Organizational Overview
Source of Evidence - OO18

The organization's policies, procedures, charters, or bylaws (including Institutional Review Board) that protect the rights of participants in research.

OO18: The Capital Health IRB Policies (*Attachment 1*, p. 2), (*Attachment 2*, p. 2) state that the purpose of the IRB is to protect the rights and welfare of human subjects participating in biomedical and behavioral research. The IRB is responsible for the review, approval and oversight of such research to assure that it meets the ethical principles established for human subject research, and that it complies with federal regulations that pertain to human subject protection at 45 CFR, Part 46 and 21, CFR, Part 56 and any other pertinent regulations and guidance.

The IRB is guided by the ethical principles regarding research involving human subjects as stated in the National Commission for the Protection of Human Subjects in Biomedical Research entitled: Ethical Principles and Guidelines for the Protection of Human Subjects in Research ("The Belmont Report"). The defining principles of the Belmont Report are:

1. **Respect for Persons**: Recognition of the personal dignity and autonomy of individuals and special protection for those persons with diminished autonomy.
2. **Beneficence:** Obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm.
3. **Justice**: Fairness in the distribution of research benefits and burdens.

Additional Capital Health policies and procedures that support the protection of human subjects in research include:

- Policy and Procedure IRB 924790.06: Institutional Review Board Procedure for Initial and Continuing Review (*Attachment 3*).
- Policy and Procedure IRB 924790.08: Activities Requiring Institutional review Board Review (*Attachment 4*).
- Policy and Procedure IRB 924790.13: Event reporting of Adverse Events, Unanticipated Problems, and Protocol Deviations (*Attachment 5*).
- Policy and Procedure IRB 924790.11: Complaints, Non-Compliance, and Suspension or Termination of IRB Approval of Research (*Attachment 6*).

References

United States. (1978). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. Bethesda, Md.: The Commission.

Organizational Overview

Exhibits for SOE - OO18

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CAPITAL HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD POLICY AND PROCEDURE

<table>
<tr><td colspan="2">TITLE: The Purpose and Authority of the Capital Health Institutional Review Board</td><td>NO: IRB 924790.07</td></tr>
<tr><td colspan="2">ORIGINATING SOURCE: Institutional Review Board</td><td>EFFECTIVE DATE:
May 26, 2015</td></tr>
<tr><td rowspan="3">EXECUTIVE APPROVALS:

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Al Maghazehe, PhD, FACHE

Chairperson, Institutional Review Board
Daniel Goldsmith, MD

Chief Medical Officer
Eugene J. McMahon, MD, MBA, FACP

Director, Medical Staff Services/Institutional Review Board
Lynne A. Kluin</td><td>PERSONNEL:
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January 25, 2011</td></tr>
<tr><td>DISTRIBUTION:
Institutional Review Board Manual</td><td>Page: 1 of: 5</td></tr>
<tr><td colspan="2">COMMITTEE APPROVALS:

4/21/2015 Institutional Review Board
5/26/2015 Board of Directors</td></tr>
</table>

I. PURPOSE

The purpose of this policy is to:

1. State the institutional authority under which the Capital Health Institutional Review Board (CH IRB) is established and empowered.
2. Define the purpose of the Capital Health Institutional Review Board.
3. State the principles governing the Capital Health Institutional Review Board to ensure that the rights and welfare of research subjects are protected.
4. State the authority of the Capital Health Institutional Review Board.

II. Forms/Equipment-None

III. POLICY

The CHIRB operates under the rules set forth under the Department of Health and Human Services (HHS) Federal wide assurance (FWA) number 00003248 for the Protection of Human Subjects and the Code of Federal Regulations (CFR) (45 CFR 46) as well the U.S. Food and Drug Administration (FDA) regulations for the performance of all research activities that involve human subjects (21 CFR 50 and 56).

The purpose of the CHIRB is to protect the rights and welfare of human subjects participating in biomedical and behavioral research conducted at Capital Health. The CHIRB is responsible for the review, approval and oversight of such research to assure that it meets the ethical principles established for human subject research. And that it complies with federal regulations that pertain to human subject protection at 45 CFR, Part 46 and 21, CFR, Part 56 and any other pertinent regulations and guidance.

The CHIRB will be guided by the ethical principles regarding research involving human subjects as stated in the National Commission for the Protection of Human Subjects in Biomedical Research entitled: Ethical Principles and Guidelines for the Protection of Human Subjects in Research ("The Belmont Report"). The defining principles of the Belmont Report are:

1. **Respect for Persons:** Recognition of the personal dignity and autonomy of individuals and special protection for those persons with diminished autonomy.
2. **Beneficence:** Obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm.
3. **Justice:** Fairness in the distribution of research benefits and burdens.

The responsibilities of the IRB are:

1. To protect human subjects from undue risk and deprivation of human rights and dignity.
2. To disapprove studies of no scientific merit (Belmont Report-Respect for Persons).
3. To ensure that participation of study subjects is voluntary, as indicated by a voluntary and fully informed consent.
4. To ensure equitable selection of subjects (Belmont Report-Justice).

5. To maintain an equitable balance between potential befits of the research to the subjects and/or society and the risks assumed by the subject (Belmont Report-Beneficence).
6. To determine that the research design and study methods of a protocol are appropriate to the objectives of the research and the field of study.
7. To assist the investigator by providing peer review and institutional approval.
8. To ensure compliance of protocols with regulations of the FDA, HHS, and other funding agencies when appropriate.

The CH IRB has the authority to review, disapprove or require changes in the research or related activities involving human subjects. As stated in 45 CFR 46.109, the CHIRB has the authority to:

1. Review and approve, require modifications in (to secure approval), or disapprove all research activities covered by this policy.
2. Require that information given to subjects as part of informed consent is in accordance with 45 CFR 46.116.
3. Require documentation of informed consent or waiver documentation in accordance with 45 CFR 46.117.
4. Notify investigators in writing of its decision to approve or disapprove the proposed research activity, or of modification required to secure CHIRB approval of the research activity. If the CHIRB decides to disapprove a research activity, it will include in its written notification statement of the reasons for its decision; however, a detailed critique of the protocol is not provided. The investigator may rewrite and submit the study as a new protocol.
5. Conduct continuing review of research covered by this policy at intervals appropriate to the degree of risk, but not less than once per year.
6. Have authority to observe or have a third-party observe the consent process of the research and review the research documentation.
7. The IRB maintains institutional policies and procedures that reflect the ethical principles of *The Belmont Report.*:
    1. Conduct prospective reviews of proposed research in order to safeguard the rights and welfare of participants at intervals appropriate to the degree of risk but not less than once per year. The IRB has the authority to determine which research requires review more often than annually.
    2. Identify the risks associated with the research;
    3. Determine that the risks will be minimized to the extent possible;
    4. Identify the probable benefits to be derived from the research;
    5. Determine no harm to a research subject is predictable or that the risks are reasonable in relation to the benefits to subjects, and the importance of the knowledge gained;
    6. Ensure that potential subjects will be provided with an accurate and comprehensible description of the risks or discomforts and the anticipated benefits and a description of alternative services that might also prove advantageous to them;
    7. Ensure a subject's decision to participate in research will be voluntary and that there are no inappropriate inducements; and

8. Will maintain an accurate system for:
    a. Tracking the status of research protocols
    b. Recording the decision and activities of the IRB and
    c. Monitoring compliance with researcher's educational requirements

The CHIRB also has the authority to suspend or terminate approval of research that is not conducted in accordance with the IRB's requirements or that has been associated with serious harm to subjects (45 CFR 46.113). Any suspension or termination of approval will include a statement of the reasons for the IRB's action and will be reported promptly to the investigator, appropriate institutional officials, and agencies.

The CHIRB does not have the authority to grant retroactive approval should a human subject research study be initiated without prior Institutional Review Board (IRB) approval.

No institutional official at Capital Health can reverse the CHIRB decision that involves disapproval, deferral, suspension, or termination of a research study. However, the Capital Health Institutional Official designated by the President and Chief Executive Officer (CEO)can disapprove an CHIRB approved protocol for activation or continuation at Capital Health.

The Capital Health IRB reviews all human research that originates from:

1. Members of the Capital Health staff.
2. All projects involving patients or personnel of Capital Health.

IV. PROCEDURE

A. Governing Principals

A complete copy of the current Capital Health Federal wide Assurance (FWA), which is a written agreement that establishes standards for human subjects' research as approved by the Office for Human Research Protections, will be maintained in the IRB Coordinator office and available through the Director of the Institutional Review Board. The President and CEO of Capital Health has ultimate responsibility for the institutional commitment made in the institution's FWA; and is the designated Signatory Official for the Institution. Capital Health FWA is based on the following principles in order to safeguard the rights and welfare of human participants in research and other research activities:

1. Capital Health employees and members of the medical staff are subject to the Assurance of this policy. This includes any research for which an Assurance or another formal agreement (e.g., IRB Authorization Agreement) identifies the CHIRB as the IRB of record.
2. Capital Health further agrees to apply additional regulations such as the U.S. Food and Drug Administration Human Subject Regulations (21 CFR 50, 56, 312, and 812), HHS regulations (45CFR 46), and the Health Assurance Portability and Accountability Act of 1996 (HIPAA) when applicable.

B. Responsibilities of the CHIRB under the Federalwide Assurance

All information provided under the Capital Health FWA must be updated at least every thirty six (36) months, even if no changes have occurred, in order to maintain active Assurance approved by OHRP. Amendments to the Assurance must be reported promptly to Office for Human Research Protection (OHRP). Changes in the IRB membership are reported the OHRP by the Director of the Institutional Review Board.

C. Capital Health Policy and Procedure Review and Approval

The CHIRB will maintain policies and procedures reflecting the current practices of the IRB in conducting reviews and approvals under its Assurance. These policies will be maintained and kept current by Capital Health IRB and will be reviewed at least every thirty six (36) months at a convened IRB meeting. Current versions of all policies will be available from the IRB website, and previous versions will be kept in the IRB administrative office.

VII. REFERENCES

45 CFR 46
21 CFR 50, 56, 312, and 812
Belmont Report
Website for Federalwide Assurance (OHRP)
OHRP IRB Registration
OHRP Policy Guidance
FDA Information Sheets for IRBs and Investigators
Joint Commission Standards (2015). Standards RI. 01.03.05
Committee Constitution-Institutional Review Board, 2015

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Capital Health

COMMITTEE CONSTITUTION-INSTITUTIONAL REVIEW BOARD

Authority

In accord with Federal Regulations 45CFR46 (including subparts B, C & D), Capital Health (CH) has provided the Department of Health and Human Services with assurance that it will comply with federal regulations for human subjects' protection. This Federal Wide Assurance, known as FWA, covers the responsibility of this hospital, the IRB, and investigators. Under the FWA, all research involving human subjects at CH is subject to IRB review and approval. As the signatory to the FWA, I charge the Institutional Review Board (IRB) with the following tasks and responsibilities:

Mission

The Institutional Review Board shall review and have authority to approve, require changes in prior to approval, or disapprove research activities involving human subjects which are conducted at or sponsored by CH, including (a) activities performed in all CH facilities, (b) performed by CH medical staff, employees, residents, and fellows. 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 subjects.

In addition to possessing the professional competence necessary to review specific research activities, the IRB membership 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.

Objectives

- IRB members have the professional responsibility and accountability to actively protect the rights and welfare of human subjects recruited to participate in research activities under the auspices of CH.
- The IRB will maintain institutional policies and procedures that reflect the ethical principals of *The Belmont Report.*
- The IRB will conduct prospective reviews of proposed research in order to safeguard the rights and welfare of participants.
- The IRB will conduct continuing reviews of research progress to safeguard the rights and welfare of participants at intervals appropriate to the degree of risk but not less than once per year. The IRB shall have the authority to determine which research requires review more often than annually.
- The IRB will maintain an accurate system for
    - 1) tracking the status of research protocols,
    - 2) recording the decision and activities of the IRB and
    - 3) monitoring compliance with researchers educational requirements.
- The IRB makes independent decisions related to the protection of human subjects.
- The IRB retains ultimate authority to approve, require modification in, or withhold approval of all research activities that fall within its jurisdiction as specified by federal regulations, state law, and institutional policy.

- The IRB shall require signed informed consent by the Human Subjects where required by 45CFR46.116 & 117.
- The IRB has the authority to suspend or revoke its approval of ongoing research that is not being conducted in accordance with its approval
- The IRB shall ensure appropriate training for Investigators whose research includes Human Subjects.
- The IRB decision-making is based on a process of ethical analysis.
- The IRB Chairman shall notify the investigators and the institution in writing of its decisions to approve or disapprove the proposed research activity or of modifications required to secure IRB approval of the research activity. If the IRB decides to disapprove a research activity, it shall include in its written notification a statement of the reasons for its decision and give the investigator an opportunity to respond in person or in writing.
- The IRB shall, except when an expedited review is used, review proposed research at convened meetings at which a quorum of the required membership is present. For the research to be approved, it must receive the approval of the majority of those members present at the meeting.

Membership

Appointed by the Chairman of the IRB after considering the recommendations submitted by the Board of Directors, and Chief Executive Officer of CH.

A. Consistent with Department of Health and Human Services (DHHS) regulations the CH Institutional Review Board membership will include:
    1. At least five (5) members, but no more than eleven (11) members. Membership qualifications shall include diversity of ethnicity, gender, cultural backgrounds and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects.
    2. At least, one community member who is not otherwise affiliated with CH and who is not part of the immediate family of a person affiliated with the institution.
    3. At least one "nonscientific" member.
    4. Member with a background in law.
    5. Member with a pharmacological background.
    6. Member of the medical staff of CH.
    7. Sufficient expertise to fully evaluate potential participants' risks and benefits associated with submitted proposals. If a research proposal includes vulnerable category of participants, such as children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to the inclusion of one or more individuals who are knowledgeable about and experienced in working with these participants.
    8. The Chair will serve as a member with vote.

B. The IRB Chair may invite individuals with special expertise (consultants) to assist in the review of issues that require expertise beyond or in addition to that available on the committee.

C. **Membership Commitment**: The Chairman shall appoint medical staff members to the IRB for a term of one (1) year. Other members of the IRB shall be appointed to the IRB for term of two (2) years. Terms are renewable at the option of the Chairman. Failure to attend at least two-thirds of the regularly

scheduled meetings of the IRB (or send their alternate) in any given twelve (12) month period is cause for termination of membership.

D. **Committee Membership Responsibilities**

1. Attendance at all regular scheduled meetings of the IRB.
2. Regular members are expected to have at least one designated alternate who is qualified to fill their role, who is expected to attend any meeting that the regular member is not able to attend.
3. Evaluate the ethics of research involving human subjects by focusing on the following three principals: respect for persons, beneficence, and justice.
4. Maintain proper ethical training consistent with IRB requirements, Provide a current yearly curriculum vita or resume to the IRB Chairman.
5. Exhibit a functional understanding of basic ethical principals, regulatory requirements and IRB procedures.
6. Review assigned information before scheduled IRB meetings to assure that risks to subjects are minimized, risks to subjects are reasonable in relation to anticipated benefits, selection of subjects is equitable, informed consent is sought from each prospective participant or legally authorized representative, and properly documented, adequate preparation is taken to protect the privacy and confidentiality of subjects, and adequate provisions are made for the ongoing monitoring of the subjects' welfare.
7. Use all necessary resources (principal investigator, IRB Chair) to resolve questions prior to scheduled IRB meetings.
8. Disclose all conflict of interest and political conflicts of interest to Chairman.
9. Maintain confidentiality of all actions of the committee and the discussion during the review of protocols at each meeting.

Meetings

- The IRB will meet at **MINIMUM** of twice per calendar year.

APPROVED: _____

Al Maghazehe Ph.D., FACHE, President & Chief Executive Officer

9/22/2009 Approved, Institutional Review Board
10/13/2009 Approved, Medical Executive Committee
10/27/2009 Approved, Board of Directors

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CAPITAL HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD POLICY AND PROCEDURE

<table>
<tr><td colspan="2">TITLE: Institutional Review Board Procedure for Initial and Continuing Review</td><td>NO: IRB 924790.06</td></tr>
<tr><td colspan="2">ORIGINATING SOURCE: Institutional Review Board</td><td>EFFECTIVE DATE:
May 26, 2015</td></tr>
<tr><td rowspan="3">EXECUTIVE APPROVALS:

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Lynne A. Kluin</td><td>PERSONNEL:
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January 25, 2011</td></tr>
<tr><td>DISTRIBUTION:
CHRMC Institutional Review Board Manual</td><td>Page: 1 of: 4</td></tr>
<tr><td colspan="2">COMMITTEE APPROVALS:

4/21/2015 Institutional Review Board
5/26/2015 Board of Directors</td></tr>
</table>

I. PURPOSE

The Institutional Review Board (IRB) is an administrative body established by Capital Health (CH) to protect the rights and welfare of human research subjects pursuant to federal regulations 45 CFR 46 (including subparts B, C, & D), and 21 CFR 50 and 56. The IRB is composed of individuals of varying backgrounds in order to promote complete and adequate review, all of whom are committed to protect human subjects from risk. The IRB has the authority to approve, require changes in prior to approval, or disapprove research activities involving human subjects which are conducted at or sponsored by Capital Health including (a) activities performed in all CH facilities, (b) performed by CH medical staff, employees, residents, and fellows. The IRB also has 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 subjects.

II. Forms/Equipment

CH Pre-Submission Application for Research Review (Appendix A)
CH Initial Research Application (Appendix B)
CH Continuing Review of Human Subject Research Form (Appendix C)
CH Modification Request Form (Appendix D)
CH Adverse Event Report Form (Appendix E)
CH Unanticipated Problem/Protocol Deviation Form (Appendix F)
CH Closure or Termination for Human Subject Research Form (Appendix G)
CH Waiver of HIPAA Consent (Appendix H)

III. POLICY

Capital Health protects its patients and respects their rights during research investigations and clinical trials involving human subjects.

In addition to possessing the professional competence necessary to review specific research activities, the IRB membership 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.

IV. PROCEDURE

A. Review Process

1. Initial review of a Protocol, Continuing Review, Modification, Adverse Event(s) and Submission Requirements:
    a. All requests for human research approval received by the IRB are reviewed to determine the degree of risk to a patient. Principal Investigators should submit the Pre-Submission Application for Research Review (Appendix A) if they believe their research meets the criteria for Exempt review from the IRB. All Expedited protocols require the submission of the Initial Research Application (Appendix B) in writing to the Chairman of the IRB.
    b. **Categories of Review:** Most research will fall into one of the following categories of review:

i. **Full Board Review:** Research that involves greater than minimal risk and approval by a Full IRB including but not limited to research with:
   1. Children, prisoners, pregnant women, fetuses, and other vulnerable populations.
   2. Experimental drugs or devices.
   3. Most invasive procedures
   4. Sensitive questions or is likely to be stressful for the subject.

All protocols that do not meet the criteria for Exempt or Expedited Review are outsourced to a Central Institutional Review Board aka: Western Institutional Review Board (WIRB) or Quorum Institutional Review Board (Quorum). **Submission Process from Investigator(s):** Submit protocol in accordance to the specifications on the WIRB or Quorum application(s).

1. Process once received in the CH IRB Office:

a. Within five (5) business days the IRB Coordinator will review the submission(s) to assure the proposal meets all of the requirements for submission to WIRB or Quorum Institutional Review Board.
b. Once it is determined that the proposal has met the requirements for review by WIRB or Quorum IRB the proposal will be given to the CH IRB Chairperson, Director of CH IRB, as well as the pertinent directors of departments for review and feasibility. *Please note if the IRB Coordinator has questions or concerns the proposal will not be forwarded to the CH IRB Chairperson, etc, until a written response is received.*
c. Within fourteen (14) days a determination email will be made and either returned or submitted to one of the Central Institutional Review Boards by the IRB Coordinator.

ii. **Expedited Approval:** If the research proposal involves no more than minimal risk to the subject according to federal regulations 45 CFR 46.100(b) (1) to the Capital Health Institutional Review Board for review and discussion at their next convened meeting. Submission process consists of the following:
   1. **Submission Process from Investigator(s):**
      a. Capital Health Initial Research Application (Appendix B).
      b. Protocol/Synopsis.
      c. Informed Consent Form (if applicable)
      d. HIPAA Authorization or Waiver (if applicable) (Appendix H)
      e. Questionnaires (if applicable)
      f. Any pertinent material that may be given to a human subject.
      g. Research training for all personnel involved in the study (CITI).

2. **Process once Received in the CH IRB Office:**
    a. Within five (5) business days the IRB Coordinator reviews the submission to assure that the application meets expedited criteria set forth by 21 CFR Part 312 and 21 CFR Part 812.
    b. Once it is determined that the proposal has met the requirements for expedited review the proposal is given to the CH IRB Chairperson, Director of CH IRB, as well as the pertinent directors of departments for review and feasibility. *Please note if the IRB Coordinator has questions or concerns the proposal will not be forwarded to the CH IRB Chairperson, etc, until a written response is received.*
    c. Within fourteen (14) business days a determination email will be issued to the principal investigator.
    d. Investigator(s) or designees may be required to attend the next convened Capital Health Full IRB meeting to give a brief overview of the proposal to the membership.

iii. **Exempt from Approval:** studies may not require approval of the IRB if the research involves record reviews, use of existing data, or discarded pathological specimens. This is provided that the subject(s) cannot be identified either by name or other identifiers; and that disclosure of human subjects' response outside of the research will not reasonably free of placing the subjects at risk of criminal or civil liability or damaging their financial standing, employability, or reputation. Exempt protocols must still be submitted to the IRB Chairperson for review, in order to confirm the work fulfills criteria to be labeled exempt. Submission process consists of the following:

1. **Submission Process from Investigator(s):**
    a. Capital Health Pre-Submission Application for Research Review (Appendix A).
    b. Protocol/Synopsis.
2. **Process once Received in the CH IRB Office:**
    a. Within five (5) business days the IRB Coordinator reviews the submission to assure that the application meets exempt criteria set forth by 45 CFR 46.101 (a) and 21 CFR 56.102 (a).
    b. Once it is determined that the proposal has met the requirements for exempt review the proposal is given to the CH IRB Chairperson, and Director of CH IRB, for administrative review. *Please note if the IRB Coordinator has questions or concerns the proposal will not be forwarded to the CH IRB Chairperson, etc, until a written response is received.*

c. Within fourteen (14) business days the investigator will be notified in writing by email as to whether the submission meets the exemption from full review criteria. *If the submission does not meet the category for exemption the investigator will be notified in writing as to which review category applies.*

iv. **Emergency Use Approval:** defined as the use of an investigational drug or device on a human subject in a life threatening situation in which no standard acceptable treatment is available and in which there is not sufficient time to obtain IRB Full Board review and approval. Emergency approval cannot be used for research purposes. Emergency Use approval need to be requested by the attending physician in writing to the Chairperson of the CH IRB or designee and must include the project title and reasons for the intervention. After emergency approval is given, a clinical update report must be received by the Chairperson of the IRB within five (5) days of treatment completion. This report will be presented to the CH IRB membership at their next convened meeting. Before the principal investigator can provide clinical information to the sponsoring company, he/she must get full IRB approval at their next convened meeting.

v. **Continuation of Treatment Originated Elsewhere:**
   1. If a patient admitted to Capital Health is taking a medication under an approved protocol from another institution, the patient's attending physician must:
      a. Obtain written verification that the patient is in a clinical study approved by a qualified IRB.
      b. Obtain a copy of the patient's approved consent form.
      c. Obtain written approval from a study investigator that the Capital Health attending practitioner is sufficiently knowledgeable in the use of the protocol medication(s) to supervise the clinical study.
      d. Supply the protocol medications to the Capital Health Pharmacy with information about the drug (Investigator Brochure). The pharmacy labels, stores, and dispenses the drug. When applicable, the patient can obtain the remaining medication when he/she is discharged.
      e. When the above criteria are satisfied, approval to use the protocol medications must be sought CH IRB Chairperson or his/her designee.
   2. If the attending physician does not fulfill all of the criteria within 72 hours of the patient's hospital admission, dispensing of the medication to the patient must be discontinued. During the 72 hours or less period between the patient's hospital admission and the IRB approval or medication discontinuation, neither pharmacy

nor nursing personnel may participate in the dispensing or administration of the medication. Rather, the attending physician is personally responsible for supplying the medication to the patient and monitoring its use.

3. It is suggested that whenever an attending physician has a patient in his/her practice that is taking a medication under an outside protocol that has not gone through Capital Health IRB, the physician keep all information in the patients office record for easy retrieval.

B. Continuing Review for Capital Health Approved Research and Central IRB Approvals.

1. **Capital Health Approved Protocol(s):** In initial approval is given by Capital Health IRB all continuing reviews, modifications, adverse events, and closures must be submitted to the CH IRB Office for review at the next convened Full Board meeting. Unless it is requested by the IRB Chairperson the investigator does not need to attend the Full Board meeting. If the Continuing Review of Human Subject Research Form (Appendix C) is not submitted by the protocols expiration date, the IRB has the right to require that the principal investigator terminate his/her recruitment of new patients into the project until the continuing review report has been completed. Re-approval letters are sent to the principal investigator after the IRB grants re-approval of the protocol.
    a. **Notification Process (email is acceptable):**
        i. Continuing review (annual or designed time frame review)
        ii. Interim review (after first consent has been submitted.
        iii. Administrative change(s)
        iv. Minor modifications (phone number, minor protocol changes, informed consent updates to reflect protocol change). Any major changes to the research proposal or its consent form after its initial approval by the IRB must be reported (Modification Request Form Appendix D) and approved by the IRB **before** major changes are initiated. The IRB Chairperson issues a response letter to the principal investigator.
        v. Reporting of unanticipated significant adverse reactions or other unanticipated risks that occur at Capital Health or project sites must be reported for both Capital Health and Central Institutional Review Board approved protocols. Use Unanticipated Problem/Protocol Deviation Form (Appendix F). These events will be reviewed at the next convened CH IRB meeting.
        vi. Closures.
    b. **Central Institutional Review Board Approved Protocols:** The IRB Coordinator needs to know all of the submission to WIRB or Quorum IRBs. The following documents will be reviewed prior to sending to the outsourced IRB or record:
        i. Initial protocol material.
        ii. First interim report with signed informed consent
        iii. Protocol modifications (major protocol and informed consent changes).

iv. Serious adverse events (follow the IRB Adverse Event Policy). Reporting of unanticipated significant adverse reactions or other unanticipated risks that occur at Capital Health or project sites must be reported for both Capital Health and Central Institutional Review Board approved protocols. Use Unanticipated Problem/Protocol Deviation Form (Appendix F). These events will be reviewed at the next convened CH IRB meeting.

C. Maintenance of Research Records and Reports (IRB Office)

Capital Health prepares and maintains documentation of IRB activities including:

a. Copies of approved study protocols.
b. Copies of approved consent forms. A copy of the consent form should also be kept in the principal investigator's office files available for review for at least three (3) years from the termination of the project. A copy of the consent form must also be kept in the patient's research binder.
c. Copies of the protocol IRB application(s) signed by the Principal Investigator.
d. Copies of any adverse occurrences/protocol deviations.
e. Copies of all continuing review forms, submission documentation, and approvals.
f. Copies of IRB meeting minutes including the vote on actions taken including the number of members voting for, against, and abstaining.
g. Copies of correspondences between the IRB and the principal investigator.
h. A list of IRB members and their Curriculum Vitae/Resume.
i. Written procedures for initial and continuing review.
j. Each protocol is entered into a computerized database used for tracking all IRB projects.
k. Each protocol has its own numeric code.
l. Documentation received for each research proposal is filed with the original protocol.

Records will be maintained for at least 10 years after completion of the research or death of last enrolled subject, and will be made available for inspection and copying by the Food and Drug Administration (FDA).

VII. REFERENCES

Federal Registry 946-#17 January 27, 1981 Sub Chapter A Protection of Human Subjects
OHRP Reports (Office of Human Research Protection)
The Belmont Report
Clinical Research Compliance Manual Aspen Publishers, Inc 2006
Guide to Good Clinical Practice Manual Thompson Publishers, Inc 2009
Joint Commission Standards (2015). Standards RI. 01.03.05
Committee Constitution-Institutional Review Board, 2015

Appendix A

capitalhealth	CAPITAL HEALTH **Institutional Review Board for Protection of Human Subjects** **Pre-Submission Application for Research Review**

I. IDENTIFYING INFORMATION

A. Project Title		Completion Date _____ Project Starting Date _____
B. Principal Investigator Sub-Investigator(s)	Department Department	Phone/e-mail Phone/e-mail
C. Mailing Address		
D. Sponsor	Department	Phone/e-mail

E. Funding Source (choose one): Personal (ie no outside funding)

Department/Agency: _____

Status: Pending

F. Location of Research: Where will this proposal take place?
Regional Medical Center List

II EXEMPTION SCREENING QUESTIONS

If you answer YES to <u>any</u> of the below questions STOP and submit your protocol proposal to the IRB Coordinator for the correct IRB Application.

If you answer NO or NA to <u>all</u> of the below questions continue to complete the Claim of Exemption packet and provide <u>1</u> signed copy to the IRB Coordinator. A signed copy will be returned to you.

1. ***For research projects involving interventions, manipulation or special populations.***

Does your research involve pregnant women, fetuses, prisoners including individuals on probation, or individuals with impaired decision-making capacity?	☐Yes	☐No	☐NA
For studies involving children, does your research involve surveys, interviews, questionnaires or the observation of children outside a normal classroom setting, or in settings where the Investigator(s) will participate in the activities being observed	☐Yes	☐No	☐NA

2. *For research using surveys, interview procedures, observational procedures and questionnaires.*			
If data are to be recorded by audiotape or videotape is there potential harm to subjects if the information is revealed or disclosed? (Videotaping requiring consent may not be exempt).	☐Yes	☐No	☐NA
If the subjects may be identifiable in the research project records either by name, picture or through demographic data, is there potential harm to participants if the information is revealed? That is: will data collection include sensitive information (e.g. data that may be painful or very embarrassing to reveal, death, or sensitive information requested about other individuals known to or related to the participant).	☐Yes	☐No	☐NA

3. *For research using existing or archived data, documents, records, or specimens only*			
Will any data, documents, records, information or specimens be collected from participants after the submission of this application of exemption?	☐Yes	☐No	☐NA
If the data, documents, records, or specimens are originally labeled in such a manner that subjects can be identified, directly, or indirectly, through identifying links AND not publicly available, is the Investigator recording data for this research project in such a manner that subjects can be identified, directly or indirectly through the identifying links? (i.e., will the Investigator retain sufficient demographic information that might reasonably lead to the identification of individual subjects name, phone number, address **or** any code number that can be used to link the Investigator's data to the source record, medical record number, social security number, etc.)	☐Yes	☐No	☐NA

III. CLAIM OF EXEMPTION

EXEMPT CATEGORY CLAIMED

Identify all that apply to your research (check applicable boxes)

1. ☐ Research conducted in established or commonly accepted educational settings, involving normal educational practices. This category may include children.

2. ☐ Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement) for which subjects cannot be identified, or release of the information would not be harmful to the subject. This category may include children.

3. ☐ Research involving the use of survey procedures or interview procedures or observation of public behavior for which subjects cannot be identified, OR release of the information would not be harmful to the subject. This category may **not** include children. If subjects are younger than 18 years of age parental consent is required. Research may be reviewed by expedited procedures – do not use this form!

4. ☐ Survey or interview of public or elected officials. Testing of public officials.

5. ☐ Research involving the collection or study of existing data, documents, records, pathological specimens (such as chart reviews), 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.

6. ☐ Research and demonstration projects that are conducted by or subject to the approval of Federal Department or Agency heads, and which are designed to study or evaluate public benefits or services (e.g., evaluation of public benefits program studies: Medicare, Public Assistance). This category may include children.

7. ☐ Taste and food quality evaluation and consumer acceptance studies. This category may include children.

8. ☐ Unidentifiable human body parts, sections or samples obtained from a morgue or tissue banking studies.

If your research involves only those procedures listed in one or more of the categories above, it may be exempt. Please provide a rationale for each exempt category claimed for this research (see below).

RATIONALE FOR EXEMPT CATEGORY CLAIMED

The information **must** include a brief specific description of the procedure(s) involving the human subjects in sufficient detail to demonstrate to the IRB reviewer that the research protocol meets the requirements for each category of exemption claimed in this human subjects research protocol. The text should be approximately 300 words or less on separate sheets in sufficient detail to allow the reviewer to judge exemption criteria.

RATIONALE FOR EXEMPT CATEGORY # (s)

SYNOPSIS OF THE PROJECT OR PROTOCOL, INCLUDE:

1. The objective of the research project and background of study.
2. The rationale for the use of the selected subject population & plans for recruitment & consent.
3. The procedures that will be performed to generate research data & risks, if any, to subjects.
4. Steps to be taken to protect the privacy and/or confidentiality of subjects.
5. Include copy of questionnaires, surveys or brief outline of questions to be asked.
6. Plan for Publication

INVESTIGATOR'S ASSURANCE

I certify that the information provided in this claim of exemption is complete and correct.

I understand that as Principal Investigator, I have ultimate responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research protocol. I agree to comply with all IRB and Institutional policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- The project will be performed by qualified personnel according to the research protocol,
- Maintaining a copy of all questionnaires, survey instruments, interview questions, data collection instruments, and information sheets for human subjects for at least three years following termination of the project,
- Necessary review by the IRB will be sought if changes made in the research protocol may result in the research no longer meeting the criteria for exemption.

I have completed the required educational program on ethical principles and regulatory requirements in human subjects research in a timely manner. My certificate is attached or on file with the Institutional Review Board Office.

I have read and understand the above policy concerning IRB exempt protocols.

Principal Investigator _____		Date

3/9/11-Approved CH Institutional Review Board
4/26/11-Approved CH Board of Directors

Appendix B

Institutional Review Board

PI Last Name _____

Capital Health Submission Instructions for New Research Protocols

Submission Deadline:

Please note the deadline submission date for new protocol submissions need to follow the CH IRB submission deadline schedule of three weeks before the full board meeting. Please call the IRB office (609-278-6926) or email Rosemarie Alston at ralston@capitalhealth.org and she will forward you the schedule of submission dates for full board meetings. New submissions will not be accepted for the current meeting and will be held for the next scheduled meeting if they do not meet the deadline. Protocols, which qualify for expedited review, can be submitted any business day. Incomplete submissions may result in delay of Institutional Review Board review.

Submission Documents:

1. **IRB Documents:**
Submit the following as attachments via email to address: **ralston@capitalhealth.org**
(When you e-mail the completed documents, make sure you type in the principal investigator or person(s) name/role at the appropriate places.) After the IRB has met and reviewed your protocol, the original signed document you sent will then be signed by the appropriate IRB personnel and returned to you for your records. The IRB office is located within the Medical Staff Services Department at Capital Health Regional Medical Center.

   a. **IRB Application (Section I)**

   The IRB Application must include Sections I-IV with sufficient detail to facilitate IRB review. Your response to Section II of the IRB Application has a limit of ten (10) pages excluding references. Please send this as an attachment via email and the original signed hard copy to the IRB office.

   b. **Detailed Research Protocol**

   A detailed research protocol must be submitted via email attachment and also send a hard copy with your application to the IRB office via inter office mail.

   In addition, you must submit a copy of the Investigator's Brochure via email attachment and also a hard copy with your application to the IRB office via inter-office mail.

   c. **Informed Consent/Assent Form(s)** – adult, proxy, parental, youth, child consent/assent forms as appropriate for the subject population.

   All consent/assent forms must comply with IRB requirements. Particular attention should be given to the format (identification and sequencing of the elements of informed consent/ assent), use of simple or common language, use of short sentences and paragraphs, and use of standard IRB clauses. The informed consent must be submitted via email attachment and also send a hard copy with your application to the IRB office via inter office mail.

Submission Information:

1. **Requirement for IRB Approval**

   Any systematic investigation (research) involving human subjects that is designed (in whole or in part) to develop or contribute to generalized knowledge must receive IRB approval prior to initiation. This includes: 1) investigations conducted by Capital Health Medical Staff/employed staff; 2) investigations conducted by others on the premises of Capital

Health as well; 3) investigations conducted elsewhere by any representative of Capital Health in connection with their CH responsibilities, unless the investigation is conducted under a cooperative research agreement in accordance with 45CFR46.114.

Therapeutic research is an investigation designed to determine the efficacy and safety of a therapeutic or diagnostic method. The interventions are not applied solely to enhance the well being of the individual subject who is sick. The objective of therapeutic research is to increase generalized knowledge, and at the same time provide the subject with a needed health benefit. Accordingly, the responsibilities of a physician or other health care professional who is also an investigator must take into consideration the fact that the patient is also a research subject. This IRB Application for Therapeutic Research is designed to help the investigator address all necessary human subject protections.

2. Classification of Research Personnel

All individuals associated with the research protocol must possess the necessary experience, skill and appropriate credentials. Personnel should be classified as one of the following:

a. Principal Investigator (PI)

This individual assumes overall responsibility for development and submission of the Application to the IRB, obtaining of informed consent/assent from prospective subjects of all authorized personnel listed on the Application, the conduct of the research and publication of the data.

b. Co-Investigators

This individual(s) shares responsibility with the PI for development and submission of the Application to the IRB, obtaining informed consent/assent from prospective subjects, the conduct of the research and the publication of the data.

c. Participating Physicians/Health Care Personnel

These are individuals who are may not be directly involved in the development and submission of the Application to the IRB, but will be taking care of patients in accordance with the protocol and may be authorized by the PI in accordance with IRB Guidelines to obtain informed consent/assent. All participating personnel must have sufficient knowledge about the protocol to facilitate interaction with the patient in a clinical context.

3. Credentials

The principal investigator must notify the IRB and contact Lynne Kluin, Director of Medical Staff Services when the proposed protocol contains any clinical procedure(s) not yet established as a credentialed clinical privilege at Capital Health.

CH IRB APPLICATION FOR NEW RESEARCH

	Date submitted:	
This application is for the scheduled FULL board meeting on:		
Check if this is an **EXPEDITED** request		YES ☐ NO ☐
Check if this is an **EXEMPT** request		YES ☐ NO ☐
Section I		
1. APPLICATION DATA ***(Please bold your responses)***		
A. Title of Protocol:		
B. Abbreviated Title of Protocol:		
C. Phase (Check One):	☐ II ☐ III ☐ IV Chart Review: Retrospective ☐ Prospective ☐	☐ N/A
D. Protocol Version Number:		☐ N/A
E. Proposed Start Date of Project:		
F. Does your study drug have an investigational new drug application (IND) that was reviewed by the FDA?		YES ☐ NO ☐
G. Is your study drug exempt from having an IND?		YES ☐ NO ☐
H. Has this protocol been reviewed by any other Independent Institutional Review Board? If yes please provide name and contact information.		YES ☐ NO ☐
I. Principal Investigator:		
J. Secondary Investigator (s):		N/A ☐
K. Participating Physicians/Health Care Personnel (Include name(s), and discipline(s):		N/A ☐
L. If someone other than an investigator will be obtaining informed consent, please identify.		N/A ☐
M. Study Coordinator:		N/A ☐
Phone:	Pager:	
Department:	Phone:	
N. Status of this application: ☐ New Submission ☐ Other (Explain):		
O. Does this study involve ancillary tissue studies?		YES ☐ NO ☐
(If yes, please explain and complete application for Human Biological Specimens in Research Application) If yes, are any of the proposed or potential studies for genetic purposes? (Please explain)		YES ☐ NO ☐
P. Does this study involve an approved FDA drug/device?		YES ☐ NO ☐
Please list drug/device regardless of FDA status:		
Q. Will CH receive an indemnification from the sponsor?		YES ☐ NO ☐
If yes please provide proposed language with this application.		

R. Will CH be required enter into a written agreement with the sponsor?	YES ☐ NO☐

S. Does the proposed study have a Data Safety and Monitoring Board?	YES ☐ NO☐
If yes, how often do they meet? (e.g., monthly, quarterly, etc)	
When can CH IRB expect to receive these reports?	

2. RECRUITMENT INFORMATION

Location & Enrollment :

A. At which campus will subjects be enrolled?	Regional Medical Center
B. How many subjects do you plan to enroll?	
C. How many subjects will be enrolled at CH per year?	
D. Is this a multi-center study? What is the **total** anticipated enrollment at all study sites?	YES ☐ NO☐
E. What is the duration of the study (in years/months) for enrollment and long term follow up?	

Population:

F. Gender:	☐Male ☐ Female ☐ Both
G. Age Range of Subjects:	
H. Type of Subject involved:	Inpatient
If Other Explain:	
If inpatient, is hospitalization required solely for the study?	YES ☐ NO☐
Explain:	
If yes, estimate the number of inpatient days per subject:	
I. Will the study increase the cost of caring for the patient?	YES ☐ NO☐
Explain:	
J. Describe any added financial burden that the protocol imposes on the participant or his/her health care insurance?	
K. Will the study increase the length of stay in the hospital, operating room time, or the number of outpatient visits/treatments?	YES ☐ NO☐
Explain:	

3. USE OF CAPITAL HEALTH PERSONNEL/SERVICES/EQUIPMENT	
A. Will Capital Health staff be used to carry out any aspect of the study?	YES ☐ NO☐
If yes check all that apply: ☐ Pharmacy ☐Nursing ☐Radiology ☐ Radiation Oncology ☐ Clinical Laboratory ☐Food & Nutrition ☐ Medical Records ☐Other:	
B. What specific equipment/services of Capital Health are required for this study (include all)?	
C. Will the study require the use of hospital ancillary services or equipment beyond that required for routine standard of care?	YES ☐ NO☐
Explain and estimate costs and payment methods:	
D. What is your plan for educating Capital Health staff?	In-service by Principal Investigator
For other, explain:	

4. SOURCE OF FUNDING/SUPPORT		
A. Indicate all applicable sources of support/funding, and the sponsor:		
Source	Type:	Explanation
☐ Federal Sponsor:		
☐ Commercial Sponsor:		
☐ NIH *(Attach proof that educational requirements have been met by all participating investigators.)*		
☐ HCFA		
☐ CDC		
☐ Agency for Healthcare Research and Quality (AHRQ)		
☐ Department of Defense (DOD)		
☐ Department of Veterans affairs (VA)		
☐ No Support		
☐ Other Sponsor:		
B. Method of funding (check all that apply): ☐Cash ☐Products ☐ Services ☐Other:		
C. Grant recipient if not principal investigator**:**		

PRINCIPAL INVESTIGATOR'S ASSURANCE

Signature certifies that the Principal Investigator understands and accepts the following obligations to protect the rights and welfare of research subjects in this study.

- I recognize that as the Principal Investigator it is my responsibility to ensure that this research and the actions of all project personnel involved in conducting the study will conform with the IRB approved protocol, IRB requirements/policies, and all applicable HHS/FDA regulations.
- I understand that all individuals who will take part in the clinical care of the subject on the grounds of Capital Health (CH) must be appropriately credentialed according to the policies and procedures of CH Medical Staff.
- I recognize that as principal investigator, it is my responsibility to ensure that all personnel involved in the carrying out of the research has received appropriate education regarding the protocols and procedures involved in this study. I will maintain proof of such education including a list of the individuals who participated in the educational sessions for the duration of the study.
- I recognize that it is my responsibility to ensure that valid informed consent/assent has been obtained from all research subjects or their legally authorized representative. I will ensure that all project personnel involved in the process of consent/assent are trained properly and are fully aware of their responsibilities relative to the obtainment of informed consent/assent according to the IRB guidelines and applicable federal regulations.
- I will inform the IRB of any unanticipated adverse event or injury no later than two (2) business days following the time it becomes known that a subject suffered an adverse event/injury. This includes all deviations from the approved protocol and unplanned outcomes that may occur.
- I will not initiate any change in protocol without IRB approval except when it is necessary to reduce or eliminate a risk to the subject in which case the IRB will be notified as soon as possible.
- I will maintain all required research records on file and I recognize that the IRB is authorized to inspect these records.
- I will inform the IRB immediately of any significant negative change in the risk/benefit relationship of the research as originally presented in the protocol and approved by the IRB.
- I understand that the IRB approval is valid only for the period specified by the IRB and required at least annually in order to maintain approval status.
- I understand that I am responsible for appropriate research billing by enrolling patients using ONLY the company center number assigned to this study.
- I will inform the IRB immediately if I become aware of any violations of Federal or State law, or requirements of, or IRB requirements for the protection of human subjects.

- I understand that failure to comply with all applicable HHS/FDA regulations, IRB requirements/policies, and the provisions of the protocol as approved by the IRB may result in suspension or termination of my research project.

_____	_____	_____
Typed Name of Principal Investigator	Signature	Date

Section V

Signatures of all secondary investigators must be obtained prior to IRB granting final approval and release of the protocol. In order to obtain the required certification of all investigators, multiple copies of this form may be submitted as necessary, or individual certifications of investigators can be transmitted to the IRB by letter.

Secondary Investigators:

Typed Name of Investigator	Signature	Date
Typed Name of Investigator	Signature	Date
Typed Name of Investigator	Signature	Date
Typed Name of Investigator	Signature	Date
Typed Name of Investigator	Signature	Date
Typed Name of Investigator	Signature	Date

Other Clinical Research Staff Providing Clinical Care to Subjects:

Typed Name of Clinical Caregiver	Discipline	Signature	Date
Typed Name of Clinical Caregiver	Discipline	Signature	Date
Typed Name of Clinical Caregiver	Discipline	Signature	Date

Capital Health

IRB Application for Research

Section II

Instructions: In order to review your proposal, the IRB must have the following information pursuant to its charge by HHS Regulations 45CFR46 and FDA Regulations 21CFR50, 56. Each subpart must be titles using boldface subheadings as described below and addressed independently in the listed sequence without reliance on information covered under other subparts. Attachment of applicable sections of the grant application is not acceptable as a substitute for completion of each subpart. Please include sufficient information to facilitate an effective review by all members of the IRB including non-medical and non-specialist members. All abbreviations and terms not part of common medical usage should be defined and simplified language should be used as much as possible. Unless justification is provided, this section (Section II) of the IRB application has an absolute limit of ten (10) pages, excluding references. These pages should be numbered.

(Please respond in the boxes below)

PURPOSE OF THE STUDY AND BACKGROUND

1. **Purpose of the study**. What are the specific objectives (aims) of the research?

2. **Background**. State the background of the study. Include a critical evaluation of existing knowledge, and specifically identify the information gaps that the project is intended to fill. Note: This section should clearly support the purpose of the study and MUST contain appropriate literature citation if the submission does not include a detailed protocol.

CHARACTERISTICS OF THE SUBJECT POPULATION

3. **Target Accrual.** What is the number of subjects to be enrolled at CH and the number at any external study site? What is the total number of subjects in the case of multi-center protocols? Note: The number of subjects to be enrolled in the study should be based upon medical, scientific, and statistical considerations.

4. **Gender of Subjects.** What is the gender of the subjects? Is there any gender-based enrollment restrictions, including restrictions based upon pregnancy or childbearing potential? If so, explain the nature of the restriction(s) and provide justification. Note: Equitable inclusion of both men and women in research is important to ensure that they receive an equal share of the benefits of research and that they do not bear a disproportionate burden. Therefore subjects of both genders should be included in the same clinical trials unless there are medical and/or scientific contraindications. Women of childbearing potential and pregnant women should not be routinely excluded from participating in clinical research without justification.

5. **Age Range of Adult Subjects.** What is the age range of the adult subjects? What is the rationale for selecting this age range? Note: Participation of adult subjects in research should not be age restricted unless there is scientific and/or medical justification. The age of majority in New Jersey is 18 years of age.

6. **Age Range of Pediatric Subjects.** What is the age range of subjects who are children? What is the rationale for selecting this age range? If children are excluded, justification should be provided. Note: Children should not be excluded from participating in clinical research unless there are justifiable, scientific, ethical, or other reasons not to include them.

7. **Racial and Ethnic Origin.** Are there any enrollment restrictions based upon race or ethnic origin? If there are any restrictions explain the nature of the restrictions and provide justification. If there are no restrictions, this should be stated. Note: Within the limitations imposed by the patient population study site(s), clinical research should include sufficient enrollment of persons of diverse racial/ethnic backgrounds in order to ensure that the benefits and burdens of research participation are distributed in an equitable manner.

8. **Inclusion Criteria.** What are the specific inclusion criteria?

9. **Exclusion Criteria.** What are the specific exclusion criteria?

10. **Vulnerable Subjects.** Will any vulnerable subjects be included? If vulnerable subjects are included, justification must be provided. Note: Prisoners, incompetent persons, and the economically/socially disadvantaged are considered vulnerable subjects in need of greater protection.

METHODS AND PROCEDURES

11. **Methods and Procedures Applied to Human Subjects.** Describe the study design and all procedures (sequentially) to be applied to subjects. Procedures that are considered experimental and/or procedures performed exclusively for research purposes **MUST** be identified. In vitro tests should be identified/described briefly as necessary. The statistical method(s) used to analyze the data should be described briefly. Note: A therapeutic research protocol may involve interventions that are strictly experimental or it may involve some aspect of research (e.g. randomization among standard treatments for collection and analysis of routine clinical data for research purposes). It is important for this section to distinguish between interventions that are experimental and/or carried out for research purposes versus those procedures that are considered standard therapy. In addition, routine procedures performed solely for research purposes (e.g. additional diagnostic/follow-up tests) should be identified.

12. **Drugs and Devices.** Does this study involve investigational drugs or devices (test articles) and/or FDA approved drugs/devices used for off-label purposes? If the study involves a test article, identify the drug/device, provide the IND or IDE number and identify the holder of the number. If the study involved drugs/devices used for off-label purposes, this should be stated. If the study does not involve any test articles or drugs/devices used for off-label purposes, this should be stated. Note: Research involving investigational; drugs must comply with FDA IND Regulations (21CFR312). The FDA IDE Regulations (21CFR812) govern research with medical devices. In some cases it may be in the best interest of the subject and the investigator for an AND/ADE to be submitted to FDA even when there is no legal requirement.

13. **Sample Size-** Please discuss how the study sample size was determined. Briefly describe the statistical methods and analysis which will be utilized to determine the significance of the study results.

14. **Publication-** What are your plans for disseminating your research finding?

15. **Data Storage and Confidentiality.** Where will the research data be stored during the study and how will it be secured? Who will have access to the data? If data with subject identifiers will be released, specify the person(s) or agency to whom this information will be released. Note: The investigator must take all necessary steps to maintain confidentiality of data. This includes coding data and choosing an appropriate and secure storage mechanism that will prevent unauthorized access to the data.

RISK/BENEFIT ASSESSMENT

16. **Potential Risks.** What are the potential risks associated with EACH intervention? If data are available, estimate the probability that a given harm may occur and its potential reversibility. Note: A risk is a potential harm (injury) associated with the research that a reasonable person would likely consider injurious. Risks can be generally categorized as physical, psychological, sociological, economic, and legal.

17. **Risk Classification.** What is the overall risk classification of the research: Minimal risk, greater than minimal risk but less that significant risk, or significant risk? Note: According to HHS/FDA Regulations, minimal risk means: "The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests." Examples of interventions classified according to risk category can be found in the IRB Guidelines.

18. **Protection Against Risks.** What procedure(s) will be utilized to prevent/minimize any potential risks or discomfort? Does the study have a Data Safety Monitoring Board (DSMB) that will be reviewing interim results? If yes, include a brief description of the monitoring plan as well as procedures for transmitting the DSMB's summary reports to the IRB. Note: All potential risks and discomforts must be minimized to the greatest extend possible by using procedures such as appropriate monitoring and withdrawal; of the subject upon evidence of a specific adverse event or clinical sign(s). This section should reflect that all appropriate steps will be taken to protect subjects from harm. The IRB will request submission of DSMB summary reports at regular intervals in order to perform on-going review of risks and benefits of this research.

19. **Potential Benefits to the Subject.** What is the potential therapeutic benefit(s) associated with the research? Note: Therapeutic benefit(s) refers to health benefits the subject may obtain by participating in the research.

20. **Potential Benefits to Society.** What is the potential benefit(s) to society that may result from this research? Note: Societal benefits generally refer to the advancement of knowledge and/or ultimate possible therapeutic benefit to future patients.

21. **Therapeutic Alternatives.** What are the therapeutic alternatives available to the subject in the NON-RESEARCH context, which may be of reasonable benefit to the subject? If therapeutic alternatives do not exist, this should be stated and explained. Note: This section should include a reasonably detailed description of the therapeutic alternatives, which could be used to treat the patient should they elect not to participate in the protocol.

22. **Risk/Benefit Relationship.** What is the relative risk/benefit relationship of the research compared with the therapeutic alternatives? Note: The IRB relies upon a reasonably detailed analysis of the risk/benefit relationship of the research versus that offered by the therapeutic alternatives that are available to the subject should they choose not to participate. The relationship of the anticipated benefits versus the potential risks of the research must be at least as favorable to the subject as that presented by alternate therapies, which are considered standard treatment for the disease in question. This

section should clearly document that the research offers the subject an acceptable risk/benefit relationship when compared with the therapeutic alternatives.

FINANCIAL OBLIGATIONS AND COMPENSATION

23. **Financial Obligations of the Subject.** What financial obligations will the subject incur as a result of participating in the study? Note: This section should clarify who (e.g. subjects vs. grant vs. departmental funds) will pay for procedures associated with the study as well as financial responsibility for routine clinical care (e.g. diagnostic tests, hospitalization, follow-up).

24. **Research Versus Standard Treatment Costs.** Are any financial obligations of the subject incurred or increased as a result of procedures performed solely for research purposes? If so, provide additional detail. Note: The financial obligations of the subject may be increased as a result of the research participation by such factors as additional diagnostic/follow-up tests; longer hospitalization; and/or administration of drugs/agents that are more expensive than alternatives. This section should clarify the subject's financial obligations relative to their participation in research.

25. **Financial Compensation for Participation.** Will the subject receive any financial compensation for participation? What are the prerequisite condition(s) that must be fulfilled by subjects in order to receive either full or partial compensation? Note: The IRB in conjunction with the FDA, encourages a prorated system of financial compensation. The amount of compensation must be justified and not constitute undue inducement of the subject to participate in the research. If a non-prorated system of compensation will be used, this should be justified in the section.

SUBJECT IDENTIFICATION, RECRUITMENT, AND CONSENT/ASSENT

26. **Method of Subject Identification and Recruitment.** Does the principal or secondary investigators have ethical/professional access to the names of potential subjects? If not, how will these names be obtained? How will prospective subjects be contacted for

recruitment into the study? Attach a copy of planned advertisements/notices. Note: The identification and recruitment of subjects must be ethically and legally acceptable and free of coercion. In addition, the recruitment procedure should be designed to facilitate equitable selection of subjects with particular attention paid to the recruitment of study participants of both genders and from different racial/ethnic groups.

27. **Competing protocols.** Are there any competing protocols of which you are aware that contain the same or substantially similar eligibility criteria? If a competing protocol(s) exists, the issue of subject selection and recruitment should be addressed. Note: This section must reflect that the investigator has taken all necessary steps to prioritize subject entry into this protocol in a manner that is in the best interests of the patient.

28. **Subject Competency.** Will all adult subjects be competent to give informed consent? Of not, describe the likely degree of impairment relative to their ability to consent to participate in research. For those subjects who display questionable impairment, describe how and by whom competency will be assessed. Note: Patients who are incompetent are considered to be vulnerable and can participate in research only if proxy consent is obtained from their legal representative or a waiver/exception is granted under HHS/FDA Regulations.

29. **Process of Informed Consent.** How will the process of informed consent be structured in order to be conducive to rational and thoughtful decision making by the subject/subject's legally authorized representative without any element of coercion or undue influence? Note: Depending upon the nature of the study. The degree of risk, and the subject population, factors that should be considered in structuring their process of consent include: a) the environment and location where informed consent will be negotiated; b) the amount of time allotted for the process of informed consent; c) the involvement of non-investigators (e.g. research nurses) who can help explain the research to the subject/representative; d) utilization of delayed consent procedure where the subject/representative is encouraged to discuss participation in the study with family, friends, counselors, or other confidants before they sign the consent form; and e) utilization of a re-consent procedure at regular intervals. This section should clearly document that appropriate attention will be given to the process of informed consent. If children/youth will be subjects, this section should separately address the process of informed assent, which should be specifically designed for the age range of the subjects.

30. **Subject/Representative Comprehension.** How will it be determined that the subject/subject's authorized representative understood the information presented? Note: All investigators have a legal and an ethical obligation to ensure that the prospective subject/representative has sufficient knowledge and comprehension of ALL of the elements of informed consent to enable them to make an informed and enlightened decision whether or not to participate or allow participation in research. The elements of informed consent include the purpose of the study, procedures, potential risks, potential benefits, alternatives, and any other information pertinent to informed consent. The fact that an individual is prepared to sign an informed consent form and has no unanswered questions does not necessarily represent sufficient evidence of an adequate level of comprehension. Some investigators, therefore, choose to determine the level of a person's comprehension by questioning the individual concerning their understanding of ALL the elements of informed consent. This section should clearly document that the investigator has an adequate plan in place to assure existence of an acceptable level of comprehension of ALL the elements of consent. If children/youth and or incompetent adults will be subjects, this section should ALSO include a specific plan to assess comprehension during assent.

31. **Information Purposely Withheld.** Will any information be purposely withheld from the subject? If so, state the information to be withheld, justify this non-disclosure and describe the post-study debriefing of the subject. Note: Any non-disclosure of the required elements of informed consent must be scientifically justified and minimized to the greatest extend possible. In addition, the alteration in the consent procedure must be approvable under 45CFR46(d). Non-disclosure is not permitted in FDA regulated studies except under emergency conditions.

32. **Consent/Assent Forms.** Specifically, for the record, which consent/assent forms will be used in the protocol according to the following categories: adult consent form, parental consent form, proxy consent form, youth assent form (age 13-18), and/or child assent form (age 7-12). Note: During development of these forms, refer to IRB guidelines.

33. **Documentation of Consent/Assent Forms.** Identify, by name, the investigator(s) and participating physicians/health care personnel who will document obtainment of informed consent/assent from the subject or the subject's legally authorized representative, i.e., sign the consent form. Note: Any individual who is authorized by the PI and the IRB to document the obtainment of informed consent/assent from subject/subject's legally authorized representative must have the necessary clinical expertise as well as sufficient knowledge about the protocol and IRB consent requirements. The PI is responsible for

ensuring the obtainment of valid consent/assent from all subjects. Only individuals who are listed in this section are authorized to document consent/assent.

LITERATURE REVIEW

34. **References.** If the IRB Application is submitted without the addition of a detailed protocol, a list of references, which are CITED in the background section of the application, MUST be included.

04/26/11-Approved by CH Board of Directors
03/09/11-Formatting Approved by CH Institutional Review Board
09/22/09 Revised/Approved by CH Institutional Review Board
11/18/08 Revised/Approved by CHS Institutional Review Board
10/17/01 Revised/Approved by CHS Institutional Review Board
12/1/00 approved by CHS Institutional Review Board

Appendix C

CAPITAL HEALTH Institutional Review Board **CONTINUING REVIEW OF HUMAN SUBJECT RESEARCH**	Date Reviewed at IRB Meeting:

Instructions for Submission
Complete and email this form to Rosemarie Alston, IRB Coordinator, at ralston@capitalhealth.org within three weeks of the scheduled IRB Meeting. The original hard copy of this signed form plus a hard copy of any attachments included in the e-mail must be forwarded to the IRB office which is located within the Medical Staff Services Department at Capital Health Regional Medical Center (RMC).

***If you plan on closing your study, do not complete this form. Please complete the Closure Form.**

SECTION I: General Information

1. CH IRB Approval Number: _____
2. Protocol Title: _____
3. Principal Investigator Name _____
4. Protocol Version _____
   Version Date _____

5. Expiration Date of Study Approval
6. Site Research is being conducted — **Capital Health Medical Center-Hopewell**
7. Are you requesting **Expedited Review?** ☐ Yes ☐ No
8. Have there been any changes in study personnel not previously reported to the IRB?
   ☐ No
   ☐ Yes (Indicate changes)

SECTION II-FINANCIAL CONFLICT OF INTEREST (COI)

Has there been any financial Conflict of Interest since last approval? ☐ Yes ☐ NO

If yes, please complete or update the Capital Health Medical Staff Leadership Candidates' Disclosure of Interests and Statement of Compliance with the Medical Staff Conflict of Interest Policy.

SECTION III: PROJECT STATUS (√ check all that apply)

A. ☐ Active - Open to Enrollment
- ☐ No enrollment to date
- ☐ Participant enrollment has begun
- ☐ Specimen collection or chart review occurring

B. ☐ Active - Closed to Enrollment
- ☐ Treatment, and/or active follow-up continues
- ☐ Long term follow-up of subjects as patients (e.g., following for survival)
- ☐ Data analysis only
- ☐ Presentation
- ☐ Publication

C. ☐ Study Closed Prior to Completion- **Do not complete this form. Please complete the Protocol Closure form.**

D. ☐ Study completed (*Enrollment, treatment, data collection, follow-up, and data analysis are complete.)* **Do not complete this form. Please complete the Protocol Closure form.**

SECTION IV: ENROLLMENT

Has enrollment been lower than anticipated? ☐ **No** ☐ **Yes**

*If **YES**, explain the reasons for low enrollment and, if relevant, what steps have been/will be taken to increase enrollment:*

A. Cumulative summary of subjects enrolled to date

(For studies involving record and/or specimen review only, skip and complete Section B).
(For study designs utilizing multiple consent forms, this table may be replicated).

1. Number of subjects accrued	
2. Number currently active/on study	
For example, subjects receiving study interventions/interactions or long-term follow-up	
3. Number completed (without events leading to early termination/withdrawal from study)	
4. Number who voluntarily withdrew consent after enrolling	
For example, after signing the consent form, the subject changed his/her mind and decided not to participate or to stop participating after completing some of the study procedures.	
Explain:	
5. Number terminated/withdrawn from study by the investigator due to adverse event(s)	
For example, subject met toxicity drop point or experienced a serious adverse event.	
Explain:	
6. Number terminated/withdrawn from study by the investigator due to other reasons	
For example, non-compliance with the protocol, pregnancy, etc.	
Explain:	
7. Number lost to follow-up	
Explain:	
8. Number no longer participating for reasons other than those above	0
Explain:	
9. Total of A2 through A8. This should equal A1.	
10. Number of subjects approved at initial approval	

SECTION V PROGRESS REPORT: (complete all sections in sufficient detail to assess current risk/benefit)

The primary purpose of continuing review is to re-assess the risk-benefit ratio at intervals appropriate to the degree of risk associated with the study procedures, but not less than once per year. At the time of continuing review, the IRB must ensure that the regulatory criteria for IRB approval at 45 CFR 46.111, and when applicable, at 21 CFR 56.111, continue to be satisfied. Please answer the following questions so that both you and the IRB can determine whether any new information has emerged, either from the research itself or from other sources that could alter the IRB's previous determinations, particularly with respect to risk to subjects.

A. Unanticipated problems

1. Since the last IRB review, have any serious, unexpected or adverse events occurred that were considered related to participation in the research that have not been previously reported to the IRB? ☐ **No** ☐ **Yes**

*If **YES**, please attach Report of Adverse Events and/or Unanticipated Problem Form describing any previously unreported unanticipated event.*

2. Since the last IRB review, have any <u>other</u> unanticipated problems involving risks to subjects or others occurred, for example, medication or laboratory errors, loss or unintended disclosure of confidential information, investigator suspension or termination? ☐ **No** ☐ **Yes**

*If **YES**, please attach Report of Adverse Events and/or Unanticipated Problem Form describing any previously unreported unanticipated event.*

B. Protocol deviations/violations

Since the last IRB review, have any protocol deviations/violations involving risks to subjects or others occurred that have not been previously reported to the IRB? ☐ **No** ☐ **Yes**

*If **YES**, please explain:*

C. Complaints about the study

Since the last IRB review, have any subjects or others complained about the research? ☐ **No** ☐ **Yes**

*If **YES**, please explain:*

D. Progress report and interim findings

1. Provide a brief general summary of the progress of the study.

One publication was accepted.

2. Has there been an interim analysis or are there any interim findings to report? ☐ **No** ☐ **Yes**

*If **YES**, please provide results of interim analysis or a summary of any findings to date.*

E. Data and safety monitoring

Is this a trial subject to oversight by a Data Safety and Monitoring Board (DSMB), Data Monitoring Committee (DMC), other similar body (e.g., coordinating or statistical center), or group whose responsibilities include review of adverse events and interim findings?	☐ No	☐ Yes
*If **YES**, please indicate type of monitoring plan below, and attach a copy of the most recent report or communication.*		
☐ DSMB/DMC/DSMC		
☐ Monitor/monitoring group		
☐ Coordinating or statistical center		
F. Other information relevant to the research		
Since the last IRB review, have there been major advances, changes in standards of care, drug approvals, device recall, new black box warning, or key publications in major peer-reviewed journals which would alter the risk/benefit assessment of this study?	☐ No	☐ Yes
*If **YES**, please provide a summary of relevant information. Provide key references and interpretation/commentary.*		
G. Investigator's assessment of risks and benefits		
1. Since the last IRB review, have the risks to subjects changed?	☐ No	☐ Yes
*If **YES**, please provide a summary of the changes in the risks to subjects.*		
2. Since the last IRB review, has the magnitude of benefit or likelihood of benefit to subjects changed?	☐ No	☐ Yes
*If **YES**, please provide a summary of the changes in the anticipated benefits.*		
3. Do the risks to subjects continue to be reasonable in relation to anticipated benefits, if any, to subjects and to the importance of the knowledge that may reasonably be expected to result?	☐ No	☐ Yes
*If **NO**, explain below.*		

SECTION VI: PROPOSED MODIFICATIONS/AMENDMENTS/ CHANGES TO THE RESEARCH		
Have there been any modifications/amendments since your last approval?	☐ No	☐ Yes
*If **YES**, did you submit the modification/amendment to the IRB?* *If **No**, please attach the Modification Request form detailing proposed changes.*	☐ No	☐ Yes
NOTE: The IRB must approve all changes to protocols and consent forms and other study documents (e.g., questionnaires, recruitment letters, advertisements, etc.) prior to implementation.		

SECTION VII ATTACHMENTS (*when applicable*)	
Attach the following:	
☐	**Research Protocol**: Current dated version of the protocol (Provide highlighted or strikeout copy of any changes proposed with this continuing review submission, if applicable.)
☐	**Investigator Financial & Other Personal Interests Disclosure Form** for each investigator and key study personnel
☐	**Research Consent Forms**: Copy of most recent IRB-approved consent forms with IRB-approval stamp
☐	**Research Consent Forms**: Consent forms for re-approval without IRB-approval stamp, Additionally include one copy of the currently approved informed consent with IRB approved stamp.
☐	**For multi-center trials** - Please attach any relevant multi-center reports
☐	**Data Collection Form(s)** – only if new or revised since last IRB review
☐	**Recruitment Materials** (e.g., ads, flyers, telephone or other oral script, radio/TV scripts) if still being used
☐	**Current IRB/approvals/Letters of Support from non-CH sites**
☐	**Data Safety Monitoring Board Reports or multi-site study reports**
☐	**Other supporting documentation and/or materials**

SECTION VIII PRINCIPAL INVESTIGATORS ASSURANCES

I agree to follow all applicable policies and procedures of Capital Health, and federal, state, and local laws and guidances regarding the protection of human subjects in research, as well as professional practice standards and generally accepted good research practice guidelines for investigators, including, but not limited to, the following:

- The research was performed as approved by the IRB under the direction of the Principal Investigator by appropriately trained and qualified personnel;
- Obtain and document (unless waived) informed consent and HIPAA research authorization from human subjects (or their legally authorized representatives) prior to their involvement in the research using the currently IRB-approved consent form(s) and process;
- Promptly report to the IRB events that may represent unanticipated problems involving risks to subjects and others
- Provide significant new findings that may relate to the subjects' willingness to continue to participate;
- Inform the IRB of any changes in the research or informed consent process before changes are implemented, and agree that no changes will be made until approved by CH IRB (except where necessary to eliminate apparent immediate hazards to participants);
- Complete and submit a Continuing Review of Human Subjects Research application before the deadline form review at intervals determined by the IRB to be appropriate to the degree of risk (but not less than once per year) to avoid expiration of IRB approval and cessation of all research activities;
- Maintain research-related records (and source documents) will be maintained in a manner that documents the validity of the study and integrity of the data collected, while protecting the confidentiality of the data and privacy of participants;
- Retain research-related records for audit for a period of at least three years after the study has ended (or longer, according to sponsor or publication requirements) even if I leave Capital Health;
- Contact the IRB Administrative Office for assistance in amending (to request a change in Principal Investigator) or termination the research if I leave Capital Health or am unavailable to conduct or supervise the research personally;
- Provide a Closure Report to the IRB when all activities have ended (including data analysis with individually identifiable or coded private information) and;
- Inform all co-investigators, research staff, employees, assisting in the conduct of the research will be informed of their obligations in meeting the above commitments.

I verify that the information provided in this Continuing Review of Human Subject Research application is accurate and complete.

_____ _____

Signature of Principal Investigator Date

_____

Printed name of Principal Investigator

Approvals:
5/11/2011-Institutional Review Board
6/28/11-Board of Directors

Appendix D

CAPITAL HEALTH
Institutional Review Board
MODIFICATION REQUEST FORM

capitalhealth

INITIAL APPROVAL DATE:____
LAST RENEWAL APPROVAL DATE: ____
DATE REVIEWED AT IRB MEETING:____

Instructions for Submission
Complete and email this form to Rosemarie Alston, IRB Coordinator, at Ralston@capitalhealth.org . The original hard copy of this signed form plus a hard copy of any attachments included in the e-mail must be forwarded to the IRB office which is located within the Medical Staff Services Department at Capital Health Regional Medical Center (RMC).

SECTION I: General Information

1. IRB Approval Number: _____
2. Project Title: _____
3. Principal Investigator(s): _____
4. Site Research is being conducted **Capital Health Medical Center-Hopewell**

SECTION II: Type of Modification

Please check all applicable modifications to be made:

☐ **PARTICIPANTS**
- ☐ Source of participants
- ☐ Number of participants involved
- ☐ Recruitment or recruitment materials **(must attach revised materials)**
- ☐ Other

☐ **PROCEDURES**
- ☐ Research methods
- ☐ Frequency of procedure
- ☐ Duration of procedure
- ☐ Audiotaping
- ☐ Location of procedure
- ☐ Increase in risk to participants
- ☐ Advertising
- ☐ Compensation
- ☐ Videotaping
- ☐ Other

☐ **CONSENT**
- ☐ Revised current approved consent or assent form **(must attach revised document)**
- ☐ Change in the manner in which consent and/or assent is obtained
- ☐ Other

☐ **CONFIDENTIALITY**
- ☐ Who will have access to data
- ☐ Other
- ☐ Location of stored data

☐ **PERSONNEL**

- ☐ Deleting personnel:
- ☐ Adding new personnel*:
- ☐ Investigator contact information:
- ☐ Title or Role change of existing personnel
- ☐ Other:

***If adding new personnel, you must complete and attach an ADDITIONAL PERSONNEL form (available online), to include CITI training status and contact information.**

☐ **FUNDING**

- ☐ New Funding Source:
- ☐ Removing Funding Source:
- ☐ Other

☐ **OTHER**

SECTION III: Justification

Completion of this section is mandatory. *Describe and justify the proposed modifications to your current approved protocol. Address subject safety issues or the addition of risks, which may include physical, psychological, and economical, and what will be done to minimize the risk.*

SECTION IV: Adverse/Unanticipated Events

1. Have you experienced any unanticipated adverse events, complications or incidents? *Adverse events are incidents that have placed participants or researchers at a greater risk, including physical, psychological, economic or social harm. May include injury or side effects to the participant or researcher, loss of data, or breach in confidentiality.*
   ☐**YES** ☐**NO**
   If YES, was an ADVERSE OCCURANCE REPORT FORM submitted?

2. Have you received any complaints about the research?
   ☐**YES** ☐**NO**
   If YES, please describe the complaint and how it was handled:

SIGNATURES

By signing this form, "I understand that I cannot initiate any changes in my approved protocol before I have received approval and/or complied with all contingencies made in connection with that approval and agree to provide appropriate education and supervision of the attached protocol amendment(s)."

Principal Investigator (PRINT)	**Signature**	**Date**

Appendix E + F

CH IRB # _____
IRB Meeting
Date:_____

Capital Health
Institutional Review Board
ADVERSE EVENT
Report Form

Instructions: Please attach this form individually to **each** Adverse Event reported. If a single form is used to report multiple Adverse Events, it will be returned to the Investigator for correction. **This form and a summary of the event must be submitted for review via email as an attachment to ralston@capitalhealth.org. The original signed hard copy must be sent via inter office mail to the IRB Office in the Department of Medical Staff Administration at the Regional Medical Center (attention Rosemarie Alston).** Remember to make a copy for yourself.

Project Title:_____

Principal Investigator: _____

DESCRIPTION OF ADVERSE EVENT AND TREATMENT

Subject Identifier: (Identify the subject using their patient ID number) _____

Date and Time of Event: State the date and time the subject suffered the adverse event.
Date: ____/___/___ **Time:** _____
Date of initiation of study treatment: ____/____/____
Date and time of last dose prior to event (if applicable): Date: ____/___/___ **Time:** _____

Description: Provide a brief description of the medical nature of the injury/adverse events, including subject's medical background/history and concomitant medications. _____

Treatment of the Subject: Describe the medical treatment of the subject who experienced the adverse event. _____

Prognosis: Describe the subject's prognosis: _____

What is the Relationship of Adverse Event to Study Medication or Device?

[ ] **Unrelated**
Adverse event is clearly due to extraneous causes (e.g., underlying disease, environment)

[ ] **Unlikely (must have 2)**
Adverse Event:
[ ] does not have temporal relationship to intervention,
[ ] could readily have been produced by the subject's clinical state,
[ ] could have been due to environmental or other interventions,
[ ] does not follow known pattern of response to intervention,
[ ] does not reappear or worsen with reintroduction of intervention

[ ] **Possible (must have 2)**
Adverse Event:
[ ] has a reasonable temporal relationship to intervention,
[ ] could not readily have been produced by the subject's clinical state,
[ ] could not readily have been due to environmental or other interventions,
[ ] follows a known pattern of response to intervention

[ ] **Probable (must have 3)**
Adverse Event
[ ] has a reasonable temporal relationship to intervention,
[ ] could not readily have been produced by the subject's clinical state or have been
[ ] due to environmental or other intervention,
[ ] follows a known pattern of response to intervention,
[ ] disappears or decreases with reduction in dose or cessation of intervention and recurs with re-exposure.

Was the Adverse Event expected?

[ ] Yes The Adverse Event is consistent with the current Investigator's Brochure or the risk information described in the general investigational plan; the consent document, or drug insert.

[ ] No The Adverse Event is **NOT** consistent with the current Investigator's Brochure or the risk information described in the general investigational plan; the consent document, or drug insert.

What was the seriousness of the Adverse Event? (Check all that apply)

[ ] Serious Serious Adverse Event (any one of the following)
[ ]Subject died
[ ]Adverse Event was life-threatening
[ ]Adverse Event resulted in permanent disability
[ ]Adverse Event required hospitalization or prolonged hospital stay
[ ]Adverse Event required intervention to prevent permanent impairment or debilitating illness/injury
[ ]Adverse Event resulted in a congenital anomaly or birth defect
[ ]Adverse Event caused cancer

[ ] Non-serious Adverse Event (any other non-serious adverse event)

REPORTING REQUIREMENTS

[ ]Unexpected Serious Adverse Events	3 calendar days
[ ]Expected Serious Adverse Events	10 calendar days
[ ]Unexpected Adverse Events	10 calendar days
[ ]Expected Adverse Events	Regular yearly renewal

For studies conducted at Capital Health(CH)where another Institutional Review Board (IRB) is the IRB of record, notify CHIRB of only serious adverse events.

ASSESSMENT OF ADVERSE EVENT

Risk-Benefit Analysis Update: Does the adverse event alter the risk/benefit ratio of participation in the protocol?
[ ] Yes [ ] No

Changes in Protocol: Does the protocol require modification (suspend, terminate, or other change) to the risk associated with this adverse event? [ ] Yes [ ] No

Informed Consent Document: Does the consent form need to be amended to better inform and protect the rights and welfare of subjects? [ ] Yes [ ] No

Reconsent: Is it necessary to inform subjects who have already consented to participate in the study of the adverse event? [ ] Yes [ ] No

If a change to the protocol or consent form is needed, please also submit the changes under separate cover as an amendment. Do not submit changes with this form.

Typed Name of Principal Investigator	**Signature**	**Date**
Typed Name of Person Completing Form	**Signature**	**Date**

Approvals:
Revised by CH Institutional Review Board: July 11, 2012
Revised by CHS Institutional Review Board: November 18, 2008
Revised by CHS Institutional Review Board: January 21, 2003
Approved by CHS Institutional Review Board: November 20, 2001

Appendix G

CAPITAL HEALTH Institutional Review Board **CLOSURE FORM FOR HUMAN SUBJECT RESEARCH**	Date Reviewed at IRB Meeting:

Instructions for Submission Complete and email this form to Rosemarie Alston, IRB Coordinator, at ralston@capitalhealth.org within three weeks of the scheduled IRB Meeting. The original hard copy of this signed form plus a hard copy of any attachments included in the e-mail must be forwarded to the IRB office which is located within the Medical Staff Services Department at Capital Health Regional Medical Center (RMC).

SECTION I: General Information

1. CH IRB Approval Number: _____
2. Protocol Title: _____
3. Principal Investigator Name _____
4. Expiration Date of Study Approval
5. Site Research is being conducted **Both RMC/ Hopewell**

SECTION II: Protocol Status

☐	**Completed**	This is the final report, protocol can be closed. **NOTE: ALL BOXES BELOW MUST BE CHECKED TO CLOSE PROTOCOL.** ☐ All subject recruitment and enrollment is complete (i.e., no new subject recruitment or enrollment are ongoing) ☐ All subject specimens, records, data have been obtained (i.e., no further collection of data/information from or about living individuals will be obtained) ☐ No further contact with subjects is necessary (i.e., all interactions or interventions are complete and no further contact with enrolled subjects is necessary) ☐ Analysis of subject identifiable data, records, specimens are complete (i.e., use or access to subject identifiable is no longer necessary. **Note**: this includes review of source documents by study sponsors.) ☐ Results have been reported **OR** we do not intend to report the results.
☐	**Study Cancelled**	Work on Protocol was never initiated, and will not be done/Data has not been collected
☐	**Other**	**Explain:**

SECTION III: Subject Enrollment Data

3.1	The number of participants who withdrew or discontinued participation in the research study.	
	The number of participants who completed the study.	

SECTION IV: Study Result Summary	
4.1	Provide a summary of the findings for this project:
4.2	Provide a summary of reportable events (e.g. unanticipated problems, non-compliance) that occurred since the last continuing review:
4.3	List any publications or presentations resulting from this study:

'rincipal Investigator Assurance:

I certify that, as applicable to this study, the approved protocol and forms and approved methods for recruitment and obtaining consent were used and that unanticipated problems, adverse events and issues of non-compliance (e.g. major protocol deviations) were reported according to policy.

_____ _____

Principal Investigator Signature Date

Approvals:
5/11/2011 Institutional Review Board
6/28/11 Board of Directors

Appendix H

CAPITAL HEALTH Institutional Review Board **REQUEST FOR WAIVER OF HIPAA CONSENT**	capitalhealth	CH IRB NUMBER: _____ INITIAL APPROVAL DATE: _____ LAST RENEWAL APPROVAL DATE: _____ *DATE REVIEWED AT IRB MEETING:* _____

INSTRUCTIONS FOR SUBMISSION:
This form must be sent to Rosemarie Alston, IRB Coordinator, at ralston@capitalhealth.org within three weeks of the scheduled IRB meeting. The original hard copy of this signed form plus a hard copy of any attachments included in the e–mail must be forwarded to the IRB office which is located within the Medical Staff Services Department at Capital Health–Regional Medical Center. Please be sure to make a copy for your records.

PROTOCOL TITLE: _____

PRINCIPAL INVESTIGATOR:_____

I. Waiver of Consent

1.	Describe why this research involves no more than minimal risk to the subjects:		
2.	Describe why this waiver will not adversely affect the rights and welfare of the subjects.		
3.	Describe why this research could not practicably be carried out without the waiver of consent.		
4.	Will subjects be provided with any information on this study after participation? If so, what information will they be given?	YES ☐	NO ☐

II. Waiver of authorization to use and disclose protected health information.

1.	Describe the identifiable health information that will be accessed under this waiver:			
2.	Who will have access to the information?			
3.	Are the persons who have access to the information required to sign confidentiality statements?		YES ☐	NO ☐
4.	What identifiers are included on the information you plan to use and/or disclose?			
5.	In what form will the information be maintained?(Choose one) Paper			
6.	If the information is in paper format, describe the precautions you are taking to protect the identifiers from improper use and disclosure:			N/A ☐
7.	If information is in an electronic medium, are passwords required?	N/A ☐	YES ☐	NO ☐
8.	Is access to the information restricted to only those who have a need to know for performance of their job?		YES ☐	NO ☐
9.	Is this electronic system used to transmit data outside of your site?		YES ☐	NO ☐

10.	If information is transmitted, what safeguards does your system have to prevent inadvertent access to this data?
11.	When do you plan to destroy the identifiers? **(Identifiers must be destroyed at the earliest opportunity.)** ☐ End of Study ☐ _____ years after the end of the study. ☐ Other (please specify) _____
12.	Other than you and your research staff, who else will have access to this information?
13.	Please explain how your research meets the following criteria for a waiver: 1. This research cannot be practicably carried out without the Waiver of Authorization. 2. This research cannot practicably be conducted without the participants' Protected Health Information.

Principal Investigator Signature: _____ Date: _____

Name of person completing the form (Print): _____

Signature _____ Date: _____

Approvals:
4/26 /2011-Approved Board of Directors
3/9/2011 Approved (Reformatting) IRB
10/05/2010 Institutional Review Board
12/15/2010 Board of Directors

CLICK HERE TO RETURN TO NARRATIVE

CAPITAL HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD POLICY AND PROCEDURE

<table>
<tr><td colspan="2">TITLE: Activities Requiring Institutional Review Board Review</td><td>NO: IRB 924790.08</td></tr>
<tr><td colspan="2">ORIGINATING SOURCE: Institutional Review Board</td><td>EFFECTIVE DATE:
12/8/2014</td></tr>
<tr><td rowspan="2">EXECUTIVE APPROVALS:

President & Chief Executive Officer
Al Maghazehe, PhD, FACHE

Chairperson, Institutional Review Board
Daniel Goldsmith, MD

Chief Medical Officer
Eugene J. McMahon, MD, MBA, FACP

Vice President, Patient Services/CNO
Eileen Horton, RN, MSN

Chief Compliance Officer
Stephen A. Miller, JD

Director, Medical Staff Services/Institutional Review Board
Lynne A. Kluin</td><td>PERSONNEL:
Capital Health Physicians and Staff</td><td>SUPERSEDES:
10/25/2014</td></tr>
<tr><td>DISTRIBUTION:
Institutional Review Board Manual</td><td>Page: 1 of: 4</td></tr>
<tr><td colspan="2">COMMITTEE APPROVALS:

11/4/2014 Institutional Review Board
12/8/2014 Board of Directors</td></tr>
</table>

I. PURPOSE

To describe specific activities that require Institutional Review Board (IRB) review and, those that do not require IRB review.

II. Forms/Equipment-None

III. POLICY

All research of any kind, and in any field, that involves human subjects as defined by DHHS or FDA regulations, regardless of sponsorship, must be reviewed by Capital Health Institutional Review Board or its contracted Commercial Institutional Review Boards.

No intervention or interaction with human subjects in research, including recruitment, may begin until the IRB has reviewed and approved the research protocol. Human subjects research is any activity that either 1) meets the Department Health and Human Services (DHHS) definition of "research" involving "human subjects" as defined at 45 CFR 46.102 (d)(e)(f) or 2) meets the Food and Drug Administration (FDA) definition of "clinical investigation" involving "human subjects" as defined at 21 CFR 56.102(c)(e).

IV. PROCEDURE

A. Activities Requiring IRB Review

The Capital Health IRB is responsible for ensuring the review of all research involving human participants, regardless of sponsorship, for which Capital Health is considered to be engaged in the research. Capital Health is considered engaged in research when the project qualifies as "human subject research" as defined above and when one or more of the following apply:

- the research is sponsored by Capital Health;
- the research is conducted, in whole or part, by members of the Capital Health medical staff, employees, or by residents, fellows or students;
- the research is conducted by an agent of another institution using any of Capital Health's property or facilities;

Some specific insistences where IRB review is also required include:

- Emergency use of an investigational drug or device. One-time emergency uses of an investigational drug or device may proceed without prospective IRB review. When emergency medical care involves an investigational article, the research does not require prospective IRB review and approval; the patient is a research subject as defined by FDA regulations, but may not be considered a research subject as defined by DHHS regulations, and data generated from such care **cannot be included in any prospectively conceived reports of a DHHS-regulated research activity.**
- Student Conducted Research-All activities that meet the definition of research with human subjects, and that are conducted by students for a class project or for work towards a degree must be reviewed by the IRB. These include masters and doctoral projects that involve research with human subjects and for which findings may be published or otherwise disseminated.

- Case Studies- When case studies are compiled in such a way as to allow generalization of knowledge for the data collected, that activity constitutes research and must be reviewed by the IRB. One or two cases reviewed in a single manuscript does not require IRB review. Three or more in a single manuscript is considered a case series and would be considered to be generalizable knowledge.

Any questions or uncertainty about whether a project requires IRB review should be directed to the IRB Chairperson or the Director of the IRB for clarification.

B. Activities Not Subject to IRB Review

Activities that do not meet the regulatory definition of human research or clinical investigation do not require IRB approval.

Proposals that lack definite plans for involvement of human subjects will not require IRB review. Additionally, activities such as quality improvement, quality assurance or quality control program, and certain disease monitoring activities generally do not qualify as research unless the activity meets either FDA or HHS definition of research involving human participants. Specifically, if a PI project results will be presented outside of Capital Health, then IRB review is necessary.

C Determining Whether an Activity Already Begun or Completed Represents Human Subject Research

If the investigator: 1) has begun a project without IRB review and approval and later learns that the project required IRB approval or 2) realizes that the data that has been obtained will contribute to generalizable knowledge and should be published, the investigator must immediately consult with the IRB Chairperson to determine whether the project represents human subject research, and thus requires a proposal to be submitted to the IRB.

If the proposal qualifies for human subject research, it will be forwarded to the appropriate IRB for review. If the study is approved, it must also be determined whether the data collected prior to the Board's approval may be used for publication. The IRB will consider the intent of the data collection prior to proposal, and when the intent shifted from a non-research goal such as PI, to a research goal, such as presentation or publication.

Finally, if it is determined that the investigator conducted human subject research prior to IRB approval, it must also be determined whether these are issues of non-compliance that need to be investigated. These determinations will be made in accord with Scientific Misconduct, Investigating Allegations Non-Compliance Involving Human Subjects' Research policy.

D. Research on Decedents

Research on decedents is usually not subject to IRB review, however, if the research on decedents involves tissue (specimens) from a participant in an FDA-regulated device trial, either as the recipients of the device or as a control, the research is subject to IRB review. (21 CFR 812.3(p).

HIPAA does require review of protected health information on decedents and the Capital Health Compliance Officer should be consulted to ensure their Protected Health Information (PHI) is handled appropriately.

VI. REFERENCES:

Federalwide Assurance
45 CFR 46.102 (d)(f)
45 CFR 46.103(b)(4)
21 CFR 50.3 (c)(d)(g)
21 CFR 56.102 (c)(d)(e)
21 CFR 56.108 (b)(1)
21 CFR 812.3 (p)
21 CFR 312
21 CFR 50.24
FDA Information Sheets for IRBs and Investigators
OHRP Guidance: Research Involving Coded Information or Biological Specimens, October 16, 2008
OHRP Guidance: Engagement in Research, October 16, 2008
OHRP Guidance: Decision Charts; Human Subjects Regulations Decision Charts September 24, 2004
Joint Commission Standards (2014). Standards RI. 01.03.05
Scientific Misconduct, Investigating Allegations Non-Compliance Involving Human Subjects' Research policy.

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CAPITAL HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD POLICY AND PROCEDURE

TITLE: Event Reporting of Adverse Events, Unanticipated Problems, and Protocol Deviations		**NO: IRB 924790.13**
ORIGINATING SOURCE: Institutional Review Board		**EFFECTIVE DATE:** 11/6/2013
EXECUTIVE APPROVALS: **President & Chief Executive Officer** Al Maghazehe, PhD, FACHE **Chairperson, Institutional Review Board** Daniel Goldsmith, MD **Chief Medical Officer** Eugene J. McMahon, MD, MBA, FACP **Director, Medical Staff Services/Institutional Review Board** Lynne A. Kluin	**PERSONNEL:** Capital Health Physicians and Staff **DISTRIBUTION:** Institutional Review Board Manual	**SUPERSEDES:** None **Page:** 1 of 7
	COMMITTEE APPROVALS: 10/15/2013 Institutional Review Board 11/6/2013 Board of Directors	

I. PURPOSE

The purpose of this policy is to define the requirements for reporting adverse events and unanticipated problems involving risks to subjects and others to Capital Health Institutional Review Board and the time frame for reporting.

II. Forms/Equipment-

- "Adverse Event Report Form"
- Unanticipated Problem/Protocol Deviation Reporting Form

III. POLICY

IV. PROCEDURE

In order to approve human subjects research at Capital Health, the IRB must ensure that risks to subjects are minimized and the risks are reasonable in relation to the anticipated benefits. To that end, the IRB is responsible for reviewing reports of adverse events, unanticipated problems, protocol deviations, and other risks. The risks may involve physical, emotional, financial, social, psychological, or legal harm to the subject (or others).

The CH IRB will maintain a mechanism for investigators to report and the IRB to review all reportable adverse events, unanticipated problems, protocol deviations, and other risks, under federal regulations 45 CFR 46.103 (b)(5)(i) and 21 CFR 56.108 (b)(1). This policy will outline the procedure and timing of these reports.

All investigators conducting human subjects research who use the CH IRB for IRB review are subject to this policy. Those who use one of the outside IRB's of record (WIRB or Quorum) for review are to report the event per their reporting mechanism as well as to CH IRB. Investigators may be required to report not only to the IRB, but to the sponsor and local, state or federal agencies. The IRB reporting requirements are outlined in Institutional Review Board Procedure for Initial and Continuing Review Policy Number IRB924790.06
All protocols of prospective design, whether interventional or observational, are subject to these reporting procedures. Retrospective designs and Exempt protocols are not expected to have adverse events because of the study design. However unanticipated problems or protocol violation if they increase the risk to the subjects must be reported.

The CH IRB will review the reports and fulfill reporting requirements to the appropriate institutional officials and federal departments or agencies.

A. Adverse Events

Adverse events are reported to the CH IRB with the Adverse Event Report Form.
The IRB requires the original signed form and any supporting documents. If the adverse event is submitted electronically through the IRB Intranet, the supporting documents and signature page must be submitted to the IRB Administrative Office.

Adverse events are classified as expected or unexpected, serious or non-serious and study-related or not study-related. The principal investigator is responsible for determining the type of adverse event and reporting in the correct time frame.

All study subject deaths must be reported to the CH IRB, even if expected or not study-related. *All fatal events must be reported to the IRB within twenty four hours (24) of the event, if the principal investigator believes the event to be related; and no later than fourteen (14) calendar days if the principal investigator believes the event not to be related to the study or is an expected adverse event based on the study protocol. (Please see the table below for reporting time frame requirements).*

	Study Related (unexpected)	**Study Related (expected)**	**Not Study Related**
Death	Within 24 hours	Within 14 days	Within 14 days
Serious	Within 3 days	Within 14 days	At Continuing Review
Non-Serious	Within 14 days	At Continuing Review	At Continuing Review

An unexpected adverse event meets one or more of the following criteria:

- Not listed in the informed consent, protocol, or investigator brochure.
- Not attributed to the underlying condition of the subject taking into account co-morbid conditions
- Not attributed to the patient population
- Severity and/or frequency of the event is beyond the range previously known.

An expected adverse event meets one or more of the following criteria:

- Attributed to the underling condition of the patient being studied.
- Attributed to the patient population being studied.
- Anticipated on the basis of prior experience with the drug under investigation or with related drugs.
- Identified in the investigator brochure, informed consent, or study drug labeling.

The primary responsibility of the evaluation of adverse events lies with the principal investigator of the protocol. This includes the documentation, investigation, and follow-up of these events. For those events that require reports to the IRB it is the principal investigator's responsibility to submit the reports in a timely manner. If new risks to the participants are identified they must be included in a protocol modification and a revised informed consent document.

For all reporting periods, "days" refers to calendar days after the investigator learned of the event. All reportable events need to be reported to the IRB within the timeline even if the information about the event is incomplete. Further information can be added with a follow-up report.

The IRB does not require the principal investigator to report adverse events that occur to subjects enrolled in an observational study or non-interventional study unless the event is related to study participation, causes a change in the study design, or increases risk for any participants

1) Reporting Issues

~~a)~~ Reporting of Adverse Events at Continuing Review or Study Closure. The continuing review report or Closure Report of a protocol will summarize all adverse events occurring since the last IRB review. This includes both events individually reported to the IRB since the last IRB review and events that do not need to be reported to the IRB until the continuing review

b) Reporting Internal Adverse Events after a Participant has Completed a Study. If a participant has an adverse event after completing all of his or her study activities, and the study remains open at Capital Health for other participants, the adverse event is only reported if it is study-related.

c) Independent Safety Monitoring Reports. It is the responsibility of the investigator to submit any independent safety monitoring report to the IRB. Safety monitoring reports that do not result in a change in the protocol or consent form are to be submitted at the time of Continuing Review.

d) Failure to Report an Adverse Event. Failure to report an adverse event in a timely manner may be considered a compliance matter and referred to the IRB for review and a compliance determination.

B. Unanticipated Problems

There are other types of incidents, experiences, and outcomes that occur that represent unanticipated problems, but are not considered adverse events. For example, some unanticipated problems involve social or economic harm instead of the physical or psychological harm associated with adverse events. In other cases, unanticipated problems that are not adverse events may also place subjects or others at increased *risk* of harm, but no harm occurs to the participant.

The primary responsibility for the evaluation of unanticipated problems lies with the principal investigator of the protocol. This includes the documentation, investigation, and follow-up of these events. For those events that require reports to the IRB it is the principal investigator's responsibility to submit the reports in a timely manner. Reportable anticipated problems involve a event that causes a risk, potential risk, or harm to the rights, safety, or welfare of a study participant or others. If the Unanticipated Problem does not meet these criteria, then the event does not meet reporting criteria and should be retained in the investigator's file for reference. If however, both criteria are met, the Unanticipated Problem must be reported to the IRB within fourteen (14) calendar days with all available supporting documents. Supplemental material may be submitted as it becomes available.

The following are examples of unanticipated problems that need to be reported by the Principal Investigator (PI) to the CH IRB.

1. Information that indicates a change to the risks or potential benefits of the research. For example:

   a. An interim analysis indicating that participants have a lower rate of response to treatment than initially expected.
   b. Safety monitoring indicating that a particular side effect is more severe, or more frequent than initially expected.
   c. A paper is published from another study that shows that an arm of your research is of no therapeutic value.
2. A breach of confidentiality including inappropriate disclosure, lost or stolen confidential information.
3. Change in FDA labeling or withdrawal from marketing of a drug, device, or biologic used in a research protocol.
4. Changes to the protocol taken without prior IRB review to eliminate apparent immediate hazard to a research participant.
5. Incarceration of a participant in a protocol not approved to enroll prisoners.
6. Event that requires prompt reporting to the sponsor such as disqualification or suspension of investigator.
7. Complaint of a participant when the complaint indicates unexpected risks or the complaint cannot be resolved by the research team.

Protocol deviation (including accidental or intentional protocol deviation) that caused harm to participants or others or indicates participants or others are at increased risk of harm.

C. IRB Review of Adverse Events and Unanticipated Problems

All adverse events or unanticipated problem reports are initially reviewed by the Chairperson of the IRB or designee

If the Chairperson of the IRB or designee determines that the issue is **NOT** an adverse event or unanticipated problem involving risks to participants or others, no further action is taken under this policy.

If the Chairperson of the IRB or designee determines that the issue **IS** an non-serious adverse event or unanticipated problem NOT involving risks to participants or others, the issue is reviewed at the next convened IRB meeting as described below.

If the Chairperson of the IRB or designee determines that the issue **IS** a serious adverse event or unanticipated problem involving risks to participants or others, the issue is reviewed by at the next convened IRB meeting as described below, and will be initially reviewed by the Chair or designee within three days of the IRB receiving the report. The Chair or designee may convene a special meeting if circumstances warrant.

1) IRB Review

All serious adverse events or unanticipated problems involving risks to participants or others reviewed at a full Board meeting will be assigned a primary reviewer. The reviewer will usually be the Chairperson of the IRB, however a more experienced member of the IRB may also be assigned to review. If possible, information about the event will be distributed with the meeting packets; however, if time does not allow it will be distributed at the start of the convened Board meeting.

The primary reviewer will receive the "Adverse Events Report Form" with the investigator's description of the event; current protocol; current approved consent form; any sponsor or regulatory correspondence regarding the event; and any other related document deemed necessary. The complete IRB file is available to all members before, during and the IRB meeting.

When serious adverse events or unanticipated problems involving risks to participants or others are reviewed at an IRB meeting, the Board will consider whether any corrective actions or substantive changes to the research are required. The Board may consider any of the following and determine that corrective actions or substantive changes are required.

- Review changes to the research protocol initiated by the investigator prior to obtaining IRB approval to eliminate apparent immediate hazards to subjects;
- Request modification of inclusion or exclusion criteria to mitigate the newly identified risks;
- Implementation additional procedures for monitoring subjects such as additional monitoring by an independent monitor;
- Suspension of enrollment of new subjects;
- Suspension of research procedures in currently enrolled subjects;
- Modification of informed consent documents to include a description of newly recognized risks; and
- Require notification of additional information about newly recognized risks to current and previously enrolled subjects.
- To accept the report with no changes to the risk/benefit ratio or the informed consent documents.
- Request further information from the investigator or Data and Safety Monitoring Board.
- Increase the frequency of continuing review.
- Halt new enrollment in the study pending a revised approved consent form and require currently active participants to be re-consented using the revise consent form.
- Terminate all study activities.
- Referral to other organizational entities.

The minutes must document the discussion of the Board; their determinations and actions. This includes but is not limited to:

- Whether the study is to continue as written and approved.
- Whether the protocol and/or consent form needs to be revised to address any additional risks.
- Whether additional information about the event needs to be provided.
- Whether the protocol is to be suspended.

The IRB will communicate its determination and findings to the principal investigator by sending a letter outlining the findings of the IRB and any required actions of the principal investigator.

D. Protocol Deviations

A principal investigator with an approved protocol must conduct the protocol under the terms and specifications of the study as approved by the IRB. An investigator may not deviate from the requirements for procedures or testing of participants as outlined in the protocol. Protocol deviations are classified as either minor or major:

Minor Protocol Deviation-is an incident involving noncompliance with the protocol but one that typically does not have a significant effect on the subject's rights, safety, welfare, or on the integrity of the resultant data.

Major Protocol Deviation-is a more serious incident involving noncompliance with the protocol usually involving critical study parameters. Major protocol deviations generally affect the subject's rights, safety, or welfare, or the integrity of the study data. A major protocol deviation can also be called a protocol violation.

Protocol Deviations must be reported by the principal investigator to the IRB in a timely manner. Major Deviations are reported to the IRB Office within 3 calendar days of discovery and a detailed report within 14 days. .

Deviations are reported using the "Unanticipated Problems and Protocol Deviations Report Form". If appropriate, the principal investigator should explain the corrective actions taken to avoid future deviations. If a change in the protocol is needed a Modification Report form needs to be completed. The examples listed below are a guide and are meant to be all-inclusive.

1) Examples of Major Deviations

- Failure to obtain informed consent, i.e. there is no documentation of informed consent or informed consent was obtained after initiation of study procedures.
- Informed consent obtained by someone not approved to obtain consent for the protocol.
- Use of invalid consent form, i.e. consent form without IRB approval; or outdated/expired consent form.
- Enrollment of a participant who was ineligible for the study.
- Performing a research procedure not in the approved protocol.
- Failure to report serious adverse event to IRB; sponsor; and/or regulatory agencies.
- Study medication dispensing or dosing error.
- Failure to follow the approved study protocol that affects participant safety or data integrity (e.g., study visit missed or conducted outside of required timeframe, or failure to perform a laboratory test).
- Failure to follow safety monitoring plan.
- Continuing research activities after IRB approval has expired.
- Use of recruitment activities that have not been approved by the IRB.
- Participant giving study medication to a third-party.
- Enrolling significantly more subjects than proposed in the IRB protocol.

2) Examples of Minor Deviations

- Missing original signed and dated consent form (only a photocopy available)
- Missing pages of executed consent form.
- Failure to follow the approved study protocol that does not affect participant safety. (e.g., study procedure conducted out of sequence).
- Failure of a participant to return study medication.

Protocol deviations that result in a change in the protocol, consent form or risk/benefit ratio for the study should be reported to the IRB promptly (within 3 calendar days), and include an appropriate amended protocol and/or consent form.

All deviations are initially reviewed by the IRB Chairperson. Deviations that result in harm to the subject are presented to a Board meeting and are reviewed and reported as discussed in section E.

Study sponsors may have different reporting requirements that the IRB and it is the principal investigator's responsibility to be knowledgeable about, and meet, the study sponsor's reporting requirements.

VI. REFERENCES:

21 CFR 56.108 (b)(1)
21 CFR 310.305
21 CFR 312.32
21 CFR 314.80
45 CFR 46.111
45 CFR 46.103(b)(5)(i)
NIH Guidelines on Reporting Adverse Events to Institutional Review Boards, June 11, 1999
OHRP Guidance for Clinical Investigators, Sponsors, and IRBs-January 2009-Adverse Event Reporting to IRBs Improving Human Subject Protection.
OHRP Guidance on Reporting Incidents to OHRP, May 27, 2005
Joint Commission Standards (2011). Standards RI. 01.03.05

Capital Health Institutional Review Board ADVERSE EVENT Report Form	CH IRB NUMBER: INITIAL APPROVAL DATE: LAST RENEWAL APPROVAL DATE: **Date Reviewed at IRB Meeting:**

Instructions: Please attach this form individually to **each** Adverse Event reported. If a single form is used to report multiple Adverse Events, it will be returned to the Investigator for correction. This form and a summary of the event must be sent to Rosemarie Alston, IRB Coordinator to **ralston@capitalhealth.org.** The original hard copy of this signed form plus a hard copy of any attachments included in the e-mail must be forwarded to the IRB Office which is located within the Medical Staff Services Department at Capital Health-Regional Medical Center. **Remember to make a copy for yourself.**

Protocol Title:

Principal Investigator:

Investigators must report all UNEXPECTED adverse events **associated with the study intervention** that meets the following criteria:

CH IRB will require notification within **three calendar days** for the following:

1) All unexpected Adverse Events that result in death or were immediately life threatening.
2) All unexpected CH Adverse Events that are serious, and unexpected.

CH IRB will require notification within **fourteen calendar days** of the following:

1) All CH Adverse Events those are unexpected but non-serious and related to study drug.
2) All CH Adverse Events that are non-serious and expected but more frequent and intense **OR** significantly disabling, or resulting in a congenital anomaly.

Occurred on a subject enrolled at Capital Health? ☐ Yes* ☐ No*****

- *If yes, **Institutional Review Board Chairman must be notified within 72 hours of the event**. Detailed narrative is to be submitted for review to the Institutional Review Board within **10** calendar days of the event. **REPORT sent to IRB _____**
- *****If no, **REPORT sent to IRB on _____for Full Board Meeting on _____**

PROJECT IDENTIFICATION:

Project Title: (Should be same as the title appearing on study protocol and informed consent document**)**_____	
Nature of The Adverse Event: _____	Report or ID Number:_____
Report Type: (internal or external) _____	

Date of Adverse Event: _____	☐ Initial Report ☐ Follow-Up Report
Date of Adverse Event Report: _____	

Was the Adverse Event anticipated?

☐ **Yes** The Adverse Event (specificity; severity; or frequency) is consistent with the current Investigator's Brochure or the risk information described in the general investigational plan; the consent document, or drug insert.

☐ **No** The Adverse Event (specificity; severity; or frequency) is **NOT** consistent with the current Investigator's Brochure or the risk information described in the general investigational plan; the consent document, or drug insert.

What Was the Seriousness of Adverse Event? (Check all that apply)

☐ Subject(s) died
☐ Adverse Event(s) Were Life-Threatening
☐ Adverse Event(s) Resulted in Permanent Disability
☐ Adverse Event(s) Required Hospitalization (Initial or Prolonged)
☐ Adverse Event(s) Required Intervention To Prevent Permanent Impairment Or Debilitating illness/injury
☐ Adverse Event(s) Resulted In a Congenital Anomaly Or Birth Defect
☐ Adverse Event(s) Caused Cancer
☐ None of the Above/Describe: _____

DESCRIPTION OF ADVERSE EVENT AND TREATMENT

List Key Words describing adverse event: _____

Subject Identifier: (Identify the subject using their patient ID number)_____

Date and Time of Event: State the date and time the subject suffered the adverse event.	
Date: _____	**Date of initiation of study treatment: _____**
Time:	**Date of last dose prior to event:**
Description: Provide a brief description of the medical nature of the injury/adverse events, including subject's medical background/history and concomitant medications._____	
Treatment of the Subject: Describe the medical treatment of the subject who experienced the adverse event._____	
Prognosis: Describe the subject's prognosis:_____	

What is the Relationship of Adverse Event to Study Medication or Device?

☐ **Unrelated**

Adverse event is clearly due to extraneous causes (e.g., underlying disease, environment)

☐ **Unlikely (must have 2)**
Adverse Event:
☐ does not have temporal relationship to intervention,
☐ could readily have been produced by the subject's clinical state,
☐ could have been due to environmental or other interventions,
☐ does not follow known pattern of response to intervention,
☐ does not reappear or worsen with reintroduction of intervention

☐ **Possible (must have 2)**
Adverse Event:
☐ has a reasonable temporal relationship to intervention,
☐ could not readily have been produced by the subject's clinical state,
☐ could not readily have been due to environmental or other interventions,
☐ follows a known pattern of response to intervention

☐ **Probable (must have 3)**
Adverse Event
☐ has a reasonable temporal relationship to intervention,
☐ could not readily have been produced by the subject's clinical state or have been
due to environmental or other intervention,
☐ follows a known pattern of response to intervention,
☐ disappears or decreases with reduction in dose or cessation of intervention and
recurs with re-exposure.

ASSESSMENT OF ADVERSE EVENT

Risk-Benefit Analysis Update: Does the adverse event alter the risk/benefit ratio of participation in the protocol?
☐ Yes ☐ No

Changes in Protocol: Does the protocol require modification (suspend, terminate, or other change) to the risk associated with this adverse event? ☐ Yes ☐ No

Informed Consent Document: Does the consent form need to be amended to better inform and protect the rights and welfare of subjects? ☐ Yes ☐ No

Reconsent: Is it necessary to inform subjects who have already consented to participate in the study of the adverse event? ☐ Yes ☐ No

If a change to the protocol or consent form is needed, please also submit the changes under separate cover as an amendment. Do not submit changes with this form.

Typed Name of Principal Investigator	Signature	Date
Typed Name of Person Completing Form	Signature	Date

Approvals:
4/26/2011-Board of Directors
03/09/11Formatting Approved by CH Institutional Review Board
Revised by CH Institutional Review Board: November 16, 2010
Approved by CH Board of Directors: July 27, 2010
Revised and Approved by CH Institutional Review Board: June 27, 2010
Revised by CHS Institutional Review Board: November 18, 2008
Revised by CHS Institutional Review Board: January 21, 2003
Approved by CHS Institutional Review Board: November 20, 2001

Instructions: Please attach this form individually to **each** Unanticipated Problem/Protocol Deviation reported. If a single form is used to report multiple problems/deviations, it will be returned to the Investigator for correction. **This form and a summary of the event must be submitted for review via email as an attachment to ralston@capitalhealth.org. The original signed hard copy must be sent via inter office mail to the IRB Office in the Department of Medical Staff Administration at the Regional Medical Center (attention Rosemarie Alston).** Remember to make a copy for yourself.

Project Title:_____

Principal Investigator:

_____

DESCRIPTION OF UNANTICIPATED PROBLEM/PROTOCOL DEVIATION REPORT

Subject Identifier: (Identify the subject using their patient ID number)

_____

Description: Provide a brief description of the nature of the Unanticipated Problem/Protocol Deviation

_____

_____

ASSESSMENT OF UNANTICIPATED PROBLEM/PROTOCOL DEVIATION

Risk-Benefit Analysis Update: Please describe if this Unanticipated Problem/Protocol Deviation changes the risk profile.

_____

_____

_____

Please describe steps taken to correct the Unanticipated Problem/Protocol Deviation.

_____

_____

_____

Changes in Protocol: Does the protocol require modification (suspend, terminate, or other change) to the risk associated with this Unanticipated Problem/Protocol Deviation? [ ] Yes [ ] No

Informed Consent Document: Does the consent form need to be amended to better inform and protect the rights and welfare of subjects? [ ] Yes [ ] No

Reconsent: Is it necessary to inform subjects who have already consented to participate in the study of the adverse event? [ ] Yes [ ] No

If a change to the protocol or consent form is needed, please also submit the changes under separate cover as an amendment. Do not submit changes with this form.

_____ _____ _____

Typed Name of Principal Investigator **Signature** **Date**

_____ _____ _____

Typed Name of Person Completing Form **Signature** **Date**

Approvals:
Approved by CH Institutional Review Board:

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CAPITAL HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD POLICY AND PROCEDURE

<table>
<tr><td colspan="2">TITLE: Complaints, Non-Compliance, and Suspension or Termination of IRB Approval of Research</td><td>NO: IRB 924790.11</td></tr>
<tr><td colspan="2">ORIGINATING SOURCE: Institutional Review Board</td><td>EFFECTIVE DATE:
May 26, 2015</td></tr>
<tr><td rowspan="2">EXECUTIVE APPROVALS:

President & Chief Executive Officer
Al Maghazehe, PhD, FACHE

Chairperson, Institutional Review Board
Daniel Goldsmith, MD

Chief Medical Officer
Eugene J. McMahon, MD, MBA, FACP

Director, Medical Staff Services/Institutional Review Board
Lynne A. Kluin</td><td>PERSONNEL:
Capital Health Physicians and Staff</td><td>SUPERSEDES:
January 25, 2011</td></tr>
<tr><td>DISTRIBUTION:
Institutional Review Board Manual</td><td>Page: 1 of: 8</td></tr>
<tr><td colspan="2">COMMITTEE APPROVALS:

4/21/2015 Institutional Review Board
5/26/2015 Board of Directors</td></tr>
</table>

I. PURPOSE

This policy describes the process of the Capital Health Institutional Review Board (CHIRB) for responses and management of allegations and findings of non-compliance with human subject protection regulations.

II. Forms/Equipment-None

III. POLICY

All Capital Health (CH) employees and medical staff members are expected to maintain and promote the highest standards of ethical practices in research. Especially important are integrity in recording and reporting results, care in the execution of research protocols and procedures, and fairness in the recognition of the work of all others involved. The maintenance of an environment that promotes integrity in an atmosphere of openness and creativity is essential to the conduct of excellent science and medicine.

Capital Health expects principal investigators to be responsible for the integrity of the research carried out under their supervision, no matter who actually performs the work or under what circumstances. It is also the particular obligation of principal investigators to review standards with their staff members and to ensure appropriate practices for well-designed protocols and for recording, retaining, and maintaining scholarly research data. Reaffirmation and refinement of this policy will occur every two years unless regulations require a sooner approval.

The CHIRB, as part of their oversight responsibilities must establish procedures for the evaluation of all non-compliance with human subject protections and institutional policies and the prompt reporting of any serious or continuing non-compliance with the Federal and State regulations, or institutional policies with regards to the protection, safety, and welfare of research subjects.

This policy and associated procedures will normally be followed when the CHIRB Chairperson or a member of the Administrative body receives an allegation of possible misconduct in science or non-compliance with human subject regulations to promote a full and fair investigation.

IV. PROCEDURE

A. Review of Allegations of Non Compliance

All allegations of non-compliance will be reviewed by either the CHIRB Chairperson, Chief Medical Officer, or Acting Chief Physician Administrator (from this point forward will be referenced as Human Subject Research Reviewer (HSR), who will review:

1. All documents relevant to the allegation.
2. The last approval letter from the IRB of record.
3. The last approved research application and protocol.
4. The last approved informed consent document.
5. The grant, if applicable; ***and***
6. Any other pertinent information (e.g., questionnaires, reports, etc.)

If, in the judgment of the HSR Reviewer, any allegation or findings of noncompliance warrants suspension of the research before completion of any review or investigation to ensure protection of the rights and welfare of participants, the Reviewer may suspend the research as described in below in Section **Suspension or Termination** with subsequent review by the IRB.

If, in the judgment of the HSR Reviewer the reported non-compliance is not serious, not continuing, and the proposed corrective action plan seems adequate, no further action is required, and the CHIRB is informed at the next meeting. Otherwise, the matter will be presented to the CHIRB at a meeting with a recommendation that a formal inquiry (described below) will be held.

All allegations of non-compliance referred to the CHIRB will be reviewed at a meeting. All IRB members will receive (a) all documents relevant to the allegation; (b) the last approval letter from the IRB; (c) the last approved IRB application; and (d) the last approved consent document.

At this stage, the CHIRB may:

1. Find that there is no non-compliance;
2. Find that there is non-compliance that is neither serious nor continuing, and that an adequate corrective action plan is in place;
3. Find that there may be serious or continuing non-compliance and direct that a formal inquiry (described below) be held; ***or***
4. Request additional information.

B. Inquiry Procedures

A determination may be made by the CHIRB that an inquiry is necessary based on factors that may include but are not limited to:

1. Subjects' complaint(s) that rights were violated;
2. Report(s) that the investigator is not following the protocol as approved by the CHIRB;
3. Unusual and/or unexplained adverse events in a study; ***and/or***
4. Repeated failure of investigator to report required information to the CHIRB.

A subcommittee consisting of CHIRB members, and non-members if deemed appropriate by the CHIRB Chairperson, will be appointed to ensure fairness and expertise. The subcommittee will be given a charge by the CHIRB, which can include any or all of the following:

1. Review of protocol(s) in question;
2. Review of sponsor's audit report of the investigator;
3. Review of any relevant documentation, including consent documents, case report forms; subjects' investigational and/or medical files etc., as they relate to the investigator's execution of his/her study involving human subjects;
4. Interview of appropriate personnel;

5. Preparation of either a written or an oral report of the findings, which should be presented to the CHIRB for recommendations of actions.

The review and investigation process will be timely, fair and sensitive to the reputation of all parties. Reasonable precautions will be taken against real or apparent conflicts of interest on the part of this involved in the inquiry or investigation. In the event of a conflict of interest, or appearance of a conflict of interest among any of the investigating team they should excuse themselves from the investigation.

C. Final Review

The results of the inquiry will be reviewed at a convened CHIRB meeting where the IRB will receive a report from the subcommittee. If the results of the inquiry substantiate the finding of serious or continuing non-compliance, the CHIRB's possible actions could require (but are not limited to):

1. An action plan for achieving compliance from the investigator.
2. Verification that participant selection is appropriate and observation of the actual informed consent.
3. An increase in the data and safety monitoring of the research activity.
4. A directed audit of targeted areas of concern.
5. A status report after each participant receives intervention.
6. Modification of the continuing review cycle.
7. Additional Investigator and staff education.
8. Notification to current subjects', if the information about the non-compliance might affect their willingness to continue participation.
9. Modification of the protocol.
10. Modification of the information disclosed during the consent process.
11. A re-consent process for current participants.
12. Suspension or termination of IRB approval for specific research protocols or of all research involving human subjects' in which the investigator participates.
13. Letters of censure
14. Restrictions on serving as an investigator on human subject protocols.
15. Research privilege probation.
16. Embargo or retraction of publications.
17. Reporting of noncompliant activities to governmental entities.
18. Reclassification as possible scientific misconduct.

The investigator is informed of the CHIRB determination and the basis for the determination in writing and is given a chance to respond. If the CHIRB determines that the non-compliance was serious or continuing, the results of the final review will be reported as described below in Section E (1) **Reporting**.

In the event that a project is suspended or terminated, the CHIRB will request from the principal investigator written documentation on how the safety and well-being of subjects currently enrolled in the project will be protected. Unless otherwise stated, a suspended project must cease

enrollment of new participants until the suspension is lifted. Currently enrolled subjects may continue to be followed if necessary to ensure subject safety.

If the CHIRB determines that an investigator may continue his/her project with corrective action, or approval is reinstated after appropriate corrective action, a plan for continuing review will be formulated. Continuing review in this situation may include, but is not limited to audits. This will be carried out on a periodic basis until the CHIRB is satisfied that the problem has been adequately resolved. The Investigator will be invited to respond in writing to the results of the review.

D. Suspension or Termination

Suspension of IRB approval is a directive of the full CHIRB committee or HSR Reviewer to temporarily or permanently stop some or all previously approved research activities. Suspended protocols remain open and require continuing review. Termination of IRB approval is a directive of the full CHIRB committee to stop permanently all activities in a previously approved research protocol. Terminated protocols are considered closed and no longer require continuing review.

The HSR Reviewer may suspend research to ensure protection of the rights and welfare of participants. Suspension directives made by the HSR Reviewer must be reported to a meeting of the full CHIRB committee.

Research may only be terminated by the full CHIRB committee. Terminations of protocols approved under expedited review must be made by the full CHIRB committee. The CHIRB can suspend or terminate approval of research that is not being conducted in accordance with the IRB's requirements or that has been shown to have caused unexpected harm to participants.

When study approval is suspended or terminated by the full CHIRB committee or an authorized individual, in addition to stopping all research activities, the full CHIRB committee or individual ordering the suspension or termination will notify any subjects' currently participating that the study has been suspended or terminated. The full CHIRB committee or individual ordering the suspension or termination will consider whether procedures for withdrawal of enrolled subjects' are necessary to protect the rights and welfare of subjects'. Such procedures for withdrawal include: transferring participants to another investigator; making arrangements for care or follow-up outside the research; allowing continuation of some research activities under the supervision of an independent monitor; or requiring or permitting follow-up of participants for safety reasons.

If follow-up of subjects' for safety reasons is permitted/required by the full CHIRB committee or individual ordering the suspension or termination, will require that the subject' be so-informed and that any adverse events/outcomes be reported to the IRB of record and sponsor.

E. Reporting, Sanctions, and Appeals

1. **Reporting-** Serious or continuing non-compliance with regulations, requirements, determinations of the CHIRB, and suspensions and/or terminations of IRB approval will be reported to the appropriate agencies and institutional officials according to the

procedures for communicating with Regulatory, Accrediting Agencies and Oversight Bodies **(Section F below)**.

2. **Other Possible Sanctions or Actions**-A finding of serious or continuing non-compliance may also result in the following sanctions, among other:
    a. Individual **disciplinary action** of the investigator or other personnel involved in a study, up to and including dismissal, pursuant to Capital Health policies and procedures.
    b. **Sponsor actions**. In making decisions about supporting or approving applications or proposals covered by this policy, the Department of Health and Human Services or Agency head may take into account, in addition to all other eligibility requirements and program criteria, factors such as whether the applicant has been subject to a termination or suspension as described above, and whether the applicant or the person or persons who would direct or has/have directed the scientific and technical aspects of an activity has/have, in the judgment of the Department of Health and Human Services or Agency head, materially failed to discharge responsibility for the protection of the rights and welfare of human subjects. Institutional or individual action by the federal Office for Human Research Protection (OHRP).

3. **The Office for Human Research Protections (OHRP) may:**
    a. Withhold approval of all new studies by an IRB.
    b. Direct that no new subjects' be added to any ongoing studies.
    c. Terminate all ongoing studies, except when doing so would endanger the subjects' ***and/or***
    d. Notify relevant state, federal, and other interested parties of the violation.

F. Reporting to Regulatory Agencies and Institutional Officials

Federal regulations require prompt reporting to appropriate institutional officials and the department or agency head of any unanticipated problem, any serious non-compliance or continuing non-compliance with determinations of the CHIRB; and any suspension or termination of IRB approval. The CHIRB will comply with this requirement and the following procedures describe how these reports will be handled:

1. IRB Coordinator will initiate these procedures as soon as the CHIRB takes any of the following actions:
    a. Determines that an event may be considered an unanticipated problem.
    b. Determines that non-compliance was serious or continuing.
    c. Suspends or terminates approval of research.
2. The IRB Coordinator is responsible for preparing reports or letters which include the following information:
    a. The nature of the event (unanticipated problem involving risks to subjects or others, serious or continuing non-compliance, suspension or termination of approval of research).
    b. Title of the research project and/or grant proposal in which the problem occurred.
    c. Name of the principal investigator on the protocol.

d. Number of research project assigned by the CHIRB and the number of any applicable federal award(s) (grant, contract, or cooperative agreement).
e. A detailed description of the problem including the findings of the organization and the reasons for the CHIRB decision.
f. Actions the institution is taking or plans to take to address the problem (e.g., revise the protocol, suspend subject enrollment, terminate the research, revise the informed consent document, inform enrolled subjects, increase monitoring, suspend the principal investigator from doing research).
g. Plans if any, to send a follow-up or final report which would include but not limited to:
i. Specific dates of follow-up defined.
ii. When an investigation has been completed or a corrective action plan has been implemented.

The CHIRB Chairman and appropriate institutional officials will review the letter and modify the letter/report as needed. The institutional official is the signatory for all correspondences from the facility to the regulatory agencies.

The IRB Coordinator will send a copy of the report to:

a. The CHIRB by including the letter in the next convened meeting packet marked confidential and informational.
b. The Institutional Official
c. The Chief Compliance Officer, if a finding of non-compliance was serious or continuing.
d. Principal Investigator.
e. Sponsor, if the study is sponsored.
f. Contract research organizations (CRO), if the study is overseen by a CRO.
g. Others as deemed appropriate by the institutional official.
h. The following federal agencies:
    i. OHRP, if the study is subject to HHS regulations or subject to HHS Federal-wide Assurance.
    ii. Food and Drug Administration (FDA), if the study is subject to FDA regulations.
    iii. If the study is conducted or funded by any federal agency other than HHS that is subject *The Common Rule*, the report is sent to OHRP or the head of the agency as required by the agency. **Note-**Reporting to a regulatory agency is not required if the event occurred at a site that was not subject to direct oversight of the organization, and the agency has been notified of the event by the investigator, sponsor, another organization, or other mechanisms

The CHIRB Chairperson and the Director of the Institutional Review Board ensures that all steps of this policy are completed within ten (10) working days of the initiation action. For more serious actions, the CHIRB Director will expedite reporting.

V. REFERENCES

21 CFR 50
21 CFR 56.113
38 CFR 16.113
45 CFR 46.113
45 CFR 46.103(b)(5)
Capital Health IRB Policy Conducting Review and Audits of Human Research
OHRP Policy Guidance
Joint Commission Standards (2015). Standards RI. 01.03.05