

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES
COLLEGE OF OSTEOPATHIC MEDICINE**

**RESEARCH INVOLVING HUMAN PARTICIPANTS:
POLICY AND PROCEDURES**

**A GUIDE FOR THE INSTITUTIONAL REVIEW BOARD MEMBERS, RESEARCHERS,
AND ADMINISTRATORS**

INSTITUTIONAL REVIEW BOARD MEETING TIMES:

The IRB meets the third Wednesday of each month at noon, unless holidays interfere. Any information that needs to be reviewed/seen by the IRB must be submitted to the IRB Administrator, Office of Research, no later than the Wednesday, two weeks prior to the meeting (dates are posted on the Campus Calendar). If you are submitting a new protocol that is being reviewed by the IRB, you will need to be present to present your protocol to the Board. Please schedule this time with the IRB Administrator.

The Scientific Review Committee (SRC) meets the first Tuesday of each month, unless holidays interfere. The IRB may direct that any new protocols be submitted to this committee for review prior to being submitted to the IRB. Any information that needs to be reviewed/seen by the SRC must be submitted to the IRB Administrator, Office of Research, no later than two weeks prior to the meeting.

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PART I INTRODUCTION TO PROPOSAL REVIEW

SECTION 1. INTRODUCTION: ROLES AND RESPONSIBILITIES

The review is a process designed to assist researchers and Oklahoma State University Center for Health Sciences (OSU-CHS) in complying with international, federal, and state requirements in protecting human participants involved in research.

Prior to initiation of any research project that involves the use of human participants, all individuals involved in the project must document training in the use of human participants. This policy applies to all individuals involved in any research project involving the use of human participants conducted at or sponsored by Oklahoma State University, Center for Health Sciences (OSU-CHS) or in which OSU-CHS personnel are involved at other organizations.

The approved option for training in the use of Human Participants for all individuals involved in the project is: the Collaborative Institutional Training Initiative (CITI).

If you are submitting new research, you will need to complete the *Biomedical Research Investigators* modules BEFORE you may begin an approved study, scoring an overall 90% or better on the modules. If you currently have an open research investigation with our IRB, you and your staff will need to have these modules completed BEFORE your next Continuing Review.

Here is the process:

- Go to www.citiprogram.org to register for CITI online training.
- Once there, simply click on "New Users Register Here".
- Next click on "The Protection of Human Research Subjects"
- Under "Select your institution or organization" page select "Oklahoma State University Center for Health Sciences" in the "Participating Institutions" drop down box.
- Next proceed to create your own username and password and select the CITI Recommended Learner group; Biomedical Research Investigators
- Begin the program

This includes research activity conducted by faculty, staff, and students, or performed in OSU-CHS facilities or supported in other ways by college resources or facilities, which are under the control and responsibility of OSU-CHS officials. For full time faculty, any research project is considered part of their academic efforts and normal IRB processes must be followed.

OSU-CHS accepts no involvement or liability for private research. Part time faculty and those with adjunct appointments who conduct research in private clinics or at sites not connected with OSU-CHS, and do not involve OSU-CHS students or employees in the studies, fully assume responsibility and liability for these projects, and may not in any way associate the name of the college with the project.

There are three main entities involved in this process: the investigator, the Institutional Review Board (IRB) and the Office of Research and Sponsored Programs (ORSP).

The Investigator

- Requests IRB and its Scientific Review Committee (SRC) review of any proposed research involving human participants. The investigator must supply needed information for review.

- Does not involve human participants in the proposed research until the IRB has informed him/her of full approval for the use of human participants in the research.
- Abides by the decisions of the IRB. This may require some modifications of the proposal.
- Provides periodic progress reports to the IRB at least once per year, and incident reports of adverse effects as detailed in this guide.

The Institutional Review Board and its Scientific Review Committee

- Protects the participants so that their care or well being does not suffer as a result of participation in research; and determines that the project has scientific merit, thus justifying participation by participants.
- Acts as a resource both as a committee and as individual members, to help investigators initiate proposal development and seek IRB approval, thus facilitating research.
- Protects the college and investigators by reducing the risk of liability by insuring that experimental procedures are consistent with good medical practice; that standards of review and documentation are complete, on record, and are consistent with appropriate regulations.

The Research Office

- Provides assistance to individuals conducting research
- Coordinates the use of human participants with other research requirements.
- Provides administrative services for the IRB.
- Maintains IRB records.
- Submits IRB reports, assurances, and other documentation as required to the appropriate organization or entity.

This set of documents contains the OSU-CHS Institutional Review Board standard operating procedures (SOPs) , which describe how the research community must handle research involving human participants. These SOPs are designed to conform to 45 Code of Federal Regulations Part 46 , as revised June 18, 1991; as implemented by the United States Department of Health and Human Services (FEDERAL) “Final Regulations Amending Basic HHS Policy for the Protection of Human Participants,” January 26, 1981 and revised June 18,1995 as well as other federal and state regulations and laws, and Oklahoma State University, Center for Health Sciences policies. Any situation not covered within this OSU-CHS document should be evaluated in the context of additional guidance in 45 CFR 46, and other parent documents.

Part I focuses on information, which should be helpful to the investigator. Part II focuses on administrative areas. The Appendix contains a collection of helpful resources including a model Informed Consent document.

SECTION 2. RESEARCH REQUIRING AN IRB APPLICATION

An application for review of research involving human participants (Appendix B) must be completed for all research involving human participants, which is associated with OSU-CHS.

For the purposes of this document, **research** is defined as any systematic investigation designed to develop or contribute to general knowledge. Activities, which meet this definition but may be called something else like development, demonstration, or instructional are still considered research. It does not matter whether the activity takes place within and as a part of some other activity, such as a demonstration or service program, or whether the research is the whole of a project. This includes:

- Intramural research, research that is unsupported or supported solely by OSU-CHS.
- Extramural or sponsored research, research that is supported in whole or part by any other institution or organization other than OSU-CHS
- Cooperative research, in which OSU-CHS investigators participate in projects administered by other organizations.
- Thesis and dissertation.

Non-research is defined as data gathering for which there is no foreseeable dissemination of the data. This includes such areas as data gathering for classroom training in research methods or for administrative purposes. Any record of the data (or interpretations and analyses of the data) remains private, i.e., used only for purposes that are appropriate to the class, institution, or agency in the normal conduct of its work. Also, some types of research are formally “exempt”, or qualify for an “expedited review”, in lieu of full IRB evaluation.

For the purposes of this document, **human participant** is defined as a living individual about whom an investigator conducting research obtains:

- data through intervention or interaction with the individual, or
- identifiable private information.

In any circumstance where this document refers to human participants, it also means the same as human subjects, human research volunteers, or similar expressions.

Intervention includes both:

- physical procedures by which data are gathered, and
- manipulations of the participant or the participant’s environment that are performed for research purposes.

Interaction includes:

- communication or interpersonal contact between investigator and participant.

Private information includes:

- information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and
- information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (e.g., medical records). In order to constitute research involving human participants, private information must be individually identifiable (i.e., the identity of the participant is or may be readily ascertained by the investigator or associated with the information).

Once an IRB application is completed, it should be submitted to the IRB Administrator in the Research Office. The IRB Administrator will conduct a brief administrative review for completeness, assist the applicant as necessary, and schedule the proposal for the appropriate committee (either SRC or IRB) and level of review. If there is any question about whether or not the activity is “research using human participants”, guidance can be obtained from the IRB Administrator or the chairperson of the IRB.

IRB approval means that an appropriately constituted Institutional Review Board has reviewed the proposed research and determined that it may be conducted within the constraints set forth by the IRB and by other Federal and institutional requirements.

SECTION 3. CATEGORIES OF REVIEW OF HUMAN PARTICIPANT RESEARCH

For purposes of review, research involving human participants is grouped into one of several categories. The categories and their criteria, which define them, are presented below. An investigator may ask the OSU-CHS IRB for a review or for suggestions at any time, regardless of the category, and pre-application discussions are encouraged. For a list of definitions of terms, consult 45 CFR 46 (46.102).

Full Board Review

A full board review is when a research study is reviewed at a convened IRB meeting by the board members present. The purpose is to protect participants in research studies when the participant is exposed to greater than minimum risk. In any situation in which the proposed research cannot clearly be assigned to categories of “nonresearch” and thus not reviewed, or the research does not meet exempt or expedited criteria, a full board review is required. Additionally, the IRB chairperson can schedule a

proposal for a more detailed review if in his/her mind there are unresolved issues or reasons why the resources of a more extensive review may be needed, e.g., from expedited to full review.

Expedited Review (see the summary in Appendix A)

Research that Health and Human Services (46.110 of 45 CFR Part 46, and page 17; 46 FR 8392; January 26, 1981) has indicated that IRB may consider by expedited review are :

- minor changes in previously approved research during the period (one year or less) for which approval is authorized.
- those that present minimal risks to participants.

Minimal risk means that the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. Risks of daily life are those risks encountered in the daily lives of the participants of the research, considering their actual life situations, as opposed to the daily life of “normal persons” or of “healthy volunteers” as the case may be.

An expedited review is conducted by the IRB chairperson or one or more experienced reviewers from the IRB designated by the chairperson. In reviewing the research, the reviewers may exercise all of the authorities of the IRB except that they may not disapprove the research, an action which requires full IRB non-expedited review. The research protocols permitting expedited review are the following.

Collection of hair and nail clippings, in a non-disfiguring manner, deciduous teeth; and/or permanent teeth if patient care indicates a need for extraction.

Collection of excreta and external secretions including sweat, uncannulated saliva, placenta removed at delivery, and amniotic fluid at the time of rupture of the membrane prior to or during labor.

Recording of data from participants 18 years or age or older using non-invasive procedures routinely employed in clinical practice. This includes the use of physical sensors that are applied either to the surface of the body or at a distance and do not involve input of matter or significant amounts of energy into the participant or an invasion of the participant's privacy. It also includes such procedures as weighing, testing sensory acuity, electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, diagnostic echography, and electroretinography. It does not include exposure to electromagnetic radiation outside the visible range (e.g., x-rays, microwaves).

Collection of blood samples by veinipuncture, in amounts not exceeding 450 milliliters in an eight-week period and not more often than two times per week, from participants 18 years of age or older and who are in good health and not pregnant.

Collection of both supra- and subgingival dental plaque and calculus, provided the procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques.

Voice recordings made for research purposes such as investigations of speech defects.

Moderate exercise by healthy volunteers.

The study of existing data, documents, records, pathological specimens, or diagnostic specimens.

Research on individual or group behavior or characteristics of individuals such as studies of perception, cognition, game theory, or test development, where the

investigator does not manipulate participants' behavior and the research will not involve stress to participants.

Research on drugs or devices for which an investigational new drug exemption or an investigational device exemption is not required. Thus if an exemption is required, then the review may not be done as or assigned in the "expedited" category.

Exempt Status (see the summary in Appendix A)

Research that the regulations (45 CFR 46 46.101) specifically exempt from review does not require full review by the IRB. However, the investigator must apply to the IRB for assignment of that status to the project. Two IRB members OR one IRB member and the IRB administrator will review applications seeking exempt status, and may approve exempt status or schedule the application for full board review. Exempting an activity from review does not absolve the investigator(s) from ensuring that the welfare of participants is protected and that methods used to gain participant consent and information provided are consistent with statutory and ethical standards for research. Research involving special groups, e.g., children, mentally impaired, fetuses, pregnant women, human *in vitro* fertilization, and prisoners cannot be exempt. Criteria for exempt research are as follows:

EDUCATIONAL PRACTICES RESEARCH

Research conducted in established or commonly accepted educational settings involving normal educational practices is exempt. Examples of such research are:

- research on regular and special education instructional strategies.
- research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

RESEARCH UTILIZING EDUCATIONAL TESTS, SURVEY PROCEDURES, INTERVIEW PROCEDURES OR OBSERVATION OF PUBLIC BEHAVIOR

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

- that information taken from these sources is recorded in such a manner that participants could be identified directly or through identifiers linked to the participants, and
- any disclosure could reasonably place the participant at risk of criminal or civil liability or be damaging to the participant's financial standing or employability, or reputation (e.g., drug use, sexual behavior, or use of alcohol).

All research involving survey or interview procedures that is not otherwise exempt as listed above, is exempt, without exception, when the respondents are elected or appointed public officials or candidates for public office, or if Federal statute(s) require(s) confidentiality of the personally identifiable information be maintained during and after the research.

COLLECTION OR STUDY OF EXISTING DATA

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

RESEARCH AND DEMONSTRATION PROJECTS

Research and demonstration projects which are conducted by or participant to the approval of (Federal) Department or Agency heads, and which are designed to study, evaluate, or otherwise examine:

- public benefit or service programs

- procedures for obtaining benefits or services under those programs
- possible changes in or alternatives to those programs or procedures, or
- possible changes in methods or levels of payment for benefits or services under those programs.

TASTE AND FOOD QUALITY EVALUATION AND CONSUMER ACCEPTANCE STUDIES

Taste and food quality evaluation and consumer acceptance studies are exempt if:

- wholesome foods without additives are consumed; and/or
- a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

SECTION 4. REVIEW PROCESS

The individual initiating research involving human participants is referred to as the Principle Investigator (PI). The PI responsible for ensuring appropriate committee review before undertaking any research activities. The process will vary with the category of research (full board, expedited, exempt). The chairperson will respond in writing to the investigator with the findings of the IRB. The process is summarized as follows:

Application for Review

The investigator(s) is (are) responsible for preparation of an Application for IRB review (see Appendix B). This application should be prepared for all categories of research. The application, with the supporting documents, should be submitted to the IRB administrator. While only the full IRB may disapprove a proposal, 45 CFR 46 allows the chairperson in certain defined situations the option to act for the IRB and approve the proposal. The chairperson always has the option of scheduling a proposal for full IRB review.

Upon receipt of the complete application, the IRB Administrator will route the study. See Appendix J. Most applications will be routed through the Scientific Review Committee (SRC), before going to the IRB. The SRC is a subcommittee of the IRB which reviews the study for scientific validity.

When an investigator is submitting a new study **-if-** the investigator presents a copy of a scientific review on the study **-and-** study registration with ClinicalTrials.gov **-then-** the study may be put on the IRB agenda for review, bypassing Oklahoma State University Center for Health Sciences' (OSU-CHS) Scientific Review Committee (SRC)

Full Board Review

Applications requiring full board review are first sent to the IRB administrator for review of the application's completeness and to determine the need for additional information. After receipt of any requested information or changes. The IRB Administrator then submits the application to either the SRC, followed by the IRB, or directly to the IRB.

Expedited Review

Applications for research meeting the criteria for an expedited review will be reviewed by two IRB members of the IRB for an expedited review. Only projects of one-year duration or less may be submitted for expedited review. The IRB may also use the expedited review procedure to review minor changes in previously approved research during the period for which approval is authorized.

IRB member(s) shall review the research in accordance with the requirements of this policy, obtain additional information from the investigators if necessary, and obtain other expert opinions when helpful. If approved, the chairperson shall notify the investigators that the research has been approved for the use of human participants. If unfavorable, the investigator may revise the proposal and resubmit it for expedited review, or the current research proposal may be scheduled by the IRB Administrator or at the request of the investigator for full board review. Only a full IRB review may disapprove proposed

research involving the use of human participants. The chairperson has the option of forwarding a proposal submitted for expedited review for full board review.

Exempt Review

Two IRB members OR one IRB member and the IRB administrator will review applications asking for exempt status, and may approve exempt status or schedule the application for full board review. Researchers requesting exempt review should fill out Appendix B and Appendix L and submit both to the IRB administrator.

Research in a Foreign Country

In addition OSU-CHS expects that when research takes place in a foreign country, the investigator must ensure that his/her procedures meet all legal requirements of that country, as well as the requirements of this policy.

Research Requiring Additional Review: Cooperative and Multisite

What is commonly referred to as collaborative or cooperative research (45 CFR 46, 46.112 and 46.114) involves several cooperating institutions connected by personnel working together on a research project. Each institution is responsible for safeguarding the rights and welfare of human participants, and for complying with the policies of 45 CFR 46. If our faculty, students, patients, or facilities are involved in an activity involving human participants at another institution, including a hospital or clinic, a review by each IRB may be necessary. (Consult the section of this document describing non-research and exempt activities.) OSU-CHS will comply with Federal requirements regarding cooperative research projects. When extramural research is conducted at or in cooperation with another entity, all provisions of this policy shall remain in effect for the research. For cooperative (inter-institutional) research to proceed based on a single joint review, each institution must choose to do so, and obtain in writing a reciprocal Written Authorization Agreements that are recognized by the Office for Human Research Protections (OHRP) to accept approval decisions made by the other institution's IRB when research protocols involve both institutions or as deemed appropriate, based on the expertise of a respective institution's IRB. Decisions regarding which IRB should review the research will be based on the Written Authorization Agreements and the Standard Operating Procedures of the respective IRBs and administrative support offices

If the research is originated elsewhere, reviewed and approved by the IRB at that institution, any full time faculty are still required to undergo IRB review at OSU-CHS to assure local compliance.

Documentation showing IRB approval as a result of that review, and that any changes required have been made, need to be included with the application form. Further, if OSU-CHS participants are involved, the consent form must show the OSU-CHS contacts with telephone numbers: either a physician for medical questions or faculty member responsible for managing the project at our site, as appropriate; and IRB Chair for general questions by participants. Consent form language must meet Oklahoma State statute, which often requires rewording of forms developed for use elsewhere. The application asking for review should clearly specify the Principle Investigator or trial chairperson, the OSU-CHS representative and his/her role, the involvement, if any, of other OSU-CHS personnel and their roles, and of our patients/participants. All updated relevant documents in clear readable form must be included. Clarity and thoroughness at this point can prevent delays in approval.

Requests from other institutions for information on the composition of our IRB, approvals of the proposed research to enable our personnel to participate, etc., should be directed to the ORSP.

Research Developing the Need for Human Participants.

In the event the research or application/funding process reaches a point at which the use of human participants is considered, application for review should then be undertaken and no use of human participants begun until IRB approval is provided. (See 45 CFR 46 , 46.118, 46.119)

General Steps in Proposal Submission and Review

For all submissions, the investigator will fill in the form to request review (see Appendix B) and supply information as indicated. Investigators are encouraged to make inquiries for clarification of requirements at any time by contacting the IRB Administrator in the Office of Research. Either the IRB chair or the SRC chair will review the application and respond in writing to the investigator. If modifications are needed, these will be listed in writing. For cooperative research, the investigator must include approval documents from the originating institution.

Exempt Status or Expedited Review

The general requirement is for a full IRB review. However, in some clearly defined circumstances the process can be simplified. A memo indicating one of these categories of assignment will be sent to the investigator by the IRB chairperson stating that the project meets the requirements, or that it does not, and that the chairperson will schedule the proposal for IRB review. A request for exempt status may become an Expedited or Full IRB review, and a request for Expedited Review may become Full IRB review.

Results of Review from the SRC

The SRC evaluates proposals to determine that the project has scientific validity justifying participation by human participants. Thus the investigator must clearly formulate the experimental questions, approaches, mean of data analysis, significance of the project, and risks to participants, so these may be weighed by the SRC.

After reviewing the proposal including attached documents, the SRC will inform the Principle Investigator of any concerns or problems with the proposal's scientific process, content, or design. If the PI chooses to address any of the problems identified by the SRC before the IRB meeting, he or she may do so by submitting amended documents to the IRB administrator. The investigator is free to make the suggested changes or also free to not make any changes and submit the documents as is. The investigator should understand the SRC is a subcommittee of the IRB and can not approve nor disapprove any research submitted, only the IRB may do this. The investigator should understand the SRC as a subcommittee to the IRB is given the responsibility of advising the IRB as to the science of the study and will review the SRC's findings before approving or disapproving a study.

Results of Review from the IRB

After reviewing the proposal including attached documents, the IRB may take the following actions:

- "Tabled" pending acquisition of additional information needed to complete deliberations. The IRB administrator will make arrangements to acquire the information for the IRB.
- "Approved", which is communicated to the investigator in writing by the chairperson. The IRB may include suggestions (changes not required but useful or advisable in the future).
- "Approved pending required revisions", meaning that everything seems fine except for the indicated items which are communicated to the investigator in writing by the chairperson, who is also available to discuss the problems and interpret the IRB stipulations. The revised form of the proposal should be returned to the chairperson via the IRB administrator. Members will evaluate the revisions, render final approval in the mode of an expedited review of those changes, and notify the investigator. If the revisions are major, the proposal could be disapproved.
- "Disapproved", meaning there were serious flaws which are communicated from the IRB to the investigator in writing by the chairperson.

All correspondence passing in and out of the ORSP will have copies placed on file by the IRB administrative assistant.

SECTION 5. CRITERIA FOR IRB APPROVAL OF RESEARCH

Prior to approving research covered by this policy, the IRB shall determine that all of the following requirements are satisfied:

- Risks to participants are minimized
 - a. by using procedures which are consistent with sound research design and which do not unnecessarily expose participants to risk, and
 - b. whenever appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes.
- Risks to participants are reasonable in relation to anticipated benefits, if any, to participants and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits the IRB will consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies participants would receive even if not participating in the research). The IRB will not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
- IRB is required to evaluate proposals and by its approval attests that the project has scientific merit justifying participation by participants. The IRB has appointed a subcommittee, the SRC, that is responsible for the scientific review of studies referred to them and of informing the IRB membership of its findings. Thus the investigator must clearly formulate the experimental questions, approaches, means of data analysis, significance of the project, and risks to participants, so these may be weighed by the IRB.
- Selection of participants is equitable. In making this assessment, the IRB will take into account the purposes of the research and the setting in which the research will be conducted. Investigators should be aware that some funding agencies require inclusion of individuals of various genders, ages, racial groups, etc. unless there is justification for exclusion.
- Informed consent will be sought from each prospective participant, or the participant's legally authorized representative (refer to the section on informed consent, Section 7).
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to assure the safety of participants.
- There always are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data.
- Where some or all of the participants are likely to be vulnerable to coercion or undue influence, such as children, persons with acute or severe physical or mental illness, or persons who are economically or educationally disadvantaged, appropriate safeguards have been included in the study to protect the rights and welfare of these participants. Fees and other incentives for participation may be compensatory but not coercive.

The investigator shall abide by the decisions of the IRB requiring changes (for approval) or disapproving the research

The investigator shall not involve human participants in the proposed research until the IRB has informed him/her in writing of full approval for the use of human participants in the research.

SECTION 6. SUSPENSION OR TERMINATION OF RESEARCH

IRB may suspend or terminate approval of research that is not being conducted in accordance with the Code of Federal Regulations, the IRB's requirements or that has been associated with unexpected serious harm to participants. Any suspension or termination of approval shall be based on full board review and include a statement of the reasons for the IRB's action and shall be reported promptly to the investigator, appropriate institutional officials, and the Federal Department or Agency head or other funding sponsor.

SECTION 7. DOCUMENTATION OF CONSENT TO PARTICIPATE

Informed Consent (see Appendix C)

Informed Consent is a process and not a piece of paper. The agreement of a research participant to participate is informed consent, and is not a release from liability (45 CFR 46, 46.116). Except as provided for in 45 CFR 46, no investigator may involve a human being as a participant in research covered by this policy unless the investigator has obtained the legally effective informed consent of the participant or the participant's legally authorized representative. An investigator shall seek such consent only under circumstances that provide the prospective participant or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. The information that is given to the participant or the representative shall be in language understandable to the participant or representative. The information that is given to the participant or the representative cannot ask the participant to waive or appear to waive any of the participant's legal rights, or release or appear to release the investigator, the sponsor, OSU-CHS or its agents from liability for negligence. The requirements for informed consent in this policy are not intended to pre-empt any applicable federal, state, or local laws which require additional information to be disclosed in order for informed consent to be legally effective.

Assent Forms

PIs proposing to involve pediatric or other vulnerable persons as participants in the proposed research should consult with the IRB administrator to determine if an ASSENT FORM is necessary.

Basic Elements of Informed Consent

Under Oklahoma law, all documents written for participants in a research study must be readily understandable by the participants in the study [Oklahoma's subjective standard differs from other state's objective standard, i.e. the reasonable person standard]. Thus all consent forms, verbal explanations including all technical terms must be defined in language understandable to participants in the study. This applies both to the written expression and the choice of language used (e.g., English, Spanish, Cherokee). All PIs must assure that the participants understand the information before giving consent. The PI should be aware that not all purposed participants function at the same level of understanding either written or orally given information.

The participant must be given the opportunity to consent to participate in the study without any element of force, fraud, deceit, duress, coercion, or undue influence. If the participant consents, he or she must be given a copy of the informed consent form which they have signed. Except as detailed below under Waivers and Alterations, key elements of information must be provided to each participant when seeking their agreement to participate.

Key elements of informed consent include:

1. A statement that the study involves research
2. An explanation of the purposes of the research
3. The expected duration of the participant's participation
4. A description of the procedures to be followed

5. Identification of any procedures which are experimental.
6. A description of any reasonably foreseeable risks or discomforts to the participant.
7. A description of any benefits to the participant or to others which may reasonably be expected from the research.
8. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the participant.
9. A statement describing the extent, if any, to which confidentiality of records identifying the participant will be maintained.
10. For research involving more than minimal risk, an explanation as to whether any compensation and any medical treatments are available if injury occurs and, if so, what they consist of or where further information may be obtained.
11. A statement of whom to contact for answers to pertinent questions about the research (principal investigator of the project) and research participants' rights and unresolved questions stemming from their participation (IRB Chairperson), and whom to contact in the event of a research-related injury or medical question, with relevant telephone numbers of contacts.
12. That participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and the participant may discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled.
13. A statement that the particular treatment or procedure may involve risks to the participant (or to the embryo or fetus, if the participant is or may become pregnant), which are currently unforeseeable.
14. Anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent.
15. Any additional costs to the participant that may result from participation in the research and/or a description of any financial compensation that will be paid to the participants.
16. The consequences of a participant's decision to withdraw from the research and procedures for orderly termination of participation by the participant, although the participant can terminate involvement at any time.
17. A statement that significant new findings developed during the course of the research will be reported to the participant and may influence the participant's willingness to continue participation.
18. The approximate number of participants involved in the study.
19. The proposal must, and consent form may need to describe clearly inclusion and exclusion criteria, staging criteria, and other similar aspects of the protocol's experimental design.

Alterations and Waivers of Informed Consent Procedures

These are categories that can have alterations and waivers.

Public Programs

The IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent set forth above, or waive the requirement to obtain informed consent provided that the IRB finds and documents **both** that:

- the research is to be conducted by or participant to the approval of state or local government officials and is designed to study, evaluate or otherwise examine:
 - a. federal, state, or local benefit or service programs which are not themselves research programs;
 - b. procedures for obtaining benefits or services under these programs, or
 - c. possible changes in or alternatives to these programs or procedures, or
 - d. possible changes in methods of levels of payment for benefits or services under those programs.
- and that the research could not practically be carried out without the waiver or alteration.

Waivers for Minimal Risk Projects

The IRB may approve a consent procedure which doesn't include, or which alters, some or all of the elements of informed consent set forth above, or may waive the requirements to obtain informed consent, provided that the IRB finds and documents **all** of the following:

- The research involves no more than minimal risk to the participants, and
- The waiver or alteration will not adversely affect the rights and welfare of the participants, and
- The research could not practicably be carried out without the waiver or alteration, and
- Whenever appropriate, the participants will be provided with additional pertinent information after participation.

Limitations

Nothing in this policy is intended to limit the authority of a physician to provide emergency medical care, to the extent the physician is permitted to do so under applicable federal, state, or local law. The requirements of this policy are not intended to preempt applicable federal, state, or local laws which require additional information to be disclosed in order for informed consent to be legally effective.

Documentation: Consent Forms

The consent form is the central item in the review performed by the Institutional Review Board (see Appendix C). In this document the investigator tells prospective participants the purpose of the study, what will happen if the participant participates, what the risks and benefits are, and also what happens if the participant decides to stop or additional information becomes available that might change the participant's mind about continuing to participate. The consent form must communicate effectively with the participant, not with people familiar with the terms used in the scientific protocol. Some of those scientific terms must be explained in the consent form; however, others are superfluous to what is needed by the participant to make a decision about the study and therefore should not be included in the consent form. Additionally, many of the terms that investigators take for granted must be explained, for example, MMPI, ECG/EKG, CAT scan, venipuncture, aspiration, and refractory. Quantities should be expressed in everyday measurements, for example, the amount of blood drawn in teaspoons or tablespoons. The IRB has information on how to determine the reading level of a particular document. To make something easier to read, a good rule of thumb is: shorter words and shorter sentences. In addition, many investigators have found that review of the consent form by a lay person (spouse, secretary, friend) is very helpful. Records must be kept for three years after the conclusion of the research must remain secured.

The consent of the participant must be given voluntarily and without pressure or coercion. Opportunity for questions must be provided with a person or persons capable of answering questions fully. The participant or legal representative must be able to give consent at the time of initiation into the study. Under some circumstances, the participant may be permanently incapable of legal consent (e.g., mental retardation, senile dementia) or only temporarily incapable (e.g., in a study investigating the treatment of septic shock, or increased intracranial pressure after brain surgery). Children (refer to 45 CFR 46, Subpart D) who are 17 years of age or younger must have parental consent in most cases

Informed Consent Documents

Written consent

As stated above, consent is a process. The documents record the process and memorialize the consent. Except in very unusual circumstances, written consent (using a form which embodies the elements of informed consent and which has been approved by the IRB) must be obtained from all participants or his or her legally authorized representative (e.g., guardian). This is read by or to the participant or their legally authorized representative. The participant must have an adequate period of time to read and ask questions before being asked to sign. A copy of the signed consent form should be given to the patient.

Oral Consent

The investigator should use written consent as described above. In rare situations, a solely oral consent process may be necessary. Under those circumstances, you must consult the IRB chair or administrator.

Oral consent is dependent upon a witnessed oral presentation which embodies the elements of informed consent using an **EXACT** script of the presentation approved by the IRB, its delivery to the patient or legal representative (guardian), and its documentation. It is expected that some discussion clarifying the script's contents will ensue between the person obtaining consent and the participant or their legal representative. Thus the script will also serve as a summary of the presentation.

A short form written consent document stating that the elements of informed consent have been presented orally to the participant or their legal representative is used and signed by the participant or their legal representative and by the witness.

The witness must both physically witness the signature of the participant/guardian on the short written consent statement, and sign a copy of that script and short form. The copy of the script signed by the witness is also signed by the person actually obtaining consent. Copies of the signed short form and signed script are given to the participant or his/her legal representative. These signed documents are important records that the investigator must place on file.

Style of Documents

There are many versions of acceptable consent forms, but all must contain certain essential elements. Appendix C contains a model to help the investigator create a form suitable for the proposed study. The IRB expects certain language required by the State of Oklahoma to appear in the form, and if it does not, the applicant will bear the burden of a clear and detailed explanation as to the omission. This language appears in the model, as do areas, which will be specific to the individual project. Various models of project specific language are included as suggestions as well in Appendix C.

An attempt should be made to make the consent personalized to the participant and should be written as if you are talking to the person, "You will be asked to..." It should not change back and forth ("I" and "You").

Waivers of Consent Forms

The IRB may waive the requirement for the investigator to obtain a signed consent form for some or all participants if it finds **either**:

1. that the only record linking the participant and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each participant will be asked whether the participant wants documentation linking the participant with the research, and the participant's wishes will govern, or
2. that the research presents no more than minimal risk of harm to participants and involves no procedures for which written consent is normally required outside of the research context.

In cases where the documentation requirement is waived, the IRB may require the investigator to provide participants with a written statement regarding the research.

Use of Experimental Material to Develop Commercial Products

The investigator must anticipate the possibility that tissues or other samples from participants might be developed into commercial products. The consent form must indicate if this might occur. The investigator must negotiate with the University and the participant to obtain an appropriate agreement. Signed contracts are part of the IRB records. This should be done before development occurs.

Section 8. Continuing Compliance and Periodic Review

Periodic Review and Reporting

The Principle Investigator (PI) is responsible for ensuring that the research is conducted according to the specifics in the protocol. The PI will submit to the chair of the IRB incident reports of adverse effects, unforeseen deviations in the protocol, or any changes in the protocol. Continuing reviews should be submitted to the IRB Administrator for distribution to the board. The IRB is required to monitor the project at a frequency appropriate with risk to participants in the study, but not less than annually.

Following a visit from a study monitor, the Principle Investigator should forward a copy of the monitor's report, as well as any corrective action taken, to the IRB Administrator. The IRB Administrator will present this information at the next IRB meeting for board member's review.

Continuing Review

Every study that is approved by the IRB must be reviewed by the IRB annually in order for the study to be in compliance with federal regulations. For example, if a study is approved 5/4/06 then approval would expire 5/4/07 based on CFR46.109(2) which states "...IRB shall conduct continuing review of research ... not less than once per year. A satisfactory progress report must be received and reviewed see Appendix E. In order to facilitate the process, the investigator should anticipate the timing of this requirement and prepare the report, while the ORSP will try to send out reminders and ask for the report prior to the due date, IT IS THE PRINCIPAL INVESTIGATORS RESPONSIBILITY TO ENSURE THE CONTINUING REVIEW IS SUBMITTED ON TIME. If the due date passes and the required information has not been reviewed by the IRB, a notice to stop enrollment into the study will be sent to the investigator with a copy to the investigator's college department chair. To reinstate the research, the investigator must submit the protocol and supporting documents for rereview. **NO PARTICIPANTS MAY BE ENROLLED IF THE STUDY IS INACTIVATED.**

Appendix E contains an example of a blank Continuing Review form. The Continuing Review form may be typed or printed neatly. Each section must be completed accurately:

- **Status of Study** - Check one only.
- **Number of Participants Enrolled** - Each block should be, "NA", "0" or another number, indicating the enrollment **since the last** Continuing Review, and the enrollment total.
- **Study Results** - Summarize results since initial approval or last Continuing Review.
- **Adverse Effects** - List adverse effects with dates; if none, state "none". Do not leave blank.
- **Signature** - Investigator's original signature in ink, date and phone.

If the progress report is incomplete or appears to be inaccurate, the IRB office staff will telephone the investigator and annotate changes. If there is much missing information or no signature, the Continuing Review form will be sent back to the PI for completion.

The Board approves or disapproves the Continuing Review. If approved, the Board sends a letter approving the continuation of the research to the PI. If the Board does not approve the Continuing Review, the research is suspended and the chair of the IRB will send written notification to the PI with a copy to the investigator's college department chair.

Amendments

It is the responsibility of the investigator to ensure that the study is conducted as approved by the IRB. Modifications to the protocol or consent form, as requested by the investigator or sponsor, must be approved by the IRB chairperson **before** the changes are implemented. Such modifications are known as amendments.

Amendment requests must be made in the form of a written memo from the investigator and addressed to the IRB chairperson. The investigator shall promptly report to the ORSP any proposed changes in the research which would result in a significantly different involvement of human participants and shall obtain the approval of the IRB prior to the changes being made, except where necessary to eliminate apparent immediate hazards to participants. Back-up documentation should be included with the memo, for example a request from the sponsor, a revised protocol, or a new consent form. It is important to note that the consent form may need to be modified when a protocol is changed. The modified consent form must be sent with the amendment request. Alternatively, if an amendment request is a substantial change to the approved study, the IRB chairperson may deny the request and ask that the revised study be submitted as a whole new study, participant to full Board review.

Continuing Quality Improvement

Problems associated with research involving human participants have received a great deal of attention over the past several years. The OSU-CHS Institutional Review Board (IRB) in conjunction with The Office of Research and Sponsored Programs (ORSP) has a Continuing Quality Improvement Program(CQI). The goals of the program are to increase the availability and visibility of ORSP as a resource for investigators and research staff and to ensure compliance with federal and state regulations regarding the protection of human participants in research.

The CQI program consists of site visits from the Institutional Review Board (IRB) administrator and/or members of the IRB. Studies are chosen after they are approved by the IRB at the discretion of the IRB.

Visits may be scheduled at the time the study is ready to begin enrollment for the purpose of reviewing plans for study conduct with the investigator and the research staff.

The follow up visit will be scheduled to coincide with the enrollment of a participant. One of the purposes of this visit is to observe the informed consent discussion and ask permission from the participant to contact them later in the study for an assessment of their research experience. This visit will be scheduled once several participants are enrolled so review of study records and documentation can also be accomplished.

Adverse Events

Prompt reporting of adverse events is a condition of IRB approval and so stated in the initial approval letter. The IRB definition of **Adverse Event (AE)/Serious Adverse Event (SAE)** is:

Adverse events (AEs): On a continuum, awareness of signs or symptoms, but easily tolerated; are of minor irritant type; causing no loss of time from normal activities; symptoms would not require medication or a medical evaluation; signs and symptoms are transient; progressing on the continuum to discomfort severe enough to cause interference with usual activities; persistent or requiring treatment.

Serious Adverse Events (SAEs) (21 CFR 312.32) are events that result in any of the following outcomes: death; a life threatening experience; inpatient hospitalization or prolongation of existing hospitalization; a persistent or significant disability/incapacity; or a congenital anomaly/birth defect. In addition, events that may not result in death, be life-threatening, or require hospitalization may be considered serious when, based upon appropriate medical judgment, they may jeopardize the participant and may require medical

or surgical intervention to prevent one of the outcomes listed above. May or may not be considered related to the study.

Reporting AEs/SAEs

All local AEs should be reported to the IRB.

All reports at sites that do not report directly to this IRB of serious adverse events (SAEs) or any adverse events (AEs) should be submitted to and received in the Office of Research two weeks prior to the 1st Wednesday of each month. Please fill out Appendix I, as well as attaching copies of the actual reports.

In the event of a local SAE or an off site SAE that could affect the safety of local participants in the study, the IRB chairperson should be notified by telephone within 24 hours, with a follow-up written memo to include immediate actions taken as a result of the event by the PI; recommendations for further actions (e.g., suspension of participant accrual, etc.) and any necessary recommendations for further reporting (FDA or NIH officials, OHRP, Provost, etc.).

SECTION 9. RESEARCH INVOLVING VULNERABLE POPULATIONS

Researchers have an obligation to ensure prospective participants have both legal capacity to consent and an ability to understand the process. The use of special populations in research requires additional actions to be taken, including affecting the composition of the IRB and exclusion from exempt status. In each case the requirements of 45 CFR 46 will be followed.

The Code of Federal Regulations (45CFR 46) set forth the following categories of special populations. The categories are not exclusive. The PI must anticipate conditions for consent that might be unduly coercive, or incomprehensible, or otherwise request consent that can not be given freely.

Fetuses, Pregnant Women, and Human In Vitro Fertilization

45 CFR 46 Subpart B. 46.201-46.211; source: 40 FR 33528, Aug. 8, 1975; 43 FR 1758, Jan. 11, 1978; 43 FR 51599, Nov. 3, 1978.

Prisoners

45 CFR 46 Subpart C. 46.301-46.306; source: 43 FR 53655, Nov. 16, 1978

Children

45 CFR 46 Subpart D. 46.401-46.409; source: 48 FR 9818, March 8, 1983; 56 FR 28032, June 18, 1991.

Mentally Disabled

SECTION 10. THE PROPOSAL

The format for the investigator's proposal will vary with the project, but there are elements that the IRB and its SRC will look for, and features of organization, which over the years, people have come to recognize, make them more readable. A few points worth considering are offered to facilitate the writing of the proposal.

1. An investigator inexperienced in proposal writing, should consult several of the short books and other materials on this participant. Some materials are available from NIH (<http://www.nigms.nih.gov/nigms.nih.gov/Templates/CommonPage.aspx?NRMODE=Published&>

NRNODEGUID=%7b88AC187B-36C0-440D-9732-7B6162DD4344%7d&NRORIGINALURL=%2fResearch%2fApplication%2fMOREGrantWritingTips%2ehtm&NRCACHEHINT=Guest). The Bibliography in Appendix F reflects holdings in the OSU-CHS library. These range from the design of clinical trials, grant proposal writing, to using statistics and experimental design.

2. The IRB ensures that the proposal has scientific merit (45 CFR 46). This is not an evaluation of relative merit, as a funding agency would conduct, but the investigator must make the reason for the study clear in terms that enable the IRB to see why answering this experimental question is worth the potential problems of involving human participants.
3. The experimental approach and methodology must be clear, including inclusion criteria, exclusion criteria. While every detail need not be discussed, a plausible, prudent approach consistent with good standards of care must be indicated. Indicating the needed sample size and initial statistical analysis is evidence of good planning and sound judgment by the investigator considering clinical research.
4. The IRB always includes at least one member whose primary concerns are non-scientific. Other members may have scientific but non-medical backgrounds. Write the proposal with them in mind. In the case of a protocol prepared by a pharmaceutical company, the investigator should consider preparing an Executive Summary/Introduction as a separate item in the proposal package to be included with the formal protocol. The principal investigator, or a knowledgeable person involved within the study should the PI be unable to attend, must present the study to the IRB and answer any questions generated.
5. The fact that a proposal written by someone elsewhere got a majority approval vote on some other IRB does not always mean that it is adequately written, suitable for research at this institution, or that it will be approved in its present form by any additional institution's IRB.
6. The proposal becomes the written record. This record may need to be reviewed at a substantially later date by individuals not associated with the original IRB review. Information should include how you will handle real or perceived adverse events. Thus sections which require oral explanations will need editing for clarity before IRB approval is granted.
7. Investigators engaged in projects that may be classified as "Exempt" or "Expedited Review" do not always use extramural funding, and may not have written a formal proposal to submit for funding support for the project. Nevertheless, both for planning purposes and for IRB approval, write a short plan that incorporates the standard elements of good proposal writing and complete the application form included in Appendix B.

Please include the following information in a way that makes it clear why this project will satisfy the criteria for other than full board review status.

- a) the project's overall purpose and primary objectives, starting and ending points.
- b) the participant population to be used (specifically noting if any will be from "vulnerable" categories; e.g. minors, prisoners, mentally or physically infirm). Also, describe the procedures for identifying/obtaining the participants, participant compensation (if any), and the research procedures to be used in treating or obtaining information from the participants.
- c) the procedures to be used to assure the confidentiality of participant data, specifically addressing whether participants will be identifiable from raw and/or refined data, how such data will be protected from non-project personnel (e.g. stored in locked cabinets), whether the identifiable data will be destroyed when no longer needed, and whether project publications (theses, papers, videotapes, etc.) will allow identification of individual participants.
- d) the level and potential risks to participants that may result from the projects.

8. Investigators writing their own materials should refer to the provided informed consent form, and add relevant information in the sections where relevant. It is particularly useful to use page numbers, and allow a place on each page of the form for the signer to initial that page. The informed consent should also contain a version date (usually located in the footer at the lower left) so that revised consents are not confused.

PART II ADMINISTRATIVE TOPICS

SECTION 1. REGULATIONS

1. The OSU-CHS complies with the Belmont Report (<http://ohsr.od.nih.gov/guidelines/belmont.html>) prepared by the National Commission for the Protection of Human Participants of Biomedical and Behavioral Research, as embodying the principles OSU-CHS will apply in the discharge of its responsibilities for protecting the rights and welfare of human participants.
2. Common Rule (Federal Policy) for the Protection of Human Participants (56 FR 28003) is incorporated into 45 CFR 46, and other CFR as listed in the introduction to 45 CFR 46 (<http://www.hhs.gov/ohrp/humansubjects/guidance/statute.htm>).
3. For research likely to be conducted at OSU-CHS, it may be useful to note that two federal agencies, the OHRP and the Food and Drug Administration (FDA), have published complete sets of regulations regarding the review of research involving human participants and additional state statutes may exist which pertain to patient/participant rights. In most respects, the regulations parallel each other.
4. These regulations apply to all research involving human participants conducted; supported, or otherwise participant to regulation, by any federal department or agency that has adopted the regulations. In addition, state statutes may exist which pertain to patient/participant rights. Researchers should be aware that funding agencies, and other organizations with which they are associated in their projects may impose additional requirements.

Thus, any research involving human participants in which OSU-CHS personnel are involved must be reviewed by this institution's Institutional Review Board and appropriate records kept to assure federal and state compliance. In order to be compliant with the OSU-CHS Institutional Review Board's requirements: all persons involved with the study must have human participant research training certification on file before final approval to begin the study is given.

SECTION 2. INSTITUTIONAL REVIEW BOARD

Function

The OSU-CHS shall have an Institutional Review Board (IRB) which shall review and have authority to approve, require changes in prior to approval, or disapprove research activities involving human participants which are conducted at or sponsored by OSU-COM, including research activities:

- performed by OSU-CHS faculty, staff, and students,
- performed in OSU-CHS facilities, or
- otherwise supported by OSU-CHS resources which are under the control of OSU-CHS officials. The IRB shall also have the responsibility and authority to adopt appropriate procedures adequate to assure compliance with the approved consent process and other requirements for the protection of human participants.

Membership

Requirements are specified in 45 CFR 46 , 46.107.

The OSU-CHS IRB shall have a minimum of five members with varying backgrounds to ensure complete and adequate review of research activities commonly conducted at OSU-CHS. There will be at least one out-side community member. The IRB shall be sufficiently qualified through the experience and expertise of its members and the diversity of the members' backgrounds, including consideration of the racial and cultural backgrounds of members and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human participants. In addition to possessing the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments

and regulations, applicable law, and standards of professional conduct and practice. No member may vote on proposals which might present a conflict of interest.

In addition to the above requirements, the IRB shall:

1. not consist entirely of men or entirely of women,
2. not consist entirely of members of one profession,
3. include at least one member whose primary concerns are in non-scientific areas,
4. include at least one member whose primary concerns are in scientific areas, and
5. include at least one member who is not otherwise affiliated with OSU-COM and who is not part of the immediate family of a person who is affiliated with the college.

When necessary or desired, the chairperson of the IRB may appoint one or more *ad hoc* members with competence in special areas to assist in the review of complex issues which require expertise beyond or in addition to that available on the IRB. These individuals shall not have the right to vote with the IRB. The IRB shall have additional *ex officio*, non-voting members as needed to provide administrative support in carrying out its duties. Normally, such members would consist of an Administrative Officer, usually the IRB Administrator and an Administrative Assistant.

Members Appointments and Terms

Faculty appointments are expected to be for four, one year renewable terms made by the usual mechanism committee assignments are made at OSU-CHS-COM. These terms shall be staggered so that not more than one-third of the IRB membership shall be appointed in the same year, excepting abnormal circumstances created by the death, resignation, discharge, or other incapacitation of members. Generally, the chairperson of the IRB shall be appointed annually by the Director of Research, from among the Board's membership.

Any member of the IRB may be removed for cause, including insufficient attendance, lack of proper preparation for meetings, disruptive or other improper conduct at meetings, or other improper conduct which would jeopardize the functionality of the IRB, as reflected in 45 CFR 46, 46.107 (a).

The chairperson may appoint consultants and ex-officio, non-voting members on a temporary basis.

Members who are unable to attend or participate in their expected capacities should be replaced.

Alternate members will be appointed in the same manner as regular members. Alternate members may only replace regular members of the same discipline. Alternate members may attend any meetings but may vote only when serving in the role of the regular member.

A roster of members must be created and maintained each year by the ORSP which lists the members, with specifics as required by 45 CFR 46: 46.103 (b)(3) and 46.107.

All IRB members (regular, community, and alternate) are appointed by the IRB Chair and receive an appointment letter from the Associate Dean of Research and the faculty senate is advised. Nominations for membership may be sent to the Chair of the IRB.

The appointment and function of alternate members is the same as that for regular IRB members, and the alternate's qualifications are comparable to those of the primary member. The IRB roster identifies the primary member(s) for whom each alternate member may substitute. When alternates substitute for a primary member, the alternate member will receive and review the same materials that the primary member received or would have received. The IRB minutes will document when an alternate member replaces a primary member.

IRB members will be appointed for a term of four (4) years. Members may serve consecutive terms

IRB members will have documentation of the same training as required for investigators.

Members may be removed from the IRB Board by a majority vote of the Board.

Committee members may identify additional conflicts of interest not previously identified by the PI, involving the research study, prior to the review of research activities and bring this to the attention of the Principal Investigator.

Committee members have an understanding of basic ethical principles, the regulatory requirements, and the mechanics of serving on the IRB.

Committee members conduct prospective and continuing review of proposed research activities according to DHHS regulations 45 CFR 46, FDA regulations 21 CFR 50 and 56 and when applicable, Federal, State and local laws, and Oklahoma State University Center for Health Science's IRB policy and procedures.

IRB Responsibilities

To fulfill the requirements of OHRP regulations and this policy, the IRB shall have the following authority and responsibilities:

1. The IRB shall have the responsibility to review and the authority to approve, require modification of, or disapprove all research activities or proposed changes in previously approved research activities covered by this policy.
2. Except when an expedited review is used (see Part I), the IRB shall review proposed research at convened meetings at which a majority of the members of the IRB are present, including at least one outside member whose primary concerns are in non-scientific areas. For the research to be approved, it must receive the approval of a majority of those members present at the meeting.
3. The IRB shall not allow any member to vote or participate in the initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.
4. The IRB is responsible for reporting through the chairman of the IRB is responsible for reporting to the Associate Dean of Research and the IRB Administrator, any serious or continuing noncompliance by investigators with the requirements and determinations of the IRB and provision made for reporting to the Office of Human Research Protection (OHRP) as appropriate.
5. The IRB shall conduct continuing reviews of research at intervals appropriate to the degree of risk at least once per year. The IRB shall have the authority to determine which research requires IRB reviews more often than annually.
6. The IRB shall determine which research projects need verification from sources other than the research investigators that no material changes have occurred since the previous IRB review and shall have the authority to obtain that verification.

IRB Authority

1. The IRB shall approve or disapprove proposed research activities using the criteria procedures detailed in Part I.
2. The IRB shall have the authority to observe or have a third party observe the consent process and the research.
3. The IRB shall have the authority to suspend or terminate approval of research that is not being conducted in accordance with this policy and the IRB decisions, conditions, and requirements, or that has been associated with unexpected serious harm to participants. Any suspension or termination of approval shall include a statement of reasons for the IRB's action and shall be reported promptly to the investigator, appropriate OSU-CHS officials, and the Federal Department or Agency Head (e.g., OHRP), or other funding sponsor.

Procedures for Review of Research

Except for exempt and expedited reviews (see Part I), the IRB shall use the following procedures for:

1. Conducting its initial and continuing review of research, including review by the SRC, and reporting its findings and actions to the investigator;
2. Determining which projects require review more often than annually and which projects need verification from sources other than the investigators that no material changes have occurred since the previous IRB review;
3. Assuring prompt reporting to the IRB of proposed changes in a research activity and assuring that changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval except where necessary to eliminate apparent immediate hazards to the participant; and
4. Assuring prompt reporting to the IRB and to the OHRP, if appropriate, or unanticipated problems involving risks to participants and others.
 - a. The IRB administrator shall review requests for proposal review, determine the level of review appropriate (exempt, expedited or a full IRB review) and process each according to these decisions.
 - b. Prior to each IRB meeting, the IRB administrator shall prepare and distribute an agenda for that meeting which shall include copies of research proposals and accompanying information to be reviewed.
 - c. When it is determined in advance that consultants or experts will be required to advise the IRB in its review of proposed research, those individuals will be given copies of the appropriate materials prior to the meeting and asked to provide written or verbal responses to the chairperson or the full IRB as the chairperson elects.
 - d. The IRB shall normally meet on a monthly basis; however, meetings may be held more or less frequently as circumstances require. The IRB shall not conduct any reviews or make any determinations on projects or policies unless a quorum of members, which consists of a simple majority of voting members including a community member whose primary concerns are non-scientific, is present. If a convened meeting of the IRB meets these requirements, then the IRB shall take the following actions on proposed research before it:
 - The IRB shall review each proposed research project in accordance with the criteria for approval given in Part I and make a decision to approve, require

modifications prior to approval, defer for additional information, or disapprove the use of human participants in the research. A project may be approved or disapproved only by a majority vote of the voting members present. Following approval by the IRB contingent on changes, the principal investigator should return the corrected/changed document(s) to the IRB Administrator within 4 months. If changes are not returned within 4 months, resubmission of the study, the investigator will need to resubmit the project as new.

- The IRB Administrator, after confirming the requested changes have been made, will send a memo to the investigator informing the investigator that they may begin the study. No PI may begin a study until the IRB grants approval.
 - As a part of the approval for each project, the IRB shall require that information given to participants be in accordance with the elements of informed consent. The IRB may require that that information, in addition to any specifically mentioned in Section 7, be given to participants when in the IRB judgment the information would meaningfully add to the protection of the rights and welfare of participants. The IRB may require documentation of informed consent in accordance with 45 CFR 46.
 - For approved projects, the IRB shall determine whether that approval shall be for one year or for a lesser period before a continuing review is performed. This information shall be given to the investigator with the notification of approval.
 - For approved projects where the IRB determines that verification should be obtained from sources other than the research investigator, the IRB shall determine which sources shall be used and at what frequency the ORSP shall check those sources to ensure that no material changes have been or will be made.
5. The IRB shall notify each PI in writing of its decision to approve or disapprove his/her proposed research activity, or of any modification required to secure IRB approval of the activity. If the IRB disapproves a research activity, the notification shall include a statement of the reasons for its decision and the investigator shall be given an opportunity to respond in writing and/or in person. The IRB may, at its discretion, re-review and reconsider its decision to disapprove a research activity at any time.
6. Each notification of approval to a PI shall include a reminder that the investigator is responsible for promptly reporting to the ORSP any proposed changes in the research activity and for ensuring that those changes are reviewed and approved by the IRB prior to being made. The investigator will also be reminded that he/she is responsible for promptly reporting any injuries or unanticipated risks to participants and others resulting from the research. The notification shall state whether the IRB approval of the research is for one year or for some lesser period from the date of the notification.

IRB Records

The IRB with clerical support provided by the ORSP, shall prepare and maintain adequate documentation of IRB activities, including the following:

1. copies of all research proposals reviewed, scientific evaluations, if any, that accompany the proposals, approved sample consent documents, progress reports submitted by investigators, and reports of injuries to participants.
2. minutes of IRB meetings which shall be in sufficient detail to show attendance at the meetings; actions taken by the IRB; the vote on these actions including the number of members voting for, against, and abstaining; the basis for requiring changes in or disapproving research; and a written summary of the discussion of controverted issues and their resolution.
3. records of continuing review activities.

4. copies of all correspondence between the IRB and the investigators filed in the ORSP.
5. a list of IRB members in the same detail as described in 45 CFR 46 § 46.103(b)(3).
6. written procedures for the IRB in the same detail as described in 45 CFR 46 § 46.103(b)(4) and 45 CFR 46 § 46.103(b)(5).
7. statements of significant new findings provided to participants, as required by 45 CFR 46 § 46.116(b)(5).

The records required by this policy shall be retained in the ORSP for at least 3 years, and records relating to research which is conducted shall be retained for at least 3 years after completion of the research. All records shall be accessible for inspection and copying by authorized representatives at reasonable times and in a reasonable manner.

Routine Duties of the IRB Administrative Assistant

include the following:

- Prepares agenda for IRB meetings.
- Schedules meetings
- Mails proposals, minutes of the preceding meeting, and agenda to members in a timely fashion before meetings.
- Maintains a file of all correspondence and documents.
- Maintains minutes of IRB minutes including attendance and voting on each proposal, and has a copy of approved minutes. (See Appendix H for example of minutes)
- Provides reference material and assistance as needed to newly appointed IRB members.
- Requests/assigns members to conduct an Expedited Review

Routine Duties of the IRB Administrator

- Conducts initial administrative examination of proposals and schedules proposals for appropriate level of review.
- Conducts the meetings in the absence of the IRB chair.
- Assists investigators in preparing applications.
- Provides reference material and assistance as needed to newly appointed IRB members.
- Requests/assigns members to conduct an Expedited Review

Routine Duties of the IRB Chairperson

- Appoints *ad hoc* IRB members, and members to other subcommittees, as needed.
- Appoints a committee member for signature authority in the chair's absence.
- Conducts IRB meeting
- Serves as the spokesperson of the IRB

Conduct of Meetings

The chairperson is responsible for the conduct of the IRB meetings. In the absence of the chairperson, the IRB Administrator or ORSP Director may chair the meeting. Individuals who are not members of the IRB are welcome only during those parts of the meeting in which they have business. Other discussions, including all deliberations, are held in closed session to respect the other investigators and to allow IRB members the needed freedom of discussion to evaluate proposals. Minutes of meetings are on file in the ORSP and may be viewed upon presentation of a need to know.

A quorum as defined by 45 CFR 46 requires "a majority of the members of the IRB are present including at least one member whose primary concerns are in nonscientific areas", (outside/lay person). "In order for research to be approved, it shall receive the approval of a majority of those members present at the meeting".

Section 3. Office of Research and Sponsored Programs

The Office of Research and Sponsored Programs (ORSP) is responsible for coordinating the use of human participants with other research requirements, providing administrative support services for the IRB, and maintaining IRB records. To meet these requirements, the ORSP will provide a staff.

Administrative Actions

The ORSP will:

1. Receive information submitted by research investigators on proposed research involving human participants and determine whether that information is sufficient for review under IRB guidelines and this policy. If it is not, the ORSP will request additional information from the investigators. The ORSP will also assist investigators in determining whether proposed research may be exempt from review under 45 CFR 46 and this policy, and as needed may refer the investigator's questions to the IRB chairperson.
2. Submit proposals to the IRB administrator.
3. Provide support for the IRB chairperson to schedule meetings and distribute the agenda for the IRB meetings.
4. Transmit to research investigators IRB requests and decisions concerning their proposed research projects. If the IRB approves a project contingent upon the investigator making modifications, the IRB chairperson will so inform the investigator in writing and obtain revisions from the investigator prior to the involvement of participants. Copies of all correspondence must be kept on file in the ORSP.
5. Certify to the FDA, or to sponsors as appropriate, that a research proposal has been reviewed and approved by the IRB, that the research was reviewed and approved by an IRB established under a federal wide assurance, or that the research was determined to be exempted from review and approval under 45 CFR 46 and this policy.
6. Make recommendations in a manner consistent with OSU-CHS policies, on appointment of new members to the IRB and appointment of its chairperson; identify and appoint outside members to the IRB.

Reports

The ORSP is responsible for reporting the following types of information to the party indicated.

1. The ORSP will promptly report, as appropriate, any information received concerning noncompliance by investigators, instances of injuries to participants, unanticipated problems involving risks, changes proposed in research activities, and the progress of research to the IRB and to the OHRP and/or FDA.
2. The ORSP will maintain information concerning the IRB's reasons for the termination or suspension of its approval for any research and will report these reasons to the OHRP and/or FDA or other sponsors as required.

Documentation

The ORSP will prepare and/or maintain the following documentation of IRB activities:

1. Copies of all research summaries and proposals reviewed, scientific evaluations (if any) that accompany the proposals, approved sample consent documents, progress reports submitted by investigators, and reports of injuries to participants.
2. Minutes of IRB meetings prepared by the administrative assistant which show, at a minimum, attendance at those meetings, actions taken by the IRB, the vote on those actions (including the

number of members for, against, and abstaining), the basis for requiring changes in or disapproving research, and a written summary of the discussion of disputed issues and their resolution.

3. Records of continuing review activities.
4. Copies of all correspondence between the IRB and investigators.
5. A list of IRB members as required by 45 CFR 46.103(b)(3).
6. Written procedures for the IRB as required by 43 CFR 46.103(b)(4).
7. Statements of significant new findings provided to participants, as required by 45 CFR 46.116(b)(5).

These records will be retained for at least three years after completion of the research, and the records will be accessible for inspection and copying by authorized representatives of the FEDERAL at reasonable times and in a reasonable manner. The documentation of IRB activities will be the responsibility of the IRB chairperson and the Director of Research.

Format for the Roster of Members

45 CFR 46 requires the following information to appear on the roster of members:

- name and earned degrees
- representative capacity
- affiliation with the institution or nonaffiliation by themselves or immediate family member
- indications of experience, e.g., board certifications, licenses

The following example and format is useful:

<u>Name and degrees</u>	<u>Capacity</u>	<u>OSU Association</u>	<u>Experience/Certifications</u>
Wm. Smith, B.S.	Non scientist	None	College graduate.

Resources Available in the Office of Research and Sponsored Programs

Copies of the following are on file and available from the Office of Research and Sponsored Programs:

Federal Register Vol. 59, No. 59, March 28, 1994: FEDERAL NIH RIN 0905-ZA18, "NIH Guidelines on the Inclusion of Women and Minorities as Participants in Clinical Research".

Federal Register, Vol. 56, No. 117, June 18, 1991: FEDERAL, Food and Drug Administration, 21 CFR Parts 50 and 56 RIN 0905-AC52, "Protection of Human Participants; Informed Consent; Standards for Institutional Review Boards for Clinical Investigations".

Oklahoma State Statues, Chapter 54. Health Services for Minors. Sections 2601-2606.

OHRP Reports, "Protection of Human Participants": Title 45 CFR 46, Revised June 18, 1991.

Belmont Report found at <http://ohsr.od.nih.gov/guidelines/belmont.html>

Code of Federal Regulations (45 CFR 46) can be found at
<http://www.hhs.gov/ohrp/humansubjects/guidance/statute.htm>