



DIVISION OF RESEARCH
Institutional Review Boards

Investigator Manual

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Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	2 of 42

Table of Contents

Scope	3
What is the purpose of this manual?.....	3
What is Human Research?.....	3
What is the Human Research Protection Program?.....	3
What training does my staff and I need to conduct Human Research?	4
What financial interests do my staff and I need to disclose conduct Human Research?	4
How do I submit new Human Research to the IRB?.....	5
How do I write an Investigator Protocol?.....	5
How do I create a consent document?	6
What are the different regulatory classifications that research activities may fall under?	7
What are the decisions the IRB can make when reviewing proposed research?	7
How does the IRB decide whether to approve Human Research?	8
What will happen after IRB review?	8
What are my obligations after IRB approval?	9
How do I document consent?	11
How do I submit a modification?	12
How do I submit continuing review?.....	12
How do I request IRB reliance?.....	13
What happens if IRB approval expires?	17
How do I close out a study?.....	17
How long do I keep records?	17
What if I need to use an unapproved drug, biologic, or device and there is no time for IRB review?...	18
How do I get additional information and answers to questions?.....	18
Appendix A-1 Additional Requirements for DHHS-Regulated Research.....	20
Appendix A-2 Additional Requirements for FDA-Regulated Research.....	21
Appendix A-3 Additional Requirements for Clinical Trials (ICH-GCP)	28
Appendix A-4 Additional Requirements for Department of Defense (DOD) research.....	36
Appendix A-5 Additional Requirements for Department of Energy (DOE) Research.....	37
Appendix A-6 Additional Requirements for Department of Justice (DOJ) Research	38
Additional Requirements for DOJ Research conducted in the Federal Bureau of Prisons	38
Additional Requirements for DOJ Research Funded by the National Institute of Justice.....	40
Appendix A-7 Additional Requirements for Department of Education (ED) Research.....	41
Appendix A-8 Additional Requirements for Environmental Protection Agency (EPA) Research	42

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	3 of 42

Scope

Throughout this document “organization” refers to The University of Houston.

What is the purpose of this manual?

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

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

What is Human Research?

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

You are responsible for not conducting Human Research without prior IRB review and approval (or an organizational review and approval of exempt Human Research). If you have questions about whether an activity is Human Research, contact the IRB Office, who will provide you with a determination.

What is the Human Research Protection Program?

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

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

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	4 of 42

What training do I and my research team need to conduct Human Research?

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

Investigators and staff conducting human research must complete the Collaborative Institutional Training Initiative (CITI) human subjects online training program. In the case of research team members who are not directly associated with UH, the National Institutes of Health (NIH) Protection Human Research Participants Course (PHRP) will be accepted.

For detailed instructions, please see the IRB website:

<http://www.uh.edu/research/compliance/irb-cphs/hs-training/>

The CITI site can be accessed at <http://www.citiprogram.org/>.

The NIH PHRP site can be accessed at <http://phrp.nihtraining.com/users/login.php>.

Training is valid for a three-year period, after which time the training a refresher course must be taken.

All members of the research team involved in the design, conduct, or reporting of the research must complete training. This includes faculty sponsors of students serving as principal investigators. Members of the research team who have not completed human research protections training may not take part in aspects of the research that involve human subjects.

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

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

All individuals involved in the design, conduct, or reporting of research are required to disclose the financial interests listed in the “Financial Interest Declaration” sections of the Initial Study (“Basic Information,” Q6) and Continuing Review (Continuing Review Q3) SmartForms:

- On submission of an initial review.
- At least annually as part of continuing review.
- Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.

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

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	5 of 42

Individuals engaging in research sponsored by the Public Health Service (PHS) and any agency that has adopted the PHS FCOI policy are required to complete financial conflict of interest training initially, at least every four years, and immediately when:

- Financial conflicts policies are revised in a manner that changes investigator requirements
- Non-compliant with financial conflicts policies and procedures

Additional information on submitting conflict of interest certifications and disclosures can be found on the [COI policy website](#) or by contacting COI@central.uh.edu.

How do I submit new Human Research to the IRB?

Complete the New Study SmartForm in the electronic ICON system and attach all requested supplemental documentation (protocol, consent forms, letters of cooperation, study instruments, etc.).

Prior to submitting to the IRB, applicable ancillary reviewers must be assigned as follows:

- For faculty protocols, both a Chair and a Dean level ancillary reviewer must be assigned. Please review the “Designated Ancillary Reviewers” document in the ICON Library under the “General” tab. Only ONE of these reviews must be completed prior to submitting to the IRB.
- For student-led protocols, In addition to the Chair/Dean ancillary reviewers, the faculty sponsor must also be added as an ancillary reviewer and must complete a review prior to submission.
- Other ancillary reviewers may include Safety (if applicable), and any additional College-specific reviews.

Once ancillary reviews have been obtained, the PI or PI proxy may submit the SmartForm by clicking the “Submit” activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Before submitting the research for initial review, you must:

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

How do I write an Investigator Protocol?

Use the “TEMPLATE PROTOCOL (HRP-503),” found in the ICON library and also on the IRB website, as a starting point for drafting a new Investigator Protocol. Reference the instructions in italic text for the information the IRB looks for when reviewing research. Here are some key points to remember when developing an Investigator Protocol:

- The italicized bullet points in the “TEMPLATE PROTOCOL (HRP-503)” serve as guidance to investigators when developing an Investigator Protocol for submission to the IRB. All italicized comments are meant to be deleted prior to submission.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	6 of 42

- If a full protocol is provided by the external sponsor of the study, do not use TEMPLATE PROTOCOL (HRP-503); instead use HRP-508 “TEMPLATE SITE SUPPLEMENT TO SPONSOR PROTOCOL,” rather than repeat information. Upload the sponsor’s complete protocol and any supplemental site-specific information and documentation.
- When writing an Investigator Protocol, always keep an electronic copy. You will need to modify this copy when making changes to the Investigator Protocol.
- If you believe your activity may not be Human Research, contact the IRB Office prior to developing your Investigator Protocol.
- Note that, depending on the nature of your research, certain sections of the template may not be applicable to your Investigator Protocol. Indicate this by stating “N/A” as appropriate.
- You may not involve any individuals who are members of the following populations as subjects in your research unless you indicate this in your inclusion criteria, as the inclusion of subjects in these populations has regulatory implications.
 - Adults unable to provide legally effective consent
 - Individuals who are not yet adults (infants, children, teenagers)
 - Pregnant women
 - Prisoners
 - Economically or educationally disadvantaged persons
- If students enrolled in courses for which you are the instructor or for which you have access to/influence on grades will be targeted as potential subjects, this must be identified in the protocol. In most such cases, the IRB will require that another individual (without access to/influence on course grades) be added as a study team member for the purpose of conducting the recruitment and consent processes. This assists in avoiding undue influence. If extra credit will be offered as an incentive, other ways to earn extra credit (in addition to this specific study) must be available.

How do I create a consent document?

Use the “TEMPLATE CONSENT DOCUMENTS (HRP-502a-e)” to create consent/parental permission/ documents, and the “TEMPLATE CHILD ASSENT” to formulate assent documents.

Note that all long form consent documents and all summaries for short form consent documents must contain all of the required and all additional appropriate elements of informed consent disclosure.

Review the “Long Form of Consent Documentation” section in the IRB’s “WORKSHEET: Criteria for Approval (HRP-314),” to ensure that these elements are addressed. When using the

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	7 of 42

short form of consent documentation the appropriate signature block from “TEMPLATE CONSENT DOCUMENT (HRP-502)” should be used on the short form.

Once approved, consent documents will be stamped with an approval and expiration date. Ensure that you use the most recent version approved by the IRB.

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

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

- Not “Human Research.” Activities must meet the organizational definition of “Human Research Determination” to fall under IRB oversight. Activities that do not meet this definition are not subject to IRB oversight or review. Review the “WORKSHEET: Human Research (HRP-310),” located under the “Worksheets” tab of the ICON library for reference. Contact the IRB Office in cases where it is unclear whether an activity is Human Research.
- Exempt: Certain categories of Human Research may be exempt from regulation but require IRB office review. It is the responsibility of the organization, not the investigator, to determine whether Human Research is exempt from IRB review. Review the “WORKSHEET: Exemption Determination (HRP-312),” located under the “Worksheets” tab of the ICON library for reference on the categories of research that may be exempt.
- Review Using the Expedited Procedure: Certain categories of non-exempt Human Research may qualify for review using the expedited procedure, meaning that the project may be approved by a single designated IRB reviewer, rather than a fully convened board. Review the “WORKSHEET: Expedited Review (HRP-313),” located under the “Worksheets” tab of the ICON library, for reference on the categories of research that may be reviewed using the expedited procedure.
- Review by the Convened IRB: Non-Exempt Human Research that does not qualify for review using the expedited procedure must be reviewed by the convened IRB.

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

The IRB may approve research, require modifications to the research to secure approval, table research, or disapprove research:

- Approval: Made when all criteria for approval are met. See “How does the IRB decide whether to approve Human Research?” below.
- Modifications Required to Secure Approval: Made when IRB members require specific modifications to the research before approval can be finalized.

Investigator Manual

NUMBER	DATE	PAGE
HRP-103	2/21/2017	8 of 42

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

How does the IRB decide whether to approve Human Research?

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

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

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

What will happen after IRB review?

The IRB will provide you with a written decision indicating that the IRB has approved the Human Research, requires modifications to secure approval, or has deferred or disapproved the Human Research.

- **If the IRB has approved the Human Research:** The Human Research may commence once all other organizational approvals have been met. IRB approval is usually good for a limited period of time which is noted in the approval letter.
- **If the IRB requires modifications to secure approval and you accept the modifications:** Make the requested modifications and submit them to the IRB office through ICON. If all requested modifications are made, the IRB will issue a final approval. Research cannot commence until this final approval is received. If you do not accept the modifications, write up your response and submit it to the IRB for further consideration.
- **If the IRB defers the Human Research:** The IRB will provide a statement of the reasons for deferral and suggestions to make the study approvable, and give you an opportunity to

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	9 of 42

NUMBER	DATE	PAGE
HRP-103	2/21/2017	9 of 42

- respond in writing. In most cases if the IRB’s reasons for the deferral are addressed in a resubmission to the convened committee, the Human Research can be approved
- If the IRB disapproves the Human Research: The IRB will provide a statement of the reasons for disapproval and give you an opportunity to respond in writing.

In all cases, you have the right to address your concerns to the IRB directly at an IRB meeting.

What are my obligations after IRB approval?

- 1) Do not start Human Research activities until you have received the final IRB approval letter.
- 2) Ensure that your study is registered on clinicaltrials.gov if required by the funding agency or regulating agency. See the UH IRB website for more information and helpful tips.
- 3) Do not start Human Research activities until you have obtained all other required institutional approvals, including approvals of departments or divisions that require approval prior to commencing research that involves their resources.
- 4) Ensure that there are adequate resources to carry out the research safely. This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.
- 5) Ensure that Research Staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.
- 6) Update the IRB office with any changes to the list of study personnel.
- 7) Personally conduct or supervise the Human Research.
 - a) Conduct the Human Research in accordance with the relevant current protocol as approved by the IRB.
 - b) When required by the IRB, ensure that consent or permission is obtained in accordance with the relevant current approved protocol.
 - c) Do not modify the Human Research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects.
 - d) Protect the rights, safety, and welfare of subjects involved in the research.
- 8) Submit to the IRB:
 - a) Proposed modifications as described in this manual. (See “How do I submit a modification?”)
 - b) A continuing review application as requested in the approval letter. (See “How do I submit continuing review?”)
 - c) A continuing review application when the Human Research is closed. (See “How Do I Close Out a Study?”)
- 9) Update a clinicaltrials.gov record within 30 days if there is a change in the any of the following related to the study:
 - a) Study start date
 - b) Intervention name(s)
 - c) Availability of Expanded Access
 - d) Expanded Access status

Investigator Manual

NUMBER	DATE	PAGE
HRP-103	2/21/2017	10 of 42

- e) Overall recruitment status
 - f) Explanation for change in status
 - g) Actual enrollment data
 - h) Individual site status
 - i) IRB status
 - j) Completion Date
 - k) Responsible Party
 - l) Official Title
 - m) Contact Information
- 10) Report the any required informational to the IRB within five business days:
- a) Information that indicates a new or increased risk, or a new safety issue. For example:
 - i) New information (e.g., an interim analysis, safety monitoring report, publication in the literature, sponsor report, or investigator finding) that indicates an increase in the frequency or magnitude of a previously known risk, or uncovers a new risk
 - ii) An Investigator Brochure, package insert, or device labeling is revised to indicate an increase in the frequency or magnitude of a previously known risk, or describes a new risk
 - iii) Withdrawal, restriction, or modification of a marketed approval of a drug, device, or biologic used in a research protocol
 - iv) Protocol violation that harmed subjects or others or that indicates subjects or others might be at increased risk of harm
 - v) Complaint of a subject that indicates subjects or others might be at increased risk of harm or at risk of a new harm
 - vi) Any changes significantly affecting the conduct of the research
 - b) Harm experienced by a subject or other individual, which in the opinion of the investigator are **unexpected** and **probably related** to the research procedures.
 - (1) A harm is **“unexpected”** when its specificity or severity are inconsistent with risk information previously reviewed and approved by the IRB in terms of nature, severity, frequency, and characteristics of the study population.
 - (2) A harm is **“probably related”** to the research procedures if in the opinion of the investigator, the research procedures more likely than not caused the harm.
 - c) Non-compliance with the federal regulations governing human research or with the requirements or determinations of the IRB, or an allegation of such non-compliance.
 - d) Audit, inspection, or inquiry by a federal agency and any resulting reports (e.g. FDA Form 483.)
 - e) Written reports of study monitors.
 - f) Failure to follow the protocol due to the action or inaction of the investigator or research staff
 - g) Breach of confidentiality.
 - h) Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a subject
 - i) Incarceration of a subject in a study not approved by the IRB to involve prisoners.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	11 of 42

- | NUMBER | DATE | PAGE |
|---------|-----------|----------|
| HRP-103 | 2/21/2017 | 11 of 42 |
- j) Complaint of a subject that cannot be resolved by the research team.
 - k) Premature suspension or termination of the protocol by the sponsor, investigator, or institution.
 - l) Unanticipated adverse device effect (any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects.)
 - 11) Submit an updated conflict of interest disclosure within thirty days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest that may be related to the research.
 - 12) Do not accept or provide payments to professionals in exchange for referrals of potential subjects (“finder’s fees”).
 - 13) Do not accept payments designed to accelerate recruitment that were tied to the rate or timing of enrollment (“bonus payments”).
 - 14) Submit results in a ClinicalTrials.gov record no later than one year after the completion date the clinical trial.
 - 15) See additional requirements of various federal agencies in Appendix A. These represent additional requirements and do not override the baseline requirements of this section.

How do I document consent?

Use the signature block approved by the IRB. Complete all items in the signature block, including dates.

The following are the requirements for long form consent documents:

- The subject or representative signs and dates the consent document.
- The individual obtaining consent signs and dates the consent document.
- Whenever the IRB or the sponsor require a witness to the oral presentation, the witness signs and dates the consent document.
- For subjects who cannot read and whenever required by the IRB or the sponsor, a witness to the oral presentation signs and dates the consent document.
- A copy of the signed and dated consent document is to be provided to the subject. A signed and dated copy must also be maintained in the research record.

The following are the requirements for short form consent documents:

- The subject or representative signs and dates the short form consent document and the summary.
- The individual obtaining consent signs and dates the short form consent document and the summary.
- The witness to the oral presentation signs and dates the short form consent document and the summary.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	12 of 42

- Copies of the signed and dated consent document and summary are provided to the subject or representative. A signed and dated copy must also be maintained in the research record.

How do I submit a modification?

Complete the Modification SmartForm in the electronic ICON system and attach all requested supplements. Submit the SmartForm by clicking the “Submit” activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Please note that research must continue to be conducted without inclusion of the modification until IRB approval is received. Updates to the list of study personnel will be acknowledged administratively unless the update represents a modification to the research, or a potential conflict of interest requires further review.

How do I submit continuing review?

Complete the Continuing Review SmartForm in the electronic ICON system and attach all requested supplements. Submit the SmartForm by clicking the “Submit” activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Before submitting the research for continuing review, you must again:

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

If the continuing review involves modifications to previously approved research, an option is available to submit a “continuing review with modifications.” However, if the modification is complex, or the study is close to its IRB expiration date, it is strongly recommended to submit those modifications as a separate request using the Modification SmartForm the electronic system to avoid a lapse in approval.

If the continuing review application is not received by the date requested in the approval letter, you may be restricted from submitting new Human Research until the completed application has been received.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	13 of 42

NUMBER	DATE	PAGE
HRP-103	2/21/2017	13 of 42

How do I request IRB reliance?

Reliance agreements are arrangements between institutions allowing the IRB of one institution to rely on the IRB of another institution for review of human subjects research. A Reliance Agreement can be in different forms. Some of the main types of agreements are Institutional Authorization Agreements (IAA) which are protocol-specific, Memorandum of Understanding (MOU) and Master Reliance Agreements (MRA).

When is Reliance required?

Effective May 25, 2017, all domestic sites participating in a NIH-funded multi-site research study are required to use a single IRB rather than obtaining local IRB approval from each individual site. This policy will be applicable to sites conducting the same non-exempt human subjects research protocol supported through NIH grants, cooperative agreements, contracts, or the NIH Intramural Research Program. However, the policy does not apply to NIH career development, research training or fellowship awards. It will apply to all competing grant applications (new, renewal, revision or resubmission) received on or after May 25, 2017.

Additionally, the new common rule regulations at 45 CFR Part 46.114 require that any institution located in the United States that is engaged in cooperative research must reply upon approval by a single IRB for that portion of the research that is conducted in the United States. The effective date for single IRB compliance is 1/20/2020.

Are there exceptions to the NIH policy?

Exceptions to the NIH policy and the common rule requirement will be made when review by the proposed single IRB would be prohibited by federal, tribal, or state laws, regulations or policies. Requests for exceptions that are not based on a legal, regulatory, or policy requirement will be considered if there is a compelling justification for the exception. NIH will determine whether to grant an exception following an assessment of the need.

NIH References:

http://osp.od.nih.gov/sites/default/files/sIRB_FAQs_Final_UPDATED2016.pdf
<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-094.html>

Common Rule References:

[45 CFR 46](#)

Investigator Manual

NUMBER	DATE	PAGE
HRP-103	2/21/2017	14 of 42

What is required when UH is serving as a single IRB of record?

Submitting an IRB protocol covering several research sites includes filling out the standard protocol application in ICON, however additional information specific to the additional sites, documentation for use at these sites (example: recruitment materials and consent forms), and clear designation of which procedures occur at which institution (or clarification that all procedures are identical) is required. Additional thought must be put into the communication among sites and transfer of data between them.

Each out-of-state site participating in the research must provide the UH PI with a Local Context Information Sheet which solicits site-specific information describing the local research context at that particular site, including applicable state and local laws and culture. The local context sheets must be attached to the ICON protocol by the UH PI. In addition, each site that will participate in the research will need to enter into a reliance agreement with UH, which requires the IRB office initiate the process with the participating site(s).

For detailed information on the reliance process, including reliance documents outlined in this section of the manual, please visit our IRB Reliance website.

How is the protocol reviewed by UH IRB as the IRB of record?

Upon receipt of the protocol submission in ICON containing the Local Context Information Sheets from all participating sites, the UH IRB will formally review the protocol, recruitment material, the consent form(s) and study tools, and any other required documentation. Depending on the proposed protocol activities, the protocol will either be reviewed by the UH IRB via an expedited review process or at a convened IRB meeting.

How are approved documents disseminated?

The UH PI is responsible for notifying participating site PIs of the UH IRB decision and disseminating approved materials, including protocol and consent form(s) to all participating sites. These documents are available to the UH PI in ICON.

How will the continuing review process work?

The UH PI will collect necessary information from the sites relying on UH. The UH PI will incorporate this information into the continuing review submission to the UH IRB. Depending on the proposed protocol activities, the continuing review submission will either be reviewed by the UH IRB via an expedited review process or at a convened IRB meeting.

The UH PI is responsible for notifying participating site PIs of the UH IRB decision and disseminating approved materials, including protocol and consent form(s) to all participating sites.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	15 of 42

NUMBER	DATE	PAGE
HRP-103	2/21/2017	15 of 42

How will modifications to the protocol be reviewed and processed?

The UH PI will submit all protocol modifications that apply to all participating sites and all site-specific amendments to the UH IRB for review.

The UH PI is responsible for notifying participating site PIs of the UH IRB decision and disseminating approved materials, including protocol and consent form(s) to all participating sites.

How is conflict of interest managed?

Each site is required to follow its own federally compliant policy for the certification and disclosure of financial interests by research investigators. As part of the University of Houston's standard reliance agreements, if a financial interest held by a research team member is determined by the external site to constitute a conflict of interest that requires management, the disclosure and institution-approved management plan must be provided to the UH IRB for consideration regarding protocol documents or individual investigator engagement. Should a related interest not exist at the initiation of the study but develop during the course of conduct, site investigators must follow their institutional policies for disclosure and the new information/management plan must be added to the UH IRB protocol using the "Modification" activity in ICON.

How are HIPAA requirements handled?

The UH IRB will serve as the HIPAA Privacy Board for the purpose of approving authorization documents, granting full waivers, partial waivers and/or alterations of authorization as appropriate for each participating site. Individual HIPAA authorizations that adhere to site-specific requirements or templates may be accepted for review. Participating sites remain responsible for the accounting of disclosures pursuant to such waivers or alterations.

How will reportable events be handled?

Investigators must conduct reporting according to UH's policies on [New Information](#).

The relying site PIs are responsible for notifying the UH PI of any event meeting the reporting requirements of the UH IRB. The UH PI will be responsible for submitting a report to the UH IRB on behalf of any relying site PI who reports such events. The UH IRB will review reportable new information according to its policies; investigation/reporting to federal agencies and sponsors may involve collaboration with the relying site's IRB. The UH IRB may suspend or terminate its approval for one or more sites without affecting its approval for conduct of the research at the other sites.

Investigator Manual

NUMBER	DATE	PAGE
HRP-103	2/21/2017	16 of 42

Projects Where UH is Relying on an External IRB

Below is the standard operating procedure UH uses for designating an external IRB review through a reliance agreement:

- The Institutional Official, in collaboration with the UH Research Integrity and Oversight (RIO) Office determines the external IRBs with which UH establishes reliance agreements
- The RIO Office notifies the UH PI in writing if UH agrees to rely on the review of an external IRB
- Each participating institution is still responsible for safeguarding the rights and welfare of human subjects and for complying with Federal policy
- A written agreement will detail the requirements for UH and the external institution

UH Investigators conducting research reviewed and approved by an external IRB must:

- Be appropriately qualified
- Have completed the UH-required human subjects protections training for conducting research. This training must be completed every three years as a continuing education requirement.
- Continue to comply with all UH policies related to human subjects research, as well as related institutional policies (example: biological or radiation safety)
- Comply with all of the external IRB's policies and procedures related to human subjects' research

How will continuing reviews and modifications to the protocol be reviewed and processed?

The UH PI will promptly notify the UH IRB Office of such approvals utilizing the "update protocol" function in ICON.

How is conflict of interest managed?

Any conflicts of interest relating to the protocol will be determined and managed in accordance with UH's [Conflict of Interest policy](#). In the event of a research related conflict of interest, the management plan will need to be provided to the external IRB.

How will reportable events be handled?

Investigators must conduct reporting according to the external institution's SOPs and policies.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	17 of 42

The UH PI is responsible for notifying the PI of the external IRB of any event meeting the reporting requirements of the external IRB.

Please note: reliance agreements may vary among IRBs and institutions with regard to PI and site responsibilities. The above information applies to the vast majority of agreements; if there are any exceptions related to PI responsibilities, these will be discussed with the PI at the time the agreement is finalized and before starting the research.

What Happens if IRB Approval Expires?

If the approval of Human Research expires, all Human Research procedures related to the protocol under review must cease, including recruitment, advertisement, screening, enrollment, consent, interventions, interactions, and collection or analysis of private identifiable information.

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

How do I close out a study?

Complete the Continuing Review SmartForm in the electronic ICON system and attach all requested supplements. Submit the SmartForm by clicking the “Submit” activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required.

If you fail to submit a continuing review form to close out Human Research, you may be restricted from submitting new Human Research until the completed application has been received.

How long do I keep records?

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

authorizations and consent documents that include HIPAA authorizations for at least six years after completion of the research.

If your Human Research is sponsored and/or under the oversight of additional federal agencies (for example, FDA), review the requirements of the sponsor and/or agency; contact the sponsor with any questions prior to disposing of Human Research records.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	18 of 42

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

Contact the IRB Office immediately to discuss the situation. If there is no time to make this contact, see the “WORKSHEET: Emergency Use (HRP-322)” for the regulatory criteria allowing such a use, and make sure these are followed. Use the “TEMPLATE EMERGENCY USE CONSENT DOCUMENT (HRP-506)” to prepare your consent document. You will need to submit a report of the use to the IRB within five days of the use and for drugs and biologics, submit an IRB application for initial review within 30 days.

If you fail to submit the report within five days or the IRB application for initial review within 30 days, you will be restricted from submitting new Human Research until the report and IRB application for initial review have been received.

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

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

How do I get additional information and answers to questions?

This document and the policies and procedures for the Human Research Protection Program are available in the ICON library; selected items are also available on the IRB Web Site at <http://www.uh.edu/research/compliance/irb-cphs/policies/>

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

Office of Research Policies, Compliance, and Committees
316 E. Cullen Building
Houston, TX 77204-2015
Email: cphs@central.uh.edu
(713) 743-9204

Questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program may be reported orally or in writing. Employees are permitted to report concerns on an anonymous basis. Concerns may be reported to the IRB Chair, CPHS Office, Organizational Official, Legal Counsel, Deans, or Department Chairs.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	19 of 42

NUMBER	DATE	PAGE
HRP-103	2/21/2017	19 of 42

The IRB has the responsibility to investigate allegations and findings of non-compliance and take corrective actions as needed. The Organizational Official has the responsibility to investigate all other reports and take corrective actions as needed.

Employees who report in good faith possible compliance issues should not be subjected to retaliation or harassment as a result of the reporting. Concerns about possible retaliation should be immediately reported to the Organizational Official or designee.

To make such reports, contact:

Kirstin Rochford
 Director, Office of Research Policies, Compliance, and Committees (ORPCC)
 316 E. Cullen Building
 Houston, TX 77204-2015
 Email: kmrochfo@central.uh.edu
 (713) 743-9740

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	20 of 42

Appendix A-1 ***Additional Requirements for DHHS-Regulated Research¹***

1. When a subject decides to withdraw from a clinical trial, the investigator conducting the clinical trial should ask the subject to clarify whether the subject wishes to withdraw from all components of the trial or only from the primary interventional component of the trial. If the latter, research activities involving other components of the clinical trial, such as follow-up data collection activities, for which the subject previously gave consent may continue. The investigator should explain to the subject who wishes to withdraw the importance of obtaining follow-up safety data about the subject.
2. Investigators are allowed to retain and analyze already collected data relating to any subject who chooses to withdraw from a research study or whose participation is terminated by an investigator without regard to the subject's consent, provided such analysis falls within the scope of the analysis described in the IRB-approved protocol. This is the case even if that data includes identifiable private information about the subject.
3. For research not subject to regulation and review by FDA, investigators, in consultation with the funding agency, can choose to honor a research subject's request that the investigator destroy the subject's data or that the investigator exclude the subject's data from any analysis.
4. When seeking the informed consent of subjects, investigators should explain whether already collected data about the subjects will be retained and analyzed even if the subjects choose to withdraw from the research.

¹ <http://www.hhs.gov/ohrp/policy/subjectwithdrawal.html>

Investigator Manual

NUMBER	DATE	PAGE
HRP-103	2/21/2017	21 of 42

Appendix A-2 Additional Requirements for FDA-Regulated Research

1. When a subject withdraws from a study:²
 - a. The data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.
 - b. An investigator may ask a subject who is withdrawing whether the subject wishes to provide continued follow-up and further data collection subsequent to their withdrawal from the interventional portion of the study. Under this circumstance, the discussion with the subject would distinguish between study-related interventions and continued follow-up of associated clinical outcome information, such as medical course or laboratory results obtained through non-invasive chart review, and address the maintenance of privacy and confidentiality of the subject's information.
 - c. If a subject withdraws from the interventional portion of the study, but agrees to continued follow-up of associated clinical outcome information as described in the previous bullet, the investigator must obtain the subject's informed consent for this limited participation in the study (assuming such a situation was not described in the original informed consent form). IRB approval of informed consent documents is required.
 - d. If a subject withdraws from the interventional portion of a study and does not consent to continued follow-up of associated clinical outcome information, the investigator must not access for purposes related to the study the subject's medical record or other confidential records requiring the subject's consent.
 - e. An investigator may review study data related to the subject collected prior to the subject's withdrawal from the study, and may consult public records, such as those establishing survival status.
2. For FDA-regulated research involving investigational drugs:
 - a. Investigators must abide by FDA restrictions on promotion of investigational drugs:³
 - i. An investigator, or any person acting on behalf of an investigator, must not represent in a promotional context that an investigational new drug is safe or effective for the purposes for which it is under investigation or otherwise promote the drug.
 - ii. This provision is not intended to restrict the full exchange of scientific information concerning the drug, including dissemination of scientific findings in scientific or lay media. Rather, its intent is to restrict promotional claims of safety or effectiveness of the drug for a use for which it is under investigation and to preclude commercialization of the drug before it is approved for commercial distribution.
 - iii. An investigator must not commercially distribute or test market an investigational new drug.

² <http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126489.pdf>

³ <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.7>

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	22 of 42

- b. Follow FDA requirements for general responsibilities of investigators⁴
 - i. An investigator is responsible for ensuring that an investigation is conducted according to the signed investigator statement, the investigational plan, and applicable regulations; for protecting the rights, safety, and welfare of subjects under the investigator's care; and for the control of drugs under investigation.
 - ii. An investigator must, in accordance with the provisions of 21 CFR §50, obtain the informed consent of each human subject to whom the drug is administered, except as provided in 21 CFR §50.23 or §50.24 of this chapter.
 - iii. Additional specific responsibilities of clinical investigators are set forth in this part and in 21 CFR §50 and 21 CFR §56.
- c. Follow FDA requirements for control of the investigational drug⁵
 - i. An investigator must administer the drug only to subjects under the investigator's personal supervision or under the supervision of a sub-investigator responsible to the investigator.
 - ii. The investigator must not supply the investigational drug to any person not authorized under this part to receive it.
- d. Follow FDA requirements for investigator recordkeeping and record retention⁶
 - i. Disposition of drug:
 1. An investigator is required to maintain adequate records of the disposition of the drug, including dates, quantity, and use by subjects.
 2. If the investigation is terminated, suspended, discontinued, or completed, the investigator must return the unused supplies of the drug to the sponsor, or otherwise provide for disposition of the unused supplies of the drug under 21 CFR §312.59.
 - ii. Case histories.
 1. An investigator is required to prepare and maintain adequate and accurate case histories that record all observations and other data pertinent to the investigation on each individual administered the investigational drug or employed as a control in the investigation.
 2. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. The case history for each individual must document that informed consent was obtained prior to participation in the study.
 - iii. Record retention: An investigator must retain required records for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no

⁴ <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.60>

⁵ <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.61>

⁶ <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.62>

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	23 of 42

application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.

- e. Follow FDA requirements for investigator reports⁷
 - i. Progress reports: The investigator must furnish all reports to the sponsor of the drug who is responsible for collecting and evaluating the results obtained.
 - ii. Safety reports: An investigator must promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug. If the adverse effect is alarming, the investigator must report the adverse effect immediately.
 - iii. Final report: An investigator must provide the sponsor with an adequate report shortly after completion of the investigator's participation in the investigation.
 - iv. Financial disclosure reports:
 1. The clinical investigator must provide the sponsor with sufficient accurate financial information to allow an applicant to submit complete and accurate certification or disclosure statements as required under 21 CFR §54.
 2. The clinical investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following the completion of the study.
- f. Follow FDA requirements for assurance of IRB review⁸
 - i. An investigator must assure that an IRB that complies with the requirements set forth in 21 CFR §56 will be responsible for the initial and continuing review and approval of the proposed clinical study.
 - ii. The investigator must also assure that he or she will promptly report to the IRB all changes in the research activity and all unanticipated problems involving risk to human subjects or others, and that he or she will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.
- g. Follow FDA requirements for inspection of investigator's records and reports⁹
 - i. An investigator must upon request from any properly authorized officer or employee of FDA, at reasonable times, permit such officer or employee to have access to, and copy and verify any records or reports made by the investigator pursuant to 312.62.
 - ii. The investigator is not required to divulge subject names unless the records of particular individuals require a more detailed study of the cases, or unless there is reason to believe that the records do not represent actual case studies, or do not represent actual results obtained.

⁷ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.64>

⁸ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.66>

⁹ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.68>

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	24 of 42

- h. Follow FDA requirements for handling of controlled substances¹⁰
 - i. If the investigational drug is subject to the Controlled Substances Act, the investigator must take adequate precautions, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution.
- 3. For FDA-regulated research involving investigational devices:
 - a. General responsibilities of investigators.¹¹
 - i. An investigator is responsible for ensuring that an investigation is conducted according to the signed agreement, the investigational plan and applicable FDA regulations, for protecting the rights, safety, and welfare of subjects under the investigator's care, and for the control of devices under investigation. An investigator also is responsible for ensuring that informed consent is obtained in accordance with 21 CFR §50.
 - b. Specific responsibilities of investigators¹²
 - i. Awaiting approval: An investigator may determine whether potential subjects would be interested in participating in an investigation, but must not request the written informed consent of any subject to participate, and must not allow any subject to participate before obtaining IRB and FDA approval.
 - ii. Compliance: An investigator must conduct an investigation in accordance with the signed agreement with the sponsor, the investigational plan, and other applicable FDA regulations, and any conditions of approval imposed by an IRB or FDA.
 - iii. Supervising device use: An investigator must permit an investigational device to be used only with subjects under the investigator's supervision. An investigator must not supply an investigational device to any person not authorized to receive it.
 - iv. Financial disclosure:
 - 1. A clinical investigator must disclose to the sponsor sufficient accurate financial information to allow the applicant to submit complete and accurate certification or disclosure statements required under 21 CFR §54.
 - 2. The investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following completion of the study.
 - v. Disposing of device: Upon completion or termination of a clinical investigation or the investigator's part of an investigation, or at the sponsor's request, an investigator must return to the sponsor any remaining

¹⁰ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.69>

¹¹ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.100>

¹² <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.110>

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	25 of 42

supply of the device or otherwise dispose of the device as the sponsor directs.

- c. Maintain the following accurate, complete, and current records relating to the investigator's participation in an investigation:¹³
 - i. All correspondence with another investigator, an IRB, the sponsor, a monitor, or FDA, including required reports.
 - ii. Records of receipt, use or disposition of a device that relate to:
 - 1. The type and quantity of the device, the dates of its receipt, and the batch number or code mark.
 - 2. The names of all persons who received, used, or disposed of each device.
 - 3. Why and how many units of the device have been returned to the sponsor, repaired, or otherwise disposed of.
 - iii. Records of each subject's case history and exposure to the device. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. Such records must include:
 - 1. Documents evidencing informed consent and, for any use of a device by the investigator without informed consent, any written concurrence of a licensed physician and a brief description of the circumstances justifying the failure to obtain informed consent.
 - 2. Documentation that informed consent was obtained prior to participation in the study.
 - 3. All relevant observations, including records concerning adverse device effects (whether anticipated or unanticipated), information and data on the condition of each subject upon entering, and during the course of, the investigation, including information about relevant previous medical history and the results of all diagnostic tests.
 - 4. A record of the exposure of each subject to the investigational device, including the date and time of each use, and any other therapy.
 - iv. The protocol, with documents showing the dates of and reasons for each deviation from the protocol.
 - v. Any other records that FDA requires to be maintained by regulation or by specific requirement for a category of investigations or a particular investigation.
- d. Inspections¹⁴
 - i. Entry and inspection: A sponsor or an investigator who has authority to grant access must permit authorized FDA employees, at reasonable times and in a reasonable manner, to enter and inspect any establishment where

¹³ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.140>

¹⁴ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.145>

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	26 of 42

devices are held (including any establishment where devices are manufactured, processed, packed, installed, used, or implanted or where records of results from use of devices are kept).

- ii. Records inspection: A sponsor, IRB, or investigator, or any other person acting on behalf of such a person with respect to an investigation, must permit authorized FDA employees, at reasonable times and in a reasonable manner, to inspect and copy all records relating to an investigation.
- iii. Records identifying subjects: An investigator must permit authorized FDA employees to inspect and copy records that identify subjects, upon notice that FDA has reason to suspect that adequate informed consent was not obtained, or that reports required to be submitted by the investigator to the sponsor or IRB have not been submitted or are incomplete, inaccurate, false, or misleading.
- e. Prepare and submit the following complete, accurate, and timely reports¹⁵
 - i. Unanticipated adverse device effects. An investigator must submit to the sponsor and to the reviewing IRB a report of any unanticipated adverse device effect occurring during an investigation as soon as possible, but in no event later than 10 working days after the investigator first learns of the effect.
 - ii. Withdrawal of IRB approval. An investigator must report to the sponsor, within 5 working days, a withdrawal of approval by the reviewing IRB of the investigator's part of an investigation.
 - iii. Progress. An investigator must submit progress reports on the investigation to the sponsor, the monitor, and the reviewing IRB at regular intervals, but in no event less often than yearly.
 - iv. Deviations from the investigational plan:
 - 1. An investigator must notify the sponsor and the reviewing IRB of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency.
 - 2. Such notice must be given as soon as possible, but in no event later than 5 working days after the emergency occurred.
 - 3. Except in such an emergency, prior approval by the sponsor is required for changes in or deviations from a plan, and if these changes or deviations may affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects, FDA and IRB also is required.
 - v. Informed consent. If an investigator uses a device without obtaining informed consent, the investigator must report such use to the sponsor and the reviewing IRB within 5 working days after the use occurs.
 - vi. Final report. An investigator must, within 3 months after termination or completion of the investigation or the investigator's part of the investigation, submit a final report to the sponsor and the reviewing IRB.

¹⁵ <http://www.accessdata.fda.gov/SCRIPTS/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.150>

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	27 of 42

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

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	28 of 42

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

1. Investigator's Qualifications and Agreements
 - a. The clinical trial should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.
 - b. The investigator should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirements, and should provide evidence of such qualifications through up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the IRB, and/or the regulatory authorities.
 - c. The investigator should be thoroughly familiar with the appropriate use of the investigational product, as described in the protocol, in the current Investigator's Brochure, in the product information and in other information sources provided by the sponsor.
 - d. The investigator should be aware of, and should comply with, GCP and the applicable regulatory requirements.
 - e. The investigator/institution should permit monitoring and auditing by the sponsor, and inspection by the appropriate regulatory authorities.
 - f. The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.
2. Adequate Resources
 - a. The investigator should be able to demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.
 - b. The investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period.
 - c. The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
 - d. The investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product, and their trial-related duties and functions.
3. Medical Care of Trial Subjects
 - a. A qualified physician (or dentist, when appropriate), who is an investigator or a sub-investigator for the trial, should be responsible for all trial-related medical (or dental) decisions.
 - b. During and following a subject's participation in a trial, the investigator/institution should ensure that adequate medical care is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The investigator/institution should inform a subject when medical care is needed for intercurrent illnesses of which the investigator becomes aware.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	29 of 42

NUMBER	DATE	PAGE
HRP-103	2/21/2017	29 of 42

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

Investigator Manual

NUMBER	DATE	PAGE
HRP-103	2/21/2017	30 of 42

- c. The investigator/institution and/or a pharmacist or other appropriate individual, who is designated by the investigator/institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product. These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product and trial subjects. Investigators should maintain records that document adequately that the subjects were provided the doses specified by the protocol and reconcile all investigational product received from the sponsor.
 - d. The investigational product should be stored as specified by the sponsor and in accordance with applicable regulatory requirements.
 - e. The investigator should ensure that the investigational product are used only in accordance with the approved protocol.
 - f. The investigator, or a person designated by the investigator/institution, should explain the correct use of the investigational product to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.
 - g. Randomization Procedures and Unblinding: The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product.
7. Informed Consent of Trial Subjects
- a. In obtaining and documenting informed consent, the investigator should comply with the applicable regulatory requirements, and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the investigator should have the IRB's written approval opinion of the written informed consent form and any other written information to be provided to subjects.
 - b. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject's consent. Any revised written informed consent form, and written information should receive the IRB's approval opinion in advance of use. The subject or the subject's legally acceptable representative should be informed in a timely manner if new information becomes available that may be relevant to the subject's willingness to continue participation in the trial. The communication of this information should be documented.
 - c. Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
 - d. None of the oral and written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject's legally acceptable representative to waive or to appear to

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	31 of 42

waive any legal rights, or that releases or appears to release the investigator, the institution, the sponsor, or their agents from liability for negligence.

- e. The investigator, or a person designated by the investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval opinion by the IRB.
- f. The language used in the oral and written information about the trial, including the written informed consent form, should be as non-technical as practical and should be understandable to the subject or the subject's legally acceptable representative and the impartial witness, where applicable.
- g. Before informed consent may be obtained, the investigator, or a person designated by the investigator, should provide the subject or the subject's legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be answered to the satisfaction of the subject or the subject's legally acceptable representative.
- h. Prior to a subject's participation in the trial, the written informed consent form should be signed and personally dated by the subject or by the subject's legally acceptable representative, and by the person who conducted the informed consent discussion.
- i. If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects, is read and explained to the subject or the subject's legally acceptable representative, and after the subject or the subject's legally acceptable representative has orally consented to the subject's participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject's legally acceptable representative, and that informed consent was freely given by the subject or the subject's legally acceptable representative.
- j. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
 - i. That the trial involves research.
 - ii. The purpose of the trial.
 - iii. The trial treatments and the probability for random assignment to each treatment.
 - iv. The trial procedures to be followed, including all invasive procedures.
 - v. The subject's responsibilities.
 - vi. Those aspects of the trial that are experimental.
 - vii. The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	32 of 42

- viii. The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
- ix. The alternative procedures or courses of treatment that may be available to the subject, and their important potential benefits and risks.
- x. The compensation and/or treatment available to the subject in the event of trial related injury.
- xi. The anticipated prorated payment, if any, to the subject for participating in the trial.
- xii. The anticipated expenses, if any, to the subject for participating in the trial.
- xiii. That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
- xiv. That the monitors, the auditors, the IRB, and the regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
- xv. That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.
- xvi. That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
- xvii. The persons to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
- xviii. The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
- xix. The expected duration of the subject's participation in the trial.
- xx. The approximate number of subjects involved in the trial.
- k. Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject's participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.
- l. When a clinical trial (therapeutic or non-therapeutic) includes subjects who can only be enrolled in the trial with the consent of the subject's legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject's

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	33 of 42

understanding and, if capable, the subject should sign and personally date the written informed consent.

- m. Except as described above, a non-therapeutic trial (i.e. a trial in which there is no anticipated direct clinical benefit to the subject), should be conducted in subjects who personally give consent and who sign and date the written informed consent form.
 - n. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled: a) The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally. b) The foreseeable risks to the subjects are low. c) The negative impact on the subject's well-being is minimized and low. d) The trial is not prohibited by law. e) The approval opinion of the IRB is expressly sought on the inclusion of such subjects, and the written approval opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.
 - o. In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject's legally acceptable representative is not available, enrolment of the subject should require measures described in the protocol and/or elsewhere, with documented approval opinion by the IRB, to protect the rights, safety and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate should be requested.
8. Records and Reports
- a. The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
 - b. Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
 - c. Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections. Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the investigator. The investigator should retain records of the changes and corrections.
 - d. The investigator/institution should maintain the trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	34 of 42

NUMBER	DATE	PAGE
HRP-103	2/21/2017	34 of 42

applicable regulatory requirements. The investigator/institution should take measures to prevent accidental or premature destruction of these documents.

- e. Essential documents should be retained until at least 2 years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period however if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the investigator/institution as to when these documents no longer need to be retained.
 - f. The financial aspects of the trial should be documented in an agreement between the sponsor and the investigator/institution.
 - g. Upon request of the monitor, auditor, IRB, or regulatory authority, the investigator/institution should make available for direct access all requested trial-related records.
9. Progress Reports
- a. The investigator should submit written summaries of the trial status to the IRB annually, or more frequently, if requested by the IRB.
 - b. The investigator should promptly provide written reports to the sponsor, the IRB and, where applicable, the institution on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.
10. Safety Reporting
- a. All serious adverse events (SAEs) should be reported immediately to the sponsor except for those SAEs that the protocol or other document (e.g., Investigator's Brochure) identifies as not needing immediate reporting. The immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects' names, personal identification numbers, and/or addresses. The investigator should also comply with the applicable regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authorities and the IRB.
 - b. Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol.
 - c. For reported deaths, the investigator should supply the sponsor and the IRB with any additional requested information (e.g., autopsy reports and terminal medical reports).
 - d. Premature Termination or Suspension of a Trial If the trial is prematurely terminated or suspended for any reason, the investigator/institution should promptly inform the trial subjects, should assure appropriate therapy and follow-up for the subjects, and, where required by the applicable regulatory requirements, should inform the regulatory authorities. In addition:
 - i. If the investigator terminates or suspends a trial without prior agreement of the sponsor, the investigator should inform the institution where

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	35 of 42

applicable, and the investigator/institution should promptly inform the sponsor and the IRB, and should provide the sponsor and the IRB a detailed written explanation of the termination or suspension.

- ii. If the sponsor terminates or suspends a trial, the investigator should promptly inform the institution where applicable and the investigator/institution should promptly inform the IRB and provide the IRB a detailed written explanation of the termination or suspension.
- iii. If the IRB terminates or suspends its approval opinion of a trial, the investigator should inform the institution where applicable and the investigator/institution should promptly notify the sponsor and provide the sponsor with a detailed written explanation of the termination or suspension.

11. Final Reports by Investigator: Upon completion of the trial, the investigator, where applicable, should inform the institution; the investigator/institution should provide the IRB with a summary of the trial's outcome, and the regulatory authorities with any reports required.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	36 of 42

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

1. When appropriate, research protocols must be reviewed and approved by the IRB prior to the Department of Defense approval. Consult with the Department of Defense funding component to see whether this is a requirement.
2. Employees of the Department of Defense (including temporary, part-time, and intermittent appointments) may not be able to legally accept payments to participate in research and should check with their supervisor before accepting such payments. Employees of the Department of Defense cannot be paid for conducting research while on active duty.
3. Service members must follow their command policies regarding the requirement to obtain command permission to participate in research involving human subjects while on-duty or off-duty.
4. Components of the Department of Defense might have stricter requirements for research-related injury than the DHHS regulations.
5. There may be specific educational requirements or certification required.
6. When assessing whether to support or collaborate with this institution for research involving human subjects, the Department of Defense may evaluate this institution’s education and training policies to ensure the personnel are qualified to perform the research.
7. When research involves U.S. military personnel, policies and procedures require limitations on dual compensation:
 - a. Prohibit an individual from receiving pay of compensation for research during duty hours.
 - b. An individual may be compensated for research if the participant is involved in the research when not on duty.
 - c. Federal employees while on duty and non-Federal persons may be compensated for blood draws for research up to \$50 for each blood draw.
 - d. Non-Federal persons may be compensated for research participating other than blood draws in a reasonable amount as approved by the IRB according to local prevailing rates and the nature of the research.
8. Other specific requirements of the Department of Defense research be found in the “Additional Requirements for Department of Defense (DOD) Research” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	37 of 42

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

1. You must report the following within ten business days to the Department of Energy human subject research program manager
 - a. Any significant adverse events, unanticipated risks; and complaints about the research, with a description of any corrective actions taken or to be taken.
 - b. Any suspension or termination of IRB approval of research.
 - c. Any significant non-compliance with HRPP procedures or other requirements.
2. You must report the following within three business days to the Department of Energy human subject research program manager
 - a. Any compromise of personally identifiable information must be reported immediately.
3. Other specific requirements of the Department of Energy (DOE) research be found in the “Additional Requirements for Department of Energy (DOE) Research” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	38 of 42

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

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

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

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	39 of 42

- | NUMBER | DATE | PAGE |
|---------|-----------|----------|
| HRP-103 | 2/21/2017 | 39 of 42 |
- c. A statement that participation is completely voluntary and that the subject may withdraw consent and end participation in the project at any time without penalty or prejudice (the inmate will be returned to regular assignment or activity by staff as soon as practicable).
 - d. A statement regarding the confidentiality of the research information and exceptions to any guarantees of confidentiality required by federal or state law. For example, a investigator may not guarantee confidentiality when the subject indicates intent to commit future criminal conduct or harm himself or herself or someone else, or, if the subject is an inmate, indicates intent to leave the facility without authorization.
 - e. A statement that participation in the research project will have no effect on the inmate subject's release date or parole eligibility.
13. You must have academic preparation or experience in the area of study of the proposed research.
 14. The IRB application must include a summary statement, which includes:
 - a. Names and current affiliations of the investigators.
 - b. Title of the study.
 - c. Purpose of the study.
 - d. Location of the study.
 - e. Methods to be employed.
 - f. Anticipated results.
 - g. Duration of the study.
 - h. Number of subjects (staff or inmates) required and amount of time required from each.
 - i. Indication of risk or discomfort involved as a result of participation.
 15. The IRB application must include a comprehensive statement, which includes:
 - a. Review of related literature.
 - b. Detailed description of the research method.
 - c. Significance of anticipated results and their contribution to the advancement of knowledge.
 - d. Specific resources required from the Bureau of Prisons.
 - e. Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur.
 - f. Description of steps taken to minimize any risks.
 - g. Description of physical or administrative procedures to be followed to: Ensure the security of any individually identifiable data that are being collected for the study.
 - h. Destroy research records or remove individual identifiers from those records when the research has been completed.
 - i. Description of any anticipated effects of the research study on organizational programs and operations.
 - j. Relevant research materials such as vitae, endorsements, sample consent statements, questionnaires, and interview schedules.
 16. The IRB application must include a statement regarding assurances and certification required by federal regulations, if applicable.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	40 of 42

17. You must assume responsibility for actions of any person engaged to participate in the research project as an associate, assistant, or subcontractor.
18. At least once a year, you must provide the Chief, Office of Research and Evaluation, with a report on the progress of the research.
19. At least 12 working days before any report of findings is to be released, you must distribute one copy of the report to each of the following: the chairperson of the Bureau Research Review Board, the regional director, and the warden of each institution that provided data or assistance.
20. You must include an abstract in the report of findings.
21. In any publication of results, you must acknowledge the Bureau's participation in the research project.
22. You must expressly disclaim approval or endorsement of the published material as an expression of the policies or views of the Bureau.
23. Prior to submitting for publication the results of a research project conducted under this subpart, You must provide two copies of the material, for informational purposes only, to the Chief, Office of Research and Evaluation, Central Office, Bureau of Prisons.
24. Other specific requirements of the Department of Justice (DOJ) Research Conducted within the Federal Bureau of Prisons (BOP) can be found in the “Additional Requirements for Department of Justice (DOJ) Research Conducted within the Federal Bureau of Prisons (BOP)” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

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

1. The project must have a privacy certificate approved by the National Institute of Justice Human Subjects Protection Officer.
2. All investigators and research staff are required to sign employee confidentiality statements, which are maintained by the responsible investigator.
3. The confidentiality statement on the consent document must state that confidentiality can only be broken if the subject reports immediate harm to subjects or others.
4. Under a privacy certificate, investigators and research staff do not have to report child abuse unless the subject signs another consent document to allow child abuse reporting.
5. A copy of all data must be de-identified and sent to the National Archive of Criminal Justice Data, including copies of the informed consent document, data collection instruments, surveys, or other relevant research materials.
6. Other specific requirements of the Department of Justice (DOJ) Research Funded by the National Institute of Justice can be found in the “Additional Requirements for Department of Justice (DOJ) Research” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	41 of 42

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

1. Each school at which the research is conducted must provide an assurance that they comply with the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA).
2. Provide a copy of all surveys and instructional material used in the research. Upon request parents of children¹⁶ involved in the research¹⁷ must be able to inspect these materials.
3. The school in which the research is being conducted must have policies regarding the administration of physical examinations or screenings that the school may administer to students.
4. Other specific requirements of the Department of Education (ED) Research can be found in the “Additional Requirements for Department of Education (ED) Research” section in the IRB’s “WORKSHEET: Additional Federal Criteria (HRP-318).”

¹⁶ Children are persons enrolled in research not above the elementary or secondary education level, who have not reached the age or majority as determined under state law.

¹⁷ Research or experimentation program or project means any program or project in any research that is designed to explore or develop new or unproven teaching methods or techniques.

Investigator Manual		
NUMBER	DATE	PAGE
HRP-103	2/21/2017	42 of 42

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

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