



THE SABAN RESEARCH
INSTITUTE

HRP-103 | 8/12/2024 | Author: T. Bechert | Approver: J. Ogden

Investigator Manualⁱ

Table of Contents

Scope	3
What is the purpose of this manual?	3
What is Human Research?	3
What is the Human Research Protection Program?	3
What training does my staff and I need to conduct Human Research?	4
What financial interests do my staff and I need to disclose to conduct Human Research?	5
How do I submit new Human Research to the IRB?	6
How do I submit a request to use a Humanitarian Use Device (HUD) for clinical use?	6
What Division/Department approvals and ancillary committee reviews are required?	7
When is a single IRB review required?	13
When will this IRB serve as the IRB of record (sIRB) or rely on an external IRB?	13
When should I submit an IRB application to CHLA HSPP to cede IRB review to an external IRB?	13
How do I submit an IRB application to CHLA HSPP to cede IRB review to an external IRB?	13
When should I consult with CHLA IRB when planning a study for which CHLA IRB will be asked to serve as the IRB of record?	13
How do I request that CHLA IRB serve as the IRB of record (sIRB) for my collaborative or multi-site research study?	14
How do I write an Investigator Protocol?	14
How do I create a consent document?	15
What are the different regulatory classifications that research activities may fall under?	16
What are the decisions the IRB can make when reviewing proposed research?	16
How does the IRB decide whether to approve Human Research?	17
What will happen after IRB review?	17
What are my obligations after IRB approval?	18
What are my obligations as the overall study PI for an sIRB study?	20
What are my obligations as an investigator when relying on an external IRB?	21
How do I document consent?	22
How do I submit a modification?	23
How do I submit a continuing review?	23
How do I close out a study?	24
How long do I keep records?	24
What if I need to use an unapproved drug, biologic, or device, and there is no time for IRB review?	24
How do I get additional information and answers to questions?	26
Appendix A-1: Additional Requirements for DHHS-Regulated Research	28
Appendix A-2: Additional Requirements for FDA-Regulated Research	30
Appendix A-3: Additional Requirements for Clinical Trials (ICH-GCP)	38
Appendix A-4: Additional Requirements for Department of Defense (DOD) research	47
Appendix A-5: Additional Requirements for Department of Energy (DOE) Research	50
Appendix A-6: Additional Requirements for Department of Justice (DOJ) Research	53
Additional Requirements for DOJ Research conducted in the Federal Bureau of Prisons	53
Additional Requirements for DOJ Research Funded by the National Institute of Justice	56
Appendix A-7: Additional Requirements for Department of Education (ED) Research	57
Appendix A-8: Additional Requirements for Environmental Protection Agency (EPA) Research	58
Appendix A-9: Single IRB Studies	59
Appendix A-10: Additional Requirements for Research Subject to EU General Data Protection Regulations (GDPR)	60
Appendix A-11: Emergency/Disaster Preparedness Considerations for Investigators Conducting Human Research	61

Scope

Throughout this document “institution” refers to Children’s Hospital Los Angeles.

What is the purpose of this manual?

This document “INVESTIGATOR MANUAL (HRP-103)” is designed to guide you through policies and procedures related to the conduct of Human Research that are specific to this institution.

General information regarding Human Research protections and relevant federal regulations and guidance is incorporated into the required human protections training. For additional information see below: [“What training does my staff and I need in order to conduct Human Research?”](#)

What is Human Research?

The “HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)” defines the activities that this institution considers to be “Human Research.” An algorithm for determining whether an activity is Human Research can be found in the “WORKSHEET: Human Research (HRP-310),” located in the IRB Policies & Procedures section of the HSPP website. Use this document for guidance as to whether an activity meets either the DHHS or FDA definition of Human Research, keeping in mind that the IRB makes the ultimate determination in questionable cases as to whether an activity constitutes Human Research subject to IRB oversight.

You are responsible not to conduct Human Research without prior IRB review and approval (or an institutional review and approval of exempt Human Research). If you have questions about whether an activity is Human Research, contact the Human Subjects Protection Program who will provide you with a determination. If you wish to have a written determination, submit an application to the Human Subjects Protection Program.

What is the Human Research Protection Program?

The document “HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)” describes this institution’s overall plan to protect subjects in Human Research, including:

- The mission of the Human Research Protection Program.
- The ethical principles that the institution follows governing the conduct of Human Research.
- The applicable laws that govern Human Research.
- When the institution becomes “engaged in Human Research” and when someone is acting as an agent of the institution conducting Human Research.
- The types of Human Research that may not be conducted.
- The roles and responsibilities of individuals within the institution.

What training does my staff and I need to conduct Human Research?

This section describes the training requirements imposed by the IRB. You may have additional training imposed by other federal, state, or institutional policies.

Investigators and staff conducting human research must complete the CHLA Collaborative Institutional Training Initiative (CITI) human subjects online training program.

The CITI site can be accessed at

<https://about.citiprogram.org/en/homepage/>. Instructions for creating a CITI account are found [here](#).

Training is valid for a three-year period after which time refresher training must be repeated.

All members of the research team involved in the design, conduct, or reporting of the research must complete training. Members of the research team who have not completed human research protections training may not take part in aspects of the research that involve human subjects.

Biomedical training should be completed for researchers conducting:

- Retrospective chart reviews (related to medical conditions or injury)
- Biomedical repositories or data or specimens
- Clinical trials of drugs/devices/biologics
- Compassionate use (expanded access) of drugs/devices/biologics

Social/Behavioral training should be completed for researchers conducting:

- Retrospective chart reviews (related to behavioral health)
- Social/behavioral data repositories
- Research on behavioral interventions
- Survey research
- Research that includes quality of life instruments

If your research is a combination of **both** types of research, all members of your research team should complete both trainings.

Good Clinical Practice (GCP) Training

In addition to Human Research Training, GCP training should be completed for researchers conducting:

- All human research that is more than minimal risk
- NIH funded biomedical and/or behavioral clinical trials, regardless of the level of risk

The NIH defines a clinical trial as "research in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health related biomedical or behavioral outcomes."

Members of the study team who have not completed GCP training may not take part in aspects of the research that involve human subjects.

Through CHLA's portal in citiprogram.org, you may access either the biomedical or social science/behavioral GCP courses. It is up to investigators to determine which GCP course is appropriate for the types of research they conduct. If you conduct research that includes both biomedical and social/behavioral research, consider taking both GCP courses.

Outside collaborators are required to complete the above CITI courses, as well as the **CITI Information Privacy & Security (IPS) Training for Researchers** course.

What financial interests do my staff and I need to disclose to conduct Human Research?

Individuals involved in the design, conduct, or reporting of research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards are considered to have an institution responsibility.

All individuals involved in the design, conduct, or reporting of research are required to disclose the financial interests in the DiSClose system.

- At least annually.
- Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.

Individuals with reimbursed or sponsored travel by an entity other than a federal, state, or local government agency, higher education institution or affiliated research institute, academic teaching hospital, or medical center are required to disclose the purpose of the trip, the identity of the sponsor or organizer, the destination, and the duration of the travel.

Individuals subject to this policy are required to complete financial conflicts of interest training initially, at least every four years, and immediately when:

- Joining the institution
- Financial conflicts policies are revised in a manner that changes investigator requirements

- Non-compliant with financial conflicts policies and procedures

Additional details can be found in “SOP: Financial Conflicts of Interests (HRP-055).”

How do I submit new Human Research to the IRB?

All submissions for IRB review at CHLA are made through the “iStar” system. iStar is a web-based program, accessible through your internet browser. The web address for the system is: <https://istar.usc.edu>.

In order to create (or be added to) an iStar application, you will need to log in with your CHLA OKTA ID. All iStar users are required to have a CHLA OKTA ID to gain access to the system. OKTA IDs are personal and should not be shared. All actions taken in iStar are logged to the individual taking that action. Your login + password is your electronic signature.

iStar uses a “smart form” system. Depending upon how you answer the questions at the beginning of the form will determine the sections you need to complete for a complete submission. The smart form is designed to prevent incomplete applications from being submitted. The smart form will let you know what needs to be submitted based on your responses. It also sends out automatic reminders (e.g., expiration of IRB approval, expiration of when CITI training is due to expire, reminders to respond to requests from the IRB, etc.)

You can add study team members to have certain roles (Principal Investigator, Co- Investigator, and Faculty advisor) in the study application. They will need to log in to accept the role given to them before iStar will allow the application to be submitted.

If you are experiencing technical problems with iStar, please contact the iStar helpdesk (Research Technology Services): istar@usc.edu.

Complete the Initial Application in the iStar system and include all requested documents, such as the protocol, consent form, study instruments, recruitment materials, etc. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Before submitting the research for initial review, you must:

- Obtain the financial interest status (“yes” or “no”) of each research staff.
- Obtain the agreement of research staff to his/her role in the research.

How do I submit a request to use a Humanitarian Use Device (HUD) for clinical use?

This Institution utilizes the IRB to review and approve the use of a HUD before it can be used at a facility for clinical care. You can refer to HRP-323 - WORKSHEET - Criteria for Approval HUD for additional information regarding

the criteria that the IRB uses to review and approve HUD uses. The clinical use of a HUD is not considered Human Research but must still be submitted for review and approval by the IRB prior to clinical use (with the exception of emergency use). An informed consent form is not required by the IRB for HUD use.

What Division/Department approvals and ancillary committee reviews are required?

Once the Principal Investigator takes the “submit to IRB” action, the application is routed to several departments/divisions before it arrives at the HSPP office. The application is routed first to the Divisions of the Principal Investigator and any Co-Investigators. Next it is routed to the Departments of those Divisions.

Division or Department reviewers are responsible for determining the following:

- Are there sufficient Division/Department resources for this research to be conducted?
- Is the study team qualified to conduct this research?
- Is the science sound?

If the Division/Department reviewer is not satisfied with the application as submitted, they may send the application back to the Investigator for revisions. It is within the purview of the Division/Department reviewer to decline to approve the research. The IRB cannot override that decision.

Other Division/Department and ancillary committee approvals reviews may be required. **These approvals are required as a pre-requisite to IRB review. It is important to answer the questions at the end of the Initial Application (Section 50) very carefully to avoid delays in IRB review and the start-up of the research:**

Department of Clinical Services

- Research that involves clinical or bedside nursing, or survey/observation of nursing and advanced proactive providers requires Department of Nursing approval.
- The department review is required to assure appropriate utilization of time and/or nursing services for research.
- Contact Jennifer Baird, PhD, MPH, MSW, RN, CPN (jebaird@chla.usc.edu) for questions and information about this review.

Department of Imaging Services/Radiology

- Research that involves Imaging Services (MRI, Ultrasound, X-Ray, DEXA, CT) and/or requires access to Clinical Imaging (Synapse) requires Department of Radiology approval.

- The department review is required to assure imaging costs and analysis are properly budgeted for in the research study.
- Contact Dr. Marvin Nelson (mdnelson@chla.usc.edu) for questions and information about this review.

CHLA Radiation Safety Committee (RSC) Review

- CHLA RSC review is required for protocols that use ionizing radiation for research purposes (i.e., outside or in addition to standard clinical care).
- Examples of ionizing radiation sources include: diagnostic x-rays; computed tomography (CT); cardiac catheterization; electrophysiology, bronchoscopy or endoscopy studies employing x-ray guidance; nuclear medicine procedures (including PET and SPECT); or bone mineral densitometry (DEXA),
- Other examples include: research radiation therapy protocols; novel radioactive drugs, or radioactive drugs developed under an IND.
- Contact Charles Pickering (cpickering@chla.usc.edu) for questions and information about this review.

Division of Laboratory Medicine

- Division of Laboratory Medicine approval is required for clinical laboratory research support services: out-patient phlebotomy, research specimen processing, clinical laboratory testing using research funds, and transfusion medicine services.
- A Laboratory Letter of Support is required.
- Contact Flora Luu (fluu@chla.usc.edu) for questions and information about this review.

Division of Anatomic Pathology

- Division of Anatomic Pathology approval is required for studies that involve tissue specimens from Anatomic Pathology or the Biorepository.
- A Laboratory Letter of Support is required.
- Contact Monica Mendez (momendez@chla.usc.edu) or Rita Alvarez (ralvarez@chla.usc.edu) for questions and information about this review.

Division of Emergency Medicine

- Research that takes place in the emergency department (ED) requires Division of Emergency Medicine approval.
- The division review is required to assess whether recruitment and

informed consent procedures are acceptable and do not affect the clinical space and workflow in the ED.

- Contact Dr. Todd Chang (tochang@chla.usc.edu) or Dr. Pradip Chaudhari (pchaudhari@chla.usc.edu) for questions and information about this review.

Department of Information Security

- Information security must approve a data management plan for data that is stored, accessed, shared or viewed electronically.
- This review can be done after IRB review and approval, but a data management plan must be in place before any data collection or use begins.
- Contact IS-Security@chla.usc.edu for questions and information about this review.

Heart Institute Research Oversight Committee (HIROC)

- Research that takes place in the Heart Institute or involves Heart Institute patients and/or resources requires HIROC approval. This review can be done after IRB review, but HIROC approval must be given before IRB approval.
- Contact Jennifer Teh (jteh@chla.usc.edu) for questions and information about this review.

Institutional Biosafety Committee

- The requirement to submit an IBC application is determined by the collection or use of biological samples. The requirement is also determined by the entity that performs safety oversight of those who work with these samples (e.g. Lab Safety/IBC vs Laboratory Medicine/Clinical laboratories).
- Contact Teaunna Thomas (tethomas@chla.usc.edu) for questions and information about IBC review.

Select examples of human subject research studies that do or do not require submission of an IBC application are listed below so that the PI/research coordinator can make an informed decision as to whether an IBC application is required.

Requires IBC Application	Does Not Require IBC Application
---------------------------------	---

<p>Human gene transfer studies (using naked DNA or RNA, virus based vectors or genetically modified cells) conducted either in vivo or in vitro.</p>	<p>The deliberate transfer of recombinant or synthetic nucleic acids into a human research participant, conducted under an FDA-regulated individual patient expanded access IND or protocol, including for emergency use, is not research subject to NIH Guidelines and thus does not need to be submitted to an IBC for review and approval.</p>
<p>Vaccine studies that involve biological material with recombinant or synthetic nucleic acid molecules.</p>	<p>Studies that may have human contact but do not collect any biological, pathological or diagnostic specimens (e.g., questionnaires, surveys, medical treatment of physical therapy comparison study)</p>
<p>Xenotransplants or xenografts.</p>	<p>Retrospective or prospective “chart” reviews.</p>
<p>Studies that collect or use pathological or diagnostic specimens (e.g. resected tumor, cadaver, discarded teeth) by any <u>non- hospital/non-clinical research study personnel</u>, including the Principal Investigator.</p>	<p>Studies where the collection, processing, testing, and/or shipping of human blood, bodily fluids, tissue samples, or pathological or diagnostic specimens are performed by an off campus, collaborating institution/company.</p>
<p>Studies where the collection, processing, testing, and/or shipping of human blood, bodily fluids, or tissue samples are performed in CHLA clinical laboratories by <u>non-hospital/non-clinical research personnel</u>.</p>	<p>Studies where the collection, processing, testing, and/or shipping of human blood, bodily fluids, or tissue samples are performed in CHLA clinical laboratories by <u>hospital/clinical research personnel</u> (e.g. Laboratory Medicine).</p>
<p>CHLA Investigator-initiated clinical trials that use biological therapeutic agents (e.g., Antibodies, CarT, CRISPR vectors, etc.) that are not covered by an IND and/or have never been reviewed by a collaborating institution/industry IBC.</p>	<p>Industry-initiated clinical trials that use biological therapeutic agents (e.g., Antibodies, CarT, CRISPR vectors, etc.) that are covered by an IND and/or have had usage previously reviewed by a collaborating institution or industry IBC.</p>

<p>Studies where CHLA <u>non-hospital/non-clinical research personnel</u>, including the Principal Investigator, collect, process, test (e.g. blood metabolite levels, urine pregnancy tests), store, and/or ship human blood, bodily fluids, or tissue samples, regardless of the performance site.</p>	<p>Clinical trials in which activities at CHLA are limited to collection of cells from the subject, shipping of these cells to and from the outside manufacturing facility for external IBC-approved manipulation, and infusion of the manufactured cell therapy product into the subject.</p>
<p><u>Non-hospital/non-clinical</u> research that involves use of infectious agents (e.g., infectious viruses, infectious bacteria, including agents that are endemic to immunocompetent individuals but pathological for immunocompromised individuals)</p>	
<p><u>Non-hospital/non-clinical</u> research performed in CHLA basic research laboratories that involves the use of potentially hazardous biological therapeutic agents (e.g., CarT, CRISPR vectors, etc.).</p>	<p><u>Non-hospital/non-clinical</u> research performed in industry/non-CHLA laboratories that involves the use of potentially hazardous biological therapeutic agents (e.g., CarT, CRISPR vectors, etc.).</p>

Stem Cell Research Oversight Committee

Research that involves the following requires stem cell research oversight committee review:

- Procurement or use of human oocytes
- Use of fertilized human oocytes or blastocysts
- Use of human somatic or adult stem cells
- Derivation of covered stem cell lines
- Derivation or generation of human induced pluripotent or embryonic stem cells
- Use of human pluripotent stem cells from acceptable sources purely in in-vitro research.
- Culture of human germ cells or human embryos
- Transplantation or administration of pluripotent human stem cells or their derivatives into humans or animals
- Contact SCRO@chla.usc.edu for questions and information about this review.

Conflict of Interest in Research Committee

To manage financial conflicts of interest, investigators are required to include the following with their Initial Application:

- Indication of all personal conflicts (for themselves or any other member of the research team).
- Indication of all institutional conflicts (where CHLA may have a financial stake in the outcome of the research).

The iStar application includes the relevant questions regarding conflict of interest for each member of the study team. If a conflict is indicated, the application links to the content in that person's diSClose account. All members of the research team with personal financial conflicts of interest must provide details of their conflict through the diSClose system.

Once a conflict has been identified, the conflict is reviewed by the Conflict of Interest in Research Committee (COIRC) in advance of the IRB review of the research. The COIRC reviews the conflict and designs a Conflict Management Plan.

The relevant components of the Conflict Management Plan must be incorporated into the Initial Application, protocol and consent form (e.g., study team composition, financial disclosure language in the consent) before review of the approval of the protocol will be issued by the IRB. The executed conflict management plan must also be incorporated into the application (uploaded to the iStar study application). Annual conflict of interest disclosure is required for all CHLA employees at the beginning of each fiscal year. If a new management plan is required for an approved IRB study, the study is flagged in iStar. The IRB may determine that additional requirements (above and beyond those described in the conflict management plan) are necessary to manage the conflict.

Contact CHLA's Office of Compliance and Privacy for assistance in obtaining a diSClose account or questions about the COIRC review process.

Initial Review: If a conflict of interest is reported and requires review and management, the IRB submission is flagged in iStar and the IRB review does not proceed until COIRC has reviewed the conflict and issued a management plan that includes specific language for the consent to identify the conflict.

IRB Amendments: All amendments beyond personnel changes will be reviewed by the IRB, even if they have an annual disclosure review pending with COIRC. Approval of amendments will be conditioned with a requirement to submit a new conflict of interest management plan and any required protocol/consent changes to the IRB via amendment if the conflict of interest management plan changes.

Continuing Review: All continuing reviews will be reviewed by the IRB before protocol expiration, even if they have an annual disclosure review pending with COIRC. Re-approval of the protocol will be conditioned with a requirement to submit a new conflict of interest management plan and any required protocol/consent changes to the IRB via amendment if the conflict of interest management plan changes.

When is single IRB review required?

Single IRB review is necessary to comply with the NIH sIRB mandate for review of non-exempt multisite research. This requirement applies to that portion of the research that is conducted in the United States. See Appendix A-9.

When will this IRB serve as the IRB of record (sIRB) or rely on an external IRB?

CHLA is willing to serve as the Reviewing IRB for one or more external Relying Sites when CHLA is the prime awardee of an NIH award. All requests to have CHLA serve as the IRB of Record must be approved by the Director.

For criteria used to determine whether this institution will serve as the sIRB, refer to HRP-833 -WORKSHEET - Considerations for Serving as the sIRB.

For criteria used to determine whether this institution will rely on an external IRB, refer to HRP-832 - WORKSHEET - Considerations for Relying on an External IRB. An Authorization Agreement(s) must be in place before this IRB can serve as the sIRB or rely on an external IRB. OHRP's IRB authorization agreement is not acceptable.

When should I submit an IRB application to CHLA HSPP to cede IRB review to an external IRB?

For studies where this institution is a participating site (pSite), requests to rely on an external IRB should be submitted after the reviewing IRB (sIRB) has approved the overall study (e.g., lead site protocol), including consent templates for pSite use and other document templates.

How do I submit an IRB application to CHLA HSPP to cede IRB review to an external IRB?

Complete the Ceded Review Application in the iStar system. Include all applicable information as requested. For more information see Investigator Guidance: Reliance on External IRBs available on the HSPP Website. In addition to the guidance document, there are several checklists for customizing Reviewing IRB template consent forms for CHLA.

When should I consult with CHLA IRB when planning a study for which CHLA IRB will be asked to serve as the IRB of record?

If you will request this IRB to serve as the reviewing IRB (sIRB) for cooperative research, contact the HSPP at irbreliance@chla.usc.edu prior to submitting grant or other funding applications to determine whether this IRB will agree to serve as the sIRB for the study.

How do I request that CHLA IRB serve as the IRB of record (sIRB) for my collaborative or multi-site research study?

Contact the HSPP Director directly to discuss the CHLA IRB serving as the IRB of Record, preferably when requests for funding proposals are submitted.

When completing the iStar application, indicate the study is a collaborative or multi-site research study and that the CHLA IRB is being asked to serve as the IRB of record. The CHLA IRB will approve CHLA as the first performance site so the IRB approved protocol and consent forms(s) can be shared with other participating sites. Approval of additional performance sites and site-specific documents need to be submitted via amendment by the CHLA study team. Maintain electronic copies of all information submitted to the IRB in case revisions are required.

How do I write an Investigator Protocol?

Use one of the three template protocols available on the HSPP website as a starting point for drafting a new Investigator Protocol and reference the instructions in italic text for the information the IRB looks for when reviewing research. If a sponsor's protocol is available, it can be used instead of the template protocol for the iStar submission. Here are some key points to remember when developing an Investigator Protocol:

- The bullet points in the template protocols serve as guidance to investigators when developing an Investigator Protocol for submission to the IRB. All bullet points are meant to be deleted prior to submission.
- For any items described in the protocol or other documents submitted with the application, investigators may simply reference the page numbers of these documents within the iStar application rather than repeat information.
- When writing an Investigator Protocol, always keep an electronic copy. You will need to modify this copy when making changes to the Investigator Protocol.
- If you believe your activity may not be Human Research, contact the Human Subjects Protection Program prior to developing your Investigator Protocol.
- Note that, depending on the nature of your research, certain sections of the template may not be applicable to your Investigator Protocol. Indicate this as appropriate.
- You may not involve any individuals who are members of the following populations as subjects in your research unless you indicate this in your inclusion criteria as the inclusion of subjects in these populations

has regulatory implications.

- Adults unable to provide legally effective consent
- Individuals who are not yet adults (infants, children, teenagers)
- Pregnant women
- Prisoners
- If you are conducting community-based participatory research, you may contact the Human Subjects Protection Program for information about:
 - Research studies using a community-based participatory research design
 - Use of community advisory boards
 - Use of participant advocates
 - Partnerships with community-based institutions or organizations

How do I create a consent document?

Use one of the informed consent templates on the HSPP website to create a consent document. If a sponsor consent form is available, it can be used instead of the template consent to create the CHLA consent form. See the Investigator Guidance: CHLA Consent Form Standards for details.

We recommend that you date the versions of your consent documents to ensure that you always use the most recent version approved by the IRB.

Do I need to obtain informed consent in order to screen, recruit, or determine the eligibility of prospective subjects?

The IRB may approve a research proposal in which an investigator will obtain information or biospecimens for the purpose of screening, recruiting, or determining the eligibility of prospective subjects without the informed consent of the prospective subject or the subject's legally authorized representative, if either of the following conditions are met:

- (1) The investigator will obtain information through oral or written communication with the prospective subject or legally authorized representative, OR
- (2) The investigator will obtain identifiable private information or identifiable biospecimens by accessing records or stored identifiable biospecimens.

The research protocol should include information about how potential subjects will be identified and recruited in order for the IRB to be able to determine whether informed consent for these activities is required.

Contact the IRB Office with additional questions or for further guidance regarding the requirement to obtain HIPAA authorization or a waiver to obtain HIPAA authorization

for recruitment purposes.

What are the different regulatory classifications that research activities may fall under?

Submitted activities may fall under one of the following four regulatory classifications:

- Not “Human Research”: Activities must meet the institutional definition of “Human Research” to fall under IRB oversight. Activities that do not meet this definition are not subject to IRB oversight or review. Review the Human Subjects Protection Program’s “WORKSHEET: Human Research (HRP-310)” for reference. Contact the Human Subjects Protection Program in cases where it is unclear whether an activity is Human Research, or if you require a formal determination from the IRB (e.g., for presentation or publication purposes). Note: Formal IRB “not human research” determinations are provided for activities that have not started.
- Exempt: Certain categories of Human Research may be exempt from regulation but require IRB review to confirm the exemption criteria are met. It is the responsibility of the institution, not the investigator, to determine whether Human Research is exempt from IRB review. Review the Human Subjects Protection Program’s “WORKSHEET: Exemption (HRP-312)” for reference on the categories of research that may be exempt. Note: Formal IRB exemption determinations are provided for research activities that have not started.
- Review Using the Expedited Procedure: Certain categories of non-exempt Human Research may qualify for review using the expedited procedure, meaning that the project may be approved by a single designated IRB reviewer, rather than the convened board. Review the Human Subjects Protection Program’s “WORKSHEET: Eligibility for Review Using the Expedited Procedure (HRP-313)” for reference on the categories of research that may be reviewed using the expedited procedure.
- Review by the Convened IRB: Non-Exempt Human Research that does not qualify for review using the expedited procedure must be reviewed by the convened IRB.

Note: The IRB does not provide retroactive approvals for non-exempt research activities that already have been performed.

What are the decisions the IRB can make when reviewing proposed research?

The IRB may approve research, approve research with contingencies (require modifications to the research to secure approval), table research, defer research, or disapprove research:

- Approval: Made when all criteria for approval are met. See “How does

the IRB decide whether to approve Human Research?” below.

- Approve with Contingencies Designated Reviewer: Made when IRB members require specific modifications to the research before approval can be finalized.
- Tabled: Made when the IRB cannot approve the research at a meeting for reasons unrelated to the research, such as loss of quorum. When taking this action, the IRB automatically schedules the research for review at the next meeting.
- Deferred: Made when the IRB determines that the board is unable to approve research and the IRB suggests modifications that might make the research approvable. When making this motion, the IRB describes its reasons for this decision, describes modifications that might make the research approvable, and gives the investigator an opportunity to respond to the IRB in person or in writing.
- Disapproval: Made when the IRB determines that it is unable to approve research and the IRB cannot describe modifications that might make the research approvable. When making this motion, the IRB describes its reasons for this decision and gives the investigator an opportunity to respond to the IRB in person or in writing.

How does the IRB decide whether to approve Human Research?

The criteria for IRB approval can be found in the “WORKSHEET: Exemption (HRP-312)” for exempt Human Research and the “WORKSHEET: Criteria for Approval (HRP-314)” for non- exempt Human Research. The latter worksheet references other worksheets and checklists that might be relevant. All worksheets and checklists can be found on the HSPP Website.

These worksheets and checklists are used for initial review, continuing review, and review of modifications to previously approved Human Research.

You are encouraged to use the worksheets and checklists to write your Investigator Protocol in a way that addresses the criteria for approval.

What will happen after IRB review?

The IRB will provide you with a written decision indicating that the IRB has approved the Human Research, approved the Human Research with contingencies, deferred the Human Research, or disapproved the Human Research.

- If the IRB has approved the Human Research: The Human Research may commence once all other institutional approvals have been met. IRB approval is usually good for a limited period of time which is noted in the approval letter.
- If the IRB has approved the Human Research with contingencies

(requires modifications to secure approval) and you accept the modifications: Make the requested modifications and submit them to the IRB. If all requested modifications are made, the IRB will issue a final approval. Research cannot commence until this final approval is received. If you do not accept the modifications, write up your response and submit it to the IRB.

- If the IRB defers the Human Research: The IRB will provide a statement of the reasons for deferral and suggestions to make the study approvable and give you an opportunity to respond in writing. In most cases if the IRB's reasons for the deferral are addressed in a modification, the Human Research can be approved.
- If the IRB disapproves the Human Research: The IRB will provide a statement of the reasons for disapproval and give you an opportunity to respond in writing.

What are my obligations after IRB approval?

- 1) Do not start Human Research activities until you have the final IRB approval letter.
- 2) Do not start Human Research activities until you have obtained all other required institutional approvals, including approvals of departments or divisions that require approval prior to commencing research that involves their resources.
- 3) Ensure that there are adequate resources to carry out the research safely. This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.
- 4) Ensure that Research Staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.
- 5) Update the IRB with any changes to the list of study personnel.
- 6) Personally conduct or supervise the Human Research. Recognize that the investigator is accountable for the failures of any study team member.
 - a) Conduct the Human Research in accordance with the relevant current protocol as approved by the IRB, and in accordance with applicable federal regulations and local laws.
 - b) When required by the IRB ensure that consent or permission is obtained in accordance with the relevant current protocol as approved by the IRB.
 - c) Do not modify the Human Research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects.
 - d) Protect the rights, safety, and welfare of subjects involved in the research.
- 7) Submit to the IRB:
 - a) Proposed modifications as described in this manual. (See

- “How do I submit a modification?”)
- i) Single subject protocol exceptions should be submitted via the modification process.
 - b) A continuing review application as requested in the approval letter.
(See “How do I submit continuing review?”)
 - c) A continuing review application when the Human Research is closed.
(See “How Do I Close Out a Study?”)
- 8) Report the following new information via the iStar system within five business days of becoming aware of any of the following information items:
- a) Information that indicates a new or increased risk, or a new safety issue. For example:
 - i) New information (e.g., an interim analysis, safety monitoring report, publication in the literature, sponsor report, or investigator finding) indicates an increase in the frequency or magnitude of a previously known risk or uncovers a new risk.
 - ii) An investigator brochure, package insert, or device labeling is revised to indicate an increase in the frequency or magnitude of a previously known risk, or describe a new risk
 - iii) Withdrawal, restriction, or modification of a marketed approval of a drug, device, or biologic used in a research protocol
 - iv) Protocol violation that harmed subjects or others or that indicates subjects or others might be at increased risk of harm
 - v) Complaint of a subject that indicates subjects or others might be at increased risk of harm or at risk of a new harm
 - vi) Any changes significantly affecting the conduct of the research
 - b) Harm experienced by a subject or other individual, which in the opinion of the investigator are **unexpected** and **probably related** to the research procedures.
 - i) A harm is “unexpected” when its specificity or severity are inconsistent with risk information previously reviewed and approved by the IRB in terms of nature, severity, frequency, and characteristics of the study population.
 - ii) A harm is “probably related” to the research procedures if in the opinion of the investigator, the research procedures more likely than not caused the harm.
 - c) Non-compliance with the federal regulations governing human research or with the requirements or determinations of the IRB, or an allegation of such non-compliance.
 - d) Audit, inspection, or inquiry by a federal agency and any resulting reports (e.g. FDA Form 483.)
 - e) Written reports of study monitors that include requests for prompt reporting to the IRB.
 - f) Failure to follow the protocol due to the action or inaction of the investigator or research staff.
 - g) Breach of confidentiality.
 - h) Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a subject.

- i) Incarceration of a subject in a study not approved by the IRB to involve prisoners.
 - j) Complaint of a subject that cannot be resolved by the research team.
 - k) Premature suspension or termination of the protocol by the sponsor, investigator, or institution.
 - l) Unanticipated 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).
- 9) Submit an updated disclosure of financial interests within thirty days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.
 - 10) Do not accept or provide payments to professionals in exchange for referrals of potential subjects (“finder’s fees.”)
 - 11) Do not accept payments designed to accelerate recruitment that were tied to the rate or timing of enrollment (“bonus payments.”)
 - 12) See additional requirements of various federal agencies in Appendix A. These represent additional requirements and do not override the baseline requirements of this section.
 - 13) If the study is a clinical trial and supported by a Common Rule agency, one IRB-approved version of a consent form that has been used to enroll participants must be posted on a public federal website designated for posting such consent forms. The form must be posted after recruitment closes, and no later than 60 days after the last study visit. Please contact the study sponsor with any questions.

What are my obligations as the overall study PI for an sIRB study?

- 1) Coordinate with HRPP personnel to determine whether this institution’s IRB can act as the single IRB for all or some institutions participating in the study or if an external IRB will assume oversight.
- 2) Identify whether any IRB fees will be charged for this study and address any budget considerations.
- 3) Identify all sites that will be engaged in the human research and requiring oversight by the IRB.
- 4) Ensure that all sites receive a request to rely on the reviewing IRB and that all institutional requirements are satisfied before a study is activated at a relying site.
- 5) Collaborate with the reviewing IRB to document roles and responsibilities for communicating and coordinating key information from study teams and the IRB or HRPP at relying sites.
- 6) Respond to questions or information requests from study teams or the IRB or HRPP staff at relying sites.
- 7) Provide relying site investigators with the policies of the reviewing IRB.

- 8) Provide relying site investigators with the IRB-approved versions of all study documents, including an approved consent template.
- 9) Preparation and submission of IRB applications on behalf of all sites. This includes initial review, modifications, personnel updates, reportable new information and continuing review information for all sites.
- 10) Establishing a process for obtaining and collating information from all sites and submitting this information to the reviewing IRB. This includes site-specific variations in study conduct, such as the local consent process and language, subject identification and recruitment processes and local variations in study conduct.
- 11) Provide pSites with HRP-103p - pSite Manual.
- 12) Fulfill any communication responsibilities as outlined in HRP-830a - HSPP Study Team Communication Plan Form available on the HSPP website.
- 13) Use HRP-811- FORM - Basic Site Information, HRP-812 - FORM - Site Continuing Review, HRP-813 - FORM - Site Modification, and 814 - FORM - Site Reportable New Information when necessary to collect information from participating sites.
- 14) Ensure that consent forms used by relying sites follow the consent template approved by the reviewing IRB and include required language as specified by the relying sites.
- 15) Provide site investigators with all determinations and communications from the reviewing IRB.
- 16) Submit reportable new information from relying sites to the reviewing IRB in accordance with the terms outlined in the authorization agreement or communication plan.
- 17) Report the absence of continuing review information from relying sites if they do not provide the required information prior to submission of the continuing review materials to the reviewing IRB. Notifying the relying site of their lapse in approval and applicable corrective actions.
- 18) Provide study records to the relying institution, reviewing IRB or regulatory agencies upon request.

What are my obligations as investigator when relying on an external IRB?

- 1) Obtain applicable ancillary approvals and clearance to cede IRB review from this institution prior to seeking review by another IRB.
- 2) Comply with determinations and requirements of the reviewing IRB.
- 3) Prepare site-specific consent/assent forms and other study documents that are consistent with those approved by the sIRB (e.g., use the approved consent template to create site-specific documents).
- 4) Provide the reviewing IRB with requested information about local requirements or local research context issues relevant to the IRB's determination prior to IRB review.
- 5) Notify the reviewing IRB when local policies that impact IRB review are updated.
- 6) Cooperate in the reviewing IRB's responsibility for initial and continuing

review, record keeping and reporting and providing all information requested by the reviewing IRB in a timely manner.

- 7) Disclose conflicts of interest as required by the reviewing IRB and comply with management plans that may result.
- 8) Promptly report to the reviewing IRB any proposed changes to the research and do not implement those changes to the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to the participants.
- 9) When enrolling participants, obtain, document and maintain records of consent for each participant or each participant's legally authorized representative.
- 10) Promptly report to the reviewing IRB any unanticipated problems involving risks to participants or others according to the requirements specified in the reliance agreement.
- 11) Provide the reviewing IRB with data safety monitoring reports in accordance with the reviewing IRB's reporting policy.
- 12) Report non-compliance, participant complaints, protocol deviations or other events according to the requirements specified in the reliance agreement.
- 13) Specify the contact person and provide contact information for researchers and research staff to obtain answers to questions, express concerns, and convey suggestions regarding the use of the reviewing IRB.
- 14) Fulfill any communication responsibilities as outlined in HRP-830a - HSPP Study Team Communication Plan Form.

How do I document consent?

Use the signature block approved by the IRB. Complete all items in the signature block, including dates and any applicable checkboxes.

The following are the requirements for long form consent documents:

- The subject and/or parent/legal representative signs and dates the consent document.
 - If the subject/representative is physically unable to sign the consent form, document this, the method used for communication with the prospective subject/representative, and the specific means by which their agreement was communicated.
- The individual obtaining consent signs and dates the consent document.
- Whenever the IRB or the sponsor require a witness to the oral presentation, the witness signs and dates the consent document.
- For adult subjects who cannot read and whenever required by the IRB or the sponsor, a witness to the oral presentation signs and dates the consent document.
- A copy of the signed and dated consent document is to be provided to the subject.

The following are the requirements for short form consent documents:

- The subject and/or parent/legal representative signs and dates the short form consent document.
- The person obtaining consent signs and dates the summary.
- The impartial witness (fluent in both English and the language spoken by the subject/representative) to the oral presentation signs and dates the short form consent document and the summary. The witness and the interpreter may be the same person.
- Copies of the signed and dated consent document and summary are provided to the person(s) signing those documents.

How do I submit a modification?

Complete the Amendment Application in the iStar system. Describe all the requested changes and upload any revised materials for review (e.g., protocol, consent form) using the “upload revision” function in iStar (available by clicking on the ellipsis next to the currently uploaded version of the document). For pdf documents, provide tracked (red-line) changes. A summary of changes should accompany any protocol amendments or Investigator Brochure revisions. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Please note that research must continue to be conducted without inclusion of the modification until IRB approval is received. If there are changes to study personnel, they must be made within the main iStar application via the “edit study personnel” function or via the standard Amendment Application (depending upon the type of study personnel changes being proposed).

How do I submit continuing review?

Complete the Continuing Review Application in the iStar system. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Before submitting the research for initial review, you must:

- Determine whether any member of the research staff has a financial interest related to the research. A “yes” or “no” answer is sufficient. There is no need to obtain additional details.
- Obtain the verbal or written agreement of each member of the research staff to his/her role in the research.

If the continuing review involves modifications to previously approved research, submit those modifications as a separate request for modification using the Amendments Application in the iStar system.

If the approval of Human Research expires, all Human Research procedures related to the protocol must stop, including recruitment, advertisement, screening, enrollment, consent, interventions,

interactions, and collection or analysis of private identifiable information.

Continuing Human Research procedures is a violation of institutional policy. If current subjects will be harmed by stopping Human Research procedures that are available outside the Human Research context, provide these on a clinical basis as needed to protect current subjects. If current subjects will be harmed by stopping Human Research procedures that are not available outside the Human Research context, immediately contact the HSPP office and provide a written list of the currently enrolled subjects and why they will be harmed by stopping Human Research procedures.

How do I close out a study?

Complete the Study Closure activity or submit a Continuing Review Application and select “Closed/Final Report” as the future status in the iStar system. Maintain electronic copies of all information submitted to the IRB in case revisions are required.

How long do I keep records?

Maintain your Human Research records, including signed and dated consent documents for at least six years after completion of the research. Maintain signed and dated HIPAA authorizations and consent documents that include HIPAA authorizations for at least six years after completion of the research.

If your Human Research is sponsored contact the sponsor before disposing of Human Research records. FDA regulated clinical trials often have longer retention periods (see Appendix A-2).

What if I need to use an unapproved drug, biologic, or device and there is no time for IRB review?

Contact the Human Subjects Protection Program or IRB chair immediately to discuss the situation. If there is no time to make this contact, see HRP-322 – WORKSHEET – Emergency Use for the regulatory criteria allowing such a use and make sure these are followed. Use HRP-506 – TEMPLATE CONSENT DOCUMENT – Emergency or Compassionate Device Use to prepare your consent document. You will need to submit a report of the use to the IRB within five working days of the use.

Include in the report a description of how the use meets the criteria outlined in HRP-322 - WORKSHEET - Emergency Use, a summary of the patient’s diagnosis and treatment history, and date and time of the use. Attach to the report the consent document templates used (if applicable), approval of the use from the FDA (drugs and biologics), or concurrence letter from an independent physician that the use of the device is warranted and no other alternative treatments are/were available (devices).

Emergency use of an unapproved drug or biologic in a life-threatening

situation without prior IRB review is “research” as defined by FDA, the individual getting the test article is a “subject” as defined by FDA, and therefore is governed by FDA regulations for IRB review and informed consent. Emergency use of an unapproved device without prior IRB review is not “research” as defined by FDA and the individual getting the test article is not a “subject” as defined by FDA. However, FDA guidance recommends following similar rules as for emergency use of an unapproved drug or biologic.

Individuals getting an unapproved drug, biologic, or device without prior IRB review cannot be considered a “subject” as defined by DHHS and their results cannot be included in prospective “research” as that term is defined by DHHS.

FDA regulations require that any subsequent use of a test article at the institution have prospective IRB review and approval. If it is anticipated that this test article may be used again (for the same patient, a different patient, or for any indication), submit a protocol and consent document(s) to the IRB for review so that an approved protocol will be in place when the next need arises.

How do I submit a non-emergency expanded access request for an unapproved drug, biologic, or device to the IRB?

There are five different types of non-emergency use expanded access:

1. Individual patient expanded access use of an investigational drug

Individual patient drug expanded access requests should be submitted to the IRB as a new study. If the study team checked “Request for Authorization to Use Alternative IRB Review Procedures” on FDA Form 3926 (field 10.b.) or has a separate waiver request included with FDA Form 1571 for the purpose of obtaining concurrence from an IRB Chair or designee, this information should be included in the application. Instead of uploading a protocol, the submission should include the following:

- A thorough patient history and treatment plan, included in the Form FDA 3926 or in a separate document that includes:
 - The proposed daily dose, route, and frequency of administration of planned treatment; duration of planned treatment; criteria for discontinuation of treatment; and planned dose modifications for adverse events;
 - The planned monitoring for adverse events, response to treatment, and changes in clinical status, as well as proposed modifications to the treatment plan to mitigate risks to the patient if appropriate;
 - The key details of the patient’s history, including diagnosis and summary of prior therapy (including response to such therapy); the reason for request, including an explanation of why the patient lacks other therapeutic options; and information regarding a patient’s relevant clinical characteristics (such as comorbid conditions and concomitant medications) that is necessary to assess the potential for increased risks of the drug; and

- - A summary of known risks of the drug

Use HRP-506 - TEMPLATE CONSENT DOCUMENT - Expanded Access to prepare your consent document. A Continuing Review application must be submitted to the IRB at least annually, and any modifications or new information should be reported accordingly.

2. Compassionate Use (Individual patient/small group access) of a device

Requests for compassionate use of a device should be submitted to the IRB as a new study. See HRP-325 - WORKSHEET - Device Compassionate Use for the regulatory criteria allowing such a use and make sure these are followed. The FDA does not consider the compassionate use of an unapproved device to be a clinical investigation, however it is expected that informed consent be obtained. Use HRP-506 - TEMPLATE CONSENT DOCUMENT - Expanded Access to prepare your consent document.

Instead of uploading a protocol, the submission should include a summary of the conditions constituting the compassionate use, other relevant details of the case, approval from the device manufacturer, device/product manual, FDA authorization, and any other relevant information (i.e., patient-facing materials, etc.). Continuing review is not required for compassionate use, however if any problems occurred as a result of device use, these should be discussed in the follow-up report and reported to the IRB as soon as possible.

3. Intermediate-size patient population access of a drug
4. Expanded access for widespread use of a drug
5. Treatment use of a device

Requests for any of these three (3) types of expanded access use should be submitted to the IRB as a new study. Submissions should include the protocol, consent form, and other pertinent information (i.e., Investigator's Brochure, device/product manual, patient-facing materials, etc.). Use HRP-502 - TEMPLATE CONSENT DOCUMENT to prepare your consent document. A Continuing Review application must be submitted to the IRB at least annually, and any modifications or new information should be reported accordingly.

How do I get additional information and answers to questions?

This document and the policies and procedures for the Human Research Protection Program are available on the IRB Web Site at <https://www.chla.org/research/human-subjects-protection-program-hspp-and-institutional-review-board-irb>.

If you have any questions or concerns about the Human Research Protection Program, contact the Human Subjects Protection Program at:

Shannen Nelson, RN, MSN, CCRP, CCRC Executive Director, Clinical

Research Operations
4650 Sunset, Blvd, MS 142
Los Angeles, CA, 90027
Phone: 323-361-8685

If you have questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program that cannot be addressed by contacting the Human Subjects Protection Program, follow the directions in the "HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)" under "Reporting and Management of Concerns."

Appendix A-1: Additional Requirements for DHHS-Regulated Researchⁱⁱ

1. When a subject decides to withdraw from a clinical trial, the investigator conducting the clinical trial should ask the subject to clarify whether the subject wishes to withdraw from all components of the trial or only from the primary interventional component of the trial. If the latter, research activities involving other components of the clinical trial, such as follow-up data collection activities, for which the subject previously gave consent may continue. The investigator should explain to the subject who wishes to withdraw the importance of obtaining follow-up safety data about the subject.
2. Investigators are allowed to retain and analyze already collected data relating to any subject who chooses to withdraw from a research study or whose participation is terminated by an investigator without regard to the subject's consent, provided such analysis falls within the scope of the analysis described in the IRB-approved protocol. This is the case even if that data includes identifiable private information about the subject.
3. For research not subject to regulation and review by FDA, investigators, in consultation with the funding agency, can choose to honor a research subject's request that the investigator destroy the subject's data or that the investigator exclude the subject's data from any analysis.
4. When seeking the informed consent of subjects, investigators should explain whether already collected data about the subjects will be retained and analyzed even if the subjects choose to withdraw from the research.
5. When research is covered by a certificate of confidentiality, researchers:
 - May not disclose or provide, in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding, the name of such individual or any such information, document, or biospecimen that contains identifiable, sensitive information about the individual and that was created or compiled for purposes of the research, unless such disclosure or use is made with the consent of the individual to whom the information, document, or biospecimen pertains; or
 - May not disclose or provide to any other person not connected with the research the name of such an individual or any information, document, or biospecimen that contains identifiable, sensitive information about such an individual and that was created or compiled for purposes of the research.
 - May disclose information only when:
 - Required by Federal, State, or local laws (e.g., as required by the Federal Food, Drug, and Cosmetic Act, or state laws requiring the reporting of communicable diseases to State and local health departments), excluding instances

- of disclosure in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding.
- Necessary for the medical treatment of the individual to whom the information, document, or biospecimen pertains and made with the consent of such individual;
 - Made with the consent of the individual to whom the information, document, or biospecimen pertains; or
 - Made for the purposes of other scientific research that is in compliance with applicable Federal regulations governing the protection of human participants in research.
- Researchers must inform participants of the protections and limitations of certificates of confidentiality (see language in HRP-502 - TEMPLATE CONSENT DOCUMENT).
 - For studies that were previously issued a Certificate and notified participants of the protections provided by that Certificate, NIH does not expect participants to be notified that the protections afforded by the Certificate have changed, although IRBs may determine whether it is appropriate to inform participants.
 - If part of the study cohort was recruited prior to issuance of the Certificate, but are no longer activity participating in the study, NIH does not expect participants consented prior to the change in authority, or prior to the issuance of a Certificate, to be notified that the protections afforded by the Certificate have changed, or that participants who were previously consented to be re-contacted to be informed of the Certificate, although the IRB may determine whether it is appropriate to inform participants.
 - Researchers conducting research covered by a certificate of confidentiality, even if the research is not federally funded, must ensure that if identifiable, sensitive information is provided to other researchers or organizations, the other researcher or organization must comply with applicable requirements when research is covered by a certificate of confidentiality.

Appendix A-2: Additional Requirements for FDA-Regulated Research

1. When a subject withdraws from a study:ⁱⁱⁱ
 - a. The data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.
 - b. An investigator may ask a subject who is withdrawing whether the subject wishes to provide continued follow-up and further data collection subsequent to their withdrawal from the interventional portion of the study. Under this circumstance, the discussion with the subject would distinguish between study-related interventions and continued follow-up of associated clinical outcome information, such as medical course or laboratory results obtained through non-invasive chart review and address the maintenance of privacy and confidentiality of the subject's information.
 - c. If a subject withdraws from the interventional portion of the study but agrees to continued follow-up of associated clinical outcome information as described in the previous bullet, the investigator must obtain the subject's informed consent for this limited participation in the study (assuming such a situation was not described in the original informed consent form). IRB approval of informed consent documents is required.
 - d. If a subject withdraws from the interventional portion of a study and does not consent to continued follow-up of associated clinical outcome information, the investigator must not access for purposes related to the study the subject's medical record or other confidential records requiring the subject's consent.
 - e. An investigator may review study data related to the subject collected prior to the subject's withdrawal from the study, and may consult public records, such as those establishing survival status.
2. For FDA-regulated research involving investigational drugs:
 - a. Investigators must abide by FDA restrictions on promotion of investigational drugs:^{iv}
 - i. An investigator, or any person acting on behalf of an investigator, must not represent in a promotional context that an investigational new drug is safe or effective for the purposes for which it is under investigation or otherwise promote the drug.

- ii. This provision is not intended to restrict the full exchange of scientific information concerning the drug, including dissemination of scientific findings in scientific or lay media. Rather, its intent is to restrict promotional claims of safety or effectiveness of the drug for a use for which it is under investigation and to preclude commercialization of the drug before it is approved for commercial distribution.
 - iii. An investigator must not commercially distribute or test market an investigational new drug.
- b. Follow FDA requirements for general responsibilities of investigators^v
 - i. An investigator is responsible for ensuring that an investigation is conducted according to the signed investigator statement, the investigational plan, and applicable regulations; for protecting the rights, safety, and welfare of subjects under the investigator's care; and for the control of drugs under investigation.
 - ii. An investigator must, in accordance with the provisions of 21 CFR §50, obtain the informed consent of each human subject to whom the drug is administered, except as provided in 21 CFR §50.23 or §50.24 of this chapter.
 - iii. Additional specific responsibilities of clinical investigators are set forth in this part and in 21 CFR §50 and 21 CFR §56.
- c. Follow FDA requirements for control of the investigational drug^{vi}
 - i. An investigator must administer the drug only to subjects under the investigator's personal supervision or under the supervision of a sub-investigator responsible to the investigator.
 - ii. The investigator must not supply the investigational drug to any person not authorized under this part to receive it.
- d. Follow FDA requirements for investigator recordkeeping and record retention^{vii}
 - i. Disposition of drug:
 - 1. An investigator is required to maintain adequate records of the disposition of the drug, including dates, quantity, and use by subjects.
 - 2. If the investigation is terminated, suspended, discontinued, or completed, the investigator must return the unused supplies of the drug to the sponsor, or otherwise provide for disposition of the unused supplies of the drug under 21 CFR §312.59.
 - ii. Case histories:

1. An investigator is required to prepare and maintain adequate and accurate case histories that record all observations and other data pertinent to the investigation on each individual administered the investigational drug or employed as a control in the investigation.
 2. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. The case history for each individual must document that informed consent was obtained prior to participation in the study.
 - iii. Record retention: An investigator must retain required records for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.
- e. Follow FDA requirements for investigator reports^{viii}
 - i. Progress reports: The investigator must furnish all reports to the sponsor of the drug who is responsible for collecting and evaluating the results obtained.
 - ii. Safety reports: An investigator must promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug. If the adverse effect is alarming, the investigator must report the adverse effect immediately.
 - iii. Final report: An investigator must provide the sponsor with an adequate report shortly after completion of the investigator's participation in the investigation.
 - iv. Financial disclosure reports:
 1. The clinical investigator must provide the sponsor with sufficient accurate financial information to allow an applicant to submit complete and accurate certification or disclosure statements as required under 21 CFR §54.
 2. The clinical investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following the completion of the study.
- f. Follow FDA requirements for assurance of IRB review^{ix}

- i. An investigator must assure that an IRB that complies with the requirements set forth in 21 CFR §56 will be responsible for the initial and continuing review and approval of the proposed clinical study.
 - ii. The investigator must also assure that he or she will promptly report to the IRB all changes in the research activity and all unanticipated problems involving risk to human subjects or others, and that he or she will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.
 - g. Follow FDA requirements for inspection of investigator's records and reports^x
 - i. An investigator must upon request from any properly authorized officer or employee of FDA, at reasonable times, permit such officer or employee to have access to, and copy and verify any records or reports made by the investigator pursuant to 312.62.
 - ii. The investigator is not required to divulge subject names unless the records of particular individuals require a more detailed study of the cases, or unless there is reason to believe that the records do not represent actual case studies, or do not represent actual results obtained.
 - h. Follow FDA requirements for handling of controlled substances^{xi}
 - i. If the investigational drug is subject to the Controlled Substances Act, the investigator must take adequate precautions, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution.
- 3. For FDA-regulated research involving investigational devices:
 - a. General responsibilities of investigators.^{xii}
 - i. An investigator is responsible for ensuring that an investigation is conducted according to the signed agreement, the investigational plan and applicable FDA regulations, for protecting the rights, safety, and welfare of subjects under the investigator's care, and for the control of devices under investigation. An investigator also is responsible for ensuring that informed consent is obtained in accordance with 21 CFR §50.
 - b. Specific responsibilities of investigators^{xiii}

- i. Awaiting approval: An investigator may determine whether potential subjects would be interested in participating in an investigation but must not request the written informed consent of any subject to participate and must not allow any subject to participate before obtaining IRB and FDA approval.
 - ii. Compliance: An investigator must conduct an investigation in accordance with the signed agreement with the sponsor, the investigational plan, and other applicable FDA regulations, and any conditions of approval imposed by an IRB or FDA.
 - iii. Supervising device use: An investigator must permit an investigational device to be used only with subjects under the investigator's supervision. An investigator must not supply an investigational device to any person not authorized to receive it.
 - iv. Financial disclosure:
 - 1. A clinical investigator must disclose to the sponsor sufficient accurate financial information to allow the applicant to submit complete and accurate certification or disclosure statements required under 21 CFR §54.
 - 2. The investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following completion of the study.
 - v. Disposing of device: Upon completion or termination of a clinical investigation or the investigator's part of an investigation, or at the sponsor's request, an investigator must return to the sponsor any remaining supply of the device or otherwise dispose of the device as the sponsor directs.
- c. Maintain the following accurate, complete, and current records relating to the investigator's participation in an investigation:^{xiv}
- i. All correspondence with another investigator, an IRB, the sponsor, a monitor, or FDA, including required reports.
 - ii. Records of receipt, use or disposition of a device that relate to:
 - 1. The type and quantity of the device, the dates of its receipt, and the batch number or code mark.
 - 2. The names of all persons who received, used, or disposed of each device.
 - 3. Why and how many units of the device have been returned to the sponsor, repaired, or otherwise disposed of.

- iii. Records of each subject's case history and exposure to the device. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. Such records must include:
 - 1. Documents evidencing informed consent and, for any use of a device by the investigator without informed consent, any written concurrence of a licensed physician and a brief description of the circumstances justifying the failure to obtain informed consent.
 - 2. Documentation that informed consent was obtained prior to participation in the study.
 - 3. All relevant observations, including records concerning adverse device effects (whether anticipated or unanticipated), information and data on the condition of each subject upon entering, and during the course of, the investigation, including information about relevant previous medical history and the results of all diagnostic tests.
 - 4. A record of the exposure of each subject to the investigational device, including the date and time of each use, and any other therapy.
 - iv. The protocol, with documents showing the dates of and reasons for each deviation from the protocol.
 - v. Any other records that FDA requires to be maintained by regulation or by specific requirement for a category of investigations or a particular investigation.
- d. Inspections^{xv}
- i. Entry and inspection: A sponsor or an investigator who has authority to grant access must permit authorized FDA employees, at reasonable times and in a reasonable manner, to enter and inspect any establishment where devices are held (including any establishment where devices are manufactured, processed, packed, installed, used, or implanted or where records of results from use of devices are kept).
 - ii. Records inspection: A sponsor, IRB, or investigator, or any other person acting on behalf of such a person with respect to an investigation, must permit authorized FDA employees, at reasonable times and in a reasonable manner, to inspect and copy all records relating to an investigation.

- iii. Records identifying subjects: An investigator must permit authorized FDA employees to inspect and copy records that identify subjects, upon notice that FDA has reason to suspect that adequate informed consent was not obtained, or that reports required to be submitted by the investigator to the sponsor or IRB have not been submitted or are incomplete, inaccurate, false, or misleading.
- e. Prepare and submit the following complete, accurate, and timely reports^{xvi}
 - i. Unanticipated adverse device effects. An investigator must submit to the sponsor and to the reviewing IRB a report of any unanticipated adverse device effect occurring during an investigation as soon as possible, but in no event later than 5 working days after the investigator first learns of the effect.
 - ii. Withdrawal of IRB approval. An investigator must report to the sponsor, within 5 working days, a withdrawal of approval by the reviewing IRB of the investigator's part of an investigation.
 - iii. Progress. An investigator must submit progress reports on the investigation to the sponsor, the monitor, and the reviewing IRB at regular intervals, but in no event less often than yearly.
 - iv. Deviations from the investigational plan:
 - 1. An investigator must notify the sponsor and the reviewing IRB of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency.
 - 2. Such notice must be given as soon as possible, but in no event later than 5 working days after the emergency occurred.
 - 3. Except in such an emergency, prior approval by the sponsor is required for changes in or deviations from a plan, and if these changes or deviations may affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects, FDA and IRB also is required.
 - v. Informed consent. If an investigator uses a device without obtaining informed consent, the investigator must report such use to the sponsor and the reviewing IRB within 5 working days after the use occurs.
 - vi. Final report. An investigator must, within 3 months after termination or completion of the investigation or the investigator's

part of the investigation, submit a final report to the sponsor and the reviewing IRB.

- vii. Other. An investigator must, upon request by a reviewing IRB or FDA, provide accurate, complete, and current information about any aspect of the investigation.

Appendix A-3: Additional Requirements for Clinical Trials (ICH-GCP)

1. Investigator's Qualifications and Agreements

- a. The clinical trial should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.
- b. The investigator should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirements, and should provide evidence of such qualifications through up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the IRB, and/or the regulatory authorities.
- c. The investigator should be thoroughly familiar with the appropriate use of the investigational product, as described in the protocol, in the current Investigator's Brochure, in the product information and in other information sources provided by the sponsor.
- d. The investigator should be aware of, and should comply with, GCP and the applicable regulatory requirements.
- e. The investigator/institution should permit monitoring and auditing by the sponsor, and inspection by the appropriate regulatory authorities.
- f. The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.

2. Adequate Resources

- a. The investigator should be able to demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.
- b. The investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period.
- c. The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
- d. The investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product, and their trial-related duties and functions.

3. Medical Care of Trial Subjects

- a. A qualified physician (or dentist, when appropriate), who is an investigator or a sub-investigator for the trial, should be responsible for all trial-related medical (or dental) decisions.
- b. During and following a subject's participation in a trial, the investigator/institution should ensure that adequate medical care

is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The investigator/institution should inform a subject when medical care is needed for intercurrent illnesses of which the investigator becomes aware.

- c. It is recommended that the investigator inform the subject's primary physician about the subject's participation in the trial if the subject has a primary physician and if the subject agrees to the primary physician being informed.
 - d. Although a subject is not obliged to give his/her reasons for withdrawing prematurely from a trial, the investigator should make a reasonable effort to ascertain the reasons, while fully respecting the subject's rights.
4. Communication with IRB
- a. Before initiating a trial, the investigator/institution should have written and dated approval opinion from the IRB for the trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g., advertisements), and any other written information to be provided to subjects.
 - b. As part of the investigator's/institution's written application to the IRB, the investigator/institution should provide the IRB with a current copy of the Investigator's Brochure. If the Investigator's Brochure is updated during the trial, the investigator/institution should supply a copy of the updated Investigator's Brochure to the IRB.
 - c. During the trial the investigator/institution should provide to the IRB all documents subject to review.
5. Compliance with Protocol
- a. The investigator/institution should conduct the trial in compliance with the protocol agreed to by the sponsor and, if required, by the regulatory authorities and which was given approval opinion by the IRB. The investigator/institution and the sponsor should sign the protocol, or an alternative contract, to confirm agreement.
 - b. The investigator should not implement any deviation from, or changes of the protocol without agreement by the sponsor and prior review and documented approval opinion from the IRB of an amendment, except where necessary to eliminate an immediate hazards to trial subjects, or when the changes involves only logistical or administrative aspects of the trial (e.g., change in monitors, change of telephone numbers).
 - c. The investigator, or person designated by the investigator, should document and explain any deviation from the approved protocol.
 - d. The investigator may implement a deviation from, or a change of, the protocol to eliminate an immediate hazard to trial subjects

without prior IRB approval opinion. As soon as possible, the implemented deviation or change, the reasons for it, and, if appropriate, the proposed protocol amendments should be submitted:

a) to the IRB for review and approval opinion, b) to the sponsor for agreement and, if required, c) to the regulatory authorities.

6. Investigational Product

- a. Responsibility for investigational product accountability at the trial site rests with the investigator/institution.
- b. Where allowed/required, the investigator/institution may/should assign some or all of the investigator's/institution's duties for investigational product accountability at the trial site to an appropriate pharmacist or another appropriate individual who is under the supervision of the investigator/institution.
- c. The investigator/institution and/or a pharmacist or other appropriate individual, who is designated by the investigator/institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product. These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product and trial subjects. Investigators should maintain records that document adequately that the subjects were provided the doses specified by the protocol and reconcile all investigational product received from the sponsor.
- d. The investigational product should be stored as specified by the sponsor and in accordance with applicable regulatory requirements.
- e. The investigator should ensure that the investigational product is used only in accordance with the approved protocol.
- f. The investigator, or a person designated by the investigator/institution, should explain the correct use of the investigational product to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.
- g. Randomization Procedures and Unblinding: The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product.

7. Informed Consent of Trial Subjects

- a. In obtaining and documenting informed consent, the investigator

should comply with the applicable regulatory requirements, and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the investigator should have the IRB's written approval opinion of the written informed consent form and any other written information to be provided to subjects.

- b. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject's consent. Any revised written informed consent form, and written information should receive the IRB's approval opinion in advance of use. The subject or the subject's legally acceptable representative should be informed in a timely manner if new information becomes available that may be relevant to the subject's willingness to continue participation in the trial. The communication of this information should be documented.
- c. Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
- d. None of the oral and written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject's legally acceptable representative to waive or to appear to waive any legal rights, or that releases or appears to release the investigator, the institution, the sponsor, or their agents from liability for negligence.
- e. The investigator, or a person designated by the investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval opinion by the IRB.
- f. The language used in the oral and written information about the trial, including the written informed consent form, should be as non-technical as practical and should be understandable to the subject or the subject's legally acceptable representative and the impartial witness, where applicable.
- g. Before informed consent may be obtained, the investigator, or a person designated by the investigator, should provide the subject or the subject's legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be answered to the satisfaction of the subject or the subject's legally acceptable representative.
- h. Prior to a subject's participation in the trial, the written informed consent form should be signed and personally dated by the

subject or by the subject's legally acceptable representative, and by the person who conducted the informed consent discussion.

- i. If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects, is read and explained to the subject or the subject's legally acceptable representative, and after the subject or the subject's legally acceptable representative has orally consented to the subject's participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject's legally acceptable representative, and that informed consent was freely given by the subject or the subject's legally acceptable representative.
- j. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
 - i. That the trial involves research.
 - ii. The purpose of the trial.
 - iii. The trial treatments and the probability for random assignment to each treatment.
 - iv. The trial procedures to be followed, including all invasive procedures.
 - v. The subject's responsibilities.
 - vi. Those aspects of the trial that are experimental.
 - vii. The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.
 - viii. The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
 - ix. The alternative procedures or courses of treatment that may be available to the subject, and their important potential benefits and risks.
 - x. The compensation and/or treatment available to the subject in the event of trial related injury.
 - xi. The anticipated prorated payment, if any, to the subject for participating in the trial.
 - xii. The anticipated expenses, if any, to the subject for participating in the trial.
 - xiii. That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from

the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.

- xiv. That the monitors, the auditors, the IRB, and the regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
- xv. That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.
- xvi. That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
- xvii. The persons to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
- xviii. The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
- xix. The expected duration of the subject's participation in the trial.
- xx. The approximate number of subjects involved in the trial.
- k. Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject's participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.
- l. When a clinical trial (therapeutic or non-therapeutic) includes subjects who can only be enrolled in the trial with the consent of the subject's legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject's understanding and, if capable, the subject should sign and personally date the written informed consent.
- m. Except as described above, a non-therapeutic trial (i.e. a trial in which there is no anticipated direct clinical benefit to the subject), should be conducted in subjects who personally give consent and who sign and date the written informed consent form.

- n. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled: a) The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally. b) The foreseeable risks to the subjects are low. c) The negative impact on the subject's well-being is minimized and low. d) The trial is not prohibited by law. e) The approval opinion of the IRB is expressly sought on the inclusion of such subjects, and the written approval opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.
 - o. In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject's legally acceptable representative is not available, enrolment of the subject should require measures described in the protocol and/or elsewhere, with documented approval opinion by the IRB, to protect the rights, safety and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate should be requested.
8. Records and Reports
- a. The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
 - b. Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
 - c. Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections. Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the investigator. The investigator should retain records of the changes and corrections.
 - d. The investigator/institution should maintain the trial documents as specified in Essential Documents for the

Conduct of a Clinical Trial and as required by the applicable regulatory requirements. The investigator/institution should take measures to prevent accidental or premature destruction of these documents.

- e. Essential documents should be retained until at least 2 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 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period however if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the investigator/institution as to when these documents no longer need to be retained.
- f. The financial aspects of the trial should be documented in an agreement between the sponsor and the investigator/institution.
- g. Upon request of the monitor, auditor, IRB, or regulatory authority, the investigator/institution should make available for direct access all requested trial- related records.

9. Progress Reports

- a. The investigator should submit written summaries of the trial status to the IRB annually, or more frequently, if requested by the IRB.
- b. The investigator should promptly provide written reports to the sponsor, the IRB and, where applicable, the institution on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.

10. Safety Reporting

- a. All serious adverse events (SAEs) should be reported immediately 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 immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects' names, personal identification numbers, and/or addresses. The investigator should also comply with the applicable regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authorities and the IRB.
- b. Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol.
- c. For reported deaths, the investigator should supply the sponsor and the IRB with any additional requested information (e.g.,

autopsy reports and terminal medical reports).

- d. Premature Termination or Suspension of a Trial If the trial is prematurely terminated or suspended for any reason, the investigator/institution should promptly inform the trial subjects, should assure appropriate therapy and follow-up for the subjects, and, where required by the applicable regulatory requirements, should inform the regulatory authorities. In addition:
 - i. If the investigator terminates or suspends a trial without prior agreement of the sponsor, the investigator should inform the institution where applicable, and the investigator/institution should promptly inform the sponsor and the IRB and should provide the sponsor and the IRB a detailed written explanation of the termination or suspension.
 - ii. If the sponsor terminates or suspends a trial, the investigator should promptly inform the institution where applicable and the investigator/institution should promptly inform the IRB and provide the IRB a detailed written explanation of the termination or suspension.
 - iii. If the IRB terminates or suspends its approval opinion of a trial, the investigator should inform the institution where applicable and the investigator/institution should promptly notify the sponsor and provide the sponsor with a detailed written explanation of the termination or suspension.
11. Final Reports by Investigator: Upon completion of the trial, the investigator, where applicable, should inform the institution; the investigator/institution should provide the IRB with a summary of the trial's outcome, and the regulatory authorities with any reports required.

Appendix A-4: Additional Requirements for Department of Defense (DOD) research

1. Children's Hospital Los Angeles does not conduct classified research.
2. When appropriate, research protocols must be reviewed and approved by the IRB prior to the Department of Defense approval. Consult with the Department of Defense funding component to see whether this is a requirement.
3. Civilian researchers attempting to access military volunteers should seek collaboration with a military researcher familiar with service-specific requirements.
4. Employees of the Department of Defense (including temporary, part-time, and intermittent appointments) may not be able to legally accept payments to participate in research and should check with their supervisor before accepting such payments. Employees of the Department of Defense cannot be paid for conducting research while on active duty.
5. Service members must follow their command policies regarding the requirement to obtain command permission to participate in research involving human subjects while on-duty or off-duty.
6. Components of the Department of Defense might have stricter requirements for research-related injury than the DHHS regulations.
7. There may be specific educational requirements or certification required.
8. When assessing whether to support or collaborate with this institution for research involving human subjects, the Department of Defense may evaluate this institution's education and training policies to ensure the personnel are qualified to perform the research.
9. When research involves U.S. military personnel, policies and procedures require limitations on dual compensation:
 - a. Prohibit an individual from 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 participating other than blood draws in a reasonable amount as approved by the IRB according to local prevailing rates and the nature of the research.
10. Surveys performed on DOD personnel must be submitted, reviewed, and approved by the DOD Information Management Control Officer (IMCO) after the research protocol is reviewed and approved by the IRB. When a survey crosses DOD components, additional review is

- required. Consult with the Department of Defense funding component to coordinate this review.
11. When research involves large scale genomic data (LSGD) collected on DOD-affiliated personnel, additional protections are required:
 - a. Additional administrative, technical, and physical safeguards to prevent disclosure of DoD-affiliated personnel's genomic data commensurate with risk (including secondary use or sharing of de-identified data or specimens)
 - b. Research will apply an HHS Certificate of Confidentiality
 12. DoD Component security review
 13. Data or information sent to a DOD component under a pledge of confidentiality for exclusively statistical purposes must be used exclusively for statistical purposes and may not be disclosed in identifiable form for any other purpose, except with the informed consent of the respondent.
 14. When conducting multi-site research, a formal agreement between institutions is required to specify the roles and responsibilities of each party.
 15. The following must be reported to the applicable DOD Component Office of Human Research Protections within 30 days:
 - a. When significant changes to the research protocol are approved by the IRB or EC:
 - Changes to key investigators or institutions.
 - Decreased benefit or increased risk to participants in greater than minimal risk research.
 - Addition of vulnerable populations as participants.
 - Addition of DOD-affiliated personnel as participants.
 - Change of reviewing IRB.
 - b. When the organization is notified by any federal body, state agency, official governing body of a Native American or Alaskan native tribe, other entity, or foreign government that any part of an HRPP is under investigation for cause involving a DOD-supported research protocol.
 - c. Any problems involving risks to participants or others, suspension or termination of IRB approval, or any serious or continuing noncompliance pertaining to DOD-supported human participant research.
 - d. The results of the IRB's continuing review, if required.
 - e. Change in status when a previously enrolled participant becomes pregnant, or when the researcher learns that a previously enrolled participant is pregnant, and the protocol was not reviewed and approved by the IRB in accordance with 45 CFR 46, Subpart B.
 - f. Change in status when a previously enrolled participant becomes a prisoner, and the protocol was not reviewed and approved by the IRB in accordance with 32 CFR 219, Subpart C.
 - g. Closure of a DOD-supported study.
 16. For human participant research that would not otherwise be approved but presents an opportunity to understand, prevent, or alleviate a serious problem

affecting the health or welfare of pregnant women, fetuses, or neonates, written approval from the DOD Office for Human Research Protections must be obtained through the DOD Component Office of Human Research Protections prior to research starting.

17. Other specific requirements of the Department of Defense research be found in the “Additional Requirements for Department of Defense (DOD) Research” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

Appendix A-5: Additional Requirements for Department of Energy (DOE) Research

(See DOE Order 443.1C)

1. Research that involves one or more of the following must be submitted to the appropriate IRB for human subjects research review and determination:
 - a. Study of humans in a systematically modified environment. These studies include but are not limited to intentional modification of the human environment:
 - i. Study of human environments that use tracer chemicals, particles or other materials to characterize airflow.
 - ii. Study in occupied homes or offices that:
 1. Manipulate the environment to achieve research aims.
 2. Test new materials.
 3. Involve collecting information on occupants' views of appliances, materials, or devices installed in their homes or their energy-saving behaviors through surveys and focus groups.
 - b. Use of social media data.
 - c. Human Terrain Mapping (HTM).
 - d. All exempt HSR determinations must be made by the appropriate IRB and/or IRB office.
2. Personally identifiable information collected and/or used during HSR projects must be protected in accordance with the requirements of DOE Order 206.1, Department of Energy Privacy Program, current version. The Central DOE IRBs require submission of DOE's HRP- 490-CHECKLIST-Reviewing Protocols that use Personally Identifiable Information (PII) if your research includes PII.
3. You must report the following to the DOE human subjects research Program Manager (and, when an NNSA element is involved, the NNSA HSP Program Manager) prior to initiation of any new human subjects research project, even if it meets the regulatory definition of exempt human subjects research as outlined in 10 CFR Part 745.104, involving:
 - a. An institution without an established Institutional Review Board (IRB);
 - b. A foreign country;
 - c. The potential for significant controversy (e.g., negative press or reaction from stakeholder or oversight groups);
 - d. Research subjects in a protected class (prisoners, children, individuals with impaired decision making capability, or DOE/NNSA federal or DOE/NNSA contractor employees as human subjects, who may be

- more vulnerable to coercion and undue influence to participate) that is outside of the reviewing IRB's typical range/scope; or
4. The IRB must be notified immediately and the DOE HSP Program Manager (and, when an NNSA element is involved, the NNSA HSP Program Manager) must be notified within 48 hours and consulted regarding planned corrective actions if any of the following occur:
 - a. Adverse events. Notify the IRB for all adverse events and the DOE/NNSA HSP Program Manager if the IRB determines them to be significant, as defined in DOE Order 443.1C.
 - b. Unanticipated problems and complaints about the research.
 - c. Any suspension or termination of IRB approval of research
 - d. Any significant non-compliance with HSP Program procedures or other requirements.
 - e. Any finding of a suspected or confirmed data breach involving PII in printed or electronic form. Report immediately to the IRB, the DOE/NNSA HSP Program Manager(s), and the DOE-Cyber Incident Response Capability, in accordance with the requirements of the CRD associated with DOE O 206.1.
 - f. Serious adverse events and corrective actions taken must be reported immediately to the IRB and the DOE/NNSA HSP Program Manager(s). The time frame for "immediately" is defined as upon discovery.
 5. Children's Hospital Los Angeles does not conduct classified research.
 6. Researchers conducting human subjects research in any other country or on citizens or other individuals residing in that country must be cognizant of country-specific human subjects research requirements and consult the IRB regarding applicability of such requirements.
 7. No human subjects research conducted with DOE funding, at DOE institutions (regardless of funding source), or by DOE or DOE contractor personnel (regardless of funding source or location conducted), whether done domestically or in an international environment, may be initiated without both a Federalwide Assurance (FWA) or comparable assurance (e.g., Department of Defense assurance) of compliance and approval by the cognizant Institutional Review Board (IRB) in accordance with 10 CFR §745.103. Human subjects research involving multiple DOE sites (e.g., members of the research team from more than one DOE site and/or data or human subjects from more than one DOE site) must be reviewed and approved by one of the Central DOE IRBs prior to initiation, or if authorized by the DOE and/or NNSA HSP Program Manager, other appropriate IRB of record. In all cases, an IRB Authorization Agreement (IAA) or Memorandum of Understanding (MOU) must be in place between the organization(s) conducting the HSR and the organization responsible for IRB review.
 8. Human subjects research that involves DOE Federal and/or contractor employees must first be reviewed and approved by the appropriate DOE IRB (the DOE site IRB or one of the Central DOE IRBs), or if deemed more fitting by the Federally assured DOE site or Headquarters, other appropriate IRB of record, in accordance with an IAA or MOU negotiated between the DOE site or

- Headquarters and the organization responsible for IRB review.
9. Unclassified human subjects research that is funded through the Strategic Intelligence Partnership Program (SIPP) must be reviewed and approved by the Central DOE IRB-Classified. Children's Hospital Los Angeles does not conduct classified research.
 10. If applicable, federally funded HSR must comply with the requirements of the Paperwork Reduction Act.
 11. Other specific requirements of the Department of Energy (DOE) research can be found in the "Additional Requirements for Department of Energy (DOE) Research" section in the IRB's "WORKSHEET: Additional Federal Criteria (HRP-318)."

Appendix A-6: Additional Requirements for Department of Justice (DOJ) Research

Additional Requirements for DOJ Research conducted in the Federal Bureau of Prisons

1. Implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research.
2. The project must not involve medical experimentation, cosmetic research, or pharmaceutical testing.
3. The research design must be compatible with both the operation of prison facilities and protection of human subjects.
4. Investigators must observe the rules of the institution or office in which the research is conducted.
5. Any investigator who is a non-employee of the Bureau of Prisons must sign a statement in which the investigator agrees to adhere to the requirements of 28 CFR §512.
6. The research must be reviewed and approved by the Bureau Research Review Board.
7. Incentives cannot be offered to help persuade inmate subjects to participate. However, soft drinks and snacks to be consumed at the test setting may be offered. Reasonable accommodations such as nominal monetary recompense for time and effort may be offered to non-confined research subjects who are both: No longer in Bureau of Prisons custody. Participating in authorized research being conducted by Bureau employees or contractors.
8. A non-employee of the Bureau may receive records in a form not individually identifiable when advance adequate written assurance that the record will be used solely as a statistical research or reporting record is provided to the agency.
9. Except as noted in the consent statement to the subject, you must not provide research information that identifies a subject to any person without that subject's prior written consent to release the information. For example, research information identifiable to a particular individual cannot be admitted as evidence or used for any purpose in any action, suit, or other judicial, administrative, or legislative proceeding without the written consent of the individual to whom the data pertain.
10. Except for computerized data records maintained at an official Department of Justice site, records that contain non-disclosable information directly traceable to a specific person may not be stored in, or introduced into, an electronic retrieval system.
11. If you are conducting a study of special interest to the Office of Research and Evaluation but the study is not a joint project involving Office of Research and Evaluation, you may be asked to provide Office of Research and Evaluation with the

computerized research data, not identifiable to individual subjects, accompanied by detailed documentation. These arrangements must be negotiated prior to the beginning of the data collection phase of the project.

12. Required elements of disclosure additionally include:
 - a. Identification of the investigators.
 - b. Anticipated uses of the results of the research.
 - c. A statement that participation is completely voluntary and that the subject may withdraw consent and end participation in the project at any time without penalty or prejudice (the inmate will be returned to regular assignment or activity by staff as soon as practicable).
 - d. A statement regarding the confidentiality of the research information and exceptions to any guarantees of confidentiality required by federal or state law. For example, an investigator may not guarantee confidentiality when the subject indicates intent to commit future criminal conduct or harm himself or herself or someone else, or, if the subject is an inmate, indicates intent to leave the facility without authorization.
 - e. A statement that participation in the research project will have no effect on the inmate subject's release date or parole eligibility.
13. You must have academic preparation or experience in the area of study of the proposed research.
14. The IRB application must include a summary statement, which includes:
 - a. Names and current affiliations of the investigators.
 - b. Title of the study.
 - c. Purpose of the study.
 - d. Location of the study.
 - e. Methods to be employed.
 - f. Anticipated results.
 - g. Duration of the study.
 - h. Number of subjects (staff or inmates) required and amount of time required from each.
 - i. Indication of risk or discomfort involved as a result of participation.
15. The IRB application must include a comprehensive statement, which includes:
 - a. Review of related literature.
 - b. Detailed description of the research method.
 - c. Significance of anticipated results and their contribution to the advancement of knowledge.
 - d. Specific resources required from the Bureau of Prisons.
 - e. Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur.
 - f. Description of steps taken to minimize any risks.

- g. Description of physical or administrative procedures to be followed to: Ensure the security of any individually identifiable data that are being collected for the study.
 - h. Destroy research records or remove individual identifiers from those records when the research has been completed.
 - i. Description of any anticipated effects of the research study on institutional programs and operations.
 - j. Relevant research materials such as vitae, endorsements, sample consent statements, questionnaires, and interview schedules.
16. The IRB application must include a statement regarding assurances and certification required by federal regulations, if applicable.
 17. You must assume responsibility for actions of any person engaged to participate in the research project as an associate, assistant, or subcontractor.
 18. At least once a year, you must provide the Chief, Office of Research and Evaluation, with a report on the progress of the research.
 19. At least 12 working days before any report of findings is to be released, you must distribute one copy of the report to each of the following: the chairperson of the Bureau Research Review Board, the regional director, and the warden of each institution that provided data or assistance.
 20. You must include an abstract in the report of findings.
 21. In any publication of results, you must acknowledge the Bureau's participation in the research project.
 22. You must expressly disclaim approval or endorsement of the published material as an expression of the policies or views of the Bureau.
 23. Prior to submitting for publication, the results of a research project conducted under this subpart, you must provide two copies of the material, for informational purposes only, to the Chief, Office of Research and Evaluation, Central Office, Bureau of Prisons.
 24. Other specific requirements of the Department of Justice (DOJ) Research Conducted within the Federal Bureau of Prisons (BOP) can be found in the "Additional Requirements for Department of Justice (DOJ) Research Conducted within the Federal Bureau of Prisons (BOP)" section in the IRB's "WORKSHEET: Additional Federal Criteria (HRP-318)."

Additional Requirements for DOJ Research Funded by the National Institute of Justice

1. The project must have a privacy certificate approved by the National Institute of Justice Human Subjects Protection Officer.
2. All investigators and research staff are required to sign employee confidentiality statements, which are maintained by the responsible investigator.
3. The confidentiality statement on the consent document must state that confidentiality can only be broken if the subject reports immediate harm to subjects or others.
4. Under a privacy certificate, investigators and research staff do not have to report child abuse unless the subject signs another consent document to allow child abuse reporting.
5. A copy of all data must be de-identified and sent to the National Archive of Criminal Justice Data, including copies of the informed consent document, data collection instruments, surveys, or other relevant research materials.
 - a. At least once a year, the researcher shall provide the Chief, Office of Research and Evaluation, with a report of the progress of the research.
 - b. At least 12 working days before any report of findings is to be released, the researcher shall distribute one copy of the report to each of the following: the chairperson of the Bureau Research Review Board, the regional director, and the warden of each institution that provided data or assistance. The researcher shall include an abstract in the report of findings.
 - c. In any publication of results, the researcher shall acknowledge the Bureau's participation in the research project.
 - d. The research shall expressly disclaim approval or endorsement of the published material as an expression of the policies or views of the Bureau.
 - e. Prior to submitting for publication the results of a research project conducted under this subpart, the researcher shall provide two copies of the material, for informational purposes only, to the Chief, Office of Research and Evaluation, Central Office, Bureau of Prisons.
6. Other specific requirements of the Department of Justice (DOJ) Research Funded by the National Institute of Justice can be found in the "Additional Requirements for Department of Justice (DOJ) Research" section in the IRB's "WORKSHEET: Additional Federal Criteria (HRP-318)."

Appendix A-7: Additional Requirements for Department of Education (ED) Research

1. Each school at which the research is conducted must provide an assurance that they comply with the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA).
2. Provide a copy of all surveys and instructional material used in the research. Upon request parents of children^{xvii} involved in the research^{xviii} must be able to inspect these materials.
3. The school in which the research is being conducted must have policies regarding the administration of physical examinations or screenings that the school may administer to students.
4. Other specific requirements of the Department of Education (ED) Research can be found in the “Additional Requirements for Department of Education (ED) Research” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

Appendix A-8: Additional Requirements for Environmental Protection Agency (EPA) Research

1. Research conducted, supported, or intended to be submitted to EPA is subject to Environmental Protection Agency Regulations.
2. Intentional exposure of pregnant women or children to any substance is prohibited.
3. Observational research involving pregnant women and fetuses are subject to additional DHHS requirements for research involving pregnant women (45 CFR §46 Subpart B) and additional DHHS requirements for research involving children (45 CFR §46 Subpart D.)
4. Research involving children must meet category #1 or #2.
5. Other specific requirements of the Environmental Protection Agency (EPA) Research can be found in the “Additional Requirements for Environmental Protection Agency (EPA) Research and Research Intended to be Submitted to the Environmental Protection Agency” section in the IRB’s HRP-318 - WORKSHEET - Additional Federal Agency Criteria.

Appendix A-9: Single IRB Studies

1. That National Institutes of Health expects that all sites participating in multi-site studies involving non-exempt human subjects research funded by the NIH will use a single Institutional Review Board (sIRB) to conduct the ethical review required by the Department of Health and Human Services regulations for the Protection of Human Subjects at 45 CFR Part 46.
 - a. This policy applies to the domestic sites of NIH-funded multi-site studies where each site will conduct the same protocol involving non-exempt human subjects research, whether supported through grants, cooperative agreements, contracts, or the NIH Intramural Research Program. It does not apply to career development, research training or fellowship awards.
 - b. This policy applies to domestic awardees and participating domestic sites. Foreign sites participating in NIH-funded, multi-site studies will not be expected to follow this policy.
 - c. Exceptions to the NIH policy will be made where review by the proposed sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy. Requests for exceptions that are not based on a legal, regulatory, or policy requirement will be considered if there is a compelling justification for the exception. The NIH will determine whether to grant an exception following an assessment of the need.
2. The Office for Human Research Protections expects that all sites located in the United States participating in cooperative research must rely upon approval by a single IRB for that portion of the research that is conducted in the United States. The reviewing IRB will be identified by the Federal department or agency supporting or conducting the research or proposed by the lead institution subject to the acceptance of the Federal department or agency supporting the research.

The following research is not subject to this provision:

- a. Cooperative research for which more than single IRB review is required by law (including tribal law passed by the official governing body of an American Indian or Alaska Native tribe); or
- b. Research for which any Federal department or agency supporting or conducting the research determines and documents that the use of a single IRB is not appropriate for the particular context.
- c. For research not subject to paragraph (b) of this section, an institution participating in a cooperative project may enter into a joint review arrangement, rely on the review of another IRB, or make similar arrangements for avoiding duplication of effort.

Appendix A-10: Additional Requirements for Research Subject to EU General Data Protection Regulations (GDPR)

1. Human Research involving personal data about individuals located in (but not necessarily citizens of) European Union member states, Norway, Iceland, Liechtenstein, and Switzerland is subject to EU General Data Protection Regulations.
2. For all prospective Human Research subject to EU GDPR, contact institutional legal counsel or your institution's Data Protection Officer to ensure that the following elements of the research are consistent with institutional policies and interpretations of EU GDPR:
 - a. Any applicable study design elements related to data security measures.
 - b. Any applicable procedures related to the rights to access, rectification, and erasure of data.
 - c. Procedures related to broad/unspecified future use consent for the storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens.
3. Where FDA or DHHS regulations apply in addition to EU GDPR regulations, ensure that procedures related to withdrawal from the research, as well as procedures for managing data and biospecimens associated with the research remain consistent with Appendices A-1 and A-2 above.

Appendix A-11: Emergency/Disaster Preparedness Considerations for Investigators Conducting Human Research

Investigators conducting human research should be aware of the following additional considerations associated with managing Human Research during an emergency/disaster scenario (e.g., extreme weather events, natural disasters, man-made disasters, infectious disease pandemics, etc.) related to investigators' ongoing interactions with research subjects and the institutional review board (IRB) in such cases.

During Emergency/Disaster Scenarios: Deciding Whether a Study-Specific Risk Mitigation Plan for Ongoing Research Is Needed

In general, investigators should develop a study-specific emergency/disaster risk mitigation plan for their research unless one of the following is true:

- Research does not involve in-person interaction with research subjects.
- Research can be conducted as written while adhering to additional institution-level and HRPP-level guidance and requirements regarding the emergency/disaster event.
- The research is externally sponsored, and the sponsor has developed a protocol-specific risk mitigation plan for the research.
- The research has been voluntarily placed on hold for recruitment and all research procedures (except for necessary follow-up procedures to be done consistently with additional institution-level and HRPP-level guidance and requirements regarding the emergency/disaster event).

Tools and Resources for Developing Study-Specific Emergency/Disaster Risk Mitigation Plans for Ongoing Research

Review “HRP-108 - FLOWCHART - Study-Specific Emergency-Disaster Risk Mitigation Planning” and “HRP-351 - WORKSHEET - Protocol-Specific Emergency-Disaster Risk Mitigation Plan” for general guidance on developing study-specific risk mitigation plans.

Voluntary Holds on Human Research Activities

Investigators may voluntarily elect to place all recruitment, enrollment and research procedures on temporary hold during emergency/disaster scenarios if doing so will better ensure the safety of research subjects and would not create any additional risks to the safety and welfare of research subjects. Such voluntary holds on research activity do not require IRB notification or review.

Submitting Study-Specific Emergency/Disaster Risk Mitigation Plans for IRB Review

If immediate modification of the research is necessary to eliminate an apparent immediate hazard to a subject, take action and notify the IRB within five business days following the standard pathway to submit reportable new information.

For all other study modifications made to ensure the ongoing safety of research

subjects during emergency/disaster scenarios, submit a study amendment and all relevant new or modified study materials to the IRB.

Other Reportable New Information Considerations During Emergency/ Disaster Scenarios

The IRB's list of reportable events includes two items for which additional clarification and guidance may be helpful during emergency/disaster scenarios:

- ***“Failure to follow the protocol due to the action or inaction of the investigator or research staff.”*** Emphasis on action or inaction of the investigator or research staff has been added because this requirement does not include action or inaction of the research subject. For example, study teams may notice an increase in the number of subjects who do not arrive for scheduled research visits under emergency/disaster circumstances. Failure of a research participant to appear for a scheduled research visit is not noncompliance due to action or inaction by the investigator or research staff, and therefore does not require reporting to the IRB.
- ***“Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a subject.”*** During emergency/disaster scenarios, there will be cases where there is sufficient time to receive IRB approval of any proposed modifications to previously approved research, and in such cases, investigators should follow standard IRB procedures for submitting modifications. However, there will be other cases where investigators must make more immediate changes to the protocol or investigational plan to minimize or eliminate immediate hazards or to protect the life and well-being of research participants. Such changes may be implemented without IRB approval but are required to be reported to the IRB within five business days afterward in accordance with IRB policies and procedures for submitting reportable new information.

ⁱ This document satisfies AAHRPP element I.1.A-G, I-2, I-3, I.4.B, I.4.C, I.5.A, I.5.C, I.5.D, I.6.B, I.7.A, I.7.C, I-9, II.1.B, II.2.C, II.2.E, II.2.G, II.2.H, II.3.C, II.3.E, II.3.F, III.1.A, III.1.B, III.1.C, III.1.E, III.2.A, III.2.D

ⁱⁱ <https://www.hhs.gov/ohrp/policy/subjectwithdrawal.html>

ⁱⁱⁱ <https://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126489.pdf>

^{iv} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.7>

^v <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.60>

^{vi} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.61>

^{vii} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.62>

^{viii} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.64>

^{ix} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.66>

^x <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.68>

^{xi} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.69>

^{xii} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.100>

^{xiii} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.110>

^{xiv} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.140>

^{xv} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.145>

^{xvi} <https://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.150>

^{xvii} Children are persons enrolled in research not above the elementary or secondary education level, who have not reached the age or majority as determined under state law.

^{xviii} Research or experimentation program or project means any program or project in any research that is designed to explore or develop new or unproven teaching methods or techniques