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SECTION 6.1 GOVERNING PRINCIPLES

The governing regulations for UNTHSC's IRB are 45 CFR Part 46 and 21 CFR Parts 50, 56, 312, and 812, and by HIPAA. The UNTHSC's Federal Wide Assurance with OHRP specifies that the institution will follow 45 CFR 46 for all funded and non-funded research.

SECTION 6.2 REQUIREMENTS FOR INITIAL IRB REVIEW

Any faculty member, staff or student from UNTHSC who proposes to engage in any research activity involving the use of human subjects must submit the following to the IRB Office:

- 1.a completed original IRB Application Form with Principal Investigator and Departmental Chair's signature;
- 2.a protocol describing the rationale for the study, research questions to be answered, methods, procedures, data analysis plan, and other pertinent information.
- 3.four complete copies of the DHHS grant application, if applicable, and
- 4.an informed consent form in UNTHSC's IRB approved format or justification for Waiver of Informed Consent or Waiver of Documentation of Consent;
- 5.if the study involves the use of questionnaires, surveys or similar instruments, copies of same must be submitted; and
6. In accordance with federal regulations, it is necessary for all individuals identified as "key personnel" to complete required educational training on the protection of human

research subjects. **Key personnel include all individuals responsible for the design and conduct of the study.**

When submitting a protocol for IRB review (both new and continuing review), the Principal Investigator must include written verification that each of the key personnel has successfully completed the online educational tutorial located on the UNTHSC web site (<http://research.hsc.unt.edu/dhhs/irb.html>). No protocols will be reviewed for new or continuing review that are not in compliance with this requirement.

* A "human subject" is defined as a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information (45 CFR 46.102(f)).

SECTION 6.3 SUBMISSION SCHEDULE REQUIREMENTS

Presently, there is one IRB meeting per month. Meetings are held on the first Tuesday of each month. The meeting/submission schedule is distributed to every department and all investigators who conduct research before the beginning of the new fiscal year (September 1st). Protocols must be submitted to the IRB office by 5 p.m. of the deadline date listed. The submission packets must have all individual forms stapled and collated. The deadline for submission packets is approximately two (2) weeks prior to the meeting date. An attempt is made to send the packets to the IRB members at least two weeks prior to the meeting date.

If the study is eligible for an "Expedited or Exempt Review" process, two copies of the list of materials described above should be submitted. Such protocols may be submitted at any time and will receive appropriate review and approval (See "IRB Review Process - Minimal Risk Protocols" below and for examples of research qualifying for "Expedited Review").

SECTION 6.4 REVIEW FOR EXEMPT STATUS

If requested by the Principal Investigator, the Chair of the IRB will determine whether a research proposal is exempt from review by the full Board. If a researcher believes their research meets the exempt criteria, they should submit two copies of the Statement by Principal Investigator (IRB Form 1) with a cover memo detailing the reason for the exemption (citing exemption number). Only the involvement of human subjects in one or more of the cited categories warrants an exemption.

SECTION 6.4.1 EXEMPT STATUS CRITERIA (as cited in 45 CFR 46.101)

The following are the categories that qualify for exempt status:

#1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the

comparison among instructional techniques, curricula, or classroom management methods.

#2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and

(ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

#3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under criteria #2 of this section, if:

(i) the human subjects are elected or appointed public officials or candidates for public office; or

(ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

#4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

The Principal Investigator will normally be notified within one week if the project meets the criteria for exempt status. **It should be noted that the IRB has the authority to decline a request for exempt status based upon factors such as age of subjects (children), health of subjects, etc.**

SECTION 6.5 EXPEDITED REVIEW

A research investigator may request that their proposal receive an expedited review by the board. An expedited review will consist of review by the Chair or by one or more members of the IRB designated by the Chair. If an expedited review is requested, two copies of the Statement by Principal Investigator (IRB Form 1), along with a cover memo detailing the justification for the expedited review (please cite the expedited review research category number), should be submitted. Investigators should allow two weeks for notification of expedited review results. **It should be noted that the IRB has the authority to decline a request for expedited review, and require a full board review, based upon factors such as age of subjects (children), health of subjects, etc.**

SECTION 6.5.1 APPLICABILITY:

- A. Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the applicable research categories, may be reviewed by the IRB through the expedited review procedure. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.
- B. The categories in this list apply regardless of the age of subjects, except as noted.
- C. The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
- D. The expedited review procedure may not be used for classified research involving human subjects.

Research Categories:

- #1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met:
 - a. Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. NOTE: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.
 - b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
- #2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:
 - a. From healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or
 - b. From other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.
- #3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples:
 - a. Hair and nail clippings in a nondisfiguring manner;

- b. Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
 - c. Permanent teeth if routine patient care indicate a need for extraction;
 - d. Excreta and external secretions (including sweat);
 - e. Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
 - f. Placenta removed at delivery;
 - g. Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
 - h. Supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
 - i. Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
 - j. sputum collected after saline mist nebulization.
- #4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing (studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications). Examples of permissible procedures include:
- a. Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;
 - b. Weighing or testing sensory acuity;
 - c. Magnetic resonance imaging;
 - d. Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and echocardiography;
 - e. Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate, given the age, weight and height of the individual.
- #5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis). NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.
- #6. Collection of data from voice, video, digital, or image recordings made for research purposes.

- #7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.

SECTION 6.6 FULL BOARD REVIEW

SECTION 6.6.1 INTRODUCTION

The Institutional Review Board (IRB) is responsible for protecting the welfare and rights of individuals who are subjects of any research, whether funded or unfunded, whether on or off campus, which is conducted by faculty, staff or students. If the proposed research does not satisfy the guidelines for exempt or expedited review, the IRB as a full committee will consider the proposal.

SECTION 6.6.2 PROCEDURES

By 5:00 p.m. on the 3rd Monday of the month, the Principal Investigator will submit the original and 16 copies of IRB Form 1 to the IRB Office. If the project is a clinical trial, two complete copies of the pharmaceutical company protocol and the Investigator's Brochure must be submitted for review. All other projects must be accompanied by two complete copies of the grant application (the title of the IRB submission must match the title of the grant application).

The administrative staff will collate the following information on each new full board review project for inclusion in the packets to be distributed to each IRB member approximately two weeks prior to the next convened meeting:

IRB Form 1 (Use of Human Subjects Statement by Principal Investigator)

NOTE: IRB Form 1 includes all elements of the protocol description, informed consent and any advertisements

The IRB Chair and Vice Chair, in addition to receiving each of the items listed above, will also receive:

Copy of the drug company protocol or grant application

Copy of the Investigator's Brochure

NOTE: Upon receipt of their packets, members of the IRB are encouraged to contact the administrative staff for copies of any additional materials they will require to conduct their review.

When it is determined that consultants or experts will be required to advise the IRB in its review of a protocol, the research protocol will be distributed to the consultants or experts approximately two weeks prior to the next scheduled meeting.

SECTION 6.6.3 REVIEW

IRB review of research must be substantive and meaningful. Each project will be presented and discussed individually. Each project will be voted upon individually.

A majority of the membership of the IRB constitutes a quorum and is required in order to convene a meeting for the review of protocols. An IRB member whose concerns are primarily in non-scientific areas must be present at the convened meeting before the IRB can conduct its review. An IRB member who is not affiliated with UNTHSC must be present at the convened meeting before the IRB can conduct its review.

For a research protocol to be approved, it must receive the approval of a majority of those members present at the convened meeting. No IRB member may participate in the review of any project in which they have a conflicting interest, except to provide information requested by the IRB. That IRB member must leave the room during discussion and when the vote is taken.

The IRB will consider the following during their discussion of each new project:

- Scientific Design in Relation to Subject Safety

- Risks/Benefits

- Subject Selection (populations to be studied and recruitment plan)

- Additional Safeguards for Vulnerable Subjects

- Minimization of Risks to Subjects

- Privacy and Confidentiality

- Informed Consent (assuring that all required elements are present)

- Additional Considerations (e.g. collaborative research, international research, device study)

It is the responsibility of the IRB to determine whether or not vulnerable populations (e.g. children, pregnant women) may participate in the research.

The board must assign a level of risk. There are times when the risks associated with a particular project are such that continuing review should take place more frequently than annually. In these cases, the IRB will specify that the Principal Investigator reports to the IRB at a more frequent interval (e.g. 6 months).

The board will make one of the following recommendations regarding the disposition of the new project:

- Protocol is approved as submitted

Protocol is approved contingent upon specific conditions (stipulations and/or recommendations)

Protocol is tabled pending substantial changes and resubmission

Protocol is disapproved

If the protocol is approved contingent upon specific conditions (stipulations and/or recommendations), the board must designate whether those stipulations and/or recommendations are to be reviewed by the IRB Chair, by a subcommittee of the IRB, or by the full IRB.

SECTION 6.6.4 PRINCIPAL INVESTIGATOR NOTIFICATION

After the convened IRB meeting, the disposition of the project is relayed to the Principal Investigator by IRB Form 2 (Board Action Form), normally within 3 working days. Any stipulations and/or recommendations will also be relayed.

Approval is granted for a period of not more than one year. Depending upon the degree of risk to subjects, approval may be given for less than one year. In addition, as a condition of approval, the IRB provides for the continuing review of all projects **at least** annually.

SECTION 6.7 MODIFICATION OF DECISIONS MADE BY THE INSTITUTIONAL REVIEW BOARD

Approvals, favorable actions, and recommendations made by the IRB are subject to review and further restriction by the institutional administration (HSC Deans, Senior Vice President of Research, President). For example, protocols could be approved by the IRB on a scientific and ethical basis, but be restricted or disapproved by institutional administration due to the potential for adverse public/community reaction. Protocol disapproval, restrictions or conditions imposed by the IRB upon any activity involving human subjects cannot be rescinded or removed except by subsequent action of the IRB.

SECTION 6.8 NON-ADHERENCE TO INSTITUTIONAL REVIEW BOARD DECISIONS

Any reported significant deviation in activities previously approved by the IRB would be the subject of further inquiry by the IRB. In the event that the IRB finds reasonable evidence that restrictions, stipulations or decisions of the IRB have not been adhered to, the Chairperson shall brief the IRB, at the next scheduled convened meeting or at a specially convened meeting, on the details of non-compliance. The IRB will then determine what restrictions, conditions, or other actions are necessary to resolve the non-compliance and what procedures will be required to prevent future occurrences. The PI will then be notified in writing of the requirements necessary to assure compliance with the restrictions and decisions of the IRB. All instances of non-compliance will be reported to the Senior Vice President of Research or designee. If serious or ongoing, instances of noncompliance must be reported to the regulating agency (OHRP, FDA, or both).

The Senior VP of Research or designee will apprise appropriate members of the Administration, on a need to know basis. The Confidentiality of both research subjects and investigator will be protected as far as possible under current local, state and federal law.

If further action is necessary, the institutional policies and procedures relating to Misconduct in Science will be implemented.

SECTION 6.9 IRB MINUTES

The minutes of the prior meeting are approved at the subsequent IRB meeting. Minutes include a list of all studies that were voted on at the subsequent meeting, as well as a list of all actions that were taken administratively during the previous month. Minutes include separate deliberations, actions, and votes for each protocol undergoing initial or continuing review by the convened IRB. The vote on all IRB actions include the number of persons voting for, against, and abstaining, in order to document the continued existence of a quorum. The minutes include the documentation of risk, as well as any potential conflict of interest that an IRB member may have with a particular protocol.