



**NUHS IRB
Manual of Standard Operating Procedures**

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I. INTRODUCTION

The National University of Health Sciences has established an Institutional Review Board (IRB) to review research projects that involve human subjects. The IRB consists of representatives from a variety of scientific disciplines, non-scientists and community members. The primary functions of the IRB are to protect the rights and welfare of human subjects and to assist investigators in this process. Investigators bear the primary responsibility for ensuring that research protocols meet the standards established by federal regulations and the University.

Before a research project involving human subjects is initiated, it must first be reviewed by the Dean of Research and then reviewed and approved by the IRB. This compliance is a crucial element of the IRB process, because it is the collective effort of individual investigators in this area that ensures the integrity of NUHS as a research institution.

NUHS authorizes the investigator to decide whether or not his or her research involves human subjects as defined in the Federal Regulations for the Protection of Human Subjects, including all of its subparts. These regulations are published by the U.S. Department of Health and Human Services (HHS) at Title 45, United States Code of Federal Regulations, Part 46 (45 CFR 46). If the investigator determines that the research does not involve human subjects, the basis of that decision must be registered with the investigator's Department Head, the Dean of Research and the Research Coordinator and/or the IRB as determined by the Dean of Research. Once an investigator has completed the registration and received notification of concurrence from the Dean of Research or the IRB, the proposed research may begin without involvement of the NUHS IRB. Such a research project is considered exempt and but the Investigator must annually complete a form indicating that there have been any or no changes in the project then would thereafter require IRB review and approval.

It is important to keep in mind that research that involves persons, or the study of information about persons, but does not meet the definition of human subjects as described above, that research still may be subject to other pertinent federal, state, or local laws and NUHS rules or policies.

Ethical Principles Guiding the IRB

In 1974, the National Research Act established the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The Commission published the *Belmont Report*, which sets forth the basic ethical principles that guide the conduct of research with human subjects. Three principles were defined in the report as basic to the protection of human subjects: respect for persons, beneficence, and justice. The IRB and investigators are guided by these principles as follows:

- **Respect for Persons:** In consideration of respect for persons, investigators are required to seek voluntary informed consent from potential subjects. Voluntary informed consent means that subjects are given free choice to decide about participation, and that the study is fully described in terms that are easy to understand. The consent form should include adequate information about the study risks and benefits that will assist subjects in deciding whether or not to participate in the research. There should not be pressure to participate. In

addition, respect means honoring the privacy of individuals and maintaining the confidentiality of data obtained.

The principle of autonomy requires that protection be given to potentially vulnerable populations such as children, the elderly, the mentally ill, prisoners, or others in status type relationships (i.e. students). These individuals may be incapable of understanding information that would enable them to make an informed decision about research participation. Respect for minors and mentally disabled persons requires taking extra precautions to protect those individuals who are immature or incapacitated, perhaps even to the extent of excluding them from participation in certain research. The extent of protection depends upon the level of autonomy the person possesses.

- **Beneficence:** The principle of beneficence requires that researchers maximize the potential benefits to subjects and minimize the risks or harm. Benefits to subjects, or generalized knowledge gained from the research, should balance or outweigh the risks.
- **Justice:** The principle of justice means that subjects are selected fairly and that the risks and benefits of research are distributed equitably. Investigators should take precautions not to select subjects simply because of the subjects' easy availability, their compromised position, or because of social, racial, gender, economic or cultural biases. Investigators should base inclusion criteria on those factors that most effectively and soundly address the research problem. Subjects should not be selected based on class, socioeconomic status, or race unless justified by the research objectives. Women have been underrepresented in certain research studies because of the risks associated with child-bearing. Now researchers must justify why women may not be included in a research population. Failure to provide scientifically sound arguments for the exclusion of one gender could be grounds for denial. An existent counselor-client or physician-patient relationship requires consideration of the potential for power-based coercion when expanding that relationship to include investigator-subject. Provisions, or adjustments, might need to be made to attempt to equalize the roles. Teacher-student relationships always carry a perception of inequalities in roles. The informed consent process should reflect the precautions taken to balance the relationship and guard against even the perception of coercion.

Federal Regulations and Review by the IRB

The IRB reviews research in accordance with the Food and Drug Administration (FDA) regulations published at 21 CFR 50 and 56, Health and Human Subjects (HHS) regulations published at 45 CFR 46, and the "Common Rule" regulations published at 45 CFR 46, Subpart A. In their review of research projects, the IRB must be assured that:

- Risks to subjects are minimized, a) by the use of procedures consistent with sound research design which do not expose subjects to unnecessary risk, and b) when appropriate, by the use of procedures already being performed on the subjects for diagnostic or treatment purposes.
- Risks to subjects are reasonable in relation to any benefits that might be expected from taking part in a research study and to the importance of the knowledge that may result.
- Selection of subjects is fair and equitable. The IRB seeks to determine that no eligible individuals are denied the opportunity to take part in any study, particularly those from which they may benefit, based on arbitrary criteria such as sex, age, or social or economic status.
NOTE: the following are justifications for excluding children:
 - Research topic is irrelevant to children,
 - Laws or regulations bar the inclusion of children in the research,
 - Knowledge being sought in the research is already available for children or will be obtained from another ongoing study and an additional study will be redundant,
 - A separate, age specific study in children is warranted and preferable,
 - Insufficient data are available in adults to judge potential risk in children,
 - Study designs are aimed at collecting additional data on pre-enrolled adult study participants, or
 - Other special cases justified by the PI and found acceptable to the IRB.
- Participation is voluntary and informed consent is obtained from each prospective subject or, where appropriate, from the subject's legally authorized representative.
- When appropriate, the research plan provides for monitoring the data collected to protect the safety of subjects.
- There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

NUHS Research Committee

The Research Committee advises the Dean of Research on scientific merit of research proposals. The Dean of Research can ask the Research Committee to review any research proposal. Such proposals are typically those requesting financial support from the Research Department, proposals by new investigators, proposals which establish a new line of research, and proposals which are to be submitted to an outside sponsoring agency. The committee reviews the proposal for scientific merit and ensures that the work proposed is consistent with the mission and goals of the University and with all institutional policies. The committee also assists the Dean of Research in prioritizing proposals requesting institutional support, and matching new investigators or other interested researchers with experienced researchers and with individuals who share similar or complementary interests or expertise. Any individual can request Research Committee review of their proposal, or can appeal a decision by the Dean of Research to the Research Committee for funding and priority recognition. However, the Dean of Research will make the final decision related to internal funding priorities.

NUHS IRB Approval Guidelines for Off-Campus Research

Research projects external to NUHS that might want to involve NUHS faculty, staff or students as co-investigators or research subjects may take multiple forms:

- Projects that are University sanctioned for recruitment within the University community but have no IRB approval must be reviewed by the NUHS IRB (or Chair) prior to recruitment and must include a NUHS on campus investigator
- Projects that are University sanctioned for recruitment within the University community and have already been approved by another IRB should be submitted to the NUHS IRB (or Chair) along with the outside IRB approval prior to beginning recruitment
- Projects that have been approved by an external IRB and involve a NUHS faculty co-investigator must be reviewed by NUHS IRB, (or Chair) and a copy of the external IRB approval should be submitted with the application

RESEARCH that is sent directly to NUHS faculty, staff or students *may* not need any NUHS IRB approval. But direct-mail research often does turn out, in fact, to need an on campus approval and it may be prudent to simply have the primary researcher run the project through the IRB first. The NUHS IRB is committed to promoting quality research with minimal delay or other burden to the researcher while still assuring mandatory protections for human subjects.

1.1. Standard Operating Procedure a Single IRB Mandated for Cooperative Research Activities

Materials:

- [45 CFR 46.114](#)

In the 2017 revision of the Common Rule, it was decided that US institutions engaged in federally funded cooperative research must rely on a single IRB, or sIRB, to oversee the portion of the research conducted at US sites (institutions may apply for exceptions to this mandate if a single IRB is not appropriate).

Regardless whether NUHS is serving as the sIRB, or ceding oversight to another IRB a letter of agreement between NUHS and the non-NUHS institution should include the following information:

- The name and contact information of the lead NUHS Investigator and the name and contact information of the lead non-NUHS investigator; the lead principal investigator for the project should be noted
- The name of the sIRB organization and its FWA# and IRB#; the name of the relying organization and its FWA# and IRB#
- The title of the study and if applicable, sponsor/funding agency and grant #
- Signature, name, contact information of NUHS IRB Chair and non-NUHS IRB Chair
- Terms of responsibility for each institution including by not limited to:

Reviewing Institution Responsibilities

- a. Maintain a Federal-Wide Assurance (FWA) with OHRP.

- b. Perform initial and continuing reviews in accordance with 45 CFR 46 and any other applicable federal, state, and local laws and University policies pertaining to the protection of human subjects in research.
- c. Ensure that research subject to this agreement employs a consent process, including a consent form, except when a waiver of informed consent is approved by the IRB according to 45 CFR part 46.
- d. Suspend or terminate approval of research that is not being conducted in compliance with Federal Regulations 45 CFR 46, or that has been associated with unexpected increased risk to participants.
- e. Provide prompt reporting to the Relying Institution's IRB of any unanticipated events or problems involving risk to subjects or others, serious or continuing non-compliance, modifications, or suspension/termination of IRB approval.
- f. Provide copies of final, approved, proposal to include proposal, methods, informed consent, and any applicable waivers that are granted.

Relying Institution Responsibilities

- a. Maintain a Federal- Wide Assurance (FWA) with OHRP.
- b. Ensure that research activities at its site are following the IRB's determinations and with the terms of this Reliance agreement.
- c. Follow institutional conflict of interest (COI) policies and procedures, which includes providing the Reviewing Institution with any applicable COI management plan(s) related to the study.
- d. Ensure investigators and other research personnel are appropriately qualified and meet its institutional standards for eligibility to conduct research including, but not limited to, having the proper training in the protection of human subjects.
- e. Maintain oversight for local unanticipated problems involving risk to participants or others and local non-compliance.

Joint Responsibilities

- a. Agree to abide by all applicable regulations in the conduct of human subjects research at each facility as dictated by their FWA and 45 CFR 46.
- b. Maintain effective communication and cooperation mechanisms sufficient to ensure adequate protections for human research subjects. Both institutions agree to fully cooperate with the reciprocal IRB including providing relevant documentation and records as needed.
- c. Promptly inform the reciprocal institution of reports of serious or continuing noncompliance in the conduct of the study and unanticipated problems involving risks to participants or others, encountered in research as specified in this agreement.

The signed letter of agreement should be submitted to both sites and kept as part of the project IRB record.

II. REVIEW

What Needs IRB Review and Approval

The IRB must review all research where the investigational procedures involve human subjects. This definition includes a wide variety of activities, such as *in vivo* and *in vitro* studies, research on medical records, collection of data through surveys or observation, pilot studies, research using existing

pathological specimens, discarded tissue or secretions, use of investigational drugs or devices and randomized trials.

Submitting a new application to IRB

To start the review process, a new application is submitted to the Research Coordinator. The Research Coordinator assigns a project number to the application and submits the project to the Research Committee for peer review of scientific merit. If the Research Committee recommends that the project be approved by the Dean of Research, the application is forwarded to his office for signature. The application then moves to IRB review.

II.1. Standard Operating Procedure for New Research Activities that are Exempt from the Requirement of Full or Expedited IRB review

Materials:

- [45 CFR 46.104](#)
- A completed *Application to the Research Committee and IRB for Approval of a Research Project Exempt from IRB Review (Form A)*
- Any questionnaires, scripts, surveys, recruitment materials used
- The joint application to Research Committee and IRB should include:
 - Time commitment, funding requests for the project
 - Declaration of potential or perceived financial conflict of interest
 - Description of the exempt project
 - The population to be studied (i.e., age, sex, number of subjects, etc.) or source of information (e.g., medical records, existing data, discarded tissue, etc.)
 - If applicable, the informed consent process
 - The study tools to be used (e.g., questionnaires, survey forms, data collection sheets)
 - Procedures used to maintain confidentiality of information, including whether data will be collected with patient identifiers

Procedures

1. This combined application will be administratively reviewed first by the Research Committee and, subsequently, by IRB. The IRB Chair (or a qualified individual delegated by IRB Chair) will review the human protection components to confirm that the protocol meets an exempt criterion described in 45 CFR 46.104.
2. Following this review, the investigator will receive written approval of exempt status from the IRB office or, alternatively, notified that the project requires full review.
3. Notice of the project approval will be provided to the IRB at the next convened meeting
4. Approved meeting minutes will be sent to President of NUHS, Vice President of Academic Services, Vice President of Administrative Services and the Dean of Research
5. If determined to be exempt, the Principal Investigator will file an annual update (*Annual Approval of Exempt Project*) prior to the one year anniversary of status approval.

II.2. Standard Operating Procedure for New Research Activities that Qualify for Expedited IRB Review

Materials:

- [45 CFR 46.110](#)
- A Research Committee [application](#) approved by the Dean of Research
- A completed *Application to the IRB for Approval of a Research Project* form ([Form B](#))
- A study design/protocol containing, at a minimum, the following elements:
 - Declaration of potential or perceived financial conflict of interest
 - Purpose of the study and background
 - Characteristics of the research population (e.g., number, sex and age of subjects, racial and ethnic origin, inclusion and exclusion criteria, and justification for the use of any vulnerable subjects)
 - Methods and procedures, including data analysis, monitoring, storage and confidentiality (attach test instruments such as surveys)
 - Any potential risks, protection against risk(s), potential benefits and, if applicable, alternatives to participation
 - Subject identification, recruitment and consent/assent (i.e., how subjects will be identified and recruited, the process of consent, subject competency/comprehension, any debriefing procedures, and documentation of consent/assent).
 - Financial obligations and incentives, if any (i.e., costs to the subject or incentives for participation)
 - References
- Consent/assent forms
- Any questionnaires, scripts, or surveys used
- Subject recruitment materials (e.g., advertisements, flyers)

Procedures

1. Completed applications will be reviewed by the IRB Chair or an individual designated by the Chair.
2. The reviewer may approve the project or request revisions. If the reviewer does not approve the project, it must be reviewed by the entire IRB.
3. Following this review, the investigator will receive notice of application approval, request for revisions to the application, or, notification that the project requires full review.
4. Notice of the project approval will be provided to the IRB at the next convened meeting
 - a. If, in the rare case, the IRB reviewer subsequently determines that the study requires full board review, the investigator will be notified and the project will be scheduled for full review at the next IRB meeting.
5. Approved meeting minutes will be sent to President of NUHS, Vice President of Academic Services, Vice President of Administrative Services and the Dean of Research
6. The Principal Investigator will file a continuing review (*Annual Approval of an Approved Research Project*) prior to the one year anniversary of the project approval

II.3. Standard Operating Procedure for New Research Activities that Require Full IRB Review

Research which presents, or may present, greater than minimal risk to subjects requires review at a convened meeting of the IRB. Phase 1-4 drug studies and those involving the use of devices posing significant risk would be included in this category. Research that includes photography or videography that includes facial (or other personally identifiable) features requires full IRB review.

Materials:

- A Research Committee [application](#) approved by the Dean of Research
- A completed *Application to the IRB for Approval of a Research Project* form ([Form B](#))
- A study design/protocol containing the following elements:
 - Declaration of potential or perceived financial conflict of interest Purpose of the study and background
 - Characteristics of the research population (e.g., number, sex and age of subjects, racial and ethnic origin, inclusion and exclusion criteria, and provision for the use of any vulnerable subjects)
 - Methods and procedures, including data analysis, monitoring, storage and confidentiality (attach test instruments such as surveys)
 - Risk/benefit assessment to address any potential risks, protection against risk(s), potential benefits and, if applicable, alternatives to participation
 - Subject identification, recruitment and consent/assent (e.g., how subjects will be identified and recruited, the process of consent, subject competency/comprehension, any debriefing procedures, consent/assent forms and documentation of consent/assent)
 - Financial obligations and incentives (if any – e.g., costs to the subject or incentives for participation)
 - References
- Consent/assent forms
- Any questionnaires, scripts, surveys to be used
- Subject recruitment materials (e.g., ads, flyers)

Procedures

1. A completed application must be submitted to NUHS Research Coordinator at least seven days prior to the next meeting date.
2. The materials will be sent to IRB members (by post or electronically) seven days prior to the meeting.
3. Following discussion, the IRB can reach to one of four decisions; the Chair of the IRB will convey the decision of the board in writing to the investigator promptly after the meeting:
 - **Approval:** If a study is approved by majority vote as submitted, notice of approval is sent to the principal investigator listing the investigator's responsibilities and stating the date and duration of approval.

The investigator is responsible for providing notification of IRB approval to funding agencies or other entities.

- **Pending:** If a study approval is pending approval of minor revisions (e.g., consent form changes that do not affect subject safety), a letter is sent to the principal investigator requesting these changes. Subjects may not be enrolled in the study until the requested revisions are made. The Chair may approve the study upon receipt of the revisions without further action by the IRB. After the Chair's approval, a letter is sent to the principal investigator listing the investigator's responsibilities and stating the date and duration of approval.
 - **Tabled:** More substantive issues regarding the protocol and/or consent form must be addressed. Clarifications or requested revisions may have a significant impact on subject safety or understanding. A letter is sent to the investigator requesting that these issues be addressed. Full board review of the investigator's response is required prior to approval.
 - **Disapproved:** Questions regarding the rights and welfare of the subjects are of such significance that the Board feels approval of the study is unwarranted.
4. Approved meeting minutes will be sent to President of NUHS, Vice President of Academic Services, Vice President of Administrative Services and the Dean of Research
 5. The Principal Investigator will file a continuing review (*Annual Approval of an Approved Research Project*) prior to the one year anniversary of the project approval. IRB may require more frequent continuing review if the project involves greater than minimal risk; this will be decided at the initial review of the project (see section II.6).

II.4. IRB Quorum Required for a Full Board Review

Materials

- NUHS Policy [Protection of Human Subjects from Research Risks](#) (Section B.3.)

Responsibilities, Functions and Operation of the IRB.

"Except when an expedited review procedure is used (see E. of this policy), the IRB shall review proposed research at convened meetings at which a majority of the members of the IRB are present, including at least one member whose primary concerns are in nonscientific areas. For the research to be approved, it shall receive the approval of a majority of those members present at the meeting."

II.5. Standard Operating Procedure for Appealing an IRB Decision

A Principal Investigator may appeal a disapproval decision made by the IRB. Such appeals will be heard (either in person or in writing) by the IRB or a subcommittee of the IRB. Upon consideration of the appeal materials and/or presentation, the decision may stand (disapproved) or, if appropriate, the decision may be to approve as resubmitted, or approve after required modifications. Approval of a previously disapproved study may only be given at a convened meeting of the IRB.

II.6. Standard Operating Procedure for Determining Which Protocols Require Review More Often than Annually

Continuing review of an approved protocol is generally conducted annually, and in the absence of problems, remains at 12 month intervals for the duration of the project. However, the IRB may determine that more frequent intervals are appropriate. The IRB shall consider the following factors in determining the criteria for studies requiring more frequent review:

- Nature, probability and magnitude of anticipated risks to subjects;
- Likely medical or psychological condition of the proposed subjects;
- Overall qualifications of the PI and other members of the research team;
- Specific experience of the PI and other members of the research team in conducting similar research;
- Nature and frequency of adverse events observed in similar research at this and other facilities;
- Vulnerability of the population being studied (this should be understood to include unfamiliarity with the language used on consent forms and other printed matter intended for subjects in the study);
- Other factors the IRB deems relevant.

In specifying an approval period of less than one year, the IRB may define the period with either a time interval or a research milestone, such as. number of subjects enrolled. Meeting minutes should clearly reflect any determination requiring a review more frequently than annually. The principal investigator will be given written notification of the requirement for more frequent review on the Institutional Review Board Approval Form.

II.7. Standard Operating Procedure for Amendments to Approved Protocols

Any changes to the protocol, consent form or research process must have IRB approval. Requests for changes (amendments) to approved studies may be submitted at any time during the approval period, *but before the change is implemented, it must receive IRB approval.* The only exception is when a change is required to protect subjects from an immediate hazard, in which case the report and request are to be made promptly to the IRB.

Materials

- [Request for Amendment/Modification Form.](#)

Procedures

1. Amendments involving minor changes will be reviewed using an expedited process. Minor changes eligible for expedited review are defined as those that do not change the risk/benefit ratio of the study, do not increase the risk presented by the study beyond the level of minimal risk, or in and of themselves do not present more than minimal risk.
 - Amendments do not require Dean of Research approval
 - Amendments will be appended to the existing application
 - Written notification of approval of the amendment will be sent to the Principal Investigator
 - Notice of the project amendment will be provided to the IRB at the next convened meeting

2. Amendments involving greater than minimal risk will be reviewed at a convened meeting of the board. Any requirement requiring return to the full committee should be used very sparingly and is at the discretion of the Chair. These changes would require signatures from both the Dean of Research and the IRB Chair (or designate if the Chair is an investigator on the project).

When amendments impact the safety of subjects currently enrolled and participating in a study intervention (i.e. receiving experimental treatments, participating in therapy, etc.), it may be necessary to convey this information (i.e., to obtain the consent of the subjects) by means of an addendum to the existing consent form or by using a new form. The IRB may determine, for example, that such subjects must be notified of new findings or risks not noted at the time they were originally enrolled. Such notification is consistent with the view of informed consent as a continuous process, and affords subjects the opportunity to determine whether or not they wish to continue their participation in the research. The IRB shall determine on a case-by-case basis when such notification, and its documentation, is required.

NOTE: Approval of amendments does not extend the original project approval period.

II.8. Standard Operating Procedure for Continuing Review

Institutional Review Board review is an ongoing process. Regular re-evaluation ensures that research is conducted responsibly. Even in responsibly conducted studies, a one-time review is inadequate, because risks can only be understood after research has begun, and regulations for human subject's research are constantly being refined as the risks and benefits are better understood. Unexpected developments in a project can raise questions about the conduct of the research, and new findings can raise questions about the project.

"Continuing review" refers to regularly scheduled complete reappraisals of a project. The goals of continuing review are to ensure that the risk/benefit ratio is still acceptable, that the measures taken to safeguard subjects are adequate, that the approved protocol is followed, and that the project reflects any changes that have been made in the regulations for human subject's research since the last approval.

The IRB may require changes to the protocol or revisions in the consent form if the study's risks were originally underestimated, but the converse can also occur: the investigators and the IRB may have underestimated the benefit to research subjects.

All human subjects' research, no matter what stage it is in, must be conducted under an IRB-approved research protocol. Research is considered active while enrolling participants, during all interventions and data collection, including follow-up assessments.

Materials

- Notice of Review Letter
- [Annual Review Form C](#) (for Expedited and Full Review projects)
- [Exemption Annual Review Form F](#) (for Exempt projects)

Procedures

1. The Research Coordinator will send notices of review to the Principal Investigator 60 days and 30 days prior to the 12 month anniversary of initial IRB approval (*protocols requiring review more often than annually will be notified 60 days and 30 days prior to review dates specified by the IRB)
 - a. Stated in the notice will be the project title, IRB number, type of review, expiration date of current approval and date Annual Review form must be submitted to Research Coordinator
 - i. Annual Review Forms for Exempt or Expedited projects must be received at least 7 days prior to the expiration of the current approval
 - ii. Annual Review Forms for Full projects must be received at least 7 days prior to the IRB meeting at which the review will be on the meeting agenda
 - b. Included with the notice will be the appropriate review form (Form C or Form F)
2. Annual Reviews for Exempt or Expedited projects will be reviewed by the IRB Chair or an individual designated by the Chair.
 - a. The Research Coordinator will provide the reviewer with complete project file if requested
 - b. If the reviewer does not approve the project review, it must be reviewed by the entire IRB.
 - c. Following this review, the investigator will receive written notification of approval of the annual review from the IRB office or, alternatively, notified that the project requires full review.
 - d. Notice of the project approval will be provided to the IRB at the next convened meeting
3. Annual Reviews for Full projects
 - a. Completed Form C will be sent to IRB with meeting agenda 7 days prior to the meeting
 - b. The Research Coordinator will have complete project file available at the meeting at which the project will be reviewed
 - c. The IRB will review Form C and after discussion, vote to approve protocol for additional 12 months
 - d. Following this review, written notification of approval of the annual review will be sent to the Principal Investigator

II.9. Standard Operating Procedure for Determining Which Projects Require Verification from Sources other than the Investigator that No Material Changes Have Occurred Since Previous IRB Review

Principal Investigators that apply to NIH for funding a clinical trial are required to submit a Data and Safety Monitoring Plans (DSMP) with all proposals using human subjects. DSMP are meant to assure that each clinical investigation has a system for appropriate oversight and monitoring of the conduct of the clinical investigation. Conduct oversight protocols help to ensure the safety of the participants and the validity and integrity of the data. The DSM Officer/Board will send a copy of their review to the IRB Chairman.

IRB may require a data safety monitoring plan based on the nature of the project (e.g. greater than minimal risk, student researchers, off campus locations). At the time of the initial Full Project Review, the IRB will decide if should be audited during the approval period. The decision will be based on:

- **complex projects involving unusual levels or types of risk to subjects;**
- **projects conducted by investigators who previously have failed to comply with the requirements of the HHS regulations or the requirements or determinations of the IRB;**

- **projects where concern about possible material changes occurring without IRB approval have been raised based upon information provided in continuing review reports or from other sources**

The meeting minutes will reflect this decision and the Principal Investigator will be notified in writing on the Project Approval form.

If the project is a clinical trial, the DSM Officer will walk through the protocol. Current recruitment, informed consent, and other IRB approved materials will be collected and given to the Research Coordinator to compare to IRB file copies.

The outcome of the audit will be sent in writing to the Principal Investigator within 5 business days of the walk through and will be reported to the IRB at the next meeting.

II.10. Standard Operating Procedure for Discontinuing Annual IRB review of a Project

Projects that are no longer recruiting and enrolling human subjects, conducting data collection (including long term follow-ups) or analyzing identifiable private information may request the project be closed to IRB review. The IRB requires written notification that a study has been completed/closed or a request to close studies that have not been initiated. Upon receipt, the IRB office will close the file, thereby terminating study IRB approval.

Materials

- [Annual Review Form C](#) or [Exemption Annual Review Form F](#)
- IRB Approval Form

Procedures

1. If a Principal Investigator returns an Annual Review Form having checked the box that the study is to be closed and removed from further IRB review, the Research Coordinator prepares and IRB approval form noting the study has been closed in the "Action Taken" section of the form
2. Private Health Information (PHI) and identifier key documents must be turned over to the Research Coordinator with the annual review. Identifiers will be retained by the Research Coordinator in accordance with NUHS policy "Institutional Review Board Records"; after 7 years, the records will be destroyed
3. Report and Approval form are submitted to the IRB chair for signature
4. Notice of the project closure will be provided to the IRB at the next convened meeting

Should an investigator want to access identified data after a project has been closed, the information may be requested from IRB; the Chair of IRB will determine if the project will return to IRB continuing review based on the request.

II.11. Standard Operating Procedure for Closing a Project as a Result to Lapse of Approval

Studies which have not received re-approval before the expiration date of IRB approval will be automatically suspended until re-approval is given or the study is terminated. The course of action and the timing of it may include a grace period, at the discretion of the IRB, if the circumstances are explained to the IRB prior to the expiration date. Failure to comply with continuing review may result in project closure.

Materials

- Memo from IRB Chair to Principal Investigator of a closed project
- IRB Approval Form

Procedures

1. If a project has neglected to submit forms for continuing review, the Research Coordinator will advise the IRB of the lapse in approval at its next meeting
2. The IRB Chair will issue a memo to the Principal Investigator and all Co-investigators advising them of project status and what to do if additional work needs to be done on project
3. The Research Coordinator will prepare an IRB Approval form noting the study has been closed in the "Action Taken" section of the form and submit to the IRB Chair
4. The project number will be closed
5. If more work needs to be done, the project will be resubmitted and assigned a new IRB number
6. The IRB Chair will report lapses in approval to OHRP and/or FDA if the research is sponsored.
7. Notice of the project closure will be provided to the IRB at the next convened meeting

II.12. Standard Operating Procedure for Reporting Adverse Experiences and Deaths

Principal investigators are responsible for reporting to the IRB serious and unexpected adverse events that impact the safety of or risk to their subjects. These reports should be completed in a timely fashion. If an unexpected death occurs, the report should be sent to the IRB office immediately. Serious, unexpected events (e.g., treatment requiring hospitalization) are to be reported within 48 hours. Other adverse events such as a breach of confidentiality, an error in consent documentation or unexpected complications regarding a subject should be reported to the IRB within 10 working days. The IRB can be notified at the same time as the study sponsor.

The report of the event should discuss:

- the facts of the case, including the date and a description of the subject;
- whether the event is related to the study's procedures, design or to the subject's underlying disease or condition;
- the steps that have been taken to address the problem;
- whether the event is likely to recur; and
- whether the event provides new information about the study's risks that should be conveyed to participants, in a revised consent form.

Any proposed changes in the consent form or research procedures resulting from the report are to be prepared/identified by the principal investigator and submitted with the report to the IRB for approval.

The following definitions apply:

- A **serious event** refers to any event in which the outcome is fatal or life-threatening, cause's permanent disability requires inpatient hospitalization or is a congenital anomaly, cancer, or overdose.
- An **unexpected adverse event** refers to those not identified in their nature, severity, or frequency in the current risk documents (e.g., investigator's brochure) or through clinical practice.

Based on the frequency and seriousness of adverse events, the IRB may deem it necessary to suspend or terminate a research study or studies. The IRB will involve the investigator in making such a decision. Until a decision is rendered the project will remain open, but the PI has the authority and responsibility to take such action at any time.

II.13. Standard Operating Procedure for Reporting Adverse Experiences and Deaths Occurring at Other Institutions

If the project is a multisite trial and the event occurred at another institution, the researcher must write a memo to the NUHS IRB describing the nature of the event, its severity, the likelihood that it will occur at NUHS, and the implications for future subjects.

IRB records are subject to inspection by federal authorities. Sanctions for incomplete or nonexistent records include suspension of funding, fines, exclusion from future funding, and suspension of laboratory access.

II.14. Suspension of IRB Approval

The IRB has the authority to suspend approval of research that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects. Any such suspension of approval shall be reported promptly to the investigator and shall include a statement of the reasons for the IRB's action. The IRB shall notify appropriate NUHS officials, and appropriate funding and/or federal officials. Such suspension will normally be made at a convened meeting of the IRB unless immediate suspension is necessary. In this case, the IRB Chair may suspend approval.

Subjects may not be enrolled, and research interventions may not be conducted during the period of suspension.

II.15. Allegations of Investigator Non-Compliance

Allegations of non-compliance and alleged violations of human subject rights or welfare will be investigated by the IRB office. Depending upon the nature of the situation, the investigation may be made by one or more IRB office staff members and may also be conducted by a team consisting of IRB office staff and Board members. Results will be reported to the IRB for appropriate action (which may

range from no action to study termination and/or investigator restrictions). Allegations found to have a basis in fact will be forwarded to appropriate University officials for their further action.

II.16. Financial Conflict of Interest

Materials:

- NUHS Policy "[Financial Conflict of Interest in Research](#)"

Objectivity of researchers is essential in scientific research and the basis for public trust. The opportunity for researchers to reap financial benefits from their research or a link to industry is not always unacceptable. However, concerns are raised when financial considerations may or may appear to compromise an investigator's professional judgment and role in the design, conduct, or publication of research. For projects applying for funding from Public Health Services (PHS), initial disclosures, training, and annual reporting are required as described in the NUHS policy "Financial Conflict of Interest in Research". For projects not applying for PHS funding, investigators are required to disclose significant financial interest related to the research. Regardless of PHS funded or not, investigators must submit a plan to IRB that manages financial conflict of interest and minimizes its effect on the design, conduct, or reporting of the research, and maintains the rights and welfare of the research participants. The IRB may consider and respond to possible investigators' financial conflicts of interest and studies may be closed, suspended, or not approved.

III. TRAINING

III.1. Training for New IRB Members

Materials

- NUHS IRB Manual of Standard Operating Procedures
- NUHS IRB Forms
- NUHS Policy “Protection of Human Subjects From Research Risks”
- National Institutes of Health Office of Extramural [“Protecting Human Research Participants”](#)

New IRB members: prior to attending an IRB meeting, new members are required to complete an online course developed by the National Institutes of Health for new investigator training.

III.2. Continuing Education for IRB Members

Materials:

- Educational Sessions:
 1. At the discretion of the IRB Chair, continuing education (which may be discussions, presentations, development of new procedures, etc) will be held at the end of a scheduled full IRB meeting: this will be documented in the minutes of the IRB meeting
 2. At the discretion of the IRB Chair, educational information may be sent to the IRB members: this will be documented by correspondence
- IRB members renew certification annually in September by completing the online course [<http://phrp.nihtraining.com/users/login.php>]; Sixty and 30 day notices will be sent annually to let members know about training.

IV. GENERAL IRB PROCEDURES

IV.1. IRB Membership

Materials:

- NUHS Policy "[Protection of Human Subjects From Research Risks](#)"

Procedures:

The IRB shall be composed of seven individuals including the Chair. The membership shall include NUHS faculty or professional personnel, one student and at least one member who is not otherwise affiliated with NUHS and is not part of the immediate family of a person affiliated with NUHS. The IRB shall include at least one member whose primary concerns are in a nonscientific area. All members are appointed by the President of NUHS. Faculty and public members are appointed for a term of three years, the student member is appointed for a term of at least one year.

Members shall have varying backgrounds to promote complete review of research activities commonly conducted under the auspices of NUHS. The IRB shall be sufficiently qualified through the experience and expertise of its members and diversity of the members, including consideration of race, gender, and cultural backgrounds and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel and safeguard the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments, regulations and standards of professional conduct and practice. The IRB shall therefore either include persons knowledgeable in these areas or shall consult with appropriate NUHS administrators (President, Vice President, Deans, Dean of Clinics) and the Research Committee to obtain the needed information. If the IRB finds that it regularly reviews research that involves a vulnerable category of subjects, such as children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to including among the IRB's membership one or more individuals who are knowledgeable about and experienced in working with these subjects.

Every effort will be made to be nondiscriminatory and to ensure that the IRB does not consist entirely of men or entirely of women, including the University's consideration of qualified persons of both sexes, so long as no selection is made to the IRB solely on the basis of gender. The IRB shall not consist entirely of members of one profession.

No member who has a conflicting interest in particular research may participate in the IRB's initial or continuing review except to provide information requested by the IRB.

The IRB may, at its discretion, invite individuals with competence in special areas to assist in the review of complex issues which require expertise beyond, or in addition to, that available on the IRB. These individuals may not vote with the IRB. If the individual is not an employee of NUHS, such invitation may be extended only with the approval of the President or his or her designee.

IV.2. IRB Meetings

Meeting Dates

- A. IRB Meetings are scheduled for 10 a.m. on the 4th Thursday of every month
 - a. No meeting is schedule in December; an additional (optional) meeting is scheduled for the second Wednesday in January
 - b. Meeting dates that fall during Trimester breaks will be moved to the 3rd Thursday of that month
- B. Meeting dates are set approximately 2 years in advance as the NUHS calendar is published (see NUHS Bulletin).
 - a. Upon completion, the calendar is emailed to board members, posted on the Research pages of NUHS website, and handed out at meetings periodically.
 - b. Meetings are posted on the NUHS website at http://www.nuhs.edu/extras/research/irb/irb_meeting_dates.pdf

Meeting agendas

- A. Agenda items:
 - Reviewing and approving meeting minutes from past meeting(s)
 - Notices to the board (project reviews approved by the Chairman)
 - New projects requiring full review
 - Annual reviews of projects requiring full review
 - Other business that a board member requests to be added to agenda
 - B. 7 days prior to the schedule meeting, email the board about the upcoming meeting (include date, time and location of the meeting)
 - a. include the agenda in the body of the email
 - b. attach pdfs of documents that will be discussed at upcoming meeting (e.g. new project applications, annual report)
1. Preparing for the meeting, meeting, and following meeting. The Research Coordinator prepares a Sign in sheet for the meeting and make copies of the meeting minutes from past meetings, the agenda of the upcoming meeting and items of business to be discussed at the meeting
 2. The Research Coordinator brings the complete project files for projects being reviewed at meeting
 3. The Research Coordinator takes notes at the meeting
 4. Any corrections made to the past meeting minutes are incorporated by the Research Coordinator
 - a. IRB Chairman signs approved, corrected minutes
 - b. Signed minutes are scanned to a pdf file
 - c. Pdf of minutes are sent to President, Asst to Pres, VP of Academic Services, VP of Administrative Services and Dean of Research
 5. After the meeting, notes are typed and emailed to IRB members within 2 business days

IRB voting on action items

Action items that require approval will require a quorum of IRB members. The item will be approved if it receives a majority vote of the members present at the meeting. If a member is an investigator or key personnel on application under review, the member will abstain from voting. The chairman of IRB will not cast a vote on action items except in the case of a tie vote.

Non IRB members allowed or invited to meetings

At the discretion of the chairman, non IRB members may be allowed or invited to a meeting to observe the proceedings or present an application for initial or continuing review. The guest will not participate in any discussion outside of his/her application, and will leave the meeting during the IRB review discussion of his/her application.

IV.3. IRB Records

The Office of the Dean of Research shall prepare and maintain adequate documentation of IRB activities including the following:

Materials

- NUHS Policy "[Protection of Human Subjects from Research Risks](#)", heading "Institutional Review Board"
- NUHS Policy "[Institutional Review Board Records](#)"

Procedures:

1. Copies of all research proposals reviewed, scientific evaluations, if any, that accompany the proposals, approved sample consent documents, progress reports submitted by investigators, and reports of injuries to subjects.
2. Minutes of IRB meetings which shall be in sufficient detail to show attendance at the meetings; actions taken by the IRB; the vote on these actions including the number of members voting for, against and abstaining; the basis for requiring changes in or disapproving research; and a written summary of controverted issues and their resolution.
3. Records of continuing review activities.
4. Copies of all correspondence between the IRB and investigators.
5. A list of IRB members in the same detail as described in section. A.(“Membership) under the heading.
6. Written procedures for the IRB in the same detail as described in section B.(“Responsibilities, Functions, and Operations of the IRB Membership) under the heading.
7. Statements from investigators of significant new findings provided to subjects.

Federal requirements for retaining IRB records [45 CFR 45.115(b)]: *The records required by this policy shall be retained for at least three years, and records relating to research which is conducted shall be retained at least three years after completion of the research. All records shall be accessible for inspection and copying by authorized representatives of the sponsoring agency at reasonable times and in a reasonable manner.*

IRB meeting minutes and detailed record of meetings will be maintained electronically indefinitely. Adult-related projects files that have been closed for seven years or project files that have not been reviewed for seven years may be appropriately and immediately destroyed without further review. Pediatric-related project files will be maintained for a minimum of seven years past the project's youngest child reaching 21 years of age, upon which files may be appropriately and immediately destroyed without further review. If IRB has knowledge of litigation involving an approved or previously approved project, project files will be maintained indefinitely.

IV.4. General Requirements for Informed Consent

Materials:

- NUHS Policy "[Protection of Human Subjects from Research Risks](#)", heading "Institutional Review Board"

Procedures:

1. The IRB shall require that information given to subjects as part of informed consent is in accordance with the provisions of sections C. ("General Requirements for Informed Consent") and D. ("Additional Elements of Informed Consent") under the heading of the NUHS policy (below) and with the final federal common rule for the protection of human research subjects. The IRB may also require that information, in addition to that specifically addressed in C. and D. be given to subjects when, in the IRB's judgment, the information would meaningfully add to the protection of the rights and welfare of subjects.
2. The IRB shall insure that informed consent is documented by the use of a written consent form approved by the IRB and signed by the subject or the subject's legally authorized representative for all research conducted under the auspices of NUHS and subject to this policy. The IRB shall insure that the consent form contains the required elements as listed in C. ("General Requirements for Informed Consent") of this policy. A copy of the written consent form shall be given to the person signing the form.
3. A short form written consent document stating that the elements of informed consent required by C. ("General Requirements for Informed Consent") of this policy have been presented orally to the subject or the subject's legally authorized representative. When this method is used, there shall be a witness to the oral presentation. Also, the IRB shall approve a written summary of what is to be said to the subject or the representative. Only the short form itself is to be signed by the subject or representative. However, the witness shall sign both the short form and a copy of the summary, and the person actually obtaining consent shall sign a copy of the summary. A copy of the summary shall be given to the subject or the representative, in addition to a copy of the short form.

NUHS Policy "[Protection of Human Subjects from Research Risks](#)

C. General Requirements for Informed Consent

Except as provided elsewhere in this policy, no investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative. An investigator shall seek such consent only under circumstances that provide the prospective subject or the representative

sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. The information that is given to the subject or representative shall be in language understandable to the subject or representative. No informed consent may include any exculpatory language through which the subject or the representative is made to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, NUHS or its agents from liability for negligence. The following information shall be provided to each subject:

1. A statement that the study involves research, an explanation of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.
2. A description of any reasonably foreseeable risks or discomforts to the subject
3. A description of any benefits to the subject or to others which may reasonably be expected from the research.
4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.
5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.
6. For research involving more than minimal risk, an explanation as to whether any compensation and/or medical treatments are available if injury occurs and, if so, what they consist of or where further information may be obtained.
7. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject.
8. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

D. Additional Elements of Informed Consent

When appropriate, one or more of the following elements of information shall also be provided to each subject:

1. A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable.
2. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.
3. Any additional costs to the subject that may result from participation in the research.

4. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.
5. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.
6. The approximate number of subjects involved in the study.
7. The IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent set forth in V. C. and V. D. of this policy or waive the requirements to obtain informed consent provided (i) the IRB finds and documents that the research involves no more than minimal risk or harm to subjects and involves no procedures for which written consent is normally required outside the research context; (ii) the waiver or alteration will not adversely affect the rights of the subjects; (iii) the research could not practically be carried out without the waiver or alteration, (iv) the only record linking the subject and the research would be the consent document and the principal risk would be the potential harm resulting from a breach of confidentiality, and (v) whenever appropriate, the subjects will be provided with additional pertinent information after participation. Nothing in this policy is intended to limit the authority of a physician to provide emergency medical care, to the extent the physician is permitted to do so under applicable federal, state, or local law.