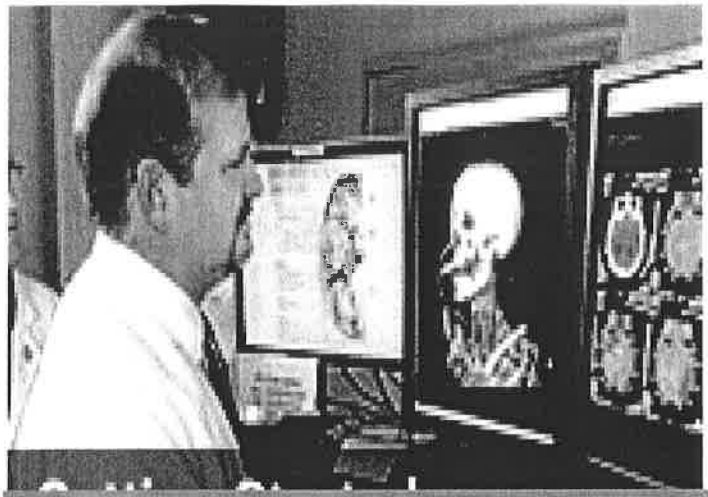

Institutional Review Board (IRB) & iMedRIS Training

iMedRIS
Integrated Medical Research Informational Systems

New to Human Subjects Research? Need Help with iMedRIS? Need Assistance with your IRB Application?

The UTHSC IRB offers group training for departments or even one-on-one training sessions. In these sessions, the IRB reviews policies, common problem areas, federal regulatory requirements, & provides instructions for using iMedRIS. We can even tailor a session to meet your specific needs.

Contact the IRB office to schedule your training session!

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Institutional Review Board (IRB) Office
910 Madison Avenue, Suite 600
Ph: 901.448.4824 Fax: 901.448.5103 Email: IRB@uthsc.edu
http://www.uthsc.edu/research/compliance/irb/

UTHSC Institutional Review Board (IRB)

iMedRIS is the UTHSC IRB electronic system for submitting all documents for IRB review and approval. You will use your UT NetID and password to access the system.
https://ris01.uthsc.edu/

The UTHSC IRB website provides helpful information for conducting human subjects research such as iMedRIS guides & tips; consent form templates; IRB meeting schedules & submission deadlines; training opportunities, & so much more!
http://www.uthsc.edu/research/compliance/irb/

FREQUENTLY ASKED QUESTIONS

ABOUT THE UTHSC INSTITUTIONAL REVIEW BOARD

What is human subjects research?

Research is a systematic investigation, including development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. A *human subject* is a living individual about whom an investigator (professional or student) conducting research obtains data through intervention or interaction with the individual, or who obtains identifiable private information.

Who is required to submit to the UTHSC IRB?

The UTHSC IRB has oversight authority for all research with human subjects conducted by faculty, staff, fellows, residents, or students at UTHSC. The UTHSC IRB also reviews human subject research conducted at LeBonheur Children's Hospital, Methodist Healthcare facilities, and Regional One Health. In addition, the UTHSC IRB maintains cooperative agreements with St. Jude Children's Research Hospital, the University of Memphis, and the National Cancer Institute CIRB.

How do I submit an application to the UTHSC IRB?

The UTHSC IRB utilizes iMedRIS for the submission, review, and approval of all study documents. All users of iMedRIS must have a UT NetID and password. The electronic application will guide the researcher through the required sections depending on the type of research that will be conducted. The application will also prompt the researcher to upload appropriate study documents at the end.

What training is required?

All key study personnel associated with a research study must provide evidence of completion of the online Collaborative IRB Training Initiative (CITI) Program (www.citiprogram.org) or National Institutes of Health (NIH) Course (phrp.nihtraining.com).

Are there institutional requirements which must be met?

If you will be conducting research at LeBonheur Children's Hospital, Methodist Healthcare—Memphis Hospitals/UTMP, or Regional One Health, there are specific institutional requirements which must be met. Use the following contact information in order to acquire institutional approval:

- LeBonheur Children's Hospital, contact Sheon Lynch, MSA, MT (ASCP) at sheon.lynch@lebonhuer.org or at (901) 287-6208
- Methodist Healthcare—Memphis Hospitals/UTMP, contact Rexann Pickering, PhD at rexann.pickering@mlh.org or at (901) 516-2323
- Regional One Health, contact Amira Wohabrebbi, PhD, BSN, RN at awohabrebbi@regionalonehealth.org or at (901) 545-7453

For more information, consult the *Getting Started* page on our website.

Le Bonheur Children's Hospital
Methodist Healthcare Family

Children's Foundation Research Institute

Le Bonheur Children's Hospital is host to numerous research activities being conducted under the auspices of the Children's Foundation Research Institute (CFRI). The CFRI functions as the "glue" that holds the research enterprise together and moves it forward in a coordinated and efficient manner. At its helm are Scientific Director Dennis Black, MD, and Executive Director Sheon Lynch. The CFRI provides investigators with expertise, services, equipment and resources to conduct research.

Things to DO before you starting a Research Study in Le Bonheur Children's Hospital:

- ☐ UTHSC IRB is the primary IRB for all pediatric protocols conducted at Le Bonheur Children's Hospital
- ☐ If your study is being initiated by a commercial sponsor, Le Bonheur Foundation and CFRI will manage the contract (CDA and CTA) and all financials issues related to the study.
- ☐ If your study involves sharing medical information (with identifiers or not) with other institutions, a Data Use agreement should be signed between Le Bonheur Foundation and the Institution receiving the data. Please contact Venessa Spearman, Grant and Contract Development Coordinator.
- ☐ All the personnel involved in the study should complete the credentialing process with Methodist Le Bonheur Healthcare. Please contact Lisa Sentiff to obtain MLH credential information. Phone (901) 287-6871; Lisa.Sentiff@lebonheur.org
- ☐ You must contact any hospital departments that may be required to perform procedures or tests for your study and get an authorized signature. Please contact Lisa Sentiff at CFRI, to obtain the form to get the required signatures.
- ☐ If your study is a PI initiated study and would qualify for an IRB full Board review, it must be reviewed by the PCRU Advisory Coommittee as well. It is advised that you go over your study summary with the PCRU Advisory Committee review prior the IRB submission. Please contact Lisa Sentiff for your PCRU Advisory Committee presentation.
- ☐ Should you need any help completing your IRB submission, the CFRI--- IRB Coordinator will be glad to help you.

Meet the CFRI Team; they are here to help you with the process:

Dennis Black, MD, Director, Children's Foundation Research Institute, VP, Research (901) 287 5355, dblack@uthsc.edu

Sheon Lynch, MSA, MT (ASCP), Executive Director, CFRI, (901) 287 6208, Sheon.lynch@lebonheur.org

Chris Smith, EMBA, Director of Finance & Research Laboratories, CFRI, (901) 287 5090 Christopher.Smith@lebonheur.org

Lisa Sentiff, MPH, IRB Coordinator, CFRI, (901) 287 6871, Lisa.Sentiff@lebonheur.org

Venessa Spearman, MPA, Grant Contract/development Coordinator, CFRI, (901) 287 7427, Venessa.Spearman@lebonheur.org

Methodist Research Credentialing

If employed by Methodist:

1) Complete CITI training. Go to citiprogram.org, list your institution as UTHSC, and choose Group 3.

2) Get a UT NetID if you do not already have one– Contact Cameron Barclay to set up this up. Email cbarclay@uthsc.edu or call 448-4824.

3) UT IRB policy/iMedRIS training – Contact Margaret Sularin to schedule training. Email msularin@uthsc.edu or call 448-4824.

If not employed by Methodist:

Complete steps 1-3 listed above.

Go through the Methodist credentialing process; the link is below:
http://www.methodistmd.org/medical-staff-services/allied-health-caregivers/index.dot

For assistance, contact Latashja Mosby, latashja.mosby@mlh.org, 516-0857, fax 516-0777.

For questions, contact Methodist IRB Administrator, Human Protection:
Rexann Pickering, Ph.D., 516-2323, rexann.pickering@mlh.org

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER INSTITUTIONAL REVIEW BOARD RESPONSIBILITIES OF INVESTIGATORS

I. PURPOSE

To document the responsibilities of investigators who submit study applications to the University of Tennessee Health Science Center Institutional Review Board.

II. SCOPE

This SOP applies to investigators.

Personnel Responsible:

UTHSC IRB administrative staff, IRB members and investigators.

III. BACKGROUND

Protection for the rights and welfare of human subjects is achieved through a framework of comprehensive rules and regulations, independent oversight of research activities by IRBs and other responsible agencies, and the moral integrity and conscientiousness of individual investigators. In submitting a new study application for review and approval by the UTHSC IRB, the principal investigator agrees to assume important responsibilities related to the protection of human subjects. These obligations involve adhering to the approved protocol, securing and documenting informed consent, obtaining prior IRB approval for revisions, reporting in a timely fashion on the progress of the research, notifying the IRB regarding unanticipated problems and serious or continuing noncompliance with regulations and policies, reporting on the completion of the study, maintaining complete study records, supervising all key research personnel and assuring their basic training in the protection of human subjects, disclosing potential conflicts of interest, and permitting inspection of all study records. In order to fulfill these obligations, investigators must execute them in accord with applicable law, regulations, and local IRB policies and procedures. Because investigators and other key research personnel are the individuals who interact directly with human subjects, their fulfillment of these obligations is crucial to effective protection for the rights and welfare of human subjects.

In accordance with:

45 CFR 46; 21 CFR11, 50, 54, 56, 312, and 812

OHRP Investigator Responsibilities Frequently Asked Questions
http://answers.hhs.gov/ohrp/categories/1567

Guidance for Industry: Investigator Responsibilities - Protecting the Rights, Safety, and Welfare of Study Subjects (October 2009)
www.**fda**.gov/downloads/Drugs/.../Guidances/UCM187772.pdf

Compliance with this policy also requires compliance with state or local laws or regulations that provide additional protections for human subjects.

IV. PROCEDURES

1. Principal investigators (PIs) and Co-PIs must include in their initial study application (Form 1), Form 2: Change Request & Amendments, Form 3: Continuing Review Submission Form, and PI Response Forms to the UTHSC IRB a signed statement that they agree to assume the following responsibilities and to faithfully execute them in accord with applicable federal regulations for the protection of human subjects and UTHSC IRB policies and procedures:
   a. To conduct the research according to the IRB-approved protocol;
   b. To obtain and document the informed consent and/or assent of subjects or subjects' legally authorized representatives, using the UTHSC IRB-approved informed consent process and documents, prior to the subjects' participation in any research procedures, unless these requirements have been altered or waived by the IRB;
   c. To obtain prior approval from the IRB for any modifications of previously approved research, including modifications to the informed consent process and documents, except those necessary to eliminate apparent immediate hazards to subjects;
   d. To ensure that progress reports and requests for continuing review and approval are submitted in the time frame and the manner prescribed by the IRB, but no less than once per year;
   e. To provide the IRB with prompt reports of any unanticipated problems involving risks to subjects or others, including adverse events and protocol deviations;
   f. To provide the IRB with prompt reports of serious or continuing noncompliance with the federal regulations for the protection of human subjects or the requirements or determinations of the IRB;
   g. To collect, where possible, information regarding the gender and racial/ethnic origin of all subjects, and to report this information to the IRB as requested;
   h. To notify the IRB regarding the completion of the study;

i. To maintain all study records for a period of three years after the completion of the study, including consent forms and all correspondence with the IRB and other entities involved in conducting and supporting the research;
j. To maintain all consent forms for a period of six years after the date on which the subject signed the consent form containing a HIPAA authorization or the date when it was last in effect, whichever is later;
k. For all drug studies with an IND, to maintain all study records for a period of two 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;
l. For all FDA-regulated device studies, to maintain the records for a period of 2 years after the latter of the following two dates: The date on which the device investigation is terminated or completed, or the date that the records are no longer required for purposes of supporting a device premarket approval application or a notice of completion of a product development protocol.
m. To assure that all collaborating investigators and other key research personnel involved in the research study are fully informed regarding: (i) the study procedures; (ii) informed consent requirements; (iii) the potential adverse events associated with study participation and the steps necessary to minimize potential risks; (iv) reporting requirements for unanticipated problems; and (e) data collection and record-keeping requirements;
n. To assure that all key research personnel personally complete required training regarding the protection of human subjects prior to their initiation of study activities;
o. To disclose to the IRB all conflicts of interest as defined in institutional policy that may relate to the conduct of the research; and
p. To permit inspection and audit of all records related to the conduct of the study by authorized representatives of the IRB and departments or agencies supporting or conducting the research.

2. In order to adequately fulfill these obligations, investigators and other key research personnel must observe federal regulations, guidance, and local IRB policies and procedures that relate to their implementation. Lack of knowledge regarding relevant policies and procedures does not excuse failure to meet these obligations.

3. The IRB has the authority to suspend or terminate the privilege of investigators to conduct a study due to any instance of serious or continuing

noncompliance with the obligations stated above and the policies and procedures for their implementation.

4. A copy of the signed statement of investigators and all communications regarding their fulfillment of these obligations will be maintained in the IRB electronic file for the study.

PI Response Form

INSTRUCTIONS FOR USING THIS FORM:

This form allows you to respond to issues identified by the IRB analysts and Board members.

PRINT this page so that you have the instructions and the recommendations/provisos below that need to be addressed. You will leave this page to make changes to your submission, and you will need the recommendations/provisos and the instructions handy while you are revising documents.

If you want to create a revised application:

1. Click on the "Modify" button above and to the right of your current attachments.
2. You will then select "Revise" beside "Project Application."
3. Next, you should select the latest application version that is attached to the PI Response form and click the "Add Revision" button.
4. Confirm this revision by clicking "OK."
5. Revise the sections of the application, remembering to click "Save and Continue" in each section you revise.
6. Once you are finished, click the "Back" button on the top right-hand side of your screen, and this will return you to the PI Response form page.
7. Your new application should be attached- check the version number to ensure the revised version is attached.

If you want to create a revised consent form:

1. Click on the "Modify" button above and to the right of your current attachments.
2. You will then select "Revise" beside "Consent Form."
3. Then you should select the latest consent form version that is attached to the PI Response form and click the "Add Revision" button.
4. Confirm this revision by clicking "OK."
5. Confirm that a new version has been created.
6. Close the "Add or Modify Submission Component" window that pops up, by clicking on the "x" in the top right corner.
7. You should be back on the PI Response form page, and the consent form should have a new version number.
8. Click on the title of the consent form.
9. Click on the "Check out document" button. WAIT for the pop-up that asks you to open or save, and then SAVE the consent form to your computer.
10. Click the "Complete Checkout" button on your internet screen.
11. Go back to your computer, open the consent form, and revise it, remembering to save your changes.
12. Go back to your internet screen and click the "Check in document" button. "Browse" your computer and attach it, as you would to an email. Then click "Save selected file."
13. Revise the version date to match the preparation date inside your revised consent form, and then click "Save Consent."
14. Your new consent form should be attached- check the version number to ensure the revised version is attached.

If you want to create a revised project document (e.g., advertisement, survey, etc.):

1. Click on the "Modify" button above and to the right of your current attachments.
2. You will then select "Revise" beside "Project Document."
***The rest of the steps are the same as the consent form revision above (#3-14). (Replace the term "consent form" with "project document.")**

If you want to create a revised submission form (e.g., Form 2, 3, 4a, etc.):

1. Click on the "Modify" button above and to the right of your current attachments.
2. You will then select "Revise" beside "Submission Form."
3. Next, you should select the latest submission form (e.g., Form 2, 3, etc.) version that is attached to the PI Response form and click the "Add Revision" button.
4. Confirm this revision by clicking "OK."
5. Confirm that a new version has been created.
6. Revise the sections of your submission form, remembering to click "Save and Continue" in each section you revise.
7. Once you are finished, click the "Back" button on the top right-hand side of your screen, and this will return you to the PI Response form page.
8. Your new submission form should be attached- check the version number to ensure the revised version is attached.

If you want to attach a new document, never submitted before:

1. Click on the "Modify" button above and to the right of your current attachments.
2. You will then select "Add New" beside "Project Document."
3. "Browse" your computer and attach it, as you would to an email. Note: the title of your document will be the same as the title of the file on your computer.
4. Ensure that the version date matches the date inside the document.
5. Choose a category for the document (e.g., Investigator's Brochure, Advertisement, Other, etc.) Then click "Save Document."
6. Click "Finish." Your new consent form should be attached.

UTHSC IRB
THINGS TO REMEMBER WHEN CONDUCTING HUMAN SUBJECTS RESEARCH

This is only a quick-reference sheet for common problem areas, and policies are subject to change. You should always consult *all* of our current policies, *in full*, at http://www.uthsc.edu/research/compliance/irb/researchers/standard-operating-procedures.php

If you have any questions, please call 448-4824.

Rule #1: If you are a UTHSC faculty, staff, student, resident, or fellow, you must have approval from the IRB before you may begin any part of your human subjects research project.

Informed Consent:

- You must either obtain full informed consent with a signed consent form, or obtain IRB approval for an alteration or waiver of informed consent.
- You must use the full UTHSC IRB consent form templates (located at http://www.uthsc.edu/research/compliance/irb/researchers/consent-forms.php) unless you have an alteration or waiver of informed consent approved by the IRB.
- You must obtain consent BEFORE any procedures (screening or otherwise) have been done, unless an alteration or waiver has been approved by the IRB.
- You may only use the unexpired, IRB-stamped-approved consent form(s) with which to obtain consent.
- Only key study personnel listed in section 3.0 of your application can obtain consent and must be marked in section (415) as "will obtain consent."
- One of the investigators must sign the consent form within 72 hours of the subject and person obtaining consent.
- You must keep the original copy of the signed consent form in the study files.
- Child assent applies to 2 age groups (8-13 and 14-17), and the documentation processes are different. Consult our policy entitled "Additional Protections: Children."
- Adult assent may be required for some studies that include adults who do not have the capacity to consent, and documentation of their assent is required. Consult our policy entitled "Informed Consent."
- Identification of an appropriate surrogate or legally authorized representative (LAR) is described in state law. Consult our policy entitled "Informed Consent."

- There are special procedures for consenting subjects who are illiterate, or who do not speak English. Consult our policy entitled "Informed Consent of Subjects Who Do Not Speak English."
- Someone is considered enrolled when he/she signs a consent form (even a screening consent form), OR if a waiver or alteration of consent was granted, when he/she begins any study procedures, he/she is considered enrolled.

HIPAA Waivers:

- If the potential subjects are patients of any of the investigators AND the study will offer a treatment for the potential subject's condition, you do not need to request a HIPAA waiver in your IRB application in order to identify potential subjects for recruitment or contact potential subjects regarding participation. In all other cases, a HIPAA waiver approved by the IRB is necessary to identify potential subjects for recruitment or contact potential subjects regarding study participation.
- Regardless of whether potential subjects are patients of any of the investigators or whether the study will offer a treatment for the potential subject's condition, you will need a HIPAA waiver approved by the IRB for the conduct of the study; for example, when a retrospective chart review will be conducted.
- Remember you are using protected health information (PHI) if you or one of your research team members (listed in section 3.0 of the application) will remove identifiers. Waivers for the use of limited data sets (absence of 16 of the 18 identifiers) or de-identified data (absence of all 18 identifiers) apply only to data which has already been stripped before your study team sees it.

Revisions:

- Any and every change you wish to make to your project must be submitted to the IRB (via a Form 2) and approved before you may implement the change.
- If you add an investigator to your project through a Form 2, you must add that investigator to the routing form's signature routing assignment list so he/she can sign off on that revision form.
- Minor changes in the consent form, such as changing an investigator and an address, do not require the re-consenting of subjects. When changes could impact a subject's decision on whether to continue participating, such as a new procedure or a new risk, then subjects should be re-consented.

Continuations:

- Exempt projects do not have annual continuations. Expedited (XP) and Full Board (FB) projects must be approved to continue for another year, each year, via a Form 3.
- As courtesy, iMedRIS sends automatic reminders, but it is the principal investigator's (PI's) responsibility to obtain approval for continuation each year before the study expires.

- For FB studies, you must submit the Form 3 at least 3 weeks BEFORE the last Board meeting held before your expiration date; consult the full board meeting schedule including submission deadlines at http://www.uthsc.edu/research/compliance/irb/researchers/meeting-schedule.php .
- For XP studies, you should submit the Form 3 at least 2 weeks before your expiration date to provide time for IRB review, for you to answer any provisos and send your response back in, and for the IRB to review your response to ensure it is sufficient.
- If you let IRB approval for your study expire, you must cease all study activities on the expiration date. You may not enroll any new subjects; and you may not obtain any data on current subjects until your study has been approved (again) by the IRB to continue for another year. If you think that ceasing study activities, such as distributing medication to subjects, may cause subjects harm, you must contact the IRB immediately in order to get any such activity temporarily approved for one or all subjects.

Unanticipated Problem/ Adverse Event Reporting:

- Under federal guidelines, unanticipated problems including adverse events (AEs), must be reported to the IRB if they meet all three criteria below:
  - ✓ Unexpected,
  - ✓ Related to study procedures, and
  - ✓ Serious (significant enough to suggest that the research may place subjects or others at a greater risk of harm than was previously known or recognized)
- Very serious internal (at our local sites), reportable AEs, such as a death, must be reported to the IRB within 24 hours.
- Internal (at our local sites) reportable AEs must be reported within 5 days.
- External (at other sites in a multi-center study) reportable AEs must be reported within 10 days.

Protocol Waivers and Deviations:

- Protocol waivers must be submitted to the IRB and approved before they are implemented.
- Only major protocol deviations must be reported to the IRB within 5 days.
- A major deviation:
  (a) has harmed or has posed a significant risk of substantive harm to the individual research subject, or
  (b) has compromised the scientific integrity of the data collected for the study, or
  (c) appears to result from the willing or knowing misconduct on the part of an investigator or study staff, or
  (d) appears to involve some other serious or continuing noncompliance with federal, state, or local research regulations.

Advertisements:

- All advertisements must be submitted to the IRB and approved before they are used.

- We have to see it in all forms (web, email, flyer, mail, social media, TV, radio, etc.).
- You cannot make the payment stand out (i.e., place in a bigger font, bold, underline, etc.).
- If radio/newspaper/TV wants to interview an investigator, only submit this script to us for prior approval if you are going to mention recruitment information (contact #, inclusion criteria, etc.).
- If you are using QR codes in your advertisements, you must submit the information found "behind" QR code.

Pregnant women and fetuses:

- Both pregnant women and fetuses are considered subjects when you are obtaining information about both; thus, you should double your subject number in your application.
- If a pregnant subject is under 18, you (as the investigator) have the choice on obtaining consent from her (treating her as an adult), or obtaining assent from her and consent from her parent/LAR. All minor pregnant subjects in your study should be treated the same once you make this decision. Further, if you are obtaining information about the fetus, you must get consent to do so from the minor pregnant subject (the fetus' mother).

Prisoners:

- Consult the definition of prisoner at http://www.uthsc.edu/research/compliance/irb/researchers/documents/additional-protections-for-prisoners.pdf .
- Research where prisoners will be, or most likely could be, subjects must be reviewed by the full, convened Board. Prisoner research may not be exempt or expedited.
- If you are conducting an IRB-approved study and one of your subjects becomes a prisoner, you must submit a revision and have that revision approved by the full Board before the prisoner may continue participating in your study.
- If you are conducting an IRB-approved study and you have a new, potential subject who is a prisoner, you must submit a revision to include prisoners in your study and have that revision approved by the full Board before you may enroll the prisoner in your study.

Record Retention:

- All research records must be maintained for 3 years after study has been completed.
- All consent forms containing the HIPAA authorization must be maintained for 6 years from the date it was signed or the date when it was last in effect, whichever is later.
- FDA drug studies with an IND: All records must be maintained for 2 years after the marketing application is approved for the drug, for the indication being investigated (consult the full policy at http://www.uthsc.edu/research/compliance/irb/researchers/documents/study-closure-and-record-retention.pdf).

- FDA device studies: All records must be maintained for 2 years after the date on which the device investigation is terminated/completed, or 2 years after records are no longer required to support the device PMA (premarket approval) application, whichever is later (consult the full policy at http://www.uthsc.edu/research/compliance/irb/researchers/documents/study-closure-and-record-retention.pdf).

Investigators Responsibilities:

- Consult the policy at http://www.uthsc.edu/research/compliance/irb/researchers/documents/investigator-responsibilities.pdf so that you are educated regarding all of your responsibilities.

Determination Regarding Not Human Subjects Research (NHSR)

A WARNING REGARDING UTHSC's IRB POLICY!

1. Studies of human beings or human materials **must be submitted to the IRB**, even if you believe the project is Not Human Subjects Research (NHSR) and does not meet the definition of "research" or "human subjects" under the federal regulations. UTHSC IRB policy states that if you are a UTHSC faculty, staff, student, resident, or fellow, the IRB must make the NHSR determination for you regarding your project, or review and approve exempt, expedited, and full board studies before you begin.

   Further, because the UTHSC IRB has oversight authority for human subjects research conducted at Methodist Healthcare- Memphis Hospitals, Le Bonheur Children's Hospital, and Regional One Health, employees or agents of these hospitals must also submit to the UTHSC IRB for an NHSR determination or approval for exempt, expedited, and full board studies.

2. If you conduct a "human subjects research" project as defined in the regulations without IRB approval, you are in **noncompliance** with federal regulations and IRB policy, and you can be held accountable. If the non-compliance is considered a serious violation, it will result in an incident report to the Office for Human Subjects Protection of the Department of Health and Human Services, as required by our contractual agreement with the federal government. (See UTHSC IRB SOP entitled *Investigator Noncompliance*: http://www.uthsc.edu/research/documents/irb/policies/investigator-noncompliance-2-28-13.pdf)

3. **The IRB does NOT provide retrospective approval** for projects that constitute "human subjects research" under the regulations (which includes exempt projects) and that should have been submitted for IRB approval, if they have already been initiated and/or conducted.

The remainder of this document is provided so that you are better informed when you answer human subjects research questions in the electronic IRB application.

A. The Definition of "HUMAN SUBJECT":

- **In the DHHS regulations at 45 CFR 46.102(f):**

*__Human subject__ means a living individual about whom an investigator (whether professional or student) conducting research obtains:

(1) data through **intervention** or **interaction** with the individual;

Intervention includes both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.

Interaction includes communication or interpersonal contact between investigator and subject.

OR

(2) **identifiable private information**.

Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).

Private information must be **individually identifiable** (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

***Exception:** An exception to this definition was made under federal law when a new provision of the **Newborn Screening Saves Lives Reauthorization Act of 2014** went into effect on March 18, 2015. This provision requires that research using newborn dried blood spots collected on or after March 18, 2015 be considered research on human subjects regardless of whether the specimens are identifiable. The law requires that HHS revise the definition of "human subject" at 45 CFR 46.102(f) to account for this exception. The law also prohibits IRBs from waiving consent for research on newborn dried blood spots.

Notes Regarding the DHHS Definition of "HUMAN SUBJECT":

1. "Human subject means a living individual…"

   If you wish to obtain identifiable private information about deceased individuals or you wish to obtain identifiable specimens from deceased individuals, AND you wish to identify these individuals before they die, they are living individuals at the point of identification for inclusion in your project. Therefore, you should submit an application to the IRB for review and approval [note that consent may need to be obtained from the individuals (if possible) or from their legally authorized representatives].

2. In the DHHS regulatory definition, information and specimens are individually identifiable when "the identity of the subject is or may readily be ascertained by the investigator or associated with the information."
   All of the following are examples of information/specimens that are "individually identifiable" (Note that these examples are commonly misinterpreted as de-identified or unidentifiable data/specimens.):
   a. The information you will view, or the specimens you will obtain, contain any of the 18 HIPAA identifiers (see UTHSC IRB SOP entitled *Guidance on Use of PHI Without Subject Authorization* for a list of the 18 identifiers: http://www.uthsc.edu/research/documents/irb/policies/use-of-phi-without-subject-authorization-5-8-15.pdf). This means that if you wish to conduct a chart review where you will not record identifiers, but you are viewing identifiers, you will still be conducting human subjects research.
   b. The information you will view or specimens you will receive are de-identified (void of all 18 identifiers) but a code exists linking the information to identifiers, AND you or anyone on your study team has access or can have access to this code (even if you don't plan on using the code to link the information to the identifiers).
   c. Someone on your study team will de-identify (remove all 18 identifiers) the information/specimens before he/she provides them to you.
   d. You wish to use de-identified (void of all 18 identifiers) information/specimens for a new project from an IRB-approved repository; however, you are listed on the initial repository project (i.e., you are part of the study team) where identifiable information/specimens were obtained for the repository OR where a code is being maintained linking the information/specimens to the identifiers (which means you have access to the code, even if you don't plan on using it).
   e. You wish to use de-identified (void of all 18 identifiers) information/specimens for a new project, but there is a code that exists that links the identifiers to the information/specimens, AND
      (i.) you and the provider of the information/specimens (i.e., the holder of the code) do not have a written agreement that he/she will not release the code to you/your study team under any circumstances; OR
      (ii.) there is no IRB-approved written policy for the repository or data

management that prohibits release of the code; OR

(iii.) there is no legal requirement prohibiting the release of the code under any circumstances.

Note that the criterion operating here is not whether you *plan on* using the code or obtaining access to it, but is the fact that you *could* obtain access to it, without the types of restrictions outlined in (i.), (ii.), or (iii.). In other words, if you *could obtain access to identifiers,* the information/specimens are identifiable.

3. If the information or specimens you wish to use were obtained from a clinical registry/ repository, or previous research study/ repository, then EVEN IF the information or specimens that you wish to use are not individually identifiable, YOU MUST CONFIRM in your IRB application that the proposed use of the data or specimens WILL NOT be used in a manner that violates the terms of the previous agreement with the patients/subjects, if such agreement/consent form exists.

➢ **According to the FDA:**

- **At 21 CFR 56.102:**

Human subject means an individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy individual or a patient.

- **At 21 CFR 812.3:**

Subject means a human who participates in an investigation, either as an individual on whom or on whose specimen an investigational device is used or as a control. A subject may be in normal health or may have a medical condition or disease.

- **With the Guidance on Informed Consent for *In Vitro* Diagnostic Device Studies:**

When an in vitro diagnostic medical device is being tested, both identifiable and non-identifiable tissue specimens are considered to be human subjects.

B. Definition of "RESEARCH" at 45 CFR 46.102(d):

Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

*A **systematic investigation** typically includes the following elements:

1. An attempt is being made to answer a specific question (in some cases, this would involve formulation of a hypothesis).
2. Data or information is collected in an organized and consistent way using a recognized method.
3. Data or information is analyzed in some way, involving recognized quantitative or qualitative data analysis methods.
4. Conclusions are drawn from the results of the analysis.

*A systematic investigation is typically designed to develop or contribute to **generalizable knowledge** when the following conditions are satisfied:

1. The information generated increases an established body of knowledge or enhances an established theoretical framework.
2. The results are expected to apply to a larger population beyond the site of data collection or the group studied.
3. The research is intended to yield results that can be replicated in other settings using the same research design.

*UTHSC IRB's definition/interpretation

Notes Regarding Distinguishing "Research" from Quality Improvement/Quality Assurance Activities:

1. It is often difficult to distinguish Quality Improvement/Quality Assurance (QI/QA) activities from "research." QI/QA activities usually involve a "systematic investigation" as described above, and therefore cannot be distinguished from "human research" based on that component of the regulatory definition.

2. Rather, federal guidance suggests that QI/QA should be distinguished from research with human subjects based on the intent of the investigation. A QI/QA activity is research only if it is intended to contribute to generalizable knowledge.

3. A plan to publish the results of an investigation, present them at a professional meeting, or include them in a grant application provides important evidence that the intent of the activity is to contribute to generalizable knowledge as described above. On the other hand, if the plan is only to present or publish solely within your organization (e.g., within all Methodist

hospitals) as part of a project to educate employees and/or improve patient care, then the intent is not to develop generalizable knowledge.

4. Initially, a project may be determined to be QI/QA rather than research, because the intent is to assess and/or improve local practices according to recognized standards of care. Later, however, the PI may decide that there are interesting results that might be generalizable and of interest to a broader audience. In the latter situation, even though the original activity was determined to not involve research with human subjects, the intent has now changed. It will become a project involving research with human subjects, and a revision application should be submitted to the IRB indicating that you now want to publish or present the results professionally.

5. Due to the difficulties in drawing the distinction between QI/QA and research with human subjects as defined in the regulations, you must submit an application to the IRB in order to receive an NHSR determination or approval for an exempt, expedited, or full board project as the IRB determines appropriate based on the intent of activity with regard to the development of generalizable knowledge.

Conducting or Publishing Human Subjects Research (even "exempt" research) without IRB Approval

The IRB (Institutional Review Board) has recently implemented a new journal surveillance program in order to better ensure that UTHSC complies with its responsibilities for implementing human subjects regulations as a condition of receiving federal research dollars. The program will involve verification that faculty, students, and staff have received prior IRB approval for any human research appearing in journals and other academic publications. *This includes* publications about projects which are considered "exempt" under the federal regulations. We will also compare the research procedures in your IRB application to the research procedures outlined in the journal article to ensure consistency and therefore confirm that the appropriate category of IRB review for the project was utilized.

In order to receive research dollars from any U.S. federal department or agency, the University has entered into a contractual agreement (called a Federalwide Assurance or FWA) with the Office for Human Research Protections (OHRP) of the U.S. Department of Health and Human Services to observe federal rules for protecting the rights and welfare of human subjects. Under the terms of the FWA, all of our institution's human subjects research activities, regardless of whether they are federally funded, must be guided by appropriate ethical standards recognized by federal departments and agencies and basic regulations known as the Common Rule, (45 CFR 46, Subpart A). The Common Rule includes the requirement that each institution to which the Rule applies must establish an IRB to oversee the application of relevant ethical principles and federal regulations in the conduct of all human research.

Although federal regulations provide for exemption from IRB oversight for certain kinds of research involving minimal risk, OHRP policy guidance requires that the determination that a study qualifies for exempt status be made by an entity *other than the investigator*. UTHSC IRB policy requires that the determination of whether a study qualifies for exempt status must be made by the Chair or other senior member of the IRB. This determination is made through your submission of a Form 1 Application via iMedRIS, the IRB electronic system. Examples of possible "exempt" projects are retrospective chart reviews, even when the data is de-identified; surveys where the subject matter is not sensitive (i.e., could be damaging in any way if the participants' identities were revealed); case studies of 5 or fewer cases; projects where public behavior is only observed; quality improvement research in the classroom involving normal educational practices; and simple taste and food evaluation studies. Even though these types of projects may be "exempt" under the federal regulations, OHRP guidance, our FWA, and our corresponding IRB policies require UTHSC faculty, students, or staff to receive IRB determination of exempt status and approval before beginning these research projects. (IRB approval is also obviously needed before beginning any expedited and full board research.) Note that the IRB does not provide "retrospective" approval for research that has already been initiated, completed, and/or submitted for publication.

Lastly, the IRB has the authority to place research activities on hold, as well as to suspend or terminate approval of research that is not being conducted in accordance with the IRB policies or federal regulations for the protection of human subjects. Additionally, the IRB must also report to appropriate institutional officials and agency heads any serious or continuing noncompliance of investigators with federal regulations and local IRB policy, and any suspension or termination of research studies resulting from noncompliance.

If you have any questions about this article or the IRB process, or you wish to request IRB policy and procedure training (including iMedRIS training), please contact Kimberly Prachniak, Associate Director of the IRB, at 448-5060. You may also consult our Authority policy at http://www.uthsc.edu/research/research_compliance/IRB/docs/policies/sop-irb-authority-membership-permanent-positions.pdf , our Exemption policy at http://www.uthsc.edu/research/research_compliance/IRB/docs/sops/sop-exempt-research.pdf , and our Noncompliance policy at http://www.uthsc.edu/research/research_compliance/IRB/docs/sops/SOP29.pdf .

Surrogate Consent:

Surrogate consent is authorized utilizing the "legally authorized representative" (LAR). The LAR must be an adult who has exhibited special care and concern for the subject, who is familiar with the subject's personal values, who is reasonably available, and who is willing to serve. No person who is identified in a protective order or other court order that directs that person to avoid contact with the subject shall be eligible to serve as the subject's LAR. Identification of a LAR should normally be made using the following order of descending preference: conservator; guardian; attorney-in-fact; subject's spouse, unless legally separated; the subject's adult child; the subject's parent; the subject's adult sibling any other adult relative of the subject; or any other adult who is familiar with the patient's personal values, who is reasonably available, and who is willing to serve.