

**Washington University  
Institutional Review Board  
Policies and Procedures**

*June 15, 2022*

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## **I. Authority and Organizational Commitment**

- A. The Executive Vice Chancellor (EVC) for Medical Affairs of the Washington University School of Medicine (WUSM) and the Vice Chancellor for Research (VCR) for Washington University (WU) are the authority under which the WU Institutional Review Boards (IRB) are established and empowered.
- B. WU holds a Federalwide Assurance (FWA00002284), approved by the Office for Human Research Protections (OHRP). This assurance applies to all non-exempt research involving human subjects funded by federal agencies subscribing to the Common Rule. The WU FWA designates 2 IRBs, the WU IRB and the Protocol Adherence Review Committee (PARC).
- C. A Covered Organization is defined as any organization where WU has signed a reliance agreement to act as the IRB for one or multiple research studies conducted by or on behalf of the organization. The IRB routinely serves as the IRB of record for the organizations listed on Appendix 2.
- D. The mission of the IRB is to protect the rights and welfare of participants in “human research” as defined in 45 CFR 46.102 and “clinical investigations” as defined in 21 CFR 50.3(c) and 21 CFR 56.102(c).
- E. All of the human research activities and all activities of the IRB designated in the WU Federal Wide Assurance (FWA), regardless of sponsorship, are guided by the ethical principles in “The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects Research of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.”
- F. When appropriate, all collaborating organizations and investigators engaged in non-exempt human research, as defined in Section II(A) of this policy, will operate under an OHRP or other federally approved Assurance for the protection of human subjects.
- G. When any research covered by this Policy takes place in a foreign country, the procedures prescribed by the international organization, if any, will afford protections that are at least equivalent to those provided in this Policy and the research design will consider the local research context where research procedures will occur.
- H. Except for research exempted under 45 CFR 46.104, exempted under WU’s Category 2a exemption for non-federally funded or conducted research (as defined in the glossary of this document) or waived in accordance with 45 CFR 46.104, all human research will be reviewed, prospectively approved, and subject to continuing oversight and review as required in 45 CFR 46.109. The IRB has the authority to:
  - 1. approve, require modifications, or disapprove all research activities that fall within its jurisdiction;
  - 2. suspend, place restrictions, or terminate approval of research activities that fall within its jurisdiction that are not being conducted in accordance with IRB requirements (noncompliance) or that have been associated with unanticipated problems;
  - 3. observe or have a third party observe the consent process and/or the conduct of the research if the IRB determines it to be indicated.

- I. The IRB will report actions and findings to the organizational officials of the Covered Organizations by making the meeting minutes available upon request. Reports, actions, and statistics are provided to other organizational officials, as needed.
- The IRB functions independently of, but in collaboration with officials of the Covered Organization and other appropriate committees. Research that has been reviewed by the IRB may be subject to further review and approval or disapproval by officials of the Covered Organization; however, these officials may not approve research if it has been disapproved by the IRB.
- J. The VCR is the Institutional Official on the WU Federalwide Assurance and is responsible for oversight of the WU human research protection program. The EVC for Medical Affairs is responsible for the operational oversight of HRPO and selects and appoints the Executive Chair. The Executive Chair is responsible for exercising appropriate oversight to ensure that the IRB is in compliance with policies and procedures for protecting human research participants and reporting to the EVC for Medical Affairs quarterly. The EVC for Medical Affairs has the authority to remove or replace the Executive Chair.
- K. WU will make provisions for adequate meeting space and staff necessary to support the IRB's review and record keeping duties.
- L. The IRB will review protocols to ensure compliance with the HIPAA Privacy Rule, 45 CFR Parts 160 and 164.
- M. The WU Chancellor prohibits officials, investigators, employees, and sponsors from attempting to exercise undue influence over any of the IRB members, staff of the Human Research Protections Office (HRPO), or any other member of the research team to obtain a particular result, decision, or action.
- N. If an IRB member, PI, research participant, or other individual feels that he/she has been unduly influenced or coerced (e.g., to participate, approve a protocol, or conduct a study), a report should be made to the IRB Executive Chair ("Executive Chair"), the HRPO Executive Director ("Executive Director"), VCR, or through the University Compliance Hotline (314-362-4998). Such reports will be reviewed and investigated by the Executive Chair and Executive Director, and, when appropriate, corrective actions will be taken. If the Executive Chair or Executive Director is involved in the allegation of undue influence or coercion, the VCR will be responsible for the investigation.
- O. Appeals related to IRB policies and procedures (including investigator concerns or suggestions regarding the IRB review process) will be referred to the Executive Chair and Executive Director who will triage the issue/concern. Mechanisms for addressing the concern could include:
1. appointment of an ad hoc committee of representative faculty, IRB members, HRPO staff, and others appropriate to advise on the particular issue;
  2. referral to the IRB Chair's Meeting;
  3. other appropriate forums identified by the Executive Chair to address a specific concern; or
  4. dismissing the concern as outside the latitude allowed by the federal regulations or accreditation standards.

## **II. Applicability: Activities Subject to IRB Jurisdiction**

- A. In all instances where the Covered Organization engages in human research, the research must be reviewed and approved by the IRB prior to initiation. Engagement encompasses all activities whereby any Covered Organization's employee (including faculty or staff), agent, student, fellow, or post-doctoral appointee intervenes or interacts with living individuals for the purpose of research, obtains individually identifiable private information about living individuals for the purposes of research, or receives an award to conduct human research even when all activities involving human participants are carried out by a subcontractor or collaborator. This includes all human subject research that is:
1. Sponsored by any of the organizations subject to this Policy; or
  2. Conducted by or under the direction of any employee (including faculty or staff), agent, student, fellow, or post-doctoral appointee of the Covered Organization in connection with his/her organizational responsibilities, employment or academic status; or
  3. Conducted in accordance with an assurance filed with OHRP in which WU is designated as the IRB of record.
  4. Theses and dissertations prepared by WU students to meet the requirements of an advanced degree are expected to meet the regulatory definition of "research" as defined in Section II(F)(1) of this Policy, and require IRB review and approval if the Department of Health and Human Services (DHHS) definition of "human participant" is also met.
  5. Honors theses or projects prepared by WU undergraduate students to meet graduation requirements for Latin honors are considered original work, are citable, and are expected to otherwise meet the federal regulatory definition of "research" as defined in Section II(G)(1) of this Policy and require IRB review and approval if the federal definition of "human participant" as defined in Section II(G)(1) is also met.
- B. In the conduct of non-exempt cooperative research, the Covered Organization is responsible for safeguarding the rights and welfare of human participants and for complying with the Common Rule. "Cooperative research projects" are projects covered by this policy which involve more than one organization. The Common Rule requires that any institution located in the United States that is engaged in cooperative research must rely on the review of a single IRB for that portion of the research conducted in the United States. The IRB will enter into a written reliance agreement with other organizations to (i) take on oversight of some or all participating sites in a multi-site study or (ii) rely on the review of another qualified IRB for research activities taking place at the Covered Organization when engaged in cooperative research projects.
- C. When WU is the designated IRB of record or when WU defers its oversight to another IRB, the WU HRPO is responsible for ensuring that a reliance agreement is in place and that appropriate documentation is maintained. The reliance agreement will be approved and executed by the appropriate officials of the organizations involved.
1. When the IRB has been designated the IRB of record, the IRB review process and oversight will be governed by this policy document and the terms outlined in the executed reliance agreement.
  2. When the IRB defers its oversight for research activities to another qualified IRB, the IRB review process and oversight requirements will be governed by the terms outlined in the executed reliance agreement.
    - a. WU and its researchers will comply with the reviewing requirements and determinations of the reviewing IRB.

- b. WU will provide the reviewing IRB with requested information about local requirements or local research context issues relevant to the reviewing IRB's determinations prior to review
  - c. WU will notify the reviewing IRB when local requirements or research context impacting the reviewing IRB's oversight are updated
  - d. WU officials will not approve research that has not been approved by the reviewing IRB.
  - e. Researchers must cooperate with the reviewing IRB with regard to their responsibility for initial and continuing review, record keeping, reporting, and must provide information in a timely manner to the reviewing IRB.
  - f. Researchers and research staff must disclose conflicts of interest according to the reliance agreement and comply with any conflict of interest management plans.
  - g. Researchers must report promptly to the reviewing IRB any proposed changes to the research and cannot implement changes without prior review and approval by the reviewing IRB, except where necessary to eliminate apparent immediate hazards to the participants.
  - h. Researchers will not enroll participants in research prior to review and approval by the reviewing IRB as well as meeting all other applicable requirements and approvals for the study.
  - i. When required by the reviewing IRB, researchers will obtain, document, and maintain records of consent for each participant or their legally authorized representative.
  - j. Researchers will comply with all reporting requirements of the reviewing IRB according to the reliance agreement and WU reporting requirements when relying on an outside IRB including, but not limited to, unanticipated problems involving risks to subjects or others, data safety monitoring reports, noncompliance, participant complaints, and protocol deviations.
  - k. Researchers will comply and cooperate with monitoring requirements of both the reviewing IRB and WU.
  - l. WU will provide contact information for researchers and staff to obtain answers to questions, express concerns, and convey suggestions regarding the use of the reviewing IRB.
  - m. WU will ensure researchers and staff have appropriate qualifications and expertise to conduct the research, are knowledgeable about laws, regulations, codes and guidance governing their research, and are knowledgeable about the organization's policies and procedures.
3. In all cases, the particular characteristics of the local research context will be considered either (i) through knowledge of the local research context by the IRB or (ii) through subsequent review by appropriate designated WU officials, such as the Executive Chair and/or other IRB members, or an external consultant.
- D. When WU is the coordinating center and/or the PI of the Covered Organization is the lead investigator for multi-site research, the PI must ensure that IRB approval has been obtained at each participating site prior to initiation of the research at that site. Copies of the non-WU site's IRB approval must be provided to the IRB. The IRB will evaluate whether the procedures described in the myIRB application for management and communication of information that is relevant to the protection of participants is adequate. This includes information related to unanticipated problems involving risks to participants or others, modifications and interim findings.

- E. When an external organization or facility acts as a performance site only and is not engaged in research, the PI must obtain written permission from an authorized representative of the organization or facility acknowledging their agreement to serve as a site for the research activities. A copy of this documentation of permission must be provided to the IRB. Email correspondence is considered an adequate method for obtaining permission. The date of the permission document must be prior to the start of the conduct of human subjects research at the site.
- F. The IRB will review research under its jurisdiction, as described in Section II(A) above, to determine whether the research activities meet one or more of the exempt categories allowed by federal regulations. Only the IRB has the authority to determine if the proposed research activities qualify as exempt. Research will be determined to be exempt only when the sole involvement of human participants will be in one or more of the categories listed in 45 CFR 46.104, or in the case of FDA-regulated research, 21 CFR 56.104 or exempted under WU's Category 2a exemption, as defined in the glossary, and is, as applicable, consistent with 45 CFR 46 Subparts A, B and D.
1. Research conducted under exempt review is subject to all applicable organizational policies and these IRB policies and procedures.
  2. New applications for exempt research are submitted and reviewed in the same manner as expedited protocols, as described in Section VI of this Policy.
  3. Any proposed changes to research determined by the IRB to be exempt must be submitted for review and approval prior to implementation. The IRB review will ensure that the research continues to be conducted ethically and that the research continues to meet the requirements for exemption.
  4. The IRB will not consider any research exempt that involves:
    - a. greater than minimal risk;
    - b. prisoners;
    - c. observation of behavior that takes place in settings where participants have a reasonable expectation of privacy;
    - d. deception of research participants, unless subject authorizes the deception through prospective agreement to participate in circumstance where s/he will be unaware of or misled regarding the nature or purposes of the research;
    - e. research that involves a test article regulated by the FDA unless the research meets the criteria for exemption described in 21 CFR 56.104; and
    - f. use of a medical device on specimens (including case and control specimens).
  5. The Executive Chair or designated IRB member will review the proposed research and will validate or decline the investigator's claim for exemption. The IRB will document in myIRB the review and determination of the Executive Chair or designated IRB member including the category specified in 45 CFR 46.104 or, in the case of FDA-regulated research, 21 CFR 56.104 or WU's Category 2a exemption. The myIRB system sends an automated email to notify the PI in writing of the decision regarding the research. If it is determined that the research is not exempt or if modifications are required, such as submission of a consent document or strengthening of protections in place to minimize risks to participants, the reviewer provides written notification via myIRB with a statement of the reason for its decision and gives the PI an opportunity to respond in person or in writing. Final approval of exempt research will be made pending resolution of all contingencies identified by the reviewer.

6. If the IRB determines that the proposed research does not meet the criteria for exemption, the PI must revise the myIRB application for the appropriate method of review (expedited or full board.).
7. At the time of approval of exempt research, PIs are provided with an approval letter in the myIRB system that reminds them of their responsibility to submit modifications and unanticipated problems involving risks to participants or others.

G. Definitions of Human Research

“Human research” is defined as any activity that represents “research” involving “human participants” defined by DHHS regulations or a “clinical investigation” of a “test article” involving one or more “human participants” as defined by FDA regulations as follows.

1. DHHS Definitions

- a. *Research* means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. A *systematic investigation* is an activity that involves a prospective plan or predetermined method to study a specific topic or question or test a hypothesis that incorporates data collection, either quantitative or qualitative, and data analysis. *Generalizable knowledge* is knowledge that can be used to draw conclusions, inform policy or generalize findings beyond a single individual or internal program. Results do not have to be published or presented in order to qualify as generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities. [45 CFR 46.102]
- b. *Human participant* means 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. *Intervention* includes both physical procedures by which information or biospecimens are gathered (e.g. venipuncture) and manipulations of the participant or the participant’s environment that are performed for research purposes. *Interaction* includes communication or interpersonal contact between investigator and subject. *Private information* includes 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 that has been provided for specific purposes by an individual and that the individual can reasonably expect will not be made public (e.g., a medical record). *Identifiable private information* is information for which the identity of the participant is or may readily be ascertained by the investigator or associated with the information. An *identifiable biospecimen* is a biospecimen for which the identity of the participant is or may readily be ascertained by the investigator or associated with the biospecimen. [45 CFR 46.102]

2. FDA Definitions

- a. *Clinical investigation* means any experiment that involves a test article and one or more *human participants* and that is one of the following: [21 CFR 50.3(c) and 21 CFR 56.102(c)]
  - i. subject to requirements for prior submission to the FDA under §505(i) or §520(g) of the (FDA) act; or
  - ii. not subject to requirements for prior submission to the FDA under these sections of the (FDA) act, but the results of which are intended

to be submitted later to, or held for inspection by, the FDA as part of an application for a research or marketing permit.

- b. The term clinical investigation does not include experiments that must meet the provisions of part 58, regarding nonclinical laboratory studies.
- c. *Human participant* means an individual who is or becomes a participant in research, either as a recipient of a *test article* or as a control or an individual on whose specimen a medical device is used. A participant may be either a healthy human or a patient. [21 CFR 50.3(g), 21 CFR 56.102(e) and 21 CFR 812.3(p)]
- d. *Test article* means any drug for human use, biological product for human use, medical device for human use, human food additive, color additive, electronic product or any other article subject to regulation under the act or under Sections 351 or 354-360F of the Public Health Service Act. [21 CFR 50.3(j) and 21 CFR 56.102(l)]

H. Determinations of the Conduct of Human Research.

1. Investigators are expected to recognize when they are engaged in activities subject to IRB jurisdiction by complying with this Policy and other relevant organizational policies and procedures. If uncertain, an investigator may submit a written request to the IRB for a determination.
2. Applications for human research determinations will be reviewed according to the Expedited Review procedures described in Section VI(A)(1) of this Policy. Determinations will be based on whether the activity meets the definitions of “human research” as outlined in Section II(G) of this Policy.
3. Determinations will be communicated to investigators in writing, a copy of which will be retained by HRPO.
4. Changes in activity(ies) previously determined by IRB as not human research may be submitted for a determination of whether the change(s) continue to represent activities that are not human research.
5. When the research method involves obtaining coded private information or specimens, and it is not FDA-regulated, the IRB will review the research according to parameters described in [OHRP Guidance on Research Involving Coded Private Information or Biological Specimens](#). Activities that do not involve human participants, according to the current *Guidance*, will be designated as such. The IRB should be consulted when there are plans to conduct research involving coded private information or specimens.
6. If an investigator begins a non-research project that involves human participants and later finds that the data gathered could contribute to generalizable knowledge, the investigator must submit a proposal to the IRB for review and approval prior to using the data to develop the publication or presentation of the data (e.g., journal article, poster session, public speech, or presentation).

I. Failure to Submit a Project for IRB Review

1. The implications of engaging in activities that qualify as human research that is subject to IRB review without obtaining such review are significant. To do so would be in violation of federal and state law and this Policy. Similarly, human research data collected to satisfy thesis or dissertation requirements without prior IRB approval is a violation of this Policy.
2. The IRB will not approve applications in which the investigator has attempted to circumvent IRB policies and procedures regarding human research by collecting data as non-human research and then submitting them as existing data. It is therefore in the investigator’s best interest to carefully consider the likelihood that the data will be used for research purposes in the future, and to err on the side of inclusion and seek IRB approval prior to commencing the work.

3. Violations of this Subsection I may be considered serious or continuing non-compliance and will be handled according to the procedures described in Section X of this Policy.
- J. Washington University's Policy on Open Research and Free Dissemination of Ideas and Information prohibits the conduct of classified research at WU.

### III. Records

- A. HRPO will prepare and maintain adequate documentation of IRB activities, including the following:
  1. All available and applicable documents related to submission of a research study including, but not limited to, the myIRB application, protocol, scientific evaluations (including evaluations provided by IRBs other than the IRB), Investigator's Brochure, consent form(s) (including approved sample consent documents for DHHS funded studies, if applicable), modifications to the previously approved research, progress reports submitted by the PI, recruitment and advertisement materials, study tools and instruments, reports of unanticipated problems involving risks to participants or others, reports of noncompliance, and new information.
  2. Minutes
    - a. Minutes of the IRB meetings document:
      - i. Attendance at meetings (including when an alternate member replaces a primary member)
      - ii. Actions taken by the IRB
      - iii. Separate deliberations for each action and the vote on these actions (including the number of IRB members for, against or abstaining)
      - iv. IRB members that are not present.
      - v. IRB members, consultants or guests who are not present due to a conflict will be noted by name in the voting record along with the fact a conflict of interest is the reason for the absence.
      - vi. Basis for requiring modifications or disapproving the research, and a summary of controverted issues and their resolution.
      - vii. Justification of any deletion or substantive modification of information concerning risks or alternative procedures contained in the DHHS-approved sample consent document.
      - viii. The approval period.
      - ix. Required regulatory determinations and study-specific findings justifying determinations for:
        - A. Waiver or alteration of the consent process
        - B. Research involving pregnant women, fetuses, and neonates
        - C. Research involving prisoners
        - D. Research involving children
        - E. Research involving participants with a diminished capacity to consent
        - F. The rationale for significant risk/non-significant risk device determinations.
        - G. The rationale for an expedited reviewer's recommendation, and confirmation by the convened board that research appearing on the expedited review list described in 45 CFR 46.110(a) is more than minimal risk.
    - b. Minutes are distributed to the Chair of the meeting and to the attending IRB members (via email). Approval of the minutes by the Chair will be communicated via email and approval by the IRB members is indicated by their absence of response within five days of the request for comments.
    - c. Modifications to the minutes that materially change the content of the minutes will be communicated to Chair and attending IRB members via email distribution of revised minutes. Approval of the revised minutes by the Chair and attending IRB members is indicated by their absence of response within five days of the request for comments.
  3. Continuing Review: Records of Continuing Review activities including, but not limited to, the continuing review application, the most current protocol and/or

myIRB application, the most current consent form(s) including the current sample consent form, if applicable, any proposed modifications to the consent form or protocol and/or myIRB application, the progress report (if funded by a granting agency and available), data monitoring reports (if applicable), the current investigator brochure, if applicable, a summary of adverse events, a listing of reported unanticipated problems involving risks to participants or others, a summary of other reportable events as required by this policy, and the rationale for conducting continuing review of research that otherwise would not require continuing review as described in 45 CFR 46.109.

4. Correspondence: Copies of all relevant correspondence between the IRB and study team will be included in myIRB.
  5. Membership Lists
    - a. A list of IRB members which includes demographic information and area of expertise, as applicable
  6. Policies and Procedures: Written procedures which the IRB will follow for:
    - a. Conducting its initial and continuing review of research and for reporting its findings and actions to the investigator and the organization (See Sections V and VI of this Policy);
    - b. Determining which studies require review more often than annually and which studies need verification from sources other than the investigators that no material changes have occurred since previous IRB review (See Sections V, VI and IX of this Policy);
    - c. Ensuring prompt reporting to the IRB of proposed changes in a research activity, and for ensuring that such changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the participant (See Section IX and X of this Policy); and
    - d. Ensuring prompt reporting to the IRB, appropriate organizational officials, and the Department or Agency head of (i) any unanticipated problems involving risks to participants or others, (ii) any serious or continuing noncompliance with this Policy or the requirements or determinations of the IRB; and (ii) any suspension or termination of IRB approval (see Section X of this Policy).
  7. New Findings: Statements that the PI will inform the participants of significant new findings developed during the course of the research which may affect the participant's willingness to continue participation (See Sections V, VI, VII and X of this Policy).
  8. Emergency Use Reports: All documents related to Emergency Use of an FDA-regulated test article including, but not limited to, the IRB application, protocol and Investigator's Brochure (if available), and consent form.
- B. The above administrative records and records relating to research will be retained by the IRB for a minimum of 7 years after the research is completed, for a minimum of 7 years if the research is cancelled without participant enrollment, or longer as required by law.
- C. Records are accessible for inspection and copying at a reasonable time and in a reasonable manner by authorized:
1. representatives of DHHS and the FDA,
  2. representatives of federal funding agencies;
  3. officials of the Covered Organizations and;
  4. internal auditors

- D. The myIRB system is a comprehensive electronic IRB data management and documentation system. Key functions include:
1. Study submission and review through both expedited and convened board workflows with documentation of communication with study teams and of all required determinations.
  2. Automated reminder system to PIs and research teams for continuing review submission.
  3. Provision of approval documentation and access to review information for PIs and study teams.
  4. Documentation of IRB member recruitment, training, IRB membership and roster information.
  5. A module for IRB members to schedule themselves to attend meetings and to provide tracking and documentation of attendance and quorum requirements for each meeting including attendance by scientists, nonscientists, and unaffiliated IRB members.
  6. Full Board meetings: The Chair, attending IRB members and HRPO staff (Administrative representative, IRB review analyst and IRB coordinator) have access to a laptop computer to access myIRB.
    - a. The primary reviewer(s) complete electronic reviewer sheets automatically customized to the study under review.
    - b. Continuing education is available to IRB members through a dedicated page in the myIRB system. Each month a new topic is created and loaded into a private YouTube site linked to the myIRB education page. The education is played at the beginning of each meeting and is available to IRB members individually when logged into the system. Presenters include the Executive Chair, Executive Director and HRPO staff. Previous monthly presentations remain available for viewing at any time.
    - c. The Chair, HRPO staff and IRB members are provided with a reference manual in myIRB (and hard copy format) that includes the regulations and other guidance to aid in the reviews.
    - d. An electronic agenda is available for use prior to and during the meetings.
    - e. After the meeting the motion and number of votes for, against or abstaining are recorded in myIRB for each study that is reviewed.
  7. Expedited Review:
    - a. Sufficient details of the proposed study to document justification for expedited review
    - b. Documentation of designated reviewer rationale for a determination and recommendation to the convened IRB that research appearing on the expedited review list described in 45 CFR 46.110(a) is more than minimal risk.
    - c. Documentation of the category of expedited review
    - d. Any additional findings required by laws, regulations, codes and guidance documents
  8. Exempt Reviews:
    - a. Sufficient details of the proposed study to document justification for exempt determination.
    - b. Documentation of the category of exempt review.
    - c. Any additional determinations required by laws, regulations, codes, or guidance.

#### **IV. Membership/IRBs**

- A. The WU FWA designates 2 full board reviewing IRBs, the WU IRB and the Protocol Adherence Review Committee (PARC). PARC mainly reviews issues that may represent serious or continuing noncompliance, although it is duly constituted to conduct any type of IRB review. The WU IRB normally meets six times per week and/or on an ad hoc basis. PARC meets once per month and/or on an ad hoc basis. Meetings of the WU IRB or PARC may be cancelled if there are no studies ready for review.

Each IRB member is charged with ensuring the protection of the welfare and safety of research participants by assuring that researchers adhere to ethical, regulatory, and organizational requirements.

- B. IRB Make-up: Each IRB:
1. Is comprised of at least five members with varying backgrounds and expertise to promote complete and adequate review of research activities commonly conducted by the Organization.
  2. Is qualified through the experience and expertise of its members.
  3. Is qualified through the diversity of its members including consideration of race, gender, and cultural backgrounds and sensitivity to such issues as community attitudes. The IRBs do not consist of entirely men, women, or members of one profession.
  4. Is competent to review specific research activities and able to ascertain the acceptability of proposed research in terms of organizational commitments and regulations, applicable law, and standards of professional conduct and practice.
  5. Includes at least one member whose primary concerns are in a scientific area, at least one member whose primary concerns are in a non-scientific area who will represent the general perspective of the participant, and at least one member who is not otherwise affiliated with the Organization and who is not part of the immediate family of a person who is affiliated with the Organization.
- C. If the IRB is reviewing research involving a population vulnerable to coercion or undue influence, including but not limited to, prisoners, children, pregnant women, cognitively or decisionally-impaired, and economically or educationally disadvantaged, the IRB will ensure that the study is reviewed by one or more individuals who are familiar with the population. The IRB will regularly examine its local research context for other vulnerable populations that should be represented to ensure that the research is reviewed by an IRB member or consultant who is knowledgeable about or experienced in working with that population. The review of initial and continuing review of research, or modifications of research, involving prisoners will include review by a prisoner representative to confirm that the research meets or continues to meet the regulatory criteria for inclusion of prisoners.
- D. Conflicts of Interest
1. Conflicting interests include both financial and non-financial interests which might interfere with the review process either by competing with an IRB member's obligation to protect participants or by compromising the credibility of the research review process. Both financial and non-financial conflicts of interest are defined in the glossary.
  2. As a requirement of IRB membership, each IRB member will sign the HRPO Confidentiality and Conflict of Interest Agreement as an initial membership requirement and annually thereafter. An IRB member may not participate in the

- review of any study (including the review of reportable events) in which he or she has a conflicting interest, except to provide information requested by the IRB.
3. When HRPO staff schedule studies to a meeting myIRB flags any attending IRB members that are also research team members of studies under review. These IRB members will not be assigned as primary reviewers.
  4. When acting as a primary reviewer the IRB member must verify on their reviewer sheet in myIRB that they do not have a conflict of interest before reviewing the study. If they indicate a conflict of interest they do not have access to the reviewer sheet and an automated email is sent from myIRB to the HRPO staff person responsible for scheduling studies. The HRPO staff person responsible for scheduling will assign the study to a different IRB member that is attending the meeting or the study is removed from the agenda.
  5. If an IRB member attending a meeting is also a research team member of a study under review, the electronic agenda in myIRB notes the conflict. If an IRB member attending has a conflict of interest related to a study due to other reasons, that individual is responsible for self-identifying the conflict prior to review.
  6. Consultants and guests attending meetings will review the meeting agenda prior to the meeting to identify any conflict of interest. Guests and consultants (that are not also IRB members) will sign the HRPO Confidentiality and Conflict of Interest Agreement.
  7. Except when requested to be present to provide information, conflicted IRB members, consultants, or guests attending will leave the meeting when research in which they have a conflicting interest is reviewed. They will not be present for the discussion or the vote or count towards quorum.
  8. IRB members, consultants, or guests' absence during the discussion and vote on the study will be noted in the IRB meeting minutes as being absent due to a conflict of interest.
  9. When a Chair leaves the meeting due to a conflict the Executive Chair, Executive Director or HRPO Administrative Representative will serve as Chair.
  10. Expedited reviewers are required to self-identify studies in which they have a conflict of interest and to remove themselves from the review of such studies. The expedited reviewer is also required to verify that they do not have a conflict of interest on the myIRB approval form. An expedited reviewer is prevented by the myIRB system from approving a study in which they indicate a conflict of interest.
  11. All HRPO staff sign the HRPO Confidentiality and Conflict of Interest Agreement when hired and on an annual basis thereafter.
  12. The IRB maintains documentation that all IRB members and HRPO staff are aware of and committed to compliance with the IRB policy regarding conflicts of interest.
- E. When necessary, the IRB may invite individuals with competence in special areas to assist in the review of issues which require expertise beyond or in addition to that available among the IRB members attending a meeting or of the expedited reviewer. A consultant can be an IRB member that is not serving as a voting IRB member for the meeting or an individual that is not an IRB member. Depending on the nature of the research, the consultant may provide scientific expertise or non-scientific expertise, including a community perspective. Individuals who have a conflict of interest cannot act as a consultant for any review. Consultants who are not IRB members will be asked to sign HRPO Confidentiality and Conflict of Interest Agreement to document that they do not have a conflict of interest for each review in which they participate prior to providing any materials for review. The signed assurance will be included with the study in myIRB. IRB members serving as consultants will be prompted to verify that they do not have a conflict of interest in the

initial communication that requests a consult. This verification will be documented in the study in myIRB.

1. Full Board Review: The need for a consultant may be identified prior to the review by the IRB, by HRPO staff, an IRB member or requested by the IRB during the review.
  - a. If identified prior to the meeting HRPO staff or the Executive Chair will identify and contact an individual with appropriate expertise.
  - b. If requested by the IRB, the IRB may recommend an appropriate individual or request that HRPO staff or Executive Chair identify an appropriate individual.
  - c. The consultant's findings will be presented to the IRB for consideration either in person, by an IRB member of the board or by HRPO staff. If in attendance, these individuals will provide consultation but will not participate in or observe the vote. Information provided by consultants is retained with in myIRB and use of a consultant is documented in the meeting minutes.
  - d. Ad hoc or informal consultations requested by individual IRB members (rather than the full board) will be requested in a manner that protects the researcher's confidentiality when possible, and is in compliance with the IRB conflict of interest policy (unless the question raised is generic enough to protect the identity of the particular PI and research study).
2. Expedited Review: If an expedited reviewer determines they do not have the appropriate expertise to conduct the review of a study a consultant may be utilized. The consultant may provide an expert review of an entire study or only a specific issue associated with a study. The consultant may be identified and contacted by the expedited reviewer, other HRPO staff or the Executive Chair. Information provided by consultants is documented in myIRB.

F. Recruitment and Conditions of IRB Membership

1. IRB members are sought through recommendation from Deans and Department Heads, officials from the Covered Organizations, recommendations from other IRB members, or on a volunteer basis. IRB members (which include alternates) and Chairs are appointed by the Executive Chair and Executive Director. IRB members may be recommended but are not selected by Investigators and Investigators may not specify which IRB members review their submissions.
2. Individuals responsible for business development at the Covered Organization including, but not limited to, raising funds or garnering support for research may not serve as IRB members or be involved in the daily operations of the IRB or HRPO.
3. IRB members serve as volunteers (without payment) except for the Executive Chair, Chair of Behavioral Minimal Risk, Chairs, unaffiliated IRB members and HRPO staff members that also serve as IRB members
4. IRB members are covered for their good faith service on the IRB as provided in the WU self-insured liability program.
5. IRB members designated as alternates may represent the primary member in their absence and are included on the IRB membership lists on file at OHRP. Meeting minutes will document when an alternate attends a meeting for a primary member. If an alternate attends a meeting at which the primary member is present, the alternate and primary member will not vote on the same study and only one will count towards quorum.
6. Unaffiliated members are expected to attend one meeting per month. IRB membership will be monitored to ensure there are a sufficient number of unaffiliated members to achieve a goal of having at least one unaffiliated member present at a majority of the convened meetings.
7. The Executive Chair and Executive Director are responsible for periodic evaluation, including providing feedback of the performance of IRB members and

Chairs and for the periodic evaluation of IRB composition to confirm adherence to regulatory and organizational requirements. HRPO conducts IRB member surveys at least once every three years to evaluate IRB member performance and satisfaction, and to identify continuing education topics.

8. The Chairs, including the Executive Chair are evaluated on a periodic basis through a survey provided to the IRB members. The Executive Director provides results of the survey to each Chair.
9. Each IRB member will serve an initial three year appointment. Following initial appointment and at the time of evaluation, upon mutual agreement of the IRB member, the Executive Chair and Executive Director, the IRB member may be reappointed for additional one year term(s). An IRB member may be considered for removal from membership if he/she is not acting in accordance with the IRB's mission or policies and procedures after consultation with the Executive Chair and the Executive Director.
10. Chairs are selected on the basis of their organizational commitment, knowledge of research and regulatory affairs, personal integrity, and ability to conduct an effective meeting.
11. The Chair is a voting member at the meeting and, as appropriate for their expertise, is assigned studies for review. Chair responsibilities include:
  - a. identify issues with studies schedule for review before the meeting and facilitate discussions with the reviewers and/or PI to resolve the issues
  - b. serve as the leader in the meeting
  - a. engage the IRB members in the discussion and keep the discussion focused on the criteria for approval.
  - b. provide guidance on questions about the regulations and organizational policies.
  - c. if there are required actions, determine if the study may be approved pending completion of the required actions or if the study must return to the IRB for additional consideration.
  - d. summarize the motion and call for the vote.
  - e. review and approve the minutes, and;
  - f. communicate with the PI after the meeting, as necessary, to address questions about the IRB determinations.

G. IRB Member Education (for the purposes of this Policy, the term "members" includes Chairs)

1. New IRB members are required to attend an introductory training session and observe at least one IRB meeting prior to formally reviewing studies and voting at an IRB meeting.
  - a. Training sessions focus on educating IRB members in the responsibilities and obligations of IRB members regarding the protection of human participants, applicable federal regulations and guidance documents, local IRB requirements, and on the regulatory requirements for approval of new and continuing review of human research.
2. All IRB members must meet HRPO education requirements by completing the designated CITI modules.
3. Ongoing education for IRB members includes educational materials presented during IRB meetings; HRPO lectures, educational sessions, or retreats held throughout the year; and other local, regional, or national meetings when appropriate. A current listing of educational opportunities is published on the HRPO website. In accordance with requirements for attendance at IRB meetings, at a minimum IRB members are required to view at least 30% of the educational presentations annually, provided during IRB meetings. The Executive Chair removes members who do not meet this continuing education requirement.

4. When possible, HRPO will fund IRB members' and/or Chairs' attendance at regional or national conferences.
  5. HRPO has a library of human participant-related educational materials available for checkout by IRB members.
- H. All IRB members including the Executive Chair and Chairs are expected to comply with the highest standards of ethical and professional conduct in accordance with Federal and state regulations and applicable organizational and IRB policies.

## V. **Full Board Review**

- A. Convened Meetings
1. All studies that do not qualify as exempt or allow for review by expedited procedure will be reviewed by the fully convened IRB. The studies will be individually presented, discussed, and voted on at a convened meeting.
  2. Full Board review of studies will take place only when a quorum is achieved. Quorum is defined as a majority (more than 50%) of the IRB members present, including at least one IRB member whose primary concerns are in nonscientific areas. No official actions will be taken at a meeting where a majority of the members, including a non-scientist, are not present. If quorum is lost during a meeting, no official actions are taken until quorum is restored. Designated HRPO staff that attend the meeting (IRB review analyst, Administrative Representative or IRB coordinator) are responsible for ensuring that quorum is achieved and maintained through the meeting. An attendance sheet that includes the names of IRB members that are attending and their scientific designation is used to track quorum.
  3. IRB meetings will take place with all participating members physically present unless circumstances warrant conducting an IRB meeting via telephone conference call or using speakerphone.
    - a. Telephone conference call/speakerphone: Official actions may be taken at a meeting in which IRB members participate via telephone when each participating IRB member (i) has received all pertinent material prior to the meeting, and (ii) can actively and equally participate in the discussion of all studies (e.g. each IRB member can hear and be heard by all other participating members). Satisfaction of these two conditions in addition to the standard regulatory requirements will be documented in the meeting minutes. The Chair will prompt each individual IRB member that is on the phone to verbalize their vote.
  4. All members' votes will be deemed equal and no proxy votes (written or by telephone) will be considered.
- B. Full Board Review and Actions
1. Approval of a study at an IRB meeting requires the approval of a majority of those IRB members who are present at the meeting. Votes are taken by a show of hands. Votes are recorded on a ballot sheet to track the number of IRB members that vote for, against or abstain. IRB members that are not present during the vote will be recorded on the ballot sheet. If a member is not present due to a conflict of interest this will be noted on the ballot sheet. After the meeting the voting record (motion and number of votes for, against or abstaining) for each study is recorded in myIRB. Information about IRB members that are not present is documented in the minutes.
  2. The IRB's decision regarding approvability of new research, continuation of ongoing research, and modifications to previously approved research is based on satisfaction of the regulatory criteria outlined by DHHS in 45 CFR 46.111 and, when applicable, FDA in 21 CFR 56.111(a)(1-7).
  3. In general, materials are made available to IRB members five to seven days in advance of the meeting to allow adequate time for review. Urgent review procedures may be invoked only under unusual circumstances. This does not include urgency that is a result of negligence or delay on the part of the PI or study team to submit to the IRB in a timely fashion. However, the IRB does recognize that a PI may be faced with an immediate deadline beyond his or her control. The materials are distributed as soon as possible to IRB members to allow sufficient time for review prior to the meeting.

4. Limits are placed on the number of studies that will be reviewed at a meeting to allow sufficient time for IRB deliberation. These limits will take into consideration the type of review and complexity of the studies.
5. The IRB will review all studies for scientific or scholarly validity to assess whether the research uses procedures consistent with sound research design and that research design is sound enough to yield the expected knowledge. This review is accomplished by at least one scientist IRB member of the IRB with the appropriate scientific or scholarly expertise. IRB review also considers the presentation of supporting background scientific information including animal studies (whenever applicable). Scientific design or scholarly validity is considered an important criterion of approvability and is examined in relationship to the risk and benefits of the research. Prior to submission the Dean/Department Head (or designee) or designated official from the Covered Organization also documents that a scientific or scholarly review has been conducted, the PI is qualified to conduct the research and adequate resources are available for conduct of the research.
6. The IRB will review all new studies, modifications and continuing review applications to determine the appropriateness of the research in the local research context. Review and approval will be based on detailed applicable information provided in the myIRB application (e.g. participant population, participant selection, benefits to participants, mechanisms for protecting privacy, method for minimizing the possibility of undue influence or coercion, etc.).
7. The IRB may make one of the following determinations as a result of a full board review. In all instances, the approval date is the date of the convened meeting at which the IRB confirmed that the criteria for approval were met. The expiration date will be within one year of the approval date and represents the last date that the study is approved.
  - a. Approve: The study and accompanying documents are approved with no changes required.
  - b. Approve pending: The IRB requires 1) specified changes to the study and/or accompanying documents, 2) requests confirmation of specific assumptions or understandings of the IRB regarding how the research will be conducted, and/or 3) requests submission of additional documents such that based on the assumption that these requirements are completed, the IRB is able to determine that all criteria for approval as required by 45 CFR 46.111 and, if applicable, 21 CFR 56.111 are met.
    - i. The IRB Chair or other individual designated by the IRB may review and accept these stated requirements for approval.
    - ii. The PI should respond to the IRB's required actions in myIRB. New information or a new justification must be provided as part of any request for reconsideration of a required action.
  - c. Table: When the IRB requests substantive changes or requirements, more information, or there are other issues that are directly relevant to the determinations required by 45 CFR 46.111 and, if applicable, 21 CFR 56.111, approval will be deferred pending subsequent review of the PI's responses by the IRB. The study and accompanying documents cannot be approved without a response from the PI and subsequent reconsideration, discussion, and vote by the IRB.
  - d. Disapprove: The study fails to meet one or more of the criteria for approval.
8. The IRB will promptly notify the PI in writing (via email) of its decision to approve, disapprove, table or require modifications to proposed research. If the IRB decides to disapprove a research activity, it will include in its written notification a statement of the reasons for its decision. The PI is responsible for communicating the IRB decision to the Sponsor of the research (if applicable).

9. At the time of initial review and at continuing review, the IRB will make a determination regarding the frequency of review of the research studies. All studies will be reviewed by the IRB at intervals appropriate to the degree of risk but no less than once per year for the duration of the research except as noted below. Research that is not FDA-regulated and has progressed to the point that it involves only a) data analysis, including analysis of identifiable private information or identifiable biospecimens, or b) accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care does not require continuing review. The determination that a study qualifies under one of these conditions is made by the IRB or a designated reviewer at the first continuing review conducted after one of these conditions is met. In some circumstances, a shorter review interval (e.g. biannually, quarterly, or after accrual of a specific number of participants) may be required. The determination regarding the appropriate review intervals will be made based on considerations of the potential or actual risks of the research, the degree of novelty of the research intervention, the number of participants to be enrolled, any specific vulnerability associated with the research population, and/or the magnitude or frequency of risk to participants. The meeting minutes will reflect the IRB's determination regarding review frequency.
10. At the time of initial, continuing review and modifications, the IRB will make a determination regarding the risks associated with the research studies. The meeting minutes will reflect the IRB's determination regarding risk levels. Research with adult populations will be classified as either "minimal" or "greater than minimal" as defined in 45 CFR 46.102 and 21 CFR 56.102(i). Risk assessment in research involving children as participants will be determined according to the requirements in 45 CFR 46.404-406 and 21 CFR 50.51-53. See Section VIII(C) for additional requirements on research involving children. The meeting minutes will reflect the IRB's determination regarding risk levels.
11. Full Board review of modifications to previously approved research, unanticipated problems involving risk to participants or others, and new information that may affect the participant's willingness to participate or continue participation in the study
  - a. The PI must submit sufficiently detailed updated materials regarding the research in order for the IRB to determine:
    - i. whether the proposed research continues to meet the requirements outlined in 45 CFR 46.111 and 21 CFR 56.111,
    - ii. that any significant new findings that arise from the review process and that may relate to participants' willingness to continue participation will be provided to participants.
  - b. HRPO assigns one or two primary reviewers to each modification, unanticipated problem or report of new information. The primary reviewer(s) will be assigned based on related expertise. When making reviewer assignments, HRPO staff will take into consideration the vulnerable populations involved in the research and ensure at least one individual who has experience with this population is scheduled to be present at the meeting. The primary reviewer(s) are responsible for conducting an in-depth review of all submitted materials and presenting the research to the IRB. All IRB members are expected to review materials in enough depth to discuss the information when they are present at the convened meeting. Materials provided to all IRB members include:
    - i. The revised myIRB application, report of unanticipated problem (if applicable), report of new information (if applicable), any supporting documents, and any revised documents (i.e. revised protocol, revised consent form or revised recruitment materials (see also Section V(C)(6))

- ii. The currently approved myIRB application, including the consent form(s), protocol and other supporting document)
  - iii. When applicable, the most recent continuing review information and supporting documents
  - iv. Any prior submitted and approved modifications
  - v. Any reportable events that have been submitted.
- c. New information or a new justification must be provided as part of any modification requesting reconsideration of an IRB required action.
- d. IRB expiration: The expiration date of IRB approval remains unchanged after approval of a modification, unanticipated problem, or report of new information unless otherwise voted upon and approved by the IRB that the study should be reviewed again prior to the current expiration date.
- C. Full Board Review of New Submissions
1. In order for the IRB to determine whether the proposed research meets the requirements outlined in 45 CFR 46.111 and 21 CFR 56.111, the PI must submit sufficiently detailed materials regarding the research.
  2. Primary Reviewers: HRPO will assign one or two primary reviewers to each study. The primary reviewer(s) will be assigned studies based on related expertise. When making reviewer assignments, HRPO staff will take into consideration the vulnerable populations involved in the research and ensure at least one individual who has experience with this population is scheduled to be present at the meeting. Primary reviewers are responsible for conducting an in-depth review of all pertinent documentation (see below) and presenting the research at the convened IRB meeting.
  3. Materials provided to all IRB members are:
    - a. Complete myIRB application including the signature of the PI and either the Dean/Department Head (or designee) or designated official from the Covered Organization documenting agreement to adhere to the information listed on the Assurances document
    - b. Number of participants to be consented at the Covered Organization and overall if a multi-site study.
      - i. Open-ended enrollment is not allowed.
      - ii. This will be used to compare to the number of participants actually accrued which is reviewed at the time of continuing review.
      - iii. If the number of participants to be consented needs to be altered this is considered a change to previously approved research. IRB approval must be sought before implementing this change.
    - c. Full protocol;
    - d. Proposed informed consent document(s);
    - e. A copy of the DHHS-approved informed consent document and the complete DHHS-approved protocol when they exist.
    - f. Investigator's Brochure (if one exists);
    - g. Copies of surveys, questionnaires, study tools, or instruments;
    - h. Recruitment materials and advertisements intended to be seen or heard by potential participants.
    - i. Documents pertaining to approvals conducted by WU ancillary committees (when applicable);
  4. Complete documentation of the study is available to all members for review at or prior to the convened meeting via the myIRB system.
  5. All IRB members are expected to review materials in enough depth to discuss the information when they are present at the IRB meeting.

6. Review of recruitment materials/advertisements and participation payments:  
Advertising and recruitment is the start of the informed consent and participant selection process. The IRB will review the advertisement as well as the mode of communication to assure that it is not coercive or unduly influential and does not promise a benefit beyond what is outlined in the consent and study materials. The IRB will promptly notify the PI in writing of its decision regarding the proposed recruitment materials or advertisements.
  - a. The IRB will review all recruitment materials to ensure that the advertisement is limited to the information the prospective participants need to determine their eligibility and interest. When appropriate, the following items may be (but are not required to be) included in advertisements:
    - i. the name and address of the PI and/or research facility;
    - ii. the condition under study and/or the purpose of the research;
    - iii. in summary form, the criteria that will be used to determine eligibility for the study;
    - iv. a brief list of potential participation benefits, if any;
    - v. the time or other commitment required of the participants; and
    - vi. the location of the research and the person or office to contact for further information.
  - b. The IRB must review direct advertising for research participants (i.e., advertising that is intended to be seen or heard by prospective participants to solicit their participation in a study) but does not need to review news stories or publicity intended for other audiences (such as financial page advertisements directed toward prospective investors).
  - c. IRB review of listings of clinical trials on the internet is not required when the system format limits the information provided to basic trial information, such as: the title; purpose of the study; study summary; basic eligibility criteria; study site location(s); and how to contact the site for further information. If the system format includes additional descriptive information, IRB review and approval is required to ensure that the additional information does not promise or imply a benefit beyond what is contained in the protocol and/or myIRB application and the consent document.
  - d. The IRB must review the finalized copy of printed advertisements to evaluate the relative size of type used and other visual effects.
  - e. The IRB must review the final audio/video tapes for broadcast. In these instances, the IRB may review and approve the wording of the advertisement prior to taping to preclude re-taping because of inappropriate wording.
  - f. Advertisements should not state or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the study.
    - i. No claims should be made, either explicitly or implicitly, that the drug, biologic or device is safe or effective for the purposes under investigation, that the test article is known to be equivalent or superior to any other drug, biologic or device, or that is otherwise inconsistent with FDA labeling.
    - ii. Advertising for recruitment into investigational drug, biologic or device studies should not use terms such as "new treatment," "new medication" or "new drug" without explaining that the test article is investigational.
    - iii. Coupons good for a discount on the purchase price of a product once it has been approved for marketing are not allowed as compensation.
  - g. Advertisements should not promise "free medical treatment," when the intent is only to say participants will not be charged for taking part in the investigation.
  - h. Advertisements may state that participants will be paid, but should not emphasize the payment or the amount to be paid, by such means as larger or bold type.

- i. The IRB must review the amount, proposed method, and timing of any payment to participants to ensure that:
    - i. payment is neither coercive nor presents undue influence;
    - ii. Credit for payment accrues as the study progresses and is not contingent on completion of the entire study; and
    - iii. Any bonus payment for completion of the study is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn.
  - j. All information concerning participant payment including the amount and schedule is described in the informed consent document.
  - k. Advertisements may not include exculpatory language.
- D. Continuing Review by the Full Board
1. The PI must submit sufficiently detailed updated materials regarding the research in order for the IRB to determine:
    - a. whether the proposed research continues to meet the requirements outlined in 45 CFR 46.111 and 21 CFR 56.111,
    - b. the studies that need verification from sources other than the investigators that no material changes had occurred since the previous IRB review,
    - c. that the current consent document is still accurate and complete, and
    - d. that any significant new findings that arise from the review process and that may relate to participants' willingness to continue participation will be provided to participants.
  2. Primary Reviewers: HRPO will assign one or two primary reviewers to each continuing review. The primary reviewer(s) will be assigned studies based on related expertise. When making reviewer assignments, HRPO staff will take into consideration the vulnerable populations involved in the research and ensure that at least one individual who has experience with this population is scheduled to be present at the meeting. The primary reviewer(s) are responsible for conducting an in-depth review of all pertinent documentation (see below) and presenting the research to the IRB.
  3. Materials provided to all IRB members are:
    - a. Complete continuing review application which includes:
      - i. Study summary;
      - ii. Status report on the progress of the research;
      - iii. Number of participants consented;
      - iv. Summary of any adverse events, listing of unanticipated problems involving risks to participants or others, summary of withdrawal of participants from the research and the reasons for withdrawals, and complaints about the research since the last IRB review;
      - v. Most recent data/safety monitoring report (when applicable);
      - vi. Summary of any relevant recent literature, interim findings obtained thus far, modifications to the research since the last IRB review, any relevant multi-center trial reports;
      - vii. Any other relevant information (especially information about risks associated with the research); and
    - b. Complete protocol (may be a separate document) including any modifications previously approved by the IRB;
    - c. Granting agency progress report, if applicable and available (The grant progress report will be reviewed for consistency with the study.);
    - d. A copy of the current consent document(s) and any newly proposed consent document (If the study is closed to accrual but participants continue to receive treatment, the IRB will review the most current approved consent form with the

- continuing review.) If there are proposed changes to the consent form, such changes will be documented in the revised version of the consent form;
- e. Recruitment materials and advertisements intended to be seen or heard by potential participants including any materials or advertisements that are being revised or added at the time of IRB review (see Section V(C)(6)) ;
  - f. Documents pertaining to scientific reviews conducted by WU ancillary committees (when applicable) and;
  - g. If modifications are submitted at the time of continuing review, a revised myIRB application and any revised and/or supporting documents
  - h. Study tools or instruments (when applicable); and
  - i. If modifications are submitted at the time of continuing review, a revised myIRB application and any revised and/or supporting documents.
  - j. Based on subject experiences or study results the current risks and potential benefits assessed for the study.
4. Complete documentation (including the study file) and relevant IRB minutes are available to all IRB members for review via the myIRB system.
  5. All IRB members are expected to review materials in enough depth to discuss the information when they are present at the convened meeting.
  6. All continuing review submissions that do not qualify for review by expedited procedure will be individually presented, discussed, and voted on at a fully convened IRB meeting.
  7. All continuing reviews that meet the criteria for expedited review as described in the list of research activities which may be reviewed through expedited review procedures [45 CFR 46.110), will be reviewed by qualified IRB members who have been designated by the Executive Chair to conduct expedited review. All expedited reviews of studies will be reported to the Full Board.
  8. Expiration of IRB Approval: There is no grace period extending the conduct of research beyond the expiration date of IRB approval. Extensions beyond the expiration date will not be granted.
    - a. All research activity must stop and new participants cannot be enrolled.
    - b. Research interventions or interactions involving already enrolled participants may only continue with written documentation that the IRB finds there is an over-riding safety concern or ethical issue involved such that it is in the best interest of the individual participants to do so and when the IRB has confirmed that the PI is actively pursuing continuing review of the study.
    - c. When continuing review and approval of a research study does not occur prior to the end of the approval period specified by the IRB, IRB approval expires automatically. Such expiration of IRB approval will not be reported to OHRP or FDA as a suspension of IRB approval.

## **VI. Expedited Review**

### **A. General Expedited Review**

1. The Executive Chair designates IRB members to conduct expedited review in accordance with 45 CFR 46.110 and (when applicable) 21 CFR 56.110. Only research that meets the specific criteria in the list of categories of research activities that may be reviewed through an expedited review procedure [45 CFR 46.110] will be reviewed by an expedited review process. Reviewers conducting expedited review are IRB members of the IRB and experienced through appropriate training. Appropriate training includes, but is not limited to directed education on expedited review policies and procedures.
2. Expedited reviewers review for scientific or scholarly validity including assessment of whether the research uses procedures consistent with sound research design and that research design is sound enough to yield the expected knowledge, consistency with ethical principles, and compliance with federal regulations and University policies and procedures. The expedited reviewers meet with the Executive Chair, Executive Director, Behavioral Minimal Risk Chair, or Manager, Expedited Team, as needed to discuss application of the expedited categories and specific studies that require further evaluation.
3. Designated reviewers may exercise all of the authorities of the IRB except that the reviewers may not disapprove the research. The research may only be disapproved after review in accordance with the non-expedited review procedure set forth in 45 CFR 46.108(b) and 21 CFR 56.108(c). When applicable, contingencies will be communicated to the PI in writing. If a PI does not agree to make the reviewer's requested revisions, research will be reviewed by the fully convened IRB.
4. The IRB will employ the use of the expedited review mechanism only for minor modifications to ongoing research involving prisoners and continuing review of research involving prisoners that meets expedited categories 8(a)-(c), or 9 as defined in DHHS guidance, "Categories of Research That May be Reviewed by the Institutional Review Board (IRB) Through an Expedited Review Procedure" (63 FR 60364-67 11/9/98)." The prisoner representative will contribute to the expedited review to confirm that the request meets the criteria for expedited review and that the research continues to meet the regulatory criteria for inclusion of prisoners.
5. Requests for expedited review that, upon review, are determined not to meet the criteria for expedited review will be reviewed by the fully convened IRB (see Section V(A)(1) of this Policy).
6. The fully convened IRB will be kept apprised of expedited approvals of initial, continuing review, and minor modifications to previously approved research.
  - a. Findings of determinations made by expedited review procedures are reported to the WU IRB. The reports are available through a link on the electronic IRB meeting agenda in myIRB.
  - b. See Sections VI for a description of the expedited review process.
7. The Executive Chair, officials of the Covered Organization, OHRP, or FDA may restrict, suspend, terminate, or choose not to authorize the IRB's use of the expedited review procedure when necessary to protect the rights and welfare of participants.

### **B. Expedited review of new project applications and continuing review applications**

1. The expedited reviewer conducts an in-depth review of the following materials (provided to reviewers at the time of review):
  - a. New application review:

- i. Complete myIRB application including the signature of the PI and either the Dean/Department Head (or designee) or designated official from the Covered Organization documenting agreement to adhere to the information included in the Assurances document.
  - ii. Number of subjects to be consented at the Covered Organization and overall if a multi-site study.
    - A. Open-ended enrollment is not permitted.  
This number is compared to the number of subjects actually consented.
    - B. This will be used to compare to the number of participants actually accrued which is reviewed at the time of continuing review.
    - C. If the number of participants to be consented needs to be altered this is considered a change to previously approved research. IRB approval must be sought before implementing this change
  - iii. Full protocol (the applicable sections of the myIRB application or a separate document as applicable);
  - iv. Any proposed informed consent document(s);
  - v. A copy of the DHHS-approved informed consent document and the complete DHHS-approved protocol when they exist.
  - vi. Investigator's Brochure (if one exists)
  - vii. Copies of surveys, questionnaires, study tools, or instruments;
  - viii. Recruitment materials and advertisements intended to be seen or heard by potential participants (if applicable)
  - ix. Documents pertaining to approvals by the Covered Organization's ancillary committees (when applicable)
- b. Continuing Review (if research is non-exempt, conducted under the pre-2018 Common Rule or is FDA regulated):
- i. Complete continuing review application which includes:
    - A. Study summary
    - B. Status report on the progress of the research;
    - C. Number of participants consented;
    - D. Summary of any adverse events, listing of any unanticipated problems involving risks to participants or others, summary of withdrawal of participants from the research and the reasons for withdrawals, and complaints about the research since the last IRB review;
    - E. Most recent data/safety monitoring report (when applicable);
    - F. Summary of any relevant recent literature, interim findings obtained thus far, modifications to the research since the last IRB review, any relevant multi-center trial reports;
    - G. Any other relevant information (especially information about risks associated with the research);
    - H. Based on subject experiences or study results the current risks and potential benefits assessed for the study.
  - ii. Complete protocol (may be a separate document or included in the information provided in continuing review application), including any modifications previously approved by the IRB; The IRB may request a separate protocol document if sufficient detail is not provided in the continuing review application;
  - iii. A copy of the current consent document(s) and any newly proposed consent document (If the study is closed to accrual but participants continue to receive treatment, the IRB will review the most current approved consent form with the continuing review.) If there are proposed changes to the consent form, such changes will be documented in the revised version of the consent form;

- iv. Granting agency progress report (if applicable); (The grant progress report will be reviewed for consistency with the protocol/and or myIRB application);
  - v. Recruitment materials and advertisements intended to be seen or heard by potential participants that are being revised or added at the time of IRB review;
  - vi. Documents pertaining to approvals by the Covered Organization's ancillary committees (when applicable);
  - vii. Study tools or instruments (when applicable); and
  - viii. If modifications are submitted at the time of continuing review, a revised myIRB application and any revised and/or supporting documents
2. The reviewer will confirm that the research satisfies both the applicability criteria and specified expedited categories on the list of categories of research that may be reviewed by the IRB through an expedited review procedure [45 CFR 46.110]. Reviewer(s) will document the specific permissible category or categories on the myIRB approval routing form.
  3. If the reviewer determines that the proposed research does not meet the criteria for expedited review, the submission will be reviewed by the fully convened IRB (as described in Section V of this Policy).
  4. The reviewer's decision regarding approvability of new research and continuation of ongoing research is based on satisfaction of all of the conditions outlined in 45 CFR 46.111 and 21 CFR 56.111. At the time of continuing review the reviewer will also determine:
    - a. the studies that need verification from sources other than the PIs that no material changes had occurred since previous IRB review;
    - b. that the current consent document is still accurate and complete, and
    - c. that any significant new findings that arise from the review process and that may relate to participants' willingness to continue participation will be provided to participants.
  5. The reviewer will review all expedited studies for scientific or scholarly validity to assess whether the research uses procedures consistent with sound research design and that research design is sound enough to yield the expected knowledge. The reviewer will consider the presentation of supporting background scientific information including animal studies (whenever applicable). The protocol and/or myIRB application should be consistent with the grant.
  6. The reviewer may approve the research or require modifications to secure approval. If the reviewer can neither approve nor require modifications to secure approval, the research will be reviewed by the fully convened IRB.
  7. The reviewer will document in myIRB all determinations required by regulations and IRB policy including frequency of review and specific determinations for research involving children, prisoners, pregnant women and fetuses, and waivers and alteration of consent, the rationale for a determination and recommendation to the convened IRB that the research is more than minimal risk, and the rationale for recommending to the convened IRB for conducting continuing review of research that otherwise would not require continuing review as described in 45 CFR 46.109. The reviewer documents concurrence with the study-specific justifications provided by the PI in the myIRB application on the myIRB approval routing form.
  8. The IRB will promptly notify the PI in writing of its decision to approve, require modifications, or require full board review of the proposed research activity.
  9. For FDA-regulated research only: At the time of initial review and at continuing review, the expedited reviewer will make a determination regarding the frequency of review of the research studies. All studies will be reviewed by the IRB at intervals appropriate to the degree of risk but no less than once per year for the

duration of the research (including when study activity is limited to long-term follow-up of participants, even when the research is permanently closed to the enrollment of new participants and all participants have completed all research-related interventions and/or remaining activities that involve collection or analysis of identifiable data). In some circumstances, a shorter review interval (e.g. biannually, quarterly, or after accrual of a specific number of participants) may be required. The determination regarding the appropriate review intervals will be made based on considerations of the potential or actual risks of the research, the degree of novelty of the research intervention, the number of participants to be enrolled, any specific vulnerability associated with the research population, and/or the magnitude or frequency of risk to participants.

10. Expiration of IRB Approval: There is no grace period extending the conduct of research beyond the expiration date of IRB approval. Extensions beyond the expiration date will not be granted.
  - a. All research activity must stop and new participants cannot be enrolled.
  - b. Research interventions or interactions involving already enrolled participants may only continue with written documentation that the IRB finds there is an over-riding safety concern or ethical issue involved such that it is in the best interest of the individual participants to do so and when the IRB has confirmed that the PI is actively pursuing continuing review of the study.
  - c. When continuing review of a research study does not occur prior to the end of the approval period specified by the IRB, IRB approval expires automatically. Such expiration of IRB approval will not be reported to OHRP or the FDA as a suspension of IRB approval.

C. Review of changes in previously-approved research

1. Minor modifications in previously-approved research may be reviewed under expedited procedures. Expedited reviewers evaluate whether modifications represent a minor change. Minor modifications are defined as those that do not potentially adversely affect the overall assessment of the risks and benefits of the study (taking into consideration the impact to participants at the Covered Institution) and do not substantially change the specific aims/design of the study.
  - a. Examples of minor modifications include but are not limited to:
    - i. A minor increase or decrease in the number of participants;
    - ii. Adding or revising a study instrument or task condition;
    - iii. Small changes in remuneration;
    - iv. Changes to improve the clarity of statements or to correct typographical errors;
    - v. Change in research team members;
    - vi. Change in funding source; and
    - vii. Change in or addition of research performance (study) sites operating under the same protocol where all procedures that are more than minimal risk have already been approved by the fully convened IRB.
2. Review of proposed modifications that are not minor and/or do not qualify for an expedited category will be reviewed by the fully convened IRB (see Section V(B)(11) of this Policy).
3. The reviewer will conduct an in-depth review of the following information:
  - a. The revised myIRB application, report of new information (if applicable), any supporting documents, and any revised documents (i.e. revised protocol, revised consent form)
  - b. The currently approved myIRB application, including the consent form(s), protocol and other supporting document)
  - c. When applicable, the most recent continuing review information and supporting documents

- d. Any prior submitted and approved modifications
  - e. Any reportable events that have been submitted.
4. The reviewer's decision regarding approvability of modifications to previously approved research is based on continued satisfaction of all the conditions outlined in 45 CFR 46.111 and 21 CFR 56.111. The reviewer will also determine that any significant new findings that arise from the review process and that may relate to participants' willingness to continue participation will be provided to participants.
  5. When reviewing modifications to the consent document, the reviewers will take into consideration both prospective research participants and research participants already enrolled in the study. New findings developed during the course of the research which may affect a participant's willingness to continue participation must be provided to the participant either orally or in writing and may include re-consenting the participant using a modified consent document. All such revised documents must be approved by the IRB.
  6. The IRB will promptly notify the PI in writing of its decision regarding the proposed modification.

D. Review of recruitment materials/advertisements and participation payments:

Advertising and recruitment is the start of the informed consent and participant selection process. The IRB will review the advertisement as well as the mode of communication to assure that it is not unduly coercive, does not promise a benefit beyond what is outlined in the consent and the protocol, and does not include any exculpatory language. The IRB will promptly notify the PI in writing of its decision regarding the proposed recruitment materials or advertisements.

1. The IRB will review all recruitment materials to ensure that advertisement to recruit participants is limited to the information the prospective participants need to determine their eligibility and interest. When appropriate, the following items may be (but are not required to be) included in advertisements:
  - a. the name and address of the PI and/or research facility;
  - b. the condition under study and/or the purpose of the research;
  - c. in summary form, the criteria that will be used to determine eligibility for the study;
  - d. a brief list of potential participation benefits, if any;
  - e. the time or other commitment required of the participants; and
  - f. the location of the research and the person or office to contact for further information.
2. The IRB must review direct advertising for research participants (i.e., advertising that is intended to be seen or heard by prospective participants to solicit their participation in a study) but does not need to review news stories or publicity intended for other audiences (such as financial page advertisements directed toward prospective investors).
3. The IRB review and approval of listings of clinical trials on the internet is not required when the system format limits the information provided to basic trial information, such as: the title; purpose of the study; study summary; basic eligibility criteria; study site location(s); and how to contact the site for further information. When the system format includes additional descriptive information, IRB review and approval is required to ensure that the additional information does not promise or imply a benefit beyond what is contained in the protocol and the consent document.
4. The IRB must review the final copy of printed advertisements to evaluate the relative size of type used and other visual effects.
5. The IRB must review the final audio/video tapes for broadcast. In these instances, The IRB may review and approve the wording of the advertisement prior to taping to preclude re-taping because of inappropriate wording.

6. Advertisements should not state or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol
  7. No claims should be made, either explicitly or implicitly, that the drug, biologic or device is safe or effective for the purposes under investigation, that the test article is known to be equivalent or superior to any other drug, biologic or device, or that is otherwise inconsistent with FDA labeling.
  8. Advertising for recruitment into investigational drug, biologic or device studies should not use terms such as "new treatment," "new medication" or "new drug" without explaining that the test article is investigational.
  9. Coupons good for a discount on the purchase price of a product once it has been approved for marketing are not allowed as compensation.
  10. Advertisements should not promise "free medical treatment," when the intent is only to say participants will not be charged for taking part in the investigation.
  11. Advertisements may state that participants will be paid, but should not emphasize the payment or the amount to be paid, by such means as larger or bold type.
  12. The IRB must review the amount, proposed method, and timing of any payment to participants to ensure that:
    - a. Payment is neither coercive nor presents undue influence;
    - b. Credit for payment accrues as the study progresses and is not contingent on completion of the entire study; and
    - c. Any bonus payment for completion of the study is reasonable and not so large as to unduly induce participants to stay in the study when they would otherwise have withdrawn.
  13. All information concerning participant payment including the amount and schedule is described in the informed consent document.
  14. Advertisements may not include exculpatory language.
- E. Review of research when the sole involvement will be in one or more of the categories listed in 45 CFR 46.104, which require a limited IRB review:
1. The expedited reviewer will review all new exempt research requiring limited IRB review as specified in 46 CFR 46.104, or modifications to such research to confirm that the research contains adequate provisions to protect the privacy and confidentiality of participants consistent with 45 CFR 46.111((a)(7).
  2. When making this determination, the reviewer will take into consideration the details provided in the myIRB with regard to research methods, research location(s), information collected, as well as the physical and electronic protections in place to decrease the risk of breach of privacy and of confidentiality.

## **VII. Informed Consent**

- A. General Consent Requirements-In order to approve the research the IRB must determine the following:
1. The PI will obtain the legally effective informed consent of the participant or the participant's legally authorized representative unless a waiver of consent has been approved by the IRB in accordance with Section VII(B) of this Policy. In general, the IRB considers individuals who are unable to consent for procedures outside of the research context to be unable to consent for research participation.
  2. Consent is sought under circumstances that:
    - a. provide the prospective participant or the representative sufficient opportunity to discuss and consider whether or not to participate; and
    - b. minimize the possibility of coercion or undue influence.
  3. The consent process is appropriate taking into consideration where the consent process will take place, timing of the consent process and the individual who will be obtaining consent (e.g. the PI, collaborator, or qualified designee). When the potential participant's understanding of the research may be impaired due to the timing, location, or individuals participating in the proposed consent process, the IRB will require an alternative process. (For example, the IRB may require that only the PI or physician collaborator obtain consent or that consent be obtained prior to entry into an operating waiting area.)
  4. The information that is given to the participant or the representative is in language understandable to the participant or the representative. When a study intends to enroll a non-English speaking population, the consent form must be translated by a qualified translator to the participant's native language.
  5. The prospective participant or their representative must be provided with the information that a reasonable person would want to have in order to make an informed decision about whether to participate, and an opportunity to discuss that information.
  6. If the research is federally funded or federally supported, informed consent must begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not want to participate in the research. This part of the informed consent must be organized and presented in a way that facilitates comprehension.
  7. Informed consent as a whole must present information in sufficient detail relating to the research, and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilitates the prospective subject's or their representative's understanding of the reasons why one might or might not want to participate.
  8. The information communicated to the participant does not include exculpatory language through which the participant or the representative is made to:
    - a. Waive or appear to waive any of the participant's legal rights; or
    - b. Release or appear to release to the PI, the Sponsor, WU or its agents from liability or negligence.
  9. The basic elements of informed consent (as stated in 45 CFR 46.116(b) and 21 CFR 50.25(a)(1-8) must be provided to each participant unless the IRB has approved an alteration of the basic elements (see Section VII(B) of this Policy).
  10. One or more of the additional elements of consent (as stated in 45 CFR 46.116 (c) and 21 CFR 50.25(b)(1-6) are provided to participants in the following instances:
    - a. The consent form should include a statement that the particular treatment or procedure may involve risks to the participant (or to the embryo or fetus, if the participant is or becomes pregnant) that are currently unforeseeable when the

- research involves procedures that have limited experience in humans and in all research studies that involve an investigational drug or device.
- b. The consent form should include the anticipated circumstances under which the participant's participation may be terminated by the PI without regard to the participant's or their representative's consent when the study describes situations where participants should be withdrawn from the research or if it is reasonable to expect that participants will be withdrawn from the research without their or their representative's consent.
  - c. The consent form should outline any additional costs to the participant that may result from participation if there is the potential for such costs.
  - d. The consent form should state the consequences of a participant's decision to withdraw from the research and procedures for orderly termination of participation by the participant when withdrawal from the research might place a participant at risk of harm.
  - e. The consent form should include a statement that significant new findings developed during the course of the research, which may relate to the participant's willingness to continue participation will be provided to the participant.
  - f. The consent form should state the approximate number of participants involved in the study when a reasonable person would find the information useful in making a decision to participate in the research.
  - g. When the research involves the collection or use of biospecimens or associated information, the consent form should include a statement that the participant's biospecimens (even if identifiers are removed) may be used for commercial profit and whether the subject will or will not share in this commercial profit.
  - h. When the research involves the collection or analysis of clinical information or biospecimens, the consent form should include a statement regarding whether clinically relevant research results, including individual research results, will be disclosed to subjects, and if so, under what conditions.
  - i. For research involving the collection or use of biospecimens or associated information, the consent form should include whether the research will (if known) or might include whole genome sequencing (i.e. sequencing of a human germline or somatic specimen with the intent to generate the genome or exome sequence of that specimen.)
  - j. In addition, when appropriate, the consent form should reflect Missouri State Law (RSMo Chapters 565.188 (mandatory reporting of elder abuse) and 210.115 (mandatory reporting of child abuse)) or applicable mandatory reporting laws based on where the research is conducted.
11. The consent form for FDA-regulated research will:
    - a. Identify the test article as investigational and will inform participants that the FDA may inspect research records.
    - b. Include a statement that there is a description of the clinical trial available on <http://www.clinicaltrials.gov> as required by U.S. law. The website will not include information that can identify the participant. At most the website will include a summary of the results. The participant can reach the website at any time.
  12. Informed consent is documented by the use of a written consent form approved by the IRB and signed and dated by both the participant or the participant's legally authorized representative and the individual obtaining consent unless the IRB has approved a waiver of signed consent in accordance with Section VII(C) of this Policy. Consent must be documented in one of the following manners:
    - a. A written consent document that embodies the elements of informed consent required in 45 CFR 46.116/21 CFR 50.25 as applicable. This

form may be read to the participant or the participant's legally authorized representative, but in any event, the PI (or designee when consent by a designee has been approved by the IRB) must give either the participant or the representative adequate time to read the consent document before it is signed; or

- b. A "short form" written consent document stating that the elements of informed consent required by 45 CFR 46.116 and 21 CFR 50.25 have been presented orally to the participant or the participant's legally authorized representative. In addition, the short form requires the following:
  - i. The elements of consent have been presented orally
  - ii. A witness to the oral presentation who is conversant in both English and the language of the participant;
  - iii. An IRB-approved written summary of what is to be said to the participant or the representative This summary must include the basic and any required additional elements of consent
  - iv. The short form must be signed and dated by the participant or their legally authorized representative;
  - v. The witness must sign and date the short form and a copy of the summary;
  - vi. The person obtaining consent must sign and date a copy of the summary; and
  - vii. A copy of the signed summary and short form must be given to the participant or their legally authorized representative.
13. The IRB may approve a process that allows the consent document to be delivered by mail or electronically (such as email, website or facsimile) to the potential participants or the potential participant's legally authorized representative. It is acceptable to conduct the consent conversation by telephone provided the potential participant or his/her legally authorized representative can read the consent form as it is discussed. All other applicable conditions for documentation of informed consent must also be met when using this procedure.
14. When documented consent is required by the IRB, a signed and dated copy of the consent form is given to the person signing the form.
15. Current IRB approval is documented by a stamp that indicates the dates of IRB approval and expiration of IRB approval.

B. Waiver or alteration of the requirement to obtain informed consent

1. A waiver or alteration of informed consent will be granted only when the fully convened IRB or expedited reviewer finds that the research meets the required conditions stated in 45 CFR 46.116 or the FDA guidance "IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects" [July 2011].
2. When approving a waiver or alteration of informed consent, the IRB minutes will document the justifications and findings regarding the determinations stated in 45 CFR 46.116. In the case of research that may be reviewed by expedited procedure, these determinations will be documented on the approval routing form indicating agreement with the study-specific information found in the myIRB application.
3. FDA regulations do not require consent if research meets the criteria specified in 21 CFR 50.23 or 21 CFR 50.24 and DHHS regulations allow a waiver of consent if research meets the criteria specified in 45 CFR 46 "Waiver of Informed Consent Requirements in Certain Emergency Research." See Section VIII for a description of the specific requirements for these special circumstances.

- C. Waiver of the requirement for written documentation of consent
1. For all research, unless subject to FDA regulation, a waiver of signed consent will be granted only when the fully convened IRB or expedited reviewer finds that the required conditions stated in 45 CFR 46.117(c)(1) (i), 45 CFR 46.117(c)(1)(ii) or 45 CFR 46.117(c)(1)(iii) have been met.
  2. For research that is subject to FDA, a waiver of signed consent will be approved only when the findings stated in 21 CFR 56.109(c)(1) have been met.
  3. When the IRB considers waiving the requirement to obtain written documentation of consent, the IRB will review a written description of the information that will be provided to participants. The basic elements of informed consent (as stated in 45 CFR 46.116(b) and 21 CFR 50.25(a)(1-8) and additional elements of consent, as appropriate (as stated in 45 CFR 46.116 (c) and 21 CFR 50.25(b)(1-6) are required.
  4. When approving a waiver of signed consent the IRB minutes will document the justifications and findings regarding the determinations stated in 45 CFR 46.117(c)(1) or 21 CFR 56.109(c)(1). In the case of research that may be reviewed by expedited procedure, these determinations will be documented on the approval routing form indicating agreement with the study-specific information found in the myIRB application.  
In cases in which the documentation requirement for consent is waived, the IRB may require the PI to provide participants with a written statement regarding the research.
- D. Additional considerations for studies involving Protected Health Information (PHI)
1. Studies that involve access to or collection of PHI of a covered entity require consideration of additional items. In these instances, the IRB must find that:
    - a. Appropriate authorization is obtained from research participants or their effective representative for the use or disclosure of their PHI as required in 45 CFR 164.508(a); or
    - b. The IRB has approved a waiver of such authorization in accordance with 45 CFR 164.512(i); or
    - c. The PHI will be contained in a limited dataset with appropriate safeguards to maintain privacy as defined in 45 CFR 164.514(e) and a data use agreement has been executed; or
    - d. The PHI will be de-identified as defined in 45 CFR 164.514(a).
  2. In addition to the required and additional elements of consent described in 45 CFR 46 and 21 CFR 50, studies involving PHI will include the elements required for HIPAA authorization as stated in 45 CFR 164.508(c) unless some or all of the elements have been waived by the IRB acting as the privacy board.
  3. In instances when research involves use and/or disclosure of PHI, a waiver or alteration of authorization will be approved only when the criteria stated in 45 CFR 164.512(i)(2)(ii) have been met.

### **VIII. Special Categories of Research**

Sections VIII.A-C below describe protections that are applied to non-exempt federally funded or conducted research. Non-exempt research that is not federally funded or conducted will require either the same or equivalent protections to those described in these sections. The IRB will determine when and the types of equivalent protections that are appropriate on a case-by-case basis prior to approval of research.

- A. Research Involving Pregnant Women, Human Fetuses, and Neonates
1. The IRB will ensure that research that involves pregnant women, human fetuses, and neonates complies with the additional safeguards and requirements set forth in Subpart B of 45 CFR 46. Research involving pregnant women or human fetuses will be approved only when the conditions outlined in 45 CFR 46.204 (a-j) have been met. Research involving neonates will be approved only when the applicable conditions outlined in 45 CFR 46.205(a-d) have been met.
  2. Research that is not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of pregnant women, fetuses, or neonates will be sent to the Secretary of DHHS for review. The Secretary will determine the approvability of the research based on the conditions stated in 45 CFR 46.207(b).
  3. When reviewing research that involves pregnant women, human fetuses, or neonates, the IRB will ensure that there is appropriate expertise among the members attending the meeting. If necessary, the IRB may invite nonvoting IRB members or consultants selected because of special expertise to assist in the review of issues which require expertise beyond, or in addition to, that available among voting IRB members.
  4. When approving research that involves pregnant women, human fetuses, neonates of uncertain viability, the IRB minutes will document the justifications and findings regarding the determinations stated in Subpart B of 45 CFR 46. In the case of research that may be reviewed by expedited procedure, these determinations will be documented on the approval routing form in the myIRB system.
  5. Informed consent requirements
    - a. Informed consent for research that involves pregnant women, human fetuses, neonates of uncertain viability, or nonviable neonates will be obtained from the mother and father (if necessary) as prescribed in Subpart B of 45 CFR 46.
    - b. According to Missouri State law (Chapter 431, Section 431.061), pregnant minors and/or mothers who retain custody of their child(ren) are considered legally capable of providing consent.
  6. In regards to research in which pregnancy is coincidental to participant selection and the research includes women of childbearing potential, when appropriate, the participants should be informed of the currently unforeseeable risks to the participant, fetus, or nursing infant. In addition, the IRB will determine whether:
    - a. the participant should be advised to avoid pregnancy or nursing during or following participation in the research and/or notify the PI immediately should the participant become pregnant; or
    - b. The PI should specifically exclude pregnant women from the research and/or require specified methods of contraception during and/or following participation in the research.
  7. Research involving, after delivery, the placenta, the dead fetus, macerated fetal material, or cells, tissue, or organs excised from a dead fetus, will be conducted only in accord with any applicable Federal, State, or local laws and regulations regarding such activities (Missouri Statute Chapter 188, Section 188.036 and

188.037). Fetal tissue obtained either prior to or subsequent to any non-spontaneous abortion procedure cannot be used for any research purpose. (Missouri Statute Chapter 188, Section 188.037).

B. Research Involving Prisoners

1. Because prisoners may be under constraints because of their incarceration which could affect their ability to make a truly voluntary and uncoerced decision to participate in research, the IRB will ensure that all research that involves prisoners complies with the additional safeguards and requirements set forth in Subpart C of 45 CFR 46. Research involving prisoners will only be approved when the conditions outlined in 45 CFR 46.305 and 45 CFR 46.306 have been met.
2. In the review of research involving prisoners, the IRB will consider the prisoner-specific definition of minimal risk as stated in 45 CFR 46.303(d).
3. When reviewing research that involves prisoners, including new submissions, continuing reviews, modifications and unanticipated problems, the IRB will meet the following specific requirements in addition to satisfying the requirements for IRB membership outlined in 45 CFR 46.107
  - a. A majority of the IRB members will have no association with the prison involved; and
  - b. At least one member of the IRB will be a prisoner, or a prisoner representative with appropriate background and experience to serve in that capacity. The prisoner representative will be included on the list of registered IRB members filed with OHRP.
4. The IRB will employ the use of the expedited review mechanism only for minor modifications to ongoing research involving prisoners and continuing review of research involving prisoners that meets expedited categories 8(a)-(c), or 9 as defined in DHHS guidance, "Categories of Research That May be Reviewed by the Institutional Review Board (IRB) Through an Expedited Review Procedure" (63 FR 60364-67 11/9/98). The prisoner representative will contribute to the expedited review to confirm that the request meets the criteria for expedited review and that the research continues to meet the regulatory criteria for inclusion of prisoners.
5. When approving research that involves prisoners, the IRB minutes will document the justifications and findings regarding the determinations stated in Subpart C of 45 CFR 46. In the case of research involving prisoners that qualifies for review by expedited procedure, as indicated in this policy, these determinations will be documented on the myIRB approval routing form.
6. When a participant becomes a prisoner while participating in a research study, the PI is responsible for either withdrawing the participant from the study or halting all research activities until the IRB can re-review the study under the Subpart C regulations. If the study involves treatment and it is the best interest of the participant to remain in the research study while incarcerated the PI must request approval for continued treatment from the Executive Chair. At the time of re-review, the IRB will either:
  - a. Approve the involvement of the prisoner-participant in accordance with the requirements and conditions in Subpart C of 45 CFR 46; or
  - b. Require that the prisoner-participant be withdrawn from the research.
7. Only federally funded or conducted research involving prisoners will be sent to OHRP for certification. The Executive Director or HRPO Associate Director is responsible for certifying to OHRP that the duties of the IRB have been fulfilled.

- C. Research Involving Children (as defined in Subpart D of 45 CFR 46)
1. In determining applicability of Subpart D, the IRB will take into consideration the legal age for consent to treatments or procedures involved in the proposed research, under the applicable law of the jurisdiction in which the research will be conducted. In instances where research will take place in jurisdictions outside of Missouri (including other states and other nations), the IRB will consult with WU Office of General Counsel (OGC) to determine the legal age for the proposed treatments/procedures within the specific jurisdiction.
  2. In determining who other than a parent may consent on behalf of a child to their participation in research, the IRB will take into consideration who under the applicable law of the jurisdiction in which the research will be conducted meets the DHHS and FDA definition of a “guardian”, that is who under the applicable law of the jurisdiction in which the research will be conducted is authorized to consent to general medical care on behalf of the child. In instances where research will take place in jurisdictions outside of Missouri (including other states and other nations), the IRB will consult with WU OGC to determine who is authorized to consent to general medical care on behalf of the child within the specific jurisdiction.
  3. All research involving children will comply with the additional safeguards and requirements set forth in Subpart D of 45 CFR 46 and Subpart D of 21 CFR 50. Research involving children will only be approved by the IRB when the applicable conditions outlined in 45 CFR 46.404 – 406 and 21 CFR 50.51-53 have been met.
  4. Research that is not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children will be sent to the Secretary of DHHS for review. The Secretary will determine the approvability of the research based on the conditions stated in 45 CFR 46.407 (a-b) and 21 CFR 50.54(a-b).
  5. When reviewing research that involves children, there will be adequate expertise and related professional competency among the members of the IRB. If necessary, the IRB may invite nonvoting members or consultants selected for their special expertise to assist in the review of issues which require expertise beyond, or in addition to, that available among voting IRB members.
  6. When approving research that involves children, the IRB minutes will document the justifications and findings regarding the determinations stated in Subpart D of 45 CFR 46 and Subpart D of 21 CFR 50. In the case of research that may be reviewed by expedited procedure, these determinations will be documented on the myIRB approval routing form.
  7. Requirements for assent from children
    - a. In accordance with 45 CFR 46.408(a) and 21 CFR 50.55(a), the IRB must determine that adequate provisions have been made for soliciting the assent of children when in the judgment of the IRB the children are capable of providing assent. Assent is required for all children who can understand spoken language unless the IRB determines that one of the conditions below applies and grants a waiver of assent. Research studies targeting children should include a description of the procedure used to obtain assent.
    - b. The IRB may determine that assent is not a necessary condition for proceeding with the research if:
      - i. The capability of some or all of the children is so limited that they cannot reasonably be consulted. (When determining capacity to consent, the IRB will take into account the age, maturity, and psychological state of the child. This judgment may be made for all children involved in the research or for each child, as the IRB deems appropriate); or

- ii. 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; or
    - iii. The research meets the required criteria for waiver of consent stated in 45 CFR 46.116(d)(1-4) and 21 CFR 50.55(d).
  - c. When the IRB determines that the participant population is capable of providing assent, the IRB will determine whether a written assent process is required. This will depend on the appropriateness for the study and the study population. If a written assent process is required the IRB must also determine if the process to document assent is appropriate.
  - d. The PI should propose an appropriate assent process based on the participant population age groups and/or maturity and cognitive capabilities of the children. This could include an assent process for all children, some children or none of the children.
8. Requirements for permission of each child's parent(s) or legally authorized representative
- a. In accordance with 45 CFR 46.408(b) and 21 CFR 50.55 (e), the IRB must determine that adequate provisions have been made for soliciting the permission of each child's parent(s) or guardian.
  - b. Parents or guardians must be provided with the basic elements of consent as stated in 45 CFR 46.116(a)(1-8) and 21 CFR 50.25(a)(1-8) and any additional elements the IRB deems necessary.
  - c. The IRB may find that the permission of one parent is sufficient for research to be conducted under 45 CFR 46.404 (21 CFR 50.51) or 45 CFR 46.405 (21 CFR 50.52). The IRB's determination of whether consent must be obtained from one or both parents will be documented in the meeting minutes or, in the case of expedited research, on the myIRB approval routing form.
  - d. Consent from both parents is required for research to be conducted under 45 CFR 46.406 (21 CFR 50.53) and 45 CFR 46.407 (21 CFR 50.54) unless:
    - i. One parent is deceased, unknown, incompetent, or not reasonably available; or
    - ii. When only one parent has legal responsibility for the care and custody of the child.
  - e. The IRB may waive the requirement for obtaining consent from a parent or legal guardian if the study is not FDA-regulated and if:
    - i. The research meets the provisions for waiver in 45 CFR 46.116(c) or 45 CFR 46.116(d) or
    - ii. In accordance with 45 CFR 46.408(c): The IRB determines that the research study is designed for conditions or a participant population for which parental or guardian permission is not a reasonable requirement to protect the participants (for example, neglected or abused children), provided an appropriate mechanism for protecting the children who will participate as participants 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 study, the risk and anticipated benefit to the research participants, and their age, maturity, status, and condition.
  - f. Permission from parents or legal guardians must be documented in accordance with and to the extent required by 45 CFR 46.117 and 21 CFR 50.27.
9. Research involving children who are wards of the state or any other agency, institution, or entity.

- a. Children who are wards of the state or any other agency, institution, or entity can be included in research approved under 45 CFR 46.406 (21 CFR 50.23) and 45 CFR 46.407 (21 CFR 50.54) only if:
    - i. The research is related to their status as wards; or
    - ii. Conducted in school, camps, hospitals, institutions, or similar settings in which the majority of children involved as participants are not wards.
    - iii. An advocate has been appointed 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*.
      - A. The advocate is 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.
      - B. The advocate is not associated in any way (except in the role as advocate or member of the IRB) with the research, the PI(s), or the guardian.
  - b. Any research that targets or includes individuals who are Wards of the State must abide by provisions set forth by the appropriate authorities of the State in which research procedures take place.
- D. Research involving adults with impaired decision-making capacity
- 1. The IRB will evaluate whether the study may involve individuals that have impaired decision-making capacity. This could include individuals that are under the influence of drugs or alcohol, suffering from degenerative diseases affecting the brain, terminally ill, or have disabling physical handicaps.
  - 2. In addition to considerations associated with the criteria for approval, the IRB will evaluate the following additional points when reviewing research involving adults with impaired decision-making capacity:
    - a. Whether the research could be conducted without these individuals.
    - b. How the study addresses the needs of this vulnerable population
    - c. Adequacy of the proposed initial and ongoing consent and assent processes to include:
      - i. The proposed plan for the assessment of the capacity to consent.
      - ii. The plan to obtain assent from the participant.
      - iii. The consent process for the legally authorized representative
      - iv. The process to ensure the legally authorized representative understands their role and responsibilities as the individual that is making decisions on behalf of the participant.
    - d. Who under state or local law meets the DHHS and FDA definition of "legally authorized representative" will be determined under the applicable law of the jurisdiction in which the research will be conducted. When there is no applicable law in the jurisdiction to address this issue, "legally authorized representative" means an individual recognized by the applicable Covered Organization's policy as acceptable for providing consent in the nonresearch context on behalf of the prospective participant. In instances where research will take place in jurisdictions outside of Missouri (including other states and other nations), the IRB will consult with WU OGC to determine the requirements within the specific jurisdiction.
- E. WU Undergraduate Students as research participants
- 1. Psychology Department. PIs in the Department of Psychology who wish to recruit students as participants in their studies must follow the requirements of the IRB-approved Psychology Department Subject Pool Policy. PIs from other Schools/Departments may utilize the undergraduate participant pool upon permission of the Department of Psychology Human Subjects Pool Coordinator.

2. Olin School of Business. PIs in the Olin School of Business who wish to recruit students as participants in their studies must follow the requirements of the IRB-approved Olin School Subject Pool Policy.
  3. The IRB has reviewed and approved each of the above-mentioned Policies to ensure students' voluntary participation through recruitment processes which are neither coercive nor suggest undue influence.
- F. Economically or Educationally Disadvantaged
1. The IRB will review research targeted at groups of individuals who are economically or educationally disadvantaged to assure that participation is voluntary, free of coercion, duress, or undue inducement.
  2. In reviewing research in which economically or educationally disadvantaged individuals are likely to be recruited, the IRB will specifically consider the following:
    - a. Recruitment and consent processes provide sufficient detail for IRB members to assess the voluntary participation of participants.
    - b. All study documents, including materials read to participants or provided in writing, are appropriate to the population and will be easily understood.
    - c. Any reimbursement for participation is reasonable in relation to the time required.
- G. Research involving an Investigational Drug or Device
1. Research involving use of an investigational drug requires an Investigational New Drug (IND) from the Food and Drug Administration (FDA) unless the study is exempt from the requirements for an IND by meeting all of the conditions stated in 21 CFR 312.2(b).
  2. Research involving the evaluation of the safety or effectiveness of a device requires an Investigational Device Exemption (IDE) from the FDA, unless:
    - a. The study is exempt from the requirements for an IDE by meeting all of the conditions stated in one of the seven categories in 21 CFR 812.2(c); or
    - b. The device under study is determined to be a non-significant risk device and the abbreviated IDE requirements as defined in 21 CFR 812.2(b) are met.
  3. The Executive Chair (or designee) will determine if a study involving an investigational drug meets the exemption criteria as defined in 21 CFR 312.2 (b). If the exemption criteria are not met, the Executive Chair (or designee) will inform the PI, in writing, that a formal IND determination by the FDA is required and provide a rationale for this decision. The PI will be required to contact the FDA to either obtain an IND or written documentation that an IND is not necessary before any further review by the IRB will occur.
  4. The Executive Chair (or designee) will determine if a study involving an investigational device meets the exemption criteria as defined in 21 CFR 812 (c). If the exemption criteria are not met one of the following will occur:
    - a. The study will be scheduled for review by the fully convened IRB to determine if the device is a non-significant risk device as outlined under the abbreviated IDE requirements in 21 CFR 812(b); or
    - b. The PI will be informed by the Executive Chair (or designee), in writing, that a formal IDE determination by the FDA is required and provide a rationale for this decision. The PI will be required to contact the FDA to either obtain an IDE or written documentation that an IDE is not necessary before any further review by the IRB will occur.
  5. Studies involving an investigational device that may be considered a non-significant risk device as outlined under the abbreviated IDE requirements in 21 CFR 812 (b) will be reviewed by the fully convened IRB. The IRB will determine if the proposed use of the investigational device does or does not meet the

regulatory definition of a significant risk device. This determination will be made in addition to the research risk determination of “greater than minimal” or “minimal risk”. The significant risk/nonsignificant risk determination and the rationale for the IRB’s decision will be noted in the meeting minutes. If the IRB determines that the research involves an investigational device that is a significant risk device, the PI will be notified in writing that a formal IDE determination by the FDA is required. IRB approval will be held contingent pending receipt of the FDA determination.

6. Additional requirements for research involving an investigational drug or device: All studies involving an Investigational Drug (IND) or Investigational Device (IDE) require consideration and satisfaction of the pertinent FDA regulations, as applicable (21 CFR 50, 21 CFR 56, 21 CFR 312, and 21 CFR 812). Storage, dispensing, and control of investigational drugs or devices will be in accordance with the policy titled, [“Investigational Drug/Device Accountability”](#). Instances when PIs propose alternate plans for storage, dispensing, and control of investigational agents will be reviewed and approved by the IRB on a case-by-case basis as part of the study review process. When the PI holds the IND or IDE, the following additional requirements apply:
  - a. The PI must attend a mandatory educational session that reviews all sponsor responsibilities as stated in:
    - i. Drugs or devices: 21 CFR §11 (Electronic records and electronic signature) and 21 CFR §54 (Financial Disclosure by Clinical Investigators).
    - ii. Drugs and Biologics: 21 CFR §210 (Current Good Manufacturing Practice In Manufacturing, Processing, Packing, Or Holding of Drugs; General), 21 CFR §211 (Current Good Manufacturing Practice for Finished Pharmaceuticals), 21 CFR §312 (Investigational New Drug Application), 21 CFR §314 (Drugs for Human Use), 21 CFR §320 (Bioavailability and Bioequivalence Requirements), 21 CFR §330 (Over-The-Counter (OTC) Human Drugs Which are Generally Recognized as Safe and Effective and Not Misbranded), 21 CFR §601 (Biologics Licensing).
    - iii. Devices: 21 CFR §807 (Establishment Registration and Device Listing for Manufacturers and Initial Importers Of Devices), 21 CFR §812 (Investigational Device Exemptions), 21 CFR §814 (Premarket Approval of Medical Devices), 21 CFR §820 (Quality System Regulation), 21 CFR §860 (Medical Device Classification Procedures).
7. Studies involving an investigational drug or device will undergo initial and continuing review at a convened meeting unless the study meets the criteria for review by expedited procedure.
8. Consent for FDA-regulated research will be obtained as stated in Section VII (A) of this Policy.
9. Emergency treatment with an investigational drug or device
  - a. In accordance with FDA regulations, the IRB may allow for the emergency use of an investigational drug or device if the situation meets the definition of “Emergency Use” as stated in 21 CFR 56.102(d) and if the emergency use is reported to the IRB within five working days of the actual use of the drug or device.
  - b. The PI should make every effort to notify the IRB prior to an emergency use of an investigational drug or device. If deemed to meet the regulatory and any applicable organizational requirements, the Executive Chair or designee will acknowledge the request. A follow up report must be submitted to the IRB within 5 working days of the actual use of the drug or device.
  - c. If time does not permit for prior notification to the IRB of the emergency use of an investigational drug or device, notification to the IRB is required within 5 working days of the emergency use.

- d. Consent for emergency use of an investigational drug or device will not be required when the research meets the criteria specified in 21 CFR 50.23 and DHHS, “Waiver of Informed Consent Requirements in Certain Emergency Research.”
  - e. When emergency medical care is initiated without IRB approval:
    - i. When following DHHS requirements the patients receiving the test article may not be considered a research participant, data obtained cannot be classified as human participant research, and the outcome of the care cannot be included in any report of the research activity.
    - ii. When following FDA requirements the emergency use of a test article other than a medical device is a clinical investigation, the patient is a participant, and the FDA may require data from the use to be included in a marketing application.
  - f. Subsequent use of the test article must be reviewed by the IRB. However, the FDA and the IRB acknowledge that it would be inappropriate to deny emergency treatment to a second individual if the only obstacle is that the IRB has not had sufficient time to convene to review the situation. In instances when the IRB has received more than one request for emergency treatment (multiple requests from the same researcher or isolated requests from more than one researcher), the IRB will review the request but will ask the researcher to submit a study for review by the fully convened IRB for subsequent treatments. In instances where a second researcher requests approval for an identical use, the IRB will suggest that he/she collaborate with the PI who made the initial request.
10. Compassionate Use of an Investigational Device for a Serious Disease or Condition
- a. There are circumstances in which an investigational device is the only option available for a patient faced with a serious, albeit not life-threatening, disease or condition. In these circumstances, the FDA uses regulatory discretion in determining whether such use of an investigational device should occur.
  - b. A request for compassionate use of an investigational device for a serious disease or condition should be submitted to the IRB and the FDA.
  - c. Concurrence from the Executive Chair or designee is required prior to submitting for FDA approval.
  - d. FDA approval must be obtained prior to the use of the investigational device.
  - e. The PI should develop an appropriate schedule for monitoring the patient, taking into consideration the investigational nature of the device and the specific needs of the patient.
  - f. If any problems occur as a result of the device use they should be reported to the IRB as soon as possible.
11. Prospective Research in Emergency Settings – FDA-Regulated Research:  
 Research involving the use of an investigational drug or device without informed consent of all participants is subject to the requirements found in 21 CFR 50.24 and will be carried out under a separate investigational new drug application (IND) or investigational device exemption (IDE) that clearly identifies that participants who are unable to consent might be included. A separate IND or IDE application is required even if one already exists. The research may not commence until both IRB and FDA approval have been obtained. The IRB and a licensed physician must find and document that the following criteria below have been met. The licensed physician must be a member of or consultant to the IRB and may not otherwise be participating in the clinical investigation.
- a. The human participants are in a life-threatening situation, available treatments are unproven or unsatisfactory, and the collection of valid scientific evidence,

which may include evidence obtained through randomized placebo-controlled investigations, is necessary to determine the safety and effectiveness of particular interventions.

- b. Obtaining informed consent is not feasible because:
  - i. The participants will not be able to give their informed consent as a result of their medical condition;
  - ii. The intervention under investigation must be administered before consent from the participants' legally authorized representatives is feasible; and
  - iii. There is no reasonable way to identify prospectively the individuals likely to become eligible for participation in the clinical investigation.
  - iv. Participation in the research holds out the prospect of direct benefit to the participants because:
    - A. Participants are facing a life-threatening situation that necessitates intervention
    - B. Appropriate animal and other preclinical studies have been conducted, and the information derived from those studies and related evidence support the potential for the intervention to provide a direct benefit to the individual participants; and
    - C. Risks associated with the investigation are reasonable in relation to what is known about the medical condition of the potential class of participants, the risks and benefits of standard therapy, if any, and what is known about the risks and benefits of the proposed intervention or activity.
- c. The clinical investigation could not practicably be carried out if consent was required.
- d. The proposed investigational plan defines the length of the potential therapeutic window based on scientific evidence, and the PI has committed to attempting to contact a legally authorized representative for each participant within that window of time and, if feasible, to asking the legally authorized representative contacted for consent within that window rather than proceeding without consent. The PI will summarize efforts made to contact legally authorized representatives and make this information available to the IRB at the time of continuing review.
- e. The IRB has reviewed and approved informed consent procedures and an informed consent document consistent with 21 CFR 50.25. These procedures and the informed consent document are to be used with participants or their legally authorized representatives in situations where use of such procedures and documents is feasible. The IRB has reviewed and approved procedures and information to be used when providing an opportunity for a family member to object to an individual's participation in the clinical investigation. (21 CFR 50.24(a)(6)).
- f. Additional protections of the rights and welfare of the participants will be provided, including, at least:
  - i. Consultation (including, where appropriate, consultation carried out by the IRB) with representatives of the communities in which the clinical investigation will be conducted and from which the participants will be drawn;
  - ii. Public disclosure to the communities in which the clinical investigation will be conducted and from which the participants will be drawn, prior to initiation of the clinical investigation, of plans for the investigation and its risks and expected benefits;
  - iii. Public disclosure of sufficient information following completion of the clinical investigation to apprise the community and researchers of the

- study, including the demographic characteristics of the research population, and its results;
- iv. Establishment of an independent data monitoring committee to exercise oversight of the clinical investigation; and
  - v. If obtaining informed consent is not feasible and a legally authorized representative is not reasonably available, the PI has committed, if feasible, to attempting to contact within the therapeutic window the participant's family member who is not a legally authorized representative, and asking whether he or she objects to the participant's participation in the clinical investigation. The PI will summarize efforts made to contact family members and make this information available to the IRB at the time of continuing review.
  - vi. The IRB will ensure that procedures are in place to inform, at the earliest feasible opportunity, each participant, or if the participant remains incapacitated, a legally authorized representative of the participant, or if such a representative is not reasonably available, a family member, of the participant's inclusion in the clinical investigation, the details of the investigation and other information contained in the informed consent document.
  - vii. The IRB will ensure that there is a procedure to inform the participant, or if the participant remains incapacitated, a legally authorized representative of the participant, or if such a representative is not reasonably available, a family member, that he or she may discontinue the participant's participation at any time without penalty or loss of benefits to which the participant is otherwise entitled. If a legally authorized representative or family member is told about the clinical investigation and the participant's condition improves, the participant is also to be informed as soon as feasible. If a participant is entered into a clinical investigation with waived consent and the participant dies before a legally authorized representative or family member can be contacted, information about the clinical investigation is to be provided to the participant's legally authorized representative or family member, if feasible.
  - g. If the IRB determines that it cannot approve a clinical investigation because the investigation does not meet the criteria in the exception provided under paragraph (a) of this section or because of other relevant ethical concerns, the IRB will document its findings and provide these findings promptly in writing to the clinical PI and to the sponsor of the clinical investigation.
12. Prospective Research in Emergency Settings – research not regulated by the FDA: The IRB may approve a waiver of consent for prospective research in emergency settings that is not FDA-regulated only when both the research and the waiver of informed consent have been approved by the full board, the IRB has determined and documented that the research *is not subject* to regulations codified by the FDA at 21 CFR Part 50, and the IRB has found, documented, and reported to OHRP that the following conditions have been met relative to the research:
- a. The human participants are in a life-threatening situation, available treatments are unproven or unsatisfactory, and the collection of valid scientific evidence, which may include evidence obtained through randomized placebo-controlled investigations, is necessary to determine the safety and effectiveness of particular interventions;
  - b. Obtaining informed consent is not feasible because:
    - i. the participants will not be able to give their informed consent as a result of their medical condition;

- ii. the intervention involved in the research must be administered before consent from the participants' legally authorized representatives is feasible; and
- iii. there is no reasonable way to identify prospectively the individuals likely to become eligible for participation in the research.
- c. Participation in the research holds out the prospect of direct benefit to the participants because:
  - i. participants are facing a life-threatening situation that necessitates intervention;
  - ii. appropriate animal and other preclinical studies have been conducted, and the information derived from those studies and related evidence support the potential for the intervention to provide a direct benefit to the individual participants; and
  - iii. risks associated with the research are reasonable in relation to what is known about the medical condition of the potential class of participants, the risks and benefits of standard therapy, if any, and what is known about the risks and benefits of the proposed intervention or activity.
- d. The research could not practicably be carried out without the waiver;
- e. The proposed research study defines the length of the potential therapeutic window based on scientific evidence, and the PI has committed to attempting to contact a legally authorized representative for each participant within that window of time and, if feasible, to asking the legally authorized representative contacted for consent within that window rather than proceeding without consent. The PI will summarize efforts made to contact representatives and make this information available to the IRB at the time of continuing review;
- f. The IRB has reviewed and approved informed consent procedures and an informed consent document in accord with Sections 46.116 and 46.117 of 45 CFR Part 46. These procedures and the informed consent document are to be used with participants or their legally authorized representatives in situations where use of such procedures and documents is feasible. The IRB has reviewed and approved procedures and information to be used when providing an opportunity for a family member to object to an individual's participation in the research consistent with OPRR Report Number 97-01 Informed Consent Requirements in Emergency Research (b)(7)(v);
- g. Additional protections of the rights and welfare of the participants will be provided, including, at least:
  - i. consultation (including, where appropriate, consultation carried out by the IRB) with representatives of the communities in which the research will be conducted and from which the participants will be drawn;
  - ii. public disclosure to the communities in which the research will be conducted and from which the participants will be drawn, prior to initiation of the research, of plans for the research and its risks and expected benefits;
  - iii. public disclosure of sufficient information following completion of the research to apprise the community and researchers of the study, including the demographic characteristics of the research population, and its results;
  - iv. establishment of an independent data monitoring committee to exercise oversight of the research; and
  - v. if obtaining informed consent is not feasible and a legally authorized representative is not reasonably available, the PI has committed, if feasible, to attempting to contact within the therapeutic window the participant's family member who is not a legally authorized representative, and asking whether he or she objects to the individual's participation in the research. The PI will summarize efforts made to contact family members

and make this information available to the IRB at the time of continuing review.

- h. In addition, the IRB is responsible for ensuring that procedures are in place to inform, at the earliest feasible opportunity, each participant, or if the participant remains incapacitated, a legally authorized representative of the participant, or if such a representative is not reasonably available, a family member, of the participant's inclusion in the research, the details of the research and other information contained in the informed consent document. The IRB shall also ensure that there is a procedure to inform the participant, or if the participant remains incapacitated, a legally authorized representative of the participant, or if such a representative is not reasonably available, a family member, that he or she may discontinue the individual's participation at any time without penalty or loss of benefits to which the participant is otherwise entitled. If a legally authorized representative or family member is told about the research and the participant's condition improves, the participant is also to be informed as soon as feasible. If a participant is entered into research with waived consent and the participant dies before a legally authorized representative or family member can be contacted, information about the research is to be provided to the participant's legally authorized representative or family member, if feasible. (For the purposes of this waiver "family member" means any one of the following legally competent persons: spouses; parents; children (including adopted children); brothers, sisters, and spouses of brothers and sisters; and any individual related by blood or affinity whose close association with the subject is the equivalent of a family relationship.)

#### 13. Humanitarian Use Device (HUD)

- a. Treatment with a HUD will be initially reviewed by the fully convened IRB. At the time of review, the IRB will determine if written consent from participants for use of the HUD is necessary (see HRPO Guidelines for Humanitarian Device Exemptions). If determined by the IRB at the time of initial review continuing review may be conducted by expedited procedure.
- b. If a physician in an emergency situation determines that IRB approval cannot be obtained in time to prevent serious harm or death to a patient, a HUD may be administered without prior IRB approval. In this instance, the PI is required to provide written notification of the use to the Executive Chair within five days after use of the device. The IRB requires that written notification include identification (specification without identifiers) of the patient, the date on which the device was used, and the reason for the use.
- c. It is the responsibility of the PI to notify the FDA if the IRB were ever to withdraw approval for use of a HUD. The FDA should be notified within five days of notification of the withdrawal of approval.
- d. Treatment use of the HUD for an unapproved indication is considered off label clinical use, and will not be reviewed by the IRB as long as the use of the HUD at the organization has already been approved by the IRB.
- e. A HUD that is being used as part of a clinical investigation must be reviewed and approved by the IRB in accordance with all applicable investigational device regulations prior to initiation of the clinical investigation.

#### H. Compliance with International Conference on Harmonization – Good Clinical Practice (E6.)

If there is a contract or funding agreement between a research sponsor and the Covered Organization that requires ICH-GCP (E6) be followed, it is the responsibility of the PI to submit an application through myIRB requesting review of their clinical trial in compliance

with ICH-GCP.

1. These clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with GCP and the applicable regulatory requirements. (AAHRPP Element I.1.D.; ICH-GCP 2.1)
2. When conducting clinical trials under ICH-GCP the PI and the research team is required to be knowledgeable of and follow all requirements of this policy as well as the additional requirements detailed in the ICH-GCP (E6) Guidance including, but not limited to those described in this section.
3. When considering applications requesting review in compliance with ICH-GCP, the IRB will be provided with the following information in the myIRB application:
  - a. The Background section of the myIRB application will provide information on the available nonclinical and clinical information for any investigational product used that is adequate to support the proposed clinical trial. (AAHRPP Element I.1.F.; ICH-GCP 2.4)
  - b. A clear, detailed protocol either through completion of protocol fields in the myIRB application and/or a complete protocol attached to the myIRB application. (AAHRPP Element I.1.F.; ICH-GCP 2.5)
  - c. The PI's current curriculum vitae or other documentation evidencing qualifications. (AAHRPP Element II.2.E.; ICH-GCP 3.1.2)
  - d. An Assurance Document signed by the PI's Dean/Department Head (or designee) or designated official from the Covered Organization indicating:
    - i. Verification that clinical trials are scientifically sound. (AAHRPP Element I.1.F.; ICH-GCP 2.5)
    - ii. Assurance that the PI has resources necessary to protect participants including: (AAHRPP Element I-2; ICH-GCP 4.2.3)
    - iii. Adequate numbers of qualified staff.
    - iv. Adequate facilities
  - e. An Assurance Document signed by the PI indicating:
    - i. Where allowed or required, that the PI may assign some or all duties for investigational articles accountability at the trial site to an appropriate pharmacist or another appropriate individual who is under the supervision of the PI. (AAHRPP Element I.7.B.; ICH-GCP 4.6.2)
    - ii. The PI, pharmacist, or other designated individual will maintain records of the product's delivery to the trial site, the inventory at the site, the use by each participant, and the return to the sponsor or alternative disposition of unused products. These records will include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational products and trial participants. The PI will maintain records that document adequately that the participants are provided the doses specified by the study and reconcile all investigational products received from the sponsor. (AAHRPP Element I.7.B.; ICH-GCP 4.6.3)
    - iii. A qualified physician (or dentist, when appropriate), who is the PI or a Co- Investigator for the clinical trial, will be responsible for all clinical trial-related medical (or dental) decisions. (AAHRPP Element III.1.C.; ICH-GCP 4.3.1)
    - iv. During and following a participant's participation in the clinical trial, the PI ensures that adequate medical care is provided to a participant for any adverse events, including clinically significant laboratory values,

- related to the clinical trial. (AAHRPP Element III.1.C.; ICH-GCP 4.3.2)
- v. The PI and research team are responsible for informing participants when medical care is needed for other illnesses of which the researcher team becomes aware. (AAHRPP Element III.1.C.; ICH-GCP 4.3.2)
  - vi. The PI will follow the clinical trial's randomization procedures, if any, and ensure that the code is broken only in accordance with the protocol. If the clinical trial is blinded, the PI will promptly document and explain to the Sponsor any premature unblinding. (AAHRPP Element III.1.C.; ICH-GCP 4.7)
  - vii. The PI will inform the participant's primary physician about the participant's participation in the clinical trial if the participant has a primary physician and if the participant agrees to the primary physician being informed. (AAHRPP Element III.1.E.; ICH-GCP 4.3.3)
  - viii. Although a participant is not obliged to give his or her reasons for withdrawing prematurely from a clinical trial, the PI will make a reasonable effort to ascertain the reason, while fully respecting the participant's rights. (AAHRPP Element III.1.E.; ICH-GCP 4.3.4)
  - ix. The research team will provide all the disclosures and follow the requirements pertaining to consent covered by ICH-GCP. (AAHRPP Element III.1.F.; ICH-GCP 4.8)
  - x. The PI will provide evidence of his or her qualifications through up-to-date curriculum vitae or other relevant documentation requested by the Sponsor or IRB. (AAHRPP Element III.2.A.; ICH-GCP 4.1.1)
  - xi. The PI is familiar with the appropriate use of the investigational product, as described in the protocol, in the current investigator brochure, in the product information, and in other information sources provided by the Sponsor. (AAHRPP Element III.2.A.; ICH-GCP 4.1.2)
  - xii. The PI will permit monitoring and auditing by the Sponsor and inspection by the appropriate regulatory authority. (AAHRPP Element III.2.A.; ICH-GCP 4.1.4)
  - xiii. The PI ensures the accuracy, completeness, legibility, and timeliness of the data reported to the Sponsor. (AAHRPP Element III.2.A.; ICH-GCP 4.9.1)
  - xiv. The PI maintains the clinical trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the applicable regulatory requirements. (AAHRPP Element III.2.A.; ICH-GCP 4.9.4)
  - xv. Essential documents are retained until at least two years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least two years have elapsed since the formal discontinuation of clinical development of the investigational product. (AAHRPP Element III.2.A.; ICH-GCP 4.9.5)
  - xvi. The PI will maintain a list of appropriately qualified persons to whom they have delegated significant clinical trial-related duties. (AAHRPP Element III.2.B.; ICH-GCP 4.1.5)
  - xvii. The PI will report all serious adverse events (SAEs) to the Sponsor except for those SAEs that the protocol or other document (e.g., Investigator's brochure) identifies as not needing immediate reporting. The PI follows regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authority

- and the IRB. (AAHRPP Element III.2.D.; ICH-GCP 4.11.1)
- xviii. The PI will report adverse events or laboratory abnormalities identified in the protocol as critical to safety evaluations to the Sponsor according to the reporting requirements and within the time periods specified by the Sponsor in the protocol. (AAHRPP Element III.2.D.; ICH-GCP 4.11.2)
  - xix. For reported deaths, the PI will supply the Sponsor and the IRB with any additional requested information (e.g., autopsy reports and terminal medical reports). (AAHRPP Element III.2.D.; ICH-GCP 4.11.3)
  - xx. The PI will provide written reports to the Sponsor, the IRB, and, where applicable, the Organization on any changes significantly affecting the conduct of the clinical trial or increasing the risk to participants. (AAHRPP Element III.2.D.; ICH-GCP 4.10.2)
  - xxi. If the PI terminates or suspends the clinical trial without prior agreement of the Sponsor, the PI will inform the Organization, Sponsor, and the IRB. (AAHRPP Element III.2.D.; ICH-GCP 4.12.1)
  - xxii. If the IRB terminates or suspends approval of the clinical trial, the PI will promptly notify the Sponsor. (AAHRPP Element III.2.D.; ICH-GCP 4.12.3)
  - xxiii. Upon completion of the clinical trial, the PI will inform the Organization and the IRB with a summary of the trial's outcome; and the regulatory authority with any reports required. (AAHRPP Element III.2.D.; ICH-GCP 4.13)
4. For clinical trials conducted under ICH-GCP, PIs are responsible for following reporting requirements as described in Section X. In addition, the following must also be reported as New information as described in Section X.B.1.c:
    - a. New information that may affect adversely the safety of the participants or the conduct of the clinical trial.
    - b. Any changes significantly affecting the conduct of the clinical trial or increasing the risk to participants.
  5. When adults are unable to consent, the IRB makes the following determinations:
    - a. A non-therapeutic clinical trial (i.e. a trial in which there is no anticipated direct clinical benefit to the participant) is conducted in participants who personally give consent and who sign and date the written consent document.
    - b. A non-therapeutic clinical trial may be conducted in participants with consent of a legally acceptable representative provided the following conditions are fulfilled:
      - i. The objectives of the clinical trial cannot be met by means of a trial in participants who can give consent personally.
      - ii. The foreseeable risks to the participants are low.
      - iii. The negative impact on the participant's well-being is minimized and low.
      - iv. The clinical trial is not prohibited by law.
      - v. The determination of the IRB is expressly sought on the inclusion of such participants, and the determination is documented. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Participants in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.
  6. For planned emergency research, the participant or the participant's legally authorized representative is informed about the clinical trial as soon as possible and provides consent if the participant wishes to continue.

7. Prior to a participant's participation in the trial, the written consent document should be signed and personally dated by the participant or by the participant's legally authorized representative.
  8. Prior to a participant's participation in the trial, the written consent document should be signed and personally dated by the person who conducted the informed consent discussion.
  9. If a participant is unable to read or if a legally authorized representative is unable to read, an impartial witness should be present during the entire informed consent discussion.
  10. After the written consent document and any other written information to be provided to participants, is read and explained to the participant or the participant's legally authorized representative, and after the participant or the participant's legally authorized representative has orally consented to the participant's participation in the trial and, if capable of doing so, has signed and personally dated the consent document, the witness should sign and personally date the consent document.
  11. By signing the consent document, the witness attests that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the participant or the participant's legally authorized representative, and that consent was freely given by the participant or the participant's legally authorized representative.
  12. Prior to participation in the trial, the participant or the participant's legally acceptable representative should receive a copy of the signed and dated written consent document and any other written information provided to the participants.
- I. Human subjects research that is supported or conducted by the Department of Defense (DoD) must comply with the requirements described in this section, as well as all other IRB policies and procedures as applicable.
1. *Definitions*
    - a. Minimal Risk (Part 219 of Title 32, CFR): The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests., This definition of minimal risk does not include the inherent occupational risks that certain subjects face in their everyday life, such as those:
      - (1) Encountered by Service members, law enforcement, or first responders while on duty.
      - (2) Resulting from or associated with high-risk behaviors or pursuits.
      - (3) Experienced by individuals whose medical conditions involve frequent tests or constant pain.
    - b. Research involving a human being as an 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. Research involving a human being as an experimental subject is a subset of research involving human subjects.
    - c. Prisoner: As defined in 45 CFR 46 subpart C, but explicitly includes military personnel in either civilian or military custody or detainment.
  2. Initial and continuing research ethics education is required for all personnel who conduct, review, approve, oversee, support, or manage human participants research. This requirement may be fulfilled by completing the WU required CITI training and/or there might be specific DoD educational requirements or certification required, dependent upon the component funding the research. All IRB members involved in the review of DoD research must follow the DoD-specific review checklist in myIRB that provides education in the requirements for review. Researchers

conducting DoD research are provided education directly from the HRPO Education Team through in-person meetings conducted through the SWAT! services or the Study Initiation Program.

3. For non-exempt research, the IRB will consider the scientific merit of the research and may rely on outside experts to provide this evaluation.
4. The following will be reported by the IRB within 30 days to the DoD human research protection officer for DoD-supported research:
  - a. Any determinations of serious or continuing non-compliance
  - b. Any suspension or termination
5. For DoD-supported research, the PI will report the following within 30 days to the DoD human research protection officer:
  - a. When significant changes to the research study are approved by the IRB.
  - b. The results of the IRB continuing review.
  - c. Change of reviewing IRB.
6. For DoD-supported research, when the IRB is notified by any federal department, agency or national organization that it is under investigation for cause involving a DoD-supported research study, the HRPO staff will notify the DoD human research protection officer within 30 days.
7. If research involves surveys performed on DoD personnel, the PI will submit to the DoD for review and approval after the research study is reviewed and approved by the IRB.
8. Any unanticipated problems involving risks to participants or others for any DoD-supported research will be reported by the IRB to the DoD human research protection officer within 30 days.
9. When conducting multi-site research, a formal agreement between organizations will be required to specify the roles and responsibilities of participating sites.
10. When research involves U.S. military personnel additional protections for military research participants to minimize undue influence are required:
  - a. Officers are not permitted to influence the decision of their subordinates.
  - b. Officers and senior non-commissioned officers may not be present at the time of recruitment.
  - c. Officers and senior non-commissioned officers have a separate opportunity to participate.
  - d. When recruitment involves a percentage of a unit, an independent ombudsman is present.
11. When research involves U.S. military personnel, the following limitations on dual compensation apply:
  - a. Prohibition on an individual receiving pay of compensation for research during duty hours.
  - b. An individual may be compensated for research if the participant is involved in the research when not on duty.
  - c. Federal employees while on duty and non-federal persons may be compensated for blood draws for research up to \$50 for each blood draw.
  - d. Non-federal persons 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.
12. The IRB will determine that the disclosure for research-related injury follow the requirements of the DoD component.
13. If the participant meets the definition of "experimental subject," a waiver of the consent process is prohibited unless a waiver is obtained from the Assistant Secretary of Defense for Research and Engineering.
14. The Assistant Secretary for Defense for Research and Engineering may waive the requirements for consent when all of the following are met:
  - a. The research is necessary to advance the development of a medical product for

- the Military Services.
  - b. The research may directly benefit the individual experimental subject.
  - c. The research is conducted in compliance with all other applicable laws and regulations.
15. For classified research, waivers of consent are prohibited.
16. If the participant does not meet the definition of “experimental subject,” the IRB may waive the consent process.
17. Research involving pregnant women, prisoners, and children are subject to the DHHS Subparts B, C, and D.
- a. For purposes of applying Subpart B, the phrase “biomedical knowledge” must be replaced with “generalizable knowledge.”
  - b. The applicability of Subpart B is limited to research involving pregnant women as participants in research that is more than minimal risk and included interventions or invasive procedures to the woman or the fetus or involving fetuses or neonates as participants.
  - c. Fetal research must comply with the US Code Title 42, Chapter 6A, Subchapter III, Part H, 289g.
  - d. Research involving prisoners cannot be reviewed by the expedited procedure.
  - e. When the IRB reviews research involving prisoners, at least one prisoner representative must be present for quorum.
  - f. In addition to allowable categories of research on prisoners in Subpart C, epidemiological research is also allowable when:
    - i. The research describes the prevalence or incidence of a disease by identifying all cases or studies potential risk factor association for a disease.
    - ii. The research presents no more than minimal risk.
    - iii. The research presents no more than an inconvenience to the participant.
  - g. When a participant becomes a prisoner, 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 this request to approve a change in the research study and until the organizational official and DoD Component office review the IRB’s approval to change the research study. Otherwise, the IRB chair will require that all research interactions and interventions with the prisoner-subject (including obtaining identifiable private information) cease until the convened IRB can review this request to approve a change in the research study. The convened IRB, upon receipt of notification that a previously enrolled human participant has become a prisoner, will promptly re-review the research study to ensure that the rights and wellbeing of the human subject, now a prisoner, are not in jeopardy. The IRB will consult with a subject matter expert having the expertise of a prisoner representative if the IRB reviewing the research study does not have a prisoner representative. If the prisoner-participant can continue to consent to participate and is capable of meeting the research study 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
18. 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.

19. The exemption for research involving survey or interview procedures or observation of public behavior, does not apply to research with children, except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.
20. Research involving prisoners of war is prohibited. Prisoner of war may be defined differently across DoD components. The HRPO full board or expedited Manager will be responsible for communicating with the DoD component human subjects officer to obtain the appropriate definition when applicable to the proposed research.
21. If consent is to be obtained from the experimental subjects' legally authorized 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.
22. Exception from consent in emergency medicine research is prohibited unless a waiver is obtained from the Secretary of Defense.
23. Records maintained that document compliance or non-compliance with DoD regulations will be made accessible for inspection and copying by representatives of the DoD at reasonable times and in a reasonable manner as determined by the supporting DoD component.

## **IX. Principal Investigators (PIs)**

### **A. Qualifications**

1. All personnel performing any procedures associated with a research study must have appropriate training and expertise.
2. Individuals performing specific functions or procedures should have the necessary licensure and/or credentials to conduct the activity in accordance with the research study. Exceptions to this policy would require IRB approval and approval from the appropriate official of the Covered Organization.
3. Medications administered as part of this research should be administered in accordance with the applicable licensure requirements as found in RSMo. Chapter 324 et seq or applicable laws based on where the research is conducted.
4. For research conducted by an undergraduate or graduate student the IRB requires that the research be sponsored by a full-time faculty member.
  - a. This faculty member may not be on leave unless an exception has been granted by the Executive Director (or designee) and the faculty member has a plan for how they will directly oversee the conduct of research during the leave.
  - b. The faculty member must be in good standing with his/her academic organization during the IRB submission, IRB review, and conduct of the study.
5. The PI's qualification to conduct research is documented by virtue of his/her faculty, staff, or student status.
  - a. WU PIs must provide a signed assurance from their Dean/Department Chair/Department Head (or designee)
  - b. If the WU PI is an undergraduate or graduate student the faculty sponsor must also provide a signed assurance.
  - c. PIs from other entities will be required to provide a signed assurance from an organizational official or other designee.
6. The PI must have adequate resources including funding, facilities, staff, the time to conduct and complete the research, and equipment to conduct proposed research.

### **B. Education Requirements**

1. The IRB requires that PIs and research personnel comply with their organizational policy regarding education related to the protection of the rights and welfare of research participants and HIPAA compliance (when applicable) prior to conducting research. Completion of the required CITI modules constitutes adequate training and is tracked through the myIRB system.
2. It is the responsibility of the PI to ensure that research personnel are qualified and adequately trained in the protection of the rights and welfare of human participants.
3. HRPO provides ongoing educational opportunities to PIs and research personnel. Examples of education provided include presentations provided in various venues including but not limited to, Question and Answer sessions, a yearly Ethics Series, individual or group educational sessions provided by request, informational broadcasts via Research News and through guidelines and other information available on HRPO website.
4. Individuals who serve as research sponsors or advisors are expected to understand the regulatory and ethical considerations for research with human participants, and as such, must comply with these educational requirements whether or not they are engaged in the research.

- C. Finder's Fees and Bonus Payments
1. Finder's fees are defined as a payment or gift from the PI or sponsor to a person who identifies or refers a prospective participant. Finder's fees may not be paid to any individual (including the PI or members of the research team).
  2. Recruitment bonuses are payments from the sponsor to the PI (or other member of the study team) or Organization based on the rate or timing of recruitment. PIs and research personnel may not individually receive bonus payments that are prospective incentives based solely on participant recruitment.
  3. PIs may accept monetary rewards that are offered by the sponsor only after the research is closed to enrollment and only if the reward is directed to the research team as a whole and under the control of the Dean or Department Chair (or designated organizational official of the Covered Organization) (e.g. funds allocated for purchasing educational materials or to support attendance at educational conferences).
- D. Financial Conflicts of Interest
1. The PI and research team members must comply with the conflict of interest policies from their organization. If an organization does not have a conflict of interest policy the terms of the reliance agreement apply.
  2. The IRB requires all individuals engaged in the research to disclose in the IRB application form any financial interests that the individual, individual's spouse, domestic partner, or dependent children have with the sponsor of the study, the supporting organization, or company that owns or licenses the technology being studied.
  3. When a financial interest exists, the financial interest will need to be reviewed, approved, and, if necessary, managed in accordance with the conflict of interest policy applicable to the PI and the study team. A summary of the findings and recommended management strategy will be provided to the IRB members for review and discussion at a full board meeting or will be reviewed by an expedited reviewer if the research qualifies for review by expedited procedure. As part of the review, the IRB has the authority to request additional actions to those required under the conflict of interest management plan to increase protections for the research participants. Any additional actions required by the IRB will be communicated to the respective conflict of interest committee. The IRB has the final authority to determine whether the research and the management plan, if any, allow the research to be approved.
  4. Documentation of the review by the conflict of interest committee is required in order for the IRB to approve the research.
  5. The IRB may require disclosure of the financial interest to participants in the consent form if a financial conflict of interest is identified.
- E. IRB Approval
1. The IRB approval will be obtained before implementation of any research involving human participants, including review of identifiable data, records, tissues, or other derived materials.
  2. Prior IRB approval must be obtained before initiating any change to previously-approved research except when necessary to eliminate apparent, immediate hazards to participants.
  3. Changes in approved research may be initiated without IRB approval only to eliminate apparent immediate hazards to the participant and may involve notification to the participant prior to approval by the IRB via telephone, in person, in writing or by other methods that will quickly communicate information as appropriate. These changes should be reported to the IRB

within 10 working days after the occurrence as a reportable event. The event is reviewed by the Executive Chair (or designee) or the IRB to determine whether the change was consistent with ensuring the participants' continued welfare. These events may require review by the fully convened IRB as outlined in Section X of this policy.

- F. Change in the PI
  - 1. Changes in PI are treated as modifications to previously approved research and must be approved by the IRB before implementation of the change.
  - 2. Requests to change the PI must be approved by the IRB after prior approval is obtained from the original PI and the authorized Dean, Department Chair, or designee. PIs from other entities may be required to provide a signed assurance from an organizational official or other designee.
  - 3. Student-conducted research requires additional prior approval of the Faculty Sponsor.
  - 4. In studies where active participation is ongoing, participants may be notified about the change in PI, as this is a change in the original agreement (informed consent) between the parties. Participants may be notified by letter, phone call, or other mode of communication, approved by the IRB.
  
- G. Premature completion of the study
  - 1. If a study is ending prematurely the IRB must be notified:
    - a. If the study is ending due to a safety issue the information should be submitted as an unanticipated problem involving risks to participants or others.
    - b. In all cases, participants should be notified if they are still actively involved in the study, such as receiving the intervention or continue to interact with the study team. This notification will require IRB approval prior to distribution to the participant unless notification is necessary to eliminate an immediate hazard.
  
- H. Responsible Conduct of Research
  - 1. All individuals engaged in the conduct of human subject research are expected to comply with the highest standards of ethical and professional conduct in accordance with Federal and state regulations and organizational and IRB policies.
  - 2. Failure on the part of the PI, or any member of the study team to comply with these policies will result in IRB and/or organizational intervention appropriate to the infraction, in accordance with IRB Policies and Procedures.
  
- I. Review of grant applications
  - 1. For sponsored research, the PI will ensure that the research described in the grant application or proposal is consistent with any corresponding study(s).
  
- J. HIPAA Minimum Necessary Standard
  - 1. The research team will only collect information essential to the study and in accordance with this policy.
  - 2. To the greatest extent possible, access to the information will be limited within the research team.
  - 3. If protected health information is used or created, it will not be re-used or disclosed to any other person or entity, except as required by law, research oversight, or those uses outlined in the myIRB application.

- K. **Informed Consent:** The rights and welfare of human participants and the methods for obtaining their voluntary consent to participate in research should be carried out in accordance with Federal regulations, this policy, and the policies of the Covered Organization. This includes the information listed below, along with the information in Section VII:
1. Information provided during the consent process should be discussed with prospective participants to ensure that they understand the nature of the research and can voluntarily decide to participate, without risk of coercion or undue influence.
  2. If any language barriers or other impediments to communication exist, appropriate measures should be taken to ensure the participant's understanding. When consenting non-English speaking participants, consent should occur in the native language in the format approved for the study.
  3. Discussions regarding the research and each participant's desire to continue to participate should continue throughout their participation in the study.
  4. When children participate in research, their assent should be obtained in accordance with the provisions approved by IRB.
  5. When written documentation of consent is required, the consent form should be signed and dated by both the research participant and the individual who obtained the consent. A signed copy should be provided to the participant.
  6. The individual obtaining consent must be a member of the study team and appropriately trained and qualified.
  7. Any information provided to participants in the form of consent and written assent documents, scripts, and debriefing forms (as may be required by the IRB) should bear HRPO stamp of approval.
  8. Contact information for the PI or appropriately designated research team member, HRPO and as applicable, the Covered Organization should be provided to research participants such that participants are aware of whom to contact for information and or complaints should the need arise. This information should be clearly stated in the consent form, or when the IRB waives written documentation of consent, provided orally or in a written information sheet, as may be required by the IRB. The PI or designated research team member is responsible for promptly responding to requests for information from participants as well as follow up regarding participant complaints.
- L. **Rights of Research Participants**
1. Only bona fide members of the study team that are listed in the myIRB application are ordinarily authorized to be present during research procedures.
  2. Study team members would not include: the sponsor, other research sites, outside labs, independent statistician, colleagues (clinical associates).
  3. The only exceptions to this rule are when: (i) a participant specifically requests the presence of his/her advocate and the research permits the advocate's presence; (ii) research involves standard clinical procedures in which case it is appropriate for standard procedures to be carried out by qualified, non-research staff according to customary standards of care.
- M. **Referrals:** If during the course of the research study, it becomes apparent that the participant needs to be referred for further services, the PI should make such referral(s).
- N. **Continuing Review**

1. Federal regulations require that research involving human participants be reviewed by the IRB at least annually unless the research is not FDA-regulated and meets one of the exceptions under 45 CFR 46.109.
2. As a courtesy to PIs, HRPO issues continuing review notices before the study is due to expire. To allow adequate time for review, it is very important that the PI submits continuing review applications 6 weeks prior to the date of IRB approval expiration.
3. If IRB approval expires all research activities must stop and new participants may not be enrolled. Any continuation of treatment or follow-up after IRB approval has expired requires approval of the Executive Chair or designee. Requests to continue treatment or follow-up should be directed to the Executive Chair.
4. If IRB approval expires the study may be closed by HRPO. Once HRPO closes a study it will not be re-opened under the previous approval. A new submission is required.

O. Verification of information related to ongoing research

1. The IRB has the right to determine which studies need verification of specific aspects of the research by sources other than the PI to ensure that no material changes have occurred since the previous IRB review. This verification may occur by:
  - a. Conducting audits or inquiries to collect information, and/or
  - b. Having the IRB or its designee observe the consent process and/or conduct of research.
2. The IRB will determine the need for verification from outside sources on a case-by-case basis and according to the following criteria:
  - a. Studies selected at random by HRPO for quality assurance auditing functions
  - b. Complex studies involving unusual levels or types of risks to participants;
  - c. Studies conducted by PIs who previously have failed to comply with DHHS and/or FDA regulations or the requirements and determinations of the IRB;
  - d. Studies where concern about the conduct of the study and protection of research participants has been raised based on information provided in continuing review reports or from other sources.
3. When the IRB or HRPO staff identifies a need for verification of information related to ongoing research, the IRB or HRPO staff may request that the Human Subject Research Quality Assurance/Quality Improvement Office conduct such activities (e.g. audits, observations of the consent process) and report findings to the IRB. The assistance of the Human Subject Research Quality Assurance/Quality Improvement Office would not be requested in the case of HRPO random, not-for-cause audits which are conducted for quality assurance purposes. The IRB or HRPO may request assistance from other auditing groups as needed.

P. Appeal Process

1. Full Board Reviews: The PI has the right to respond in person or in writing if the IRB disapproves a research activity by contacting the Executive Chair or HRPO staff. The IRB will consider any new information that was not previously presented to the board during any subsequent review.
2. Expedited Reviews: If a PI does not agree to contingencies recommended by the expedited reviewer, the study is referred to the full board.

Q. Record Retention

1. All research records, including signed consent forms, must be kept in their original form or a certified scanned electronic form for at least six years beyond close of the study.
  2. Additional retention requirements may be required under State and Federal laws, the Covered Organization's policies or at the request of the study sponsor.
  3. Protected Health Information must be stored in accordance with HIPAA and the Covered Organization's HIPAA policies.
- R. Close Form
1. The PI is required to submit a Close Form at the conclusion or discontinuation of all IRB approved projects.
  2. Studies may be closed when the following conditions apply:
    - a. All interventions and interactions with the research participant have been completed and
      - i. the data have been stripped of all identifiers (including codes) with which individual identities of participants could be ascertained; or
      - ii. the data remain identifiable but will no longer be used for the current research study.
    - b. After a study has been closed a new application must be submitted and approved by the IRB before any identifiable or coded data may be used, even by the same PI.
  3. A study may be closed by HRPO as described in Section IX (N). Repeated failure to submit final reports may be considered noncompliance with the WU IRB policies.
- S. Ownership of Research Property
1. Unless an exception applies or permission has been granted by WU, WU owns all intellectual property, including lab notebooks, cell lines and other tangible research property for studies conducted by WU researchers. This includes original research documents, lab notebooks (in any format), interview tapes and transcripts, electronic databases, and all other data and specimens.
  2. For studies conducted by non-WU researchers their organization's policies or applicable contractual agreements regarding ownership of research property will apply.
- T. When a PI leaves the Covered Organization
1. When a WU PI leaves WU, all such research property will stay at WU in the custody of a collaborator or the appropriate Dean or Department Head unless prior arrangements have been made and the appropriate organizational approvals have been obtained.
  2. Otherwise, when a PI at the Covered Organization leaves the Covered Organization any applicable policies in place at the Covered Organization should be followed.
- U. Unless WU is serving as the single IRB for a multi-site study, only faculty, employees or students of a covered organization, as listed in Appendix 2, may serve as the PI.

## **X. Investigator Reporting Requirements and IRB Review of Reportable Events**

### **A. Definitions**

1. Unanticipated problem involving risks to participants or others:
  - a. Are unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the study-related documents, such as the IRB-approved research study and informed consent document; and (b) the characteristics of the subject population being studied; and
  - b. Are related or possibly related to participation in the research; and
  - c. Suggest that the research places participants or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.
2. Unexpected adverse drug event: Any adverse drug experience (associated with the use of the drug), the frequency, specificity, or severity of which is not consistent with the current investigator brochure; or, if an investigator brochure is not required or available, the specificity or severity of which is not consistent with the risk information provided to the participants and the IRB.
3. Unexpected adverse device effect: Any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects.
4. Non-compliance: Failure to follow any applicable regulation or organizational policies that govern human subjects research or failure to follow the determinations of the IRB. Noncompliance may occur due to lack of knowledge or due to deliberate choice to ignore regulations, organizational policies, or determinations of the IRB.
5. Serious non-compliance: Noncompliance that materially increases risks, that results in substantial harm to subjects or others, or that materially compromises the rights or welfare of participants.
6. Continuing non-compliance: A pattern of repeated non-compliance including non-compliant acts, omissions or behavior, that if continued will likely, in the IRB's judgment, materially adversely affect (a) the rights, welfare or safety of research participants, (b) the integrity or validity of the pertinent study(s), or (c) the mission or operation of HRPO. The pattern may comprise repetition of the same non-compliant action(s), or different non-compliant events. Such non-compliance may be unintentional (e.g. due to lack of understanding, knowledge, or commitment), or intentional (e.g. due to deliberate choice to ignore or compromise the requirements of any applicable regulation, organizational policy, or determination of the IRB).
7. Report of non-compliance: An instance of non-compliance that does not require further information to confirm. Allegation of non-compliance: An assertion made by a second party that must be proven or supported with evidence to either confirm or deny.

### **B. PI Reporting Requirements**

1. The PI is required to notify the IRB promptly of the following events:
  - a. Any unanticipated problems involving risks to participants or others or that impact participants or conduct of the study. This includes:
    - i. Unexpected adverse drug events
    - ii. Unexpected adverse device effects
    - iii. Other unanticipated problems
    - iv. Other unanticipated information that is related to the research and indicates the participants or others might be at increased risk of harm.

(For more information about events that may represent an unanticipated problem see the Office of Human Research Protection's Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events or the Food and Drug Administration's Guidance on Adverse Event Reporting to IRBs-Improving Human Subject Protection)

- b. Noncompliance with federal regulations or the requirements or determinations of the IRB
  - c. Receipt of new information that may impact the willingness of participants to participate or continue participation in the research study.
  2. Changes in approved research initiated without IRB approval to eliminate an immediate hazard:
    - a. The PI should report the change after the occurrence as a reportable event within 10 working days. The event should be reported as either an unanticipated problem involving risks to participants or others or noncompliance depending on the circumstances. The review process for these events follow the review process for unanticipated problems involving risks to participants or others or noncompliance as further described in this section of the policy. In addition, the Executive Chair (or designee) or the IRB will determine whether the change was consistent with ensuring the participants' continued welfare.
  3. Timeframe for reporting:
    - a. The events described in Section X(B)(1) should be reported within 10 working days of the occurrence of the event or notification to the PI or research team of the event.
    - b. The death of a research participant that qualifies as a reportable event under X(B)(1) should be reported within 1 working day of the occurrence of the event or notification to the PI or research team of the event.
  4. Audits/Inspections/Inquiry:
    - a. The PI should immediately contact HRPO upon notice of any FDA audit or any for-cause audit. This notification should occur via email to the Executive Director.
    - b. Follow up information should be provided and include any reports or determinations as a result of the audit.
    - c. For audits by the FDA, the PI should notify HRPO within one working day of notice of the audit. After the audit the PI should provide follow up information to HRPO within one working day of receipt describing the outcome of the audit, even if there are no findings. If there are findings from the audit supporting documentation should be included, such as a 483 report, warning letter or any other correspondence from the FDA.
    - d. Audits/inspections/inquiries that result in findings of noncompliance as defined in this policy should be reported in accordance with Section X(B)(1).
  5. Reports of problems determined to represent unanticipated problems involving risks to participants or others, noncompliance determined to represent serious or continuing noncompliance, and suspensions and terminations of IRB approval should be reported to the study sponsor, as required.
- C. Procedures for Review of Reports of Unanticipated Problems
1. The Executive Chair (or designee) will review reports of submitted events to determine whether the event represents an unanticipated problem involving risks to participants or others.
  2. If the report is determined by the Executive Chair (or designee) to constitute an unanticipated problem involving risks to participants or others and the event represents no more than a minimal risk of harm or does not significantly impact participants (e.g. study is closed to enrollment and all participants have completed intervention, no corrective action plan is required, etc.,) the event is acknowledged by

the Executive Chair (or designee) in the myIRB system along with requiring any additional actions as described in Section X(C)(5). The Executive Chair (or designee) is expected to self-identify studies in which they have a conflict of interest and to remove themselves from the review of such studies. The Executive Chair (or designee) is required to verify that they do not have a conflict of interest on the myIRB approval form. The Executive Chair (or designee) is prevented by the myIRB system from acknowledging or withdrawing the unanticipated problem for studies in which they indicate a conflict of interest.

3. If the report is determined by the Executive Chair (or designee) to possibly constitute an unanticipated problem involving risks to participants or others and the event represents more than a minimal risk of harm to participants or otherwise significantly impacts participants the event will be reviewed by the fully convened IRB.
  4. If the event requires full board review, see Section V(B)(11). The convened IRB will review the report and determine if i) the event represents an unanticipated problem involving risks to participants or others (only for events that occur at a Covered Organization) and ii) determine if any additional actions are required as described in Section X(C)(5). If the determination made by the convened IRB differs from that made by the Executive Chair (or designee), the determination of the convened IRB supersedes that made by the Executive Chair (or designee).
  5. The Executive Chair (or designee) or convened IRB may take the following actions to protect the rights and welfare of participants. These actions may include, but are not limited to:
    - a. No action necessary
    - b. Modification of the protocol or myIRB application
    - c. Modification of the consent process
    - d. Modification of the consent document
    - e. Providing additional information to current participants (e.g. whenever the information may relate to the participant's willingness to continue participation)
    - f. Providing additional information to past participants
    - g. Requiring current participants to re-consent to participation
    - h. Alteration of the frequency of continuing review
    - i. Requiring additional training of the PI
    - j. Referral to the Covered Organization's quality improvement office for monitoring of the research or consent process
    - k. Referral to the Research Integrity Officer, for WU research
    - l. Referral to other organizational entities/offices
    - m. Suspension of the research pending a more thorough review (in accordance with procedures outlined in Section X(G) of this policy)
    - n. Terminate the research (in accordance with procedures outlined in Section X(G) of this policy)
  6. The IRB sends written notification of determinations and actions taken to the PI through the myIRB system. Reports to other entities are made in accordance with procedures described in Section X(I).
- D. Allegations and reports of Non-Compliance
- All members of the community involved in human research are expected to comply with the highest standards of ethical and professional conduct in accordance with federal and state regulations and organizational policies governing the conduct of research involving human participants including but not limited to all applicable federal and state regulations, organizational policies and procedures, including IRB policies, governing research and the conditions outlined in the IRB assurances document. The Executive Chair (or designee) will respond to allegations and reports of violations of regulations and policies related to human research according to the procedures described below. The Executive

Chair (or designee) will self-identify conflicts of interest as defined in the Glossary and will not participate in the investigation or review if a conflict exists.

1. Reports of non-compliance or suspected non-compliance:
  - a. Reports/allegations of non-compliance or suspected non-compliance may be submitted to HRPO by a PI, study team, HRPO staff, IRB members, the Human Subject Research Quality Assurance/Quality Improvement Committee, other auditing groups, a research participant or anyone else with a concern.
  - b. Such reports/allegations may be made to the HRPO office, to the Vice Chancellor for Research, or through other organizational offices. When human research-related reports/allegations are received by other offices, HRPO is notified promptly. Reports/allegations should include as much information as possible regarding the event(s) or action(s).
  - c. The identity of the informer will be kept confidential unless he/she provides permission to disclose identifying information.
2. Handling allegations of non-compliance:
  - a. The individual staff member who first learns of the event or action will refer the report to a member of the Compliance Review Team or Executive Chair (or designee) for further investigation and information gathering.
  - b. If the Executive Chair (or designee) determines that the allegation has no basis in fact, no further action will be taken under this Policy. If the Executive Chair (or designee) determines that the allegation involves noncompliance in fact, the remainder of this procedure for non-compliance is followed. If, in the course of handling the allegation of noncompliance, the Executive Chair (or designee) is unable to resolve whether the allegation has a basis in fact, the matter will be referred to the PARC for further investigation.
  - c. If the PARC determines that the allegation has no basis in fact, no further action will be taken under this Policy. If the PARC determines that the allegation involves non-compliance in fact, the remainder of this procedure for a report of noncompliance is followed.
3. Handling reports of non-compliance:
  - a. The individual staff member who first learns of the event or action will refer the report to a member of the Compliance Review Team or Executive Chair (or designee) for further investigation and information gathering.
  - b. Further investigation of the noncompliance will include contact with the PI and, when appropriate, consultation with officials of the Covered Organization, the Vice Chancellor for Research, the Office of General Counsel, Risk Management, or another organizational offices, as appropriate.
  - c. PIs may voluntarily initiate suspension or termination of their research until the allegation or report of noncompliance has been investigated and resolved. If deemed necessary by the Executive Chair (or designee), the matter will be referred to the PARC for possible suspension or termination (as described in Section X(G)). The Executive Chair or Executive Director may also suspend the research pending review by the full board.
  - d. Once the investigation has been completed, the Executive Chair (or designee) will make an initial determination regarding whether the non-compliance constitutes serious or continuing noncompliance.
    - i. If, after investigation, the Executive Chair (or designee) determines that the noncompliance is not serious or continuing non-compliance and the proposed corrective action plan is appropriate, the event and corrective action plan will be documented in the myIRB system. No further action is required.
    - ii. If the Executive Chair (or designee) determines that the noncompliance is not serious or continuing non-compliance, but the proposed action plan does not seem appropriate, the Executive Chair (or designee) may work with the PI on a proposed corrective action plan. Once the plan is appropriate, the event

and corrective action plan will be documented in the myIRB system. No further action is required.

- iii. If the Executive Chair (or designee) determines that the noncompliance is not serious or continuing non-compliance but is unable to determine an appropriate proposed corrective action plan, the report is referred and reviewed by the PARC for determination of an appropriate corrective action plan (as described in Section X(F).
- iv. If the Executive Chair (or designee) determines that the report of noncompliance represents serious or continuing noncompliance, the report is referred and reviewed by the PARC (as described in Section X(F).
- v. The Executive Chair (or designee) is expected to self-identify studies in which they have a conflict of interest and to remove themselves from the investigation or review of such studies. The Executive Chair (or designee) is required to verify that they do not have a conflict of interest on the myIRB approval form. The Executive Chair (or designee) is prevented by the myIRB system from acknowledging or withdrawing reports of noncompliance for studies in which they indicate a conflict of interest.

E. Complaints and Concerns to the IRB

1. The PI should work with the research participant to resolve any complaints. HRPO may be contacted for assistance or advice on how to resolve the complaint. All complaints should be reported at the time of continuing review unless an unanticipated problem involving risks to the participants or others or noncompliance is identified. If an unanticipated problem involving risks to participants or others or noncompliance is identified this should be reported in accordance with Section X(B).
2. The Executive Chair (or designee) will promptly handle and, if necessary, investigate all complaints and concerns received including those from PIs and research participants.
3. Complaints and concerns may be reviewed by the Executive Chair (or designee) and or referred to the Protocol Adherence Review Committee (PARC), a fully constituted committee, as required in Section X(C) and (D).
4. The Executive Chair (or designee) is expected to self-identify studies in which they have a conflict of interest and will not participate in the investigation or review if a conflict exists.
5. Complaints will be reported to the Covered Organization as outlined in the reliance agreement.

F. Review by the Protocol Adherence Review Committee (PARC)

1. The PARC is a duly established IRB that adheres to the membership and committee requirements described in Section V of this Policy. PARC meets monthly (as needed) or on an ad hoc basis (when necessary) to review:
  - a. Allegations or reports of serious or continuing non-compliance;
  - b. Reports of complaints, concerns, or noncompliance not resolved at the Executive Chair level;
  - c. Allegations of noncompliance where the veracity of the allegation cannot be resolved at the Executive Chair level.
2. Review of these items will take place only when a majority, (more than 50%) of the IRB members are present, including at least one IRB member whose primary concerns are in nonscientific areas. No official actions will be taken at a meeting where a majority of the members, including a non-scientist, are not present. If quorum is lost during a meeting, no official actions are taken until quorum is restored.
3. PARC meetings will take place with all participating IRB members physically present unless circumstances warrant conducting a meeting via telephone conference call or using speakerphone under the conditions described in Section V(A)(3).

4. Items will be individually presented, discussed, and the proposed actions voted on at a convened meeting. All IRB members' votes will be deemed equal and no proxy votes (written or by telephone) will be considered.
5. Approval of a proposed action at the IRB meeting requires the approval of a majority of those IRB members who are present at the meeting.
6. HRPO will assign one or two primary reviewers to each item for review. The Primary reviewer(s) will be assigned studies based on related expertise with at least one reviewer having the appropriate scientific or scholarly expertise. IRB Primary reviewers are responsible for conducting an in-depth review of all pertinent documentation (see below) and presenting the research at the IRB meeting. Materials provided to all IRB members include:
  - a. The myIRB application and if applicable Reportable Event Form;
  - b. Full protocol;
  - c. Consent document(s);
  - d. Correspondence related to the allegation or report;
  - e. Description of any actions taken to date;
  - f. The Executive Chair's recommendation of further actions, sanctions, and reporting;
  - g. Investigator's Brochure, questionnaires or surveys, recruitment materials (when relevant);
  - h. Other materials (determined by the Executive Chair on a case by case basis).
7. In general, materials are made available (in either paper or electronic format) to Committee IRB members five to seven days in advance of the meeting to allow adequate time for review. Urgent review procedures may be invoked only under unusual circumstances. This does not include urgency that is a result of negligence or delay on the part of the PI or study team members to submit to the IRB in a timely fashion. On occasion, however, a PI is faced with an immediate deadline beyond his or her control. The materials are distributed as soon as possible to IRB members to allow sufficient time for review prior to the meeting.
8. PARC determines whether or not an event constitutes serious or continuing noncompliance, and may require corrective actions as noted (but not limited to) below:
  - a. Serious or continuing noncompliance:
    - i. No action necessary;
    - ii. Suspension or termination of some or all research activities (as described in Section X(G) of this Policy;
    - iii. Continuing monitoring of the research or the consent process;
    - iv. Modification of the protocol and/or myIRB application or the consent document/process;
    - v. Modification of the continuing review schedule;
    - vi. Notification or re-consenting of current participants;
    - vii. Referral to the Human Subject Research Quality Assurance/Quality Improvement Committee for study audit/monitoring
    - viii. Referral to the Covered Organization's quality assurance/quality improvement program for study audit/monitoring;
    - ix. Referral to Research Integrity Officer (RIO), if applicable if the allegation involves intentional, serious, or continuing noncompliance;
    - x. Referral to the organizational official,(Vice Chancellor for Research) and Dean, if applicable, for determining and imposing additional sanctions such as formal reprimands or limitations on research activity or publications;
    - xi. Other (as appropriate to the violation).
  - b. Complaints, concerns, noncompliance;
    - i. No action necessary;

- ii. Suspension or termination of some or all research activities (as described in Section X(G) of this Policy;
  - iii. Continuing monitoring of the research or the consent process;
  - iv. Modification of the protocol and/or myIRB application or the consent document/process;
  - v. Modification of the continuing review schedule;
  - vi. Notification or re-consenting of current participants;
  - vii. Referral to the Human Subject Research Quality Assurance/Quality Improvement Committee for study audit/monitoring;
  - viii. Referral to the Covered Organization's quality assurance/quality improvement program for study audit/monitoring;
  - ix. Referral to the Research Integrity Officer (RIO), if applicable;
  - x. Referral to the organizational official, (Vice Chancellor for Research) and Dean, if applicable, for determining and imposing additional sanctions such as formal reprimands or limitations on research activity or publications;
  - xi. Other (as appropriate to the violation).
- c. Allegations of noncompliance: whether the noncompliance has a basis in fact:
- i. If not, no further action is taken under this Policy
  - ii. If yes, the matter is returned to the Executive Chair (or designee) under "Handling or reports of noncompliance."
9. The PARC's determination will be documented, in writing, to the PI via minutes recorded and distributed for IRB approval as described in Section III of this Policy. Reports of unanticipated problems involving risks to participants or others, serious or continuing noncompliance, and suspensions or terminations will be reported to the appropriate regulatory agencies and appropriate organizational officials as described in Subsection I below.

#### G. Suspension and Termination

1. The IRB has the authority to suspend or terminate approval of research that is not being conducted in accordance with IRB policies or that has been associated with unexpected serious harm to participants.
2. Any fully convened IRB has the right to suspend or terminate research when provided with new information that warrants such action.
3. The Executive Chair or Executive Director may suspend research in situations where there is immediate risk of serious harm to participants.
4. When a suspension or termination occurs the IRB or person ordering the suspension or termination will consider
  - a. Actions to protect the rights and welfare of currently enrolled participants and whether or not to notify current participants of the suspension or termination.
  - b. Whether procedures for withdrawal of enrolled participants take into account their rights and welfare.
5. Suspensions or terminations by someone other than the convened IRB are reported and reviewed by the convened IRB.
6. Any adverse events or outcomes that result from a suspension or termination must be reported to the IRB.
7. Reports of suspensions and terminations will be generated and distributed by a member of the Compliance Review Team as detailed in Section X(I) of this Policy.
8. Suspensions and terminations cannot be overturned by organizational officials.

#### H. New Information

1. The convened IRB or expedited reviewers will review reports of new information that may impact the willingness of participants to participate or continue participation in the research study.

2. If the report of new information represents no more than a minimal risk of harm the event is reviewed in accordance with expedited review procedures.
3. If the report of new information represents more than a minimal risk of harm the event will be reviewed by the fully convened IRB.

#### I. Reporting

1. Reports of problems determined to represent unanticipated problems involving risks to participants or others, noncompliance determined to represent serious or continuing noncompliance, and suspensions and terminations of IRB approval will include:
  - a. The nature of the event.
  - b. Name of the organization conducting the research.
  - c. Title of the research project and/or grant proposal in which the problem occurred.
  - d. Name of the principal investigator on the study.
  - e. Number of the research project assigned by the IRB and the number of any applicable federal award(s) (grant, contract, or cooperative agreement).
  - f. A detailed description of the problem or event including the findings of the IRB and the reasons for the IRB's decision.
  - g. Actions the organization is taking or plans to take to address the problem
  - h. Plans, if any, to send a follow-up or final report by the earlier of:
    - i. A specific date.
    - ii. When an investigation has been completed or a corrective action plan has been implemented.
  - i. Reports of problems determined to represent unanticipated problems involving risks to participants or others, noncompliance determined to represent serious or continuing noncompliance, and suspensions and terminations of IRB approval will be distributed to:
    - i. OHRP (when the study is federally funded)
    - ii. FDA (when the study is regulated by the FDA)
    - iii. Vice Chancellor for Research (organizational official) or officials of the Covered Organization.
    - iv. For multicenter research, only the organization at which the participant(s) experienced an event determined to be an unanticipated problem must report the event as described in X(1)(2). However, if the IRB serves as the IRB of record for a site other than WU/BJH/SLCH the IRB will be responsible for reporting the event as described in the reliance agreement.
2. When appropriate and applicable, copies of the report will be distributed to one or more of the following:
  - a. The Dean of the PI's School;
  - b. The PI's Department Chair, Division Chief/Program Director, or supervisor (if there is no department chair);
  - c. The PI's Faculty Sponsor;
  - d. Officials at the Covered Organization
  - e. The appropriate WU sponsored research office (i.e. Grants & Contracts, Research Office) when the study is externally funded;
  - f. Human Subject Research Quality Assurance/Quality Improvement Committee;
  - g. Research Integrity Officer Office of Risk Management;
  - h. Office of General Counsel;
  - i. Barnes-Jewish Hospital or Saint Louis Children's Hospital administrative representative;
  - j. The highest academic official of any other organization;
  - k. The PI is responsible for reporting to the Study sponsor (including Industry Sponsors and Granting Agencies). (Reports may be made to the CRO representing the sponsor.) and/or;

- l. Other federal agencies, when the research is overseen by those agencies and they require reporting separate from that to OHRP.
      - m. Officials, departments or offices from another organization when WU serves as the IRB of record for a PI at that organization.
- 3. Determinations of unanticipated problems involving risks to participants or others, serious or continuing noncompliance or suspension or termination of previously approved research will be reported in writing or via email within 30 days of the final determination.
  - a. PIs may appeal a determination that an event represents an unanticipated problem, serious or continuing noncompliance, suspension or termination. The appeal must be received in writing within 14 days of the notice of the determination to the PI. Appeals must contain new information that was not previously presented to the board and should not be simply a restatement of information already considered.
  - b. Appeals will be reviewed by the Compliance Review Team and if found to contain new information will be referred back to PARC.
  - c. If an appeal is referred back to PARC, reporting of the determination will occur within 30 days of the final PARC determination.

## **XI. HRPO Office**

- A. HRPO physical office space includes adequate resources (meeting area, filing space, equipment, and computers) to support the IRB mission. The Executive Director reviews resources and budget needs and presents requests to the EVC for Medical Affairs on an annual basis as part of the fiscal budget process.
- B. HRPO staff
  1. HRPO employs a sufficient number of staff members who are responsible for supporting and managing the IRB's review and record keeping duties. Specific staff responsibilities are outlined in job descriptions on file in the HRPO office.
  2. Staff have a description of the responsibilities expected of their positions and their performance is evaluated at least annually by their immediate supervisor.
  3. In addition to the intensive training at the time of hire which is tracked on an orientation checklist, staff members are provided and expected to participate in ongoing educational opportunities such as attendance at regional and national IRB conferences and HRPO sponsored events (i.e. Question and Answer sessions, IRB retreats, and HRPO staff in-services). All continuing education activities are tracked through monthly reports that are compiled into a quarterly educational report. Attendance at weekly staff meetings and weekly team meetings is required to fulfill continuing education requirements. Staff who fail to attend all such meetings, unless appropriately excused by their immediate supervisor, the Associate Director, or Executive Director will be subject to University disciplinary action in accordance with University Human Relations policies.
  4. All staff members must pass the required CITI modules which is tracked through the VCR website
- C. IRB Chairs' Meeting
  1. The Chairs' meeting is comprised of the Executive Chair, Chairs, representatives of HRPO staff and WU General Counsel.
  2. Meetings will occur monthly to review and discuss selected issues that arise at the IRB meetings or administrative level and to provide ongoing education to the Chairs.
- D. IRB Policies and Procedures
  1. HRPO will maintain and follow up-to-date policies and procedures that adhere to regulatory mandates and ethical principles. These policies and procedures are made available to the research community through the HRPO public website.
  2. Changes to regulations, federal guidelines, organizational policy, or best research practices may require a new policy or a revision to the existing policy. Such new policies or revisions will be reviewed and approved by the Executive Chair and the Executive Director prior to implementation and will be documented in the appropriate policy and/or procedure manual.
  3. New policies or procedures or a modification to existing policies or procedures will be disseminated to the appropriate individuals and departments through website updates, list serve announcements and/or presentations as applicable. When applicable, training for HRPO staff, IRB members, or the research community will be provided.
- E. The IRB serves as the HIPAA privacy board when research involves protected health information.

- F. IRB Function in relation to other WU Committees/Offices: The IRB functions independently of, but in coordination with, the following Committees/Offices.
1. Office of General Counsel (OGC): The IRB and HRPO staff communicate regularly with committed members of the WU OGC on issues related to State and Federal law, interpretations of the regulations, policies and procedures and development of necessary agreements (e.g., IRB Authorization Agreements, Individual Investigator Agreements). OGC members provide counsel on the application of laws relevant to the conduct of human research both within local jurisdictions as well as non-local, including international jurisdictions. Conflicts between federal and other applicable laws are resolved through counsel and interpretation of the WU OGC.
  2. Deans/Department Chairs: The Executive Chair and HRPO staff communicate with Deans/Department Chairs informally when responding to inquiries or recruiting new IRB members and formally when reporting instances of noncompliance and at the Executive Chair's presentation for the WUSM Medical Executive Committee. Additionally, the Executive Chair or HRPO staff may consult with Deans/Department Chairs regarding specific studies if there are questions related to adequacy of resources, expertise, or other matters for which the School/Department has jurisdiction.
  3. Committee on Research Integrity (CRI): The CRI investigates allegations of research misconduct as defined in WU's Research Integrity Policy and includes "...knowing, serious or continuing violations of federal and institutional rules and regulations governing the conduct of research involving human participants..." The Executive Chair and Chair, Behavioral Minimal Risk serve as *ex officio* members of the CRI.
  4. Antibiotics Utilization Review (AUR) Committee: Research involving administration of an FDA-approved antibiotic that is non-formulary or for which use is restricted at Barnes-Jewish Hospital requires review by the AUR Committee. The IRB will not review submissions requiring approval from the AUR until the AUR has reviewed and approved the study.
  5. Center for Clinical Studies (CCS): The HRPO office coordinates with the contract office within CCS to ensure that consent forms and contracts are consistent in regards to the terms of coverage in the event of a research-related injury.
  6. Center for Gene and Cellular Immunotherapy (CGCI): Research in which cells or genetically modified cells are infused into patients requires review and approval from the CGCI. The IRB will not approve submissions requiring approval from the CGCI without documentation of CGCI review and approval in myIRB.
  7. Conflicts of Interest Review Committees (CIRC): The IRB relies on the CIRC to review, make recommendations, and, if applicable, manage financial conflicts of interest. In cases where the CIRC determines a financial interest requires management a written summary reflecting the CIRC's determination and (when applicable) a summary of the proposed management strategy is provided to the IRB for consideration by the full board or expedited reviewer prior to approval. As part of the IRB review, the IRB has the authority to request additional actions to manage the conflict of interest to increase protection for research participants. If additional actions are requested this information will be communicated to the CIRC. The IRB has the final authority to determine whether the research with the financial interest and the management plan, if any, allow the research to be approved. In addition, the Executive Chair and two IRB members have full IRB membership status on the Medical School CIRC. The Chair Behavioral Minimal Risk has full IRB membership on the Danforth CIRC. At least one of these individuals will attend any full or sub-committee meetings involving review of a financial interest that may be related to human participant research.

8. Embryonic Stem Cell Research Oversight Committee (ESCRO): The ESCRO provides oversight for PIs engaged in human embryonic stem cell research, assuring the responsible conduct of human embryonic stem cell research and compliance with federal, state, and local laws and regulations. Research involving the use of human embryonic stem cells requires review by ESCRO prior to review by the IRB.
9. Human Subject Research Quality Assurance/Quality Improvement Committee (HSR QA/QI): The HSR QA/QI Committee monitors studies after IRB approval has been granted and research participants have been enrolled/recruited. The goal of the committee is to insure the safety of human research participants by monitoring compliance with the research study, WU policies, and federal regulations. The IRB may communicate any issues of concern to HSR QA/QI staff in order to request review of a particular study. Monitoring results of the HSR QA/QI Committee will be shared with the Executive Chair and Executive Director.
10. Institutional Biosafety Committee (IBC): Research involving the deliberate transfer of DNA (or DNA of RNA derived from recombinant DNA) into one or more human participants requires initial and continuing review by the IBC. The IRB will not review submissions requiring approval from the IBC until the IBC has reviewed and approved the study. SAEs that occur in these studies require reporting to the IBC.
11. Investigational Drug Service: Pharmacists dispensing investigational drugs for inpatient research studies verify that the study has current IRB approval and that the patients signed an IRB-approved consent form prior to dispensing the drug. Copies of active IRB-approved studies involving investigational drugs are available in the Pharmacy Department.
12. Protocol Review and Monitoring Committee (PRMC): The PRMC is required by the National Cancer Institute to review all cancer-related research. Cancer-related new studies will be submitted to the PRMC for scientific review prior to IRB review. The IRB will not approve submissions requiring approval from the PRMC without documentation of PRMC review and approval in myIRB.
13. Pharmacy and Therapeutics (P&T) Committee: Research involving administration of an FDA-approved drug that is non-formulary or for which use is restricted at Barnes-Jewish Hospital requires review by the P&T Committee. The IRB will not approve submissions requiring approval from P&T without documentation of P&T review and approval in myIRB.
14. Radiation Safety Committee (RSC): Research involving the administration of therapeutic radiation doses using sealed sources that the participant would not otherwise receive as part of his/her medical care requires review by the RSC. The IRB will not approve submissions requiring approval from the RSC without documentation of RSC review and approval in myIRB.
15. Radioactive Drug Research Committee (RDRC): The RDRC is authorized by the FDA to approve research which involves the use of certain "non-approved" radioactive drugs for pre-Phase I research. The IRB will not approve submissions requiring approval from RDRC without documentation of RDRC review and approval in myIRB.
16. Quality Assurance and Safety Monitoring Committee (QASMC): QASMC reviews SAEs occurring on all cancer trials, data and safety monitoring reports on WU institutional cancer studies, and performs quality assurance audits on WU institutional therapeutic trials.
17. Office of Sponsored Research Services (OSRS): OSRS establishes accounts in the WU financial system for extramural research awards. OSRS will only release funds for expenditure on research awards involving human research upon certification of IRB approval of the research. OSRS may freeze funds at any time

during the sponsored project period, upon notification by the IRB of a PI's non-compliance with human participant research policies and procedures. Funds may continue to be frozen until the issue is resolved.

18. Office of Technology Management (OTM): The OTM manages a wide variety of intellectual properties arising from research programs throughout the University. These areas range from patents, copyrights, know-how, and proprietary materials. OTM assists faculty with consulting agreements and research contracts. HRPO works collaboratively with OTM with regard to transfer of materials that were collected as part of human subject research to ensure, when appropriate, that IRB approvals are in place and that the transfer is consistent with the approved study and consent documentation.
19. Institutional Conflict of Interest (ICOI): The IRB relies on the ICOI committee to review, make recommendations, and, if applicable, manage WU institutional financial conflicts of interest. In cases where the ICOI committee determines a WU institutional financial interest requires management a written summary reflecting the ICOI committee's determination and (when applicable) a summary of the proposed management strategy is provided to the IRB for consideration by the full board or expedited reviewer prior to approval. As part of the IRB review, the IRB has the authority to request additional actions to manage the conflict of interest to increase protection for research participants. If additional actions are requested this information will be communicated to the ICOI committee. The IRB has the final authority to determine whether the research with the financial interest and the management plan, if any, allow the research to be approved.

- G. HRPO Function in Relation to Regulatory Bodies and National Committees/Offices: HRPO functions in compliance with OHRP and FDA requirements (as described in this document) and, additionally, adheres to the standards recognized by the Association for the Accreditation of Human Research Protection Programs.

## **Appendix 1: Glossary**

**Assent:** A child's affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as Assent.

**Children:** Persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted. In Missouri, individuals aged 18 or older are recognized as adults unless emancipated by adjudication, marriage, or pregnancy. (See Missouri Statute Chapter 211, Section 211.442-487; and Chapter 431, 431.065, Chapter 404, Section 404.410).

**Clinical Investigation:** "Any experiment that involves a test article and one or more human participants and that either is subject to requirements for prior submission to the Food and Drug Administration under Section 505(i) or 520(g) of the act, or is not subject to requirements for prior submission to the Food and Drug Administration under these sections of the act, but the results of which are intended to be submitted later to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit. The term does not include experiments that are subject to the provisions of 21 CFR 58 , regarding nonclinical laboratory studies."

**Conflict of Interest-IRB Financial** A financial conflict of interest exists whenever an IRB member, Executive Chair, Executive Director, HRPO staff, consultant or guest or his/her immediate family (his/her spouse, domestic partner and dependent children):

1. has a financial interest in the research whose value cannot be readily determined;
2. has a financial interest in the research in which the individual
  - a. receives remuneration from an entity (includes non-profits) in the twelve months preceding the disclosure when aggregated, exceeds \$5,000. Remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship).
  - b. holds equity in a publicly traded entity in the twelve months preceding the disclosure and the value of any remuneration, when aggregated, exceeds \$5,000, or when the individual holds any equity interest (e.g., stock, stock option, or other ownership interest).
  - c. has any ownership interest or equity in a non-publicly traded entity
  - d. has an agreement with an entity that entitles an individual to royalties and the intellectual property is used or evaluated in human studies research
3. has received or will receive any compensation or remuneration whose value may be affected by the outcome of the research;
4. has an agreement with an entity that entitles an individual to receipt of royalties/compensation from intellectual property rights and interests (e.g., patents, copyrights) whose value may be affected by the outcome of the research
5. has travel reimbursed or paid for by an individual or an entity that is related to the or involved in the conduct of the research other than by a government agency or institution of higher learning
6. has a proprietary interest in the research (property or other financial interest in the research including, but not limited to, a patent, trademark, copyright or licensing agreement);
7. is an executive, officer or director of the agency/company sponsoring the research; or
8. has any other situation defined by WU Research Conflicts of Interest policies.

The following financial interests are excluded:

- Income from seminars, lectures, teaching engagements, service on advisory committees or panels paid by federal/state/local government agency, or institutions of higher education
- Income from in
- vestment vehicles, such as mutual funds and retirement accounts, as long as the individual does not directly control the investment decisions

- Invention disclosures or patented intellectual property (unrelated to a licensing agreement)

**Conflict of interest-IRB Non-Financial** exists whenever an IRB member, Executive Chair, Executive Director, HRPO staff, consultant or guest or his/her immediate family (his/her spouse, domestic partner, and dependent children):

1. is the PI or other member of the research team;
  2. is listed on the FDA 1572 form or otherwise involved in the conduct of the study. (A conflict of interest does not exist if only providing a commercial service such as dispensing study medication or performing a blood draw);
  3. is related to any member of the study team;
  4. is the faculty advisor of the PI;
  5. is identified as “key personnel” on a funding mechanism that supports the research project;
- or  
has any other situation where another interest conflicts with his/her ability to deliberate objectively on a study.

**Emergency Use:** The use of a test article on a human participant in a life-threatening situation in which no standard acceptable treatment is available, and in which there is not sufficient time to obtain IRB approval.

**Engaged:** The OHRP considers an organization to be engaged in human research when its employees or agents: (i) intervene or interact with living individuals for research purposes; or (ii) obtain individually identifiable private information for research purposes.

**Entity:** includes public or non-publicly traded companies and non-profit organizations

**Exempt Category 2a:**

This category applies to non-federally funded or conducted research, conducted with competent adults, that would meet criteria for 45 CFR 46.104(2) if an intervention were not involved or 45 CFR 46 (3) if the intervention does not meet the definition of “benign behavioral intervention”. Exempt category 2a will allow exemption for those studies involving benign interventions or tasks beyond educational tests, surveys, focus groups, interviews, and similar procedures that are commonly used in social and behavioral research and known to involve virtually no risk to subjects. Information should not be recorded in such manner that human subjects can be identified, directly or through identifiers linked to the subjects; and any disclosure of the subjects’ responses outside the research context could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.

These methodologies should be very familiar to people in everyday life. For example, a researcher might ask subjects to watch a video, or read a paragraph or solve puzzles, and then ask them some questions to elicit word associations or time performance of activities.

Specifically excluded from this category are studies involving deception of any type and those using vulnerable populations as participants. Also excluded from this category are studies involving stimuli that could evoke strong emotions (positive or negative) or ones designed to induce mood changes. Finally, this category is not appropriate for questions relating to sensitive topics, including any type of illegal behavior or other issues that might prompt more than a mild emotional response from participants. Researchers are strongly encouraged to check with HRPO staff PRIOR to submitting an application for exempt 2a.

**EXCLUSIONS FROM THIS CATEGORY:**

- International research
- Federal funding
- No-cost extensions
- Student projects for which a faculty member received federal funding
- Federal training grants
- Studies taking place in a laboratory entirely funded and/or part of a federal training grant

- FDA regulated studies, or having components of such
- Studies with clinical interventions
- Studies where contractual obligations restrict or preclude this policy
- Studies involving prisoners or minors
- Studies involving Certificates of Confidentiality
- Studies involving any testing of drugs, devices or collection of biological tissues or fluids
- Studies in which continuing review would add significantly to protection of human participants

**Financial Interest:** Any relationship entered into by any member of the study team, other than employment by Washington University (or the primary employment of non-WU collaborators), which could result in financial gain for the individual or his/her immediate family (i.e., spouse, domestic partner and dependent children).

**Guardian:** An individual who is authorized under applicable state or local law to consent on behalf of a child to general medical care. In Missouri, a guardian is appointed by a juvenile or probate court which specifies the duties and responsibilities of such guardian. (See Missouri Statute Chapters 404, 453 and 475.)

**Humanitarian Use Device:** A device that the FDA has determined to benefit patients in treatment or diagnosis of diseases or conditions that affect or are manifested in fewer than 8,000 individuals in the US per year.

**Human Subject:** In research regulated by DHHS, a human subject is a living individual about whom an investigator (whether professional or student) conducting research: (1) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (2) Obtains, uses, studies, or analyzes or generates identifiable private information or identifiable biospecimens. In FDA-regulated research, a human subject is defined as an individual who is or becomes a participant in research, either as a recipient of the test article or as a control or, in the case of device research, an individual on whom or on whose specimen an investigational device is used or as a control. When medical device research involves in vitro diagnostics and unidentified tissue specimens, the FDA defines the unidentified tissue specimens as human subjects.

**Identifiable Private Information:** Private information for which the identity of the participant is or may readily be ascertained by the investigator or associated with the information.

**Identifiable Biospecimen:** A biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

**Intervention:** Includes both physical procedures by which information or biospecimens are gathered (for example, venipuncture) and manipulations of the participant or the participant's environment that are performed for research purposes.

**Interaction:** Communication or interpersonal contact between investigator and participant.

**Legally authorized representative:** An individual or judicial or other body authorized under applicable law to consent on behalf of a prospective participant to the participant's participation in the procedure(s) involved in the research. (For research taking place in Missouri, see Missouri Statute Chapter 431, Section 431.064)

**Life-Threatening:** Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted and diseases or conditions with potentially fatal outcomes, where the end point of clinical trial analysis is survival.

**Minimal risk:** The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

**Minimal risk for research involving prisoners:** 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.

**Non-compliance:** Failure to follow any applicable federal, state, WU, or IRB policies, procedures or regulations governing the conduct of research involving human participants, including but not limited to limited to all applicable Federal and State regulations, Washington University policies and

procedures governing research and the conditions outlined in the IRB assurances document (signed at the time of submitting a new study) and the IRB Policies and Procedures.

**Non-scientist:** Nurses, pharmacists and other biomedical health professionals are not regarded as having "primary concerns in the non-scientific area." Lawyers, clergy, ethicists, and social workers are examples of persons whose primary concerns would be in non-scientific areas. IRB members who have training in both scientific and non-scientific disciplines, such as a J.D., R.N. will not be appointed to satisfy the non-scientist requirement.

**Non-significant risk device:** A non-significant risk device is one that does not meet the definition for a significant risk device. Examples of non-significant risk devices include low power lasers for treatment of pain, daily wear contact lenses and associated lens care products not intended for use directly in the eye, Magnetic Resonance Imaging (MRI) devices within FDA specified parameters, Ob/Gyn diagnostic ultrasound within FDA approved parameters, wound dressings.

**Prisoner:** 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.

**Private information:** 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 (for example, a medical record).

**Protocol:** The plan for a course of medical treatment or for a scientific experiment. A protocol should include the following components (when applicable): the protocol title, the purpose of the protocol, the sponsor, results of previous related research, participant inclusion/exclusion criteria, justification for use of any special/vulnerable participant population, protocol design, description of the procedures to be performed, provisions for managing adverse reactions, the circumstances surrounding consent procedure, the procedures for documentation of informed consent including any procedures for obtaining assent from minors, using witnesses, translators and document storage, compensation to participants for their participation, any compensation for injured research participants, provisions for protection of participant's privacy, extra costs to participants for their participation in the study, and extra costs to third party payers because of an individual's participation. This information may be provided either in the protocol or in the myIRB application.

**Reliance Agreement (or under NIH – "Authorization Agreement"):** The agreement which documents respective authorities, roles, responsibilities, and communication between an organization providing the ethical review and a participating organization/relying organization that is relying on a reviewing IRB.

**Research:** A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

**Significant risk device:** An investigational device that:

- (1) Is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a participant;
- (2) Is purported or represented to be for a use in supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a participant;
- (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 participant; or
- (4) Otherwise presents a potential for serious risk to the health, safety, or welfare of a participant.

**Suspension:** A fully convened IRB, the Executive Chair or Executive Director, may place a temporary halt to a selection of research activities, being conducted under an IRB-approved project or a temporary halt to the IRB-approved project as a whole.

**Termination:** A fully convened IRB, may require a permanent halt to some or all research activities in a previously approved IRB project.

## ***Appendix 2: Covered Organizations***

**Covered Organizations are those entities that have designated the WU IRB and PARC as their IRBs of record. The following entities are Covered Organizations:**

1. Washington University in St. Louis
2. Barnes-Jewish Hospital
3. Saint Louis Children's Hospital
4. Boone Hospital
5. BJC Center for Clinical Excellence