Notre Dame of Maryland University
Institutional Review Board

Policies & Procedures for
Human Subjects Research Protection

Version 3.0 (2025)

NDMU IRB Website: www.bit.ly/NDMUIRB
Email us: irb@ndm.edu

Note: This handbook details the policies and regulations governing research with human subjects, and the procedures for submitting research proposals for review by the NDMU IRB. These policies and procedures apply to all research involving human subjects if NDMU faculty, staff, students, or facilities are involved, regardless of sponsorship and/or performance site, whether domestic or foreign.

Revision History:
Prepared by Notre Dame of Maryland University Institutional Review Board (IRB)

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What's new:

- *Added table of contents for navigability*
- *Added FAQs/quicklinks*
- *Updated procedures related to initial application, amendment, and review/continuing review procedures to reflect current practice, including online submission sites; updated description of waiver of documentation of informed consent; added specificity to description of Principal Investigator responsibilities, data management and storage information*
- *Added clarifying information and links regarding keeping the IRB registration current with the Office of Human Research Protections, certain definitions*
- *General copyediting for brevity and clarity, reorganization*

FAQs/Quicklinks:
SUBMITTING TO THE IRB

DO I NEED TO SUBMIT MY RESEARCH TO THE IRB?

If you are an NDMU faculty, staff, or student conducting or participating in research with human subjects defined within federal regulations you likely DO need to submit to the NDMU IRB. This is true even if your research is conducted offsite or at or through another institution. Outside researchers who wish to directly recruit NDMU faculty, staff, or students or conduct research on campus need an NDMU faculty or staff member to serve as Principal Investigator.

IS THERE RESEARCH THAT *DOESN'T* NEED TO BE SUBMITTED TO THE IRB?

Not all things that we might think of as "research" (even that involving people) is governed by federal regulations or NDMU policy requiring IRB review. There are some kinds of research or scholarly activities that do NOT require submission to the IRB. For example, projects that don't involve human subjects (as defined under federal regulations), journalistic activities, and secondary analyses, case studies, and pilot studies that meet certain criteria do not. You can read more in this part of the handbook. When in doubt, or to obtain an IRB determination, contact us any time (irb@ndm.edu).

WHAT HUMAN SUBJECTS TRAINING IS REQUIRED?

The principal investigator and any co-investigators, students, or research staff who will a) obtain consent from research participants, b) collect data from them, or c) have contact with data that contains any

identifying information must have current human subjects training.

CITI training is free at www.citiprogram.org by affiliating with NDMU. The required courses are Social-Behavioral Research or Biomedical Foundations; other listed courses are generally optional. Certification must be renewed periodically:

- Refresher 1 course, taken after 3 years has passed since initial training
- Refresher 2 course must be taken after 6 years

Take a screenshot or download proof of your training (showing the expiration date) and save that in your records. You will need that for your application.

If accessing student educational records, proof of FERPA training is also required. Submit with the IRB application even if the FERPA training was conducted through NDMU.

HOW DO I SUBMIT AN APPLICATION TO THE IRB?

It's all online! Submit your research proposal and supporting documents electronically via the online submission system at bit.ly/ndmuirbapplication. (This is a SurveyMonkey site). A preview of the application is available on the NDMU IRB website. For more information about submission, see this part of the handbook.

CAN I SUBMIT BY EMAIL OR HARD COPY?

You can use the Word application preview on our website (www.bit.ly/ndmuirb) to draft pieces of the application and share it with others (for example, writing responses for the text box items, so you can show them to a colleague or faculty advisor, and cut and paste them into the online form). However, we only accept submissions through the online system (bit.ly/ndmuirbapplication) to ensure proper tracking and documentation.

HOW LONG DOES IT TAKE TO COMPLETE THE APPLICATION?

It depends. The application requires detailed information about your project and human subjects procedures and may take several hours to complete. To streamline the process:

- Gather necessary documents in advance. A preview and consent form templates are available on the NDMU IRB website.
- You don't have to complete the application online all at once. You can save progress and return later, but only from the same device and browser (cookies must be enabled). Do not clean your browser cache until your application is complete and submitted.
- Applications are reviewed only after submission is complete, with all required documentation provided.

WHAT IS "EXEMPT" RESEARCH? DOES THAT MEAN IT DOESN'T NEED IRB REVIEW?

Unfortunately, no. This is a confusing term, but it refers to some categories of low-risk research which the IRB can review and approve without needing the full board of members to review it (It is "exempt" from the requirement for full board review). It is also "exempt" from most continuing review requirements after it is approved. In any case – research other than the kinds described in FAQ #3 still need to be submitted and reviewed by the IRB, and *only* the IRB can make a determination that an application meets exemption criteria – after reviewing it.

DO I NEED TO USE A SPECIFIC FORM FOR INFORMED CONSENT?

You do. Templates and other resources are available on the NDMU IRB website. You will also need to describe your informed consent process in detail in the application. For more information about informed consent, see this part of the handbook.

DO I NEED TO SUBMIT MY STUDY RECRUITMENT MATERIALS LIKE FLYERS OR ADVERTISEMENTS?

You do, and they must meet certain criteria and be approved by the IRB. For more information, see this part of the handbook.

DO I NEED ANY APPROVALS OR SIGNATURES TO SUBMIT?

Faculty/Staff: No signatures are required. You will provide your supervisor's name, and they will be notified upon approval.

Students: Your faculty advisor/chair must be listed as the Principal Investigator. No signatures are needed, but you must upload proof of their approval (e.g., a letter or email screenshot).

NOTE: If you're recruiting through an external institution, working with another IRB, etc. you may need approvals from them *before* you begin your research – but you don't necessarily need that to submit your application to us. We know the timing of this can be complicated (they may want our IRB to approve you before they do). Just contact us for help sorting this out (irb@ndm.edu).

HOW DO I KNOW MY APPLICATION WAS SUCCESSFULLY SUBMITTED?

We do not routinely send an email confirming receipt of your application. However, when you submit online, you should see a page confirming that your application was submitted. If you don't see it, have questions or worries, or need a copy of the final submitted application, email the IRB (irb@ndm.edu).

CAN I GET A COPY OF WHAT I SUBMITTED ONLINE?

Yes. Contact the IRB via irb@ndm.edu and we can provide this for you.

FAQs/Quicklinks:
I'VE SUBMITTED…. NOW WHAT?

HOW WILL I KNOW IF MY APPLICATION IS COMPLETE OR THE IRB NEEDS MORE INFORMATION OR REVISIONS?

If revisions or additional information is required, the IRB Chair will send an email to the principal investigator with instructions.

WHAT ARE THE TYPES OF IRB REVIEW?

There are *three levels of review*, which are determined by federal regulations based on risk to participants:

- Full Board Review – Required for studies with greater than minimal risk or involving vulnerable populations.
- Expedited Review – For studies with minimal risk; reviewed by the IRB chair or a designated reviewer, not the full board; approval must be renewed annually.
- Exempt Review – For very low-risk studies; reviewed by the IRB chair or a designated reviewer; not the full board; does not require annual re-review (only a limited report that the study is ongoing).

You can learn more about the differences and IRB process in the part of the handbook here. That said, the review timeline is similar for expedited and exempt reviews (which is what most NDMU studies are). Only the IRB can determine a study's review category—all research involving human subjects must be submitted for review.

HOW LONG DOES IRB APPROVAL TAKE?

Review time varies based on project complexity and risk level, completeness and clarity of documentation, and submission timing. The IRB may approve your application, may conditionally approve it pending receipt of certain clarifications, missing information, or needed revisions, defer approval pending the investigator addressing more significant issues or revisions, or (in rare cases) disapprove your application.

To speed up the process:

- Read the instructions in the application carefully. (Missing or incomplete information or required documents and questions left blank are common). Use the preview of the application on the IRB website to familiarize yourself with what is needed.
- Ensure clarity and consistency in your application and supporting documents.
- Submit by the first Friday of the month during the academic year.
- Contact the IRB during breaks for availability.
- For urgent cases (e.g., class deadlines, grant submissions), we may be able to accommodate a speedier review.
- Email IRB@ndm.edu with questions or specific timeline inquiries. Feel free to reach out to us – we want to help, and we are happy to hear from you.

HOW WILL I BE NOTIFIED OF APPROVAL?

You'll receive a formal IRB memo via email. Keep this information for your records. Please note the expiration date of your approval in your calendar.

FAQs/Quicklinks:
I'M APPROVED…. NOW WHAT?

ONCE MY RESEARCH IS APPROVED, WHAT ARE MY RESPONSIBILITIES?

- Review your approval memo and note the expiration date of your approval in your calendar, with a reminder to yourself that you will need to submit information to the IRB 30 days prior to this date.
- Familiarize yourself with key policies in this handbook. We suggest focusing particularly on the sections for Principal Investigator Responsibilities Regarding Approved Projects, Modification of an Approved Protocol (Amendments), Unanticipated Problems, Continuing Review of Active Protocols, Lapse in IRB Approval, and Closure of Studies.
- Maintain records as required by the IRB and federal regulations – three years beyond the end of the study.

WHAT ELSE SHOULD I KNOW ABOUT RECORD KEEPING?

- Federal regulations require retaining research records (data and signed consent forms) for three years.
- Destroy identifying information like participant contact information (names, emails, etc.) once it is no longer needed.
- A strong data management plan is recommended. To learn more about good data management practices, we recommend this site.

HOW CAN I MAKE CHANGES TO MY APPROVED STUDY?

Approved protocols can be modified or amended (learn more about the process in this part of the handbook).

- Submit an online amendment form at www.bit.ly/ndmuirbamendment (it is short).
- Minor amendments may not require submission (the online form will walk you through this).
- The IRB will review your amendment.
- You will receive a formal IRB memo indicating approval via email. You *must* wait to receive this prior to implementing changes, with some exceptions:
    1. In the case of immediate hazard to a participant (notify the IRB after).
    2. You are only implementing minor, non-substantive changes to your study (the online amendment form will allow you to determine whether your changes meet this definition).

WHAT DO I DO IF I AM APPROACHING MY EXPIRATION DATE?

Approval expires at midnight on the given date.

1. Studies may be renewed annually. Studies active over three years require a new application.
2. The following form is for renewing approved IRB projects that are approaching their expiration date but have been active for fewer than 3 years: https://bit.ly/CRorClosure.
3. Submit this form no less than 4 weeks before your study expires. It may be used to:
    3.1. Complete a brief report for exempt research studies (required)
    3.2. Complete a continuing review to extend the expiration date for an expedited or full board study that is still active (has ongoing recruitment, follow-ups, or analyzing identifiable data)
    3.3. Amend a current study at the same time as the review
    3.4. Close a study that is no longer active (at any time)

DO EXEMPT STUDIES REQUIRE CONTINUING REVIEW?

Exempt studies do *not* require an in-depth continuing review like expedited or full board studies; however, investigators must complete a brief report annually at https://bit.ly/CRorClosure and close the study when finished.

HOW AND WHEN DO I CLOSE A STUDY?

- Submit a final report at https://bit.ly/CRorClosure when:
  - Recruitment, data collection, and analysis of identifiable data are complete;
  - The principal investigator is leaving the university. (If the study is ongoing and another investigator is assuming responsibility as principal investigator, do not close the study; instead, complete an amendment form (www.bit.ly/ndmuirbamendment).

NOTE: Click on any item in the Table of Contents to navigate to that section of the Handbook.

1. Contents

1. The Mission of the NDMU IRB

Notre Dame of Maryland University (NDMU) upholds ethical research standards, ensuring respect and protection for human subjects. We are guided by the *Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (often referred to as the "*Belmont Report*"), and performed in accordance with the Department of Health and Human Services ("DHHS") policies and regulations at 45 CFR 46 (also known as the "Common Rule"). All of these principles stress such factors as, *inter* alia, respect for persons, beneficence and justice. The actions of NDMU will also conform to all other applicable federal, state, and local laws and regulations.

NDMU maintains a Human Research Protection Program ("HRPP") and an Institutional Review Board (IRB) to review research involving human subjects, balancing risks and protections.

The IRB Mission:

- Protect the rights, safety, and well-being of research participants
- Ensure compliance with ethical and legal standards
- Provide education, review, and monitoring of research
- Support excellence in human subjects research
- Support faculty, students, and staff in their research.

The IRB Responsibilities:

- Monitor and improve human subjects research participant protections
- Allocate necessary resources
- Oversee compliance with research regulations
- Educate investigators on ethical responsibilities
- Assist researchers in following federal and state guidelines
- Intervene when necessary and address participant concerns.

Ethical Principles: The Belmont Report

It is the duty of NDMU IRB to review and make decisions on all protocols for research involving human subjects. The two principal responsibilities of the IRB are (1) the protection of research subjects from undue risk and (2) the protection of research subjects from deprivation of personal rights and dignity.

This protection is best assured by consideration of three principles as set forth in the Belmont Report, which are the touchstones of ethical research where:

- Voluntary participation by the subjects, indicated by free and informed consent, is assured;
- An appropriate balance exists between the potential benefits of the research to the subject or to society and the risks assumed by the subject; and
- There are fair procedures and outcomes in the selection of research subjects.

These three principles are referred to as *Respect for Persons, Beneficence,* and *Justice*.

Respect for Persons: Voluntary Participation and Informed Consent

Ensuring voluntary informed consent is essential in human research. Participants must fully understand the study, including potential risks and benefits, and consent freely without pressure or undue influence. The NDMU IRB carefully reviews recruitment, consent processes, and consent materials to uphold these standards.

For individuals unable to consent (e.g., minors), consent must be obtained from a legally responsible

party. The IRB ensures the process supports informed decision-making in the subject's best interest. The IRB exercises special care when reviewing studies involving populations with limited capacity for informed consent, ensuring protections against coercion or misunderstanding.

Beneficence: The Risk-Benefit Ratio

The IRB is charged with deciding, for any proposed activity that falls under its jurisdiction, whether:

> "The risks to the subject are so outweighed by the sum of the benefit to the subject and the importance of the knowledge to be gained as to warrant a decision to allow the subject to accept (those) risks."
> *(Federal Register, May 30, 1974)*

The IRB evaluates the risks (physical, psychological, financial, or social) and potential benefits (to individuals, groups, or society) of a study. It ensures that risks are clearly communicated in the consent process and that the study design is sound.

While the IRB does not typically assess scientific design, it must do so when necessary to determine if the risk/benefit ratio is justified. If a study's design is flawed and cannot achieve its goals, any associated risks—however minimal—become unjustifiable. Therefore, clear, well-designed studies with transparent risk and benefit descriptions are essential for IRB approval.

Justice: The Fair Selection of Research Subjects

Fair Distribution of Risks and Benefits. Research risks and benefits should be equitably distributed across participant groups. Study design and subject selection must avoid bias based on gender, sexual orientation, socioeconomic status, immigration status, race, or social group.

Sharing Research Risks.

Research risks should fall on those who may benefit. It is unethical to recruit vulnerable groups (e.g., prisoners, institutionalized individuals, or disadvantaged patients) solely due to convenience or persuasion. Groups already burdened by other factors should not face disproportionate research risks.

Studies should include a fair sample of the populations that may benefit. When involving individuals with compromised autonomy, the research should directly relate to their conditions. Whenever possible, less vulnerable groups should be studied first—e.g., testing investigational drugs in adults before children or in healthy volunteers before patients.

Sharing Research Benefits.

There is growing recognition of the right to equal access to research participation, especially for those seeking experimental treatments. Historically, clinical trials focused mostly on white, middle-class participants, limiting their relevance to other racial, social, and ethnic groups.

To address this, the NIH and FDA now require diverse study populations and analysis of group-specific responses. For example, women of childbearing potential, pregnant, and nursing women, once routinely excluded from drug trials, must now be given the choice to participate after being fully informed of the risks.

2. The Institutional Authority of the NDMU IRB

The operating procedures in this document govern the conduct and review of all human research conducted under the auspices of the institution. This policy is made available to all investigators and research staff by being posted on the IRB website (http://www.ndm.edu/academics/office-of-academic-affairs/research-and-development/research-policies/institutional-review-board/).

NDMU designates the individual who serves as the Institutional Official ("IO") for the purpose of carrying out the NDMU Human Research Protections Program (HRPP), which includes the IRB. Further, the IO identifies, as necessary, other individuals to whom responsibility is delegated for administrative oversight of the individual components of the HRPP.

The NDMU IRB, which reports to the IO or his/her delegate, has jurisdiction over all human subjects research conducted under the auspices of the institution.

Administrative Structure of the NDMU IRB

The NDMU IRB is an administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of this institution. The IO, the Chair of the IRB, and current IRB members review the activity of the IRB on at least an annual basis and make a determination as to the appropriate number of IRB members and meetings that are needed for the institution.

Registration with the Office of Human Research Protections

The NDMU Institutional IRB is registered with the Office for Human Research Protections (OHRP). A Parent Institution or IRB Organization (IORGs) can register one or more IRB(s). Our parent Institution/Organization is Notre Dame of Maryland (IORG0009012; expires 2/27/2028); we have a single IRB, which is Notre Dame of Maryland University IRB #1 (IRB00010753).

Electronic updates in the OHRP system are required to renew the registration of the IORG and its IRB(s) and to report other changes (see #1-3 below). While the Institutional Official (IO) at NDMU maintains ultimate responsibility for regulatory compliance, the IRB Chair generally takes responsibility to manage required updates in the OHRP system and notify the IO when they are completed.

OHRP registration and any update/renewal is good for three years from the date of acceptance by OHRP and can be updated/renewed at any time. A registration update must be made:

1. Within 90 days after changes regarding the IRB chairperson, the IO, or the IRB membership roster.
2. To register any additional IRB before it is designated under an FWA and reviews research conducted or supported by HHS.
3. If an FDA-regulated IRB decides to review additional types of FDA-regulated products (e.g., to review device studies if it only reviewed drug studies previously) or to discontinue reviewing clinical investigations regulated by FDA, it must report this within 30 days of the change.

Assurance of Compliance

NDMU holds a HHS assurance, and is registered with the US Department of Health and Human Services. and the Federal Wide Assurance (FWA) linked to this IRB is #00024826; expires 2/24/2030). The registration and assurance can be located and verified at: http://ohrp.cit.nih.gov/search/search.aspx?styp=bsc.

Electronic updates in the OHRP system are required to renew the FWA. At NDMU, the IRB Chair generally takes responsibility to monitor the FWA expiration date and log into the system and complete these, and to notify the Institutional Official when completed.

Regulatory Compliance

The IRB is responsible for ensuring compliance with institutional policies and applicable law in its review and oversight of human subjects research. All human subjects research under the auspices of NDMU must be conducted in accordance with this policy, the Common Rule, 45 CFR 46 (as applicable), and applicable state and local law in the jurisdiction where the research is conducted. The IO has the ultimate responsibility to maintain regulatory compliance.

Authority of the IRB

The NDMU IRB reviews, approves, modifies, or disapproves all research conducted under NDMU, including faculty and student research, whether at NDMU or another entity. It ensures research meets ethical and regulatory standards to protect participants' rights and welfare [45 CFR 46.111].

The IRB:

- Reviews research protocols, consent forms, surveys, recruitment materials, and other relevant documents.
- Assesses risks, benefits, study importance, and the informed consent process before research begins.
- Monitors compliance and has the authority to suspend, restrict, or terminate research that violates IRB requirements or causes unexpected serious harm.
- May observe the consent process or research activities as needed.

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Jurisdiction of the IRB

The IRB jurisdiction extends to all research (funded and unfunded) involving human subjects conducted at NDMU, as well as research conducted elsewhere by NDMU faculty, staff, and students.

IRB Relationship with Other HRPP Units on Campus

The IRB makes independent determinations regarding approval or disapproval of a protocol based upon whether or not human subjects are adequately protected. The IRB retains review jurisdiction over all research involving human subjects conducted, supported, or otherwise subject to regulation by any federal department or agency that adopted the human subjects' regulations.

Research previously reviewed and approved by the IRB may be subject to review and disapproval by officials of the institution. However, officials of the institution have no authority to approve research previously disapproved by the IRB.

Relationships with Other Institutional IRBs

IRB Review for NDMU Research:

All NDMU faculty and students must submit an IRB proposal for any research they participate in, including studies at external institutions.

NDMU is not currently a participant of the SMART IRB initiative. Where a study involves external IRBs, communication and agreements with external IRBs is handled on a case-by-case basis, as needed. Investigators are responsible for coordinating communications between institutional IRBs.

External IRB Oversight:

NDMU may cede or share IRB oversight with an external IRB through a written “reliance agreement”.

When relying on an external IRB, the NDMU IRB Chair reviews its policies to ensure compliance with NDMU standards. If the external IRB is AAHRPP-accredited, standards are assumed to be met, provided institutional requirements are considered.

Faculty must submit documentation of external IRB approval to NDMU.

Cooperative Research & Multi-Site Studies:

Each institution remains responsible for human subject protections and federal compliance in cooperative research. NDMU may jointly review, rely on another IRB, or establish other agreements to prevent duplication in the case of multisite studies.

If an external site defers to NDMU’s IRB, an agreement must outline communication between NDMU and the site. When NDMU coordinates a multi-site study, it ensures IRB approval at all locations before research begins and oversees protocol updates, risk reports, and modifications.

IRB Staff And Associated Persons

Institutional Official

The ultimate responsibility of the IRB resides with the Institutional Official (IO), currently Dr. Martha Walker, the Provost. The IO is responsible for ensuring the IRB has the resources and support necessary to comply with all institutional policies and with regulations and guidelines that govern human subjects research. The IO signs all assurances regarding human subjects research to governmental oversight agencies.

The IO also holds ultimate responsibility for oversight over the:

- Institutional Review Board (IRB);
- Conduct of research conducted by all IRB investigators;
- Compliance with all assurances and regulations and maintaining current registrations, such as with Office of Human Research Protections

If an IRB chair, member, or staff person believes the IRB to have been unduly influenced by any party, a confidential report shall be made to the Institutional Official (Vice-President of Academic Affairs) who can investigate and determine appropriate action.

Institutional Review Board (IRB)

The IRB has a minimum of five Board members appointed by the Institutional Official (IO). These Board members prospectively review and make decisions concerning all human subjects research conducted at NDMU facilities by its employees or agents, or under its auspices. The IRB is responsible for the protection of rights and welfare of human research subjects under the auspices of the organization. It discharges this duty by complying with all applicable requirements of law, the Federal Wide Assurance (FWA) and institutional policies.

Office of Legal Counsel

The IRB relies on the counsel of the NDMU legal team for the interpretation of applicable law in the jurisdiction(s) where the research is conducted. When there are any conflicts between legal requirements, the Office of Legal Counsel will determine the appropriate resolution.

Chair of the IRB

The Institutional Official (IO) appoints the IRB Chair and members for 1-3 year renewable terms, with any changes requiring written notification. The Chair must be a respected, experienced researcher who ensures fair and impartial review, free from institutional pressure. As a voting member, the Chair also:

- Leads IRB meetings and may delegate duties.
- May conduct or delegate reviews of exempt and expedited protocols.
- Advises the IO on IRB operations and member performance.
- Ensures compliance with regulations governing human subjects research.
- Oversees policy development, implementation, and updates in response to regulatory changes.
- Ensures IRB members and investigators are trained in ethical and regulatory standards.
- Manages IRB registration and compliance with the Department of Health & Human Services (HHS) and OHRP.
- Supports researchers in fulfilling NDMU's research mission.
- Acts as the primary contact for OHRP and federal agencies
- Handles IRB operations, training, faculty/staff inquiries, and policy development.

Vice Chair of the IRB

A Vice Chair may be appointed to serve as the Chair of the IRB in the absence of the Chair, and maintains the same qualifications, authority, and duties as the IRB Chair in the IRB Chair's absence. The Vice-Chair of the IRB is appointed by the IO while considering recommendations from the IRB Chair and nominations from IRB members.

Subcommittees of the IRB

The IRB Chair, with the Institutional Official (IO), may establish subcommittees of one or more IRB members to assist with reviews and investigations.

Subcommittee Responsibilities:

- Conduct expedited reviews for new, continuing, or modified protocols, ensuring expertise aligns with the study.
- Approve revisions to protocols previously given conditional approval by the full IRB.
- Investigate non-compliance by reviewing protocols, consent documents, and relevant records, interviewing personnel if needed, and reporting findings to the full IRB.
- Recommend actions or additional oversight, such as on-site reviews for high-risk studies or audits for investigators with past compliance issues.

The Principal Investigator

The PI is responsible for protecting research participants and ensuring compliance with ethical, institutional, and regulatory standards.

Students cannot serve as PIs—a faculty member must act as the PI for student research, including master's theses and dissertations, and is fully responsible for the study and data management.

Principal Investigator Responsibilities:

The following responsibilities for principal investigators apply to all human subject research reviewed by the IRB, whether they are deemed exempt or they are reviewed under expedited or full board criteria.

The PI must:

- Develop a protocol aligned with the Belmont Report principles.
- Conduct research as approved and oversee all aspects, including staff training and the informed consent process.
- Maintain open communication with research subjects.
- Ensure all research staff complete training and secure required approvals before starting research.
- Be qualified, licensed, and credentialed for all research tasks or delegate to qualified team members.
- Wait for IRB approval before starting data collection or human subjects procedures.
- Obtain and document informed consent unless waived by the IRB.
- Follow the approved protocol; any changes require IRB-approved amendments (even for exempt

studies; see www.bit.ly/ndmuirbamendment)
- Report significant findings, unanticipated problems, or protocol deviations to the IRB promptly.
- Submit an annual continuing review via www.bit.ly/CRorClosure 30 days before approval expires. If approval lapses, research must stop, and a new IRB submission is required.
- Notify the IRB when the study is complete or if the PI leaves the university via www.bit.ly/CRorClosure.
- Maintain research records for at least three years after study completion.

Training Requirements for Investigators

All NDMU investigators (including principal, co-investigators, and student investigators) must provide CITI training documentation from the past five years.

- CITI Training Access: Training is free for NDMU faculty, staff, and students. Register at www.citiprogram.org and affiliate with NDMU.
- The Social-Behavioral Research or Biomedical Foundations course is required; other courses (Responsible Conduct of Research, Conflict of Interest) are optional.
- Renewal Requirements:
  - After 3 years: Take Refresher 1
  - After 6+ years: Take Refresher 2

- FERPA training: Investigators who will access students' records in the course of research are required to provide documentation of FERPA training prior to submitting an IRB application. FERPA training is provided free of charge to NDMU faculty, staff, and students. Proof of completion of FERPA training must be submitted along with the IRB application even if the FERPA training was conducted through NDMU.

Department Chairs and Deans

The IRB does not require Department chair or Dean approval or signature to review or approve protocols. When a protocol is approved by the IRB, the IRB Chair will notify the appropriate supervisor i.e., including in the approval memo email the Department chair or Dean as identified by the Principal Investigator within the application. Department chairs or Deans are responsible for ensuring that the Principal Investigator has sufficient resources and facilities to conduct the proposed research. Such resources include but are not necessarily limited to personnel, space, equipment and time, as required to conduct the research in a way that will protect the rights and welfare of participants.

Institutional Biosafety Committee (IBC)

All research that involves rDNA molecules must be in compliance with the NIH Guidelines for Research Involving rDNA Molecules (NIH Guidelines). The NIH Guidelines set forth principles and standards for safe and ethical conduct of recombinant DNA research and apply to both basic and clinical research studies. The Institutional NDMU Biosafety Committee (IBC) is responsible for approving risk assessment and the biosafety containment levels for such experiments.

Resources for the IRB

The IO is responsible for providing resources to the IRB including adequate meeting and office space, administrative support and staff for conducting IRB business. Office equipment and supplies, including technical support, file cabinets, computers, printer, internet access, and copy machines (etc.) will be made available to the IRB. On an annual basis, the IRB Chair will review the activity, workload and resources of the IRB and will make a recommendation about resources to the IO.

Quality Assurance/Quality Improvement for IRB Operations

The IRB may conduct investigations and audits of ongoing research in the following instances: (1) when

the IRB directs an audit be conducted, and/or (2) when a complaint or allegation of non-compliance is received. (3) “not for cause” audits of research.

Membership of the IRB

The IRB Chair and Institutional Official (IO) identify and appoint members for 1–3 year terms, considering recommendations from department chairs and deans. The IRB Chair monitors membership and recommends appointments to ensure compliance with regulations and organizational needs. Faculty members who are interested in serving on the IRB are welcome to reach out to the IRB Chair.

Selection Criteria:

- Diversity – Race, gender, culture, and community concerns
- Professional Representation – Multiple disciplines, scientific and non-scientific members
- Expertise – Experience with vulnerable populations and research specialties

The IRB ensures reviews are conducted by members with relevant scientific or scholarly expertise. It upholds professional competence to protect human subjects' rights and welfare, with members potentially fulfilling multiple roles as needed.

Composition of the NDMU IRB

The IRB consists of members qualified through experience, expertise (in institutional policies and regulations, applicable law, and standards of professional conduct and practice) and diversity (of race, gender, cultural backgrounds, professional discipline, and sensitivity to such issues as community attitudes) to ensure comprehensive research reviews. Efforts are made to avoid a board dominated by any gender, profession, discipline, or school.

The IRB membership includes:

- At last five members;
- More than one gender;
- At least one scientist and one non-scientist.
- At least one member unaffiliated with the institution.
- Members knowledgeable about vulnerable populations when applicable.

One member may satisfy more than one membership category. Relevant OHRP definitions are:

> **Scientist/Nonscientist:** Scientists have training, background, or occupations in behavioral or biomedical research. Nonscientists have backgrounds outside these disciplines. The IRB must include members with expertise relevant to the research under review.
>
> **Affiliation:** An affiliated member is an employee, student, board member, consultant, credentialed healthcare provider, or volunteer of the institution (including immediate family members). An unaffiliated member has no institutional ties except IRB membership and may include patients, subjects, or former students. Compensation for IRB membership does not create an affiliation or conflict of interest.

When protocols involve vulnerable populations, the review process will include one or more individuals who are knowledgeable about or experienced in working with these participants, either as members of the IRB or as consultants. Prior to the meeting, the IRB Chair shall review the agenda to ensure that the membership present for the meeting has the appropriate expertise and experience with any vulnerable populations that are included in the protocols being reviewed.

IRB members do not receive monetary compensation for their service.

Members of certain institutional offices e.g., biosafety, IACUC, or future offices/committees which may be created such as an Office of Sponsored Programs, Office of Development or Office of Technology Transfer are prohibited from serving as members of the IRB. cannot serve but may provide information to the IRB and/or attend meetings as guests.

Appointment of Members to the NDMU IRB

The IRB Chair identifies vacancies and nominates candidates, with input from IRB members, Department Chairs, Deans, and the Institutional Official (IO). The IO makes the final selection, consulting the IRB Chair if needed.

- Faculty appointments: The IO contacts nominees; if none are available, Department Chairs or Program Directors are asked to suggest candidates. Faculty who are interested in IRB service are also welcome to reach out to the Chair.
- Terms: Members serve renewable 1-3 year terms. Any changes, including reappointment or removal, require notification.
- Periodic review: The IRB Chair and IO assess membership to ensure compliance, reporting necessary changes to OHRP.

Resignation & Termination:

- Members may resign in writing to the IO, with copies to the IRB Chair and relevant department heads.
- The IRB Chair may terminate a member for failure to attend or actively participate, with written justification sent to the IO.

Alternate Members

Alternate IRB members have the same appointment process and role as Principal IRB members, with comparable expertise. They vote only when substituting for an absent Principal member and receive the same review materials.

- The IRB roster specifies which Principal member each alternate can replace.
- IRB minutes document when an alternate serves as a voting member.

Use of Consultants (Outside Reviewers)

The IRB Chair may invite external experts from other institutions or the community to review protocols requiring specialized expertise beyond the IRB's scope.

- The need for an outside reviewer is determined by the IRB Chair or primary reviewer before the meeting.
- The Chair provides all relevant materials in advance.
- Written reviews are filed with the protocol, and key insights are documented in meeting minutes.
- Reviewers must confirm no conflicts of interest before participation. Those with conflicts, or whose family has ties to the research sponsor, cannot consult.
- Consultants may present findings in person, by phone, or in writing but cannot vote.
- Informal consultations must protect researcher confidentiality and comply with IRB conflict of interest policies.

Document Handling by NDMU IRB Members

IRB members receive agenda, submission materials, protocols, and consent forms at least one week before meetings for review.

- Confidentiality: Members must keep all materials confidential.
- Document Handling: After review, all documents must be filed appropriately (or returned to the IRB for filing) or securely disposed of.

NDMU IRB Member Attendance Requirements

IRB members must attend all scheduled meetings or notify the IRB Chair if unable to attend.

- For prolonged absences, members may request an alternate.
- Extended absences (e.g., sabbatical) require 30 days' notice to arrange a temporary or permanent replacement.

- Designated alternates may serve if the IRB is notified in advance.

NDMU Chair and IRB Member Training

NDMU ensures ongoing training for IRB members and staff on ethical, regulatory, and institutional requirements for human subject protection.

Required Orientation with IRB Chair:

The one-time orientation session includes policies, procedures, and review guidance addressing:

- IRB Handbook -- Policies and Procedures
- Guidance on Reviewing Protocols
- Access to the IRB Teams site and IRB email account
- IRB Review forms

Required Initial Training Before Attending IRB Meetings:

- CITI IRB Member Course (ID: 10022) – Required within 30 days of initial appointment, renewed every 5 years (Refresher course ID: 49578)
- Required Training Prior to Serving as Primary Reviewer:
- CITI Good Clinical Practice (ID: 10031)
- CITI Health Information Privacy (ID: 10046)
- A field-specific course (Biomedical, Social/Behavioral, or Data/Specimen Research).

Ongoing Education (Ad Hoc):

- In-service training at IRB meetings
- CITI IRB Member Refresher (course ID: 49578): required every five years
- Review of publications & emerging regulations
- Regular updates from the IRB Chair on policy and ethical issues

Liability Coverage for NDMU IRB Members

The NDMU insurance coverage applies to employees, any person authorized to act on behalf of the NDMU IRB, and any person who acts within the scope of their employment or authorized activity.

Review of NDMU IRB Member Performance

IRB Members' performance will be reviewed annually by the IRB Chair and IO. Formal feedback will be provided to IRB members in writing with an opportunity to discuss in person. Members not acting in accordance with the IRB mission or policies and procedures or who have an undue number of absences may be removed.

Reporting and Investigation of Allegations of Undue Influence

If an IRB chair, member, or staff person believes the IRB has been unduly influenced by any party, they shall make a confidential report to the Institutional Official (IO). The official receiving the report will conduct a thorough investigation and corrective action will be taken to prevent additional occurrences.

3. IRB Records

The IRB must maintain documentation of its activities, including research proposals, investigator brochures, recruitment materials, scientific evaluations, approved consent documents, HIPAA authorizations, amendments and related decisions, reports of subject injuries and adverse events, protocol violations, and non-compliance records. Records must also include continuing review activities, all IRB-investigator correspondence, and significant new findings provided to subjects, documented in meeting minutes when applicable. For verified exemptions, the reviewer must confirm in writing that the study meets exemption criteria. Expedited reviews must document the category, reviewer actions, and required determinations.

All records must be accessible for inspection by authorized agencies such as the FDA, OHRP, and sponsors. IRB records are retained for at least three years after study completion.

IRB Records

IRB records include, but are not limited to:

- Written operating procedures
- IRB membership rosters and training records
- IRB correspondence (other than protocol related)
- IRB Study Files
- Documentation of Emergency Exemption from Prospective IRB Approval. (21 CFR 56.104(c))
- Documentation of Exceptions from Informed Consent Requirements for Emergency Use of a Test Article ((21 CFR 50.23)
- Documentation of exemptions
- Documentation of convened IRB meetings minutes
- Documentation of review by another institution's IRB when appropriate and cooperative review agreements, e.g. Memoranda of Understanding (MOUs)
- Federal Wide Assurances
- Protocol violations submitted to the IRB
- Quality assurance reviews

- Documentation for off-site IRBs include:
  - On-line access to all applicable protocol documents
  - MOU/Agreements of IRB Services
  - Workflow/SOPs
  - Notes/documents pertaining to administrative reviews

IRB Study Files

The IRB will maintain a separate IRB study file for each research application (protocol) it receives for review. Protocols will be assigned a unique identification number and entered into the IRB tracking system. Protocol files include:

- Research proposals, investigator brochures, and recruitment materials
- Scientific evaluations (if applicable)
- Approved consent documents and HIPAA authorizations
- Amendments and IRB decisions on each
- Reports of subject injuries and adverse events
- Protocol violations and non-compliance records

Records must also include:

- Continuing review activities

- All correspondence between the IRB and investigators
- Significant new findings shared with subjects, documented in meeting minutes if reviewed

Verified exemptions require written confirmation that the study meets exemption criteria. Expedited reviews must document:

- The review category
- Actions taken by the reviewer, included required determinations and supporting findings related to
  - waiver or alteration of the consent process
  - research involving pregnant women, fetuses, and neonates
  - research involving prisoners
  - research involving children
  - research involving persons with impaired cognitive function

All records must be available for inspection by the FDA, OHRP, sponsors, and other authorized entities. IRB records are retained for at least three years after study completion.

IRB Meeting Minutes

Meeting minutes must be written and available by the next IRB meeting. If corrections are needed after approval, they will be amended and presented at the following meeting. Minutes must document:

- Attendance:
  - Quorum presence, including a non-scientific member, attendance of all participants (including remote attendees with confirmation of material access and participation), and initial attendance with records of members entering, leaving, and voting.
  - *If applicable*: alternate members and their substitutions, names of consultants, investigators, and guests
- Protocol Discussions and Decisions:
  - Separate deliberations, actions, and votes for each protocol reviewed, including risk levels and frequency of continuing reviews
  - Voting details, including counts for, against, abstentions, excusals, and recusals
  - When applicable:
    - Notation of IRB member conflicts of interest and confirmation that conflicted members did not participate in discussions or voting, while quorum was maintained
    - Reasons for requiring research changes or disapprovals
    - Justification for removing or modifying risk information in consent documents
    - Justifications for approving altered or waived consent procedures; for approving research involving vulnerable populations and any additional safeguards added if not documented elsewhere; summaries of controversial discussions and resolutions; and/or approval of HIPAA waivers or alterations per 45 CFR 164(I)(2)
    - Acceptability of any conflict-of-interest management plans
    - Reviews of any interim reports, including safety issues, violations, non-compliance, suspensions, and terminations;
    - Reviews of data and safety monitoring plans
    - Relevant consultant input, documented in minutes or a written report
    - Rationale for significant risk vs. non-significant risk device determinations
- List of research approved via exemption and expedited review since the last meeting.
- Business items and continuing education topics

Membership Rosters

A membership list of IRB members must be maintained and must identify members sufficiently to describe each member's chief anticipated contributions to IRB deliberations. The list must contain the following information about members (IRB Membership Roster)

- Name
- Earned degrees
- Affiliated or non-affiliated status
- Status as scientist
- Indications of experience, such as board certifications or licenses sufficient to describe each member's chief anticipated contributions to IRB deliberations
- Representative capacities of each IRB member; including naming the IRB members knowledgeable about or experienced in working with children, pregnant women, cognitively impaired individuals, and other vulnerable populations locally involved in research
- Role within the IRB (Chair, Co-Chair, etc.)
- Voting status (Any *ex officio* members are non-voting members)
- Alternate status, including the name of the member he/ she alternates with
- Relationship (e.g., employment) between the individual IRB member and the organization

The IRB Chair must promptly report IRB membership roster changes to OHRP within 90 days.

Documentation of Exemptions

Exempt determinations include citation of the exemption category and reviewer concurrence. These are reported at the next IRB meeting and documented in the minutes.

Documentation of Expedited Reviews

Expedited reviews must document the specific category, approval criteria, review period, and any required regulatory determinations. Those approved between IRB meetings are reported at the next IRB meeting and documented in the minutes.

Access to IRB Records

Access & Security of IRB Records

- Physical records are stored in locked cabinets/rooms.
- Digital records are secured on password-protected hardware.
- Access is limited to the IRB Chair, members, institutional officials, and regulatory agencies. Investigators can access their study files by request.
- Records remain on-site, but authorized personnel may request copies.

Records Retention Requirements

- Research records are kept by the IRB for at least three years after study completion.
- Non-research or unenrolled protocols are retained for three years after closure.
- After the retention period, physical records are securely destroyed, and electronic records are deleted.

Written Policies and Procedures

- This handbook of procedures governs human research protections and submission requirements.
- Handbook updates will be shared via department heads and chairs, the IRB website, and faculty meetings, as appropriate. The IRB website is located at www.bit.ly/ndmuirb

4. IRB Review Process

These procedures and guidelines apply to all research involving human subjects, regardless of sponsorship and performance site, conducted under the auspices of NDMU.

Human Subjects Research Determination

Defining "Research with Human Subjects"

The federal regulations that govern the IRB's jurisdiction and practice fall under the DHHS Office of Human Research Protections (OHRP). OHRP defines research as "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge". (Whether an investigator plans to publish or otherwise disseminate their findings does not factor into the OHRP definition.)

Per OHRP, human subjects refers to living individuals, and research protections apply when investigators obtain data/biospecimens by directly intervening/interacting with human subjects *or* by accessing, using, analyzing, or generating human subjects' identifiable data or biospecimens.

Research Activities That Do Not Require IRB Oversight

There are some scholarly or investigative activities we may think of as "research", even with living people, which by definition do not fall under the jurisdiction of OHRP regulations or NDMU policy and thus do not require IRB submission, review, or approval. These include:

- Public health surveillance activities or criminal justice data collection by governmental agencies
- Some scholarly or journalistic activities (e.g., literature reviews, systematic reviews, biographies, oral history, journalism, legal research, historical scholarship)
- Pilot research studies, if they meet certain criteria (see
- Secondary data set analyses, if using publicly available, de-identified data.
- Case reports – Defined for IRB purposes as a medical/educational activity which is a retrospective analysis of one, two or three clinical cases. IRB approval may be required if collecting cases beyond one's own clinical practice or an external institution.
- Course/curricular evaluation and quality improvement/quality assurance activities
- Research that does not involve human subjects.

Investigators may independently determine if their project does not fall under IRB jurisdiction. When in doubt about whether an activity requires IRB oversight, investigators, students, and staff are always welcome to consult with the IRB or request a formal determination (irb@ndm.edu).

Pilot Studies

Pilot studies do not require IRB submission or approval provided they meet all the following criteria:

- there are 10 or fewer subjects included,
- that data from those subjects are not used as research data, and
- that data from those subjects are not disseminated in any manner.

Secondary Data Sets

Projects using public, de-identified, secondary data sets do not require IRB submission or approval.

Case Studies

Case Studies Not Subject to IRB Oversight

A case study for IRB purposes is defined thusly: an anecdotal, retrospective report of an interesting clinical situation or condition on one, two, or three clinical cases (patients/clients) seen in one's own practice and a comparison of these patients to existing reports in the literature. These may consist of a single case report, or a case series, as defined below.

A case study as defined does not fall under the OHRP definition of research as a "systematic investigation with the intent to contribute to generalizable knowledge" and therefore does not require IRB submission or approval.

Definitions

Single Case Report:

- Published or presented account of a unique clinical case involving a single patient.
- Includes detailed demographic, diagnostic, treatment, and follow-up information, along with relevant literature discussion.
- Patient data must have been originally collected for non-research clinical purposes.

Case Series:

- Published or presented report on a group of patients (>one) with a similar clinical condition.
- Provides detailed patient data, including demographics, diagnosis, treatment, response, and follow-up, along with literature discussion.
- Patient data must have been originally gathered for non-research clinical purposes.

Case Studies Which May be Subject to IRB Oversight

Case studies in certain circumstances may require approval:

- Case studies with more than three cases included;
- Case studies with any number of cases, in which the investigator seeks out cases beyond own practice, to report cases seen by other clinicians;
- Case studies involving FDA-regulated products;
- Case studies with any number of cases derived from patients/clients of external institutions; these may be subject to IRB oversight at that institution.

Case Studies, Protected Health Information (PHI), and HIPAA

Publication/dissemination of a case study containing PHI (health information protected under HIPAA) is a disclosure of PHI, and case studies for publication/dissemination must be prepared in accordance with the requirements of the HIPAA privacy regulations. Investigators are responsible for ensuring that any use or disclosure of PHI within a case study has appropriate prior authorization by the patient/client (or patient's family if deceased) which meets HIPAA requirements and is consistent with organizational policies at any external institution or practice where cases are derived.

Course, Curricular, or Program Evaluations; Quality Improvement/Quality Assurance

Data collected solely for the purpose of evaluating a specific course, curriculum, or program – that is, for internal purposes – is not generally considered human subjects research subject to IRB oversight. That is because it typically does not meet the OHRP definition of "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to *generalizable knowledge*" – to advance scientific understanding in a certain area. Rather, it is generally intended for local consumption and to understand or improve a specific course or program or clinical practice in a specific setting.

The IRB recognizes that some faculty or students – particularly those who are practitioners or future

practitioners -- may wish to use prospectively collected data within a course, curriculum, program, or clinical setting, or conduct secondary analyses of previously-collected data, specifically to conduct research-- to create more generalizable knowledge and advance scientific understanding. We understand the distinctions are not always clear, and as always, encourage faculty, staff, and students to consult with the IRB where needed.

Exempt Research

Some human subjects research that requires IRB submission, review, and approval qualifies for exemption (a specific status defined within federal regulations). The term “exempt” is best understood as exempt from a) full IRB review (by the convened full board) and b) most continuing review requirements after approval, under the OHRP exemption criteria. Exempt research still requires IRB submission and formal determination of exemption status by the IRB, as well as an annual report by the Principal Investigator. Most exempt studies will still require informed consent of participants.

Only the IRB can grant exemption status. This determination and approval may be provided by an IRB Chair, or designee of the Chair.

Categories of Research Permissible for Exemption

Research activities in which the only involvement of human subjects is one or more of the following categories are exempt*:*

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as:
   - research on regular and special education instructional strategies, or
   - research on the effectiveness of, or the comparison among, instructional techniques, curricula, or classroom management methods.
2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior,* *unless:*
   - information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, or
   - any disclosure of the human subjects' responses outside of the research setting could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

   **Note: if children are included as research participants, this category of exemption is narrower; research involving children may only involve the use of educational tests and/or observation of public behavior in which the investigator is not a participant.*

3. Research involving only benign behavioral interventions and collection from adults with their prospective agreement;
4. Research involving the collection or study of existing (reviewed materials existing at the time the research is proposed) data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
5. Research and demonstration projects which are conducted by, or subject to, the approval of Federal Department or Agency heads, and which are designed to study, evaluate, or otherwise examine:
   - public benefit or service programs;
   - procedures for obtaining benefits or services under those programs;
   - possible changes in or alternatives to programs or procedures listed in the two bullet points above
   - possible changes in methods or levels of payment for benefits or services under those programs

Such projects must be conducted pursuant to specific federal statutory authority. There must be no statutory requirements for IRB review, the research must not involve significant physical invasions or intrusions upon the privacy of subjects, and the exemption must be invoked only with authorization or concurrence by the funding agency.

6. Taste and food quality evaluation and consumer acceptance studies:

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

Exemption Limitations on Research Subjects; Vulnerable Populations

Exemption category 2 is narrower in the case of children, as noted above. Exemptions do NOT apply in the case of research with prisoners.

Additional Protections for Human Subjects in Exempt Research

Exempt research is not exempt from NDMU policies on the responsible conduct of research or the ethical guidelines of the Belmont Report. The IRB may require additional protections (including specifics of the informed consent procedures) per Belmont Report guidelines.

HIPAA compliance is still required for exempt studies using protected health information (PHI).

Exempt Project Review Procedures

Those involved in the research cannot determine its exemption status. All IRB submissions, including protocols which may be exempt, must be submitted via the online IRB application form (bit.ly/ndmuirbapplication). The IRB Chair or designee (IRB member) reviews protocols submitted. If the Chair uses a designee, they must ensure the reviewer has expertise in the protocol's content and regulations.

The reviewer documents exemption status using the IRB reviewer form, specifying the exemption category. Some requests may be referred for full IRB discussion before approval.

Once reviewed, the Principal Investigator is notified via email, with documentation outlining the exemption category and ongoing requirements. Exempt studies are reported at the next IRB meeting.

Principal Investigator Requirements Regarding Exempt Projects

- Investigators must receive formal IRB approval for exempt protocols before starting data collection or human subjects procedures.
- All research activities must follow the approved protocol. Any changes, even for exempt studies, require IRB approval through an amendment request (www.bit.ly/ndmuirbamendment).
- Unexpected events must be reported to the IRB immediately.
- Although exempt protocols are exempt from most continuing review requirements, investigators must maintain active approval status. Investigators must submit an annual report to the IRB at least 30 days before approval expires, using the form at www.bit.ly/CRorClosure. If approval lapses, all research activities must stop, and a new IRB submission is required.
- When the study is completed or the investigator leaves the university, the IRB must be notified to close the protocol, using the form at www.bit.ly/CRorClosure.

Expedited Review of Research:

The IRB may use an expedited review process for:

- Research on the categorical list (see next heading) with minimal risk
- Minor changes (amendments) to previously approved research within the one-year approval period. A minor change means one which does not significantly alter:
    - The risk level to subjects
    - The study design, title, or methods
    - Research team qualifications
    - The study facilities
    - The study population or number of participants (increase of no more than 10%)

The IRB Chair or a designated reviewer (IRB member) conducts expedited reviews. If specialized expertise is needed, the Chair may assign another reviewer. If the study does not clearly qualify for expedited review, it will be referred for full IRB review at the next meeting.

Expedited reviewers may:

- Approve the study
- Require modifications and determine if changes are minor or require further review
- Refer the study for full board review if necessary

A research activity may be disapproved only after review in accordance with the non-expedited procedure set forth below.

Reviewers will indicate approval, required modifications or disapproval. If modifications are required, the IRB Chair will inform the investigator. If the modifications are minor, the reviewer(s) may determine if the investigator has sufficiently addressed the modifications. If the modifications are major and have been reviewed by the IRB Chair, the reviewer(s) may send the review back to the Chair for further review.

Upon the discretion of the reviewer(s) and/ or the IRB Chair, the protocol may be submitted to the IRB for full board review.

In the event that expedited review is carried out by more than one IRB member and the expedited reviewers disagree on the resolution of the application, the IRB Chair may make a final determination.

Categories of Research Eligible for Expedited Review

OHRP allows expedited review (through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110) for research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories. The categories in this list apply regardless of the age of subjects, except as noted. Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Research Categories:

1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
    a. (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
    b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:

   a. (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or
   b. from other adults and children [2], considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.
3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.
4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject=s privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.
5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)
6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)
8. Continuing review of research previously approved by the convened IRB as follows:
   a. where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or
   b. where no subjects have been enrolled and no additional risks have been identified; or
   c. where the remaining research activities are limited to data analysis.
9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the

IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

Limitations and Conditions for Expedited Research Categories

- The activities listed within the research categories should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for expedited review *when* the specific circumstances of the proposed research involve no more than minimal risk to human subjects.
- The categories in this list apply regardless of the age of subjects, *except as noted*.
- Expedited review may not be used where identification of the subjects and/ or subjects' responses would reasonably place them at risk of criminal or civil liability, or be damaging to the subjects financial standing, employability, insurability, reputation, or be stigmatizing, *unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.*
- The expedited review procedure may not be used for classified research involving human subjects.
- Standard requirements for informed consent (or waiver, alteration, or exception) apply regardless of the type of review used by the IRB.

Convened IRB Meetings (Full Board)

Except where an expedited review procedure is followed, the IRB must review proposed research at convened meetings (also known as "Full-Board meetings") at which a quorum is present.

Schedule of IRB Meetings

In general, the IRB will be scheduled for one meeting during each of the following months: September, October, November, January, February, March, April, and May or June. During the academic year, investigators should generally submit protocols by 5 pm the first Friday of the month for IRB consideration at the upcoming meeting. Meeting dates, times, and locations will be generally scheduled at least 1 meeting ahead with at least 2 weeks' notice to IRB members.

The IRB will attempt to limit any meetings from the middle of June to the middle of August as many faculty members are 9-month employees.

The IRB Chair may suspend certain meetings due to holidays, weather, events, or certain times of the year where member workload is high outside of the IRB. The IRB Chair may schedule additional meetings in order to review a high volume of IRB applications.

Accommodation Outside of the Meeting/Review Timeline:

Investigators who require accommodation; e.g., they are:

- Submitting over the summer semester or holiday breaks;
- Have extraneous circumstances where they would benefit from a speedy review (e.g, pending grant funding)
- Mentoring student research, especially that which must be conducted in the confines of a specific course and semester:

May contact the IRB to strategize review timelines and potential flexibility, particularly for low-risk applications.

Quorum

IRB meetings may occur in person or by teleconference or videoconference. A quorum requires a simple

majority of voting members, including at least one non-scientific member. The IRB Chair ensures a quorum is present before starting the meeting and maintains it throughout. If a quorum is lost, voting must stop, and the meeting may be postponed or ended.

All members at a convened meeting have voting rights unless they have a conflict of interest, in which case they must be excused from discussion and voting. Research approval requires a majority vote of those present. Absent members' opinions may be considered but do not count toward the quorum. At least one unaffiliated member and one member representing participants' perspectives should be present at all meetings and must attend at least 80% of the time.

Pre-Meeting Distribution of Documents

Review and meeting materials are available electronically by email or on Teams.

Meeting Procedures

- The IRB Chair or their representative (if the Chair is absent) will call the meeting to order once a quorum is confirmed.
- The IRB will review and approve the previous meeting's minutes. If revisions are needed, they will be updated and reviewed at the next meeting.
- The IRB reviews all submissions, including initial and continuing reviews and modification requests. The Primary and Secondary Reviewers present the research and lead the discussion based on regulatory criteria. Members with conflicts of interest must recuse themselves from discussion and voting. All members have voting rights unless excused due to a conflict of interest. Research approval requires a majority vote of those present.
- Meeting minutes are recorded by rotating IRB members while the Chair facilitates discussions.

Guests

At the discretion of the IRB, the Principal Investigator may be invited to the IRB meeting to answer questions about their proposed or ongoing research. The Principal Investigator may not be present for the discussion or vote on their research.

Other guests may be permitted to attend IRB meetings at the discretion of the IRB Chair. Guests may not speak unless requested by the IRB and must sign the IRB's *Confidentiality Agreement*.

Primary Reviewers

The IRB Chair assigns a primary and secondary reviewer based on expertise, workload distribution, and prior experience reviewing similar protocols. If no suitable reviewer is available, the Chair may consult external experts. Before the meeting, the primary reviewer conducts an in-depth review of the protocol, background, and consent materials. All IRB members also receive these documents and are expected to review them for discussion. The primary reviewer uploads all protocol documents and the review form to the IRB management site.

Review Process

Submitting to the IRB

The IRB requires that the research proposal and supporting documents be submitted electronically via the online submission system at bit.ly/ndmuirbapplication. Hard copy submissions or submissions using the previous Word document application are not accepted.

IRB Member Conflicts of Interest

IRB members and consultants will not participate in any IRB action, including the initial and continuing review of any project, in which the member has a conflicting interest, except to provide information requested by the IRB. IRB members are expected to self-identify conflicting interests. A reviewer with a conflict of interest must notify the IRB Chair, who will re-assign the protocol to another IRB member.

An IRB member is considered to have a conflicting interest when the IRB member or an immediate family member (defined as having a relationship to a person, whether by blood, law, or marriage, as a spouse, parent, child, grandparent, grandchild, stepchild, or sibling) of the IRB member:

- has an involvement in (or is directly supervising) a research project being reviewed by the IRB
- is the project director, or a member of the research team
- has a financial interest in the research (for example, a financial interest in the sponsor or the product or service being tested):
    - with value that exceeds $10,000 or 5% ownership of any single entity when aggregated for the IRB member and their immediate family
    - whose value cannot be readily determined or whose value may be affected by the outcome of the research
- has received or will receive any compensation whose value may be affected by the outcome of the study
- has a proprietary interest in the research (property or other financial interest in the research including, but not limited to, a patent, trademark, copyright or licensing agreement)
- has received payments from the sponsor that exceed $10,000 in one year when aggregated for the IRB member and their immediate family
- is an executive or director of the agency or company sponsoring the research,
- any other situation where an IRB member believes that another interest conflicts with his or her ability to deliberate objectively on a protocol

IRB members will be excused from the meeting room when the IRB reviews research in which the IRB member has a conflicting interest, except when otherwise requested to provide information to the IRB. The IRB Chair will allow for board discussion to commence upon the conflicted member's removal from the meeting. The conflicted member is not counted toward the quorum and his/her absence during the discussion and vote on the protocol will be noted in the IRB meeting minutes.

If the Conflict of Interest status of an IRB member changes during the course of a study, the IRB member is required to declare such conflict to the IRB Chair.

Possible IRB Actions Taken by Vote

Approved

The study is approved as submitted.

Conditionally Approved

The IRB may grant conditional approval if it can assume all conditions will be met and still ensure compliance with approval criteria, including special determinations (e.g., waivers or vulnerable population considerations). If any required determination cannot be made, conditional approval is not allowed. Conditions may include:

- Confirmation of specific research details (e.g., verifying that children are not included)
- Submission of additional documentation (e.g., training certificates)
- Specific wording changes to study documents
- Major revisions with clear guidelines for required modifications

Conditions will be recorded in IRB minutes. The IRB Chair or a designated reviewer may confirm whether

conditions are met, but if they are only partially satisfied, the full IRB must review them again.
Once verified, the IRB will document:

- The date conditions were met (effective date)
- The official approval date for initial approvals
- The due date for the next continuing review

Deferred for Substantive Issues

If the IRB identifies significant issues with a protocol or consent form—such as needing major modifications, clarifications, or more information to assess risks and benefits—it will defer approval until the investigator submits the required revisions. If a protocol is deferred:

- The IRB Chair will notify the investigator in writing, outlining required changes or additional information.
- The investigator must submit a response with a revised protocol and/or consent form, highlighting all changes.
- The revised submission will be scheduled for full review at the next convened IRB meeting.
- The IRB will review the updated materials and issue a new decision.
- The final determination will be communicated to the investigator in writing and documented in the IRB meeting minutes.

Unapproved

Questions and issues are of such a magnitude that the IRB determines approval of the study is unwarranted. Approval of a previously disapproved protocol requires full IRB review.

Appeals

Should the IRB make a decision the investigator believes to be unduly restrictive, the investigator may appeal to the full IRB (*see*: Appeal of IRB Decisions).

Determination of Risk

Concurrent with the initial and continuing review process, the IRB will make a determination with respect to the risks associated with the research protocols. Risks associated with the research protocols will be classified as either “minimal” or “greater than minimal” based on the “absolute” interpretation of minimal risk. The meeting minutes will reflect the IRB’s determination regarding risk levels.

Period of Approval

The IRB will determine how often a research protocol needs review based on the level of risk, with all studies reviewed at least once per year. In some cases, higher-risk studies may require more frequent reviews, such as every six months, quarterly, or after reaching a specific number of participants. The review schedule will be recorded in the IRB meeting minutes.

No study will be approved for more than three years without requiring the investigator to submit a new IRB application for continued approval.

Review More Often Than Annually

Unless specifically waived by the IRB, certain research studies require review more frequently than once a year. This applies to studies that:

- Pose significant risks to participants, such as death, permanent disability, or severe toxicity, with no direct benefit to subjects.
- Involve vulnerable populations at risk of coercion, such as institutionalized psychiatric patients or incarcerated minors.
- Have a history of serious or ongoing non-compliance by the principal investigator.

The IRB also considers:

- The likelihood and severity of risks to participants.
- The medical condition of participants.
- The qualifications and experience of the research team.
- The frequency of adverse events in similar research.
- The novelty of the study, increasing the risk of unexpected issues.
- Any other relevant factors.

If the IRB sets an approval period of less than one year, it may define the review schedule by time intervals or based on the number of subjects enrolled. However, in all cases, the maximum approval period cannot exceed one year.

Independent Verification Regarding Material Changes

Protecting the rights and welfare of subjects may require the IRB to independently verify information about various aspects of the study utilizing sources other than the investigator. Independent verification includes, but is not limited to:

- adverse event reporting
- information in the scientific literature
- reports of drug toxicity
- drug approval status
- confirmation that no material changes occurred during the IRB-designated approval period

The IRB will determine the need for verification from outside sources on a case-by-case basis based upon the following criteria:

- protocols where concern about possible material changes occurring without IRB approval have been raised based on information provided in continuing review reports or from other sources
- protocols conducted by Principal Investigators who have previously failed to comply with federal regulations and/or the requirements or determinations of the IRB
- protocols randomly selected for internal audit
- whenever else the IRB deems verification from outside sources is relevant

The following factors will also be considered when determining whether or not a study requires independent verification:

- the probability and magnitude of anticipated risks to subjects
- the likely medical condition of the proposed subjects
- the probable nature and frequency of changes that may ordinarily be expected in the type of research proposed

In making independent verification determinations, the IRB may prospectively require that such verification take place at predetermined intervals during the approval period, may retrospectively require such verification at the time of continuing review, review of amendments and/or unanticipated problems, or may require such verification at any time during the approval period in the light of new information.

If any material changes have occurred without IRB review and approval, the IRB will decide the corrective action to be taken.

Consent Monitoring

In reviewing the adequacy of informed consent procedures for proposed research, the IRB may on occasion determine that special monitoring of the consent process by an impartial observer (a “consent monitor”) is required in order to ensure that the approved consent process is being followed and to ensure that subjects are truly giving informed consent.

Such monitoring may be particularly warranted for:

- high risk studies
- studies that involve particularly complicated procedures or interventions
- studies involving highly vulnerable populations (e.g., Patients in high acuity units in acute care settings, children)
- studies involving study staff with minimal experience in administering consent to potential study participants
- other situations when the IRB has concerns that consent process is not being conducted appropriately

Monitoring may also be appropriate as a corrective action where the IRB has identified problems associated with a particular investigator or a research project.

If the IRB determines that consent monitoring is required, the IRB Chair and the IO will develop a monitoring plan and submit it to the IRB for approval. The consent monitoring may be conducted by IRB staff, IRB members or another party, either affiliated or not with the institution. The Principal Investigator will be notified of the IRB's determination and the reasons for the determination. Arrangements will be made with the Principal Investigator for the monitoring of the consent process for a specified number of subjects. When observing the consent process, the monitor will determine whether the:

- informed consent process was appropriately completed and documented
- participant had sufficient time to consider study participation
- consent process involved coercion or undue influence
- information was accurate and conveyed in understandable language
- subjects appeared to understand the information and gave their voluntary consent

Following the monitoring, a report of the findings will be submitted to the IRB, which will determine the appropriate action to be taken.

Significant New Findings

If significant new findings emerge during the research—such as updates about the medication, test article, or condition under study—the Principal Investigator must report them to the IRB. The IRB will assess whether these findings impact participants' rights, welfare, or willingness to continue in the study.

If the new information affects the study's risks or benefits, the IRB may require the Principal Investigator to inform current participants. The IRB will provide guidance on this process. The informed consent document should be updated, and participants may need to be re-consented to confirm they understand the new information and wish to continue in the study.

Other Committee Approvals

The investigator is required to secure the approval of other research committees (if applicable) such as FDA, etc. The Principal Investigator is responsible for submitting the required materials to the above-referenced committees and securing their approval. Prior to IRB approval, the IRB requires documentation of approval from the following committees (as applicable)

IRB Communications to Principal Investigators

All IRB actions are communicated directly to the Principal Investigator. The IRB Chair will notify the Principal Investigator of decisions within 5 to 7 working days through an email or standardized letter prepared by the IRB staff and signed by the Chair.

- For approved protocols, the notification will include the approval date and expiration date.
- For deferred protocols, the notification will outline required modifications and the reasons for them.
- For disapproved, terminated, or suspended protocols, the notification will explain the decision.

All investigator communications are stored electronically by the IRB.

Continuing Review of Active Protocols

The IRB will conduct a continuing review of ongoing research at intervals that are appropriate to the level of risk for each research protocol, but not less than once per year. Continuing review must occur as long as the research remains active for long-term follow-up of participants, even when the research is permanently closed to the enrollment of new participants and all participants have completed all research-related interventions. Continuing review of research must occur, even when the remaining research activities are limited to the analysis of private identifiable information.

Approval Period

The IRB will review ongoing research at least once per year, with more frequent reviews if needed based on the study's risk level.
Continuing review and IRB approval is required as long as the study remains active, including:

- Long-term follow-up of participants, even if no new participants are being enrolled.
- Analysis of private, identifiable information, even if all research-related interventions are complete.

Research remains subject to IRB oversight until all study activities, including data analysis involving identifiable information, are fully completed.

Continuing Review Process

For each initial or continuing protocol approval, the IRB assigns an approval period with a specified expiration date. Approval lapses at midnight on the expiration date.

- For full board approvals, the approval period starts on the date of the final IRB review.
- For expedited reviews or exempt protocols, it begins when the IRB Chair or designated reviewer grants final approval.
- The approval date and expiration date are clearly stated in IRB notifications to the Principal Investigator.

Investigators must submit renewal applications or annual reports on time to avoid lapses, as no extensions or grace periods are allowed by federal regulations. Investigators must submit an annual report via the IRB online form (www.bit.ly/CRorClosure) before the approval expires.

For full board reviews, all IRB members review these materials, while the Primary Reviewer and IRB Chair receive the latest protocol version. The Primary Reviewer leads the discussion during the convened meeting, ensuring all regulatory criteria for approval are met.

Consent documents must be reviewed at each continuing review and updated as needed when new information affects participant understanding.

New protocol versions cannot be submitted as part of a continuing review. Any significant changes require a separate amendment request, although the form at www.bit.ly/CRorClosure may be used to submit amendments simultaneously with continuing reviews.

Lapse in IRB Approval

The IRB and investigators must plan ahead to ensure continuing review is completed before the approval expiration date. If the IRB has not reviewed and approved a study by the expiration date, all research activities must stop, including recruitment, consent, interventions, interactions, and data collection. This applies even if the investigator submitted the renewal materials on time but the IRB has not yet completed the review.

Investigators must allow enough time for IRB review before their approval expires. If approval lapses, the IRB will send an expiration notice. Failure to submit renewal materials on time is considered non-compliance. Research can only resume after IRB re-approval.

Exception for Ongoing Subject ParticipationL
In rare cases, if stopping the research would harm enrolled subjects, the IRB may allow specific activities to continue. To request this exception, the Principal Investigator must:

- Submit a written list of subjects for whom stopping research would be harmful.
- The IRB Chair will review the request and determine whether any subjects may continue participation.
- The IRB Chair will specify which procedures, if any, can continue to prevent harm.
- The decision will be communicated to the investigator orally or by email, with a formal written response provided.

Continuing research after approval has expired without IRB authorization is a regulatory violation.

Modification of an Approved Protocol (Amendments)

Investigators must obtain IRB approval before making any changes to an approved research protocol. The only exception is when a change is necessary to eliminate an immediate hazard to participants, in which case the IRB must be notified immediately.

Minor vs. Major Changes

Minor changes do not require IRB review and include:

- Editorial revisions that do not alter meaning (e.g., grammar, minor clarifications).
- Small updates to recruitment materials (e.g., phone number change, adding an ad).
- Minor modifications to surveys, interviews, or focus groups that stay within the original study scope.

Major (substantive) changes require IRB review and include:

- Adding or removing study personnel, including the Principal Investigator.
- Changing the funding source.
- Modifying study purpose, methods, or data collection.
- Expanding or altering the participant population.
- Changing the identifiability of collected data.
- Increasing the study's risk level.

Submitting an Amendment

Investigators must submit amendments using the IRB online amendment form (www.bit.ly/ndmuirbamendment) and include:

- A revised protocol or consent form (if applicable).
- Updated recruitment materials.
- Any other relevant documents.

The IRB will review amendments to determine whether:

1. The study remains exempt, qualifies for expedited review, or requires full board review.
2. The changes impact participant willingness to continue participation.

Expedited vs. Full Board Review of Amendments

Expedited review applies to minor protocol changes that do not increase risk. The IRB Chair or a designated reviewer evaluates these modifications. Full board review is required for major changes that increase participant risk or introduce new procedures outside expedited categories. These amendments must be discussed at a convened IRB meeting before implementation.

Study Closure

When a study is completed or terminated, investigators must submit a closure form and final report using the IRB online closure form (www.bit.ly/CRorClosure) . The IRB will review the submission and document the closure at the next meeting.

Unanticipated Problems

Federal regulations require institutions to report unanticipated problems that pose risks to research participants or others. These may include unexpected events that increase risk, even if no actual harm occurs.

Adverse events involve direct harm to participants and most commonly occur in biomedical research, though they can also happen in social or behavioral studies. Only unanticipated, research-related adverse events need to be reported.

Definitions

- *Unanticipated problem:* An unforeseen event that causes harm or increases the risk of harm to participants or others, including physical, psychological, economic, or social risks.
- *Adverse event (AE)*: Any harm occurring to subjects during research, such as abnormal lab results, symptoms, or side effects related to the study.
- *Unanticipated:* An event that is not accurately described in the study's protocol, consent form, or investigator's brochure.
- *Related to research:* An event is considered research-related if the principal investigator determines it was likely caused by the study or affects participant rights and welfare.

Reporting Requirements

Investigators must report the following to the IRB within **five working days:**

- Unexpected and research-related adverse events
- Unanticipated risks to non-participants (e.g., family members, researchers, the public)
- New information that changes the risks or benefits of the study (e.g., new safety data, published studies)
- Breaches of confidentiality (e.g., lost data, unauthorized access)
- Incarceration of a participant in a study not approved for prisoners
- Any protocol changes made without IRB approval to eliminate immediate hazards
- Complaints indicating unexpected risks that cannot be resolved by the research team
- Protocol violations that harmed participants or increased risk
- Sponsor-imposed suspensions due to risk

Investigators unsure whether to report an event should contact the IRB for guidance.

IRB Review of Unanticipated Problems

Upon receiving a report, the IRB Chair or a designated member reviews the event. If needed, the Chair may suspend the research to protect participants and report the suspension at the next IRB meeting.

The IRB chairperson (or designee) has authority to require submission of more detailed contextual information by the Principal Investigator, the sponsor, the study coordinating center, or Data Safety Monitoring Borad/Data Monitoring Committee about any adverse event occurring in a research protocol as a condition of the continuation of the IRB's approval of the research.

If the IRB considers that either (1) the problem was foreseen OR (2) no participants or others were harmed AND participants or others are not at increased risk of harm, the IRB reviewer indicates on the form that the problem is not an unanticipated problem. The form is filed in the protocol record, the determination is communicated to the investigator and no further action is taken.

If the IRB reviewer considers that the problem is an unanticipated problem, but that the risk is no more than minimal, they will review the:

- currently approved protocol
- currently approved consent document

- previous reports of unanticipated problems involving risks to participants or others
- investigator's brochure, if one exists

The IRB reviewer will take appropriate action depending on the nature of the risk involved, including modification of the protocol or the consent form, if applicable, after reviewing all of the materials. The results of the review will be recorded in the protocol record, communicated to the investigator, reported to the IRB Chair, and reported to the IO to be handled according the reporting procedures.

All reported unanticipated problems where the risk is more than minimal will be reviewed at a convened IRB meeting. All IRB members are provided a copy of the reported information and supporting documents provided by the investigator. All IRB members have access to:

- the currently approved protocol
- the currently approved consent document
- previous reports of unanticipated problems involving risks to participants or others
- the investigator's brochure, if one exists

After review of the protocol and event report, the full IRB will make findings and recommendations based on the following considerations:

- whether the reported event is an unanticipated problem involving risks to participants or others according to the definition in this policy.
- what action in response to the report is appropriate.
- whether suspension or termination of approval is warranted.
- whether further reporting to Institutional and/or federal officials is required.

If the IRB considers the event to not represent an unanticipated problem the results of the review are recorded in the protocol record, the IRB minutes and communicated to the investigator; the IRB may recommend any of the following actions:

- nothing further
- requiring modifications to the protocol
- revising the continuing review timetable
- modifying the consent process
- modifying the consent document
- providing additional information to current participants (e.g. whenever the information may relate to the participant's willingness to continue participation)
- providing additional information to past participants
- requiring additional training of the investigator and/or study staff
- other actions appropriate for the local context

If the IRB considers the event to represent an unanticipated problem, the IRB will consider the following actions:

- modification of the protocol
- modification of the information disclosed during the consent process
- providing additional information to current participants (This must be done whenever the information may relate to the participant's willingness to continue participation)
- providing additional information to past participants
- requiring current participants to re-consent to participation
- alteration of the frequency of continuing review
- observation of the research or the consent process
- requiring additional training of the investigator and/or study staff
- notification of investigators at other sites
- termination or suspension of the research
- obtaining additional information

- referral to other organizational entities (e.g., legal counsel, risk management, institutional official)
- other actions appropriate for the local context

The results of the IRB review are recorded in the IRB minutes, protocol record, communicated to the investigator and referred to the IO to be handled according the reporting procedures.

Appealing IRB Decisions

If a protocol is disapproved, the Principal Investigator (PI) may submit a written appeal to the IRB Chair, including a letter explaining the reasons for reconsideration. The PI may also request to attend an IRB meeting to discuss concerns.

If the PI believes an IRB decision is too restrictive, they may first discuss it with the IRB Chair. If the issue is not resolved, the PI may formally appeal in writing for full IRB review. The IRB will reconsider the appeal based on new information and will continue to review the protocol as long as the investigator wishes to appeal.

5. Criteria for IRB Approval of Research

In order for the IRB to approve human subjects research it must determine that the following requirements are satisfied:

- risks to subjects are minimized: (i) by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes
- risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility
- selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disable persons, or economically or educationally disadvantaged persons
- informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by [45 CFR §46.116]
- informed consent will be appropriately documented, in accordance with, and to the extent required by [45 CFR §46.117]
- when appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects
- when appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data
- when some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects

Risk/Benefit Assessment

The goal of the assessment is to ensure that the risks to research subjects posed by participation in the research are justified by the anticipated benefits to the subjects or society. Toward that end, the IRB must:

- judge whether the anticipated benefit, either of new knowledge or of improved health for the research subjects, justifies asking any person to undertake the risks
- disapprove research in which the risks are judged unreasonable in relation to the anticipated benefits

The assessment of the risks and benefits of proposed research—one of the major responsibilities of the IRB—involves a series of steps:

- identify the risks associated with the research, as distinguished from the risks of therapies the subjects would receive even if not participating in research
- determine whether the risks will be minimized to the extent possible
- identify the probable benefits to be derived from the research
- determine whether the risks are reasonable in relation to the benefits to subjects, if any, and

assess the importance of the knowledge to be gained
- ensure that potential subjects will be provided with an accurate and fair description of the risks or discomforts and the anticipated benefits

Risks to subjects are minimized:

- by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk
- whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes

Risks to subjects are reasonable in relation to anticipated benefits, if any, and to the importance of the knowledge that may reasonably be expected to result.

- in evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research—as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research
- the IRB should not consider possible long-range effects of applying knowledge gained in the research (e.g., the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility

Scientific Merit

The IRB does not conduct a scientific review of protocols. However, in order to assess the risks and benefits of the proposed research, the IRB must determine that the science is adequate to provide sufficient benefit to justify the risks, including:

- the research uses procedures consistent with sound research design;
- the research design is sound enough to reasonably expect the research to answer its proposed question; and
- the knowledge expected to result from this research is sufficiently important to justify the risk.

For research that is funded externally or is internally funded (such as through local research award programs) the IRB takes into account that the research will be going through a peer review process. For departments that conduct scientific merit review, documentation of departmental scientific review may be provided by investigators. In cases where the proposed research is not funded and there is no departmental scientific review, the IRB may rely on the knowledge and disciplinary expertise of its members and alternates or may consult with other researchers on or off campus for scientific merit review.

Consideration of scientific merit address the following questions:

- does the research uses procedures consistent with sound research design?
- is the research design sound enough to reasonably expect the research to answer its proposed question;

For research subject to International Conference on Harmonization (ICH)/Good Clinical Practice (GCP)guideline (E6):

- policies and procedures include the evaluation of the available nonclinical and clinical information on an investigational product is adequate to support the proposed clinical trial
- clinical trials are scientifically sound and described in a clear, detailed protocol

Other Considerations

In assessing the benefits of the research, the IRB must also consider:

- the qualifications of the research team, including their technical and scientific expertise, as well as their knowledge and understanding of their obligation to protect the rights and welfare of research

participants
- the adequacy of the resources necessary for human research protection, care of research participants, and safety during the conduct of the research

Selection of Subjects is Equitable

The IRB will review the inclusion/exclusion criteria for the research to ensure equitable selection of subjects. In making this assessment the IRB takes into account the purposes of the research and the setting in which the research will be conducted, and is particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, fetuses, pregnant women, human in vitro fertilization, persons who are cognitively impaired, or persons who are economically or educationally disadvantaged.

Recruitment of Subjects

The investigator must submit all recruitment materials to the IRB for review before they are used. This includes:
- The content of advertisements (including web-based sites)
- The method of communication
- Final copies of printed or emailed advertisements and online postings
- Final versions of audio or video advertisements

IRB Review Process for Recruitment and Advertisement Materials

Recruitment and advertisement materials (e.g., flyers, text of invitation mails or social media postings, etc.) should be submitted with the initial IRB application or as a protocol addendum. The IRB reviews materials to ensure they are accurate and not coercive or misleading. Once approved, they cannot be changed without prior IRB approval.

The IRB must approve all such materials before they are posted or distributed. The review includes:
- Content
- Mode of communication
- Final versions of printed, emailed, audio, or video advertisements

The IRB ensures that advertisements provide essential information for potential participants to determine eligibility and interest, including:
- The name and address of the clinical investigator or research facility
- The condition under study or the research purpose
- A summary of eligibility criteria
- A brief list of any potential participation benefits
- The time commitment or other requirements for participation
- The research location and contact information
- A clear statement that the study is research, not treatment
- A brief list of potential benefits, such as a free health exam (if applicable)
- A statement that reimbursement or compensation cannot include coupons for product discounts after FDA approval

The IRB ensures that advertisements do NOT:
- State or imply guaranteed benefits or outcomes beyond what is described in the consent form and protocol
- Claim that a drug, biologic, or device is safe or effective for the study purpose
- Suggest that the test article is equal or superior to other drugs, biologics, or devices
- Use terms like "new treatment," "new medication," or "new drug" without clarifying that the test article is investigational

- Promise "free medical treatment" when it only means participants will not be charged for participation
- Include exculpatory language
- Highlight compensation amounts using large or bold text

Informed Consent

The IRB will ensure that informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by 45 CFR 46.116 and 21 CFR 50.20. In addition, the Committee will ensure that informed consent will be appropriately documented in accordance with, and to the extent required by [45 CFR 46.117] and [21 CFR 50.27].

Data Safety Monitoring

The IRB may request a data safety monitoring plan for any study. The IRB always requires a data safety monitoring plan for protocols **involving more than minimal risk** during initial review and at continuing review. The initial plan submitted to the IRB should describe the procedures for safety monitoring, reporting of unanticipated problems involving risks to subjects or others, descriptions of interim safety reviews and the procedures planned for transmitting the results to the IRB. This description should include information regarding an independent Safety Monitor or a Data and Safety Monitoring Board (DSMB), if one exists, or an explanation why an independent data safety monitor is not necessary.

The plan should describe:

- Procedures for safety monitoring
- Reporting of unanticipated problems involving risks to subjects or others
- Interim safety reviews and procedures for transmitting results to the IRB
- Details about an independent Data and Safety Monitoring Board (DSMB), if applicable, or an explanation of why one is not necessary

The IRB ensures that the safety monitoring plan includes adequate provisions for monitoring subject reactions and data collection to protect participants. The level of monitoring depends on the risks, complexity, and nature of the study. The monitoring structure can range from investigator oversight in low-risk studies to a formal DSMB for large phase III clinical trials.

IRB Considerations for Safety Monitoring Plans

The IRB evaluates whether the plan:

- Is appropriate for the nature, complexity, size, and risk of the study
- Includes timely monitoring, with frequency proportional to risk, and reports conclusions to the IRB
- Provides for continuous, close monitoring by the investigator or an independent individual in low-risk studies, with prompt reporting of issues to the IRB, sponsor, and regulatory agencies

Requirements for an Individual Safety Monitor

If an individual safety monitor is used, the plan must outline:

- Parameters to be assessed
- Mechanism for evaluating efficacy endpoints at set intervals to determine whether to continue, modify, or stop the study
- Monitoring frequency
- Procedures for reporting findings to the IRB

Requirements for a Data Safety Monitoring Board (DSMB)

If a DSMB is used, the plan must include:

- DSMB name

- Independence from the sponsor, if applicable
- Availability of written reports
- Composition of the monitoring group, including experts in relevant disciplines such as clinical trials, biostatistics, bioethics, and the disease or treatment under study
- Frequency and content of meeting reports
- Format of monitoring meetings, specifying whether they are open or closed, public or private

Role of the DSMB

A DSMB is recommended for studies that are blinded, multi-site, involve vulnerable populations, or use high-risk interventions. The National Institutes of Health (NIH) requires DSMBs for some studies. The IRB may also require a DSMB as a condition for approval if it deems additional monitoring necessary.

When a DSMB is in place, the IRB may rely on a statement from the DSMB confirming ongoing review of adverse events (AEs), interim findings, and relevant literature, instead of requiring direct submission of this information to the IRB.

Privacy and Confidentiality

The IRB will determine whether adequate procedures are in place to protect the privacy of subjects and to maintain the confidentiality of the data.

Definitions

Privacy

having control over the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or intellectually) with others.

Confidentiality

methods used to ensure that information obtained by researchers about their subjects is not improperly divulged.

Private Information

information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).

Identifiable Information

information where the identity of the subject is or may readily be ascertained by the investigator or associated with the information.

Privacy

The IRB must assess whether research activities violate privacy by examining how investigators access subjects or their information and considering the subjects' privacy expectations.

Investigators need proper authorization to access subjects or their information. When protecting subjects' privacy, consider:

- Methods to identify and contact potential participants.
- Settings for interactions with investigators.
- Appropriateness of personnel involved in research.
- Methods and nature of information obtained.
- Information about non-target participants (e.g., family members).
- Accessing only the minimum information needed.

Confidentiality

Confidentiality and anonymity are not the same. If anyone, including the investigator, can ascertain the

identity of the subjects from the data, the research is not anonymous. Then, the IRB must determine if appropriate protections are in place to minimize the likelihood that the information will be inappropriately divulged. The level of confidentiality should match the potential harm from disclosure.

At the time of initial review, the IRB considers how the privacy and confidentiality of research subjects is protected and whether there are adequate provisions to do so. The IRB does this through the evaluation of the methods used to obtain information:

- about subjects
- about individuals who may be recruited to participate in studies
- the use of personally identifiable records
- the methods to protect the confidentiality of research data

The Principal Investigator will provide the information regarding the privacy and confidentiality of research subjects at the time of initial review through the completion of the application, any necessary HIPAA Forms, research protocol, and/or other submitted, applicable materials. The IRB will review all information received from the Principal Investigator and determine whether or not the privacy and confidentiality of research subjects is sufficiently protected. In some cases, the IRB may also require that a Certificate of Confidentiality be obtained to additionally protect research data. In reviewing confidentiality protections, the IRB shall consider the nature, probability, and magnitude of harms that would be likely to result from a disclosure of collected information outside the research. It shall evaluate the effectiveness of proposed de-identification techniques, coding systems, encryption methods, storage facilities, access limitations, and other relevant factors in determining the adequacy of confidentiality protections.

Vulnerable Populations

At the time of initial review, the IRB will consider the scientific and ethical reasons for including vulnerable subjects in research. The IRB determines if appropriate additional safeguards are in place to protect the rights and welfare of subjects if they are likely to be members of a vulnerable population (e.g., persons with diminished autonomy).

NDMU Students and Employees as Subjects

When NDMU students and/or employees are being recruited as potential subjects, it is particularly important that researchers ensure there are additional safeguards for these subjects, clearly emphasize the voluntary nature of their participation, and avoid any undue influence on their decision. Researchers must emphasize to subjects that neither their academic status or grades, or their employment, will be affected by their participation decision. Record of the participation cannot be linked to an academic record.

The IRB also ensures when necessary a certificate of confidentiality is sought in sensitive research topics such as Mental Health, drug/alcohol abuse, sexual behavior, or others that fall into this category. The Investigator is also responsible for seeking needed approval from relevant departments, deans, and/or other administrators e.g., Human Resources, before approval of any project focused on recruitment of employees or students by direct outreach such as sending emails.

To minimize coercion, investigators should:

- Use bulletin board notices, flyers, newspaper ads, and announcements in classes other than their own for recruitment.
- Conduct research at the end of class periods to allow non-participating students to leave.

6. Informed Consent

Informed Consent Process

Nearly every research study with human subjects requires an informed consent process. Investigators must obtain legally effective informed consent from research participants or their legally authorized representatives unless the IRB waives the requirement for obtaining informed consent.

Individuals who cannot consent to their own clinical care are generally considered unable to consent for research participation. Tools like the Mini Mental Exam may be used to assess consent capability.

Consent must be obtained *before* enrolling a subject in a study or conducting any protocol-required procedures. It must be sought under circumstances that provide the subject or representative with sufficient opportunity and time to decide whether to participate, ask questions, and minimize coercion or undue influence.

The IRB will consider where consent takes place, who obtains it (such as the investigator, collaborator, or qualified designee), and whether factors like timing, location, or participants in the consent process may impair the subject's understanding, in which case an alternative approach will be required.

Informed consent documents must be prepared using the templates found on the NDMU IRB website (www.bit.ly/ndmuirb) .

Overview of Required Informed Consent Principles

The ethical requirement to obtain legally effective informed consent before involving individuals in research is a key protection under federal regulations and IRB oversight. Investigators must obtain consent from the subject or their legally authorized representative, ensuring it is sought prospectively and properly documented.

Key Features of the Informed Consent Process

- Disclosure of necessary information for an informed decision, following ICH-GCP requirements.
- Facilitation of the subject's understanding of the disclosed information.
- Promotion of voluntary participation in the research.

Informed consent is more than a signature; it is an ongoing exchange of information between the investigator and the subject, beginning with initial contact and continuing through the study. Investigators must be properly trained and knowledgeable about the study to answer questions. If someone other than the investigator obtains consent, the investigator must formally delegate this responsibility, and the designee must have documented training (including CITI certification). Communication may occur via face-to-face meetings, mail, telephone, or fax.

While sponsors or cooperative study groups may develop sample consent documents, the IRB has the final authority over the content presented to subjects. These requirements do not override federal, state, or local laws requiring additional disclosures for legally effective informed consent.

Basic Elements of Informed Consent

Consent must be obtained in accordance with [45 CFR 46.116] and [21 CFR 50.25] and include:

- A statement that the study involves research, its purpose, expected duration, procedures, and identification of experimental aspects.

- A description of foreseeable risks or discomforts.
- A description of expected benefits to the subject or others.
- A statement on the confidentiality of records identifying the subject.
- For research involving more than minimal risk, details on available medical treatment for research-related injuries, including payment and compensation.
- Contact information for questions about the study, research subjects' rights, and research-related injuries.
- A statement that participation is voluntary, refusal will not result in penalties or loss of benefits, and the subject may withdraw at any time.
- For FDA-regulated studies, a statement that the FDA may inspect records.
- Information on how to voice concerns or complaints about the research.
- IRB contact details for questions, concerns, or complaints, or if the subject wishes to speak to someone other than the research staff.

Note that these elements are contained within the consent form templates found on the NDMU IRB website (www.bit.ly/ndmuirb). .

- Consent information must be provided in clear, lay-friendly language understandable to the subject or representative. The IRB application process includes documentation of how this concern has been addressed.The IRB may require revision to an appropriate language level.
- It must not include exculpatory language that waives or appears to waive the subject's legal rights.

Additional Elements (Applied as Needed)

- A statement about unforeseeable risks, including those to an embryo or fetus.
- Conditions under which the investigator may terminate participation without consent.
- Any additional costs to the subject due to participation.
- Consequences of withdrawing from the research.
- Procedures for orderly withdrawal.
- Notification of significant new findings that may affect continued participation.
- The approximate number of subjects in the study (for studies with more than minimal risk).

Additional Requirements for ICH-GCP Research

- Disclosure of alternative procedures or treatments, including their benefits and risks.
- A statement allowing monitors, auditors, IRBs, and regulatory authorities to access original medical records for verification while maintaining confidentiality.

Documentation of Informed Consent (Signed Consent)

Informed consent must be appropriately documented, in accordance with, and to the extent required by [45 CFR 46.117] or [21 CFR 50.27]. Informed consent is most commonly documented by the use of a written consent form approved by the IRB and signed and dated by the subject or the subject's legally authorized representative at the time of consent. A copy of the signed and dated consent form must be given to the person signing the form.

The consent form may be either of the following:

A. a written consent document that embodies the elements of informed consent may be read to the subject or the subject's legally authorized representative, but the subject or representative must be given adequate opportunity to read it before it is signed;

OR

B. a short form written consent document stating that the elements of informed consent have been presented orally to the subject or the subject's legally authorized representative. When this method is

used:
- there must be a witness to the oral presentation; and
- the IRB must approve a written summary of what is to be signed by the subject or representative; and
- the witness must sign both the short form and a copy of the summary; and
- for subjects who do not speak English, the witness must be conversant in both English and the language of the subject.
- the person actually obtaining consent must sign a copy of the summary; and
- a copy of the summary must be given to the subject or representative, in addition to a copy of the short form.

Waiver of Documentation of Informed Consent

An IRB can waive the requirement for the investigator to obtain a signature on the consent form for some or all subjects under certain conditions. This is known as "**waiver of documentation of informed consent**" and can be used when either of these two conditions apply:

1) That the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality;[1] or
2) That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context (e.g., drawing a blood sample, or asking shoppers in a mall about the ambient lighting or temperature).

A waiver of the signature requirement does not imply a waiver of any other part of the informed consent process, and an informed consent document is still required. In this case, investigators must request the IRB to approve the waiver (in their application) and must still perform an informed consent process that meets the requirements for obtaining informed consent (and describe to the IRB how this will be done).[2] This means there must be an active process in which the investigators (1) disclose to potential research subjects the information they need to make an informed decision; (2) facilitate their understanding of what has been disclosed (e.g., ensuring consent language is readable and lay-friendly, making sure they know they can ask questions, and how); and (3) promoting the voluntariness of the decision about whether or not to participate in the research.

In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects or the parents of children who are subjects with a written statement regarding the research (printed or available for download).

Whether or not a subject signs a consent form, some might not wish to have a copy of the consent form out of concern that their possession of the form could compromise their privacy. This is fully consistent with the idea behind one of the bases for a waiver of the requirements for documentation of informed consent - that harm would result to the subject if his/her identity were compromised by the documentation itself.

Waiver of Informed Consent

The IRB may approve a consent procedure which

[1] Each subject will be asked whether the subject wants documentation linking the subject with the research and the subject's wishes will govern.

[2] HHS regulations at 45 CFR 46.116 and 45 CFR 46.117 describe the informed consent requirements.

a) does not include, or which alters, some or all of the elements of informed consent set forth above; or
b) waives the requirement for obtaining informed consent altogether.

The IRB cautions investigators to note that “waiver of documentation of informed consent” (waiving the requirement for a signature, as previously described) and “waiver of informed consent” are different concepts and are not interchangeable.

In some cases, the IRB may approve a waiver of informed consent provided the IRB finds and documents that all the following conditions are met:

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

OR

- the research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine public benefit or service programs; procedures for obtaining benefits or services under those programs; possible changes in or alternatives to those programs or procedures; or possible changes in methods or levels of payment for benefits or services under those programs;
- the research could not practicably be carried out without the waiver or alteration

Note: Informed Consent cannot be waived for FDA-regulated research. Note that some research involving FDA-regulated products is not FDA-regulated and that some research that does not involve FDA-related products is FDA-regulated. Exceptions from the FDA requirements for informed consent may be waived for emergency situations [21 CFR 50.23] or for emergency research [21 CFR 50.24].

Review and Approval of the Informed Consent Form

The IRB is responsible for the review and approval of the informed consent form prepared by the investigator. The wording on the informed consent form must contain all of the required elements and meet all other requirements as described in this section. If the wording of the informed consent has been initially prepared by an external entity (e.g., a pharmaceutical company or a cooperative study group, including National Cancer Institute (NCI) groups) other than by a NDMU Principal Investigator, the Investigator must prepare the consent using the NDMU IRB Consent template.

7. Complaints, Non-Compliance and Suspension or Termination of IRB Approval of Research

Complaints

The IRB reviews all complaints and allegations of non-compliance to protect the rights and welfare of research participants. Complaints are assessed as potential unanticipated problems involving risks to participants or others.

An IRB Chair or designated staff promptly handles and, if necessary, investigates complaints, concerns, and appeals from investigators, participants, and others. All complaints, whether written, verbal, or via phone, are recorded and forwarded to the IRB Chair and Director.

Upon receiving a complaint, the Chair logs it and assesses whether immediate suspension of the research is necessary. If suspension is warranted, established procedures are followed. Complaints that qualify as non-compliance are processed as allegations of non-compliance, while those involving unanticipated risks are addressed accordingly.

Non-Compliance

All individuals involved in human subjects research must adhere to the highest ethical and professional standards, following federal and state regulations, as well as institutional and IRB policies.

Investigators and study staff **must report** possible non-compliance, with the Principal Investigator responsible for reporting any potential violations by study personnel to the IRB. Most reports that are not serious or ongoing involve protocol violations. However, anyone can report observed or suspected non-compliance to the IRB. Reports must be made in good faith, with confidentiality maintained, and cooperation provided during any review.

If unsure whether a situation qualifies as non-compliance, individuals may contact the IRB Chair for informal guidance. Reports must be submitted to the IRB Office within 10 working days of discovery and include a full description of the non-compliance, those involved, and relevant details. Complainants may remain anonymous.

Study personnel include the Principal Investigator and any staff directly involved with participants or the informed consent process.

Definitions

Non-Compliance
failure to comply with any of the regulations and policies described in this document and failure to follow the determinations of the IRB. Non-compliance may be minor or sporadic or it may be serious or continuing.

Serious Non-Compliance
failure to follow any of the regulations and policies described in this document or failure to follow the determinations of the IRB and which, in the judgment of either the IRB Chair or the convened IRB, increases risks to participants, decreases potential benefits, or compromises the integrity of the human research protection program. Research being conducted without prior IRB approval or participation of

subjects in research activities without their prior consent (in studies where consent was not specifically waived by the IRB) is considered serious noncompliance.

Continuing Non-Compliance

a pattern of non-compliance that, in the judgment of the IRB Chair or convened IRB, suggests a likelihood that instances of non-compliance will continue without intervention. Generally, non- compliance is not considered "continuing" upon initial reports or audits identifying non-compliance but is typically found only after repeated non-compliance findings. Continuing non-compliance includes failure to respond to request to resolve an episode of non-compliance.

Allegation of Non-Compliance

an unproved assertion of non-compliance.

Finding of Non-Compliance

an allegation of non-compliance that is proven true or a report of non-compliance that is clearly true. (For example, a finding on an audit of an unsigned consent document, or an admission of an investigator of that the protocol was willfully not followed would represent reports of non-compliance that would require no further action to determine their truth and would therefore represent findings of non-compliance.) Once a finding of non-compliance is proven, it must be categorized as serious, non- serious, or continuing.

IRB Review of Allegations of Non-Compliance

These may be reviewed by the IRB Chair, the IO, and/or IRB members. They will review:

- all documents relevant to the allegation
- the last approval letter from the IRB
- the last approved IRB application and protocol
- the last approved consent document
- the last approved Investigator's Brochure, if applicable
- the grant (if applicable)
- any other pertinent information (e.g., questionnaires, DSMB reports, etc.)

The IRB will review the allegation and make a determination as to its truthfulness. They may request additional information or an audit of the research in question.

When it is determined that noncompliance did not occur because the incident was within the limits of an approved protocol for the research involved, the determination is reported in writing to the Principal Investigator and, if applicable, the reporting party. The determination letter will be copied to the Institutional Official in cases where the Institutional Official and any other parties had been notified at the outset.

If, in the judgment of the reviewers, the reported allegation of non-compliance is not true, no further action will be taken. If, in the judgment of the IRB Chair and IRB Director, the reported allegation of non-compliance is true, the non-compliance will be processed according to Review of Findings of Non-Compliance.

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

The Chair may determine that additional expertise or assistance is required to make these determinations and may form an ad hoc committee to assist with the review and fact gathering process. When an ad hoc committee assists in the review process, the Chair is responsible for assuring that minutes of the meeting are generated and kept to help support any determinations or findings made by the ad hoc committee.

Review of Findings of Non-Compliance

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

All findings of non-compliance referred to the IRB will be reviewed at a convened meeting. All IRB members will receive:

- all documents relevant to the allegation
- the last approval letter from the IRB
- the last approved IRB application
- the last approved consent document

At this stage, the IRB may:

- find that there is no issue of non-compliance
- find that there is noncompliance that is neither serious nor continuing and an adequate corrective action plan is in place
- find that there may be serious or continuing non-compliance and direct that a formal inquiry (described below) be held
- request additional information

Inquiry Procedures

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

- subjects' complaint(s) that rights were violated
- report(s) that investigator is not following the protocol as approved by the IRB;
- unusual and/or unexplained adverse events in a study
- FDA audit report of an investigator
- repeated failure of investigator to report required information to the IRB

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

- review of protocol(s) in question
- review of FDA or sponsor audit report of the investigator, if appropriate
- review of any relevant documentation, including consent documents, case report forms, subject's investigational and/or medical files etc., as they relate to the investigator's execution of her/his study involving human subjects
- interview of appropriate personnel if necessary
- preparation of either a written or oral report of the findings, which is presented to the full IRB at its next meeting
- recommend actions if appropriate

Final Review

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

- request a correction action plan from the investigator
- verification that participant selection is appropriate and observation of the actual informed consent

- an increase in data and safety monitoring of the research activity
- request a directed audit of targeted areas of concern
- request a status report after each participant receives intervention
- modify the continuing review cycle
- request additional Investigator and staff education
- notify current subjects, if the information about the non-compliance might affect their willingness to continue participation
- modification of the protocol
- modification of the information disclosed during the consent process
- requiring current participants to re-consent to participation
- suspend the study (see below)
- terminate the study (see below)

In cases where the IRB determines that the event of noncompliance also meets the definition of unanticipated problem involving risks to subjects or others, the policy and procedure for review of such events will also be followed.

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

Additional Actions

A finding of serious or continuing non-compliance may also result in the following sanctions, among others:

- suspension or termination of IRB approval of specific research protocols or of all research involving human subjects in which the investigator participates
- sponsor actions: in making decisions about supporting or approving applications or proposals covered by this policy, the DHHS or Agency head may take into account, in addition to all other eligibility requirements and program criteria, factors such as whether the applicant has been subject to a termination or suspension as described above, and whether the applicant or the person or persons who would direct or has/have directed the scientific and technical aspects of an activity has/have, in the judgment of the DHHS or Agency head, materially failed to discharge responsibility for the protection of the rights and welfare of human subjects
- institutional or individual action by the OHRP and/or the FDA. The OHRP and/or the FDA may:
    - withhold approval of all new NDMU studies by the IRB
    - direct that no new subjects be added to any ongoing studies
    - terminate all ongoing studies, except when doing so would endanger the subjects
    - notify relevant state, federal and other interested parties of the violations
- individual disciplinary action of the investigator or other personnel involved in a study, up to and including dismissal, pursuant to School of Medicine policies and procedures.

Failure to secure necessary NDMU IRB approval before commencing human subjects research must be reported to the appropriate Dean for disciplinary action.

Investigators should also be aware that, in general, NDMU indemnifies them from liability for adverse events that may occur in NDMU studies approved by the NDMU IRB. Failure to follow approved procedures may compromise this indemnification and make the investigator personally liable in such cases.