threatening.
2. Resulted in hospitalization or prolongation of hospitalization or death.
3. Resulted in a persistent or significant disability/ incapacity.
4. Resulted in suspicions that exposure to an investigational drug/device prior to conception or during pregnancy resulted in an adverse outcome (congenital anomaly/birth defect) to a child.
5. Based on appropriate medical judgment, the protocol deviation or unanticipated problem may jeopardize the subject's health and may require medical/surgical intervention to prevent one of the other outcomes listed in 1-4 above.

## **14.2 Review of Unanticipated Problem Reports**

### **14.2.1 Initial Review**

Upon receipt, the IRB Administrator will screen the report. The report, with the IRB Administrator's recommendation, is then reviewed by the IRB Chair who will determine whether the report likely represents an unanticipated problem that meets the regulatory criteria requiring reporting to federal oversight agencies (Office for Human Research Protections (OHRP), FDA) and refer the report for review at a convened meeting of the IRB. If the reported problem does not meet the regulatory criteria for reporting to federal agencies, the issue will be returned to the ORI to be handled administratively. All reports will also be reviewed to determine if there are issues of possible noncompliance.

### **14.2.2 Convened Meeting Review**

If initial review indicates that the report is likely an unanticipated problem involving more than minimal risks to participants or others, a copy of the report, the protocol, and informed consent will be provided to the IRB members for review prior to the convened meeting. The IRB will consider whether the event meets the following regulatory criteria for an unanticipated problem involving risks to subjects or others:

1. The event was unforeseen.
2. The event is related or possibly related to the research.
3. The event caused harm to subjects or placed them at increased risk of harm.

Upon discussion, the IRB will determine whether the event does in fact represent an unanticipated problem involving risks to subjects or others, and if so, must be reported through the Institutional Official to the appropriate regulatory agencies (i.e., OHRP or FDA). However, if after reviewing the information, the IRB determines that the event was not an unanticipated problem, the issue will be returned to the ORI to be handled administratively.

Deliberations and determinations of the IRB will be fully documented in the minutes.

## **14.3 Possible IRB Actions**

Any unanticipated problem or an event that is determined by the IRB to be unanticipated and indicates that subjects or others are at increased risk will warrant consideration of substantive changes in the research protocol and/or consent document/process or other corrective actions in order to protect the safety, welfare, or rights of subjects or others. Some of the corrective actions that might need to be considered in response to an unanticipated problem include:

1. Changes to the protocol initiated by the PI prior to obtaining IRB approval to eliminate apparent immediate hazards to subjects may need to be made a permanent part of the protocol.
2. Modification of inclusion/exclusion criteria to mitigate the newly identified risks.
3. Implementation of additional procedures for monitoring subjects, the consent process, and/or the research.
4. Suspension of enrollment of new subjects.
5. Suspension of research procedures on currently-enrolled subjects.
6. Modification of the protocol.

7. Modification of the continuing review schedule.
8. Modification of informed consent documents to include a description of newly recognized risks or any other information that should be disclosed during the consent process.
9. Notification of current subjects when such information may relate to subjects' willingness to continue.
10. Provision of additional information about newly recognized risks to previously enrolled subjects.
11. Require the investigator to re-consent current participants.
12. Termination of the protocol with consideration for health and well-being of currently enrolled subjects; and
13. Referral to other organizational entities.

#### **14.4 University Reporting Requirements**

In addition, any event that meets the criteria for an unanticipated problem involving risks to subjects or others listed in Section 14.1.2 must be reported to the appropriate Federal agencies if federally funded or regulated by the FDA (i.e., OHRP, FDA) and sponsoring entities.

#### **14.5 Notification of Principal Investigators**

Upon completion of the review, the PI will be notified via IRBNet. If the problem/event does not meet the criteria of unanticipated and indicates that subjects or others are not at increased risk, the letter will acknowledge the report. If the problem/event meets the criteria of being unanticipated and indicates that subjects or others are at increased risk, the letter will inform the PI that the IRB determined the problem/event to be an unanticipated problem involving risks to subjects or others, that the problem/event will be reported to the appropriate Federal agency, and provide a list of required actions and/or changes to the protocol or consent form.

#### **14.6 Failure to Report**

Failure to report is a breach of the conditions under which IRB approval is given, and could result in suspension or termination of approval. Suspension or termination of approval could result in loss of support by funding agencies and loss of right to publish.

### **15.0 PROTOCOL DEVIATION AND NONCOMPLIANCE**

**Protocol Deviation** means a deviation from IRB-approved activities related to a research study. This means that the PI(s) has performed activities that are different than those described in the protocol, that procedures not previously described in the protocol were performed, or that procedures described in the protocol were not performed.

**Noncompliance** means that researchers or individuals other than researchers, such as research staff, IRB staff, or IRB members, did not adhere to Federal Regulations and/or URI policies, procedures, requirements, or IRB determinations for conducting research involving human subjects.

## **15.1 Reporting to the IRB**

When a protocol deviation or incident of noncompliance becomes known to a researcher, they must complete and submit a Protocol Deviation or Noncompliance Report to the ORI. Upon receipt, an IRB Administrator will review the report and bring it to the attention of the IRB Chair and/or the Director of Research Integrity. Review of the report will determine the seriousness of the deviation and whether or not the deviation is an incident of noncompliance. The PI will be notified of the results of the review and if further action is necessary (e.g., a protocol amendment).

Allegations of protocol deviations and incidents of noncompliance may also be reported by someone other than the researcher through telephone calls, letters, e-mails, or any other method of communication and may be made to the ORI office, the ORI Director, or the IRB Chair. Additionally, concerns can be reported anonymously via the URI Ethics Hotline (855-236-1845 and [www.uriethicsline.com](http://www.uriethicsline.com)).

It is expected that researchers and research staff promptly self-report protocol deviations or incidents of noncompliance regardless of whether the incident is minor, sporadic, serious, or continuing. All reports and allegations of noncompliance will be thoroughly investigated by the IRB.

## **15.2 Response to the Report**

### ***15.2.1 Inquiry***

Upon receipt of a report or allegation of noncompliance, the ORI Director will be notified. The IRB Administrator will prepare an e-mail or letter to the researcher responsible for the research in question informing them of the allegation and requesting a response to the allegation within 5-7 business days. Upon receipt of the researcher's response, the allegation and response will be discussed with the ORI Director, IRB Chair, and IRB Administrator, if necessary. The ORI Chair will then determine whether the allegation has a basis in fact or whether further information is needed. If it appears that the allegation has a basis in fact or if it cannot be determined if there is a basis in fact, an IRB investigation is initiated as described in section 15.2.2. If the allegation has no basis in fact, no further action is taken under this policy.

If the noncompliance is clearly neither serious nor continuing, and there is a corrective action plan that can be readily implemented to prevent recurrence, then the matter may be handled as a protocol deviation.

### ***15.2.2 IRB Investigation***

Reported protocol deviations or incidents of noncompliance with a basis in fact, or if it cannot be determined if there is a basis in fact, may be the subject of further inquiry. If deemed necessary by the IRB Chair, an ad hoc subcommittee of the IRB may be appointed and may include any or all of the following: IRB Chair, ORI Director, IRB Administrator, or other IRB members whose presence is deemed as essential. It will be determined whether anyone assigned to the ad hoc subcommittee has a conflict of interest with the investigator or the research that is the subject of the inquiry and, if a conflict exists, assign other members to replace those with the conflict. The ad hoc

subcommittee investigation will be accomplished as soon as possible, but should be concluded within 30 days. The IRB Chair may elect to immediately suspend the research, pending results of the investigation, in order to protect the safety, rights, or welfare of subjects.

In the event that the investigation finds evidence that federal, state, or local regulations or policies and/or any restrictions, requirements, stipulations, or determinations of the IRB have not been adhered to, the ORI Director or IRB Chair shall brief the IRB at the next scheduled convened meeting or at a specially convened meeting regarding the details of noncompliance. Applicable documents (may include the study protocol, consent form(s), initial application, description of alleged noncompliance, and results of the investigation) pertaining to the incident and the investigation will be sent to IRB members prior to the meeting. Members are expected to review all documents prior to the meeting.

At a convened meeting, the IRB will then determine if the incident of noncompliance was serious or ongoing and what restrictions, conditions, or other remedial actions are necessary to resolve the noncompliance and the procedures required to prevent future occurrences. Within 7 days of the IRB's determination, the researcher is notified in writing of the requirements necessary to assure compliance with the restrictions and/or determinations of the IRB and the Institutional Official and other organizational officials are also notified of the IRB's determination. Notification of regulatory agencies, as applicable, will be accomplished according to Section 15. All documents relating to the investigation will be retained by the IRB Office in a secure location and will be made available to authorized individuals for further reference. Records are held for at least five years.

### ***15.2.3 Examples of Serious Ongoing/Continuing Non-Compliance***

**Serious noncompliance** affects or will likely affect the rights and welfare of subjects. Examples of serious noncompliance include:

- Initiation of human research related activities without IRB review and approval.
- Modifications to an IRB-approved study without prior IRB approval except to eliminate immediate hazards to the subjects.
- Continuation of research activities after the expiration date of IRB approval.

**Ongoing/Continuing noncompliance** is a repeated pattern of noncompliance that is likely to continue without intervention. Examples include:

- Multiple reports of an investigator failing to follow regulations and/or IRB procedures.
- The investigator frequently allows studies to lapse.
- Multiple instances of an investigator using invalid or unapproved documents.
- The investigator fails to follow a directive or corrective action established by the IRB.



#### **15.2.4 Possible IRB Actions**

1. **Research Suspension:** Suspension is when research activities are suspended due to serious concerns regarding investigator noncompliance. For example, subjects may be at increased risk due to inappropriate investigator actions. The investigator will be notified in writing of such a determination and any other actions required. The suspension will be reported to appropriate individuals and agencies as described in Section 16 – Suspension and Termination.
2. **Research Termination:** Termination of research activities occurs when the issues of noncompliance cannot be resolved. The investigator will be notified in writing of such a determination and the termination will be reported to appropriate individuals and agencies as described in Section 16 – Suspension and Termination.
3. **Other possible IRB actions** include:
  1. Notification of current subjects when the information may relate to subjects' willingness to continue to participate in the research.
  2. Modification of the protocol.
  3. Modification of the information disclosed during the consent process.
  4. Providing additional information to past subjects.
  5. Requiring current subjects to re-consent to participate.
  6. Modification of the continuing review schedule.
  7. Monitoring of the research or the consent process.
  8. Referral to other organizational entities.

Note: If an IRB suspends or terminates a protocol, the IRB must:

1. Consider whether procedures for withdrawal of enrolled subjects take into account their rights and welfare.
2. Consider whether current subjects should be informed of the suspension or termination.
3. Require any adverse events or outcomes of withdrawal to be reported to the IRB.

#### **15.2.5 Non-Compliance that is not Serious or Ongoing**

If the IRB determines at a convened meeting that the incident of noncompliance was neither serious nor ongoing, the IRB may establish a corrective action plan that requires the researcher and/or research staff to attend specialized training. Additionally, the PI may be requested to assist in arranging specialized training for a wider departmental audience to address possible misunderstandings of policies and procedures that led to or could lead to similar incidents of noncompliance. Incidents of noncompliance that were not found to be serious or ongoing will be in the IRB minutes and reported to the Institutional Official, but will not be reported to federal regulatory agencies.

#### **15.2.6 Reporting to Institutional Official and Others**

If the incidents of noncompliance are serious or ongoing, and/or the IRB determines that a protocol must be suspended or terminated, the incidents and IRB actions must be

reported to the Institutional Official and the applicable regulating agency. (See Section 14).

## **16.0 SUSPENSION AND TERMINATION**

### **16.1 Reasons for Suspension or Termination**

Common reasons for suspending or terminating a research protocol or research activities include, but are not limited to, instances when the research:

- Has led to or is associated with an unexpected increase in risks of harm to subjects.
- Is associated with subject injuries.
- Is not being conducted in accordance with IRB requirements (researcher noncompliance).
- The IRB may suspend or terminate research based on information received during its continuing review, from the findings of the Quality Improvement visit, or from complaints made to the IRB.

### **16.2 Authority to Suspend or Terminate Research Activities**

#### ***16.2.1 Principal Investigator (PI)***

As the “front line” in subject protections, a PI should always be aware of subject safety issues and should suspend research activities on a study in order to remove immediate hazards to subjects. If it is apparent that hazards cannot be eliminated by modification of various aspects of the study (e.g., the study design or inclusion/exclusion criteria) the study should be terminated. PIs must notify the IRB in writing immediately after suspending research activities or terminating a study. The notification should contain information on the facts leading to the decision for the action, a plan for notifying and safely withdrawing current subjects, if applicable, that considers whether the plan takes the subjects rights and welfare into account and, if applicable, a plan for notifying former subjects of the suspension/termination and any follow-up that may be required to assure their ongoing safety. The IRB will review reports of suspensions or terminations, determine what, if any further actions are required on the part of the PI, and report the suspension/termination to the Institutional Official and others as necessary.

#### ***16.2.2 IRB Chair***

The IRB Chair (and the Vice Chair if so delegated) can suspend IRB approval of a study, prior to discussion by the IRB, in order to remove immediate hazards to subjects or in the event there is sufficient evidence of noncompliance by the research team and that the noncompliance results in increased risk for subjects. The IRB Chair must consider protection of the rights and welfare of currently enrolled subjects (e.g., making arrangements for medical or other care of subjects). The PI will be notified of the decision immediately and be required to submit a response to the IRB Chair’s concerns. At a convened meeting of the IRB, the IRB Chair will report the suspension, discuss the reasons for the decision, review the PI’s response to the suspension and lead an IRB discussion of the action, response, and possible further required actions. Based on a

vote by the IRB, possible further actions imposed by the IRB may include but is not limited to terminating the approval, requiring the PI to submit a plan for notifying and safely withdrawing current subjects, or requiring the PI to submit a plan for notifying former subjects of the suspension/termination and any follow-up that may be required to assure their ongoing safety. A report of the suspension/termination will be submitted to the Institutional Official and others as necessary.

### **16.2.3 IRB**

The IRB, at a convened meeting, may suspend research activities or terminate as a result of the following:

- Reports of unanticipated problems involving risks to subjects and others (including adverse events).
- Other reports that relate to subject safety in a particular protocol.
- Reports of serious or ongoing non-compliance by the PI and/or research team.

The PI will be notified of the decision immediately and be required to submit a response to the IRB's concerns. At a subsequent convened meeting of the IRB, the IRB will review the PI's response to the suspension/termination, discuss the response and possible further actions required to lift the suspension or rescind the decision to terminate the research. Possible further actions imposed by the IRB might include requiring the PI to submit a plan for notifying and safely withdrawing current subjects and a plan for notifying former subjects of the suspension/termination and any follow-up that may be required to assure their ongoing safety, if applicable, and a requirement that all adverse events or outcomes resulting from the research or the suspension/termination are reported to the IRB. A report of the suspension/termination will be submitted to the Institutional Official and others as described in Section 16 – Suspension and Termination.

### **16.2.4 Institutional Official and President**

The Institutional Official and President of the University may suspend a research activity or study.

## **16.3 Notification of Suspension or Termination**

In the event of a suspension or termination of approval, the IRB or person directing the suspension or termination will inform the investigator via electronic IRBNet decision letter. If immediate action is required, the person imposing the suspension or termination may give the directive verbally to the PI and the letter will follow. If the IRB did not suspend or terminate the research, members will be notified at the next convened meeting. Letters to the PI will be sent within five working days of the effective date of suspension or termination. Such letters will include:

- The effective date of suspension or termination.
- If notification was initially done verbally the letter will reference the date of verbal notification.
- The reason for the suspension or termination.
- Identification of the research activity, in whole or in part, that must stop or suspension.

- Any corrective action or clarification that must occur.
- If the reason for suspension may bear on the participant's decision to continue participation, a directive that currently enrolled participants will be informed of the suspension.
- For terminations, a directive that all currently enrolled participants will be informed of the termination.
- If applicable, a directive of how to deal with any currently enrolled participants.
- A direction to the PI regarding to whom to submit responses.

#### **16.4 Lifting a Suspension or Termination**

Only the IRB can lift a suspension using either the expedited review process or full board review. If the President or Institutional Official imposed the suspension, that person is responsible for notifying the IRB Chair in writing when they are satisfied that all concerns, that led the suspension, have been satisfied and recommend lifting the suspension. That person must attach a copy of the responses from the PI to the letter to the IRB. The IRB Chair may use the expedited review process to lift a suspension that was directed under the following conditions:

- That was directed by the Chair.
- That was directed by the Institutional Official, providing the documentation noted above is received.
- That was directed by the convened board when the board specifically delegates to the IRB Chair the authority to lift the suspension.
- Otherwise, the convened IRB will determine whether to lift a suspension.
- The IRB will electronically inform the PI when the suspension is lifted through IRBNet. The IRB staff will also send a copy of the letter lifting the suspension to all entities who received a copy of the notification of suspension (see Section 16.2.3).

### **17.0 IRB RECORD REQUIREMENTS**

#### **17.1 Membership Roster**

In the fall of each year the human subject's research review office will submit to the Institutional Official a copy of the membership roster and curriculum vitae demonstrating the qualifications of each committee member.

#### **17.2 Procedures and Guidelines**

Written procedures and guidelines are contained on the URI Human Subjects Research website. Hardcopies can be downloaded or obtained by contacting the ORI.

#### **17.3 Meeting Minutes**

The IRB Administrator is responsible for the IRB Minutes. The minutes will contain:

- Members present.
- Consultants/guests/others shown separately.

- Summary of discussions on debated issues.
- Record of IRB decisions.
- Record of voting (showing votes for, against, and abstentions).
- Separate deliberations for each action.
- When an alternate member replaces a primary member.
- The basis for requiring changes in research.
- The basis for disapproving research.
- A written summary of the discussion of controversial issues and their resolution.
- Justification for any deletion or substantive modification of information concerning risks or alternative procedures contained in the approved sample consent document.
- For initial and continuing review, the approval period.
- The names of the IRB members who left the meeting because of a conflicting interest along with the fact that a conflicting interest was the reason for the absence.
- Unless documented in the IRB records, determinations required by the regulations and protocol-specific findings justifying those determinations for:
  - Waiver or alteration of the consent process.
  - Research involving pregnant women, fetuses, and neonates.
  - Research involving prisoners.
  - Research involving children.
- The rationale for significant risk/non-significant risk device determinations.

Proceedings must be written and available for review within three (3) weeks of the meeting date. Once approved by the IRB Chair, the minutes must not be altered by anyone including a higher authority. All minutes will be stored indefinitely in electronic format by ORI.

#### **17.4 Retention of Protocols Reviewed and Approved Consent Documents**

The ORI will retain all records required by the regulations (e.g. minutes, correspondence between the IRB office and investigators, IRB rosters, and written procedures required per applicable regulations 45 CFR 46.115(b) and 21 CFR 56.115)) for at least three years, and retains all records relating to research that has been conducted or cancelled for at least three years after completion or cancellation of research. If a protocol is cancelled without participant enrollment, the IRB records are maintained for at least three years after cancellation.

The IRB will maintain a copy of all protocols through IRBNet. The ORI makes records accessible for inspection and copying by authorized representatives of federal agencies or departments at reasonable times and in a reasonable manner. This also includes the Department of Defense sponsored protocols, which may require submission of records to the Department of Defense for archiving.

IRB record requirements include the following in order to allow a reconstruction of a complete history of IRB actions related to the review and approval of the protocol:

- Protocols (including, when applicable)
  - Investigator brochure
  - Data and Safety monitoring reports
  - Unanticipated problems involving risks to participants or others
  - Documentation of non-compliance

- Recruitment materials
- Modifications to previously approved research
- Scientific evaluations
- DHHS-approved sample consent document and protocol, when they exist
- Progress reports submitted by the investigators.
- Reports of injuries to subjects
- Records of continuing review activities.
- Correspondence between the IRB and the investigator.
- Statement of significant new findings provided to participants.
- For initial and continuing review of research expedited procedure:
  - The specific permissible category
  - Description of action taken by reviewer
  - Any findings required under the regulations
- For exemption determinations, the specific category of exemption
- Unless documented the IRB minutes, determinations required by the regulations and protocol-specific findings justifying those determinations for:
  - Waiver or alteration of the consent process.
  - Research involving pregnant women, fetuses, and neonates.
  - Research involving prisoners.
  - Research involving children.

For each protocol's initial and continuing review, the frequency for the next continuing review.

### **17.5 Record Retention by Principal Investigator**

Although regulations require that all human subjects' research records be retained for three years following the completion of the research 45 CFR 46.115(b). The investigator must maintain all research records (including a copy of the entire protocol, consent form, amendments, and copies of signed consent forms for each research participant (if applicable) in the lab or office of the investigator.

If the investigator leaves the University, the records must be kept at the University in the ORI or with a designated investigator. The office must be informed of this transfer of records prior to the investigators departure. The records will be accessible for inspection and copying by authorized representatives of the DHHS and FDA and the University.

When a student graduates, or otherwise leaves the University, the faculty advisor is then responsible for retaining the human subject documentation. Students may retain a copy of the protocol; while all original research documentation including all signed informed consent forms must be maintained in the areas listed above.

## 18.0 DATA SAFETY MONITORING BOARDS (DSMB)

### 18.1 General

For research involving human subjects, federal regulations require that, when appropriate, research plans make adequate provisions for monitoring data to ensure the safety of research participants. The regulations do not specify when or how this monitoring should be accomplished. For each study, researchers and the IRB must determine the type and level of monitoring required to assure subject safety and well-being.

### 18.2 Requirement for a Data and Safe Monitoring Plan

- **Minimal Risk Studies** - Much of the research conducted at the University pertains to social and behavioral sciences and is generally considered to be not greater than minimal risk. Thus, many research studies may not be required to establish a Data and Safety Monitoring Plan (DSMP). However, sponsors or the IRB may require DSMBs regardless of risk. In all research, regardless of whether a formal data and safety monitoring plan is required, investigators are responsible for providing ongoing oversight to protect the safety and welfare of study participants.
- **Greater Than Minimal Risk**- If greater than minimal risk, all human subjects research involving the use of drugs, biologics, or devices require a DSMB. For other types of interventional human subjects research involving greater than minimal risk, a DSMB should be strongly considered and may be required by the IRB.

### 18.3 Types of Data and Safety Monitoring Plans

The methods and amount of monitoring required are somewhat dictated by the type and magnitude of risk involved, the population to be studied, and the complexity of the research, and can range from monitoring by the researcher or a group of researchers to the establishment of a Data and Safety Monitoring Board (DSMB).

- **Monitoring by an individual investigator**—for studies that involve small numbers of research participants at a single site and interventions unlikely to lead to major changes in risks and benefits. Close, continuous monitoring by the researcher and prompt reporting of unanticipated problems to the IRB and sponsor are generally considered to be adequate.
- **Monitoring by a group of investigators**—for studies where assessments may require additional expertise or objectivity from individual(s) who may or may not be directly involved with the design and/or conduct of the study. Studies overseen by a monitoring group of this type are generally short-term in nature, study endpoints do not include serious events, and risks to participants can be assessed through simple comparisons.
- **Data and Safety Monitoring Board (or Committee)**—for studies involving large numbers of research participants, particularly vulnerable populations, multiple performance sites, blinded study groups, particularly high-risk interventions or when sophisticated data monitoring/statistical analysis is required. FDA regulated studies generally require establishment of a DSMB.

## 18.4 Components of DSMBs

Investigators should assure that the following issues are addressed in the plan:

- The type of data or events that are to be captured under the monitoring provisions.
- The frequency of assessments of data or events captured by the monitoring provisions (e.g., at certain points in time or after enrollment of a certain number of subjects).
- The entity or person(s) responsible for monitoring the data collected, including data related to unanticipated problems and adverse events and their respective roles in the research activities (i.e., PIs, research administrator(s), statisticians, independent medical monitor, etc.).
- Procedures for monitoring study progress including specifics of how monitoring the data and safety of subjects will occur.
- Procedures for minimizing research-related risk.
- Procedures for analysis and interpretation of the data.
- The procedures and time frames for reporting adverse events and unanticipated problems to the monitoring entity.
- The definition of specific triggers or stopping rules that will dictate when some action is required and what the range of possible actions will be.
- Reporting mechanisms/procedures for the data monitor and others who will communicate the outcome of the reviews of the monitoring entity with the IRBs, the study sponsor (if applicable), the PIs and other appropriate officials.
- How data accuracy and protocol compliance will be assured.

## 18.5 IRB Review of DSMB

**Initial Review** – For clinical research trials including drugs, biologics, or interventions of any kind, the IRB will review the submitted DSMB by the study sponsor or PI to assure adequacy for protection of subjects from risks to the extent possible.

In order to approve research in which the IRB considers whether the provisions for monitoring data to ensure the safety of research participants are appropriate, the IRB must determine that the research plan makes adequate provisions for monitoring the data. In the review, the IRB might consider provisions such as:

- For studies that do not have or are not required to have a DSMB and are blinded, have multiple sites, enroll vulnerable populations or employ high-risk interventions, the IRB will carefully review the DSMB and determine whether a DSMB is needed.
- If not using a DSMB and, if applicable, whether there are statistical tests for analyzing data to determine whether harm to participants may be occurring.
- Provisions for the oversight of safety data, such as requiring a DSMB.

**Continuing Review** – Researchers with DSMBs should submit information indicating that monitoring occurred as described in the research protocols. If a DSMB was not initially required, researchers should submit a summary of unanticipated problems along with any new information or literature that may be relevant to the research.



## 19.0 STUDENT CLASSROOM PROJECTS

Classroom research conducted by undergraduates is not typically considered human subjects research. However class room assignments which will be gathering private identifiable information about people requires consultation with the IRB. The IRB Chair and/or Administrator will make a determination whether the activity is human subject research or may request a full IRB Application to be submitted through [IRBNet](#) to make this determination.

It is the faculty member's responsibility to ensure that any activity that is "research" involving "human subjects" as defined in, conducting initial review, require IRB review and approval before the project starts. Federal regulations can be confusing, rather than risk conducting research without IRB approval, and be out-of-compliance, it is strongly suggested that you contact our office for assistance in determining if your activity involves human subjects research.

If an Internship is being conducted at an outside facility by a the University's students, the student must receive IRB approval from the University IRB and must obtain an IRB approval from the collaborating institution or if the collaborating institution does have an IRB, a letter of collaboration or permission must be obtained from the appropriate official.

All modifications, revisions, continuing reviews, adverse events, unanticipated problems, complaints and any other correspondence that is received from the collaborating institution must be forwarded to the University IRB.

## 20.0 DNA/GENETIC RESEARCH

All genetic research must be reviewed by the full IRB. Genetic research is constantly evolving and more personal information is being obtained. This information can have dire consequences on the human subjects and can affect the subject's insurability and employment opportunities. Genetic studies that generate information about subjects' personal health risks can provoke anxiety and confusion.

The following University procedures must be taken into consideration when designing a research protocol that involves the use and storage of human DNA.

- Each disclosure or redisclosure of the (human subjects identified) test results requires the express informed consent of the test subject, and no general waivers are deemed informed consent.
- While informed consent is required to allow research access to specimens; explicit re-consent is not required once linked identifiers are removed.

When proposing to conduct research involving genetic testing, the researchers must complete [Appendix G – Genetic Testing](#).

### 20.1 Archived Specimen Repository and Bank Requirements

When proposing to establish an archive of biological materials, the researchers must complete [Appendix H – Storage of Biological Materials](#).

An Archived Specimen Repository will require regular inspection by University Environmental Health and Safety and Institutional Biosafety Committee approval.

The Archive must be sufficiently secure to prevent theft, loss or destruction of valuable information. The laboratory director should be aware of all individuals with access to archive. Archive rooms should be locked and accessibly to laboratory personnel with key access. We recommend, if not already in place, that the archive be equipped with key-card access via a URI ID, so that there is an electronic time-stamped recording of personnel entering the lab.

The protocol must include a detailed description of what type of data has been collected and how all data records are stored and kept secure. All data should be protected and backed-up (on other computers or in file cabinets, etc.). All data must be kept in a secure and defined location.

In order to function as human biological repository and specimen bank, the Archive will be required to establish an official material transfer agreement (MTA) and data use agreement (DUA) for those researchers interested in obtaining samples. The Office of Intellectual Property and Economic Development in the Division of Research and Economic Development will oversee this process. The laboratory directors will be required to forward all MTAs to the IRB Office.

If the specimens in the Archive are identifiable and belong to living subjects it is a requirement to obtain a Certificate of Confidentiality before sharing information. This certificate can be obtained through the National Institutes of Health. However, if data has been de-identified this may not be required, although advisable.

## 21.0 POTENTIALLY VULNERABLE SUBJECT GROUPS

For research including vulnerable populations as subject groups, the IRB must consider the following: recruitment inclusion and exclusion criteria; informed consent and desire and capacity to volunteer; coercion and undue influence; and confidentiality of data.

### 21.1 Research Involving Pregnant Women, Human Fetuses, and Neonates

The following sections of the Human Subjects regulations are applicable to research involving pregnant women, human fetuses and neonates:

- [§45 CFR 46 Subpart B](#): *Additional Protections for Pregnant Women, Human Fetuses and Neonates Involved in Research* - **Non viable neonate research is not allowed at URI.**
- [§46.203](#) *The duty of an IRB in connection with research involving pregnant women, fetuses, and neonates.*

In addition to other responsibilities assigned to IRBs under this part, the IRB shall review research covered by this subpart and approve only research that satisfies the conditions of all applicable sections of this subpart and the other subparts of this part. The following issues must be addressed through the submission of [Appendix K – Pregnant Women, Fetuses and Neonates](#).



#### **§46.204: Research involving pregnant women or fetuses**

Pregnant women or fetuses may be involved in research if all of the following conditions are met:

1. Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;
2. The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus; or, if there is no such prospect of benefit, the risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge which cannot be obtained by any other means;
3. Any risk is the least possible for achieving the objectives of the research;
4. If the research holds out the prospect of direct benefit to the pregnant woman, the prospect of a direct benefit both to the pregnant woman and the fetus, or no prospect of benefit for the woman nor the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge that cannot be obtained by any other means, her consent is obtained in accord with the informed consent provisions of §46.116: General requirements for informed consent.;
5. If the research holds out the prospect of direct benefit solely to the fetus then the consent of the pregnant woman and the father is obtained in accord with the informed consent provisions of §46.116, except that the father's consent need not be obtained if he is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape or incest.
6. Each individual providing consent under (c) or (e) of this section is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate;
7. For children as defined in §46.402(a) who are pregnant, assent and permission are obtained in accord with the provisions of subpart D;
8. No inducements, monetary or otherwise, will be offered to terminate a pregnancy;
9. Individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy; and
10. Individuals engaged in the research will have no part in determining the viability of a neonate.

#### **§46.205: Research Involving Neonates**

1. Where scientifically appropriate, preclinical and clinical studies have been conducted and provide data for assessing potential risks to neonates.
2. The legally effective informed consent of either parent of the neonate or, if neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative is obtained in accord with §46.116, except that the consent of the father or his legally authorized representative need not be obtained if the pregnancy resulted from rape or incest.
3. Individuals engaged in the research will have no part in determining the viability of a neonate.

Neonates of uncertain viability may be involved in research if all of the following conditions are met:

1. Where scientifically appropriate, preclinical and clinical studies have been conducted and provide data for assessing potential risks to neonates.
2. The legally effective informed consent of either parent of the neonate or, if neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative is obtained in accord with subpart A of this part, except that the consent of the father or his legally authorized representative need not be obtained if the pregnancy resulted from rape or incest.
3. Individuals engaged in the research will have no part in determining the viability of a neonate.

## 21.2 Research Involving Prisoners

### **§45 CFR 46 Subpart C: Additional Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects**

This section describes requirements for conducting research with prisoners. "Prisoner" means any individual involuntarily confined or detained in a penal institution. The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing (See [§46.303\(c\)](#)). For prisoners "minimal risk" means the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons.

[§46.305](#): *Additional duties of the Institutional Review Boards where prisoners are involved* requires additional duties for the IRB where prisoners are involved in the research activity.

[§46.306](#): *Permitted research involving prisoners* describes four categories for the types of permitted research involving prisoners. Research must fall in one or more of the following four (i-iv) categories.

- i. Study of possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects:
- ii. Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects:
- iii. Research on conditions particularly affecting prisoners as a class.
  - a. For DHHS funded research, OHRP has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of its intent to approve such research.
  - b. For DHHS funded research which require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after OHRP has

consulted with appropriate experts, including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of its intent to approve such research.

- iv. Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject
  - a. For DHHS funded research, OHRP has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of its intent to approve such research.
  - b. For DHHS funded research which require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after OHRP has consulted with appropriate experts, including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of its intent to approve such research.

### **21.2.1 Applications Involving Prisoners**

The following information must be supplied to the IRB Committee. [Appendix L - Prisoners](#) must be submitted with the IRB Application to [IRBNet](#).

1. Are there any possible advantages accruing to the prisoner through his or her participation in the research, (when compared to the general living conditions, medical care, quality of food, amenities and opportunity for earnings in the prison) that are of such a magnitude that his or her ability to weigh the risk of the research against the value of such advantages in the limited choice environment of the prison is impaired?
2. Do the risks involved in the research commensurate with risks that would be accepted by non-prisoner volunteers?
3. Are the procedures for the selection of subjects within the prison fair to all prisoners and immune from arbitrary Intervention by prison authorities or prisoners? Note: Unless the project director provides to the IRB justification in writing for following some other procedures, control subjects must be selected randomly from the group of available prisoners who meet the characteristics needed for the particular research project.
4. Is the information presented in language understandable to the subject population?
5. State how you will assure that parole boards will not take into account a prisoner's participation in the research in making decisions regarding parole? Is there adequate assurance that parole boards will not take into account a prisoner's participation in the research in making decision regarding parole?
6. Is each prisoner clearly informed in advance that participation in the research will have no effect on his/her parole? (This must be clearly stated in the consent form)
7. When the research requires follow-up beyond the period of incarceration, have provisions been made for locating the individual? Please discuss these provisions below.
8. Are participants informed of how follow-up will take place if such is required?

### **21.2.2 Convened Meeting Actions**

The IRB Committee must determine that the following criteria are met:

1. The research falls into one or more of the categories described by §46.306 and that the answers to questions above are yes.
2. A majority of the IRB (exclusive of prisoner member) have no association with the prison involved, apart from their membership on the IRB
3. For DHHS funded research, the IRB Administrator will certify to OHRP that the duties of the IRB have been fulfilled.
4. Department of Defense regulations regarding research involving prisoners require:
  - a. Research involving Prisoners of War is prohibited
    - i. The IRB is aware of the definition of "prisoner of war" as defined in the [DoD Dictionary of Military Terms](#) (revised 2011) for the DoD component granting the addendum.
5. A least one IRB voting member is a prisoner or a prisoner representative with appropriate background and experience to serve in that capacity is present at the meeting (The prisoner representative may be listed as an alternative member who becomes a voting member when needed.)
  - a. If the prisoner representative is not present; research involving prisoners cannot be reviewed or approved.
  - b. The prisoner representative may attend the meeting by phone, videoconference, or webinar, as long as the representative is able to participate in the meeting as if they were present in person at the meeting.
  - c. The prisoner representative must review research involving prisoners, focusing on the requirements in Subpart C or equivalent protections.
  - d. The prisoner representative must receive all review materials pertaining to the research (same as primary reviewer).
  - e. The prisoner representative must present his/her review either orally or in writing at the convened meeting of the IRB when the research involving prisoners is reviewed.

**Minor modifications to research** may be reviewed using the expedited procedure described below, using either of the two procedures described based on the type of modification.

**Modifications involving more than a minor change** reviewed by the convened IRB must use the same procedures for initial review, including the responsibility of the prisoner representative to review the modification and participate in the meeting (as described above).

**Continuing review** must use the same procedures for initial review, including the responsibility of the prisoner representative to review the continuing review materials and participate in the meeting (as described above).

- If no participants have been enrolled, the research may receive continuing review using the expedited procedure under expedited category #8.

### ***21.2.3 Expedited Review of Research Involving Prisoners***

Research involving interaction with prisoners may be reviewed by the expedited procedure, if a determination is made that the research involves no greater than minimal risk for the prison population being studied. The prisoner representative must concur with the determination that the research involves no greater than minimal risk.

The prisoner representative must review the research as a reviewer, designated by the chair, or consultant. This may be as the sole reviewer or in addition to another reviewer, as appropriate. Review of modifications and continuing review must use the same procedures for initial review using this expedited procedure including the responsibility of the prisoner representative.

Research that does not involve interaction with prisoners (e.g. existing data, record review) may be reviewed by the expedited procedure if a determination is made that the research involves no greater than minimal risk for the prison population being studied. The prisoner representative may review the research as a reviewer or consultant if designated by the IRB chair. Review of modifications and continuing review must use the same procedures as initial review.

### ***21.2.4 Issues Related to Consent***

In a closed institution such as a prison there may be extraordinary organizational and interpersonal pressures, which intrude into the decision whether or not to participate as a subject in research. This may be particularly evident in group situations and classroom environments. Wherever possible, prisoners should be given the opportunity to reflect on the decision to participate in private.

On occasion research will be situated in a prison classroom setting assuring the structured program segment for the day. A prisoner who elects not to participate in such research should be offered an alternative program for the time in question to minimize coercion.

Some prisoners may feel they will lose privileges or be punished if they choose not to participate in research; others may hope for favorable treatment or early release if they do participate. Prisoners must be assured they will be neither punished nor rewarded for their participation, and that they can discontinue their participation at any time without an institutional penalty.

Many adult prisoners are deficient readers, many have an incomplete formal education, and many speak English poorly or not at all. Investigators must use necessary measures to assure that these populations clearly understand the nature of the research and its potential risks.

### ***21.2.5 Issues Related to Confidentiality***

Special care should be taken to avoid requesting information in a group setting that could jeopardize the safety of individual prisoners.



In the collection of research data, special care should be taken to assure that confidential materials do not come into possession of prison administrators, guards and correctional officers, or other prisoners.

Prisoners are much more likely than other populations to be associated with sensitive data. This could include, for example, involvement in illegal activity and HIV/AIDS. Appropriate safeguards are necessary regarding the collection, storage, and destruction of such information.

#### **21.2.6 Issues Related to Content**

Investigators must be aware that research into certain topical areas within the institution setting can be potentially dangerous for participants. For example, the mere act of interviewing a prisoner about sensitive topics such as gang activity, contraband, and prison prostitution may inadvertently label the respondent as an informant. Great care must be taken to balance the research against protection of the prisoner as subject.

The risk of suicide is an ever-present concern in the penal environment. The investigator must assure that debriefing is readily available to the prisoner whenever the subject is questioned about sensitive topics that could evoke self-injury once the prisoner has returned to the privacy of his or her cell.

### **21.3 Research Involving Children**

#### **45 CFR 46. Subpart D: Additional Protections for Children Involved as Subjects in Research**

In addition to other responsibilities assigned to an IRB under this regulation, the IRB shall review research covered by this subpart and approve only research that satisfies the conditions of all applicable sections of this subpart.

For research involving children under the age of 18, researchers must complete [Appendix I – Minors](#).

**§46.404: Research not involving greater than minimal risk.** The IRB finds that no greater than minimal risk to children is presented, only if the IRB finds that adequate provisions are made for soliciting the assent of the children and the permission of their parents or guardians, as set forth in [§46.408](#).

**§46.405: Research involving greater than minimal risk but presenting the prospect of direct benefit to the individual subjects.** HHS will conduct or fund research in which the IRB finds that more than minimal risk to children is presented by an intervention or procedure that holds out the prospect of direct benefit to the individual subject, or by a monitoring procedure that is likely to contribute to the subject's well-being, only if the IRB finds that:

- The risk is justified by the anticipated benefit to the subjects;
- The relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches; and
- Adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians, as set forth in [§46.408](#).

**§46.406: Research involving greater than minimal risk and no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject's disorder or condition.** HHS will conduct or fund research in which the IRB finds that more than minimal risk to children is presented by an intervention or procedure that does not hold out the prospect of direct benefit for the individual subject, or by a monitoring procedure which is not likely to contribute to the well-being of the subject, only if the IRB finds that:

- The risk represents a minor increase over minimal risk;
- The intervention or procedure presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations;
- The intervention or procedure is likely to yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the subjects' disorder or condition; and
- Adequate provisions are made for soliciting assent of the children and permission of their parents or guardians, as set forth in §46.408.

**§46.407: Research not otherwise approvable that presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children.**

HHS will conduct or fund research that the IRB does not believe meets the requirements of §46.404, §46.405, or §46.406 only if:

- The IRB finds that the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children; and
- The Secretary, after consultation with a panel of experts in pertinent disciplines (e.g., science, medicine, education, ethics, law) and following opportunity for public review and comment, has determined either:
  - That the research in fact satisfies the conditions of §46.404, §46.405, or §46.406, as applicable, or
  - Two (2) of the following:
    - The research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children;
    - The research will be conducted in accordance with sound ethical principles;
    - Adequate provisions are made for soliciting the assent of children and the permission of their parents or guardians, as set forth in §46.408.

**§46.408 Requirements for permission by parents or guardians and for assent by children.**

- a. In addition to the determinations required under other applicable sections of this subpart, the IRB shall determine that adequate provisions are made for soliciting the assent of the children, when in the judgment of the IRB the children are capable of providing assent. In determining whether children are capable of assenting, the IRB shall take into account the ages, maturity, and psychological state of the children involved. This judgment may be made for all children to be involved in research under a particular protocol, or for each child, as the IRB deems appropriate. If the IRB determines that the

capability of some or all of the children is so limited that they cannot reasonably be consulted or that the intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the children and is available only in the context of the research, the assent of the children is not a necessary condition for proceeding with the research. Even where the IRB determines that the subjects are capable of assenting, the IRB may still waive the assent requirement under circumstances in which consent may be waived in accord with [§46.116](#) of Subpart A.

- b. In addition to the determinations required under other applicable sections of this subpart, the IRB shall determine, in accordance with and to the extent that consent is required by [§46.116](#) of Subpart A, that adequate provisions are made for soliciting the permission of each child's parents or guardian. Where parental permission is to be obtained, the IRB may find that the permission of one parent is sufficient for research to be conducted under [§46.404](#) or [§46.405](#). Research regulated by [§46.406](#) and [§46.407](#) and permission is to be obtained from parents, both parents must give their permission unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.
- c. In addition to the provisions for waiver contained in [§46.116](#) of subpart A, if the IRB determines that a research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects (e.g., neglected or abused children), it may waive the consent requirements in [45 CFR 46. Subpart A](#) and paragraph (b) of this section, provided an appropriate mechanism for protecting the children who will participate as subjects in the research is substituted, and provided further that the waiver is not inconsistent with federal, state, or local law. The choice of an appropriate mechanism would depend upon the nature and purpose of the activities described in the protocol, the risk and anticipated benefit to the research subjects, and their age, maturity, status, and condition.

All research that is requesting waiver of parental permission must be reviewed by the full board. The full board must find and document that

- The research involves no more than minimal risk to the subjects;
- The waiver or alteration will not adversely affect the rights and welfare of the subjects;
- The research could not practicably be carried out without the waiver or alteration; and
- Whenever appropriate, the subjects will be provided with additional pertinent information about participation.

It is further required that the parents receive notification of this research through various sources and these notifications are submitted to the full board for review.

Parental Permission cannot be waived for FDA regulated research.

- d. Permission by parents or guardians shall be documented in accordance with and to the extent required by [§46.117](#) of subpart A.

- e. When the IRB determines that assent is required, it shall also determine whether and how assent must be documented.

**§46.409 Wards**

- a. Children who are wards of the state or any other agency, institution, or entity can be included in research approved under §46.406 or §46.407 only if such research is:
  - 1. Related to their status as wards; or
  - 2. Conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as subjects are not wards.
- b. If the research is approved under §46.409, the IRB shall require appointment of an advocate for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis. One individual may serve as advocate for more than one child. The advocate shall be an individual who has the background and experience to act in, and agrees to act in, the best interests of the child for the duration of the child's participation in the research and who is not associated in any way (except in the role as advocate or member of the IRB) with the research, the investigator(s), or the guardian organization.

**1. School Permissions**

Schools do not have the authority to give consent for children to participate in research; only parents or guardians have that authority. Permission from the school district must be obtained before conducting research in schools within the district.

Teachers do not have the authority to grant permission for research to be conducted in a school; such permission must come from the Principal/school district. Although this permission will usually come from the superintendent, in some districts another individual or committee has been given the authority to grant permission. Investigators should check with the district office to determine the appropriate procedure for obtaining permission.

Permission must be submitted to the IRB in writing, and whenever possible, the permission should be on school letterhead. Provisional approval of the research project can be given by the IRB pending receipt of permission by the Principal/school district. The research cannot begin until written permission is received by the IRB.

**2. Minimizing Coercion**

In conducting research on children, every attempt must be made to minimize coercion to participate. Researchers must remember that children are in a dependent relationship with adults and special care must be taken to ensure that the decision to participate as research subjects made by children is truly voluntary.

When the investigator is unfamiliar with the population to be studied, he/she should consult experts to determine the degree of coercion in the procedures to be used. Such judgments are inevitably subjective and often result in negotiation between the IRB and investigators, who should be prepared to justify questionable procedures.

3. **Research Involving the Inclusion of Children or Individuals with Mental Disabilities National Institute on Disability and Rehabilitation Funded Research**

When the IRB reviews research that purposefully requires inclusion of children with disabilities or individuals with mental disabilities as research participants, during the convened meeting, the IRB must include at least one person primarily concerned with the welfare of these research participants.

**21.3.1 Research Conducted Outside Rhode Island**

It is the Principle Investigators responsibility to determine which individuals are considered “children” or “guardians” outside of Rhode to ensure that Federal Guidelines 45.102(c) is followed: (c) Legally authorized representative means an individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure(s) involved in the research. The FDA Regulations 21CFR50.55(e)(1) Where parental permission is to be obtained, the IRB may find that the permission of one parent is sufficient, if consistent with State law, for clinical investigations to be conducted under 50.51 or 50.52.(2) Where clinical investigations are covered by 50.53 or 50.54 and permission is to be obtained from parents, both parents must give their permission unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child if consistent with State law. Therefore, the PI must provide to the IRB documentation of State Law, where the research is being conducted, concerning proxy care and these laws must be incorporated in the consent process.

**21.4 Research Involving Decisionally Impaired Subjects**

Special procedures for IRB review and approval apply to research activities involving potential research subjects who, for a wide variety of reasons, are incapacitated to the extent that their decision-making capabilities are diminished or absent. Impaired capacity is not limited to individuals with neurologic, psychiatric, or substance abuse problems. Conversely, individuals with these problems should not be presumed to be decisionally impaired.

When proposing research with decisionally impaired subjects, the PI must complete [Appendix Q – Adults with Decisional Impairment](#).

The following guidelines are taken from a document produced by the OHRP as “Points to Consider”. The OHRP intends that these points be considered by IRBs and PIs in their effort to protect research subjects.

Initially, the PI must assess whether or not the study could be performed utilizing competent subjects (those without impaired decision making capacity) and determine that competent

persons are not suitable for the proposed research. PIs must demonstrate to the IRB that there is a compelling reason to include incompetent individuals or persons with impaired decision making capacity as subjects by considering the following:

- Incompetent persons or persons with impaired decision making capacity are not being proposed as subjects simply because they were readily available;
- The proposed research entails no significant risks, tangible or intangible, or if the research presents some probability of harm, there is at least a greater probability of direct benefit to the subject;
- The research does not impose a risk of injury, unless the research is intended to benefit each subject and the probability of benefit is greater than the probability of harm;
- Procedures are devised to ensure that subjects' legally authorized representative (LAR) are well informed regarding their roles and obligations to protect incompetent subjects or persons with impaired decision making capacity;
- LARs will be told that their obligation is to try to determine what the prospective subject would do if competent, or if the prospective subject's wishes cannot be determined, what they think is in the incompetent person's best interest.

Potential or actual research subjects who are decisionally-impaired may not understand the difference between research and treatment or the PI's role as both clinician and PI. Therefore, it is essential that the consent process clearly indicate the differences between individualized treatment and research and between the roles of clinician and PI. Mental or decisional impairment may include, but is not necessarily limited to, psychiatric disorders, organic impairments, developmental disorders, persons under the influence of drugs or alcohol, persons with traumatic injuries, and women in labor.

The following are a list of general guidelines to be considered:

1. Each IRB includes at least one voting member, independent of the research and with appropriate professional background, knowledge, and experience in working with individuals with questionable decision-making capacity. The IRB will also consider including additional voting members from the community, perhaps representatives of patient advocacy groups.
2. PIs should be sensitive to differing levels of capacity and use assessment methods tailored to the specific situation. Also important is the PI's timing of the assessment in order to avoid periods of heightened vulnerability. Both the IRB and PIs must recognize that decision-making capacity may fluctuate and require ongoing assessment throughout the course of the research.
3. Responsibilities of the IRB are significant and will reflect heightened vigilance in reviewing protocols proposing to include this vulnerable population. As such, not all projects proposing to include decisionally-impaired persons should or will be approved by the IRB.
4. As the level of impairment increases, along with an increase in risks and discomforts, safeguards should also increase proportionate to the severity of the impairment. Provisions for additional safeguards should be in place prior to involving subjects in more than minimal risk research when the subjects' decision-making capacity is

impaired. PIs should provide ongoing efforts to enhance the subjects' understanding and appreciation of their role in the research.

5. IRBs and PIs should be creative in choosing appropriate protections. Other options that may be used to provide additional protections may include:
  - a. Use of an independent monitor to assess the potential subject's decision-making capacity or to be present during subject recruitment and the consent process. If the impairment in decision-making capacity is based on a diagnosis of mental illness, the PI should obtain consultation with a psychiatrist or licensed psychologist.
  - b. Use of a family member or other LAR as a surrogate for research decisions. This must be approved by the IRB and should be documented on the consent form. The representative should be authorized to give permission for "medical care including research."
6. The autonomy of the individual with impaired decision-making capacity should be respected. Their assent to participate in the research should be obtained, whenever possible, and their decision to withdraw from a study at any time should be honored.
7. Use of an advance directive for research may be considered.
8. Since informed consent is an ongoing process throughout the course of the research, a written summary of important information about the research may be useful when provided on a regular basis. Communication between PIs and their staff and the participants and their families is critical.
9. Individuals with impaired decision-making capacity may need more time to consider the information they are given regarding the research. Information should be provided incrementally to facilitate understanding. Planned waiting periods to allow potential participants to consult with family members about whether to participate or not may be useful.
10. IRBs and PIs must strive for a balance that maximizes potential benefits, recognizes individual autonomy, and minimizes risks associated with the research.

## **21.5 Research Involving Students, Employees, and Normal Volunteers**

Employees, students and normal volunteers are also considered vulnerable subjects although the federal regulations do not provide explicit protections for subjects in these categories. The IRB Guidebook, Chapter VIII: Special Classes of Subjects offers these guidelines:

- The compensation to human subjects should not be so great to constitute an undue inducement
- Students, employees and normal volunteers should be recruited through general announcement or advertisement, rather than through individual solicitations to avoid any form of undue influence.
- Confidentiality of data-sensitive subjects such as health, sexual activity, or the use of illicit drugs or alcohol, and personal health information present risk to subjects of which they should be made aware and from which they should be protected.

## 22.0 INTERNATIONAL RESEARCH

Research in foreign countries also presents special concerns regarding the rights and welfare of human subjects. All policies and procedures that are applied to research conducted domestically are applied to research conducted in other countries. In general, the IRB accepts the standards of the location in which the research is taking place, unless those standards grossly violate the basic principles of ethical human subjects' research.

In addition, the following issues apply to international human subjects' research:

- The review of international research may fall under "exempt" and "expedited" review.
- All materials, including consent forms, must have English language translations included with the protocol (See [Appendix J – Non-English Speaking Participants](#)).
- OHRP requires that IRB must have knowledge of the local research context – this is most often accomplished by the PI providing a summary of the risks to the human subjects in the context of the particular culture or customs of the region (through the completion of [Appendix O – Research in International Settings](#)). If the researcher is not adequately familiar with the research setting, this summary can be accomplished through the use of an outside consultant who is familiar with the region.
- The assessment of risks to the human subjects may be accomplished through a consultant familiar with the region. The IRB request the PI suggest a consultant or may seek a consultant independently. To assess the risk to human subjects pursuant to the federal regulation guidelines:
  - The IRB is required to have an individual review all research who “(i) is sufficiently qualified to consider the race, gender and cultural backgrounds and sensitivity to such issues as community attitudes...”
  - The federal regulations do not provide a list of what exactly must be assessed, just that the IRB or consultant should take into consideration any harm that could come from the individual, group or society as a whole from this research.
  - An assessment as to whether the questions, interviews or the research as a whole would place these individuals at risk.
  - Ensure that the research does not place the society or culture at risk which could occur through publication.

### 22.1 Local Review/Permission

If the project received federal funds and is in collaboration with a foreign institution, IRB review or some similar review is required at the International site. The contact information for this international site and the review approval must be forwarded to the URI IRB prior to commencement of research.

If the project is not federal funded, but is in collaboration with a foreign institution, documentation required that foreign institution reviewed and approved the protocol. The contact information for this international site and the review approval must be forwarded to the URI IRB prior to commencement of research.



If the project is not funded and is not being done with a collaborating institution (but with a community for example) there is no requirement for local review.

## **Department of Defense Regulations**

For projects funded by the Department of Defense, the IRB must verify the following:

- The University or researcher has permission to conduct research in that country by certification or local ethics review.
- The researcher follows all local laws, regulations, customs and practices.

## **23.0 RESEARCH WITH INVESTIGATIONAL DRUGS**

### **23.1 General**

If a proposed research activity involves evaluation of an investigational drug or biological material in humans or before a FDA-approved drug can be used for unapproved indications, the researcher must complete [Appendix F – Drugs or Biologics](#) as part of the submission to the IRB.

The sponsor or researcher may need to obtain an FDA Investigational New Drug Exemption (IND). Whenever possible, the IND should be obtained prior to review by the IRB. It is critical that the PI understand that by obtaining and holding an IND they assume sponsor and investigator responsibilities for the conduct of the research as described in 21 CFR 312.

If research involves the use of a food, nutritional or food supplement that might fit the FDA definition of a “drug,” the IRB Administrator will review the protocol to determine whether the research involves the use of a drug as defined by FDA. Generally, bioavailability and bioequivalence studies are exempt from the IND requirements.

The FDA defines a drug as:

1. An article recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and
2. An article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and
3. An article (other than food) intended to affect the structure or any function of the body of man or other animals; and
4. An article intended for use as a component of any article specified in the numbered statements 1, 2 and 3 above.

If required, IND numbers are usually obtained by the study sponsor and can usually be found on the sponsor protocol. PIs should confirm that the number is either on the protocol, in some form of communication from the sponsor or in a letter from the FDA to the sponsor. The IRB primary reviewer for the study will expect to find and will verify existence of an IND from one of these sources. If the PI of the study holds the IND then a copy of the communication from the FDA noting the IND number should accompany the protocol submission.

When completing the application, the PI will be asked to provide a copy of the research and informational materials generated by the drug company, if applicable. The storage, preparation and dispensing of investigational drugs should be described in the protocol.

Biological products subject to licensure may also be considered drugs within the definition. A dietary supplement may also fit the definition of a drug, in which case research activities with dietary supplements should be considered under the numbered statements 1 and 2 above. If the intended research with a dietary supplement is to evaluate its use under statement 3 above, it is not considered a drug, and the study is not FDA-regulated and will not require an IND.

An FDA-regulated study is a study in which a PI uses a drug in one or more persons and the drug is not an approved drug in the course of medical practice and/or the data collected in the study is intended to be submitted to or held for inspection by the FDA.

Some examples are:

1. A psychology professor gives people ginkgo biloba to look at its effects on learning or memory.
2. As part of student lab, a biology professor gives a student an aspirin and other students collect blood and urine to demonstrate the first order kinetics of aspirin.
3. A kinesiologist gives people caffeine to look at the effect of arm blood flow.
4. The agriculture department has developed a genetically modified watermelon with high levels of vitamin A and wants to test if it can be used to treat vitamin A deficiency.

During initial review of a drug study, the PI is responsible for communicating with FDA to ascertain whether the study requires an IND. IRB primary reviewer will determine whether the study has a valid IND by reviewing the sponsor protocol, communication from the sponsor or a letter from the FDA to the sponsor. If there is no IND, the primary reviewer will determine if the study meets one of the exemptions from the requirement to have an IND.

## **23.2 Exemptions**

While IND numbers are generally required for drug studies there are several possible FDA exemptions from this requirement listed in 21 CFR 312.2(b). PIs should submit documentation to support an exemption and may contact an FDA consumer safety officer for confirmation that the investigation fits one of the exemptions.

### ***23.2.1 Exemption under 21 CFR 312.2(b)(1)***

To qualify for this exemption, the study must meet all of the following:

1. The drug is lawfully marketed in the United States. (Sponsors or sponsor-investigators are allowed to make low-risk modifications to the lawfully marketed dosage form, i.e., changing the color, scoring or capsule, or the size of the dosage.)
2. The investigation is not intended to be reported to the FDA as a well-controlled study in support of a new indication for use nor is it intended to be used in support of any other significant change in the labeling for the drug.
3. If the drug that is undergoing investigation is lawfully marketed as a prescription drug product, the investigation is not intended to support a significant change in advertising for the product

4. The investigation does not involve a route of administration or dosage level or use in a patient population or other factor that significantly increases the risks or decreases the acceptability of the risks associated with use of the drug product.
5. The investigation will be conducted in compliance with the requirements for institutional review as set forth in 21 CFR Part 56 and with the requirements for informed consent as set forth in 21 CFR Part 50.
6. The investigation will be conducted in compliance with 21 CFR 312.7 which restricts promotion, commercial distribution or charging for the drug or undue prolongation of the study.

#### **23.2.2 Exemption under 21 CFR 312.2(b)(2)**

To qualify for this exemption, the study must meet all of the following:

1. The clinical investigation will involve an in vitro diagnostic biologic product that involves blood grouping serum, reagent red blood cells and/or anti-human globulin.
2. The diagnostic test is intended to be used in a diagnostic procedure that confirms the diagnosis made by another, medically established, diagnostic product or procedure.
3. The diagnostic test will be shipped in compliance with 21 CFR 312.160 that delineates investigational labeling, assurance of shipment to an authorized user, record keeping and disposition of unused drugs.

#### **23.2.3 Exemption under 21 CFR 312.2(b)(3)**

To qualify for this exemption, the study must meet the following:

1. The drug is intended solely for tests in vitro or in laboratory research animals if shipped in accordance with 21 CFR 312.160.

#### **23.2.4 Exemption under 21 CFR 312.2(b)(5)**

To qualify for this exemption, the study must meet the following:

1. The clinical investigation involves use of a placebo and the investigation does not otherwise require submission of an IND.

#### **23.2.5 Exemption for Bioavailability (BA) or Bioequivalence (BE) Studies**

FDA regulations describe criteria under which BA/BE studies using unapproved versions of approved drug products can be conducted without submission of an IND. A BA/BE study in humans does not require an IND if all of the following are met:

1. The drug product does not contain a new chemical entity (21 CFR 314.108), is not radioactively labeled, and is not cytotoxic.
2. The dose (single dose or total daily dose) does not exceed the dose specified in the labeling of the approved version of the drug product.
3. The investigation is conducted in compliance with the requirements for review by an IRB (21 CFR part 56) and the requirements for informed consent (21 CFR part 50).

4. The sponsor meets the requirements for retention of test article samples (21 CFR 320.3(d)(1)).

### **23.2.6 Exemption for Studies using Stable Isotopes**

When used for basic research purposes, cold (or stable) isotopes ordinarily present fewer safety concerns than radioactive isotopes. FDA does not intend to object to clinical investigations using cold isotopes of unapproved drugs being conducted without an IND, provided the following conditions were met:

1. The research is intended to obtain basic information regarding the metabolism (including kinetics, distribution, and localization) of a drug labeled with a cold isotope or regarding physiology, pathophysiology, or biochemistry.
2. The research is not intended for immediate therapeutic, diagnostic, or preventive benefit to the study subject.
3. The dose to be administered is known not to cause any clinically detectable pharmacologic effect in humans based on clinical data from published literature or other valid human studies.
4. The quality of the cold isotope meets relevant quality standards.

### **23.2.7 Dietary Supplements**

For studies with dietary supplements, if the clinical investigation is intended only to evaluate the dietary supplement effect on the structure or function of the body, an IND is not required.

However, if the clinical investigation is intended to evaluate the dietary supplement's ability to diagnose, cure, mitigate, or prevent a disease, an IND is required under part 312.

## **23.3 Applying for and/or Filing an IND**

An IND application should include the facts that satisfy the FDA that the agent may be justifiably administered to a human as proposed. If the PI wishes to apply for and hold an IND, they must give the FDA the information specified in "Notice of Claimed Investigational Exemption for a New Drug (IND)," Form FD-1571. Visit the FDA website for instructions for completing and submitting an IND:

<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/InvestigationalNewDrugINDApplication/ucm071098.htm#form1571>

After the submission of the IND, the sponsor (person or persons initiating the clinical trial) must wait 30 days before beginning clinical tests. The 30-day period can be extended if the FDA requires additional time for the sponsor to correct deficiencies.

## 23.4 Investigator Responsibilities

### 23.4.1 General

1. Ensure that the clinical research is conducted according to the signed investigator statement for clinical investigations, the investigational plan and applicable regulations.
2. Inform the subjects, or any persons used as controls, that the drugs/biologics are being used for investigational purposes. Include a statement in the consent form.
3. Administer the study drug or biologic only to subjects under the investigator's personal supervision or the supervision of a sub-investigator.
4. Follow reporting requirements in Section 14.1 for problems that require prompt reporting.
5. Do not supply the study drug or biologic to any person not authorized to receive it (patient or another investigator).
6. Comply with all requirements regarding the obligations of clinical investigators and all other pertinent requirements of 21 CFR 312.
7. Provide for control of drugs or biologics in accordance with 21 CFR 312.60.
8. Maintain adequate records of the disposition of the study drug or biologic to include dates, quantity and use by subjects.
9. Return any unused supply of study drug to the sponsor upon completion, suspension, termination or discontinuation of the clinical investigation. (21 CFR 312.59 and 312.62)
10. Permit the FDA to have access to and copy and verify records or reports (generally not required to divulge subject names) made during the study. (21 CFR 312.68)
11. If the investigational drug is subject to the Controlled Substances Act, take adequate precautions, including storage of the drug in a securely locked, substantially constructed cabinet or enclosure to which access is limited to prevent inappropriate distribution. (21 CFR 312.69)
12. Read and understand information in the Investigator's Brochure, including potential risks and side effects of the drug.
13. As noted in Section 23.3 above, researchers who apply for and hold an IND are also subject to sponsor responsibilities.
14. Comply with Section 18 - Data and Safety Monitoring Boards.

### 23.4.2 Lead Investigator of a Multi-Center Study

When the PI is the lead investigator of a multi-site study, the PI must submit information to the IRB regarding the communication process between sites and the management of information obtained during the course of the study such as:

1. Unanticipated problems involving risks to subjects or others.
2. Interim results.
3. Protocol modifications.

The IRB will evaluate the management plan as it relates to adequacy of the protection of subjects.

### **23.4.3 Additional Reporting Requirements**

If the PI does not hold the IND and an external sponsor funds or supports the study, then the PI is responsible for notifying the sponsor of any serious adverse events or unanticipated problems. For any studies under FDA jurisdiction, it is the PI and/or sponsor's responsibility to notify the FDA within 24 hours of any serious adverse events or unanticipated problems.

Similarly, if the study is a multi-site project and the unanticipated problem occurs at a site other than the University, then the sponsor (PI if they hold the IND) is required to inform researchers of unanticipated problems or reactions that occur at other sites. When PIs are informed of unanticipated problem(s) in sponsor safety memos or other correspondence, then the PI must notify the IRB as promptly as possible after receipt of the report from the sponsor

Note that notifying the IRB does not relieve the PI from their responsibility to notify the sponsor and/or FDA, as applicable.

### **23.5 Emergency Use of an Investigational Drug or Biologic – FDA Regulated**

Since the University is not a medical campus nor does it perform industry sponsored clinical trials, there should never be an occasion to use this provision of the FDA regulations. If this changes in the future, specific policies and procedures will be established.

### **23.6 Registering Applicable Clinical Trials**

All Applicable Clinical Trials with drugs or biological products subject to FDA regulation must, by law, be registered on <http://www.ClinicalTrials.gov>.

## **24.0 RESEARCH WITH INVESTIGATIONAL DEVICES**

### **24.1 General**

If a proposed research activity involves evaluation of an investigational device, the researcher must complete [Appendix E – Devices](#) as part of the submission to the IRB. If a research activity appears to use a device for an indication for which it has not been cleared, the IRB Administrator will review FDA regulations to verify that the research meets the definition of a device investigation. Device studies must satisfy one of the following:

1. Have an Investigational Device Exemption (IDE) approved by the FDA under 21 CFR 812.30;
2. Be categorized as fitting abbreviated requirements under 21 CFR 812.2(b) or;
3. Be deemed by the FDA as being exempt from the requirement to have an IDE under 21 CFR 812.2(c).

By reviewing the protocol, some form of communication from the sponsor or a letter from the FDA to the sponsor, the IRB primary reviewer will determine whether or not the study has a valid FDA-approved and issued IDE. If not, the primary reviewer will determine whether or not the study meets the requirements for an abbreviated IDE or exemption from the requirement for an IDE.

## 24.2 Abbreviated Requirements

The following categories of investigations are considered to have applications for IDEs, unless FDA has notified a sponsor under 812.20(a) that approval of an application is required:

1. An investigation of a device other than a significant risk device, if the device is not a banned device and the sponsor:
  - a. Labels the device in accordance with 812.5;
  - b. 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 (See Section 25.4 below);
  - c. Ensures that each PI participating in an investigation of the device obtains from each subject under the PI's care, informed consent under Part 50 and documents it, unless documentation is waived by an IRB under 56.109(c);
  - d. Complies with the requirements of 812.46 with respect to monitoring investigations;
  - e. Maintains the records required under 812.140(b)(4) & (5) and makes the reports required under 812.150(b) (1)-(3) and (5)-(10);
  - f. Ensures that participating PIs maintain the records required by 812.140(a)(3)(i) and make the reports required under 812.150(a)(1), (2), (5) & (7); and
  - g. Complies with the prohibitions in 812.7 against promotion and other practices.
2. An investigation of a device other than one subject to 812.2(e), if the investigation was begun on or before July 16, 1980 and to be completed, and is completed on or before January 19, 1981.

## 24.3 Applying for and/or Filing an IDE

An IDE application should include the facts that satisfy the FDA that the agent may be justifiably administered to a human as proposed. If the PI wishes to apply for and hold an IND, they must give the FDA the information specified in "Notice of Claimed Investigational Exemption for a New Drug (IND)," Form FD-1571. Visit the FDA website for instructions for completing and submitting an IND:

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/InvestigationalDeviceExemptionIDE/ucm046706.htm>

## 24.4 Exemptions

The regulations at 21 CFR 812.2 do not apply to investigations that fit one of the following categories:

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 the 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 that the FDA reviewed under Subpart E of part 807 in determining substantial equivalence;

3. A diagnostic device, if the sponsor complies with applicable requirements in 21 CFR 809.10(c) and if the testing is i) non-invasive, 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. A device intended solely for veterinary use;
6. A device shipped solely for research on or with laboratory animals and labeled in accordance with 21 CFR 812.5(c);
7. A custom device as defined in 21 CFR 812.3(b), unless the device is being used to determine safety or effectiveness for commercial distribution.

#### **24.5 Significant/Non-Significant Risk Determinations**

If a PI or sponsor claims a device is not a significant risk, then the IRB will review research involving the investigational device at a convened meeting. The IRB will determine whether the study using the device is significant risk, within the context of the overall study, by reviewing the criteria in [21 CFR 812.3\(m\)](#). A significant risk device means that the device:

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 use 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;
4. Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject.

A non-significant risk device study is one that does not meet the definition for a significant risk device study.

If the IRB determines that the study using the device is not “significant risk,” it will document that determination in the primary and secondary reviewer checklist and the minutes, along with the IRB’s rationale for that decision. The IRB will notify the PI of its determination and the study may begin without submission of an IDE application to the FDA.

If the IRB disagrees with the sponsor’s or PI’s assessment that a device study is “non-significant risk” and determines that the study using the device is “significant risk,” it will notify the PI, and where applicable, the sponsor (21 CFR 812.66) and document its determination in the IRB minutes. The study will be tabled, the sponsor or PI must apply for an IDE, and the study may not begin until the FDA approves the IDE application and the IRB approves the study. Upon receipt of FDA approval, the sponsor or PI must provide the IRB with the FDA’s approval letter or conditional approval letter as part of the re-submission process.



## 24.6 Principal Investigator (PI) Responsibilities

1. Must not begin the study or obtain informed consent of any subject prior to IRB and FDA approval.
2. Ensure that the clinical investigation is conducted according to the signed PI agreement for clinical investigations, the investigational plan, applicable regulations (21 CFR 812), and any conditions of approval imposed by the reviewing IRB or FDA.
3. Supervise all testing of the device involving human subjects in accordance with 21 CFR 812.43(c)(4)(ii) and 812.110(b).
4. Permit use of an investigational device only with subjects under the supervision of the PI and to supply the investigational device only to persons authorized to receive it.
5. Provide for control or take adequate precautions, including storage of the device in a securely locked area to which access is limited to prevent inappropriate use of the device in accordance with 21 CFR 812.100, and return any remaining supply of the device (or otherwise dispose of it as directed by the sponsor) upon completion or termination of the clinical investigation or the PI's part of an investigation.
6. Permit the FDA to inspect and copy any records pertaining to the investigation, including those which may identify subjects (21 CFR 812.145).
7. Prepare and submit to the sponsor:
  - a. Progress reports,
  - b. Final report,
  - c. Financial disclosure reports and;
  - d. Any other information requested by the FDA (21 CFR 812.110).

## 24.7 In Vitro Diagnostic Devices

In vitro diagnostic devices (IVDs) are products (reagents, instruments, and systems) intended for use in diagnosis of disease or other conditions, including a determination of the state of health, in order to cure, mitigate, treat, or prevent a disease or its sequelae. Such products are intended for use in the collection, preparation, and examination of specimens taken from the human body (21 CFR 809.3). IVDs are considered to be devices under the regulations and are therefore subject to FDA regulation. In many cases, the research usually involves the comparison of the IVD under investigation to the “gold standard” using data generated from samples analyzed on both instruments. The comparison data and subsequent statistical analysis are submitted to the FDA for consideration of clearance or approval for marketing.

Technically, within the FDA regulations there is no distinction between an IVD and a device that may be implanted regarding informed consent of subjects in the study. However, the samples used in IVD studies typically are laboratory samples that have already been analyzed for clinical and/or diagnostic reasons and obtaining informed consent to use the samples for IVD analyses would be cumbersome. In a recent [guidance document](#) the FDA informed IRBs and others that it does not object to the use of “leftover specimens” in IVD studies without the consent of the specimen donors, providing that:

1. The investigation meets the IDE exemption criteria at 21 CFR 812(c)(3);
2. The study uses leftover specimens collected for routine clinical care or analysis and/or leftover specimens that were previously collected for research purposes;
3. The specimens are not individually identifiable;

4. The specimens may be accompanied by clinical information as long as the information does not make the specimen source identifiable to the PI or any other person associated with the investigation;
5. The individuals caring for the patients are different from and do not share information about the patient with those conducting the study;
6. The specimens are provided to the PI without identifiers and the supplier has established procedures to prevent the release of personal information;
7. The study has been reviewed and approved by an IRB.

The FDA has a guidance document entitled "[In Vitro Diagnostic \(IVD\) Device Studies – Frequently Asked Questions](#)" which should be considered when proposing IVD studies.

Proposed research on IVDs may be reviewed using an expedited review process providing that the research meets all applicability criteria as listed in Section 9 of this manual and one of the categories of research that qualify for expedited review <http://www.hhs.gov/ohrp/policy/expedited98.html>.

## **24.8 Emergency Use Devices**

The University is not a medical campus nor does it perform clinical trials in which emergency use would be a possibility, so there should never be an occasion to use this provision of the FDA regulations. If this changes in the future, specific policies and procedures will be established.

## **24.9 PI Responsibilities in Storage and Use of Investigational Devices**

Storage and use of investigational devices are the responsibility of the PI. A sponsor should deliver/ship investigational devices only to qualified, IRB-approved PIs participating in the investigation. Arrangements for delivery/shipping of investigational devices must be arranged in advance to ensure they are received by the PI. Every attempt should be made to deliver/ship the investigational devices as close as possible to the time of use.

Investigational devices must be stored in a locked room designated for research or in a locked cabinet within a room designated for research that is under the direct control of the PI and accessible only to the PI and his/her authorized and IRB-approved staff. If applicable, the storage area for investigational devices must be separate from storage areas for approved devices. An investigational device or its packaging must be labeled with the following information:

1. The name and place of business of the manufacturer;
2. Packer or distributor;
3. The quantity of contents, if appropriate; and
4. The following statement: "CAUTION - Investigational device. Limited by Federal law to investigational use." The label or other labeling must describe all relevant contraindications, hazards, adverse effects, interfering substances, or devices, warnings, and precautions.

An investigational device is to be used only on subjects under the PI's supervision or under the supervision of a Co-I on the study. A PI will not supply an investigational device to any person

not authorized to receive it. The PI is responsible for records of receipt, use, or disposition of a device that:

1. Relate to the type and quantity of the device;
2. The dates of its receipt;
3. The batch number or code mark;
4. The names of all persons who received, used, or disposed of each device; and
5. Why and how many units of the device have been returned to the sponsor, repaired, or otherwise disposed of.

Upon completion or termination of a clinical investigation or the PI's part in an investigation, or at the sponsor's request, the PI must return to the sponsor any remaining supply of the device or otherwise dispose of the device as the sponsor directs.

## **24.10 Registering Applicable Clinical Trials**

All applicable Clinical Trials with devices subject to FDA regulation must, by law, be registered on <http://www.ClinicalTrials.gov>. Small feasibility trials and larger clinical trials of prototype devices with a primary measure of feasibility rather than health outcomes and trials using only de-identified human specimens are not Applicable Clinical Trials.

## **25.0 RESEARCH USING DECEPTIVE OR INCOMPLETE DISCLOSURE**

### **25.1 Background and Rationale**

Research involving deception and incomplete disclosure involves intentionally communicating information to research subjects in a way that produces false beliefs. Obfuscation or withholding information at the outset of a study is also considered deception. Any research in which information is withheld until subjects have participated to some degree should be considered as a deception study. This type of research methodology is sometimes used to:

1. Improve study validity,
2. Assure study integrity, or
3. Allow data collection that would otherwise be unobtainable because of defensiveness, shame, etc.

### **25.2 General Guidelines**

The following are general guidelines regarding the design, review and conduct of studies involving deception and incomplete disclosure:

1. Use of deception and incomplete disclosure is usually only acceptable for studies that are minimal risk.
2. The use of deception/incomplete disclosure should have no adverse effects on the well-being of subjects.
3. The IRB must be supplied with sufficient information to determine that the value of the research outweighs the risk of waiving some aspects of the requirement for full disclosure in the informed consent process. (See Section 10.6 - Waiver of Informed Consent and Waiver of Documentation of Consent)

4. There is no reasonable alternative to scientifically and effectively address the research question without the use of deception/incomplete disclosure.
5. Subjects are not deceived about any aspect of the study that would alter their willingness to participate.
6. As soon as it is appropriate, debriefing should be accomplished and the deception/incomplete disclosure explained to subjects.
7. When appropriate, subjects should be informed prospectively of the use of deception/incomplete disclosure and consent to its use.
8. During debriefing inform subjects of their right to withdraw their data, if they wish, and how that will be accomplished.

### **25.3 Principal Investigator Requirements**

To assist the IRB in its review and determination of the appropriateness of the research study, PIs should address the following items in the protocol and in [Appendix D – Deception](#) (and [Appendix M1 – Waiver or Alteration of Consent](#) if needed):

1. Explain the reason(s) for use of deception/incomplete disclosure in the study design. Specifically, address why complete disclosure would compromise the scientific validity of the study.
2. Describe the extent of the deception/incomplete disclosure in detail and how it relates to the study aims and design.
3. Justify and discuss how the proposed research, involving deception/incomplete disclosure involves no more than minimal risk to subjects. Consider all levels of increased risk subjects could experience as a result of the deception/incomplete disclosure methodology.
4. Justify and discuss why there are no feasible or scientifically valid alternative methods, which do not involve deception/incomplete disclosure, to conduct the research.
5. Describe the methods for prompt disclosure to debrief subjects. This should be accomplished as soon as possible after subjects complete research related activities. Also describe how you will assure that subjects leave the study setting with a clear and accurate understanding of the deception/incomplete disclosure and the reasons for using this methodology. If debriefing is not planned, justify why.

### **25.4 Potential Risks**

There are several potential risks associated with use of deception/incomplete disclosure and these should be considered when designing the study:

1. Subjects may feel that they were coerced to act against their will. If so and if they had been completely informed, they may have chosen not to participate.
2. Subjects may feel ashamed, guilty, stressed, or embarrassed because they now have knowledge about themselves that they otherwise would not have known or would not want to know.
3. Subjects may feel a loss of control that will cause distrust and suspicion regarding Human Subjects Research in general.
4. The research may undermine the trust in professional standards governing Human Subjects Research.

## **26.0 RESEARCH UTILIZING SURVEYS AND INTERNET RESEARCH**

### **26.1 Survey Research**

Research utilizing surveys, varying from brief and informal to lengthy and large scale questionnaires designed for large samples, has been one of the most used data collection tools in the social sciences. What was once done using paper-based surveys is now being accomplished using the Internet and, due to the relative ease of Internet distribution, results in a large increase in the number of surveys people are asked to complete. Some researchers feel that over-surveying has led to survey fatigue and a wide-spread decrease in survey response rates. Therefore, to ease the potential for survey fatigue and to assure a good response rate for the survey, consideration should be given to:

1. Choose a target audience and attempt to limit the people who will receive the survey to those that will provide data most relevant.
2. Have clarity and brevity in the communications. Be clear regarding why the participants are getting the survey, how long it will take to complete and how the data will be used.
3. Have efficient survey design; the survey should be no longer than absolutely necessary.

Regardless of how surveys are distributed, the IRB must review the proposed research, including the survey, to evaluate subject recruitment methods, the informed consent process and document, data collection and storage methods, risks of participation, and other features of the research to assure adequate subject protections. Therefore, the appropriate IRB forms must be completed and submitted. Research involving the use of surveys is usually minimal risk and can be reviewed by an expedited process or deemed exempt from IRB review, unless the survey questions are sensitive, potentially provoking psychological distress or could potentially result in civil or criminal actions against a subject.

As stated previously, there is always a requirement to obtain informed consent from research subjects. Researchers must discuss the study purpose, procedures, potential risks and benefits, the voluntary nature of participation, researcher contact information if subjects have questions, and the other required elements of informed consent. However, the regulations allow the IRB to approve a waiver or alteration of the consent process in which some of the required elements may be omitted and/or the method of obtaining and documenting consent altered (See Section 10.6 Waiver of Informed Consent and Waiver of Documentation of Consent).

For research utilizing surveys, approval is usually granted for an informed consent process that includes a consent document in the form of a cover letter that is at the beginning of the survey. In this consent cover letter, subjects are informed about the study and told that they can opt out of the research simply by not continuing to the survey questions and they may withdraw at any time by exiting the survey. The requirement for obtaining written documentation of consent (a signature) is waived as subjects agree to participate is signified by completing the survey.

Researchers who utilize e-mail surveys must add the following information to their message:

1. The words "Research" should be in the subject line.
2. The message should state at the outset where the e-mail addresses were obtained.

3. Include either a statement that there will be no future mailings or an “opt-out” message that directs the researcher to remove the subject’s name from future mailings.
4. If there will be future e-mails, add the statement, “If you do not respond to this survey or return the “opt-out” message, you will receive repeat e-mail messages X times during the next Y weeks.
5. Include a contact e-mail address and telephone number in the last sentence of the e-mail message.
6. Use a “blind copy format” so that the list of recipients will not appear in the message header.

## **26.2 Internet Research**

Internet communication is extensively used and provides access to an enormous amount of information to “Internet communities.” Access to these communities and the information associated with them raises a number of ethical questions and challenges for researchers and IRB. Perhaps the biggest challenges that are faced relate to privacy and informed consent. In their research proposals, University researchers should, at a minimum describe:

1. The Internet methods and technology that will be used to interact with “Internet communities.”
2. Potential risks and benefits of the research and how risks will be minimized.
3. The informed consent process that will be used, i.e., how Internet community members will be informed that research data is being collected, how community members can “opt-out” of having their data collected, etc. or justify why a waiver from the requirement to obtain informed consent is appropriate.
4. The methods they will use to assure protection of privacy for subjects and how confidentiality of the data will be provided.

Proposals for Internet research may meet criteria for exemption from IRB review. However, other issues may dictate a higher, more stringent level of review such as:

1. The complexity of reducing potential risks.
2. Protecting privacy and confidentiality.
3. Obtaining true informed consent.
4. Justifying a waiver.

## **27.0 RESEARCH INVOLVING AUDIO, VIDEO PHOTOGRAPHIC RECORDINGS**

Recording the voice or image of an individual creates a type of record that requires unique handling and storage, particularly if the content may be considered sensitive. Research subjects must be informed that such recordings will occur, and be provided with information about the storage, confidentiality, and future use of the recordings.

The Human Subjects must be informed of the following:

- Type of recording that will be utilized
- Specific identifiers that will be recorded
- People who will have access to the recordings

- Confidentiality procedures of the recordings
- Indicate when and how the recordings will be destroyed – or – if they will be kept indefinitely
- Use of the recordings: educational; commercial; analysis by research; unspecified use

## **28.0 ADDITIONAL REQUIREMENTS FOR FEDERAL AGENCY FUNDED RESEARCH**

### **28.1 Department of Defense (DoD)**

When following DoD regulations, the definition of minimal risk based on the phrase, “ordinarily encountered in daily life or during the performance of routine physical or physiological examination or tests” shall not be interpreted to include the inherent risks certain categories of human subjects face in their everyday life. For example, the risks imposed in research involving human subjects focused on a special population should not be evaluated against the inherent risks encountered in their work environment (e.g., emergency responder, pilot, soldier in a combat zone) or having a medical condition (e.g., frequent medical tests or constant pain).

Also, as a practice, URI does not currently conduct non-exempt, classified, human subject research. However, if practice changes, the University will follow the requirements of DoD Directive 3216.02 when conducting such research.

Research involving pregnant women, prisoners and children is subject to DHHS Subparts B, C and D.

- For purposes of applying Subpart B, the phrase “biomedical knowledge” shall be replaced with “generalizable knowledge”.
- The applicability of Subpart B is limited to research involving pregnant women as participants in research that is more than minimal risk and includes interventions or invasive procedures to the woman or the fetus or involving fetuses or neonates as participants.
- Research involving prisoners cannot be reviewed by the expedited review process.
- When the IRB reviews research involving prisoners, at least one prisoner representative must be present for quorum.
- In addition to allowable categories of research on prisoners in Subpart C, epidemiological research is also allowed when:
  - The research describes the prevalence or incidence of a disease by identifying all cases or studies potential risk factor association for a disease.
  - The research presents no more than minimal risk.
  - The research presents no more than an inconvenience to the participant.

If a participant becomes a prisoner and if the researcher asserts to the IRB that it is in the best interest of the prisoner-participant to continue to participate in the research while a prisoner, the IRB chair may determine that the prisoner-participant may continue to participate until the convened IRB can review the request to approve a change in the research protocol and until the organizational official and DoD Component office review the IRB’s approval to change the research protocol. Otherwise, the IRB chair shall require that all research interactions and

interventions with the prisoner-participant (including obtaining identifiable private information) cease until the convened IRB can review the request to approve a change in the research protocol. The convened IRB, upon receipt of notification that a previously enrolled human participant has become a prisoner, shall promptly re-review the research protocol to ensure that the rights and well-being of the human participant, now a prisoner, are not in jeopardy. The IRB should consult with a subject matter expert, having the expertise of a prisoner representative, if the IRB reviewing the research protocol does not have a prisoner representative. If the prisoner-participant can continue to consent to participate and is capable of meeting the research protocol requirements, the terms of the prisoner-participant's confinement does not inhibit the ethical conduct of the research and there are no other significant issues preventing the research involving human participants from continuing as approved, the convened IRB may approve a change in the study to allow this prisoner-participant to continue to participate in the research. This approval is limited to the individual prisoner-participant and does not allow recruitment of prisoners as participants.

- Research involving a detainee as a human participant is prohibited.
- This prohibition does not apply to research involving investigational drugs and devices when the same products would be offered to US military personnel in the same location for the same condition.

Research involving children cannot be exempt.

If consent is to be obtained from the experimental subject's legal representative, the research must intend to benefit the individual participant.

- The determination that research is intended to be beneficial to the individual experimental subject must be made by the IRB.

### ***28.1.1 Scientific Review***

DoD requires scientific review prior to IRB review for all new DoD supported human research and substantive amendments to DoD approved research. The URI IRB accomplishes the scientific review as part of the overall IRB review process. In the event that the IRB lacks adequate expertise to conduct scientific or scholarly review, the IRB may rely on outside experts to conduct this review (See Section 9.2).

### ***28.1.2 Education Requirements***

DoD requires that all individuals involved in the "design, conduct, or approval of human subjects research" complete human subjects research training. The University's requirements for mandatory and continuing education meet the requirements. The DoD component may evaluate the University's education policies to ensure the personnel are qualified to perform the research, based on the complexity and risk of the research.

### ***28.1.3 Research Monitor Required: More than Minimal Risk Studies***

For DoD funded research involving greater than minimal risk to subjects, appointment of an independent research monitor is required, although the IRB or Institutional Official can require this for a portion of the research or studies involving no more than minimal risk, if appropriate. The following are additional IRB considerations:



- There may be more than one research monitor if different skills or experience are needed.
- The monitor may be an ombudsman or a member of the data and safety monitoring board.
- The IRB must approve a written summary of the monitors' duties, authorities and responsibilities and the IRB official shall communicate with research monitors to confirm their duties, authorities and responsibilities.
- The duties of the research monitor are determined on the basis of specific risks or concerns about the research, such as:
  - Perform oversight functions such as observing recruitment and enrollment procedures, observing the consent process, observing study interventions and interactions, reviewing monitoring plans and reports of unanticipated problems involving risks to participants or others, reviewing aspects of data matching, collection and analysis.
- Discuss the research protocol with researchers, interview participants and consult with others outside the study.

Report observations and findings to the IRB or designated official.

- The research monitor has the authority to:
  - Stop a research study in progress.
  - Remove individuals from the study.
  - Take any steps to protect the safety and well-being of subjects until the IRB can assess the research monitor's report.

The PI may identify a candidate for the position of research monitor, taking into account the nature and disciplinary focus of the study and the likely type of expertise required. The IRB will consider the nomination along with ensuring that the research monitor has the appropriate experience and expertise, and is independent of the research team. The monitor should be named in the research protocol and the informed consent document in the Privacy and Confidential section (the monitor will have access to individually identifiable data).

#### ***28.1.4 Research Involving International Citizen Populations***

For research conducted internationally, refer to Section 14: Transnational Research. This section must meet the DoD requirements. This includes taking into consideration subject populations, the cultural context, the languages understood by the human subjects, identifying and considering local laws, regulations, customs, and practices. In addition, determinations are made as to whether the sponsoring DoD Component requires an additional ethics review by the host country or a local DoD IRB with host country representation.

#### ***28.1.5 Waiver of Consent and Exception from Informed Consent in Emergency Medicine***

If a research subject meets the definition of "experimental subject," (An activity, for research purposes where there is an intervention or interaction with a living individual for the primary purpose of obtaining data regarding the effect of the intervention or

interaction.), DoD regulations prohibit a waiver of consent unless the PI obtains a waiver from the Assistant Secretary of Defense for Research and Engineering. The Assistant Secretary of Defense for Research and Engineering may waive the requirements for obtaining informed consent when all of the following are met:

- The research is necessary to advance the development of a medical product for the military services;
- The research might directly benefit the individual experimental subject;
- The research is conducted in compliance with all other applicable laws and regulations;

The IRB may waive the consent process if the research does not meet the definition of “experimental subject.” DoD regulations prohibit an exception from informed consent in emergency medicine research unless the PI obtains a waiver from the Assistant Secretary of Defense for Research and Engineering.

#### ***28.1.6 Multi-site or Collaborative Research Requirements***

Any investigator developing a proposal for DoD funding or other support that involves collaborating institutions needs to consult the sponsoring DoD component to identify additional requirements for multi-site research. When conducting multi-site research, a formal agreement between organizations is required to specify the roles and responsibilities of each party.

#### ***28.1.7 Provisions for Research Related Injury***

The PI is responsible for informing the IRB if there are any additional requirements from the DoD Component regarding the provision of care in the case of a research-related injury. If the DoD Component has stricter requirements than the Common Rule or the University’s policies, the verbiage will need to be discussed with the University’s General Counsel Office and the Vice President for Research and Economic Development. These requirements will also need to be disclosed in the informed consent document.

#### ***28.1.8 Research Involving US Military Personnel as Research Subjects***

If any research includes U.S. military personnel as subjects:

- Officers are not permitted to influence the decision of their subordinates;
- Officers and non-commissioned officers may not be present at the time of recruitment;
- Officers and senior non-commissioned officers have a separate opportunity to participate;
- When recruitment involves a percentage of a unit, an independent ombudsman must be present;
- Federal employees while on duty and non-federal persons may be compensated for blood draws for research up to \$50 for each blood collection;
- Unless military personnel who are research subjects are on leave status during their participation, they may not receive compensation for their participation.

- Non-Federal personnel may be compensated for research participation other than blood draws in a reasonable amount as approved by the IRB according to local prevailing rates and the nature of the research.

The research protocol must include a plan for subject recruitment that incorporates additional safeguards to minimize undue influence from individuals within a potential subject's chain of command. The PI is required to consult with the sponsoring DoD component to determine appropriate recruitment plans.

### ***28.1.9 Research Involving Prisoners of War***

Under no circumstances shall the IRB approve research involving prisoners of war, as defined by the specific DoD Component.

### ***28.1.10 Additional DoD Review Prior to Initiation of the Study***

After the IRB completes its review and issues approval, the PI will need to submit documentation of IRB approval, the risk level, and the expiration date of the research to the DoD component funding or otherwise supporting the study. The DoD may also request additional documentation to verify compliance with federal and DoD policies, including minutes related to the research.

Surveys performed on DoD personnel must be submitted reviewed and approved by the DoD after the research protocol is reviewed and approved by the IRB.

Investigators may not initiate the study until the human research protection officer within the sponsoring DoD Component reviews and approves the study.

### ***28.1.11 Reporting Requirements***

The following must be promptly reported to the DoD-specific component's human research protection official or office (30 days or less):

- When significant changes to the research are approved by the IRB.
- Results of continuing IRB review.
- Change(s) in reviewing IRB.
- Notification by any federal department, agency, or national organization that any part of the IRB is under a "for-cause" investigation involving DoD-supported research.
- Serious and/or continuing noncompliance.
- Any unanticipated problem involving risks to subjects or others for DoD-supported research.
- Any suspension or termination of DoD-supported research.

### ***28.1.12 Records Accessibility***

Records documenting compliance (or noncompliance) with DoD regulations will be made accessible for inspection and copying by DoD representatives at reasonable times and in a reasonable manner.

## **28.2 Department of Education (DE)**

### **28.2.1 Family Educational Rights and Privacy Act (FERPA) 34 CFR Part 99**

The Family Educational Rights and Privacy Act is a Federal law that protects the privacy of student education records. In general, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose personally identifiable information from an education record of a student without consent if the disclosure is to organizations conducting studies for, or on behalf of, educational agencies or institutions to:

- Develop, validate, or administer predictive tests.
- Administer student aid programs.
- Improve instruction.

The IRB must verify compliance with US Department of Education regulations that schools are required to develop and adopt policies in conjunction with parents regarding the following:

- Any applicable procedures for granting a request by a parent for reasonable access to a survey within a reasonable period of time after the request is received.
- Any applicable procedures for granting a request by a parent for reasonable access to instructional material received.
- The collection, disclosure or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose), including arrangements to protect student privacy that are provided by the agency in the event of such collection, disclosure or use.
- The right of a parent of a student to inspect, upon request of the parent, any instrument used in the collection of personal information, before the instrument is administered or distributed to a student.
- Any applicable procedures for granting a request by a parent for reasonable access to such instrument within a reasonable period of time after the request is received.

### **28.2.2 Exception to Written Permission for Records Release Under FERPA**

Requests for exception (waiver) to written permission from parents or assent of students for records release are reviewed by IRB Administrator with recommendations to the IRB reviewer for protocols undergoing expedited review or for protocols requiring review by a convened IRB. A school district or postsecondary institution that uses this exception is required to enter into a written agreement with the University or with the investigator conducting the research that specifies:

1. The determination of the exception.
2. The purpose, scope, and duration of the study.
3. The information to be disclosed.

4. That information from education records may only be used to meet the purposes of the study stated in the written agreement and must contain the current requirements in 34 CFR 99.31(a) (6) on re-disclosure and destruction of information.
5. That the study will be conducted in a manner that does not permit personal identification of parents and students by anyone other than representatives of the university with legitimate interests.
6. That the University is required to destroy or return all personally identifiable information when no longer needed for the purposes of the study.
7. The time period during which the university must either destroy or return the information.
8. Education records may be released without consent under FERPA if all personally identifiable information has been removed including:
  - a. Student's name and other direct personal identifiers, such as the student's social security number or student number.
  - b. Indirect identifiers, such as the name of the student's parent or other family members; the student's or family's address, and personal characteristics or other information that would make the student's identity easily traceable, date and place of birth, and mother's maiden name.
  - c. Biometric records, including one or more measurable biological or behavioral characteristics that can be used for automated recognition of an individual, including fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics, and handwriting.
  - d. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

### **28.2.3 Protection of Pupil Rights Amendment (PRPA) 34 CFR Part 98**

#### **28.2.3.1 Informed Consent/ Parental Permission Requirements**

Research funded by the Department of Education must comply with additional protections under PRPA, 34 CFR Part 98. No student shall be required, as part of any research project, to submit without prior consent to surveys, psychiatric examination, testing, or treatment, in which the primary purpose is to reveal information concerning one or more of the following:

- Political affiliations.
- Mental and psychological problems potentially embarrassing to the student or his or her family.
- Sex behavior and attitudes.
- Illegal, anti-social, self-incriminating, and demeaning behavior.
- Critical appraisals of other individuals with whom the student has close family relationships.
- Legally recognized privileged and analogous relationships, such as those of lawyers, physicians, and ministers.
- Religious practices, affiliations, or beliefs of the student or student's parent.

- Income, other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under a program.

As used above, prior consent means prior consent of the student, if the student is an adult or emancipated minor; or prior written consent of the parent or guardian, if the student is an un-emancipated minor. Schools and contractors must obtain prior written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation.

### ***28.2.3.2 Parental Access to Instructional Material Used in a Research or Experimental Program***

All instructional material—including teachers' manuals, films, tapes, or other supplementary instructional material—which will be used in connection with any research or experimentation program or project shall be available for inspection by the parents or guardians of the children engaged in such program or project. As used above:

- **Research or experimentation program** or project means any program or project in any program under in any research that is designed to explore or develop new or unproven teaching methods or techniques.
- **Children** means persons not above age 21 who are enrolled in research not above the elementary or secondary education level, as determined under state law where the research is taking place.

### ***28.2.4 Additional Requirements for School Research not Funded by the ED***

Even if the research is not funded by the ED, the IRB will verify compliance with ED regulations regarding the following:

1. The right of parents to inspect, upon request, a survey created by a third party before the survey is administered or distributed by a school to students.
2. Arrangements to protect student privacy in the event of the administration of a survey to students, including the right of parents to inspect, upon request, the survey, if the survey contains one or more of the same eight items of information noted above.
3. The right of parents to inspect, upon request, any instructional material used as part of the educational curriculum for students.
4. The administration of physical examinations or screenings that the school may administer to students.

### **28.2.5 Other Conditions Pertaining to Waivers of Parent Permission or Informed Consent**

The IRB may waive the requirement for obtaining consent from a parent or legal guardian if:

1. The research meets the provisions for waiver in Section 10 of the IRB Policies and Procedures Manual [45 CFR 46.116(d)(1-4)] and if the IRB determines that the research protocol is designed for conditions or a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects (for example, neglected or abused children).
2. An appropriate mechanism for protecting the children who will participate as subjects in the research is substituted, and that the waiver is not inconsistent with federal, state, or local law. The choice of an appropriate mechanism would depend upon the nature and purpose of the activities described in the protocol, the risk and anticipated benefit to the research subjects, and their age, maturity, status, and condition.

## **28.3 Department of Energy (DoE)**

The IRB reviews and approves the “Checklist for IRBs to Use in Verifying That HHS Protocols are in Compliance with DOE Requirements” submitted by the researchers to verify compliance with the DOE requirements for the protection of Personally Identifiable Information.

### **28.3.1 Personally Identifiable Information**

In accordance with the Privacy Act, the DoE has established requirements for the protection of Personally Identifiable Information (PII) with the DoE Privacy Program (DoE Order 206.1), DoE Manual (M) for Identifying and Protecting Official Use Only Information (DoE M 471.3-1), and DoE Cyber Security Incident Management Manual (DoE M 205.1-8).

### **28.3.2 Description of Process**

Research protocols must include description of processes for:

1. Keeping PII confidential.
2. Releasing of PII, where required, only under a procedure approved by the IRB and DoE.
3. Using PII only for purposes of the DoE approved research.
4. Handling and marking documents containing PII as “containing PII” or “containing PHI.”
5. Establishing reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of PII.
6. Making no further use or disclosure of the PII except when approved by the responsible IRB and DoE, where applicable, and then only:
  - a. In an emergency affecting the health and safety of any individual.
  - b. For use in another research project under these same conditions and with DoE written authorization.

- c. For disclosure to a person authorized by the DoE program office for the purpose of an audit related to the project.
  - d. When required by law.
7. Protecting PII data stored on removable media (CD, DVD, USB Flash Drives, etc.) using encryption products that are Federal Information Processing Standards (FIPS) 140-2 certified.
8. Using passwords to protect PII in conjunction with FIPS 140-2 certified encryption that meet the current DoE password requirements cited in DoE Guide 205.3.1.
9. Sending removable media containing PII, as required, by express overnight service with signature and tracking capability, and shipping hard copy documents double wrapped via express overnight service.
10. Encrypting data files containing PII that are being sent by e-mail with FIPS 140-2 certified encryption products.
11. Sending passwords that are used to encrypt data files containing PII separately from the encrypted data file, i.e. separate e-mail, telephone call, separate letter.
12. Using FIPS 140-2 certified encryption methods for websites established for the submission of information that includes PII.
13. Using two-factor authentication for logon access control for remote access to systems and databases that contain PII. Two-factor authentication is contained in the National Institute of Standards and Technology (NIST) Special Publication 800-63 Version 1.0.2 found at: <http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63-2.pdf>
14. In addition to other reporting requirements, reporting the loss or suspected loss of PII immediately upon discovery to:
  - a. DoE Project Officer
  - b. IRB
15. Classified projects that use PII must also comply with all the requirements for conducting classified research.

### **28.3.3 Researcher Reporting Requirements**

Researchers must report, as soon as possible but always within 30 days, the following to the human subject research program manager:

- Any significant adverse events, unanticipated risks and complaints about research, with a description of any corrective actions taken or to be taken.
- Any suspension or termination of IRB approval of research.
- Any significant non-compliance with IRB procedures or other requirements.
- Any compromise of personally identifiable information must be reported within 2 days of determining that there was a compromise.

## **28.4 Department of Justice (DoJ)**

### **28.4.1 Principal Investigator Responsibilities**

PIs who are recipients of funds from the National Institute of Justice (NIJ) are required to comply with the DoJ regulations at 28 CFR 46 (Protection of Human Subjects) which include the following additional requirements:



- Obtain a privacy certificate approved by the NIJ Human Subjects Protection Officer. Information about Privacy Certificates may be found at the NIJ website at: <http://www.ojp.usdoj.gov/nij/funding/humansubjects/welcome.htm>
- Include a statement in the informed consent document under the section dealing with confidentiality that confidentiality can only be broken if the subject reports the probability of immediate harm to self or others.
- Submit a copy of the IRB approval as well as supporting documentation of the IRB's institutional affiliation, assurance, etc. to the NIJ prior to initiation of any research activities that are not exempt from the requirements of 28 CFR 46.
- Submit supporting documentation of the IRB's approval of the research meeting the criteria for exemption under 28 CFR 46.101(b).
- Sign and maintain an Employee Confidentiality Statement for themselves and their research staff. A model employee confidentiality statement can be found at: <http://www.ojp.usdoj.gov/nij/funding/humansubjects/employee-confidentiality.htm>
- Send a copy of all de-identified data, including copies of the informed consent document, data collection instruments, surveys and other relevant research materials to the National Archive of Criminal Justice Data.

#### **28.4.2 Bureau of Prisons**

Additional requirements for prospective researchers to obtain approval to conduct research within the Bureau are described at 28 CFR Part 512. Although some research may be exempt from 28 CFR part 46 under 46.101(b)(5), as determined by the Office of Research and Evaluation (ORE) of the Bureau, no research is exempt from 28 CFR Part 512. However, implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research. The following additional requirements are included in 28 CFR Part 512:

1. Obtain review of the research proposal by the Bureau of Research Review Board (BRRB).
2. Sign an agreement to adhere to the provisions of the Bureau under 28 CFR 512.
3. Respect the rights, health, and human dignity of individuals involved in the research.
4. Adhere to applicable provisions of the Privacy Act of 1974 and regulations pursuant to this act.
5. Provide a research project design that contributes to the advancement of knowledge about corrections.
6. Provide a research project design that is compatible with both the operation of the prison facilities and protection of human subjects.
7. Observe the rules of the institution in which the research is conducted;
8. Provide a research project design that does not involve medical experimentation, cosmetic research, or pharmaceutical testing.
9. Provides documentation that:
  - a. Risks to participants are minimized and risks are reasonable in relation to the anticipated benefits;
  - b. Selection of participants within any one organization is equitable; and
  - c. Incentives may not be offered to help persuade inmates to participant, unless snacks or soft drinks are consumed at the test setting.

- d. Reasonable accommodations such as nominal monetary recompense for time and effort may be offered to non-confined research subjects who are both:
    - i. No longer in the Bureau custody, and
    - ii. Participating in authorized research being conducted by Bureau employees or contractors.
- 10. Provide documentation of experience in the area of study of the proposed research.
- 11. Provide documentation of review of related literature.
- 12. Provide documentation that research records will be destroyed or individual identifiers will be removed from the records after the research is completed;
- 13. Assume responsibility as the investigator for actions of any research staff engaged to participate in the project.
- 14. Provide documentation for maintaining confidentiality of data preliminary to the research, during and after the conclusion of the research by assuring:
  - a. Records are not in an individually identifiable form.
  - b. Advance written assurance has been provided to the Bureau that the records will be used solely for statistical research or reporting.
- 15. Agree not to provide research information that identifies a subject to any person (i.e. cannot be admitted as evidence or used for any purpose in any action, suit, or other judicial, administrative, or legislative proceeding) without the subject's prior written consent to release the information.
- 16. Agree not to maintain records electronically that contain non-disclosable information directly traceable to a specific person at the institution (NOTE: Computerized data records may only be maintained at an official DoJ site).
- 17. Negotiate arrangements, prior to the beginning of the data collection of the project, to provide non-identifiable computerized data on individual subjects along with documentation to the ORE if requested.
- 18. Obtain informed consent of subjects prior to initiating the research activity (See Section 6).
- 19. Submit planned methodological changes in the research to the IRB for review and approval prior to initiation and revise study procedures in accordance with the new methodology, if required.
- 20. Provide, at least yearly, a report on the progress of the research and at least one report of findings to the ORE Chief.
- 21. Acknowledge the Bureau participation in any publication of the results.
- 22. Include a disclaimer in the results for publication that the approval or endorsement of the published material is an expression of the policies or view of the Bureau.
- 23. Provide, at least 12 working days before any report of findings to be released, one (1) copy of the report, which shall include an abstract of the findings, to each of the following:
  - a. Chairperson of the BRRB.
  - b. The regional Bureau Director.
  - c. The warden of each institution which provided data or assistance.
- 24. Submit two (2) copies of the results of the research project for informational purposes only to the ORE Chief prior to submission for publication.

### **28.4.3 Research Proposals**

When submitting a research proposal to the Bureau, the PI shall provide the following information in the proposal:

1. A summary statement which includes:
  - a. Name(s) and current affiliation(s) of the researcher(s).
  - b. Title of the study.
  - c. Purpose of the project.
  - d. Location of the project
  - e. Methods to be employed.
  - f. Anticipated results.
  - g. Duration of the study.
  - h. Number of subjects (staff/inmates) required and amount of time required from each
  - i. Indication of risk or discomfort involved as a result of participation.
2. A comprehensive statement which includes:
  - a. Review of related literature.
  - b. Detailed description of the research method.
  - c. Significance of anticipated results and their contribution to the advancement of knowledge;
  - d. Specific resources required from the Bureau;
  - e. Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur;
  - f. Description of steps taken to minimize any risks.
  - g. Description of physical and/or administrative procedures to be followed to:
    - i. Ensure the security of any individually identifiable data that are being collected for the project, and
    - ii. Destroy research records or remove individual identifiers from those records when the research has been completed.
  - h. Description of any anticipated effects of the research project on institutional programs and operations; and
  - i. Relevant research materials such as vitae, endorsements, sample informed consent statements, questionnaires, and interview schedules.
  - j. A statement regarding assurances and certification required by 28 CFR part 46, if applicable.

### **28.4.4 Informed Consent**

Before commencing a research project requiring participation by staff or inmates, the researcher shall give each participant a written informed consent statement containing the following information (The researcher may not be required to obtain the signature if the researcher can demonstrate that the only link to the subject's identity is the signed statement of informed consent or that there is significantly more risk to the subject if the statement is signed.):

1. Identification of the PI(s);
2. Objectives of the research project;

3. Procedures to be followed in the conduct of research;
4. Purpose of each procedure;
5. Anticipated uses of the results of the research;
6. A statement of benefits reasonably to be expected;
7. A declaration concerning discomfort and risk, including a description of anticipated discomfort and risk;
8. A statement that participation is completely voluntary and that the participant may withdraw consent and end participation in the project at any time without penalty or prejudice (the inmate will be returned to regular assignment or activity by staff as soon as practicable);
9. A statement regarding the confidentiality of the research information and exceptions to any guarantees of confidentiality required by federal or state law. For example, a researcher may not guarantee confidentiality when the subject indicates intent to commit future criminal conduct or harm himself/herself or someone else, or, if the subject is an inmate, indicates intent to leave the facility without authorization. Under the privacy certificate investigators and research staff do not have to report child abuse unless the participant signs another consent form to allow child abuse reporting.
10. A statement that participation in the research project will have no effect on the inmate participant's release date or parole eligibility;
11. An offer to answer questions about the research project; and
12. Appropriate additional information as needed to describe adequately the nature and risks of the research.

## **28.5 Energy Protection Agency (EPA)**

### ***28.5.1 Research Involving Exposure of Any Human Subjects***

The EPA does not conduct or support research involving intentional exposure of any human subjects who is a pregnant woman (and therefore her fetus), a nursing woman, or a child. Other adults who voluntarily choose to participate are protected under the EPA's rule, "Protections for Subjects in Human Research", which requires proposed protocols describing intentional exposures be reviewed by EPA and its Human Studies Review Board.

### ***28.5.2 Observational Research Involving Pregnant Women and Fetuses***

The EPA requires application of 40 CFR 26 Subpart B to provide additional protections to pregnant women as subjects in observational research, i.e., research that does not involve intentional exposure to any substance.

### ***28.5.3 Observational Research of Children not Involving Greater Than Minimal Risk***

The EPA requires application of 40 CFR 26 Subpart D to provide additional protections to children as subjects in observational research, i.e., research that does not involve intentional exposure to any substance.

#### **28.5.4 Observational Research of Children Involving Greater Than Minimum Risk**

Observational research involving greater than minimal risk but presenting the prospect of direct benefit to the individual subjects is allowable only if the IRB finds that (See Section 21):

1. The intervention or procedure holds out the prospect of direct benefit to the individual subject or is likely to contribute to the subject's well-being;
2. The risk is justified by the anticipated benefit to the subjects;
3. The relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches; and
4. Adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians.

#### **28.5.5 Final Review by EPA**

EPA policy requires submission of IRB determinations and approval to the EPA Human Subjects Research Review official for final review and approval before the research can begin.

#### **28.5.6 Research not Conducted or Supported by Any Federal Agency**

For research not conducted or supported by any federal agency that has regulations for protecting human research participants and for which the intention of the research is submission to the EPA, the EPA regulations protecting human research participants apply, including:

1. EPA extends the provisions of the 40 CFR 26 to human research involving the intentional exposure of non-pregnant, non-nursing adults to any substance.
2. EPA prohibits the intentional exposure of pregnant women, nursing women, or children to any substance.

## **29.0 RELIANCE AGREEMENTS**

### **29.1 Rhode Island College/University of Rhode Island Joint Ph.D. Program in Education**

URI and Rhode Island College (RIC) have a joint Ph.D. in Education program. The IRBs have entered into IRB Authorization Agreement that describes which IRB will review human subjects research that is conducted collaboratively between RIC and URI as part of this program. For more information, contact the URI IRB Administrator.

### **29.2 Harvard Clinical and Translational Science Award Reliance Agreement**

The IRBs of several Harvard schools and affiliated health care centers developed and have entered into a Common Reciprocal Reliance Agreement under the CTSA awarded to Harvard University Medical School. This agreement creates a framework whereby investigators who wish to conduct a multi-center clinical study can request that the IRBs of the participating centers rely on the review of one center's IRB. In order to request ceded review, investigators must complete and submit a Cede Review Form prior to submitting their IRB application. Each

participating IRB makes the decision on a protocol-by-protocol basis whether to rely on the review of another IRB (to cede the review) on a study or to conduct its own full review. The institutions that are party to this agreement include Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Boston Children's Hospital Boston, Dana-Farber Cancer Institute, Harvard Medical School (includes Harvard school of Dental Medicine). Harvard School of Public Health. Harvard University Faculty of Arts and Sciences\*, Joslin Diabetes Center and Massachusetts General Hospital. URI has entered into this agreement on August 18th, 2014.

### **29.3 SmartIRB**

SMART IRB (the Streamlined, Multisite, Accelerated Resources for Trials IRB Reliance platform) is designed to harmonize and streamline the IRB review process for multisite studies, while ensuring a high level of protection for research participants. URI has entered into this agreement in 2017.