



Institutional Review Board
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Policies and Procedures

1. Purpose

- 1.1 The policies and procedures of the Pacific University Institutional Review Board (IRB) describe the day-to-day operations of the IRB, as required by the Code of Federal Regulations (CFR), Title 45 Part 46 (45 CFR 46), Title 21 Part 56 (21 CFR 56), and Title 21 Part 50 (21 CFR 50). The IRB is constituted for the purpose of ensuring the ethical conduct of research regarding human subjects (or any data or biological materials derived from human subjects) and protecting the rights of such research subjects.
- 1.2 Additional references include the “Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research” (1978) and the “World Medical Association Declaration of Helsinki” (1989 version).

2. Authority and Institutional Governance

- 2.1 The IRB shall have the authority to approve, disapprove, require modifications for (to secure approval), or require progress reports for all research activities covered by 45 CFR 46, 21 CFR 56, and 21 CFR 50 of the Code of Federal Regulations. The IRB also shall have the authority to observe, or designate a third party to observe, the informed consent process of any research proposal it approves. No research activities covered by these federal regulations may commence or be conducted by Pacific University faculty, staff, students, or collaborative researchers without prior approval from the IRB.
- 2.1.1 The IRB requires that all exempt, expedited, and full board review proposal documentation bear its official stamp of approval or registration. This stamped documentation includes the protocol, all consent materials, all recruitment materials, and all study materials (surveys, questionnaires, case report forms, etc.). The purpose of the IRB stamp is to document the IRB’s review and approval or registration of each component of an investigator’s submission. Stamping occurs after final approval or registration is granted by the designated reviewers and is provided by the administrative assistant to the IRB. The stamp is displayed on the finalized PDF version of an investigator’s submission, typically in the bottom left corner. (If there is no space in that location for the stamp, then it should appear in another location on the document.) The stamp is red in color and includes the name of the IRB, its FWA and IRB numbers, an approval or registration date, and an expiration date. The stamped PDF documentation is sent to the investigator via email along with his or her official approval or registration letter. Once the investigator receives the stamped documentation, the following must occur.
- i. The investigator must save the stamped documentation with his or her submission files.
 - ii. The investigator must photocopy and distribute the stamped participant documentation (consent materials, recruitment materials, and study materials). Unstamped documentation is not permitted for use

with participants, except:

1. when the documentation is electronic or oral; or
2. when the IRB has explicitly approved the use of unstamped materials, including copyrighted measures or documents used in some cultural or international settings.

(In these instances, the investigator must still keep the stamped documentation on file, although it will not be distributed. As necessary, this content should be made available to individuals who wish to confirm IRB approval of it.)

If the investigator requests continuing review or a modification to his or her approved protocol, he or she will be provided with an updated stamp of approval or registration, once the post-approval request is completed. The updated, stamped documentation must be filed with the investigator's records. It also must be photocopied and distributed, as necessary, to all new participants from the date the post-approval request is approved or registered.

2.2 Further, the IRB shall have authority to suspend or terminate approval of research that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval shall include a statement of the reasons for the IRB's action and shall be reported promptly (see Section 4) to the investigators, appropriate institutional officials, and the appropriate federal department, agency, or administration.

2.3 The IRB designated institutional liaison shall be the Pacific University Provost/Vice President for Academic Affairs ("Provost"), who reports to the President of Pacific University. The Provost shall be a non-voting ex-officio member of the IRB and shall provide direct oversight of the IRB's budget, staffing, and operations.

2.4 Within the Pacific University governance structure, the IRB shall be a standing committee which reports to the Pacific University Faculty Senate (Pacific University Handbook, 2.5.2.5 Institutional Review Board). Administrative responsibility for the committee rests with the Vice Provost for Research and the Provost and Vice President for Academic Affairs.

2.5 Research covered by 45 CFR 46 and 21 CFR 56 that has been approved by the IRB may be subject to further appropriate review and approval or disapproval by officials of the institution. However, said officials may not approve the research if it has not been approved by an IRB (45 CFR 46.112 and 21 CFR 56.112).

2.5.1 IRB decisions of disapproval are final; however, any concerns regarding the review process should be directed to the Vice Provost for Research. Ultimate institutional authority to adjudicate such concerns regarding the review process shall rest with the Provost and Vice President for Academic Affairs.

3. Regular IRB Reporting

3.1 The IRB shall provide a regular report of its activities to the Vice Provost for Research on not less than a quarterly basis. Such a report shall include the minutes of the convened IRB meeting immediately prior to the report as well as an accounting of the status (approved, continuing review, or closed) and classification (exempt, expedited, or full board review) of all research proposals submitted to the IRB since its previous report.

3.2 The IRB also shall provide a regular report of its activities to the Faculty Senate on a schedule determined

by the latter party. Such a report shall include the minutes of the convened IRB meeting immediately prior to the report as well as an accounting of the status (approved, continuing review, or closed) and classification (exempt, expedited, or full board review) of all research proposals submitted to the IRB since its previous report.

4. Reporting and Procedures for Addressing Unanticipated Problems, Noncompliance, Suspension, or Termination of Research

4.1 In the course of its operations, (a) the IRB may be made aware of an unanticipated problem involving risk to human subjects or others or an instance of serious or continuing noncompliance with the federal regulations (45 CFR 46, 21 CFR 56, or 21 CFR 50) or determinations of the IRB; or (b) the IRB may suspend or terminate approval of a research study. In such cases, the IRB shall follow these procedures to ensure prompt reporting to the investigators, institutional officials, appropriate federal body, and other relevant parties (45 CFR 46.103(5) and 21 CFR 56.108(b)). Note: References to “calendar days” in these procedures do not include federal or University holidays on which University offices are closed.

4.1.1 Unanticipated problems involving risk to human subjects shall be defined, for the purposes of reporting, as occurrences that:

- i. are unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the IRB-approved protocol-related documents, such as the study brochure, recruitment materials, research protocol, and/or informed consent document; and (b) the characteristics of the subject population being studied;
- ii. are related or possibly related to participation in the research (meaning there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
- iii. suggest that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized (such occurrences may include, but are not limited to, relevant new findings by others that indicate heightened risk for the current research participants).

For further information, see the “Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events” document from the Office for Human Research Protections (OHRP) (January 2007, <http://www.hhs.gov/ohrp/policy/advevntguid.html>). Any other unanticipated occurrence that does not meet the definition above but which would have implications for the conduct of the study (e.g., requiring a significant, and usually safety-related, change in the protocol such as revising inclusion and/or exclusion criteria or including a new monitoring requirement, informed consent, or study brochure) or would otherwise constitute a serious problem related to the rights, safety, or welfare of subjects, should be considered a reportable unanticipated problem. For further information, see the “Guidance for Clinical Investigators, Sponsors, and IRBs: Adverse Event Reporting to IRBs – Improving Human Subject Protection” document from the Food and Drug Administration (FDA) (January 2009, <http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126572.pdf>).

4.1.1.1 For any unanticipated problem involving risk to human subjects (as described in Section 4.1.1), the following procedures shall be observed.

- i. The IRB shall require that the investigators (or the sponsors, if a reporting agreement has been

- made between the investigators, the sponsors, and the IRB) report such problems to the IRB within seven (7) calendar days of the investigators becoming aware of the event.
- ii. The IRB co-chairs shall review the reported unanticipated problem and confirm whether or not it meets the definition of an unanticipated problem and therefore requires further reporting to federal department or agency heads, institutional officials, or other parties. If such reporting is required, the IRB co-chairs will (a) identify the appropriate federal department or agency to which to direct the report (i.e., OHRP, FDA, etc.); and (b), in the case of multicenter studies, identify the appropriate parties at the other engaged institutions to notify.
 - iii. The IRB co-chairs or convened IRB may consider appropriate corrective actions in response to unanticipated problems involving risk to human subjects. The corrective actions considered may include, but are not limited to:
 1. modifications to the research or consent form;
 2. notification of current and/or past research participants;
 3. re-consent of current research participants (when such information may relate to their willingness to continue in the research);
 4. monitoring of the research (including audits) or consent process;
 5. education or mentoring for the investigators and/or research assistants;
 6. additional reporting (e.g., more frequent continuing review, etc.);
 7. limitations (e.g., restriction to co-investigator status, etc.) on research activities or the use of research data;
 8. suspension of IRB approval for the study in question; or
 9. termination of IRB approval for the study in question.
 - iv. If immediate corrective actions are required, the investigators will be notified by the IRB co-chairs within twenty-four (24) hours (or the next working day) of such a determination.
 - v. For confirmed unanticipated problems, the IRB co-chairs shall, in consultation with the Vice Provost for Research, prepare a formal report. The report will be forwarded within thirty (30) calendar days of the IRB's final determination assuming full resolution has been achieved. If full resolution has not been achieved, a preliminary report will be forwarded within thirty (30) calendar days, and the final report will be forwarded within thirty (30) calendar days of final resolution.
 - vi. A copy of the report will be forwarded to the following parties in all cases:
 1. the OHRP, if the study is federally funded;
 2. the FDA, if the study involves an FDA-regulated product;
 3. the investigators;
 4. the IRB co-chairs;
 5. the Vice Provost for Research; and
 6. the deans, directors, and/or department chairs of the investigators.
 - vii. The report also will be forwarded to the following, as applicable:
 1. other Pacific University internal parties (e.g., the Institutional Biosafety Committee (IBC), the University's legal counsel, etc.) as required by the nature of the findings and the jurisdiction and/or expertise of each individual party;

2. institutional officials of any other site involved in the research for which Pacific University serves as the IRB;
 3. other Common Rule agencies if the research project is conducted under the oversight of such agencies; or
 4. any external sponsors or funders of the affected study.
- viii. Written correspondence will include, but is not limited to:
1. the name of the institution;
 2. the title of the research project;
 3. the names of the investigators;
 4. the IRB number, the number of any applicable federal award, grant, contract, or cooperative agreement, and/or the Investigational New Drug Application (INDA) or Investigational Device Exemption (IDE) number (if regulated by the FDA);
 5. the determination made by the IRB;
 6. a detailed description of the findings and the reason for the determination;
 7. actions undertaken to address the problem; and
 8. plans for continued investigation or action, if any.
- ix. Any follow-up reports will observe the same procedures described above.
- x. If notification of current and/or past research participants is required by the IRB, the content of such notification must be approved by an IRB co-chair, and should be sent by the investigators using the contact information provided by the participants on their informed consent documentation.

4.1.2 Noncompliance with federal regulations or with determinations of the IRB shall be defined, in its various forms and for the purposes of reporting, as follows.

- i. **Noncompliance** is classified as a failure (intentional or unintentional) to comply with all applicable federal regulations, state or local law, the requirements or determinations of the IRB, and the University's policy regarding research involving human subjects. Noncompliance can result from action or omission. Noncompliance may be non-serious (minor) or serious and also may be continuing (see below).
- ii. **Non-serious** or **minor noncompliance** is noncompliance that does not increase the risk to research participants, compromise the rights and welfare of the participants, or affect the integrity of the research, data, and/or protection of human subjects. Examples of minor noncompliance may include, but are not limited to, (a) lapses in continuing IRB approval; (b) failure to obtain an exempt determination before exempt research involving human subjects is conducted; (c) minor changes in or deviations from an approved protocol; or (d) administrative errors.
- iii. **Serious noncompliance** is noncompliance that has the potential to increase the risk to research participants, compromise the rights and welfare of the participants, or affect the integrity of the research, data, and/or protection of human subjects. Examples of serious noncompliance may include, but are not limited to, (a) conducting or continuing non-exempt human subjects research without IRB approval; (b) lack of legally effective informed consent from research participants; (c) failure to report or review serious adverse events, unanticipated problems, or substantive changes

in research; or (d) inappropriate oversight of the research to insure the safety of human subjects and the integrity of the research and/or data.

- iv. **Continuing noncompliance** is noncompliance (serious or non-serious) that has been previously reported or a pattern of ongoing activities that indicate a lack of understanding of human subjects protection requirements that may affect research participants or the validity of the research and suggest the potential for future noncompliance without intervention. Examples of continuing noncompliance may include, but are not limited to, (a) repeated failures to provide or review progress reports resulting in lapses of IRB approval; (b) inadequate oversight of ongoing research; or (c) failure to respond to or resolve previous allegations or findings of noncompliance.

4.1.2.1 For any instance of noncompliance (as described in Section 4.1.2) identified by the IRB, the following procedures shall be observed.

- i. Allegations or confirmed findings of noncompliance shall be directed to the Vice Provost for Research. The Vice Provost for Research, in consultation with the IRB co-chairs, will review the allegations or findings of noncompliance. Any individual with a potential conflict of interest may not participate in this review. The investigators may be informed of an allegation of noncompliance or contacted for a response during this initial review, depending on available information and the nature of the potential noncompliance. If further investigation or additional information is needed from the investigators or other parties, the Vice Provost for Research shall be responsible for gathering such information, in consultation with the IRB co-chairs. The University's legal counsel also may be consulted, as appropriate.
- ii. Possible outcomes of this initial review include:
 - 1. dismissal of the allegation (i.e., unsubstantiated);
 - 2. no further action (i.e., for minor violations);
 - 3. corrective actions (i.e., for minor violations);
 - 4. immediate suspension of research activities (if noncompliance is serious and/or continuing); or
 - 5. review by the convened IRB (if noncompliance is serious and/or continuing).
- iii. When convened IRB review is not warranted (e.g., dismissal of the allegation or minor violations), the investigators will be notified in writing within fourteen (14) calendar days of the allegation and/or finding of noncompliance and the outcome of the initial review. The deans, directors, and/or department chairs of the investigators also may be informed, at the discretion of the IRB co-chairs. Notification will be sent to the person originating the report of noncompliance within thirty (30) calendar days, as applicable. In some cases, the convened IRB may be asked to recommend corrective actions beyond those imposed after the initial review. If the initial review results in an immediate suspension of research activities due to the nature of the noncompliance, the convened IRB will be asked to review and/or confirm this decision.
- iv. Initial reviews will be completed within thirty (30) calendar days of receipt of the allegation or the finding of noncompliance, depending on the nature of the potential noncompliance.
- v. For any instance of serious or continuing noncompliance (as described in Section 4.1.2), the convened IRB shall review the findings (and outcomes) of the initial review and decide upon

appropriate corrective actions or confirm corrective actions already taken by the IRB co-chairs. The investigators may respond in person at the meeting during which the review will take place, to be scheduled within sixty (60) calendar days. A personal advisor or legal counsel may accompany the investigators, but the advisor or legal counsel may not participate in the discussion.

- vi. The corrective actions considered by the IRB for serious or continuing noncompliance include, but are not limited to:
 - 1. modifications to the research or consent form;
 - 2. notification of current and/or past research participants;
 - 3. re-consent of current research participants (when such information may relate to their willingness to continue in the research);
 - 4. monitoring of the research (including audits) or consent process;
 - 5. education or mentoring for the investigators and/or research assistants;
 - 6. additional reporting (e.g., more frequent continuing review, etc.);
 - 7. limitations (e.g., restriction to co-investigator status, etc.) on research activities or the use of research data;
 - 8. suspension of IRB approval for one or more of the investigators' studies; or
 - 9. termination of IRB approval for one or more of the investigators' studies.

Noncompliance determined to be serious and/or continuing will be reported by the IRB following the same reporting process described in Sections 4.1.1.1(v)-4.1.1.1(ix) for the report of unanticipated problems.

4.1.3 Suspension or termination of a research study shall be defined, for the purposes of reporting, as follows.

- i. **Suspension** is an action taken by the IRB co-chairs or convened IRB to temporarily or permanently withdraw approval for some research activities or temporarily withdraw approval for all research activities (short of permanently withdrawing approval for all research activities). The Provost or the Vice Provost for Research also may suspend research on an urgent basis.
- ii. **Termination** is an action taken by the convened IRB to permanently withdraw approval for all research activities (except for those follow-up procedures that may be necessary to protect the health and/or welfare of participants).

4.1.3.1 The IRB co-chairs or the convened IRB may suspend or terminate a research study in response to (a) a report of an unanticipated problem involving risk to human subjects or others; (b) noncompliance with federal regulations or IRB policies, procedures, or determinations; or (c) any other reasonable evidence that human subjects involved in a study have been exposed to serious and unapproved risk or otherwise have had their rights as research subjects violated.

4.1.3.2 Any suspension or termination of research activities will be reported by the IRB following the same reporting process described in 4.1.1.1(v)-4.1.1.1(ix) for the report of unanticipated problems.

4.1.3.3 When a research study is terminated, the IRB will work with investigators to ensure that all currently participating research subjects are notified that the study has been terminated. Procedures for the withdrawal of enrolled subjects should consider the rights and welfare of the subjects. If follow-up with the subjects for safety reasons is permitted or required by the IRB, the subjects should be so informed and any adverse events or outcomes should be reported to the IRB (and the sponsors, if applicable).

4.1.3.4 As required by federal regulations, any decision of the IRB with respect to research involving human

subjects is final. However, the convened IRB may review a request for reconsideration or an appeal to a suspension or termination as warranted by the presentation of new information or unusual circumstances. All petitions from investigators must be made within thirty (30) calendar days of their notification of the IRB's findings. The IRB will review a request or appeal within thirty (30) calendar days, and the investigators will be notified in writing of the IRB's decision within fourteen (14) calendar days of the review.

5. Membership

5.0 References include 45 CFR 46.107 and 21 CFR 56.107.

5.1 The IRB will be comprised of at least fourteen (14) total members: at least twelve (12) voting members and two (2) ex officio members.

5.1.1 The IRB shall include at least eleven (11) voting members who are faculty members, including at least two (2) faculty members representing the College of Arts and Sciences; at least one (1) faculty member representing each of the Colleges of Education and Optometry; at least one (1) faculty member representing the Library; and at least six (6) faculty members who represent at least six (6) different schools within the College of Health Professions.

5.1.2 The IRB shall include at least one (1) voting member from the community who is not otherwise associated with Pacific University (45 CFR 46.107(d) and 21 CFR 56.107(d)).

5.1.3 The IRB shall include at least one (1) voting member whose primary concerns are non-scientific and one (1) voting member whose primary concerns are scientific (See Attachment B to January 24, 2011 SACHRP Letter to the Secretary: Comment and Recommendation Regarding IRB Membership and Definition of Scientist and Non-scientist under 45 CFR 46 and 21 CFR 56).

5.1.4 Preference for one (1) voting member will be given if this person can act as a formal advocate for prisoners.

5.1.5 Preference for one (1) voting member will be given if this person can act as a formal advocate for vulnerable and protected populations.

5.1.5 The IRB may, at its discretion, invite individuals with competence in special areas to assist in the review of issues which require expertise beyond, or in addition to, that available on the IRB. These individuals may not vote with the IRB (45 CFR 46.107(f) and 21 CFR 56.107(f)).

5.2 Membership terms and selection are as follows.

5.2.1 Full voting members (at least twelve (12)) are elected to staggered terms of three (3) years, with the allowance for multiple terms. Ex officio members (two (2)) are the Manager of Research Compliance, who serves as the assistant to the IRB, and the Liaison to Pacific University, typically the Vice Provost for Research.

5.2.2 Current members, their affiliations, and officer positions can be made available by the Manager of Research Compliance.

5.2.3 One or more alternate members may be elected to serve in the event of a full member's absence, subject to a three (3) year term of office. All alternate members will fulfill the duties and responsibilities of the full members they are replacing.

5.2.3.1 Alternate members should possess the same areas of expertise as the primary IRB members for whom they serve as alternates.

5.2.3.2 Alternate members are listed on the IRB membership roster and linked with the primary IRB members for

whom they may substitute at convened meetings.

- 5.2.3.4 In the event that an alternate member acts in the absence of a primary IRB member at a convened meeting, the minutes shall reflect such an event.
- 5.2.4 New members are nominated by the Pacific University community, including administrators, and elected by the sitting members of the Institutional Review Board based on eligibility requirements delineated in 45 CFR 46.107 and 21 CFR 56.107. A current membership roster will be provided to the Faculty Senate on an annual basis. Preference will be given for nominees who meet current IRB membership needs (e.g., scientist or non-scientist) or who will contribute disciplinary diversity to the committee. Nominations will be solicited by the co-chairs from the college, school, or unit to which outgoing members belong; however, unsolicited nominations from the Pacific community at large are also accepted.
- 5.3 Officers (co-chairs) will be elected by current voting members of the IRB, typically at the May meeting of each year. The longest serving member will be the senior co-chair while the other elected co-chair will be the junior co-chair.
- 5.4 Officer and ex officio responsibilities are as follows.
 - 5.4.1 The senior co-chair will set agendas for and conduct meetings; both co-chairs may sign disposition forms and other official correspondence and documents and conduct other business as necessary.
 - 5.4.2 In the event that the senior co-chair is excused from deliberating on a proposal or is absent, the junior co-chair will act in place of the senior co-chair.
 - 5.4.3 The Manager of Research Compliance, who serves as the administrative assistant who works with the IRB, will serve as standing Secretary of the IRB and will attend and record minutes of the meetings and other deliberations.
 - 5.4.4 The Manager of Research Compliance will (a) distribute materials to members; (b) store copies of minutes, forms, reports, correspondence, and other documentation regarding the business of the IRB; and (c) assist the co-chairs as necessary.
 - 5.4.5 The Vice Provost for Research will act on behalf of the President of Pacific University and communicate with Pacific University and the Board of Trustees.

6. Meetings

- 6.0 References include 45 CFR 46.108(b) and 21 CFR 56.108(c).
- 6.1 The IRB typically will convene at regular monthly meetings. A calendar of scheduled meeting dates and locations will be distributed to the schools and colleges of Pacific University at the start of each academic semester. These meeting times also are available on the IRB website.
 - 6.1.1 Meeting dates, times, and locations may be changed or added with the approval of a simple majority of members. Announcements of changes or additions to the regular meetings will be distributed by the Manager of Research Compliance via memo, e-mail, voice-mail, or similar method, at the earliest possible opportunity.
- 6.2 Meeting minutes, announcements, research proposals, and other items for consideration will be made available on IRBNet by the Manager of Research Compliance to all members at least seven (7) calendar days prior to a meeting. The materials will include a report of the current status (approved, continuing review, or closed) and classification (exempt, expedited, or full board review) of all research proposals, modifications, or closures submitted to the IRB since the previous meeting. Research reports and other

materials that may be difficult or prohibitive to reproduce and distribute will be available for review by all members at least fourteen (14) calendar days prior to a meeting through the IRB's secure online submission system IRBNet.

6.3 A quorum will comprise attendance by a simple majority of members eligible to deliberate and vote on projects and reports, including at least one member whose primary concerns are in non-scientific areas and at least one member whose primary concerns are in scientific areas. A member may attend via live telephone conference, or a similar communication method that will allow active participation, as long as the member has full access to copies of all materials under consideration.

6.4 Minutes of meetings recorded by the Manager of Research Compliance will include (a) attendance at the meetings; (b) actions taken by the IRB; (c) the vote on these actions including the number of members voting for, against, and abstaining (as well as the identity of members present for each vote); (d) the basis for requiring changes in or disapproving research; and (e) a written summary of the discussion of controverted issues and their resolution (21 CFR 56.115(a)(2) and 45 CFR 46.115(a)(2)).

7. Voting

7.0 References include 45 CFR 46.107(e) and 21 CFR 56.107(e).

7.1 Voting members include full members, present either in person or via video or telephone conference, and alternate members who are replacing absent full members.

7.2 All members who are investigators on projects under consideration, or who have other declared conflicts of interest, are not eligible to deliberate and vote on said projects, but may help the other members with information and answer questions pertaining to said projects. Members with conflicts must leave during the actual deliberation and vote but may return to participate in all other business.

7.3 Decisions and action items that require a vote will pass or fail by a majority of the eligible members present at the meeting, either in person or via telephone conference. If an even number of members is present at a meeting, a simple majority will be at least half the members present plus one. A vote to abstain will not affect the quorum required for consideration of the project.

7.4 If a member is recused because of participation in a project under consideration or another conflict of interest, the remaining eligible members must constitute a quorum for consideration of that project. If a quorum is not maintained, the proposal will be tabled until the next meeting when a quorum is present.

All deliberations and votes are confidential, though minutes of IRB meetings and related documentation may be reviewed by University officials or government regulators.

8. Conflicts of Interest

8.1 Conditions pertaining to conflicts of interest with IRB members are as follows.

8.1.1 Federal regulations require that IRB members abstain from participating in initial or continuing IRB review for a project in which the member has a conflicting interest (45 CFR 46.107(e) and 21 CFR 56 107(e)) except to provide information as requested. IRB members who have a conflicting interest regarding a project, which is scheduled to undergo IRB review, should disclose the conflicting interest to the IRB.

8.1.2 IRB members are required to sign a conflict of interest statement at the beginning of their term on the IRB, which states that they understand and agree to the following terms.

- i. A conflict of interest involves any situation where an IRB member has any significant personal or financial interest in the project under review or any other scholarly or social commitment or

relationship that would impair the ability of the reviewer to make fair and impartial judgments about the project.

ii. Examples (the following examples are not all-inclusive) of a conflicting interest would be if the IRB member is:

1. an investigator or other significant role in the proposed research;
2. receiving funding from the research, as listed in the research budget;
3. in a supervisory role or other position of power over the investigators in the research; or
4. a family member of an investigator, or otherwise involved in a close personal relationship with a member of the research team.

iii. An IRB member also is considered to have a conflicting interest when the member or the member's immediate family has:

1. involvement in the design, conduct, or reporting of the research except when the research-related activities of the member or the member's immediate family are limited to (a) the performance of commercial services for the investigators (or performing other genuinely non-collaborative services meriting neither professional recognition nor publication privileges) while (b) adhering to commonly recognized professional standards for maintaining privacy and confidentiality;
2. ownership interest, stock options, or other financial interest related to the research unless (a) the value of the interest does not exceed \$10,000 when aggregated for the immediate family; (b) the interest is publicly traded on a stock exchange; (c) the value of the interest does not exceed 5% interest in any one single entity when aggregated for the immediate family; and (d) no arrangement has been entered into where the value of the ownership interests will be affected by the outcome of the research;
3. compensation related to the research unless (a) the value of the compensation does not exceed \$10,000 in the past year when aggregated for the immediate family; and (b) no arrangement has been entered into where the amount of compensation will be affected by the outcome of the research;
4. proprietary interest related to the research including, but not limited to, a patent, trademark, copyright or licensing agreement;
5. a board or executive relationship related to the research, regardless of compensation; or
6. any other reason for which the member believes that he or she cannot provide an independent review, including, but not limited to, (a) conducting research which reasonably may be considered to be competing with the study under review; or (b) a competitive relationship with the investigators, including, but not limited to, being in direct competition for limited resources.

8.1.3 IRB members are required to make known any conflict of interest including, but not limited to, the examples above, prior to the beginning of the convened IRB's discussion of the proposal under review. They must leave the meeting room prior to the IRB's deliberation and vote. Additionally, IRB members are responsible for self-identifying any conflicting interests before conducting reviews using the expedited procedure so as to remove themselves from involvement in the review of the research.

8.1.4 Any declarations of a conflict of interest made by IRB members during a convened meeting will be recorded in the minutes of the meeting.

8.2 Conditions pertaining to conflicts of interest with investigators are as follows.

8.2.1 A conflict of interest involves any situation where investigators have any financial or personal interests that may compromise or appear to compromise their professional judgment in conducting or reporting research.

8.2.2 Investigators are required to disclose all sources of funding or other potential conflicts of interest as part of the research proposal submission process. Such disclosures are required to be included in materials submitted to the IRB and also must be included as part of the informed consent for participants when conducting research. The IRB reserves the right to conclude that a financial conflict of interest exists when the investment value, research costs, and relative risk to human subjects support such a finding.

9. Research Proposals

9.0 References include 45 CFR 46.101, 45 CFR 46.116, 21 CFR 56.103, and 21 CFR 50.20.

9.1 All investigators who use human subjects in their research, subject to guidelines in 45 CFR 46.101 and/or 21 CFR 56.103, must submit a research proposal to the IRB, and receive IRB approval, prior to the start of any research activities.

9.1.1 All research involving human subjects will follow guidelines as specified within the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR 160, and 45 CFR 164, when applicable.

9.1.2 All research involving confidential student data will follow guidelines as specified within the Family Educational Rights and Privacy Act (FERPA), when applicable.

9.2 A complete research proposal includes the proposal form, the informed consent form, the statement of assurance form, and, if applicable, subject recruitment forms, audio, photo, and/or video release forms, study brochures, questionnaires, surveys, interview forms, and/or any additional documents and instruments that will help the IRB to determine the relative risk of the research. In addition, content and potential links pertaining to website- and/or social media-based advertisements, recruitment forms, promotion materials, data collection, and data administration must be included in the complete research proposal. The organization and language (as relevant) of the submitted documents shall exactly match the templates.

9.2.1 Both the proposal form and the informed consent form must be plainly written. The informed consent form, in particular, should be written in the second person and at a level that can be understood by the intended subjects (e.g., elementary school children, non-college educated adults, etc.). Arcane language, esoteric terms, and discipline-specific jargon should be avoided. If necessary, medical procedures and techniques, scientific analyses, and other technical terms should be stated in common terms or described briefly (e.g., “blood pressure measurement” instead of “sphygmomanometry”).

9.2.2 If a study is conducted in a language other than English, all participant documents (i.e., informed consent forms, study measures, etc.) must be translated and submitted to the IRB along with a verified translation statement certifying the quality and accuracy of the translations. Computer-generated translations may not substitute for human translators on the verified translation statement.

9.2.3 All study personnel for a study must be listed on the research proposal submitted to the IRB. An individual is considered to be study personnel if he/she will interact or intervene with human subjects or will have

access to individually identifiable data from a human subject who is enrolled in the study. Individuals who are involved in the informed consent process are also considered to be study personnel. (Note: Simple dissemination of consent documents, e.g., a clinical practitioner, who is otherwise unaffiliated with the study, distributing study packets to eligible patients on behalf of an investigator, will not generally qualify as involvement in the consent process.) The IRB may request, at its discretion, copies of curricula vitae from the investigators or other study personnel in order to assess the research team's qualifications to perform the study.

- 9.2.4 All submitted documents should be checked for spelling and grammatical errors.
- 9.3 The research proposal will be submitted through IRBNet, the IRB's secure online submission and review system. The proposal materials may be submitted as either a read-only electric copy (Adobe PDF) or a read-write electronic copy (Microsoft Word or Rich Text Format), as appropriate.
- 9.3.1 The ~~read-only copy of the~~ proposal will consist of all forms including the electronic signatures, collected on the signature page of the IRBNet proposal, of the principal investigator and (when a student serves as the principal investigator) a faculty advisor, as well as the signatures of all research personnel listed on the proposal materials. By providing an electronic signature, the principal investigator and/or faculty advisor promise that all members of the research team will abide by and comply with the IRB's policies and procedures and with all relevant federal regulations.
- The following is the statement of assurance signed on IRBNet by each member of the research team: I [name], as [role], certify that to the best of my knowledge the information contained in this package is accurate and complete, has been prepared in accordance with all applicable institutional requirements and is ready for submission. I further certify that this electronic signature is intended to be the legally binding equivalent of a traditional handwritten signature.
- 9.4 The deadline for receipt of proposals is twenty-one (21) calendar days prior to the next regular meeting. Proposals qualifying for full board review submitted after a deadline will be considered at the following meeting. Proposals requiring either exempt or expedited review are not subject to submission deadlines as they are reviewed on a rolling basis.
- 9.5 Research proposals that previously have been reviewed and approved by an IRB external to Pacific University will be reviewed by the Pacific University IRB according to Section 10.5 and Section 16.8. A copy of the decision from the Pacific University IRB will be forwarded to the external IRB with a request for continued, reciprocal communication between the IRBs.
- 9.6 Investigators and faculty advisors are required to have a certificate on file with the IRB demonstrating successful completion of online training regarding the responsible conduct of researchers with human subjects. All Pacific University investigators and study personnel named on the research proposal must complete the training sponsored by the National Institute of Health (NIH). The tutorial can be found at <http://phrp.nihtraining.com/users/login.php> (last accessed June 4, 2012). For investigators and/or study personnel from other institutions, the IRB will accept either the NIH training or the Collaborative Institutional Training Initiative (CITI) Course in The Protection of Human Research Subjects (<https://www.citiprogram.org/aboutus.asp?language=english>). The NIH for CITI certificate of completion must be uploaded to each researcher's personal IRBNet account and submitted via IRBNet for acceptance. The Manager of Research Compliance will review and accept the certification.

10. Review Determinations

- 10.0 References include 45 CFR 46.109, 45 CFR 46.111, 21 CFR 56.109, 21 CFR 312, and 21 CFR 812.
- 10.1 Research proposals will be submitted to the Manager of Research Compliance through IRBNet, the IRB's online submission and review system managed by the Manager of Research Compliance. The proposal will be identified with a unique record number, which will be used on all future correspondence regarding the proposal. The number will reflect the order in which the proposal was received and the year in which the proposal was submitted (i.e., XXX-12 for 2012). IRBNet also assigns an internal proposal number for each submission. The Manager of Research Compliance also will verify that the investigators and/or faculty advisors have completed the online training listed in Section 9.6.
- 10.2 The Manager of Research Compliance will assign each new proposal to one of the IRB co-chairs (or, in the case of requests for exemption, a designated IRB member), on an alternating basis, for preliminary review. The co-chair or designated member will be granted access to the proposal via IRBNet.
- 10.2.1 If the IRB co-chair (or designated IRB member) is an investigator or has special interests in a proposal, the other co-chair will perform the preliminary review of the proposal.
- 10.3 The IRB co-chair (or designated IRB member) will review the proposal for clarity and completeness (e.g., that all necessary signatures are present, that all necessary release forms are included, etc.).
- 10.3.1 For proposals that include examination of medical devices (e.g., for the purposes of testing safety, efficacy, and/or new indications), the IRB co-chair (or designated IRB member) will check for, and will ask investigators for, any relevant information regarding the device, including, but not limited to, (a) a copy of any Investigational Device Exemption (IDE) obtained; and (b) a PMA number (Premarket Approval, 515 FDC Act) or a 510(k) number (Substantial Equivalence, 510(k) FDC Act), as well as information about the indicated uses of the device.
- 10.3.1.1 An IDE is required for any investigation which supports research into the safety or efficacy of a device, is intended to support marketing of the device, or in which a new intended use is investigated for an approved device (or if new materials or a new design are incorporated into an approved device).
- i. An IDE is not required for research involving a medical device in which (a) the purpose of the research is to investigate a physiological principle; (b) the use of the device is solely to address the research question (not the safety or effectiveness of the device); and (c) there is no intent to develop the device for marketing.
 - ii. An IDE is not required for research in which (a) the device is legally marketed in the United States; (b) is used "on-label" (i.e., consistent with FDA-approved labeling); and (c) for which there have been no post-marketing modifications made. Such device investigations are exempt from the IDE requirements under 21 CFR 812.2(c).
 - iii. For devices that are deemed non-significant risk (NSR) (see Section 10.4.1 and Section 10.4.2), the abbreviated IDE requirements apply (21 CFR 812.2(b)), and the investigation is considered to have an approved application for an IDE.
- 10.3.2 For proposals that include examination of drugs or biologics (e.g., for the purposes of testing safety, efficacy, and/or new indications), the IRB co-chair (or designated IRB member) will check for, and will ask investigators for, a copy of any Investigational New Drug Application (INDA) and the accompanying FDA determination and/or INDA number, as well as information about the indicated uses of the drug or

biologic. A copy of the INDA will not be required for investigations that are exempt from the INDA requirement under 21 CFR 312.2(b).

10.3.3 The IRB accepts the need for certain types of behavioral and social science studies to employ strategies that include deception or a withholding of information. Employment of such strategies must, however, be justified. In general, deception is not acceptable if, in the judgment of the IRB, the participant may have declined to participate had they been informed of the true purpose of the research or if the risk is greater than minimal. Studies that use deception as part of their experimental design must meet all of the requirements of 45 CFR 46.116(d), described below, and include a post-study debriefing, unless an exception is granted by the IRB. If such an exception is requested, this will require full board review. In the event that a study includes the use of deception, the investigator must:

- i. Provide a justification for the deception (i.e., why the study cannot be conducted without deception);
- ii. Describe the manner of deception (e.g., the participants are not informed of the true intent of the study and the conditions of the study) and/or how the deception will take place (e. g., a confederate will simulate an accident);
- iii. Notify the participants through the informed consent document that the study involves deception or that they are receiving incomplete information about the study (e.g. the study involves an element of deception);
- iv. Note whether the deception results in any increased risk to participants (e.g., emotional upset, social risk of feeling foolish, etc.), or may affect the subjects' willingness to participate in the research;
- v. Describe how any additional risks will be minimized;
- vi. Offer the participants the option to withdraw their data from the study in the debriefing script; and
- vii. Debrief the subjects, provided that the debriefing process will not harm the participants.

Research that uses intentional deception typically is not eligible for an exempt or expedited review.

10.3.4 During the initial review of a research proposal, the IRB is required to evaluate both the amount of compensation proposed and the method and timing of disbursement to assure that neither are coercive or present undue influence. There are guidelines to assist investigators in determining a reasonable amount of compensation that can be given to research subjects and also place some boundaries on what is and is not "reasonable". The "reasonableness" of a particular sum of money or other form of payment should be based upon the time involved, the inconvenience to the subject, reimbursement for expenses incurred while participating, and should not be so large as to constitute a form of undue influence. The guidelines are:

- i. For studies involving more than one visit/session, compensation should not be contingent upon the subject completing the study but should accrue as the study progresses.
- ii. Unless it creates undue inconvenience or undue influence, compensation to subjects who withdraw from the study should be made at the time they would have completed the study, had they not withdrawn.
- iii. The amount of compensation and any prorating or scheduling of payments should be clearly

described in the informed consent document.

- iv. Pacific University is obligated to report cash reimbursements to participants that total \$50.00 or more. Therefore, if a participant is going to be reimbursed, the investigator must collect additional data. This information includes identifying information. While confidentiality will be maintained, investigators cannot offer anonymity.
- v. Given the above parameters, the key question for researchers who want to use drawings as incentives for research participation is whether the subjects' participation requires a substantial amount of time and effort. Researchers should ensure that no conditions are imposed for enrollment. This means that everyone is eligible for the drawing upon providing consent to participate in the study.
- vi. For gift certificates, gift cards, and the like, the investigator must submit the original receipts as well as award forms that have been completed by each recipient that wins an award. Recipients must sign an award form when they receive their prize. If no award form is completed, then a list of the recipients, the amount, the type of award, and an explanation for the reason they received the award must be provided with the reimbursement request.
- vii. If recipients are not with Pacific University then they could receive a 1099misc if they receive \$600.00 or more in the calendar year.

10.4 For a complete and acceptable proposal, the IRB co-chair (or designated IRB member, in the case of requests for exemption) will make an initial determination as to the level and/or type of risk or potential risk present in the study, as well as a determination as to whether the study qualifies for an exemption from formal IRB review (exempt), for expedited review (expedited), or for initial review by the convened IRB (full). The IRB co-chair may confer with the other chair (and other board members, if needed) in cases when it is not clear which risk or review status is most appropriate for a proposal.

10.4.1 Requirements for an initial determination of risk are as follows.

10.4.1.1 For all submitted proposals, the IRB co-chair (or designated IRB member, in the case of requests for exemption) will make a determination as to whether the risk to research subjects present in the study presents minimal risk or risk that is greater (in nature, frequency, or severity) than minimal risk. Within the confines of minimal risk, "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" (21 CFR 50.3(k), 21 CFR 56.102(i), and 45 CFR 46.102(i)).

10.4.1.2 For proposals that involve the investigation (21 CFR 812.3(h)) of an medical device that is subject to the IDE requirements of 21 CFR 812, the IRB is required to make a determination as to whether the use of the device within the investigation constitutes a significant risk (SR) or non-significant risk (NSR) (21 CFR 812.66). Such a determination shall be made by the full convened board; as such, all proposals involving investigational devices shall be reviewed at the next scheduled board meeting and a SR/NSR determination shall be made. This determination must be made prior to an IRB co-chair determining whether the study qualifies for expedited review or for initial review by the convened board.

- i. To aid in the IRB review of the research, the investigators and/or sponsors should provide a

determination as to whether a study involves SR and are advised to obtain the required IDE and approval for the study from the FDA (21 CFR 812.20) prior to submitting to the IRB. IRB approval will not be granted for SR studies until a copy of the IDE from the FDA has been received.

1. If the IRB receives a SR study that has already obtained the necessary IDE and approval from the FDA, the Manager of Research Compliance will route the study for initial review by the convened board.
- ii. For any study for which the investigators and/or sponsors have already obtained a NSR determination from the FDA, and for which documentation of the determination has been provided to the IRB, the co-chair will route the proposal for review as deemed appropriate based on the study protocol and the minimal risk/greater than minimal risk determination.
- iii. For studies that are exempt from the IDE regulations (21 CFR 812.2(c)), the IRB does not need to make a determination as to whether the study poses SR or NSR prior to conducting the initial review of the proposal. The IRB co-chair will route the proposal for review as deemed appropriate based on the study protocol and the minimal risk/greater than minimal risk determination.

10.4.1.3 For proposals that involve investigation of drugs or biologics regulated by the FDA, no additional determination of risk is required beyond a determination as to whether the study presents minimal risk or greater than minimal risk (as defined above) to participants. However, prior to making a risk determination, the IRB co-chair shall ensure that enough information is present in the proposal as to the proposed use of the drug or biologic to ensure that an accurate determination of risk may be made. This shall include a confirmation as to whether the proposed use of the drug or biologic is consistent with its approved and/or indicated use (in terms of population, dosage, and other relevant indications), which may require obtaining the labeling for the product from the investigators, sponsors, or manufacturers.

10.4.2 Requirements for a determination of SR/NSR by the convened board are as follows.

10.4.2.1 For proposals involving medical devices which have been submitted as NSR studies, or for which the FDA has not already issued a determination of risk and/or an IDE, the convened IRB shall first make a determination as to whether use of the device within the investigation constitutes SR or NSR (21 CFR 812.66). The risk determination shall be based on the proposed use of the device in the investigation and not on the nature of the device alone. SR studies are those that present a potential for serious risk to the health, safety, or welfare of a subject. The IRB will consider the potential harm of any associated procedures as well as the potential harm that may be caused by the device. A device may be considered to be NSR in one case, while in another setting it may be considered a SR device.

- i. According to 21 CFR 812.3(m), a SR device is one that:
 1. is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject;
 2. is purported or represented to be for use in supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject;
 3. is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or

4. otherwise presents a potential for serious risk to the health, safety, or welfare of a subject.
- ii. A NSR device is an investigational device that does not meet the definition of a SR device. In determining whether a device is NSR, the IRB will consider:
 1. the investigators and/or sponsors' description of why the study is not SR;
 2. whether the proposed NSR research study meets the definition of SR (see above);
 3. the proposed use of the device as well as any protocol-related procedures and tests; and
 4. any additional information from the investigators and/or sponsors, if needed.
- iii. If the IRB makes a determination that a device study constitutes NSR, this determination and the rationale for it shall be documented in the meeting minutes. Following the NSR determination, the proposal is considered to have an approved application for an IDE (21 CFR 812.2(b)) and may be reviewed following the criteria in 21 CFR 56.111; the co-chair will make a determination as to the appropriate level of review for the proposal and the proposal will be routed for review by the Manager of Research Compliance.
- iv. If the IRB determines that the device study involves SR, this determination and the rationale for it shall be documented in the meeting minutes. Following the SR determination, the investigators and/or sponsors shall be informed within seven (7) calendar days of the determination. A study for which the IRB has made a SR determination may not begin until FDA approval of an IDE application is granted (21 CFR 812.30(a)). The Manager of Research Compliance will route the proposal for initial review by the convened board, though final IRB approval may not be granted until an approved IDE has been obtained.
- v. For NSR and SR determinations made by the IRB at a convened meeting, the Manager of Research Compliance will record the reason for the determination in the meeting minutes and also may include documentation used to establish the IDE status for the study as appendices to the minutes.

10.4.3 The review status of research is determined as follows.

10.4.3.1 Using the information gathered during the initial determination of risk, the IRB co-chair (or designated IRB member, in the case of requests for exemption) will make a determination as to whether the study in question qualifies for an exemption from formal IRB review (exempt), for expedited review (expedited), or for initial review by the full convened IRB (full). The IRB co-chair may confer with the other co-chair (and other board members, if needed) in cases when it is not clear which review status is most appropriate for a proposal.

- i. An acceptable proposal that qualifies for exemption from formal IRB review will be reviewed only by the designated IRB member (see Section 11). (Revisions to the proposal may be required in order for the proposal to qualify as exempt).
- ii. An acceptable proposal that qualifies for expedited review will be forwarded by the Manager of Research Compliance to two (2) members, on a rotating basis, for further review (see Section 12).
- iii. An acceptable proposal that qualifies for initial review by the full convened IRB (see Section 13) will be forwarded by the Manager of Research Compliance to two (2) primary reviewers who shall be responsible for a detailed review of the proposal and for leading deliberation of the proposal at

the next convened meeting. The proposal will be made accessible to all members for review at least fourteen (14) calendar days prior to the next convened meeting.

- iv. If an IRB member is listed as an investigator, faculty advisor, or has other special interests in a proposal, they will be excused from the review process of said proposal.
- v. A proposal that is not acceptable will be returned with recommended revisions to the investigators.

10.5 The review status for collaborative research involving Pacific University students or employees is determined as follows.

10.5.1 If a proposal submitted to the IRB has been previously submitted to and/or approved by another institutional human subjects research committee, the Pacific University IRB may enter into a joint review arrangement, rely upon the review of the other qualified review committee, or make similar arrangements for avoiding duplication of effort (45 CFR 46.114 and 21 CFR 56.114). Approval by one institution does not guarantee approval by another. Each institution, which is considered to be engaged in the conduct of human subjects research, is responsible for safeguarding the rights and welfare of humans subjects and for complying with federal regulations. Whenever collaborative research is considered, agreements as to the oversight of the research must be in writing and should address responsibility for both initial and continuing review.

10.5.2 If a proposal has been previously approved by another institution's review committee, the investigators associated with Pacific University must still submit a formal proposal following the IRB's published format and content guidelines. In addition, investigators also must provide (a) the collaborating institution's Federalwide Assurance (FWA) registration number; (b) a copy of the proposal submitted to that institution's human subjects board; and (c) a copy of the written approval notice (if prior approval has been obtained).

10.5.2.1 If, after preliminary review by the IRB co-chairs, it is determined that it would be appropriate for the approving review committee to serve as the IRB of record for the proposal, an IRB co-chair will contact the review committee to determine its preference. If the review committee is willing to serve as the IRB of record, a written agreement will be executed to reflect this arrangement. Such an agreement would be appropriate if the approving review committee is at the institution of the primary grantee and where most contact with research participants will occur.

10.5.2.2 If, after preliminary review by the IRB co-chairs, it is determined that Pacific University IRB approval will be required in addition to the approval of the other institution's review committee, the IRB co-chairs may review and approve the proposal if the nature of study meets the criteria for exempt or expedited review (see Sections 11-12). If the proposal requires full board review (see Section 13), it will be routed for such review. This type of joint approval would be appropriate if:

- i. Pacific University is the institution of the primary grantee and where the most contact with research participants will occur;
- ii. Pacific University is the institution of the primary grantee, but not where the most contact with research participants will occur; or
- iii. Pacific University is not the institution of the primary grantee, but is the institution where the most contact with research participants will occur.

For proposals that are approved by the Pacific University IRB and another review committee, investigators will be alerted that they are required to submit any modifications required by Pacific University, if relevant, to the collaborating IRB for their evaluation.

10.5.3 If a collaborative research proposal has not yet been submitted to and/or approved by the collaborating institution's review committee, or joint approval is not being sought, the investigators may request that the Pacific University IRB become the IRB of record for the proposal. It would be considered appropriate for the Pacific University IRB to be the IRB of record if:

- i. Pacific University is the institution of the primary grantee and where the most contact with research participants will occur; or
- ii. Pacific University is not the institution of the primary grantee, but is the institution where the most contact with research participants will occur.

If a request is made for the Pacific University IRB to become the IRB of record, an IRB co-chair will contact the review committee at the collaborating institution to determine its preference. If the review committee is willing to cede authority and oversight to the Pacific University IRB, a written agreement will be executed to reflect this arrangement. In most cases, this agreement will include a statement that reflects the collaborating institutional review committee's responsibility for the conduct of its institution's researchers. The agreement also should specify responsibility for continuing review; such responsibility may remain with the IRB performing the initial review or may be shared by multiple review committees. The nature of the study will determine the most appropriate arrangement for the protection of human subjects.

10.5.4 Once a proposal is approved, a signed disposition form will be sent to the investigators within fourteen (14) calendar days of the review date. The investigators will be provided with a copy of the approval notice to forward to their collaborators and alerted that they are required to submit any modifications required by Pacific University, if relevant, to the collaborating IRB for their evaluation.

11. Exempt Research

11.0 References include 45 CFR 46.101(b) and 21 CFR 56.104.

11.1 It is the policy of the Pacific University IRB that all human subjects research under its jurisdiction is reviewed to determine whether the research meets one or more of the exemption categories as defined by federal regulations. Research that is exempt is defined as a study that is excused from the requirements of formal IRB review, subject to the guidelines outlined in this part. Nonetheless, the study must be reviewed by an IRB co-chair or a designated IRB member to ensure that it meets the criteria for exemption.

- i. Only the IRB may determine which activities qualify for an exemption. Investigators do not have the authority to make an independent determination that research involving human subjects is exempt; they must contact the IRB concerning the status of proposed research or changes in ongoing research.
- ii. Certain changes may disqualify the research from exempt status. Therefore, any proposed changes to an exempt study must be submitted to the IRB for review and approval prior to implementation.
- iii. Exempt research is approved for a period of five (5) years. Continuing review of research determined to be exempt from formal IRB review is not required; however, if modifications to the approved protocol are necessary during this period, they must be submitted as specified in Section

15. At the end of the five (5) year period, an exempt research project automatically will be closed by the IRB. No closure report is necessary from the investigators. If an exempt research project lasts for a period of greater than five (5) years, the investigators should submit a new proposal no less than thirty (30) calendar days before the anniversary date specified in the original disposition form, upon which the project's approval would otherwise expire.
- iv. Exempt research activities fall under the same subject protections and ethical standards as outlined in The Belmont Report and must still provide for the informed consent of participants (unless it is properly documented that an alteration to the usual consent process or a waiver of documentation of consent is appropriate (21 CFR 50 Subpart B, 21 CFR 56.109(c), 45 CFR 46.116, or 45 CFR 46.117, as applicable).
- 11.1.1 The categories of research that are exempt from the requirements of full IRB review are outlined in 45 CFR 46.101(b) and 21 CFR 56.104. A research study, which does not fall under one or more of these categories, shall not be considered exempt.
- i. Research involving more than minimal risk (minimal risk as defined in 45 CFR 46.102(i) and 21 CFR 56.102(i)) is not exempt and certain minimal risk projects might not be exempt if, in the opinion of the IRB, the research contains procedures that periodically should be re-reviewed.
- ii. A research study may not be categorized as exempt by the IRB if it involves prisoners or other institutionalized persons, pregnant women, fetuses, or other vulnerable populations (e.g., persons with legal guardians due to mental incapacitation).
- iii. A research study involving children under the age of 18 may not be categorized as exempt under 45 CFR 46.101(b)(2) (research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior) except for research involving observations of public behavior when the investigators do not participate in the activities being observed (45 CFR 46.101, Footnote 1). If research, involving children, is categorized as exempt, the IRB may require that parent/guardian permission and child assent conditions (as detailed in 45 CFR 46.408) are met prior to approving the exemption.
- 11.2 A request for exemption form will be submitted to the IRB's administrative assistant, the Manager of Research Compliance, along with the informed consent form, statement of assurance form, and any additional instruments and documents through the IRBNet online submission and review system. The Manager of Research Compliance will electronically share all documents to a designated IRB member for review by granting the reviewer access to the proposal on IRBNet. Documentation for proposals that are requesting exemption from full review must be just as complete and formal as proposals that qualify for all other types of review.
- 11.3 If the request for exemption is denied, the proposal will be forwarded to an IRB co-chair for a determination as to whether it should be considered for expedited review (see Section 12) or for initial review by the fully convened board (see Section 13). The investigators will be informed of this decision and will be given the opportunity either to amend the proposal if they wish to retain consideration for exempt from formal review status, to withdraw the proposal, or to leave the proposal as is for expedited or full board review.
- 11.4 During review of proposals that qualify for exempt from formal review, the designated reviewers may

exercise all of the authorities of the IRB except that the reviewer may not disapprove the research. A research activity may be disapproved only after review by the full convened board in accordance with the non-expedited procedure set forth in 45 CFR 46.108(b) or 21 CFR 56.108(c).

11.4.1 Recommendations for minor revisions to a research proposal that would not necessitate disapproval will follow the guidelines outlined in Section 14.

11.4.2 Once the proposal under consideration for exemption from formal review is approved as exempt, a signed letter will be forwarded to the investigators within fourteen (14) calendar days of the review date via electronic approval notification (IRBNet).

11.5 The Manager of Research Compliance will inform the IRB of all requests for exemption and their dispositions on a regular basis, typically at each regular meeting. This report will become part of the meeting minutes.

12. Expedited Review

12.0 References include 45 CFR 46.110 and 21 CFR 56.110.

12.1 The IRB may use the expedited review procedure to review either or both of the following:

- i. research which appears on the list of categories, and meets the pre-conditions, published in the Federal Register Notice of 1998 (Conditions for IRB Use of Expedited Review, Federal Register: November 9, 1998 [Volume 63, Number 216]) for research that may be reviewed through an expedited review procedure, and is found by a co-chair to involve no more than minimal risk, but does not meet the criteria for exempt research (see Section 11); or
- ii. minor changes in previously-approved research during the period for which approval is authorized.

12.2 During an expedited review, the reviewers may exercise all of the authorities of the IRB except that the reviewers may not disapprove the research. A research proposal may be disapproved only after review in accordance with the non-expedited procedure set forth in 45 CFR 46.108(b) or 21 CFR 56.108(c).

12.2.1 Recommendations for minor revisions to a research proposal that would not necessitate disapproval will follow the guidelines outlined in Section 14.

12.3 A proposal under expedited review may only be approved if the federally-mandated criteria for IRB approval (21 CFR 56.111 or 45 CFR 46.111, as applicable) have been met.

- i. Expedited review of research regulated by the FDA which involves children as subjects also must meet the conditions of 21 CFR 50 Subpart D in order for approval to be granted.
- ii. Expedited review of research not regulated by the FDA which involves children as subjects also must meet the conditions of 45 CFR 46 Subpart D in order for approval to be granted.
- iii. Expedited review of research which involves pregnant women, human fetuses, or neonates as subjects also must meet the conditions of 45 CFR 46 Subpart B in order for approval to be granted.
- iv. Expedited review of research which involves prisoners as subjects also must meet the conditions of 45 CFR 46 Subpart C in order for approval to be granted. (Only in extremely rare circumstances will the IRB consider using the expedited review procedure for research involving prisoners. If expedited review is used, at least one of the reviewers must be an identified prisoner advocate.)

- 12.4 Once the proposal under expedited review is approved, a signed disposition form will be forwarded to the investigators within fourteen (14) calendar days of the review date.
- 12.5 An IRB co-chair, other authorized board member, or the Manager of Research Compliance will inform the IRB of all proposals reviewed and accepted under the expedited review procedure on a regular basis, typically at each regular meeting. This report will become part of the meeting minutes.
- 12.6 The IRB shall, on a regular basis, review and confirm that the conditions for IRB use of expedited review published in the Federal Register have not been revised or updated. If and/or when any substantive revisions occur, the IRB shall amend this section to reflect the proper procedure.
- 13. Initial Review by the Full IRB**
- 13.0 References include 45 CFR 46.109, 45 CFR 46.111, 21 CFR 56.109, and 21 CFR 56.111.
- 13.1 A proposal designated by an IRB co-chair as qualifying for initial review by the full IRB will be deliberated at a convened meeting. Discussion will be held including the requirement for any additions, deletions, and/or changes to the proposal.
- 13.2 Motions will be made in the affirmative and will include any additions, deletions, and/or changes based on the deliberations of the IRB.
- 13.3 A vote of the members will be taken and a simple majority of the quorum will rule.
- 13.4 A proposal may only be approved by the convened board if the federally mandated criteria for IRB approval (21 CFR 56.111 or 45 CFR 46.111, as applicable) have been met.
- i. Review of research regulated by the FDA which involves children as subjects also must meet the conditions of 21 CFR 50 Subpart D in order for approval to be granted.
 - ii. Review of research not regulated by the FDA which involves children as subjects also must meet the conditions of 45 CFR 46 Subpart D in order for approval to be granted.
 - iii. Review of research which involves pregnant women, human fetuses, or neonates as subjects also must meet the conditions of 45 CFR 46 Subpart B in order for approval to be granted.
 - iv. Review of research which involves prisoners as subjects also must meet the conditions of 45 CFR 46 Subpart C in order for approval to be granted.
- 13.5 A signed disposition form, indicating approval or disapproval of the proposal, will be forwarded to the investigator within fourteen (14) calendar days of the review date.
- 14. Feedback to Investigators Following Review**
- 14.0 References include 21 CFR 56.109(e) and 45 CFR 46.109(d).
- 14.1 Revisions shall be defined as follows.
- 14.1.1 Revisions to proposals include additions, deletions, clarifications, and/or any other changes recommended by the IRB.
- 14.2.1 During preliminary review, if the IRB co-chair (or designated IRB member) deems that revisions are required before the proposal can be reviewed (e.g., incomplete submission, poorly written, etc.), the IRB co-chair (or designated IRB member) will forward post recommendations for revisions for the Manager of Research Compliance within seven (7) calendar days of receiving the proposal. The Manager of Research Compliance will forward the recommendations to the investigators.
- 14.2.2 If the investigators are students, communication will be conducted through a faculty advisor. The faculty advisor is responsible for communicating with his or her students and ensuring that revisions to the

- proposal are completed.
- 14.2.3 The investigators will have thirty (30) calendar days from the date of the notification letter to address the revisions.
- 14.2.4 If the response is not received within thirty (30) calendar days, the proposal will be considered to have been withdrawn and must be resubmitted as a new proposal (subject to the submission deadline in Section 9.4 for proposals requiring initial review by the convened board).
- 14.2.5 The investigators should clearly highlight the revisions that have been made to the revised proposal.
- 14.2.6 If all recommendations made by the IRB co-chair under the preliminary review are accepted and made to the proposal by the investigators, the proposal will be accepted for review and reviewed under the guidelines set forth in Sections 10-13 (as applicable).
- 14.2.7 If the investigators do not agree to or make all of the recommended changes, the investigators must include a statement with the reason or justification as to why the recommended revisions were not made. The investigators are responsible for maintaining communication with the IRB until the proposal is accepted for review.
- 14.3 The disposition of a proposal following exempt, expedited, or initial full board review is as follows.
- 14.3.1 A signed disposition form indicating approval, need for revisions, or disapproval, along with any additional or supplementary forms or documents, will be sent to the investigators via IRBNet within fourteen (14) calendar days of the review date.
- 14.3.2 If the investigators are students, the IRB communications will be addressed to both the faculty advisor and the student(s) through IRBNet. The faculty advisor then is responsible for further communications with the student regarding the information provided by the IRB.
- 14.4 The disposition of an approved proposal is as follows.
- 14.4.1 Research may commence for the study period indicated on the disposition form, as specified by the start and expiration dates.
- i. The start date (from which the expiration date will be calculated) is either (a) the date of the IRB meeting at which approval was granted for research initially approved by the convened board; (b) the date on which an IRB co-chair or designated reviewer verified and approved the revisions and/or conditions required by an initial review of the convened board; or (c) the date on which an IRB co-chair or designated reviewer approved research reviewed through an expedited procedure.
- 14.4.2 Investigators will use only informed consent forms and supplementary documents and forms (e.g., questionnaires, surveys, etc.) that have been reviewed and approved by the IRB. For informed consent forms, approval will be indicated by an IRB approval mark (including date of approval) on the footer of each page. The Manager of Research Compliance will add the approval mark to the electronic file, which will then be locked to prevent further editing. A complete, read-only copy of the approved proposal and all approved study materials (with the IRB approval mark) will be made available to the investigators with the disposition form as downloadable PDFs within their IRBNet proposal. The approved informed consent form will be the master for all copies to be used in the study.
- 14.5 The disposition of a proposal with need for revisions is as follows.
- 14.5.1 The investigators will have thirty (30) calendar days from the date of the disposition form to address the revisions.

- 14.5.2 If the response is not received within thirty (30) calendar days, the proposal will be considered to have been withdrawn, and must be resubmitted as a new proposal (subject to the submission deadline in Section 9.4 for proposals requiring initial review by the convened board).
- 14.5.3 If all recommendations made by the IRB are accepted and made to the proposal by the investigators, the IRB co-chair will provide an updated review and recommendation on IRBNet indicating approval of those changes, subject to the requirements of Section 14.3.1 and Section 14.4.
- 14.5.4 If the investigators do not agree to or make all the recommended changes, and unless the proposal is withdrawn, the investigators must submit a statement with the reason or justification as to why any recommended changes were not made. This statement will be considered by an IRB co-chair or other designated IRB members in determining the appropriate review status of the proposal.
- 14.6 The disposition of a disapproved proposal is as follows.
 - 14.6.1 The disposition form will include the reasons for disapproval and could include recommendations for revisions.
 - 14.6.2 Resubmission of a modified proposal following disapproval will be treated as a new proposal (subject to the submission deadline in Section 9.4 for proposals requiring initial review by the convened board).
- 15. Modifications to Approved Research**
 - 15.0 References include 45 CFR 46.110 and 21 CFR 56.110.
 - 15.1 The IRB shall be informed in writing of modifications to approved research proposed by the investigators through an additional package submission for a project in IRBNet. Such modifications may include, but are not limited to, extensions to the research period; study personnel additions or substitutions; minor or substantive changes to the protocol; or significant new findings which have developed during the course of research which require changes to the consent process or documentation (21 CFR 50.25(b)(5) and 45 CFR 46.116(b)(5)).
 - 15.2 Modifications that involve a significant change in protocol or informed consent, a change in possible risk to subjects, or similar substantive change to the project will be reviewed by the convened board.
 - 15.3 Modifications that involve extensions to the research period, study personnel additions or substitutions, or similar minor changes that involve no increased risk to the subjects will be reviewed via expedited review.
 - 15.3.1 For any proposal originally approved through expedited or full board review and with a research period that exceed one (1) year, an extension can be requested by filing an interim report before the anniversary date of the project (see Section 16) in addition to the final report at the end of the project. Any proposal originally approved as exempt already is approved for a period of five (5) years and does not require extensions during said period or a final report once the research is complete. Exempt research still is subject to IRB approval for all other modifications.
 - 5.4 If modifications to an approved research study are approved by the IRB, the IRB also must determine what type of notification to currently enrolled study participants may be necessary, which may include a re-consent process.
 - 15.4.1 Extensions to the research period, study personnel additions or substitutions, or similar minor changes usually will not require re-consenting enrolled participants but may require notification via email or postal mail.
 - 15.4.2 If changes to the protocol alter the nature, severity, or frequency of risk to the subjects, all current subjects

must be re-consented. If merited by the change in risk, a previously approved waiver of documentation of consent or waiver and/or alteration of informed consent may be terminated, and informed consent and/or documentation of consent may be required.

- 15.4.3 If significant new findings were developed during the course of the research which may relate to the subjects' willingness to continue participation, such information will be provided to the subjects. The receipt of this information by each subject must be documented by the investigators.
- 15.5 The investigators will be notified in writing of the decision of the IRB within fourteen (14) calendar days of the review date.
- 15.5.1 If approved modifications include changes to the informed consent documentation, recruiting materials, or other study materials that will be provided to research subjects, the IRB will provide a copy of these approved materials (with a version and approval date noted) to the investigators. The version and approval date will be included in the notification letter and the investigators will be directed to use only the approved materials from the point at which they receive the notification.
- 15.6 If a modification request meets the requirements described in Section 16.1.1.1 for an interim report of research for the purpose of continuing review and is reviewed through either an expedited or full board process as required by Section 16, the review and approval of the modification request shall be considered as satisfying the next scheduled continuing review requirement for that project.

16. Continuing and Final Review

- 16.0 References include 45 CFR 46.109(e), 21 CFR 56.108(a), and 21 CFR 56.109(f).
- 16.1 At the time of initial approval, the IRB will inform the researchers when interim and/or final reports are due. This communication will include the due date for the reports, as well as a description of the required forms and documentation to be provided by the investigator as part of the report.
- i. The effective date from which the due dates for interim or final reports (as applicable) will be calculated is either (a) the date of the IRB meeting at which approval was granted for research initially approved by the convened board; (b) the date on which an IRB co-chair or designated reviewers verified and approved the revisions and/or conditions required by an initial review of the convened board; or (c) the date on which an IRB co-chair or designated reviewer approved research reviewed through an exempt or expedited procedure.
- 16.1.1 IRBNet will automatically provide investigators with a reminder notification sixty (60) calendar days, thirty (30) calendar days, and one (1) calendar day prior to the due date for interim or final reports. This communication will remind investigators of the required forms and documentation to be provided by the investigators as part of the report.
- 16.1.1.1 Interim reports submitted to the IRB should comprise of the following.
- i. An interim report should include a brief project summary that contains:
1. the number of subjects accrued (For multisite studies, provide the number of subjects accrued at the local site and the number accrued study-wide, if available);
 2. a brief summary of any IRB-approved modifications since the IRB's initial review or the last continuing review;
 3. any new and relevant information, published or unpublished, since the last IRB review, especially information about risks associated with the research;

4. a summary of any unanticipated problems (In many cases, such a summary could be a brief statement that there have been no unanticipated problems; i.e., adverse events have occurred at the expected frequency and level of severity as documented in the research protocol, the informed consent document, and the study brochure, if applicable.);
 5. a summary of any subject withdrawals from the research since the last IRB review and the reasons for the withdrawals, if known; and
 6. a summary of any complaints about the research from subjects enrolled at the local site since the last IRB review.
- ii. Interim reports also should include the latest version of the protocol and a sample of the informed consent document currently in use.
 - iii. Proposed modifications to the informed consent document and/or protocol likewise should be included.
 - iv. Current study brochures or recruitment materials, if any, should be appended to the interim report, and any proposed modifications to these documents should be indicated.
 - v. Any other significant information related to subject risks should be provided.
 - vi. Investigators also should provide aggregate information about relevant regulatory actions occurring since the last review that could affect safety and risk assessments (e.g., withdrawal or suspension from marketing in any country on the basis of safety, reports of recalls, device disposition required by 21 CFR 812.150(b)(6), etc.).
- 16.1.1.2 Final reports submitted to the IRB should include similar information to that in Section 16.1.1.1 but with a focus on the final outcomes of the research (i.e., proposed modifications would not be submitted as part of a closure report).
- 16.2 All expedited- and full board-approved projects require a final report to register project closure, due thirty (30) calendar days after the study completion date as indicated on the disposition form. A final report is not necessary for exempt research since such projects automatically close per the IRB after an approved period of five (5) years. (If investigators want an exempt project to last for a period of greater than five (5) years, they should submit a new proposal no less than thirty (30) calendar days before the anniversary date specified in the original disposition form, upon which the project's approval would otherwise expire.)
- 16.3 One or more interim reports for the purpose of continuing review may be required depending on the length of the research period or the determined degree of risk. All interim reports are due no less than fourteen (14) calendar days prior to the IRB meeting immediately preceding the specified anniversary date and as indicated on the disposition form. For example, if a project is reviewed and approved on February 1, 2010, the project approval will automatically expire on February 1, 2011. If the IRB meeting immediately prior to this date is January 14, 2011, then the interim report must be received by the IRB no later than January 1, 2011. This applies to projects receiving either convened or expedited review.
- 16.3.1 For projects of minimal risk with a research period of one (1) year or less, only a final report will be due.
- 16.3.2 For projects of minimal risk with a research period of greater than one (1) year, interim reports will be due at least annually with the exception of research approved as being exempt from the requirement of full and continuing IRB review. If an exempt research project lasts for a period of greater than five (5) years, the investigators should submit a new proposal no less than thirty (30) calendar days before the anniversary

date specified in the original disposition form, upon which the project's approval would otherwise expire.

- 16.3.3 For projects with greater than minimal risk, the following factors will be used to determine the frequency of interim reports for the purpose of continuing review:
- i. the nature of any risks posed by the research project;
 - ii. the degree of uncertainty regarding the risks involved;
 - iii. the vulnerability of the subject population;
 - iv. the experience of the investigators in conducting research;
 - v. the IRB's previous experience with the investigators (e.g., compliance history, previous problems with the investigators obtaining informed consent, prior complaints from subjects about the investigators, etc.);
 - vi. the projected rate of enrollment; and
 - vii. whether the research project involve novel interventions.
- 16.3.4 For projects with greater than minimal risk, but which do not include vulnerable populations, interim reports will be due at least every six (6) months.
- 16.3.5 For projects with greater than minimal risk, but which do include vulnerable populations, interim reports will be due at least every three (3) months.
- 16.4 Investigators will be contacted in writing by the IRB via IRBNet if a report is not received by the next regular meeting after the due date of the report. Reports that are late or not filed shall result in immediate suspension or termination of an ongoing project and may result in disapproval of future research proposals submitted by the investigators.
- 16.5 The IRB may, at any time and at its discretion, request to assess compliance to an approved study protocol. This may include announced and unannounced site visits; review of data records, subject files, and record storage facilities; and interviews with project investigators, research assistants, and subjects.
- 16.6 Continuing review by the full IRB is conducted as follows.
- 16.6.1 Continuing review of research interim reports shall take place at convened IRB meetings unless the criteria for expedited review under 21 CFR 56.110 and/or 45 CFR 46.110 are met.
- 16.6.1.1 A research project that was not eligible for initial review under an expedited review procedure usually will not qualify for an expedited review procedure at the time of continuing review, except in the following limited circumstances.
- i. The research project only involves activities described by expedited review categories (8) or (9) in the "Categories of Research That May Be Reviewed by the Institutional Review Board (IRB) Through an Expedited Review Procedure" document (Federal Register: November 9, 1998 [Volume 63, Number 216]).
 - ii. A research project previously approved by the IRB at a convened meeting progresses to the stage where all of the remaining human subjects research activities involve no more than minimal risk to the subjects and fall within the scope of one or more of the expedited review categories (2) through (7) in the "Categories of Research That May Be Reviewed by the Institutional Review Board (IRB) Through an Expedited Review Procedure" document (Federal Register: November 9, 1998 [Volume 63, Number 216]).
- 16.6.1.2 In order for research undergoing continuing review to be re-approved by the IRB at a convened meeting, it

must receive the approval of a simple majority of the members present at the meeting.

16.6.1.3 The IRB shall make its continuing review determination by considering whether any new information is available that would affect the IRB's prior finding that the research meets the criteria in 21 CFR 56.111 or 45 CFR 46.111 (as applicable). The IRB has the authority to disapprove or require modifications to (to secure re-approval of) a research activity that does not meet any of the above criteria (e.g., the full study or any part thereof, such as changes to the protocol, advertisements, etc.).

16.7 The expedited review process is used for continuing review as follows.

16.7.1 The IRB may use an expedited review procedure to conduct continuing review of research projects which are minimal risk, which meet the criteria for expedited review under 21 CFR 56.110 or 45 CFR 46.110 (as applicable), and which only involve procedures described in one or more of the nine categories of research activities published in the Federal Register (63 FR 60364-60367, November 9, 1998 [Volume 63, Number 216]).

i. The Federal Register expedited review categories (1) through (7) apply to both initial and continuing review, whereas expedited review categories (8) and (9) apply only to continuing review.

16.7.2 In general, a research study that was eligible for initial review under an expedited review procedure will qualify for an expedited review procedure at the time of continuing review. However, a research study previously approved under an expedited review procedure in some circumstances will need to undergo continuing review by the IRB at a convened meeting. For example, the investigators at the time of the continuing review may propose changes to the research project that involve the addition of activities that do not fall within the scope of any of the categories of research activities eligible for an expedited review procedure. Likewise, a research project that was not eligible for initial review under an expedited review procedure usually will not qualify for an expedited review procedure at the time of continuing review, except in the following limited circumstances.

i. The research project involves only activities described by Federal Register expedited review categories (8) or (9) (63 FR 60364-60367, November 9, 1998 [Volume 63, Number 216]).

ii. The research project previously was approved by the IRB at a convened meeting and progresses to the stage where all of the remaining human subjects research activities involve no more than minimal risk to the subjects and fall within the scope of one or more of Federal Register expedited review categories (2) through (7) (63 FR 60364-60367, November 9, 1998 [Volume 63, Number 216]).

16.7.3 If a study submitted for continuing review qualifies for expedited review, the review may be conducted by an IRB co-chair or one or more experienced reviewers designated by the IRB co-chairs from among the IRB members, who will then advise all members of the review decisions made.

16.7.4 Disapproval of a study at the time of continuing review can only occur at a convened meeting and not by the expedited review process. The IRB co-chair or his/her designee can approve a study or require modifications to the study to secure its re-approval but may not disapprove research using the expedited procedures.

16.8 Continuing review of collaborative and/or multisite research studies is as follows.

16.8.1 For collaborative research projects that involve multiple sites or institutions, responsibility for continuing

review will usually rest with the IRB that conducted the initial review of the research. However, in certain cases, an IRB other than the one that conducted the initial review of a research project may conduct continuing review of the project, if:

- i. the IRB conducting the continuing review has members with appropriate experience and expertise, as well as access to all prior relevant IRB records; or
- ii. a prior written agreement between cooperating IRBs regarding the project specifies terms of the cooperation under which an IRB other than the one that conducted the initial review is responsible (solely or jointly) for conducting the continuing review.

16.8.2 As specified in Section 10.5, the Pacific University IRB may assume or cede responsibility for continuing review as part of the review process for collaborative and/or multisite research involving Pacific University students or employees as study personnel. No collaborative and/or multisite human subjects research study in which Pacific University is engaged should commence prior to the documentation of responsibility for continuing review among or between the participating IRBs.

16.8.3 If the Pacific University IRB is responsible for solely or jointly conducting continuing review of a collaborative and/or multisite study, the procedures for continuing review outlined in Section 16 shall be followed.

16.9 Investigators will be notified of the IRB's determination following the continuing review in accordance with the procedures outlined in Sections 14.3-14.6. In short, a signed disposition form indicating approval, need for revisions, or disapproval, along with any additional or supplementary forms or documents, will be sent to the investigators via IRBNet within fourteen (14) calendar days of the continuing review date. The form will be directed to the faculty advisor if the investigators are students. If approval is granted, a new due date for the next interim report (calculated from the date of re-approval) will be included in the form provided to the investigators.

16.10 If the continuing review of a research project results in suspension or termination of the project, the procedures in Section 4.1.3 shall be followed by the IRB.

16.11 Final reports of project closure are as follows.

16.11.1 Investigators are required to submit a final report upon the close of a research project via IRBNet. Final reports submitted to the IRB should include similar information to that in Section 16.1.1.1 but with a focus on the final outcomes of the research.

16.11.2 A project should not be closed unless all of the following are fulfilled.

- i. All protocol indicated research activities including interaction with subjects and the collection of data or specimens is complete.
- ii. Any required follow-up with participants is finished.
- iii. Any collection of data about subjects, even when no subject contact is necessary, has concluded.
- iv. All "cleaning" of the data is over. "Cleaning" is considered to be the removal of corrupt, incomplete, or otherwise unusable data from a data set prior to analysis. Because this process will likely require access to/review of the complete data set, which may include identifiable information, or may require that an investigator follow up with a participant, this activity cannot be completed after a project is closed.
- v. Any analysis of identified or linked data for research purposes or during the publication process is

complete.

- vi. Any other research use of the data which involves access to identified or linked (coded) data or specimens collected during the conduct of research has ended.

16.11.3 Investigators may submit a final report of project closure at whatever point the project is complete rather than waiting until the end of the approval period to close the study. Student researchers and all others completing projects in the middle of the approval period are encouraged to do this to avoid having subsequently to receive reminder materials after the end of the study. Students are often difficult to contact at the expiration point since they may have left campus by that time. In this case, faculty advisors are expected to complete materials on their behalf and will receive multiple requests to do so.

16.11.4 Upon receipt by the IRB, the Manager of Research Compliance will forward the final report of project closure to an IRB co-chair via IRBNet.

16.11.5 The IRB co-chair will review the final report of project closure and, upon review, may:

- i. approve closure of the study; the file will be closed and no further communication with the investigators will be required;
- ii. request additional information from the investigators prior to approving closure of the study; or
- iii. place limitations on the use of the research data if previously unreported noncompliance, serious risks, adverse events, or unanticipated problems are included in the final report; in this instance, noncompliance and unanticipated problems will be addressed as in Section 4.

16.11.6 The IRB may close projects without receipt of a final report of project closure from the investigators if:

- i. it is determined that the investigators are no longer affiliated with Pacific University;
- ii. the approval period for the research has expired, the study is closed to subject accrual, and the IRB has not permitted ongoing research procedures for the safety of continuing subjects;
- iii. the investigators have not responded to the IRB's requests for revisions and/or clarifications within a reasonable period, usually thirty (30) calendar days, and an extension has not been requested; or
- iv. the IRB approval has been terminated; this would only occur after IRB review and communication with the investigators (see Section 4).

17. Adverse Event Reporting

17.1 Adverse events are defined as follows.

17.1.1 For the purposes of the IRB, an adverse event shall be:

- i. any untoward or unfavorable medical (physical or psychological) occurrence in a human subject (including any abnormal sign, symptom, or disease temporally associated with the subject's participation in the research) which is or is not considered to be related to the subject's participation in the research;
- ii. a serious adverse event or a serious adverse reaction in the context of a drug or biologic research study, as defined in 21 CFR 312.32;
- iii. an unanticipated adverse device effect in the context of a medical device research study, as defined in 21 CFR 812.3(s);
- iv. a breach of confidentiality;
- v. an accidental or unintentional deviation in the IRB-approved protocol that involved risk to the

- research subjects;
 - vi. a discovery of information that indicates a change to the risks or potential benefits of the research;
 - vii. a mandated reporting of abuse or endangerment to self or others;
 - viii. an emergency protocol deviation without prior IRB review to eliminate an apparent immediate hazard to a research participant;
 - ix. a complaint by a participant that indicates an unanticipated risk or any complaint that cannot be resolved by the research staff;
 - x. any specific protocol-defined events that require prompt reporting; or
 - xi. any other event or problem not included here but that meets the definition of an unanticipated problem involving risk to subjects provided in Section 4.
- 17.2 Reporting by investigators of adverse events is as follows. Note: References to “calendar days” in these procedures do not include federal or University holidays on which University offices are closed.
- 17.2.1 Investigators of approved research projects will immediately (no later than seven (7) calendar days of the investigators learning of the adverse event) notify the IRB in writing of any adverse event which has occurred during the conduct of the project. Reports will include the cause and disposition of the adverse event, the nature of any medical or mental health care necessary at the time of the incident, and any follow-up care or treatment received or required by the subject, as well as whether it was provided by the investigators (within their scope of practice) or by other professionals, clinics, or hospitals. Reports also shall include a discussion by the investigators as to whether the adverse event was expected or unexpected (as reflected by the approval proposal and consent documentation), as to whether modifications to the protocol or informed consent process are indicated, and whether any plan (if necessary) has been formed for notifying other current participants of the adverse event.
- 17.3 IRB review of adverse events is as follows. Note: References to “calendar days” in these procedures do not include federal or University holidays on which University offices are closed.
- 17.3.1 An IRB co-chair will communicate in person and follow up in writing with the investigators and other relevant parties (including the Vice Provost for Research), documenting receipt of the adverse event report.
- 17.3.2 The IRB co-chairs will review the adverse event report and determine if (a) the adverse event was expected or unexpected; (b) the adverse event was related or possibly related to participation in research; and (c) whether the adverse event suggests that the research places subjects or others at a greater risk of harm than was previously known or recognized.
- i. If these three descriptions are determined to be true of the adverse event, it will be considered an unanticipated problem involving risks to human subjects, and the procedure for taking corrective action and reporting unanticipated problems in Section 4 will be followed.
 - ii. If the adverse event does not meet this description of an unanticipated problem involving risks to human subjects, the IRB co-chairs will review the corrective actions already taken by the investigators (if any) and will either approve of the proposed actions or will require additional corrective actions. Corrective actions which may be required include, but are not limited to:
 - 1. modifications to the research or consent form;
 - 2. notification of current and/or past research participants;
 - 3. re-consent of current research participants (when such information may relate to their

- 4. willingness to continue in the research);
 - 4. monitoring of the research (including audits) or consent process;
 - 5. education or mentoring for the investigators and/or research assistants;
 - 6. additional reporting (e.g., more frequent continuing review, etc.);
 - 7. limitations (e.g., restriction to co-investigator status, etc.) on research activities or the use of research data;
 - 8. suspension of IRB approval for one or more of the investigators' studies; or
 - 9. termination of IRB approval for one or more of the investigators' studies.
- 17.3.3 If immediate corrective action beyond that taken by the investigators is required, a co-chair will, within twenty-four (24) hours of receipt of the adverse event report, communicate in person and follow up in writing with the investigators and other relevant parties (including the Vice Provost for Research), documenting the notification of required corrective action.
- 17.3.4 If immediate corrective action beyond that taken by the investigators is not required, or no further corrective action is required, a co-chair will prepare a response to the investigators that describes the IRB's determination regarding the adverse event report. The IRB response will be provided to the investigators within fourteen (14) calendar days of IRB receipt of the adverse event report.
- 17.4 Reporting is as follows. Note: References to "calendar days" in these procedures do not include federal or University holidays on which University offices are closed.
- 17.4.1 A summary of all adverse events reported since the last meeting will be provided to all IRB members at each convened meeting of the IRB. The same summary shall be provided to the Vice Provost for Research. Additionally, any adverse event that meets the definition of an unanticipated problem involving risks to human subjects will be reported to other relevant parties as required by Section 4.
- 17.4.2 If notification of current and/or past research participants is required by the IRB, the content of such notification must be approved by an IRB co-chair and should be sent by the investigators using the contact information provided by the participants on their informed consent documentation. Notification must be provided to participants within seven (7) calendar days of the IRB requiring such notification; the IRB reserves the right to require more immediate notification.

18. Records and Documentation

- 18.1 IRB recordkeeping is as follows.
- 18.1.1 The IRB shall maintain documentation of all IRB activities in accordance with federal regulations 45 CFR 46.115 and 21 CFR 56.115. Such documentation includes records relating to research, materials submitted by investigators for IRB review (or exemption), documentation of IRB activities, and other required records, such as IRB correspondence, rosters, and policies. All records are retained in a secure manner which allows for a review of the history of IRB actions and for inspection by authorized personnel. Documents from August 26, 2014, to the present are retained within IRBNet, including all official proposal-related materials, correspondence, agendas, minutes, and Board decisions and reviews. The IRB shall keep the following listed records.
- 18.1.2 Minutes of IRB meetings that document pertinent discussions and decisions on research shall be maintained. The meeting minutes shall include (at a minimum):
- i. a list of the members and alternates in attendance for each action;

- ii. documentation regarding whether a quorum exists;
- iii. the names of any IRB members who leave the meeting due to a conflicting interest, along with the fact that a conflicting interest is the reason for the absence (as applicable);
- iv. any actions taken by the IRB, including the number of votes for, against, or abstaining;
- v. the separate deliberations for each action;
- vi. the basis for requiring changes in or disapproving research;
- vii. a summary of the discussion of controverted issues (if any) and their resolution;
- viii. determinations of the risk level (minimal risk/greater than minimal risk) for initial and continuing reviews;
- ix. the approval period (not to exceed one (1) year for expedited and full board research and five (5) years for exempt research) for initial and continuing reviews;
- x. the rationale for SR/NSR device determinations;
- xi. determinations required by the regulations and protocol-specific findings justifying the following:
 - 1. waiver or alteration of the consent process;
 - 2. research involving pregnant women, human fetuses, or neonates;
 - 3. research involving prisoners; or
 - 4. research involving children.
- xii. a justification for any deletion or substantial modification to information concerning risks or alternative procedures contained in IRB-approved sample consent documents (as applicable); and
- xiii. determinations required by the Privacy Rule for waiver or alteration of the authorization requirements.

18.1.3 In addition to convened board meeting minutes, the IRB maintains other records related to research. These records include, but are not limited to (as applicable):

- i. all documents submitted by the investigators to the IRB, including research proposals, informed consent documents, statement of assurance forms, and other materials used to request IRB review and approval;
- ii. relevant grant applications;
- iii. scientific evaluations;
- iv. study brochures;
- v. reports of injuries to participants and other reportable events related to the research;
- vi. progress reports submitted by the investigators;
- vii. accounts of continuing review activities;
- viii. modifications to previously-approved research;
- ix. statements of significant new findings provided to participants; and
- x. all correspondence between the IRB and the investigators.

18.1.4 For initial or continuing reviews conducted by expedited procedures, records will include:

- i. copies of all documentation submitted;
- ii. descriptions of the actions taken by the reviewers;
- iii. specific permissible categories permitting review by expedited procedures; and
- iv. determinations required by the regulations and protocol-specific findings justifying the following:

1. waiver or alteration of the consent process;
 2. research involving pregnant women, human fetuses, or neonates; or
 3. research involving children.
- 18.1.5 For exempt research, records will include:
- i. copies of all documentation submitted;
 - ii. any associated correspondence between the investigators and the IRB; and
 - iii. exempt determinations, including citations of the specific categories justifying the exemptions.
- 18.1.6 For activities determined by the IRB not to be research involving human subjects, records will include copies of all documentation submitted and/or correspondence between the investigators and the IRB as well as information documenting the determinations.
- 18.1.7 Other records maintained by the IRB include (but are not limited to):
- i. IRB rosters and membership information (this shall include the member's name, earned degrees, member category (non-scientist, physician scientist, or other scientist), research experience, experience and expertise applicable to IRB deliberations, knowledge of or experience working with vulnerable populations, employment or other relationship with the Pacific University, affiliation status (whether the member or an immediate family member is affiliated with the organization), and other members for whom the IRB member may alternate);
 - ii. IRB policies and procedures;
 - iii. IRB templates, sample documentation, etc.; and
 - iv. general IRB correspondence (i.e., not related to specific protocols).
- 18.1.8 Maintenance and retention of IRB records is as follows.
- i. The IRB will ensure that all records are stored confidentially, in a secure location.
 - ii. Access to IRB records is restricted to authorized Pacific University employees. IRB records are accessible for inspection and copying by representatives for the sponsors of the research, authorized representatives of federal agencies or departments, and by other authorized agents of regulatory or accrediting organizations, at reasonable times and in a reasonable manner.
 - iii. All IRB records relating to research are retained for at least three (3) years after completion of the research or three (3) years after cancellation if the research is cancelled without participant enrollment. All other IRB records described by this policy are retained for at least three (3) years. Current records are stored in the IRB office. Records older than three (3) years may be stored securely in the University Archives.
 - iv. When electronic records and/or data are used to meet regulatory requirements for IRB recordkeeping and retention, such records and/or data will be maintained in compliance with 21 CFR 11 and other applicable FDA guidance (Part 11, Electronic Records; Electronic Signatures – Scope and Application).
- 18.2 Investigator recordkeeping is as follows.
- 18.2.1 The investigators will be responsible for maintaining signed informed consent forms, data files, and any other records or correspondence pertaining to the project for a minimum of three (3) years following formal closure of the project with the IRB. (Exempt research forms, files, and records may be destroyed at the end of the original five (5) year approval period if the research is complete.) In the event that the

investigators change the Pacific University storage location of the applicable research project files, they shall inform the IRB in writing as soon as possible as to the new location of the files.

18.2.1.1 If investigators who have been designated to retain records on behalf of Pacific University leave and/or are no longer affiliated with the University, the investigators and the University should identify the successor responsible for maintaining the institutional records, either at the University or wherever the records are relocated.

18.2.1.2 Investigators who have open studies and are leaving Pacific University are responsible for notifying the IRB in advance of their departure so that arrangements can be made to close the studies, name other appropriately-qualified individuals currently at the University to serve as the investigators on the studies, or make plans to transfer the studies to other institutions. The investigators shall provide documentation of each new institution's IRB approval prior to the transfer.

19. Definitions

19.1 Though most terms are defined in the body of this document, definitions for the following terms and/or phrases are provided here for additional clarity and/or certainty.

19.1.1 There are different definitions of **human subject** depending on the relevant federal agency. For FDA-regulated studies, a human subject is a person who participates in an investigation, either as an individual on whom or on whose specimen an investigational device (21 CFR 812.3(p)), drug (21 CFR 312(b)) or biological (21 CFR 600.3) is used or as a control. For research not under the FDA's jurisdiction, a human subject is defined as a living individual about whom an investigator (whether professional or student) conducting research obtains (a) data through intervention or interaction with the individual; or (b) identifiable private information (45 CFR 46.102).

19.1.2 Different federal agencies regulate human subjects research practices. Most fundamentally, **research** means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge (45 CFR 46.102(d)). When the object of a study is a particular device, drug, or biological product to be applied to humans or animals that is under the regulation of the FDA, it is best to use the phrase **clinical investigation** which refers to any experiment in which a drug (21 CFR 312(b)), biological agent (21 CFR 600.3), or device (21 CFR 812.3(p)) is administered to one or more human subjects. For the purposes of this document, research is any use of such a product except for use in the course of medical practice.

For avoidance of doubt, a **case report** (defined as a retrospective analysis of one or two individual cases of patients or clients) is not considered to be research (a systematic investigation with the intent to develop or contribute to generalizable knowledge). IRB review is not required for the use or publication of a case report. A **case series** (retrospective analysis of three or more individual cases of patients or clients) is considered research, and the IRB review is required. (Note: Although a case report does not require IRB review, the report must be prepared and used/published in accordance with the HIPAA Privacy Rule regulations.)

19.1.3 The phrase **formal IRB review** is partly determined by the nature of the project and is necessary when a proposed undertaking has been deemed to meet the relevant federal definitions of both human subject and research. Such studies must be evaluated and approved by the IRB via either the expedited or full board review process. Activities which involve gathering and analyzing data derived from humans that do not

meet the federal definitions of human subject or research are not subject to formal IRB review, although this determination must be made with consultation from the IRB or its designee.

19.1.4 Within the confines of **minimal risk**, 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 (21 CFR 50.3(k), 21 CFR 56.102(i), and 45 CFR 46.102(i)). Minimal risk is distinct from SR/NSR in relation to medical device studies. A **SR device** is one that (a) is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject; (b) is purported or represented to be for use supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject; (c) is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or (d) otherwise presents a potential for serious risk to the health, safety, or welfare of a subject. A **NSR device** is one that does not present SR (21 CFR 812.3).

19.1.5 A **medical device** is partly defined by the intended use, specifically as an instrument, apparatus, machine, contrivance, implant, in vitro reagent, or similar article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease, and/or intended to affect the structure or any function of the body of humans or other animals, though not dependent on chemical action or being metabolized (paraphrased from 201(h) of the FD&C Act (21 USC 321(g)). Medical devices are classified into Class I, II, and III. Regulatory control increases from Class I to Class III. The device classification regulation defines the regulatory requirements for a general device type. An **investigational device** is a device, including a transitional device, which is the object of an investigation. **Investigational use** is a clinical evaluation of an already legally-marketed device for a new intended use or a new indication for use. An IDE is generally required for research involving an investigational device. Studies may be exempt from the need to obtain an IDE if the device (a) was approved pre-1976; (b) is already 501(k) cleared or PMA-approved and used in accordance with approved labeling; or (c) is used for consumer preference testing. Also, most in vitro diagnostic devices and some custom devices may be exempt (from 21 CFR 812.2(c)). Furthermore, if the study is investigating a physiologic principle and not intended to develop a device for marketing and the device is used only to address the research question, no IDE is required (21 CFR 812.2(a)). A list of Class I and II exempt devices is available at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpd/315.cfm>. If an IDE is needed, the study must be evaluated as SR or NSR. If the device presents SR, the investigator must submit an IDE application to the FDA (decision within thirty (30) calendar days); IRB approval will not be granted until the FDA decision is finalized. If the device presents NSR, the IRB may approve the investigation without submission of an IDE to the FDA.

19.1.6 A **drug** is partly defined by the intended use, specifically as an article (other than food) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease, and/or intended to affect the structure or any function of the body of humans or other animals (paraphrased from 201(g) of the FD&C Act (21 USC 321(g)). An **investigational new drug** means a new drug or biological drug that is used in a clinical investigation. The term also includes a biological product that is used in vitro for diagnostic purposes. The terms **investigational drug** and **investigational new drug** are deemed to be synonymous for the purposes of this part (from 21 CFR 312(b)). A **biological product** means any virus, therapeutic serum,

toxin, antitoxin, or analogous product applicable to the prevention, treatment, or cure of diseases or injuries to humans (from 21 CFR 600.3(h)). A **clinical investigation** means any experiment in which a drug is administered or dispensed to, or used involving, one or more human subjects. For the purposes of this part, an **experiment** is any use of a drug except for the use of a marketed drug in the course of medical practice (from 21 CFR 312(b)).

19.1.7 In the IRB context, the **research proposal** is all of the forms and materials required to be submitted to the IRB for review of planned human subjects research activities. It will consist of, but is not necessarily be limited to: (a) a brief, though adequate overview allowing non-specialized readers to assess the significance of the project; (b) a detailed study protocol; (c) an assessment of risks; and (d) documents designed to ensure the informed consent (or permission and assent) of all participants.

19.1.8 A **protocol** is a formal document that describes the objectives, design, methodology, statistical considerations, and organization of a research study or clinical investigation. The protocol should provide a brief, but adequate background and rationale for non-specialized readers to appreciate the significance of the undertaking. The protocol describes what types of patients and/or participants may enter the study, schedules of tests and procedures, drugs, dosages, and the length of study, as well as the outcomes that will be measured. Each person participating in the study must agree to the rules set out by the protocol.