THE UNIVERSITY OF SOUTH FLORIDA

HUMAN RESEARCH PROTECTION PROGRAM (HRPP)

POLICY AND PROCEDURE MANUAL

USF RESEARCH & INNOVATION

RESEARCH INTEGRITY & COMPLIANCE

May 28, 2015

UNIVERSITY OF SOUTH FLORIDA

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Section 1: Introduction

1.1 Human Research Protection Program (HRPP)

The HRPP supports the University of South Florida’s (USF) dedication to excellence by promoting the rights and welfare of human subjects who participate in research conducted at or by USF or USF Affiliates, regardless of funding.

It is the intent of the HRPP to ensure that research involving human subjects is conducted in accordance with the ethical principles outlined in the Belmont Report, in addition to the federal regulations set forth by the Department of Health and Human Services (DHHS), the Food and Drug Administration (FDA), the Veterans Affairs (VA), the Department of Defense (DOD), the Department of Education (DOE), the Department of Justice (DOJ), and other applicable agencies. In addition, the HRPP ensures human subjects research is conducted in accordance with Florida Statutes, local laws and institutional policies and procedures. The HRPP requires the application of the ethical principles of respect for persons, beneficence, and justice in all human subject research.

The goals of the HRPP are to assist the university in developing into a premier research university by:

- Increasing knowledge, understanding, and appreciation of the ethical principles that should be followed in the review and conduct of human subjects research;
- Ensuring compliance with the USF’s Federalwide Assurance (FWA), applicable state and local laws, and institutional policies and procedures; and
- Building strong relationships between the community of researchers who engage in human subjects research, university administrators, university affiliates, sponsors, and the research participants.

The HRPP also strives to:

- Protect the health and welfare of those individuals who volunteer for human subjects research;
- Provide the highest level of consistent service with foresight, through education, assessment and counsel;
- Anticipate the research community’s needs by providing avenues for achieving the highest standards of discovery, creativity, and intellectual attainment;
- Promote a culture of research ethics within the university and the community;
- The HRPP strives to achieve the status of a premier HRPP serving the university, the research community, and the research participants. USF recognizes that research subjects are its most valued resource. It is the goal of the HRPP to be a national model for excellence, innovation, and the advancement of knowledge while providing the highest level of protections to research participants; and
- HRPP policies and procedures define the ethical principles, federal regulations, state and local laws, and institutional policies and procedures under which USF operates its HRPP. The HRPP reviews all research involving human subjects that originate from a wide range of biomedical and social science fields.
The HRPP pertains to all human subjects research conducted:

- By faculty, staff or students at a USF facility; and
- By or under the direction of any faculty, staff, student, or other agent of USF (full-time or part-time) in connection with his/her USF assignment; or
- By or under the direction of any employee of a USF Affiliate for research approved by the USF IRB; or
- By or under the direction of an IRB Authorization Agreement or an Individual Investigator Agreement.

1.2 Human Research Protection Program Supporting Programs

The Institutional Review Board (IRB): protects the rights and welfare of human subjects in research. The University authorizes the IRB to review, approve, require modifications, suspend, disapprove, or terminate all research involving human subjects conducted by USF and USF Affiliates. This includes investigating, reviewing, and determining all issues of serious or continuing non-compliance with the regulations or IRB policy within a reasonable timeframe and with a corrective plan. The IRB program reports to the Assistant Director for Regulatory Affairs who oversees the HRPP and is housed in Research Integrity & Compliance.

The Education and Training Program: plans, develops, implements and evaluates human subjects protection education programs. These programs are designed to ensure educational opportunities that provide information on the: (1) ethical principles of human subjects research, (2) federal regulations and state and local laws, (3) agency rules and guidelines, and (4) university policies and procedures for the appropriate conduct of human subjects research. The human subjects education and training program reports to the IRB Administration and is housed in Research Integrity & Compliance.

The Quality Assurance/Quality Improvement (QA/QI) Program: conducts for-cause audits and random monitoring of IRB approved studies for compliance with Federal regulations, State and local laws, and institutional policies and procedures governing the USF HRPP. The QA/QI program assists researchers in performing human subject research of the highest ethical standards and promotes confidence in the integrity of human subject research through Quality Improvement initiatives which include providing consultation, educational tools and outreach to human subjects researchers and their study staff. The goals of the QA/QI program are the following:

- To protect the rights, welfare, and safety of human subjects participating in research and ensure compliance with federal regulations, state and local laws, and institutional policies governing human subjects research through the conduct of for-cause audits and random monitoring of IRB approved research;
- To evaluate and improve the USF HRPP through monitoring, education, and training;
- When issues are identified during for-cause audits or random monitoring that involve noncompliance or serious non-adherence to the policies or regulations, they are brought before the fully convened IRB, the IRB Chairperson, or their designee for a determination and corrective action. The QA/QI Program provides educational outreach to research sites during the conduct of for-cause audits and random monitoring by identifying areas for improvement and providing recommendations to site personnel.
- The QA/QI Program evaluates HRPP Programs through monitoring and process assessment. Assessments involve monitoring Institutional Review Board (IRB) activities
and documentation and evaluating HRPP supporting programs for adherence to federal regulations, state and local laws, and institutional policies. If errors or oversights are identified, corrections and corrective action plans are coordinated with the appropriate program. When areas for improvement are identified, recommendations are presented to the program managers and Research Integrity and Compliance (RIC) Administration. The QA/QI Program reports to an Assistant Director for Regulatory Affairs and is housed in Research Integrity & Compliance.

The IND/IDE Assistance Program: provides comprehensive regulatory support, guidance, and education to USF Sponsor-Investigators who need to file an Investigational New Drug (IND) or Investigation Device Exemption (IDE) application to the US Food and Drug Administration (FDA). The goal of the IND/IDE Assistance Program is to facilitate excellence in research by ensuring regulatory compliance in innovative research projects that utilize drug, biologics or medical devices.

The HIPAA Research Compliance Program: ensures compliance with the HIPAA Privacy Rule [45 CFR Part 160 and Subparts A and E of Part 164] when human subjects research utilizes Protected Health Information (PHI). The Research Privacy Officer assists the program with compliance issues related to HIPAA, serves as an ex-officio on the USF IRB, reviews requests for waivers of HIPAA Authorization, and reviews preparatory to research requests and research involving decedents’ health information. The Research Privacy Officer reports to the Assistant Vice President of Research Compliance and is housed in Research Integrity & Compliance.

The Institutional Biosafety Program/Committee (IBC): ensures compliance with appropriate federal, state and local laws. The IBC reviews and approves applications for the use of recombinant DNA, infectious agents, or regulated toxins in humans. The IBC Program Coordinator is also the Institutional Biosafety Officer (IBO) and is responsible for coordinating with the IRB on initial and continuing review applications, amendments, and unanticipated problems involving risks to participants and others for human subjects research. Approval by the IBC is required prior to receipt of final approval by the USF IRB. The IBO serves as a continuing consultant to the IRB. The Institutional Biosafety Program is housed within Research Integrity & Compliance.

The Radiation Safety Program/Committee: approves all human subjects research that involves the use of radiation above standard of care with either radiation-producing machines or radioactive materials (radiopharmaceuticals). The USF Radiation Safety Program Manager is also the USF Radiation Safety Officer (RSO) and is responsible for the review of initial and continuing review applications and amendments involving the use of radiation above standard of care. Approval by the RSO is required prior to the final approval by the USF IRB. The RSO serves as a Continuing Consultant to the IRB. The Radiation Safety Program is housed within Research Integrity & Compliance.

The Conflict of Interest (COI) Program/Committee: is charged with reviewing real or perceived individual and institutional financial conflicts of interest related to human subjects research and proposing and/or approving management plans for such conflicts. Proposed management plans are then presented for consideration by the IRB. The IRB has the authority to accept the plan as submitted, ask for changes in the plan, require additional controls, or disapprove the plan in its entirety. The COI Program is housed within Research Integrity & Compliance.
**Sponsored Research (SR):** assists researchers with funding searches, proposal development, and training programs to support and increase their participation in research and creative activities. SR submits proposals to the sponsors and negotiates and accepts the awards on behalf of USF. Coordination and management of external and internal contracts and grants, interdisciplinary research programs, and inter- and intra-institutional proposals are also included in SR’s responsibilities. The USF IRB works closely with SR regarding research proposals involving human subjects. SR reports to the Senior Vice President for Research & Innovation.

**Research Financial Management (RFM):** provides financial services in support of USF sponsored research awards and activities. RFM’s mission is to protect the University’s research program while maintaining a strategic balance of service and compliance. The objectives are integrated with those of Sponsored Research. The USF IRB collaborates with RFM to ensure compliance with the financial aspects of human subjects research. RFM reports to the Senior Vice President for Research & Innovation.

**Patents and Licensing (P&L):** is charged with the facilitation of patenting and licensing of inventions developed under University auspices. The primary goals of this office are to facilitate the distribution of research results through commercial development and to generate revenue that will reward inventors for their creativity and support further research and other educational programs at the University. The USF IRB works with Patents and Licensing to ensure any and all conflicts of interest held by investigators are reported and managed when conducting human subjects research. Patents & Licensing reports to the Senior Vice President for Research & Innovation.

**The Office of Clinical Research (OCR) – USF Health:** provides faculty with resources, information, and expertise in clinical research to advance the science of healthcare. The OCR facilitates the process of conducting clinical research, from inception through completion, with the ultimate goal of delivering state of the art healthcare services to the community in the Greater Tampa Bay area and beyond. All Clinical Trial Agreements (CTAs) are negotiated by the OCR and reviewed by the Office of General Counsel prior to the execution of the contract. The OCR is committed to streamlining procedures and enhancing services for clinical investigators and research staff, affiliate partners, extramural sponsors and research volunteers. The strategic services, education and training, and comprehensive review process provided by the OCR are designed to foster research teams who are benchmarking the next generation standard of care. The USF IRB and the HRPP work closely with the OCR to ensure compliance with regulations pertaining to research involving human subjects. The OCR has dual reporting obligations to USF Health and USF Research & Innovation.

**Office of Community Engagement and Partnerships (OCEP):** USF has been designated as a community engaged institution by the Carnegie Foundation for the Advancement of Teaching. USF has developed an OCEP with a mission to expand local and global initiatives that strengthen and sustain healthy communities, promote social justice, and help improve the quality of life for all. The OCEP carries out its mission by building mutually beneficial and reciprocal university–community partnerships founded on community engaged scholarship and service-learning pedagogy. This includes a wide variety of research, clinical practice, creative performance, and service-learning projects that involve the unique expertise of faculty, staff, and students. The OCEP assists USF in becoming a fully engaged university, integrating teaching, research, and service into a delivery approach that involves its constituents and responds to the needs of diverse communities. In addition, several USF Departments are involved in Community-Based Participatory Research which actively involves members of the community in the research
process. It involves collaboration between researchers and participants, whereby community stakeholders are engaged as members of the research team and are involved in the design, implementation, and dissemination of the results. These researchers provide education as necessary regarding CBPR to IRB members and serve as consultants as necessary.

1.3 **Ethical and Regulatory Mandate to Protect Human Subjects**

All human subjects research conducted at USF and by USF Affiliates or Agents and USF-Affiliates’ agents must comply with all applicable federal, state, local laws and regulations, institutional policies, and are guided by the ethical principles outlined in the Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. It is required that all human subjects research be carried out in conformity with the basic ethical principles governing human research as outlined in the Belmont Report.

USF requires the protection of human subjects in all activities deemed research, not just those that are federally funded.

**Department of Health and Human Services (DHHS) Regulations**

DHHS regulations at 45 CFR Part 46, Subpart A constitute the Federal Policy (Common Rule) for the protection of humans in research. The DHHS regulations also include additional protections for pregnant women, human fetuses and neonates (Subpart B), prisoners (Subpart C), and children (Subpart D). These regulations are enforced by the DHHS, Office for Human Research Protections (OHRP).

USF will meet the requirements set forth in 45 CFR 46, for all applicable DHHS-funded human research activities, and, except for the requirements for reporting information to HHS, all other human subjects research without regard to source of funding.

**Food and Drug Administration (FDA) Regulations**

FDA has codified informed consent (21 CFR Part 50), IRB (21 CFR Part 56), and child protection (61 FR 20589 and 21 CFR Part 50, Subpart D) regulations that are almost identical to the DHHS regulations. Additional FDA regulations relevant to the protection of human subjects address Investigational New Drug Applications (21 CFR Part 312), Biological Products (21 CFR Part 600), Investigational Device Exemptions (21 CFR Part 812), and Humanitarian Use Device (21 CFR 814 subpart H).

USF will meet the requirements set forth in 21 CFR 50, 56, 312, 600, 812, and 814 for all human subjects research that involve test articles, whether investigational or approved, that fall under the purview of the Food and Drug Administration.

**FDA vs DHHS Requirements**

The human subjects research protection requirements found in FDA and DHHS regulations are similar. However, there are important differences:

- FDA regulations contain no Assurance requirement but do require registration through OHRP.
- Conditions for exemption, exception, and waiver of IRB review and requirements for Informed Consent differ.
- FDA regulations require specific determinations for the IRB review of device studies.
- FDA regulations include specific requirements for reporting adverse events that are not found in the 45 CFR 46 and Subparts B, C, and D or VA regulations.
- DHHS regulations include specific additional protections for pregnant women, fetuses, and human neonate (Subpart B) and prisoners (Subpart C) that are not contained in the FDA and VA regulations.
- FDA regulations define “human subject” and “clinical investigation (research)” differently.

**The Belmont Report**

The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research defines the ethical principles and guidelines for the protection of human subjects. Perhaps the most important contribution of The Belmont Report is its elucidation of three basic ethical principles:

- Respect for persons (operationalized by obtaining informed consent)
- Beneficence (operationalized by weighing risks and benefits)
- Justice (operationalized by the fair selection of subjects)

The Belmont Report provides important guidance regarding the boundaries between biomedical human research and the practice of medicine. USF is guided by the ethical principles concerning human involvement in research as set forth in the Belmont Report.

The Principal Investigator (PI) and research staff must abide by the ethical principles, regulatory requirements, and institutional policies and procedures as well as their professional standards when conducting human subjects research.

IRB members have the responsibility to ensure that human subjects research has met the criteria set forth in the federal regulations, state and local laws, and institutional policies and procedures before approving such human subjects research to maximize potential benefits and minimize known or potential risks.

IRB staff evaluate proposed and on-going human subjects research and to identify concerns regarding ethical and regulatory issues prior to IRB review while IRB Administrators have the responsibility to evaluate USF processes and procedures to ensure they support the ethical and regulatory requirements for conducting human subjects research.

1.4 **Institutional Roles and Authority**

The USF IRB holds authority for the review, approval, and continuing oversight of all research involving human subjects brought before the IRB from any institution designating the USF IRB as the IRB of record by appropriately signed agreements (45 CFR 46.109, 21 CFR 56.109 and 38 CFR 116.109). The IRB functions independently of other institutional entities regarding the protection of human subjects. The IRB has the authority to approve, require modifications in order to secure approval, disapprove, close/terminate, or suspend any research study based upon its considerations for the protection of human subjects. If the IRB disapproves a research study, it shall provide written notification for its decision and provide the Principal Investigator (PI) an opportunity to appeal. University Officials cannot approve human subjects research if it has not
been approved by the USF IRB.

All human subjects research must be prospectively reviewed and approved by an IRB designated on the USF Federalwide Assurance (FWA), registered with the Office of Human Subjects Research (OHRP). Human subjects research cannot be initiated or continued at USF or USF-Affiliates without prospective approval of a designated IRB.

The USF IRB has the authority to require progress reports from the PIs and oversee the conduct of any research study that it has approved. The IRB may request a progress report at any time. The IRB has the authority to have the consent process or any aspect of the research be observed by an IRB member or a third party whom the IRB determines is qualified and appropriate. The IRB has the authority to obtain all research records and documents associated with an approved study and to audit the conduct of any research study it approves.

The USF IRB has the authority to modify approval of any study it has originally reviewed and approved. Such actions may result from the review of an unanticipated problem(s) involving risks to human subjects or others, serious or continuing noncompliance with the federal regulations, state and local law, institutional policies, or determinations of the IRB. Any suspension or termination will be promptly reported in writing to the investigator, appropriate Institutional Official, and as appropriate, the OHRP, the sponsor, the Food and Drug Administration (FDA), or other federal department or agency. Any report of a suspension or termination will include a statement of the reason for the IRB action.

Additionally, the USF IRB:

- Protects the safety, rights and welfare of individuals participating in human subjects research;
- Monitors human subjects research, via the USF Quality Assurance/Quality Improvement Program, to ensure it is conducted in an ethical manner and in compliance with federal regulations, state and local law, and institutional policies and procedures;
- Ensures research is conducted in accordance with the USF FWA for the conduct of research;
- Conducts prospective and continuing review of human subjects research, including review of the protocol, grant application (as applicable), informed consent process, procedures to identify and recruit individuals to participate, and any adverse events or unanticipated problems involving risk to subjects or others;
- Notifies investigators and the institution, in writing, of its decision to approve, disapprove or require modifications to research;
- Allows the PI to respond in writing or in person to the concerns of the IRB;
- Ensures that the PI and all study team members have appropriate expertise and experience to conduct research;
- Evaluates the time and resources of the PI and study team committed to the conduct of research;
- Performs periodic audits of the study files held by the PI to ensure adequate time, personnel, and other resources and facilities are appropriate for the conduct of the research;
- Has the authority to place restrictions (including but not limited to length of approval) on any study based upon its considerations for the protection of human subjects;
- Has the final authority to decide whether a Conflict of Interest (COI) and its management plan, if any, allow the research to be approved; and
- Implements additional measures to ensure the safety of research subjects may be required
by the IRB on a case-by-case basis for individual studies. For example, the IRB has the authority to require a research monitor or participant advocate where the circumstances suggest that such additional measures may be prudent.

Any attempt to inappropriately influence an IRB should be reported to the Assistant Vice President for Research Compliance. This individual has been designated by the Institutional Official to investigate and respond to attempts to influence the IRB.

Should two designated IRBs, or a designated IRB and a collaborating institution’s IRB, disagree about the conditions necessary to approve a specific protocol, that disagreement must be resolved to the satisfaction of both IRBs before the protocol can be initiated or continued.

1.5 Institutional Responsibilities for IRB Administration

This policy is to ensure that the University of South Florida (USF) Institutional responsibilities, as outlined in the USF Delegation of Authority policy, provide authority to meet the requirements of Department of Health and Human Services (DHHS) regulations. 45 CFR 46.103(b)(2) and VA regulations 38 CFR 16.103(b)(2) require that USF provide its Institutional Review Board(s) with sufficient meeting space, support staff, and budgetary resources to support its substantial review and record keeping responsibilities.

**The Senior Vice President for Research, Innovation & Economic Development:** Serves as the Signatory Institutional Official (IO) for the USF HRPP and is ultimately responsible for overseeing the protection of human subject research. This responsibility is delegated through a Memorandum of Delegation from the President of the USF System. This individual maintains open channels of communication between the IRB, research investigators and staff, and USF Administration. He/she provides investigators with a means of communicating complaints or concerns regarding the human subjects’ protection program. This individual also provides the IRB with sufficient meeting space, staff, and budgetary resources to support its substantial review and record keeping responsibilities. The Senior VP notifies the federal agencies of incidents of serious or continuing non-compliance with IRB policies or applicable federal regulations. He/she ensures IRB members and IRB staff are protected from undue influence by an investigator or administrative official. Any undue influence is reported to the Senior VP. The Assistant Vice President for Research Compliance is granted the authority to investigate and take actions to eliminate such undue influence. The Senior VP ensures that the IRB functions as an independent body, basing decisions on ethical principles, federal regulations, guidance, state and local laws and institutional policies and procedures. The Senior VP appoints IRB Chairpersons and IRB members, including ex-officio members, upon recommendations from those who administer the HRPP. The Assistant VP for Research Compliance provides input to the IO regarding the board member attendance, compliance with education requirements, and ability to conduct IRB business without prejudice. The Senior VP will allocate, on an annual basis, sufficient resources to support the IRB’s review and recordkeeping responsibilities. Lastly, the Senior VP delegates the responsibilities associated with maintaining & evaluating the Human Research Protections Program to the Assistant Vice President for Research Compliance. The Institution, via the Sr. VP for Research & Innovation, is provided decisions of the IRB in writing in accordance with the federal regulations.

**The Assistant Vice President for Research Compliance:** Is designated as overall Administrator for the USF IRB and HRPP, which includes notifying the Senior VP and other administrative
offices that may need to act or react to the information regarding serious research-related injury, a breach of trust; unanticipated problems involving risks to subjects or others, serious or continuing non-compliance with IRB requirements by research investigators, or suspension or termination of IRB approval. He/she continuously evaluates the HRPP including but not limited to the service being provided by appointed members and IRB staff, HRPP educational programs and outreach, and quality assurance/post approval monitoring. The Assistant VP for Research Compliance may also send documentation to the federal agencies regarding the above on behalf of the Senior VP for Research & Innovation. The AVP ensures that USF has on file with the OHRP a current and accurate FWA, ensures that USF maintains current registration for all of its IRBs, and ensures there is a plan to provide education regarding human subjects research protection for PIs, research staff, and IRB staff and administrators. The AVP ensures that recommendations for IRB membership are presented to the Senior Vice President and maintains members with appropriate experience and expertise on the IRBs. This individual receives recommendations from IRB Administration regarding membership that is consistent with the required expertise and experience needed to appropriately review human research submitted to the IRB.

**The Assistant Director for Regulatory Affairs:** Assists the Assistant VP for Research Compliance in the continued development, refinement, administration, and execution of a University-wide comprehensive HRPP. This individual is responsible for all administrative aspects of the HRPP including recommending short and long-term plans/goals, developing policies and procedures, developing education and training initiatives, and ensuring the program is operated in accordance with federal and state laws and USF institutional and divisional policies. This individual serves as the chief liaison between the IRB and the University, Affiliate or relied upon IRB administrators, investigators, research personnel, regulatory agencies, research participants, and members of the public. He/she responds to allegations of non-compliance, unanticipated problems involving risks to participants or others, or suspensions and terminations of IRB approval. This individual reviews the policies and procedures of relied upon IRBs no less than once every two years to ensure they are consistent with the ethical standards of the USF HRPP and strive to meet the standards set forth by Association for Accreditation of Human Research Protection Programs (AAHRPP) if such programs are not AAHRPP accredited. This individual ensures that USF’s Federalwide Assurance is appropriately renewed and that all USF IRBs are registered with the Office for Human Research Protections (OHRP). Upon the request of the Assistant VP for Research Compliance, the Assistant Director prepares a written or oral assessment of the HRPP, including major external factors that influence the HRPP, internal strengths and weaknesses of the HRPP, and key strategies and tactics used to support the goals of the HRPP. The Assistant Director is responsible for coordination between the IRB and other compliance oversight committees such as the Institutional Biosafety Committee, Conflict of Interest Review Committee, HIPAA Privacy Board, and the Affiliate Oversight Committees. He/she ensures that information from these committees regarding HRPP issues flows to the IRB Chair, the convened board, USF Administrators, and investigators. The Assistant Director or designee serves as ex-officio on the James A. Haley Veterans Hospital (JAHVH) Research and Development Committee and will serve as an ad hoc consultant on all other oversight committees, on an as-needed basis. Through educational initiatives, the Assistant Director conveys to Principal Investigators the responsibilities of conducting human research which includes conducting research that employs sound design in accordance with the standards of the discipline; developing an informed consent process and method of documentation that is appropriate to the type of research and study population; recruiting participants in a fair and equitable manner; securing resources necessary to protect participants prior to the implementation of the research; and incorporating a plan to promptly detect harm and mitigate potential injury.
The IRB Manager: Acts on behalf of the Assistant Director of Regulatory Affairs in his/her absence or when designated, as appropriate. This individual assesses the composition of the boards and recruits new members as appropriate. He/she ensures actions taken by the USF IRB are reported to the Institutional Official. The IRB Manager coordinates the daily activities of the IRB staff, which includes supervision of personnel, drafts and implements policies and procedures, ensures the continuity, consistency, and quality of the day-to-day duties of the IRB staff, oversees the execution of the Assurance documents, updates the OHRP IRB Membership Roster, and ensures the training of all IRB Staff (in conjunction with the Education Coordinator). This individual is responsible for providing education to the IRB and the research community, and conducts orientation for new staff and newly appointed board members. This individual is responsible for the oversight, administration, implementation, and management of all IRB business and the University's compliance with all federal regulations, state and local laws and institutional policies applicable to research involving human subjects in research. This individual also provides input and assistance to the HRPP.

The IRB Staff: Are responsible for the preparation and maintenance of adequate documentation of IRB activities. For Initial Applications, IRB staff ensures all IRB members (including consultants) are provided with and review the protocol/research plan and IRB application containing the relevant information to determine whether the proposed research fulfills the criteria for approval. The proposed consent document(s) or a request for waivers, all recruitment materials, relevant grant applications, thesis or dissertation, the investigator brochure, and all other relevant documentation must be included in the packet for review and approval of research. For review of currently approved research, staff ensures all IRB Members (including consultants) are provided with and review the currently approved consent document, a status report on the progress of the research, a summary of adverse events since the last review, unanticipated problems involving risks to participants or others, information on participant withdrawals and dropouts, interim findings, relevant multi-center reports, DSMB reports, a summary of relevant recently published literature, and any other relevant information. The IRB staff pre-reviews all submissions and evaluates the expertise needed for IRB member review. IRB staff assign primary and secondary reviewers or consultants with appropriate expertise to conduct in-depth reviews of protocols. When the research involves participants vulnerable to coercion or undue influence, IRB Staff have at least one IRB member conduct the review who is knowledgeable about or has experience working with these populations. Staff ensures minutes of IRB meetings have sufficient detail to show attendance at the meetings; actions taken by the IRB; the vote on agenda items including the number of members voting for, against, abstaining (meeting minutes only), or recusing; the basis for requiring changes in or disapproving research; and a written summary of the discussion of controverted issues and their resolution.

1.6 The Federalwide Assurance and IRB Registration Process

The USF IRB maintains and upholds a Federalwide Assurance (FWA) for the protection of human subjects research, approved by the OHRP, when engaged in human subjects research and receives support from DHHS. The USF FWA number is 00001669.

Each USF Biomedical IRB is registered with the FDA through OHRP. This registration includes the number of active protocols involving FDA regulated products for which the IRB conducted initial or continuing review during the past 12 months and a description of the types of FDA regulated products involved in the protocols.
The FWA is a document approved by OHRP that gives institutional authority for establishing and empowering the USF IRB and includes a commitment to:

- Comply with the appropriate federal regulations for federally supported research;
- Have written IRB procedures;
- Provide IRB review of nonexempt research covered by the FWA;
- Obtain and document informed consent unless otherwise waived in accordance with the regulations;
- Ensure that all collaborating institutions in federally supported research operate under an approved FWA;
- Have a formal written agreement of compliance from all nonaffiliated investigators;
- Provide IRBs operated by the institution with sufficient resources;
- Renew the FWA every five (5) years, even if no changes have occurred;
- Enters into IRB Authorization Agreements whereby the USF IRB relies upon the review and approval of other IRBs registered with OHRP. When this occurs, the USF FWA will be amended to include the relied upon IRBs; and
- Enters into IRB Authorization Agreements whereby other institutions rely on the review and approval of human subjects research by the USF IRB. When this occurs, the relying organization will amend its FWA to list the USF IRB;

It is the responsibility of USF to assure DHHS through OHRP that the University will comply with regulations governing the protection of human subjects.

1.7 Establishing and Amending Human Research Protection Program Policies and Procedures

Research Integrity & Compliance (RIC) conducts a comprehensive evaluation of the HRPP, at least annually, to identify deficiencies in policies or procedures as a result of changes or additions to the program. Existing policies and procedures are amended and new policies and procedures are added as needed to accurately reflect day to day operations. As policies and procedures are revised, the research community, IRB staff, Chairpersons and IRB members are notified of those changes. The Assistant Vice President for Research Compliance reviews and approves all changes to policies and procedures and communicates any major changes to the Institutional Official.

IRB staff, Chairpersons, Vice Chairpersons, and board members are responsible for understanding and adhering to all HRPP policies and procedures as applicable.

HRPP policies and procedures are maintained on the RIC secure server and are available electronically on the HRPP website to the IRB members, IRB administrators and staff, investigators, and research staff.
Section 2: Definitions

**Active Deception:** As it applies to research, is a situation where an individual is provided false or misleading information regarding the true purpose of the study, which may include incomplete disclosure, and may be used to avoid study bias or test a hypothesis that requires the participant’s misdirection. Examples of active deception include providing a “cover story” which falsely describes the purpose of the research and those that use a “confederate”, or including a person posing as a research participant, whose behavior in the study is actually part of the research design.

**Administrative Hold:** A voluntary action initiated by the Principal Investigator (PI), or a directive of the FDA, the sponsor, the facility at which the research is being conducted, or a Data and Safety Monitoring Board to temporarily stop some or all research activities pending a specified action. An administrative hold is not a suspension or termination; the protocol remains in an “active” status and require continuing review.

**Adult:** An individual who has achieved the legal age for consent to participate in research (individuals aged 18 years or older in the state of Florida).

**Adverse Event (AE):** As defined by OHRP, any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject’s participation in the research, whether or not considered related to the subject’s participation in the research. AEs can encompass both physical and psychological harms.

**Child Advocate:** An individual appointed by the IRB who has the background and experience to act in, and agrees to act in, the best interests of a child for the duration of the child's participation in the research. An advocate for a participant may not also serve as their Legally Authorized Representative (LAR).

**Agent:** Any employee, contractor, student, or individual, whether full-time, part-time, visiting, consulting, with or without compensation, who acts on behalf of USF (or USF-Affiliate) or in conjunction with USF (or USF-Affiliate).

**Allegation of Noncompliance:** Defined as an unproven assertion of noncompliance, provided in person, in writing, via eIRB as a reportable event, or via a phone message.

**Assent:** A child’s affirmative agreement to participate in research. The child must actively show his or her willingness to participate in the research. Mere failure of a child to object does not constitute assent [45 CFR 46.402(b); 21 CFR 50.3(n)]. Assent may also be used to denote the agreement of subjects with impaired decision making capacity to participate in research.

**Attendance:** A list of IRB Members, Ex-Officios, IRB Administrators, IRB Staff, and guests present or absent at a convened IRB meeting.

**Benefit:** A valued or desired outcome that a participant may experience as a result of participation in a research study.

**Capacity to Consent:** A legal distinction defined as the ability to provide legally effective informed consent to enroll in a research study.
**Children**: Persons who have not attained the legal age for consent to treatments or procedures involved in the research or clinical investigation, under the applicable law of the jurisdiction in which the research will be conducted [45 CFR 46.402(a); 21 CFR 50.3(o)]. Florida Statute §39.01(12) defines “child” or “youth” as any unmarried person under the age of 18 years who has not been emancipated by order of the court. In research conducted in other states or territories, the legal definition of children will be determined by reference to the law of that state or territory.

**Clinical Investigation (as defined by the FDA)**: Means any experiment that involves a test article and one or more human subjects. Activities subject to requirements for prior submission to the Food and Drug Administration under section 505(i) or 520(g) of the act, or is not subject to requirements for prior submission to the Food and Drug Administration under these sections of the act, but the results of which are intended to be submitted later to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit. The term does not include experiments that are subject to the provisions of Part 58, regarding nonclinical laboratory studies. Activities meeting this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes.

**Closure**: IRB closure of a research study by administrative procedures. This can occur when an investigator leaves the institution or affiliate institution without submitting a final report to close the research study.

**Coded**: Identifying information that would enable the investigator to readily ascertain the identity of the individual to whom the private information or specimens pertain has been replaced with a number, letter, symbol, or combination thereof and a key to decipher the code exists, enabling linkage of the identifying information to the private information or specimens.

**Confidentiality**: The treatment of information/records/data that one has disclosed in a relationship of trust with the expectation that it will not be divulged in ways that are inconsistent with the understanding of the original disclosure to anyone without permission. Effective anonymizing techniques, coding systems, encryption methods, storage facilities, access limitations, and other relevant factors (such as whether only the minimally necessary amounts of data have been collected and the data retention period) impact the adequacy of confidentiality.

**Consultant**: A scientist or non-scientist possessing special knowledge or expertise who is recruited to assist the USF IRB in its deliberations on a specific research project. Consultants are not voting members and do not count towards quorum at the fully convened IRB meeting.

**Continuing Noncompliance**: A pattern of noncompliance which continues after initial discovery. Continuing noncompliance can increase risk to subjects, adversely affect the rights, welfare and safety of research subjects, or adversely affect the scientific integrity of the study.

**Corrective Action**: An action usually required of the PI that is necessary to reduce the risk to the subjects and/or prevent a recurrence of a protocol deviation or noncompliance. Examples of corrective actions include revision of the protocol and/or informed consent document, re-consent of subject(s), further training of study staff, or formal notification to the appropriate government oversight agencies.
Data and Safety Monitoring Board (DSMB): An independent group of individuals with pertinent expertise that reviews, on a regular basis, accumulating unblinded data from protocols involving human subjects research to assure the continuing safety of research subjects, relevance of the study question, appropriateness of the study, and integrity of the accumulating data. Monitoring activities should be conducted by experts in all scientific disciplines needed to interpret the data and ensure patient safety. Clinical trial experts, biostatisticians, bioethicists, and clinicians knowledgeable about the disease and treatment under study should be part of the monitoring board or be available if warranted.

Data and Safety Monitoring Plans (DSMPs): Plans designed to ensure that studies involving human subjects have a system for appropriate oversight and monitoring of the conduct of the research. This oversight can include reviewing data at specific points in time, after a specific number of participants have been enrolled, or upon recognition of harm. As appropriate, monitoring might be conducted by the investigator, the sponsor (e.g., medical monitor, safety monitoring committee) or by an independent monitoring board.

Data and safety monitoring is required for all types of clinical trials, including physiologic, toxicity, and dose-finding studies (phase I); efficacy studies (phase II); efficacy, effectiveness, and comparative trials (phase III). Monitoring should be commensurate with risks and a variety of types of monitoring may be anticipated depending on the nature, size, and complexity of the clinical trial. In many cases, the principal investigator would be expected to perform the monitoring function.

Database for Genotypes and Phenotypes (dbGaP): A central repository at the National Center for Biotechnology Information (NCBI), a branch of the National Library of Medicine at the NIH, that was developed to archive and distribute the results of studies that have investigated the interaction of genotype and phenotype.

Dead Fetus: A fetus that exhibits neither heartbeat, spontaneous respiratory activity, spontaneous movement of voluntary muscles, nor pulsation of the umbilical cord.

Deception: Misleading participants as to the true nature of the study procedures. Deception includes both active deception and deceptive incomplete disclosure.

Deceptive Incomplete Disclosure: A situation in which an investigator withholds information about the specific purpose, nature, or other aspect of research; and 1) that information, if provided during initial consent may have affected participants decision to participate and/or 2) when participants learn of the information withheld, they would likely feel deceived. It is important to note that incomplete disclosure may or may not be considered deception. An example of non-deceptive incomplete disclosure includes providing information to the subject about the research that is true, yet not detailed enough to reveal the main aims or hypotheses of the study. An example of deceptive incomplete disclosure includes audiotaping or videotaping subjects without their knowledge or consent.

De-identified: The identities of data subjects cannot be readily ascertained or otherwise associated with the data by repository staff or secondary data users (45 CFR 46.102(f)), the 18 identifiers enumerated at section 164.514(b)(2) of the HIPAA Privacy Rule are removed and the submitting institution has no actual knowledge that the remaining information could be used alone or in combination with other information to identify the subject of the data.
**Delivery:** The complete separation of the fetus from the woman by expulsion or extraction or any other means.

**Departmental Review:** Certification by the Department Chairperson ensuring the study application and protocol have been reviewed and meet departmental standards. Departmental review also ensures there are adequate resources, including space and support personnel, available to the PI to conduct the study in the manner proposed, and that the PI has the appropriate expertise and/or experience to conduct the research or, if the research is being conducted by a USF Student, that he/she will be provided the appropriate mentoring and oversight from a USF Faculty member.

**Designee:** IRB Vice Chairperson or an experienced IRB member (e.g., with at least one year experience serving on the IRB) designated by the IRB Chair to serve on behalf of the IRB Chairperson or Vice Chairperson and will be responsible for conducting IRB meetings, reviewing responses from investigators, and serving as the exempt and expedited reviewer.

**Diminished Functional Abilities:** A substantial impairment of cognitive functions (such as attention, comprehension, memory and intellect), communication or other abilities that affect capacity to make and express a decision regarding participation in a research study.

**Emancipated Minor:** A child who has had the “disability of nonage” removed by a circuit court, or who is married or has been married, including one whose marriage is dissolved or who is widowed or widowered, may perform all acts that he/she could do if not a minor [Florida Statute §743.01; Florida Statute §743.015].

**Exempt Review:** Review of research determined to be exempt under DHHS regulations, Subpart A, C and D, FDA regulations, DHHS Guidance, and Florida Statutes which do not require review and approval by the convened IRB.

**Exempt Reviewer:** IRB Chairperson or designee.

**Expedited Review:** Review of human subjects research by the IRB Chairperson or designee that involves no more than minimal risk and meets one or more of the categories authorized by 45 CFR 46.110.

**Experimental Subject:** Term used by the Department of Defense which applies to individuals participating in a research study where there is an intervention or interaction for the primary purpose of obtaining data regarding the effect of the intervention or interaction.

**External Event:** An event or outcome that is experienced by a subject enrolled at study site(s) under the jurisdiction of another IRB.

**Federal Wide Assurance (FWA):** An FWA is an institution’s commitment to HHS that it will comply with the requirements in the HHS Protection of Human Subjects regulations at 45 CFR Part 46. The FWA is the only type of assurance accepted by the Office of Human Research Protections (OHRP), and is required for all institutions with IRBs that review human subjects research conducted or supported by HHS.

**Fetus:** The product of conception from implantation until delivery.
**Full Board Review:** Review of proposed human subjects research by the fully convened IRB as defined by Department of Health and Human Services (DHHS), Food and Drug Administration (FDA), and Veterans Affairs (VA) regulations which do not meet the federal criteria for expedited or exempt review of human subjects research.

**Generalizable Knowledge:** Refers to information that is produced for the purposes of dissemination to a scientific audience outside of the population served by the covered entity. Some examples include information collected for the purposes of a doctoral thesis, presentation at a scientific meeting or conference, and submission to or publication in a scientific journal.

**Genome:** All DNA contained in an organism or a cell, including both the DNA comprising chromosomes within the nucleus and the DNA in mitochondria.

**Genome Wide Association Studies (GWAS):** A genome-wide association study is an approach that involves rapidly scanning markers across the complete sets of DNA, or genomes, of many people to find genetic variations associated with a particular disease. Once new genetic associations are identified, researchers can use the information to develop better strategies to detect, treat and prevent the disease. Such studies are particularly useful in finding genetic variations that contribute to common, complex diseases, such as asthma, cancer, diabetes, heart disease and mental illnesses. Competing GWAS applications must include a GWAS data sharing plan as part of the research plan (grant application) or outline why such data sharing is not appropriate.

**Gifts:** A voluntary and irrevocable transfer of money or property made in support of the University’s teaching, research, and service mission without expectation of direct economic benefit or other tangible compensation commensurate with the worth of the gift. Transactions received by USF that meet this definition will be directed to the USF Foundation, Inc.

**Guardian:** An individual who is authorized under applicable State or local law to consent on behalf of a child to general medical care [45 CFR 46.402(e); 21 CFR 50.3(s)]. A guardian does not have authority to consent to a child’s participation in research under Florida law unless (1) the guardian has been granted that authority by the court for participation in a specific research project or (2) is a permanent guardian as per Florida Statute §39.01(54).

**Human Protections Administrator (HPA):** The HPA is an employee or agent of USF who has operational responsibility for the institution’s human research protection program (HRPP). This individual is listed on the FWA and is knowledgeable of all aspects of the HRPP.

**Human Subject:** A living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual, or identifiable private information. A subject may be either a healthy human or a patient.

**Human Subjects Research:** Term used to define a research activity or a clinical investigation that involves human subjects, which encompasses the DHHS, VA definitions of “research” and “human subject” and the FDA regulatory definitions of “human subject”, and “clinical investigation” and requires prospective IRB Review and approval.

**Identifiable:** Means that the identity of the individual is or may readily be ascertained by the investigator or associated with the information.
**Identifiable Information:** Refers to information about a living individual that is linked, associated with, or contains the name or any details of the individual (e.g., medical record numbers, addresses, social security numbers) that would allow someone to be able to directly or indirectly identify a subject from the information collected. The OHRP considers private information or specimens to not be individually identifiable when they cannot be linked to specific individuals by the investigators either directly or indirectly by a coding system.

**Increased Risk of Harm:** As defined by OHRP, suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

**Individually Identifiable:** Refers to data, tissue, etc., in which the identity of the subject is or may readily be ascertained by the investigator or associated with the information in order for obtaining the information to constitute research involving human subjects.

**Individual Financial Conflict of Interest:** Occurs when an individual’s financial interests, or those of the individual’s spouse, domestic partner or dependent children, might affect (or reasonably appear to affect) institutional processes for the conduct, review, or oversight of research as it relates to human subjects research.

**Individual Investigator Agreement (IIA):** The IIA is a formal written agreement which extends coverage of the FWA of one institution (referred to as the assured institution) for one or more research protocols to collaborating investigators who are not employed by the assured institution. The assured institution must maintain the Individual Investigator Agreement, or other written agreement used by the assured institution, on file and provide copies to OHRP upon request. However, if the non-assured institution is the primary awardee for an HHS-supported award providing support for non-exempt human subjects research, the institution must obtain its own OHRP-approved FWA.

**Informed Consent:** An individual’s voluntary agreement, based upon adequate knowledge and understanding of relevant information and the potential risks and benefits to participate in research or to undergo a diagnostic, therapeutic, or preventive procedure. Informed consent is an ongoing process throughout the duration of the research; the consent form is the written record that contains information communicated to the participant and documents their signature.

**Initial Review:** The first analysis of human subjects research by the fully convened IRB or the IRB Chairperson or designee.

**Institutional Conflict of Interest:** A situation in which the financial interests, of the USF System, or those of USF System Covered Officials who have the authority to act on behalf of the institution, might affect, or reasonably appear to affect, institutional processes for the design, conduct, reporting, review or oversight of Human Subjects Research.

**Institutional Official (IO):** The Senior Vice President for Research & Innovation, serves as the Signatory Institutional Official (IO) for USF and has been delegated, by the USF President, the authority to make decisions on behalf of USF regarding human subjects research.

**Institutional Review Board (IRB):** 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 the institution with which it is affiliated. The IRB has the authority to approve,
require modifications in, or disapprove all research activities that fall within its jurisdiction as specified by both the federal regulations and local institutional policy.

**Interaction:** Includes communication or interpersonal contact between investigator and participant.

**Internal Event:** An event or outcome experienced by a subject enrolled at the study site(s) under the jurisdiction of the USF IRB.

**Intervention:** A physical procedure(s) by which data is gathered (e.g. venipuncture) and/or manipulations of the subject or the subject’s environment that are performed for research purposes.

**Investigator:** Collective term denoting the Principal Investigator (PI) or co-investigator (including faculty, staff, students or agents) who are responsible for the design, conduct, implementation, evaluation, participant safety, and/or reporting of the proposed or ongoing research project. Investigators include individuals employed by USF or USF Affiliates and those who fall under a contractual agreement (including an Individual Investigator Agreement) or IRB Authorization Agreement with the USF IRB. In the event of an investigation conducted by a team of individuals, the investigator is the responsible leader of the team.

**IRB Authorization Agreement (IAA):** An IAA is a formal, written document that provides a mechanism for an institution engaged in research to delegate institutional review board (IRB) review to an independent IRB or an IRB of another institution. Institutions may use different descriptive terms, e.g., reliance agreement, cooperative agreement, IRB authorization agreement. IAAAs are commonly used when a trial is conducted at multiple sites or when a participating research entity does not have its own IRB.

**IRB Chairperson:** Individual appointed by the Senior Vice President for Research & Innovation who is a respected, active member of the faculty of USF or USF Affiliate who has the qualifications of a scientific member of the IRB, is concerned about human rights and ethical issues, and is well-informed in regulations relevant to the involvement of human subjects research. The Chairperson is responsible for conducting meetings, reviewing responses from investigators, and serving as an exempt and expedited reviewer. To be appointed as the IRB Chairperson, the individual must have at least one year experience serving on the USF IRB.

**IRB Members:** Individuals from a variety of backgrounds including employees, students, and agents of USF, USF Affiliates, and members of the community who are appointed to serve as IRB members by the Senior Vice President for Research & Innovation. These individuals will be appointed from a diversity of disciplines and provide expertise and experience that represents the types of research proposals submitted to the IRB.

**IRB Membership Rosters:** A listing of members appointed to serve on a designated IRB. Any changes in IRB membership are reported to OHRP. All IRB membership rosters will comply with the Office of Human Research Protections (OHRP) and Food and Drug Administration (FDA) registration requirements.

**IRB Records:** Any record which provides documentation of IRB activities including but not limited to copies of research proposals reviewed by the IRB, scientific evaluations, minutes of IRB meetings, records of continuing review activities, copies of correspondence between the IRB
and investigators or outside agencies, IRB membership rosters, standard operating procedures and/or statements of significant new findings provided to subjects.

**Legally Authorized Representative (LAR):** DHHS and FDA regulations define a LAR as an individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject’s participation in the procedure(s) involved in the research [45 CFR 46.102(c) and 21 CFR 50.3(l)]. Individuals who serve as proxy or surrogate are recognized in the State of Florida as the subject’s LAR, as defined by DHHS and FDA. In research conducted in other states or territories, the legal definition of LAR will be determined by reference to the law of that state or territory.

**Minimal Risk:** Means that the probability and magnitude of harm or discomfort anticipated in the research is no greater than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests [45 CFR 46.102(i) and 21 CFR 56.102(i)].

**Neonate:** A newborn.

**Noncompliance:** Failure to follow federal regulations, state and/or local laws, institutional policies, or requirements or determinations of the IRB governing human subject research. This may pertain to the principal investigator, the investigator’s research staff, any member of the HRPP, or the IRB. For VA regulated research, noncompliance includes failure to follow the requirements of VHA handbooks.

**Non-serious Deviations:** A departure or inadvertent action in study activity from the currently-approved protocol, practices, or procedures that does not affect the rights, safety, or welfare of subjects, or the integrity of the data. Examples of deviations that may be considered non-serious include failure to complete a Quality of Life survey, failure of subjects to return unused study drug, or study visits/procedures conducted outside of protocol-defined window. In the event any of these examples affected the rights, safety, or welfare of subjects or the integrity of the data, they would be considered serious deviations and would require prompt reporting to the IRB.

**Nonviable Neonate:** A neonate after delivery that, although living, is not viable.

**Obtaining:** refers to an investigator’s use, study, or analysis for research purposes of identifiable private information or identifiable specimens that have been provided to investigators from any source and private information or identifiable specimens already in the possession of the investigator.

**Parent:** A child’s biological or adoptive parent [45 CFR 46.402 (d); 21 CFR 50.3 (p)].

**Parental Permission:** The agreement of parent(s) or guardian to the participation of their child or ward in research or clinical investigation [45 CFR 46.402 (c); 21 CFR 50.3(r)].

**Pregnancy:** Encompasses the period of time from implantation until delivery. A woman shall be assumed to be pregnant if she exhibits any of the pertinent presumptive signs of pregnancy, such as missed menses, until the results of a pregnancy test are negative or until delivery.

**Principal Investigator:** The USF IRB recognized term for the individual the IRB holds ultimately responsible for the design, conduct and evaluation of human subjects research
activities. The responsibilities of the Principal Investigator encompass the DHHS, VA and FDA regulatory requirements for conducting human subjects research activities.

**Primary/Secondary Reviewers:** IRB Members assigned by IRB staff, IRB administration, IRB Chairperson or Chair designee to conduct in-depth reviews of human subjects research and lead the IRB’s deliberations at fully convened meetings. Primary and secondary reviewers are selected based on their area of expertise. The IRB Chairperson or Chair designee serves as primary reviewer for proposed research which is reviewed by exempt and expedited procedures.

**Prisoner:** A prisoner is defined as any individual involuntarily confined or detained in a penal institution (i.e., prison, jail, or juvenile offender facility) where their ability to leave the institution is restricted. The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing. Prisoners may be convicted felons, or may be untried persons who are detained pending judicial action, such as arraignment or trial. This definition applies when an individual becomes incarcerated subsequent to enrollment in a research study (for example, a subject in a longitudinal study or an extended treatment trial becomes incarcerated after the research begins but before it ends).

**Prisoner Representative:** A prisoner representative is an individual who serves on the IRB who has a close working knowledge, understanding, sensitivity and appreciation of prison conditions from the prisoner's perspective, and advocates on behalf of prisoners who may participate in research activities. The individual must have an appropriate background and experience to serve in that capacity. In general, the USF IRB seeks representatives from the criminal justice or law enforcement field who can advocate on behalf of prisoners as they tend to have a heightened awareness for and are knowledgeable about correctional environments and prisoner circumstances.

**Privacy:** The right one has to control the extent, timing, and circumstances for sharing information about oneself with other individuals. Privacy also includes the reasonable expectation there will be no intrusions into one’s physical space or intrusions upon the individual’s privacy interests under normal conditions.

**Private Information:** Refers to information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute human subjects research.

**Protocol Deviation:** A departure or inadvertent action in study activity from the currently-approved protocol. Deviations can result from actions of the research team or the study subjects and can be the result of deliberate changes to the protocol or from circumstances out of the control of the study team.

**Protocol Exception:** A one-time enrollment of an individual who does not meet current IRB approved criteria for inclusion in the research study as outlined in the protocol. Protocol exceptions require prior approval of the USF IRB and the study sponsor, if applicable, prior to the enrollment of the subject. Additionally, protocol exceptions may undergo further review by USF
Affiliates who may require the submission of an amendment to change inclusion criteria prior to
the enrollment of the research subject.

**Protocol Violation:** An unplanned excursion from the protocol that is not implemented or
intended as a systematic change. Violations can affect the research subject’s safety, rights, or
welfare, or the integrity of the data. In addition, protocol violations can affect the subject’s
willingness to continue study participation. For purposes of this policy, all violations will be
processed as deviations.

**Proxy:** A competent individual who has not been expressly designated to make health care
decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant
to s. 765.401 to make health care decisions for such individuals.

**Quorum:** A majority (more than 50%)

**Record Retention Schedule:** The schedule indicating the minimum length of time IRB records
must be retained by the DRIC and the PI before archival preservation and/or destruction.

**Related Financial Interest:** Significant Financial Interests of the Investigator, or of the
Investigator’s spouse, domestic partner, or dependent children, which would reasonably appear to
be affected by the research, or that are in an entity whose financial interests could be affected by
the research.

**Related or Possibly Related:** There is a reasonable possibility that the incident, experience, or
outcome may have been reasonably regarded as caused by, or probably caused by, the procedures
involved in the research. The USF HRPP extends this definition to a minimum of 30 days post-
administration of the test article or intervention.

**Research:** A systematic investigation, including research development, testing, and evaluation,
designed to develop or contribute to generalizable knowledge. Activities which meet this
definition constitute research for purposes of this policy, whether or not they are conducted or
supported under a program which is considered research for other purposes. For example, some
demonstration and service programs may include research activities.

**Research Supported by the Department of Defense (DOD):** Department of Defense (DOD)
Directive, 3216.02, defines research involving human subjects for which the Department of
Defense is providing at least some of the resources which may include but are not limited to
funding, facilities, equipment, personnel (investigators or other personnel performing tasks
identified in the research protocol), access to or information about DoD personnel for
recruitment, or identifiable data or specimens from living individuals. It includes both DoD-
conducted research involving human subjects (intramural research) and research conducted by a
non-DoD institution.

**Research Involving the Bureau of Prisons, Department of Justice (DOJ):** The provisions of
28 CFR 512 specify additional requirements for prospective researchers to obtain approval to
conduct research within the Bureau of Prisons. For research funded by the DOJ and conducted
within the Bureau of Prisons, implementation of Bureau programmatic or operational initiatives
made through pilot projects is not considered to be research.

**Risk:** The combination of the probability of occurrence of harm and the severity of that harm.
**Serious Adverse Event (SAE):** An adverse event (occurring at any dose or level of intervention) that results in any of the following outcomes:

- Death;
- Is life threatening (places subject at immediate risk of death from the event as it occurred; it does not include a reaction that, had it occurred in a more severe form, might have caused death);
- A required or prolonged hospitalization, persistent or significant disability/incapacity; congenital anomaly/birth defect; or
- May require medical or surgical intervention to prevent one of the other outcomes listed in this definition

**Serious Deviations:** Deviations that affect the rights, safety, and welfare of subjects, and/or the integrity of the data. Examples may include missed study treatments or safety labs, use of prohibited concomitant medications after enrollment into the study, and study medication errors committed by subjects.

**Serious Noncompliance:** Any noncompliance that creates increased risks to subjects, adversely affects the rights, safety and welfare of the research subjects, or adversely affects the scientific integrity of the study.

**Scientific and Scholarly Review:** Review of the IRB application and study protocol for human subjects research to ensure the design, methods, and procedures of the proposed research are appropriate to answer the research questions, are consistent with sound research design, and minimize risks to participants. This review also ensures the sample size and data collection and analysis are appropriate to answer the research question, that there are adequate data and safety monitoring measures to protect participants, and whenever possible, research procedures are designed to maximize potential benefits. For research sponsored by the Department of Justice and conducted within the Bureau of Prisons, the project must have an adequate research design and contribute to the advancement of knowledge about corrections.

**Significant Financial Interest:** An opportunity for the Investigator (or his/her spouse, domestic partner or dependent child) for economic gain or an external commitment that relates to, or could reasonably be affected by, the outcome of the Human Subjects Research. Significant Financial Interests include:

- Remuneration received from a publicly or non-publicly traded entity related to the research, which when aggregated exceeds $5,000 in the twelve months preceding the disclosure. Remuneration includes salary or other forms of payment for services, consulting fees, honoraria, reimbursement for expenses, royalty payments, dividends, or any other payments or consideration that is paid or given to the Investigator (or the Investigator’s immediate family), directly or indirectly, as support for the activities of the investigator exclusive of the costs of conducting the research or other clinical studies (e.g., a grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria), or in trust by any other means;
- Any equity interest (e.g., stocks, stock options, or other ownership interests) in a non-publicly traded entity related to the research;
- A proprietary interest in the research (e.g., a patent, copyright, licensing agreement, trademark, or trade secret);
• Position as director, officer, partner, trustee, or member of the board of directors, and other related interests or activities of the Investigator (as defined above) that could possibly affect, or be perceived to affect, the results of the research;

• Any other financial interest in, external commitment to, or relationship with any entity related to the research (including interest in a non-publicly traded corporation, the value of which cannot be readily determined through reference to public prices) that an Investigator believes may interfere with his or her ability to oversee or participate in research without bias

Surrogate: A competent adult expressly designated by an individual to make health care decisions on their behalf upon becoming incapacitated.

Suspension of Research Activities: A directive of the convened IRB, the IRB Chairperson, Vice Chairperson, or the IO, the sponsor or other oversight body to temporarily stop some or all previously approved research activities. Suspension can be applied to such activities as recruitment, enrollment, data collection, specific procedures, or the study as a whole. Suspended protocols remain in an “active” status and require continuing review.

Suspension of a Principal Investigator: A directive of the convened IRB to suspend the privileges of a PI to conduct human subjects research.

Systematic Investigation: Refers to an activity that involves a prospective research plan which incorporates data collection, either quantitative or qualitative, and data analysis to answer a research question.

Termination: A directive of the convened IRB or other regulatory agencies to permanently cease all activities in a previously IRB approved research protocol. Terminated protocols are considered closed; in some situations a final report is required.

Test Article: Means any drug (including a biological product for human use), medical device for human use, human food additive, color additive, electronic product, or any other article subject to regulation under the act or under sections 351 and 354-360F of the Public Health Service Act (42 U.S.C. 262 and 263b-263n).

Unanticipated Problem: As defined by OHRP, an event that is unexpected in terms of nature, severity, or frequency given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied. Unanticipated problems may be related or possibly related to participation in research and suggest that the research may place subjects or others at greater risk of harm than was previously known or recognized. The FDA defines unexpected as not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application); any adverse experience, the specificity or severity of which is not consistent with the current investigator brochure; or, if an investigator brochure is not required or available, the specificity or severity of which is not consistent with the risk information described in the general investigational plan or elsewhere in the current application, as amended (based on 21 CFR 312.32(a)).

Unanticipated Adverse Device Effect (UADE): Any serious adverse effect on health or safety or any life-threatening problem or death caused by or associated with a device if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the
investigational plan or application (including a supplementary plan or application), or any other
unanticipated serious problem associated with a device that relates to the rights, safety, or welfare
of subjects” (21 CFR 812.3(s).

**USF Affiliate:** An entity other than the University of South Florida (USF) with which USF has a
contractual relationship.

**USF or USF Affiliate Investigator:** Collective term denoting the principal investigator or co-
investigator (including faculty, staff, students or agents) who is responsible for the design,
conduct, implementation, evaluation, participant safety, and/or reporting of the proposed or
ongoing project. Investigators include individuals employed by USF or USF Affiliates and those
who fall under a contractual agreement (including an Individual Investigator Agreement) or IRB
Authorization Agreement with the USF IRB.

**USF System Covered Official:** The USF System President, members of the Board of
Trustees, the Provost and Vice Provosts, Deans, Senior Vice Presidents, Associate Vice
Presidents, individuals in the forenamed positions serving in a temporary or interim capacity, and
any other individual who has oversight or supervision of research in the USF System as
determined by the USF System COI Committee.

**Viable Neonate:** A newborn that is able, after delivery, to survive (given the benefit of medical
therapy) to the point of independently maintaining heartbeat and respiration. The Secretary for
DHHS may, from time to time, take into account medical advances published in the Federal
Register guidelines to assist in determining whether a neonate is viable for purposes of Subpart B.
If a neonate is viable then it may be included in research only to the extent permitted and in
accordance with the requirements of Subparts A and D.

**Ward:** A person for whom a guardian has been appointed [Florida Statute §744.102(22)]. Florida
law allows a state agency or institution to serve as guardian of a child and in this circumstance the
child will be considered a “ward of the state.” A ward of the state as defined by FDA regulations
is a child who is placed in the legal custody of the State or other agency, institution, or entity,
consistent with applicable federal, state, or local laws [21 CFR 50.3 (q)].
**Section 3: Acronyms**

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<td>Adverse Event</td>
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<td>BLA</td>
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<td>COI</td>
<td>Conflict of Interest</td>
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<td>Co-I</td>
<td>Co-Investigator</td>
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<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<td>DOD</td>
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<td>DSMB</td>
<td>Data and Safety Monitoring Board</td>
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<td>Data and Safety Monitoring Plan</td>
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<td>FDA</td>
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<td>HSR</td>
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<td>LAR</td>
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<td>NHSR</td>
<td>Not Human Subjects Research</td>
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<td>NSR</td>
<td>Non-Significant Risk</td>
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<td>OHRP</td>
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<td>USF</td>
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Section 4: The Scope of Human Subjects Research

4.1 Human Subjects Research

The USF HRPP applies this policy to all proposed activities that meet Department of Health and Human Services (DHHS), Department of Defense (DOD) and Department of Justice (DOJ) definitions of “research” and “human subject,” and the Food and Drug Administration (FDA) definitions of “clinical investigation” and “human subject”. This policy pertains to research conducted by or under the direction of a USF investigator in connection with his/her USF assignment, an investigator employed by a USF Affiliate, and research conducted using any property, patient population, or facility of the USF or USF Affiliate.

The IRB, IRB Chairperson or Chair designee determines whether an application submitted to the IRB is human subjects research that meets the definition of “research”, “human subject” and/or “clinical investigation” based on Federal regulatory definitions, 45 CFR 26102(d) and 38 CFR 102(d), 45 CFR 46.102(f) and 38 CFR 16.102(f), 21 CFR 50.3(g) and 21 CFR 56.1(c), and 21 CFR 50.3(c) and 21 CFR 56.1(c). IRB Administration can assist faculty, staff and students in determining whether or not research involves human subjects and is under the purview of the USF IRB prior to submission of an application.

All research determined to be human subjects research must apply protections for human participants as mandated by applicable laws and regulations, and standards set forth in federal, state and local laws and institutional policies. All proposed research activities must be submitted to the USF IRB or relied upon IRB prospectively for review and approval. Investigators must obtain IRB approval prior to the commencement of any human subjects research activities. Conducting research without IRB approval can jeopardize the entire Human Subjects Protection Program at USF and lead to serious penalties by federal authorities.

The USF IRB utilizes the Office for Human Research Protections (OHRP) guidance entitled “Guidance on Engagement of Institutions in Human Subjects Research” to determine when the institution is engaged in human subjects research activities.

IRB Review Process

Activities that meet the federal definitions for both “research” and “human subjects” as outlined above, must be submitted to the IRB for review. IRB staff or administration conducts a pre-review of the application for completeness and clarity prior to forwarding the proposal to the IRB or IRB Chairperson or Chair designee for review. Research applications determined to be HSR are reviewed by the USF IRB. Determinations are made in writing and communicated to investigators through eIRB.

Engagement in Human Subjects Research

In general, institutions are considered engaged in human subjects research that is not exempt under HHS regulations at 45 CFR 46.101(b) when its employees or agents for the purposes of the research project obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about the subjects of the research; or (3) the informed consent of human subjects for the research. Instances in which an institution is considered engaged in human subjects research include:
• Institutions that receive an award through a grant, contract, or cooperative agreement directly from HHS for the non-exempt human subjects research (i.e. awardee institutions), even where all activities involving human subjects are carried out by employees or agents of another institution.

• Institutions whose employees or agents intervene for research purposes with any human subjects of the research by performing invasive or noninvasive procedures. Examples of invasive or noninvasive procedures include drawing blood; collecting buccal mucosa cells using a cotton swab; administering individual or group counseling or psychotherapy; administering drugs or other treatments; surgically implanting medical devices; utilizing physical sensors; and utilizing other measurement procedures.

• Institutions whose employees or agents intervene for research purposes with any human subject of the research by manipulating the environment. Examples of manipulating the environment include controlling environmental light, sound, or temperature; presenting sensory stimuli; and orchestrating environmental events or social interactions.

• Institutions whose employees or agents interact for research purposes with any human subject of the research. Examples of interacting include engaging in protocol dictated communication or interpersonal contact; asking someone to provide a specimen by voiding or spitting into a specimen container; and conducting research interviews or administering questionnaires.

• Institutions whose employees or agents obtain the informed consent of human subjects for the research.

• Institutions whose employees or agents obtain for research purposes identifiable private information or identifiable biological specimens from any source for the research. It is important to note that, in general, institutions whose employees or agents obtain identifiable private information or identifiable specimens for non-exempt human subjects research are considered engaged in the research, even if the institution’s employees or agents do not directly interact or intervene with human subjects. In general, obtaining identifiable private information or identifiable specimens includes, but is not limited to:
  a. observing or recording private behavior;
  b. using, studying, or analyzing for research purposes identifiable private information or identifiable specimens provided by another institution; and
  c. using, studying, or analyzing for research purposes identifiable private information or identifiable specimens already in the possession of the investigators.

In general, OHRP considers private information or specimens to be individually identifiable as defined in 45 CFR 46.102(f) when they can be linked to specific individuals by the investigator(s) either directly or indirectly through coding systems.

Some activities that may not meet the definition of research with human subjects include:
• Quality Assurance/Quality Improvement activities that are designed solely for internal program evaluation purposes with no external application or generalization.
• Program evaluation activities that will not be generalizable.
• Research involving cadavers, autopsy material, or biospecimens from deceased individuals. Please note, research in this category that involves private or medical
information about living relatives may require IRB review.

- Research conducted to satisfy a class course requirement, with no intent to share the collected information outside the classroom setting.
- Case reports and limited case series.

Applications for activities outlined above can be closed by the IRB Staff or Administration with a notation that the project does not meet the definition of human subjects research and therefore, does not fall within the purview of the USF IRB.

4.2 Not Human Subjects Research

Research on de-identified data and tissue must be submitted to the USF IRB for a determination of Not Human Subjects Research (NHSR). The NHSR determination is made when researchers utilize existing data or specimens which have been collected previously for clinical or research purposes or for quality improvement.

Research may be considered to be NHSR if:

- It involves the use of data that does not contain any codes or links to identifiable information (e.g., de-identified according to the HIPAA Privacy Rule). This can be obtained via the safe harbor method (removal of all links, codes, and HIPAA identifiers) or through consultation with a qualified statistician that the identities of subjects are secure and cannot readily be linked to the study data.
- It involves the use of only coded private information or specimens if the following conditions are met:
  - the private information or specimens were not collected specifically for the currently proposed research project through interaction or intervention with living individuals;
  - the investigators cannot readily ascertain the identity of the individuals to whom the coded private information or specimens pertain because:
    - the key to decipher the code is destroyed before the research begins;
    - the Principal Investigator (PI) and the holder of the key enter into an agreement prohibiting the release of the key to the investigators under any circumstances, until the individuals are deceased;
    - there are IRB-approved written policies and operating procedures for a repository or data management center that prohibit the release of the key to the investigators under any circumstances, until individuals are deceased; or
    - there are other legal requirements prohibiting the release of the key to the investigators, until the individuals are deceased.

If the PI at any time obtains the un-coded private information or specimens, or learns the identity of one or more living individuals or believes it is important to determine the identity of one or more of the individuals, the research becomes human subjects research as defined by the federal regulations. If such events occur, the PI should file a protocol deviation and a new submission for review by the USF IRB for expedited review or review by the convened IRB. The IRB will then review the protocol under the appropriate review category before further research may be conducted.
The PI is responsible for submitting an abbreviated application to the USF IRB for review and approval of research activities that meet the criteria outlined above for the determination of NHSR. Investigators are responsible for conducting research meeting the criteria for NHSR in the same ethical manner and with the same respect for the privacy and confidentiality of research subjects as studies approved by the IRB. The IRB Chairperson or designee and/or IRB Administrator determines whether a submission qualifies as NHSR under the federal regulations and guidance provided by OHRP. If the submission meets the criteria for NHSR, electronic notification is issued which includes a letter stating that the IRB has determined the research to be NHSR, that the project is not within the purview of the IRB and that the IRB application will be closed. The notification also includes a statement that the PI can contact the IRB when making changes to the project so the IRB can determine whether the project continues to meet the requirements for NHSR.

If the submission requires any modifications or clarifications, the investigator is notified of the needed changes. If it is determined that a proposal does not meet the criteria for NHSR, the IRB will notify the PI and the submission will be referred for review through either exempt procedures, expedited procedures, or full board review along with the reviewer’s comments and recommendation for consideration and final determination.

4.3 Case Reports and Limited Case Series

At times, faculty, staff or students recognize a medical, educational, or other professional experience from which others in their profession may benefit. When this occurs, the PI may choose to disseminate this information through a single case report or limited case series. A case report or limited case series is a description of the characteristics, evaluation, and/or treatment(s) of a single individual or a small group of individuals that share a common condition, but did not involve activities defined as research. The subject(s) of the case(s) may be patients, clients, students, or other individuals who have been evaluated, treated, counseled, or taught.

Federal regulations define research as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. The retrospective review of records for publication of a single case report or a limited case series involving data from three or fewer individuals is not considered by the USF IRB to be research involving human subjects, and therefore such a report does not require IRB review and approval. The report of a small series of patients does not typically involve a systematic investigation, including defining a hypothesis that is investigated prospectively or systematically. On the other hand, when reporting on a larger series of patients, a systematic collection of data typically occurs constituting human subjects research and therefore, requiring IRB approval. Additionally, the use of a single subject in prospective research activity (n = 1) does constitute research that is subject to IRB review and approval when there is a clear intent before recruiting or interacting with the subject to use systematically collected data or information.

The USF IRB regards case reports or a limited case series as an educational activity, and therefore it is permissible under the Health Insurance Portability and Accountability Act (HIPAA) as a part of health care operations (45 CFR 164.501) when reviewing medical records. However, from both the Common Rule and the Privacy Rule perspective, a case series involving more than three (3) cases does meet the definition of research, and such research requires IRB approval.

Education or consultation in medical or other fields, including the presentation of a difficult case or case series at a teaching conference, does not require IRB review and approval.
comments presented in an accepted educational setting by a caregiver or professional who
describes the outcome of his/her evaluation, treatment, counseling, or instruction of a group of
patients, clients, or students is also not considered research requiring IRB review if the
generalizing is restricted to the specific local educational setting. Such a presentation may occur
outside the local setting, and even in published form, as in a regional meeting on continuing
education, or in an editorial in a medical journal, as long as the comments are clearly identified as
representing the personal experience of the presenter and not the result of formal research (i.e.,
the speaker prefaces comments with “In my experience…”). In such a case, a summary of the
opinion may be offered, but specific supporting data would not be presented.
Section 5: IRB Membership Requirements

5.1 Institutional Review Board Membership

The USF IRB maintains membership with a broad spectrum of scientific, scholarly, and ethical expertise to appropriately review medical and social behavioral human subjects research. Each IRB has at least five members who are sufficiently diverse relative to race, gender, background, profession, cultural group, and sensitivity to community attitudes to promote complete and adequate review of human subjects research commonly conducted at USF and its Affiliates. At least one IRB member has expertise in a scientific area, at least one member has primary concerns in a non-scientific area, and at least one member is not affiliated with USF and is not an immediate family member of someone affiliated with USF. When the proposed research involves participants vulnerable to coercion or undue influence, at least one IRB member (or consultant) will be knowledgeable about or is experienced in working with that population.

A scientist is an individual with training, background, experience and occupation in a biomedical or psychosocial discipline. A non-scientist is an individual with no substantive training, background, research involvement, or occupation in a biomedical or psychosocial discipline.

According to OHRP, an affiliated IRB member is an employee or agent of the organization registering the IRB (or a member of that person’s immediate family). Affiliated members include, but are not limited to, individuals who are: part-time employees; current students; members of any governing panel or board of the institution; paid or unpaid consultants; healthcare providers holding credentials to practice at the institution; and volunteers working at the institution on business unrelated to the IRB. An individual that has no affiliation with the organization registering the IRB, other than as an IRB member, is considered unaffiliated with the entity operating the IRB. Unaffiliated members may include people whose only association with the institution is that of a patient, subject, or former student at that institution.

IRB members, Chairpersons and Vice Chairpersons are appointed by the Senior Vice President for Research & Innovation. Individuals who are responsible for USF business development (e.g., Sponsored Research, Technology Transfer, USF Foundation or USF Research Foundation employees) are prohibited from serving as members of the USF IRB and from carrying out day-to-day operations of the IRB review process. IRB members are prohibited from owning equity in USF. As a state institution, the University does not have equity ownership.

Members, Chairpersons and Vice Chairpersons are appointed to serve on the USF IRB for a period of two years. They may be re-appointed to a new two-year term without lapse in service at the end of each term. IRB Members (including unaffiliated members), Chairpersons and Vice Chairpersons are expected to attend at least 10 of the 12 IRB meetings each year.

Many voting members also serve as IRB alternate members for certain IRB members in their absence. Alternate members may be scientist, non-scientist, and non-university or non-affiliate members; however, they must have comparable qualifications and expertise to the member for whom they are the alternate. IRB Alternate Members have the same authority, responsibilities, and duties as regular members. Alternate members can attend any IRB meeting but can only count toward quorum and have their vote count when they are serving in the regular member’s (for whom they are alternating) absence. Alternate members may be qualified to replace more than one regular member; however, only one such member may be represented by the alternate at any convened meeting.
Ex-Officio members provide administrative or regulatory guidance to the IRB. Ex-officio members are identified from each of the USF Affiliates and within Research Integrity & Compliance to provide consultation to the IRB in the review of protocols. Ex-officio members may not vote on IRB determinations and will not be included in establishing quorum.

The USF IRB has sufficient expertise to review the broad range of human subjects research in which USF commonly becomes involved. IRB members are knowledgeable about all relevant regulatory requirements, state and local laws, and institutional policies. IRB members promote respect for the IRB’s advice and counsel and safeguard the rights and welfare of human subjects. IRB members include persons able to ascertain the acceptability of proposed human subjects research in terms of institutional commitments, regulations, applicable laws, ethics, and standards of professional conduct and practice.

IRB members must be objective and impartial in their reviews. No member may participate in the review of initial applications, continuing reviews and the review of amendments and reportable events in which the member has a Conflict of Interest, except to provide information requested by the IRB.

The IRB has the authority to determine if activities meet the definition of human subjects research, and has the authority to approve, require modifications including deferring the study until major modifications are made, or disapprove all research under its jurisdiction. The IRB also has the authority to suspend or terminate previously approved research. IRB members receive the IRB application, protocol, informed consent document, and all other applicable documents in order to approve research via eIRB and are provided with electronic means of reviewing applications at the IRB meetings (i.e., lap top computers, tablets, etc.).

IRB Members and Chairpersons are evaluated on an ongoing basis. Members complete an annual survey regarding their service to the IRB in the preceding year. They provide feedback on their meeting attendance, preparation, participation, knowledge & expertise, overall assessment of the IRB, and a list of goals/opportunities for improvement for the IRB. Research Compliance Administrators, IRB Administrators and IRB Chairpersons monitor IRB Member attendance and expertise regularly and make recommendations accordingly to ensure qualified reviewers are available and quorum can be maintained. IRB Administrators regularly evaluate the composition of the committees in consultation with the IRB Chairpersons. An evaluation of member’s attendance, expertise, participation, institutional affiliation, and scientific or non-scientific contribution to the board(s) is included. Formal feedback to IRB Members is provided by the IRB Chairperson(s) or their designee and communicated to the Institutional Official.

New members recruited to serve on the IRB receive education related to the protection of human subjects and guidance on specific responsibilities and expectations as a USF IRB member. Members complete the comprehensive Human Subjects Training via the online CITI program. Members also receive on-going training throughout the year at monthly Board meetings, periodic retreats, and individual training as requested.
Compensation of IRB Members:

Excluding the Chairpersons and certain Vice Chairpersons, there is no compensation made to any member of the IRB by the University. Each member is asked to contribute his or her time in the completion of responsibilities and tasks associated with serving on the IRB. Acknowledgement of that service is provided by the Senior Vice President of Research & Innovation in letters of appreciation.

Liability Coverage for IRB Members:

Each person who performs a service on behalf of the USF Institutional Review Board, including persons not otherwise affiliated with USF, is an “agent” of USF. The following Florida Statute describes the protection of sovereign immunity for agents of USF:

No officer, employee or agent of the state of any of its subdivisions shall be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of an act, event, or omission of action in the scope of her or his employment or function, unless such officer, employee or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. The exclusive remedy for injury or damage suffered as a result of an act, event, or omission of an officer, employee or agent of the state or any of its subdivisions or constitutional officers shall be against the governmental entity, Florida Statute §768.28(9)(a) (2010).

5.2 IRB Use of Consultants

The IRB may, in its discretion, invite individuals with competence in special areas to assist in the review of issues which require expertise beyond or in addition to that available on the IRB (45 CFR 46.107(f), 21 CFR 56.107(f)). However, even when consultants are utilized, the IRB does not delegate or relinquish its responsibility to judge whether the regulatory criteria for approval are met. Consultants do not vote and do not count toward quorum.

When it is determined that the USF IRB does not possess the appropriate expertise to review a proposed research project and the use of a consult is needed, the consultant will:

- Provide certification of experience and/or expertise upon request by the IRB;
- Serve as unbiased advisors to the IRB on specific research proposals or on an as-needed basis for proposed or continuing research with their area of expertise;
- Disclose any perceived or real financial, personal or professional Conflicts of Interest (COI) associated with the proposed or continuing research on which they are asked to consult;
- Sign and uphold a confidentiality agreement for any proprietary information to which they may have access during their review of materials for the IRB as appropriate;
- Review all documents that are relevant to the research project requiring specific expertise and experience;
- Participate in the deliberations of the fully convened IRB as appropriate and make recommendations for approval/disapproval to the fully convened IRB; and
- Provide a written summary of their review and recommendation, which will be presented to the fully convened IRB.
USF IRB Staff, Chairpersons and Administrators are responsible for the following:

- Make the initial determination of the necessity for additional expertise should the IRB not have the required scientific, scholarly, or ethical expertise necessary for review of human subjects research;
- Notify the PI of the need to obtain a consultant if the consultation will result in a delay in the IRB review;
- Identify appropriate consultants from within USF, USF Affiliates or other organizations as appropriate;
- Provide access in ARC (eIRB) or send (via email) the protocol, informed consent document, and all other relevant materials to the consultant for review;
- Send the applicable reviewer’s checklist(s) and any relevant tip sheet(s) to the consultant to assist in their review of the proposed research;
- Ascertain if there is a relevant COI associated with the consultant’s review of the proposed research and document absence of a COI in the meeting minutes. Consultants disclosing a COI with the research project will not be utilized;
- Obtain a confidentiality agreement signed by the consultant or ensure there is a current confidentiality agreement on file with the IRB as appropriate;
- Obtain the written report from the consultant to maintain in the IRB regulatory file; and
- Document in the meeting minutes that appropriate scientific or scholarly expertise was represented by the consultant and whether the consultant attended the IRB meeting.

5.3 **Institutional Review Board Member Conflicts of Interest**

It is the policy of the USF IRB that IRB Members and Consultants are responsible for making known any potential or perceived financial, personal or professional COI concerning protocols reviewed by the IRB and recuse themselves prior to the review and vote of the research. This policy applies to all types of IRB reviews including initial or continuing reviews, amendments, reviews of unanticipated problems involving risks to subjects or others, and noncompliance with the federal regulations, state and local laws, or HRPP policies and procedures.

Potential or perceived COI can arise from financial as well as personal or professional relationships with the following individuals:

- Principal Investigator (PI);
- Co-Investigators;
- Any study team member receiving funding from the study; or
- Any person in a supervisory role over the PI of the study.

The USF IRB has a zero threshold for IRB member financial COI. An IRB member or consultant is considered to have a conflicting interest when the member/consultant or the member or consultant’s spouse, domestic partner, parents, siblings and their spouses, or children, has any of the following:

- Involvement in the design, conduct, or reporting of the research;
- Supervisory role over the PI of the research;
- Ownership interest, stock options, or other financial interest in an entity, product or service involved with the research when the value of the interest would be affected by the
outcome of the research;

- Compensation related to the research;
- Proprietary interest related to the research including, but not limited to a patent, trademark, copyright or licensing agreement;
- Board or executive relationship related to the research, regardless of compensation;
- Any other reason for which the member or consultant believes that he or she cannot provide an independent review.

Board members and consultants should make known any conflict of interest prior to the beginning of the Board’s discussion of the protocol under review. These individuals must leave the meeting (recuse) prior to the Board’s deliberation and vote except to provide information as requested by the convened IRB.

All IRB members are required to disclose annually any new or continuing conflicts of interests that may impact their ability to review research submitted to the USF IRB.

IRB members are also responsible for self-identifying any conflicting interests before conducting review using the expedited procedure, so as to remove them from involvement in the review of the research.

The IRB Chairperson or Vice Chairperson reminds the IRB members and Consultants to identify potential COI related to agenda items before discussion and voting begin. At the beginning of every convened meeting the Chairperson or Vice-Chairperson will announce: “If anyone has a conflict of interest with any investigator or protocol that is under consideration today, you will be expected to leave the room unless the IRB requests you to stay temporarily to answer questions about the study. However, you must leave the room during the IRB's deliberations and vote on the protocol. Should you realize at any time during today's meeting that you have a conflict of interest regarding a protocol under review, please promptly declare it as so. The Board members and visitors are reminded that information received and discussed at the meetings, as well as materials provided for review, are to be considered confidential. This information cannot be discussed or disclosed to any third party without prior written permission from USF.”

IRB Staff record the statement made by the IRB Chairperson or designee in the minutes, along with any declarations of COI made by the members. The IRB staff will also document the meeting minutes at the time of review of the specific protocol which IRB member has recused from discussion and vote on the item in which he/she has a COI. The IRB staff will also maintain documentation of board member or consultant’s COI on an annual basis.

IRB Members and Consultants with conflicting interest will not be counted towards quorum. If the quorum fails due to the absence of an IRB Member with a conflicting interest, the IRB Chair will delay the discussion of the item until a quorum is reached.

IRB meetings are posted on the public website for the calendar year. Should there be a need to convene a special meeting of the IRB, it must be posted at least three calendar days prior to the meeting. Exceptions to the notification procedures outlined here much be approved by the USF Office of General Counsel.
Section 6: Investigator & Staff Responsibilities

6.1 Investigator Responsibilities

The following relates to the investigator and their responsibilities associated with the conduct of human subjects research.

A USF or USF Affiliate Investigator is a collective term denoting the principal investigator or co-investigator (including faculty, staff, students or agents) who is responsible for the design, conduct, implementation, evaluation, participant safety, and/or reporting of the proposed or ongoing project. Investigators include individuals employed by USF or USF Affiliates and those who fall under a contractual agreement (including an Individual Investigator agreement) or IRB Authorization Agreement with the USF IRB.

All students who serve as a Principal Investigator are required to have a faculty advisor to advise them on IRB processes and procedures.

USF or USF Affiliate Investigators are responsible for the following:

- Ensuring the science of the proposed research justifies exposing participants to the level of risk associated with participation in the research and adds to or establishes a body of knowledge that is meaningful;
- Ensuring the design of the study includes methods and procedures that will provide answers to the research hypothesis, minimize risks, and maximize potential benefits;
- Disclosing financial Conflicts of Interest (COI) which may exist;
- Ensuring adequate resources for the conduct of the research including but not limited to adequate number of subjects from which to recruit, qualified and trained research staff, funding, institutional resources as applicable, and time necessary to conduct the research;
- Ensuring research staff are qualified by training and experience for their research roles, including knowledge of applicable laws, regulations, codes and guidance, relevant professional standards, and USF HRPP policies regarding the protection of research participants;
- Ensuring appropriate oversight of each research study is maintained, including oversight of research staff and trainees, and that research roles and functions are appropriately delegated to research staff;
- Ensuring the recruitment of research subjects is performed in a fair and equitable manner where individuals are not discriminated against based on age, race, gender or ethnicity;
- Ensuring the informed consent process and method of documentation are appropriate for the type of research being conducted and the study population; that the informed consent process and the document itself emphasize the importance of comprehension and voluntary participation to foster informed decision-making by participants; that all members of the study team adhere to the HRPP policy regarding informed consent; and that special protections are in place when obtaining informed consent from vulnerable populations;
- Ensuring the availability of medical or psychosocial resources that subjects may need as a result of participating in the research study;
- Ensuring the research team has and is aware of the process in place to address participants’ concerns, complaints, or requests for information;
- Ensuring prospective review and approval by an IRB designated by the Institutional Official, prior to initiating research;
• Ensuring the continuing review and approval of the research is secured in a timely fashion and prior to expiration of the current approval period;
• Ensuring the closure of the research study which has concluded by submitting a final report for USF IRB review and approval or notification that study procedures have concluded for research where the USF IRB is relying on the review and approval of an IRB at another institution as appropriate;
• Adhering to the determinations of the designated IRB (including those of the reviewing IRB where the USF IRB is relying on the review and approval of the research under an IRB Authorization Agreement or Contractual Agreement);
• Reviewing Institutional and USF HRPP policies and procedures, Guidebooks, the Belmont Report and any other applicable requirements (e.g., site or organizational policies, transnational and/or local laws) prior to the conduct of research;
• Ensuring research involving human subjects is conducted at all times in compliance with federal regulations, state and local laws, USF HRPP policies and procedures, and the ethical principles outlined in the Belmont Report; including research which is exempt from federal regulations;
• Ensuring changes in IRB approved research are not implemented without prior IRB approval, except when necessary to eliminate apparent immediate hazards to participants. Where the change in IRB-approved research is necessary to eliminate apparent immediate hazards to participants, investigators must report the change to the IRB within two (2) business days;
• Ensuring participants are notified of all changes or new information that would affect their willingness to continue participation in the research.
• Ensuring the IRB is promptly notified of the following:
  • Any adverse events or unanticipated problems involving risks to participants or others,
  • Concerns/complaints regarding research by research participants and/or their family members; and
  • Any serious and/or continuing noncompliance with applicable regulatory requirements or determinations of the designated IRB of which they become aware.
• Maintaining all research records to allow for a complete accounting of the study activity, including original signed consent documents, for a period of time that meets the federal regulations or no less than five years after closure of the study. These records must be made available to the IRB within a reasonable period of time upon request.
• Maintaining documents relating to the use and disclosure of protected health information (PHI) that requires a research authorization under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, including authorization forms, for six years following the date the research authorization is obtained. Should the participant revoke his/her authorization, the six year period should be calculated from the date the authorization is revoked.
• Notifying the USF IRB immediately of any audit or site visit by the FDA; any correspondence received from or sent to the FDA; and any sanctions or actions taken against the Investigator, the Sponsor, or the research. This includes research which has been reviewed and approved by an IRB other than the USF IRB.
• Promptly notifying the IRB of any decisions to place administrative or other holds or suspensions on the study by a sponsor, a Data Safety and Monitoring Board, a federal oversight agency or another IRB with a copy of any correspondence relating to those actions provided to the USF IRB for review.
• Complying with the USF IRB education requirement for the conduct of human subjects research.
• Overseeing each research study where he/she is designated as the Principal Investigator, including oversight of research personnel and trainees, and appropriate delegation of responsibilities for the conduct of the research.
• Ensuring the methods and procedures described in the protocol/research plan do not present undue risk of harm to study personnel or to individuals working in any capacity on the study;
• Complying with all applicable reporting requirements as outlined by the federal regulations, state and local laws, and USF HRPP policies and procedures.
• Complying and cooperating with Research Integrity and Compliance Quality Assurance/Quality Improvement requests for monitoring of human subjects research.
• Securing user names and passwords for use of the IRB electronic system. IRB logins serve as researchers’ electronic signatures and they are not to be shared with others.

6.2 Research Staff Responsibilities

Research Staff (including faculty, staff, students, study coordinators, research assistants, and other research staff) are responsible for:

• Strictly adhering with the federal regulations, state and local laws and HRPP policies and procedures for the conduct of human subjects research;
• Complying with all USF IRB determinations and procedures;
• Adhering to all protocol and study requirements;
• Informing investigators of all unanticipated problems involving risks to subjects or others;
• Overseeing the adequacy of the informed consent process;
• Taking appropriate measures to protect the safety, rights and welfare of participants;
• Notifying the IRB promptly of serious and/or continuing noncompliance with applicable regulatory requirements or determinations of the designated IRB of which they become aware, whether or not they are involved in the research.
• Disclosing any financial COI which may exist; and
• Maintaining current certification for human research protection education.
Section 7: Initial IRB Review of Human Subjects Research

7.1 Scientific, Scholarly, and Departmental Review for Human Subjects Research

The USF HRPP requires scientific and scholarly review, as well as departmental/affiliate review of all human subjects research prior to being presented to the USF IRB or other relied upon IRBs for which USF has contracted to provide IRB oversight. It is the responsibility of the PI to ensure that scientific and scholarly review is obtained for each new research proposal involving human subjects prior to submission to the USF IRB or relied upon IRBs.

Scientific and scholarly review of the IRB application and study protocol for human subjects research is conducted to ensure:

- The design, methods, and procedures of the proposed research are appropriate to answer the research questions and ensure risks to participants are minimized;
- The sample size, data collection, and analysis methods are appropriate to answer the research question;
- There are adequate data and safety monitoring measures to protect participants;
- The research uses procedures that are consistent with sound research design;
- Whenever possible, research procedures are designed to maximize potential benefits; and
- The information provided meets the mission of the department/affiliate and is designed to meet professional and departmental/affiliate standards.

The reviewer/review committee documents in eIRB that the issues identified as significant during the review process have been considered and responses to those issues have been found to be appropriate.

In addition to the above, the Department Chairperson or designee and affiliate, conducts a departmental/affiliate review of proposed research to certify:

- The study application and protocol have been reviewed and meet departmental standards;
- There are adequate resources, including space and support personnel, available to the PI to conduct this study in the manner proposed;
- The PI has the appropriate expertise and/or experience to conduct the research. If the research is being conducted by a USF student, that he/she will be provided the appropriate mentoring and oversight from a USF faculty member; and
- The study application and protocol have met scientific and scholarly review standards.

Associate Deans of Research serve as liaisons with PIs, scientific reviewers, and the IRB to ensure that:

- The scientific and scholarly review conducted within their College or Department meets the standards set by this policy and is conducted by faculty familiar with the science of the proposed research;
- Scientific and scholarly review includes an assessment of the issues outlined in this policy; and
- Serve as a mentor for faculty within their College or Department for the conduct of scientific and scholarly review.

IRB staff is responsible for ensuring scientific and scholarly review by affiliates and departments
are completed before the research is reviewed by the USF IRB. The USF IRB takes into consideration any concerns documented by the affiliate or department reviewer in the IRB application and addresses them with the PI in writing as appropriate.

USF affiliates review and approve research involving human subjects prior to or concurrent with USF IRB review.

7.2 Requirements for Human Subjects Research Protection Education

USF IRB requires all individuals who engage in human subjects research to obtain USF IRB-approved human subjects protection education prior to receiving IRB approval for new and continuing research. This policy extends to anyone involved in the conduct of the research including individuals who collect data about human subjects, those conducting study procedures or interventions, and those who have access to private, identifiable information. This policy applies to all human subjects research regardless of funding or source of sponsorship.

Recertification must take place every three years from the date of initial certification through the CITI Refresher Course or another USF IRB-approved program listed on the IRB website. It is the responsibility of investigators and their staff to maintain current certification in human research protection education while engaged in human subjects research. Certain funding agencies (e.g., Department of Defense or the Department of Justice), and USF Affiliates may have additional requirements for individuals conducting human research.

The USF IRB has the authority to suspend or withhold approval of projects that involve investigators and research personnel who fail to meet the education requirements as outlined in this policy.

The USF IRB will accept education provided by the Family Health International program entitled, “Research Ethics Training Curriculum for Community Representatives” for lay research personnel who speak Spanish, French or Portuguese and are not fluent in English. Investigators transferring from other institutions can submit their CITI certificate as documentation of human subjects protection education; however, institutional based programs will not be considered approved education programs due to the inability of the USF IRB to review and evaluate these programs.

Responsible Conduct of Research (RCR) is a separate research training requirement and will not substitute for the requirements outlined in this policy.

7.3 Initial Review of Human Subjects Research

The USF IRB is responsible for reviewing and approving research involving human subjects as defined in the federal regulations, state and local laws, and institutional policies and procedures. The USF IRB utilizes an electronic system for the review and approval of human subjects research. The PI is expected to submit a complete IRB initial review application and supply all applicable documents, including but not limited to:

- Resumes or cumulative vitaeas and current human subject protection education certifications for the PI, Co-investigators, and Key Personnel;
- Full protocol/thesis/dissertation/project summary;
- Informed consent documents, Parental Permission, Assent forms as applicable;
- Investigator’s brochure(s);
- Supporting documentation for IND/IDE or HDE;
- Product labeling or package insert;
- Recruitment and advertising materials, including brochures and flyers;
- Grant application for research supported by DHHS;
- Letter of support from non-affiliate sites;
- Documentation from PI of another study agreeing to dual enrollment of subjects;
- Host country documentation of approval for transnational (international) studies;
- Interview or focus group questions;
- Questionnaires or survey instruments;
- Data collection form(s);
- Conflict of Interest (COI) Management Plan which has been approved by the USF COI Committee or Affiliate site if a COI exists (uploaded when team members agree to participate and when PI submits the study); and
- Any other relevant study documentation

The PI is responsible for providing any additional information or clarification requested by the convened IRB, IRB Chair, or Chair-designee in a timely fashion to assist in the determination of approval.

IRB staff ensure all scientific, departmental, and ancillary reviews are completed and conduct a pre-review of the initial IRB application to check for completeness and identify non-scientific issues. IRB staff and administrators communicate requests for clarifications or changes to the IRB application or included documents to the investigator through the use of reviewer notes in eIRB. Once revisions or clarifications are received from the investigator, IRB staff review the adequacy of responses and either assign the study to a Chairperson or their designee or to the convened board.

Studies requiring full board review are placed on the agenda of the next available convened board meeting. IRB staff, administrators, or Chairpersons assign primary and secondary reviewers to conduct in depth reviews of initial applications based on their area of expertise. IRB staff ensure all reviewers including board members, Chairpersons, and Chair designees are provided the IRB application and all applicable documents as outlined above in sufficient time to allow for a thorough review. IRB staff and administration ensures there is adequate expertise present to review the research at the convened meeting or obtain review by a consultant, if necessary. IRB staff ensures special representatives, such as a prisoner representative, are present when necessary. IRB staff communicate requests for information and determinations of the IRB, Chairperson, or Chair designee to the investigator through eIRB.

**IRB Review Process**

In addition to conducting an in depth review of the IRB application and applicable documents prior to the IRB meeting, primary and secondary reviewers lead the deliberations of the IRB in the discussion of the study to which they are assigned, and recommend possible actions of the board. Primary and secondary reviewers are responsible to inform the IRB staff if they are unable to complete the review or do not believe they have adequate knowledge and/or disciplinary expertise to assess the proposed research.
All IRB members and IRB Chairpersons or Chair designees who participate in a fully convened meeting are responsible for reviewing each IRB application and included documents in the electronic system prior to the meeting. IRB members have access to the items submitted by the investigators as referenced above in the electronic system. IRB members have access to laptops, iPads and other technology at the convened meetings. IRB members are responsible for determining whether the proposed human subjects research meets the federal criteria for approval as described in 45 CFR 46.111/21 CFR 56.111, and for promptly declaring any conflicts of interest pertaining to items on a meeting agenda. 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, employees/students or economically or educationally disadvantaged persons, the IRB is responsible for ensuring that additional safeguards are in place to protect the rights and welfare of these subjects. If the IRB lacks at least one person with appropriate scientific or scholarly expertise or knowledge to conduct an in-depth review of the protocol, the committee will defer the protocol to another meeting.

The review process includes an assessment of whether the research design is sound enough to reasonably expect the research to answer its proposed questions and the importance of the knowledge that is reasonably expected to result from the research. This regulatory requirement does not mean that the IRB will perform a review comparable to the NIH peer review process. Many applications sent to the IRB have had prior scientific review by internal or external sources (e.g., NIH, Moffitt’s Scientific Review Committee, Departmental Review Committees). The IRB may consider such prior reviews to affirm that the research design is sound.

Studies that meet criteria for expedited or exempt review are sent to the IRB Chairperson or Chair designee for review and approval. The Chairperson or designee serves as the primary reviewer for expedited and exempt submissions and have the authority to approve or request revisions or additional information. The Chairperson or designee does not have the authority to disapprove expedited research and must refer potential disapprovals to the fully convened IRB for a final determination of disapproval.

The fully convened IRB can approve a study as submitted, approve with contingencies, defer, or disapprove. A study is approved with contingencies when the study meets the criteria for IRB approval found in 45 CFR 46.111/21 CFR 56.111, and the IRB requires only minor changes to the IRB application or included documents. IRB staff communicates the reason(s) for the contingencies to the PI via eIRB. The IRB may vote to authorize the Chairperson or other member to approve the response submitted by the PI. Should the Chairperson or designee feel the response is not adequate or requires review by the fully convened IRB, the study will be added to the next available agenda for the committee that originally reviewed the application. The requested changes must be made within 30 days of the date concerns were communicated by the IRB. The study team can request an extension, otherwise the application will be closed by IRB Staff and a new submission will be required for the research study.

A study is deferred when the proposed research does not meet the criteria for IRB approval found in 45 CFR 46.111/21 CFR 56.111. This action is taken if substantial modification or clarification is required, or insufficient information is provided to judge the proposed research adequately (e.g., the risks and benefits cannot be assessed with the information provided). IRB staff communicates the reason(s) for the deferral to the PI through eIRB. The PI must submit revisions or provide requested information to the IRB within 60 days of the notification of deferral. If the PI does not request an extension past that date, the application will be withdrawn and a new submission will be required.
A study is disapproved when the proposed research as designed is inherently flawed and does not meet the criteria for IRB approval found in 45 CFR 46.111/21 CFR 56.111. Once a study has been disapproved, it may be resubmitted as a new application to the IRB for further consideration. However, resubmissions of disapproved protocols must be substantially modified to address all previous concerns outlined by the IRB prior to being reconsidered by the fully convened board. If the IRB disapproves a study, the reasons for this determination is communicated to the PI via eIRB. Appeals are process in accordance with section 10.1 of this policy.

**IRB Approval Period**

The IRB approves human subjects research for a specific time interval not to exceed one year from the date of the convened meeting when the study was approved or approved with contingencies, or one year from the date the Chairperson or designee issued approval for expedited applications. Research determined by the IRB to be exempt are closed.

Studies expire at the end of the business day on the last day of approval of the research unless a continuing review submission has been approved or approved with contingencies. The federal regulations make no provisions for a grace period to extend the approval of the research beyond the expiration date.

The USF IRB utilizes effective dates (anniversary dates), which is the date of annual renewal for research proposals and is consistent from year to year.

At the time of initial review, continuing review, review of amendments, or review of reportable events, the USF IRB may consider a frequency of review more often than once every year due to the degree of risk involved or the vulnerability of the participants. These factors may include but are not necessarily limited to:

1. The nature of the study:
   - Human subjects research that involves infectious agents, regulated toxins, recombinant DNA, gene transfer, or recombinant DNA vaccine which require concurrent review and approval of the Institutional Biosafety Committee (IBC).

2. The degree of the risk involved:
   - The research has a high probability of risks which may result in serious harm (e.g., death or disability).
   - The medical condition of the proposed participants is terminal or life threatening.
   - The research has a high level of uncertainty regarding potential risks or it is the first time the intervention/interaction has been conducted in humans.
   - Any other factor that increases risks to subjects as determined by the fully convened IRB.

3. The vulnerability of the participant population:
   - The medical condition of the proposed participants is terminal or life threatening.
   - The research populations’ capacity to consent is diminished or severely impaired.
   - The research populations are vulnerable to coercion or undue influence including:
     - Situations where there are limited means to reduce those factors.
     - The research requires a setting that is conducive to such factors (emergency rooms, labor/delivery suites, refugee camps, natural disaster camps, etc.).
4. Adverse events and unanticipated problems involving risk to human subjects or others at this and/or other institutions.

5. Any other factors that the IRB deems relevant for the protection of research participants.

7.4 Florida State Laws and Regulations

The PI is responsible for complying with Florida state laws and regulation requirements as applicable in the conduct of human subjects research. The IRB, IRB Chairperson, or designees are responsible for ensuring proposed human subjects research is in compliance with Florida state laws and regulations, when applicable, prior to issuing approval.

The following Florida Statutes will be applied to human research, when applicable:

**HIV Testing (Florida Statutes §381.004)**

This law establishes the parameters for consents and disclosures of results relating to HIV testing in Florida and will apply to all human research where an HIV test will be performed during either the eligibility screening or the research study itself. Informed consent for HIV testing is mandatory and it must include:

- A prior explanation of the right to confidential treatment of the information identifying test subject and the results of the test to the extent provided by law;
- A disclosure that a positive HIV test result will be reported to the county health department with sufficient information to identify the test subject;
- The availability and location of sites where anonymous testing is performed (each county health department maintains a list of sites at which anonymous testing is performed).

The consent does not have to be in writing as long as the medical record documents that the test has been explained and consent has been obtained. Reasonable efforts must be made to notify the test subject of the results. If the test is positive, notification must include information on the availability of appropriate medical and support services, the importance of notifying partners who may have been exposed, and the prevention of transmission of HIV. A positive preliminary test result may not be revealed to any person except:

- The licensed physicians or the medical or nonmedical personnel subject to the significant exposure.
- Health care providers and to the person tested when decisions about medical care or treatment of, or recommendation to, the person tested and, in the case of an intrapartum or postpartum woman, when care, treatment, or recommendations regarding her newborn, cannot await the results of confirmatory testing. Positive preliminary HIV test results may not be characterized to the patient as a diagnosis of HIV infection.

Justification for the use of preliminary test results must be documented in the medical record by the health care provider who ordered the test. The results of rapid testing technologies shall be considered preliminary and may be released in accordance with the manufacturer’s instructions as approved by the federal Food and Drug Administration. Corroborating or confirmatory testing must be conducted as follow up to a positive preliminary test. Results shall be communicated to the patient according to statute regardless of the outcome. If the test is negative, notification must include, as appropriate, information on preventing the transmission of HIV.
The identity of the test subject and the test results are confidential and may not be disclosed except to:

- The person or the person's legal representative;
- Someone with a legally effective release for HIV test results executed by the subject of the test or the subject’s legally authorized representative (a general release or subpoena does not permit the release of HIV testing or HIV test results);
- An authorized agent or employee of a health facility or health care provider if the health facility or health care provider itself is authorized to obtain the test results, the agent or employee participates in the administration or provision of patient care or handles or processes specimens of body fluids or tissues, and the agent or employee has a need to know, as defined by the Department of Health;
- Health care providers consulting between themselves or with health care facilities to determine diagnosis and treatment;
- The Department of Health/county health department;
- Authorized medical researchers who may not further disclose any identifying characteristics or information;
- Others as specified by statute.

Disclosure of test results to anyone on the exception list must be accompanied by the following statement: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

**Capacity of Principal; Procedure (Florida Statutes §765.204)**

This law states the criteria for determining whether an individual is capable of giving informed consent. An individual is presumed to be capable of making health care decisions for herself or himself unless she or he is determined to be incapacitated. Incapacity may not be inferred from the person’s voluntary or involuntary hospitalization for mental illness or from her or his mental retardation. If an individual’s capacity to make health care decisions for herself or himself or provide informed consent is in question, the attending physician shall evaluate the individual’s capacity and, if the physician concludes that the individual lacks capacity, enter that evaluation in the individual’s medical record. If the attending physician has a question as to whether the individual lacks capacity, another physician shall also evaluate the individual’s capacity, and if the second physician agrees that the individual lacks the capacity to make health care decisions or provide informed consent, the health care facility shall enter both physicians’ evaluations in the individual’s medical record. A determination made pursuant to this section that an individual lacks capacity to make health care decisions shall not be construed as a finding that the individual lacks capacity for any other purpose. The USF IRB applies this law when determining the requirement for signature of a legally authorized representative.

**Genetic Testing; Informed Consent; Confidentiality; Penalties; Notice of Use of Results (Florida Statutes §760.40)**

This law provides that informed consent must always be obtained prior to DNA testing and certain notice must be provided to the test subject. DNA analysis means the medical and biological examination and analysis of a person to identify the presence and composition of genes
in that person's body. The term includes DNA typing and genetic testing. DNA analysis may be performed only with the informed consent of the person to be tested. The results of such DNA analysis, whether held by a public or private entity, are the exclusive property of the person tested, are confidential, and may not be disclosed without the consent of the person tested, except as specified by statute. A person who performs DNA analysis or receives records, results, or findings of DNA analysis must provide the person tested with notice that the analysis was performed or that the information was received. The notice must state that, upon the request of the person tested, the information will be made available to his or her physician. The notice must also state whether the information was used in any decision to grant or deny any insurance, employment, mortgage, loan, credit, or educational opportunity. If the information was used in any decision that resulted in a denial, the analysis must be repeated to verify the accuracy of the first analysis, and if the first analysis is found to be inaccurate, the denial must be reviewed.

**Sexually Transmissible Disease; Reporting Required (Florida Statutes §384.25)**

This law provides that any person who diagnoses or treats a person with a sexually transmissible disease (i.e., in the course of screening for human research eligibility) must report the facts as required by the Department of Health, within a certain time period specified in 64D-3.029, F.A.C. The following is a summary of the Department of Health rule that specifies the procedures to be followed for reporting of STDs and results indicative of HIV or AIDS. Practitioners who diagnose or treat an STD must report positive test results to the local county health department by the next business day following diagnosis; however, note the exceptions requiring immediate reporting for syphilis in pregnant women and neonates, Hepatitis A, and others as provided for in 64D-3.029, F.A.C. Reportable STDs are listed in Rule 64D-3.029, F.A.C.

AIDS/HIV is reportable within 2 weeks of diagnosis, except HIV exposed newborns and infants less than eighteen months of age born to an HIV infected woman, which requires reporting the next business day. Indeterminate tests and non-confirmed positive antibody tests are not reportable. AIDS cases and HIV infection are to be reported on the Adult HIV/AIDS Confidential Case Report form, CDC 50.42A Rev. 03/2007 or on the Pediatric Confidential Case Report, CDC 50.42B Rev. 01/2003, along with the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134, (09/08). [The forms are furnished by the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715, or by the local county health department.] 64D-3.030, F.A.C. STDs are to be reported on the Florida Department of Health Disease Report Form (DH Form 2136, 3/06), available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714, or on a form supplied by the provider that includes items specified in 64D-3.3030, F.A.C. The report shall contain the information specified in 64D-3.029 or 64D-3.030, F.A.C., as applicable. Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of an STD case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, F.S.

**Reporting Requirements for Practitioners and Hospitals for Sexually Transmissible Diseases (STDs) Including HIV and AIDS, Florida Administrative Code Rule 64D-3.029**

Pursuant to 64D-3.029, F.A.C. diseases or conditions that are of public health significance identified in 64D-3.029, F.A.C. must be reported by the practitioner, hospital, laboratory, or other individual via telephone (with subsequent written report within 72 hours), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department.
having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient’s residence is located and in consistent with the time frames identified in F.A.C. Rule 64D-3.029(3) in relation to the individual practitioner, hospital and laboratory.

**Florida Patient’s Bill of Rights and Responsibilities (Florida Statutes §381.026(4)(e))**

Generally states that a patient has right to know if any part of his or her medical treatment is for purposes of experimental research and to consent prior to participation in such research. A patient’s participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient’s consent or refusal must be documented in the patient’s care record.

**Rights of Persons Determined Incapacitated (Florida Statutes §744.3215(4)(b))**

This law provides that a court-appointed guardian may not consent to participation by the ward in any biomedical or behavioral experiment without the specific authority of the court. A guardian may only consent to enroll a ward in a biomedical or behavioral experiment with the specific authority of the court. The court may only grant such specific authority where participation in the research is of direct benefit to, and is intended to preserve the life of or prevent serious impairment to the mental or physical health of the ward or is intended to assist the ward to develop or regain his or her abilities.

**Personal Treatment of Persons Who Are Developmentally Disabled (Florida Statutes §393.13(4)(c)(6))**

This law requires that consent be given by a developmentally disabled person or the person’s legal guardian prior to instituting a plan of experimental medical treatment. Prior to instituting a plan of experimental medical treatment, express and informed consent shall be obtained from a developmentally disabled individual, if competent, or the individual’s parent or legal guardian. Information upon which the individual shall make the decision to participate shall include, but should not be limited to, the nature and consequence of such procedures, the risks, benefits, and purposes of such procedures, and alternate procedures that are available.

**Confidentiality of Reports and Records (Florida Statutes §415.107)**

This law provides that records concerning reports of abuse, neglect, or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and all records generated as a result of such reports are confidential; however, access to all records, excluding the name of the reporter, may be granted for bona fide human research. Information identifying the subjects of the report must not be made available to the researcher.

**Florida Sunshine and Public Records Law (Florida Statutes §286.011)**

This law allows open access to all official meetings and official records maintained by USF, including IRB meetings and records. There are specific exemptions that apply to certain meetings and documents. Florida’s public meetings law requires that meetings of the IRB and other compliance committees, where final decisions are made, be open to the public at all times (i.e., that anyone may attend the meeting or any portion thereof), reasonable notice must be provided of the meeting, and minutes must be taken. The law also requires that two or more board members may not discuss a matter outside of the meeting on which foreseeable action will take place at the board meeting. The public meetings law also prohibits members from abstaining from
a vote unless there is, or appears to be a conflict of interest as defined by the Florida Code of Ethics for Public Officers and Employees (Florida Statutes §112.313). However, where federal law requires a member to vote, the state law pertaining to abstaining from votes will be superseded. Federal policy guidance, issued by OHRP, recommends that, except when requested by the IRB to be present to provide information, IRB members absent themselves from the meeting room when the IRB discusses and votes on human research in which they have a conflicting interest. Regarding the requirement that the meeting be open to the public at all times, the USF General Counsel has advised the IRB to treat the federal policy as superseding the public meetings law. Therefore, members with conflicting interests are asked to leave the room temporarily during the public meeting while issues pertaining to the proposal are discussed by the IRB.

**Sovereign Immunity (Florida Statutes §768.28)**

This law provides for sovereign immunity for the State of Florida and its agencies, including state universities. Sovereign immunity protects individuals who are acting as agents of the university from tort liability exceeding the sum of $200,000 per claim and $300,000 per incident. This limitation on tort recovery is referenced in the injury statement included in informed consent documents given to potential research participants.

**Consent on Behalf of Children (referenced as minors in Florida law) to Participate in Medical or Behavioral Research**

A child/minor is an individual under the age of 18 whose disabilities have not been removed by marriage or by an act of the court. (Florida Statutes, §743.01; §743.015; §743.07; §744.102(13)). Minors are generally presumed to be legally incompetent to consent to medical or mental health treatment. Parents are the minor’s natural guardians. A natural guardian is a guardian who can exercise all the legal rights and powers for the minor/ward that can be delegated. (Florida Statutes§744.301) An individual has the power to consent prior to participation in experimental research. (Florida Statutes §381.026(4)(e)) Since the parent/natural guardian can exercise all of the legal rights and powers of the minor, the parent/natural guardian can consent to the minor’s participation in experimental research. In the absence of a natural guardian, due to death, incapacity, removal of parental rights or other permanent absence, a minor will normally have a court-appointed guardian or will be a ward of the state. A ward is a person for whom a guardian has been appointed. (Florida Statutes §744.102). A guardian of a minor is usually a plenary guardian who is authorized to exercise all the legal rights and powers for the minor/ward that can be delegated. If the guardianship is limited, then the restrictions on the guardianship will be specified in the letters of guardianship issued to the guardian by the court (Florida Statutes §744.361(1); §744.345). A plenary guardian is a guardian who can exercise all the legal rights and powers for the minor/ward that can be delegated. However, unless specifically authorized by the court, a plenary guardian cannot give legal right to consent to participation in research or to consent in experimental treatment. (Florida Statutes §744.3215(4)(b); §744.3725). A plenary guardian can give consent to medical and mental health treatment (Florida Statutes §744.102(9)(b); §744.301; §743.0645(1)(c)). However, unlike the natural guardian, a court-appointed guardian of a minor may not consent to the participation of the minor in research without the specific authority of the court. (Florida Statutes §744.3215(4)(b)).

Minor status is removed upon attaining the age of 18 years (Florida Statutes §743.07), emancipation by order of the circuit court (Florida Statutes §743.015), or marriage (the minor status is not reinstated upon the dissolution of the marriage) (Florida Statutes §743.01). The
consent of a parent or guardian is not a prerequisite for an examination or treatment for a sexually transmissible disease. The fact of consultation, examination, and treatment of a minor for a sexually transmissible disease is confidential and shall not be divulged without consent of the minor patient or a court order in any direct or indirect manner. (Florida Statutes §384.29; §384.30).

Parental consent is not required for the termination of a pregnancy of a minor; however, actual notice, notice that is given directly, in person or by telephone, must be provided to a parent or legal guardian of a minor, by a physician, at least 48 hours before the inducement or performance of a termination of pregnancy, and documentation must be made in the minor’s files. If actual notice is not possible after a reasonable effort has been made, the physician performing or inducing the termination of pregnancy or the referring physician must give constructive notice or notice in writing, signed by the physician, and mailed at least 72 hours before the inducement or performance of the termination of pregnancy, to the last known address of the parent or legal guardian of the minor, by first-class mail and by certified mail, return receipt requested, and delivery restricted to the parent or legal guardian. After the 72 hours have passed, delivery is deemed to have occurred. The notice requirement may be waived under certain circumstances. (Florida Statutes §390.01114).

Unwed pregnant minors or minor mothers; consent to medical services for minor or minor’s child is valid (Florida Statutes §743.065) if an unwed pregnant minor may consent to the performance of medical or surgical care or services relating to her pregnancy by a hospital or clinic or by a physician licensed under chapter 458 or chapter 459, and such consent is valid and binding as if she had achieved her majority. Additionally, an unwed mother may consent to the performance of medical or surgical care or services for her child by a hospital or clinic or by a physician licensed under chapter 458 or chapter 459 and such consent is valid and binding as if she had achieved her majority. Nothing in this act shall affect the provisions of the termination of pregnancies section, Florida Statutes §390.0111.

Areas Where State and Federal Laws Differ

HRPP policies do not specifically identify where state and federal laws differ. Rather, the policies are drafted to incorporate the appropriate action required by the controlling law. Regarding most topics of importance to the HRPP, the federal law provides either broad guidance, or guidance specific to a particular area that state law may or may not address. The state law provides more specific guidance within the broad guidance provided by federal law; the two laws are read to be complementary and in such a way as not to defeat the purpose of either law.

There is only one instance applicable to the HRPP where state law and federal law have incompatible interpretations, according to the USF General Counsel. Florida’s Sunshine law requires that meetings of the IRB and other compliance committees, where final decisions are made, be open to the public at all times (i.e., that anyone may attend the meeting or any portion thereof). However, the federal policy guidance, issued by OHRP, recommends that, except when requested by the IRB to be present to provide information, IRB members absent themselves from the meeting room when the IRB discusses and votes on human research in which they have a conflicting interest. Although this policy is presented as a “recommendation” by the federal agency, The USF General Counsel has advised the IRB to treat the federal policy as superseding the Florida Sunshine law. Therefore, members with conflicting interest are asked to leave the room temporarily during the public meeting while issues pertaining to the proposal are discussed by the IRB.
7.5 Exempt Review of Human Subjects Research

Human subjects research which meets the federal criteria for exemption must be consistent with 45 CFR 46.101(b)(1-6), 21 CFR 56.104, and all applicable institutional policies and procedures. Determination of whether human subject research is exempt is made by the USF IRB Chairperson or designee, acting on behalf of the IRB. Human subjects research determined to be exempt are conducted in a manner consistent with the ethical principles set forth by the Belmont Report.

Exempt Research Under 21 CFR 56.104:

Research under FDA oversight that is exempt from IRB review under 21 CFR 56.104 includes:
- Any investigation which commenced before 7/27/81, and was subject to requirements for IRB review under FDA regulations before that date, provided that the investigation remains subject to review of an IRB which meets the FDA requirements in effect before 7/27/81;
- Any investigation that commenced before 7/27/81 and was not otherwise subject to requirements for IRB review under FDA regulations before that date; and
- Emergency use of a test article, provided that such emergency use is reported to the IRB within 5 working days. Any subsequent use of the test article at the institution is subject to IRB review.

Categories of Exempt Research under 45 CFR 46.101(b):

Research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from federal regulations:

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 the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects and any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under 45 CFR 46.101(b)(2), if the subjects are elected or appointed public officials or candidates for public office or federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
5. Research and demonstration projects which are conducted by or subject to the approval of department or agency heads [this reference is to government department or agency heads], and which are designed to study, evaluate, or otherwise examine:
   a. Public benefit or service programs; or
   b. Procedures for obtaining benefits or services under those programs; or
   c. Possible changes in or alternatives to those programs or procedures; or
   d. Possible changes in methods or levels of payment for benefits or services under those programs.

6. Taste and food quality evaluation and consumer acceptance studies if wholesome foods without additives are consumed or 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.

**Examples of Non-Exempt Research:**

Human Subject Research which is *not* exempt from federal regulations includes research involving the following:

- Prisoners (Subpart C of DHHS regulations);
- Survey or interview procedures with children (Subpart D of DHHS Regulations);
- Observation of public behavior of children when the investigator(s) participates in the research being observed (Subpart D of DHHS regulations and Subpart D of FDA regulations);
- Deception;
- Fetuses;
- Human *in vitro* fertilization;
- Greater than minimal risk;
- Data collection of protected health information (PHI) when there is a direct or indirect link that would identify the participant;
- Mentally disabled or cognitively impaired individuals, regardless of whether a legally authorized representation is required for informed consent.

The PI is responsible for submitting an exempt application including all applicable documents necessary for the IRB to make a determination. The research must involve no more than minimal risk to subjects, the selection of subjects must be equitable and the informed consent process, if applicable, must minimize coercion and undue influence. If there is recording of identifiable information, there must be adequate provisions to maintain the confidentiality of the data. If there are interactions with participants, there must be a consent process that will disclose the fact that the activity involves research, a description of the procedures, a statement that participation is voluntary, and the name and contact information for the researcher. All research personnel involved in exempt research adhere to the requirements for human subjects protection education.

**IRB staff reviews the exempt application for completeness and consistency with the categories for exempt research. IRB staff may request clarification or revisions by the study team. Once the application is complete and includes all applicable documents, it is sent to the IRB Chairperson or designee for review and approval. The Chairperson or designee serves as the primary reviewer for**
exempt submissions and has the authority to approve or request revisions or additional information. The Chairperson or designee does not have the authority to disapprove exempt research and must refer potential disapprovals to the fully convened IRB for a determination of disapproval. The IRB Chairperson or designee confirms all research activities fall within one or more of the six categories for exemption as defined in 45 CFR 46.101(b).

The category under which the exemption is granted is noted in the IRB approval letter. Once the determination of exemption is made, the application is closed. Any proposed or anticipated changes to the study design that was previously declared exempt from IRB review must be submitted to the IRB as a new study prior to initiation of the change.

IRB Members are notified of exempt determinations made by the IRB Chairperson or designee at the time of the fully convened meeting. Studies meeting the exempt criteria are reported on the agenda as information and are documented in the meeting minutes.

7.6 Expedited Review of Human Subjects Research

Human subjects research that meet the federal criteria for expedited review are consistent with the list of categories of research as established by the Secretary, Department of Health and Human Services (DHHS), and published as a Notice in the Federal Register (Source: 63 FR 60364-60367, November 9, 1998); and all applicable state and local laws and institutional policies and procedures.

Expedited review procedures may be used for initial review of proposed human research activities, continuing review of ongoing, currently approved human subject research, minor revisions of currently approved human subject research and reportable events. The IRB is not required to review research proposals through the expedited review process, even if the research appears to qualify under the federal regulations for such review. The decision to review an application through the expedited review process or to refer to the fully convened IRB for review is made by the IRB Chairperson or designee or IRB Administration or staff in consultation with the IRB Chairperson.

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

1. Some or all of the research appearing on the list of categories published as a Notice in the Federal Register referenced above and found by the reviewer(s) to involve no more than minimal risk.
2. Minor changes in previously approved research during the period (of one year or less) for which approval is authorized.

Categories of Expedited Research:

Research activities in which the only involvement of human subjects will be in one or more of the following categories may qualify for expedited review:

1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met: (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not
eligible for expedited review.) (b) Research on medical devices for which an investigational device exemption application (21 CFR Part 812) is not required; or 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: From healthy, nonpregnant adults who weigh at least 110 pounds. For these participants, 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 from other adults and children, considering the age, weight, and health of the participants, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these participants, 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 non-research purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the
HHS regulations for the protection of human participants. 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 participants. 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 participants; (ii) all participants have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of participants; or (b) where no participants have been enrolled and no additional risks have been identified; or 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 4.1.6.1.2 through 4.1.6.8 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.

The categories in this list apply regardless of the age of subjects, except as noted. The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the participants’ 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 those encountered in everyday life. Standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review. Categories one (1) through seven (7) pertain to both initial and continuing IRB review; categories eight (8) and nine (9) pertain to continuing review only. Under expedited review category (8)(a), the FDA interprets “long-term follow-up” to include:

- Research interactions that involve no more than minimal risk to subjects (e.g., quality of life surveys); and
- Collection of follow-up data from procedures or interventions that would have been done as part of routine clinical practice to monitor a subject for disease progression or recurrence, regardless of whether the procedures or interventions are described in the research protocol.

The FDA does not consider long-term follow up to include research interventions that would not have been performed for clinical purposes, even if they involve no more than minimal risk.

If a study previously received expedited continuing review under category (8)(b), but has begun
enrolling subjects, the study may need to be reviewed by the fully convened IRB.

The PI is responsible for submitting a complete expedited application including all applicable documents to allow the IRB to make a determination.

It is the PI’s responsibility to ensure:

- The research involves no more than minimal risk to subjects;
- The selection of subjects is equitable;
- The informed consent process, if applicable, must minimize coercion and undue influence;
- If there is recording of identifiable information, there are adequate provisions to maintain the confidentiality of the data;
- If there are interactions with participants, there will be a consent process that will disclose information such as:
  - the activity involves research;
  - a description of the procedures;
  - that participation is voluntary; and
  - the name and contact information for the researcher.
- Submission of any additional information or clarification requested by the convened IRB, IRB Chair or designee in a timely fashion to assist in the determination of approval; and
- Submission of amendments for any changes to the approved research prior to implementing the changes requested.

Changes to the research design or interventions that would change the review category from expedited to exempt or full board must be submitted to the IRB prior to implementing those changes. Revisions in procedures that would change the review category from expedited to full board include, but are not limited to:

- A change in the risk level to greater than minimal risk;
- Use of research methods or procedures that do not fit one of the categories of expedited research;
- An increase in the amount of blood drawn where the volume exceeds the limits of expedited category 2; or
- Addition of prisoners as research participants.

IRB staff reviews expedited applications and supporting materials for completeness and consistency with the categories for expedited research. IRB staff may request clarifications or revisions by the study team. Once the application is complete and includes all applicable documents for initial review (see section 7.3), it is sent to the IRB Chairperson or designee (i.e., an experienced IRB member, meaning, at least one year of experience serving on the IRB) for review and approval.

The IRB staff and the IRB Chairperson or designee confirms all submissions (initial review, amendments, continuing reviews, and reportable events) meet the criteria for approval as defined in 45 CFR 46.111, meet the definition of expedited research as defined in 45 CFR 46.110, and fall within one or more of the nine categories found in the Notice on the Federal Register. The IRB Chairperson or designee will conduct the review based on the same criteria and guidelines used by the convened IRB. The IRB Chairperson or designee will consider the need for additional expertise, and will utilize consultants when needed. The Chairperson or designee serves as the primary reviewer for expedited submissions and has the authority to approve or request revisions.
or additional information. The Chairperson or designee does not have the authority to disapprove expedited research and must refer potential disapprovals to the fully convened IRB for a final determination of disapproval.

The Chairperson or designee refers research to the fully convened IRB when:

- The research cannot be approved or approved with modifications;
- The research can be approved with modifications, but the investigator does not agree with the requested modifications;
- The Chairperson or designee requires expertise or additional review to secure approval; or
- The Chairperson or designee determines it necessary.

The IRB’s determination and expedited category(ies) under which the study is granted approval is noted in the IRB approval letter. The IRB approves expedited research for one (1) year from the date the IRB Chairperson or designee issues approval. The effective period is documented in the letter to the study team and in the electronic file. Studies expire at the end of the business day on the last day of approval of the research unless a continuing review submission has been approved. The federal regulations make no provisions for a grace period to extend the approval of the research beyond the expiration date.

In addition to the determination and effective period, the IRB includes in the letter to the study team:

- The date of the review;
- The items approved;
- Notation that the review was conducted by expedited procedures; and
- Notation and description of additional information or action required by the study team, including a description of how the study team is to respond.

IRB Members are notified of expedited determinations by the IRB Chairperson or designee at the time of the fully convened meeting. Studies meeting the expedited criteria are reported on the agenda as information and documented in the meeting minutes.

### 7.7 Federal Criteria for Institutional Review Board Approval

The USF IRB must ensure approval of human subjects research is based on the specific criteria set forth in the federal regulations found at 45 CFR 46.111 and 21 CFR 56.111. The Department of Defense (DoD), Department of Justice (DoJ) and Department of Education (DoE) have adopted the Common Rule for the review and approval of human subjects research. The USF IRB or IRB Chairperson or designee will determine that all of following criteria are met before approving proposed research or continuing review or modifications to currently approved research:

- Risks to subjects are minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and 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 disabled 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 the regulations;
- Informed consent will be appropriately documented, in accordance with, and to the extent required by the regulations;
- 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; and
- In order to approve research in which some or all of the subjects are children, the IRB must determine that all research is in compliance with 21 CFR 50 Subpart D and 45 CFR 46 Subpart D.

The PI describes how all of the criteria for approval of research have been met in their application for initial and currently approved research for review and approval by the IRB. In addition, the PI responds to any concerns or comments received from the IRB to address each of the federal criteria for approval of research.

The Convened IRB, IRB Chairpersons, or designees review each application for initial and continuing review of research using the criteria outlined in this policy. In addition, any questions or concerns regarding the criteria outlined above are addressed prior to the approval of research involving human subjects.

IRB Staff and Administrators ensure that applications for initial and continuing review of research include documentation that each of the above referenced criteria are met. In addition, staff and administrators document that each of the above referenced criteria are met in the meeting minutes of the fully convened IRB.

7.8 Conducting Off-Site Human Subjects Research

Principal Investigators at times may conduct research at sites that are not owned or operated by USF or a USF Affiliate. Investigators must provide the USF IRB with information regarding the facility and population targeted in the research. A letter of support from the site where the research will be conducted is required by the USF IRB. A letter of support is also required of an organization providing the investigator with private information (i.e., contact information) about their employees, students, etc. for recruitment purposes.
Investigators are responsible for ensuring the administrator signing the letter of support understands the IRB’s expectations of him/her and has the authority to make those assurances. Letters of support must be printed on the facility’s letterhead, signed by the administrator, and include the following:

- A statement that the site administrator has reviewed the research and has found it appropriate for the population of that facility;
- A statement allowing the investigator to conduct the research activities on site and if applicable, indicating there are appropriate resources available to conduct the research;
- Contact information for an individual who will represent the facility in matters related to the conduct of human subjects research; and
- A statement that based on the risks associated with the research, there are adequate provisions to handle unanticipated problems and/or adverse events.

If the facility has an IRB, or similar review committee, the facility should provide documentation that the research has been reviewed and approved by that committee. In situations where the site is relying upon the USF IRB for the review and approval of the research project, or conversely, if the USF IRB is relying on the site’s IRB for the review and approval of the research, an IRB Authorization Agreement is required.

The USF IRB ensures research is carried out in a manner that is consistent with the federal regulations, state and local laws, and USF HRPP policies and procedures, and that every protection affordable is provided to participants at the site. These protections include assessing the appropriateness of the proposed procedures in relation to the site, ensuring the research is appropriate for the population to be recruited, taking into consideration any cultural, national, or ethnic issues and potential vulnerability of subjects. The USF IRB must also ensure there is an adequate data monitoring plan for sharing information in a timely fashion for the IRB to appropriately act.

### 7.9 Multi-site Research, Coordinating Centers, and Statistical Centers

Coordinating Centers cover a number of research-related activities that range from a study wide center responsible for overseeing all aspects of a multi-site study, including the development of consent forms, the preparation of a manual of operations/procedures, the coordination of data collection, and the overall governance of research activities at all sites, to a data center focused on the aggregation, management, and analysis of data from multiple sites. Given this variation, it is critically important for investigators to describe in their IRB application the details of the responsibilities of the Coordinating Center as outlined in the grant, scope of work, or contract.

#### Possible Responsibilities of a Coordinating Center

- Selecting qualified sites and investigators to participate in the multi-center study;
- Providing study specific training to research teams;
- Collecting and maintaining documentation regarding investigators selected to participate (e.g., resume/CV, medical license, certification of training, conflict of interest disclosure forms);
- Ascertaining the approval by the local IRB for each participating site prior to the enrollment of subjects;
- For federally funded research, ensuring that each collaborating institution holds an OHRP-approved Federalwide Assurance (FWA);
- Overseeing the design and development of the protocol, template informed consent documents, case report forms, manual of operations/procedures, etc.;
- Managing data and statistical analysis;
- Ensuring the confidentiality of data during collection, transmission, & storage;
- Ensuring informed consent is obtained for each participant, in compliance with the federal regulations and local IRB policies and procedures;
- Registering participants, tracking enrollment, and coordinating randomization;
- Tracking, reporting, and maintaining documentation of serious adverse events and unanticipated problems and ensuring the dissemination of this information to participating sites;
- Providing updates to participating sites on the enrollment of subjects, study progress, changes in the protocol and template informed consent document;
- Ensuring relevant IRB correspondence is disseminated to participating sites;
- Documenting the receipt, shipment, and storage of study specimens, drugs, and/or devices;
- Auditing and monitoring participating sites to assess study progress and compliance with the federal regulations and IRB approved protocol;
- Ensuring compliance at participating sites and when necessary, terminating sites and/or investigators who do not comply with study requirements. Such actions should be reported to the USF IRB immediately.

The USF IRB has a specific application available to facilitate the submission of coordinating center applications. If a USF Principal Investigator is serving as the Coordinating Center, the following should be submitted to the USF IRB for review, as appropriate:

1. A description of the activities for which the Coordinating Center is responsible;
2. A sample protocol and informed consent document to be distributed to participating sites and a description of how this distribution will take place;
3. A description of the plan to ensure that informed consent is obtained from each subject in compliance with the federal regulations;
4. A list of sites where subjects will be enrolled and/or data/samples will be collected;
5. An outline of the organizational structure of the study indicating any committees responsible for administrative duties including subject, data and site monitoring, data analysis, etc.
6. A description of study start up meetings, training sessions, annual meetings, etc. as applicable;
7. A description of data to be sent to the Coordinating Center, how it will be sent, where and how it will be stored, a description of any identifiers that will accompany the data and how data will be held confidential during transmission, and storage. When feasible, Coordinating Centers should limit the data they receive from study sites to that which comprises a Limited Data Set as defined by the HIPAA Privacy Rule;
8. If the Coordinating Center is responsible for disseminating the drug/device to be utilized, describe how the test article will be distributed to each site/participant. Include all product accountability forms as applicable;
9. A description of who has the responsibility for the review of all adverse events and unanticipated problems and when/how they will be reported to the Coordinating Center. If the Coordinating Center is responsible for safety monitoring, include the adverse event form(s) to be utilized;
10. A description of who has the responsibility for overall data and safety monitoring among all sites. Indicate if there will be a Data and Safety Monitoring Board (DSMB) and if so,
include the names and disciplines of the members and how often they will meet; and

11. A description of plans for maintaining records of IRB approval/ethics committee review throughout the study for each of the participating sites;

**Data or Statistical Coordinating Centers are typically responsible for:**

- Designing case report forms or data capture forms;
- Providing training on the use of such forms;
- Managing data and statistical analysis;
- Overseeing secure data transmission and storage; and
- Protecting the confidentiality of the data and ensuring its integrity.

If a USF Principal Investigator is serving as the Data or Statistical Coordinating Center, the following should be submitted to the USF IRB for review, as appropriate:

1. The role of the Data or Statistical Coordinating Center;
2. A list of data (including subject identifiers) that will be transmitted to the Data or Statistical Coordinating Center and the specific steps taken to ensure the confidentiality of the data. When feasible, Data or Statistical Coordinating Centers should limit the data they receive from study sites to that which comprises a Limited Data Set as defined by the HIPAA Privacy Rule;
3. A description of how and where data will be stored;
4. A description of the individuals locally and committees (e.g., DSMB) who will have access to the data;
5. A description of the responsibilities of the Data Coordinating Center principal investigator with regard to training of staff to ensure the consistent training and data management across all sites. Include details of any special equipment (i.e., computers, software, etc.) utilized in the transmission of data.

If USF is serving as both a Coordinating Center and clinical site enrolling subjects, two separate protocols must be submitted to the IRB – one for the Coordinating Center and another for the clinical site.
Section 8: Continuing Review of Human Subjects Research

8.1 Continuing Review of Human Subjects Research

The USF IRB provides continuing review and approval of human subjects research that has received initial review and approval by the IRB. This policy provides guidelines for Investigators to submit applications for continuing review to the IRB no later than 45 days of expiration to ensure sufficient time for the IRB to review and approve research prior to the anniversary date. Applications for continuing review that are submitted to the IRB less than 30 days prior to the expiration date, or those that lack the necessary documentation for the IRB to assess the criteria for approval, are not guaranteed to receive renewal/approval before they expire.

In accordance with federal regulations found at 45 CFR 46.109(e) & 21 CFR 56.109(f), the USF IRB reviews all human subjects research protocols approved by the IRB at intervals appropriate to the degree of risk but not less than once per year. Continuing review provides an opportunity for the IRB to reassess the totality of the study and assure that risks to subjects are minimal and still reasonable in relation to benefits, if any, to subjects and the importance of knowledge that may be expected as a result. The continuing review process must be substantive and meaningful. The IRB makes continuing review determinations by considering any new information that would affect the IRB’s prior finding that the research meets the criteria for approval found at 45 CFR 46.111/21 CFR 56.111. IRB review of amendments or reports of unanticipated problems during the period for which approval is authorized does not constitute continuing review.

At the time of continuing review the USF IRB may consider a frequency of review more often than once every year. These factors may include those outlined above with initial review but can also include:

- The nature of and any risks posed by the clinical investigation;
- The degree of uncertainty regarding the risks involved;
- The vulnerability of the subject population;
- The experience of the clinical investigator in conducting clinical research;
- The IRB’s previous experience with the investigator and/or sponsor (e.g., compliance history, previous problems with the investigator obtaining informed consent, prior complaints from subjects about the investigator);
- The projected rate of enrollment;
- Whether the study involves novel therapies; and
- Any other factor that increases risks to subjects as determined by the fully convened IRB.

Review by the fully convened IRB, with separate deliberations, actions, and votes for each protocol, is required unless the research meets criteria for review through expedited procedures. At the discretion of the IRB, research activities are subject to audit and verification from sources other than the PI to ensure that no substantive changes have occurred since the last IRB review of the protocol, informed consent document, and other applicable materials. The IRB can use this discretion for projects at random, with projects that involve an unusual amount of complexity, those with unusual levels or types of risks to subjects, projects under the direction of investigators who have previously failed to comply with the regulations, or any other project with which the IRB deems necessary.

Once data collection at all sites is completed and the study database is locked, and the only remaining activity is the analysis of data by the sponsor, further continuing review is generally no...
longer required. A final review application can be submitted to update the IRB on the study activity since the last review and to close the project. A final report should be submitted on all other research projects when completion of study related activities, including data analysis, ends. Final reports contain much of the same information as continuing review applications outlined below.

As a courtesy, the USF IRB sends reminders of continuing review to study teams 60, 45, and 30 days prior to study expiration date. However, it is ultimately the PI’s responsibility to complete and submit to the IRB an application for continuing or final review prior to the annual renewal date.

In order for the IRB to provide substantive and meaningful continuing review of research, the PI must provide the IRB with the following:

- A brief summary of the research activities since the last IRB review, including the researcher’s current risk-potential benefit analysis based on the results to date;
- The number of subjects accrued (the number of informed consents signed, records reviewed, or specimens collected);
- The number of subjects who withdrew from the research and the reasons for withdrawal;
- Any interim findings;
- A summary of unanticipated problems and serious adverse events (SAEs);
- A summary of protocol deviations;
- A summary of any complaints about the research since the last IRB review, their evaluation, investigation and resolution;
- A summary of any recent literature that may be relevant to the research and any amendments or modifications to the research since the last IRB review;
- Any other new or relevant information, especially information about risks associated with the research;
- Copies of the two most recently signed informed consent/assent documents with all identifiable information pertaining to the participant redacted;
- Relevant multi-center trials reports including the most recent data and safety monitoring report, if not previously submitted and if applicable;
- An amended or revised COI Management Plan which has been approved by the USF COI Committee or USF Affiliate site if a COI exists;
- Any other relevant study documentation or relevant regulatory actions that will allow the IRB to review the science and ethics of the study and make a determination regarding approval.

All IRB members have access to the materials outlined above within the electronic application.

It is the PI’s responsibility to provide any additional information or clarification requested by the IRB Chairperson or designee, in a timely fashion, to assist in the determination of approval. Failure to respond to IRB requests for additional information in a timely manner could result in the expiration of IRB approval. The IRB notifies investigators of study expiration in writing.

The IRB should be knowledgeable about the research and have access to the regulatory file (which includes the continuing review application) and currently approved informed consent document. The IRB should focus on any new information submitted by the investigator or sponsor and that which could necessitate changes to the protocol, the progress of the research, the adequacy of the process for obtaining informed consent (including the document), and
investigator and institutional issues. In addition, the IRB should consider provisions to data and safety monitoring which were previously approved to ensure they have been implemented as intended. To assist with the review of the continuing review application, the IRB is provided with a checklist to ensure all of the requirements are met and appropriate determinations are made. The IRB ensures the informed consent document contains accurate, up to date information regarding the study. Any significant new findings identified since the last continuing review that could affect subjects’ willingness to continue participating must be provided to enrolled subjects. IRB members with conflicts of interest for any given project cannot participate in the review process, except to provide information requested by the IRB. IRB minutes will appropriately address any members with conflicting interests and their exclusion from vote on the specific item.

IRB staff conducts a pre-review of applications for continuing review and supporting documents to identify non-scientific issues and to ensure the application is complete. Requests for clarification or revisions are communicated to investigators. IRB staff confirms the review type (e.g., expedited or full board review) is appropriate as submitted by the PI. Applications for continuing/final review that require review by the full board are scheduled for the next available board meeting and are assigned to a primary reviewer. Review of applications for continuing review (which do not meet the criteria for expedited review) take place at a convened meeting at which a majority of members are present, including at least one member whose primary concerns are in non-scientific areas. The IRB may invite individuals with specific knowledge and expertise to assist in the review of applications. The attendance and participation of such individuals will be documented in the meeting minutes. Applications for continuing review are typically assigned to an agenda at least three business days prior to the meeting.

The IRB makes the following determinations:

- Approval of the study as submitted (no changes are requested);
- Approved with Contingencies (IRB requests are minor in nature and do not require substantive judgment by the IRB Committee);
- Deferred (IRB requires substantial modification or clarification, or insufficient information is provided to judge the proposed research adequately). IRB approval of the proposed research will not occur until subsequent review of the material is submitted by the PI. If an application is deferred, the research staff will be notified of the reason and any information or changes that are required by the IRB; or
- Disapproved (the research no longer meets the criteria for IRB approval of research as set forth in the regulations).

Research projects undergoing continuing review at the convened meeting are considered, discussed, and voted upon individually. IRB staff record IRB determinations and prepare IRB correspondence to investigators for signature by the IRB Chairperson or designee. When research is approved with contingencies or disapproved, correspondence to investigators include reasons for the determinations and conditions that need to be satisfied before the PI can continue research relative to those conditions. For example, if at the time of continuing review, the IRB requires the investigator to change the research protocol to include a specific new procedure for screening prospective subjects, the IRB could approve the research with the following condition: research activities involving currently enrolled subjects may continue, but no new subjects may be enrolled until a designated enrolled subjects may continue, but no new subjects may be enrolled until a designated IRB member reviews a revised protocol and verifies that the protocol includes the new screening procedure.
**Expedited Review Procedures for Continuing Review**

Research studies, which have been initially approved by expedited review, can be renewed by expedited procedures, unless changes in the protocol have been made that affect subject safety, rights, welfare, or risk. The Chairperson or designee serves as the primary reviewer for expedited submissions and is provided with all the material submitted by the PI in order to conduct the review. The Chairperson determines whether the proposed human subjects research meet the federal criteria for approval, and either approves, or require modifications to secure approval. The IRB Chair or designee does not have the authority to disapprove expedited proposals for continuing review. If the Chairperson or designee feels the research does not meet criteria for approval, the application must be referred to the fully convened IRB. Applications approved by expedited procedures are reported to the convened board.

**Frequency of IRB Review and Effective Dates**

The IRB approves human subjects research for a specific time interval not to exceed one year from the date of the convened meeting at which the research was last approved, or one year from the date the IRB Chairperson (or designee) issued approval for expedited applications.

The USF IRB utilizes effective dates (anniversary dates), which is the date of annual renewal for research proposals and is consistent from year to year. Due to the use of effective dates, the USF IRB reviews applications for continuing review within 30 days of the study expiration date. When the IRB grants approval for one year at the time of each continuing review, and re-approves (with or without conditions) the research within 30 days before the IRB approval period expires, the IRB may retain the anniversary of the expiration date of the initial IRB approval as the expiration date of each subsequent one-year approval period. For example, if an IRB conducts initial review of a research project and approves it without conditions on October 1, 2013, for one year, the IRB may conduct its first continuing review anytime between September 1 and October 1, 2014, and re-approve the research for another one-year period that expires on October 1, 2015. The same timing may be applied to each subsequent continuing review until the research activities involving human subjects are completed.

When the IRB approves research with conditions at the time of continuing review before the expiration date of the preceding IRB approval period, IRB approval does not lapse even if the investigator needs additional time beyond the date on which the preceding IRB approval would have expired to satisfy some or all of the IRB’s conditions. However, conditions to secure approval must be satisfied within ten (10) business days of the expiration date for the research to proceed. Failure to satisfy conditions of approval within ten business days of the expiration date will result in suspension of the research study and is subject to reporting to the federal authorities as appropriate.

Studies expire at the end of the business day on the last day of approval of the research unless a continuing review submission has been approved/approved with contingencies. The federal regulations make no provisions for a grace period to extend the approval of the research beyond the expiration date. If the PI fails to submit an application for continuing review in sufficient time to allow for proper review by the IRB, the IRB may issue a new effective date for that study or may require a new application to be submitted. Once a study has expired, the investigator will be allowed to submit a continuing review application to re-open/reactivate the study within 30 days of the study expiration date. Reactivation of a study after 30 days will require the submission of a new application to the USF IRB.
Failure to Submit an Application for Continuing Review

If the PI does not submit a continuing or final review, or if approval has not been granted prior to the expiration of the current IRB approval, the approval will expire. All research activities including enrollment of new participants and continuation of research interventions or interactions with currently enrolled participants must stop immediately. However, continuation of participation of already enrolled subjects in the research project during a lapse in IRB approval may be appropriate (i.e., the research holds the prospect of direct benefit to subjects or when withholding intervention poses an increased risk to subjects). The PI should immediately notify the IRB if research subjects could be harmed by stopping study procedures. The IRB Chairperson or designee will determine if subjects may continue participating in the research interventions or interactions while the PI submits an application for continuing review for approval by the fully convened IRB or expedited procedures. When the IRB subsequently approves the research, a new anniversary data is given for subsequent approval periods.
Section 9: Changes to Human Subjects Research

9.1 Changes to Currently Approved Human Subjects Research

An amendment is a submission notifying the USF IRB of proposed change(s) to an IRB approved protocol. PIs are required to submit amendments to the USF IRB for any changes to currently approved human subjects research. Changes to USF IRB approved research may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject. If this situation were to occur, the PI must notify the IRB within 24 hours of implementing changes made without IRB approval and submit an amendment within five (5) working days. The USF IRB, either the convened board or the IRB Chairperson, will review this amendment and determine whether the change was consistent with ensuring the participant’s continued welfare. The approval of an amendment does not change the approval period for the protocol. Therefore, the study expiration date will remain the same as was determined for the protocol at the time of initial or continuing review.

Amendment submissions undergo the same review process as any other initial submission. Changes to research questions and objectives for Federally-funded projects which constitute a change in the scope of work (SOW) must be approved by the funding agency prior to approval to the IRB. Documentation of said approval should be submitted to the USF IRB with the amendment.

Proposed minor changes in research-related activities that do not materially affect an assessment of the risks and benefits of the study and do not substantially change the specific aims or design of the study may not require review by the fully convened IRB and can be reviewed by expedited procedures. Examples of minor changes include but are not limited to:

- Changes that involve logistical, administrative, and/or editorial aspects of the research project;
- Addition of research activities that would be considered expedited if considered independent from the main research protocol;
- Increase or decrease in proposed human research participant enrollment where subjects are not placed at increased risk;
- Narrowing the range of inclusion criteria;
- Broadening the range of exclusion criteria;
- Decreasing the number or volume of biological sample collection provided the change does not affect the collection of information related to safety evaluations;
- An increase in the length of confinement or number of study visits for the purpose of increased participant safety monitoring;
- Alteration or liberalization of payment schedule with proper justification;
- Deletion of study sites. If USF or a USF Affiliate is the primary site in a multi-center study, deletion of a participating site must include documentation that no participants have been enrolled at that site or are no longer enrolled at that site;
- Addition of a study site (which may require a Federal Wide Assurance (FWA) or other agreement between sites) with applicable letters of approval; and
- Changes that do not alter the overall risk/benefit ratio of the study.

All changes in study team members must be disclosed to the USF IRB. A change in the PI or faculty advisor for any given study must be submitted as an amendment and can be reviewed by the expedited process.
For efficiency purposes, additions and/or deletions of qualified study staff can be submitted as a Personnel Change Request by the PI or study coordinator in ARC and are reviewed and approved by the IRB Staff. There are two exclusions to this process which include:

- Research involving prisoners; and
- Research regulated by the Veterans Affairs (see HRPP Policy 501).

Changes to study personnel that meet the exclusion criteria must be submitted as an amendment.

Proposed major changes require review by the fully convened IRB. Examples of amendments which may require review by the convened IRB include but are not limited to:

- An increase in risks to subjects;
- A substantial change in the research design or methodology;
- Broadening the range of inclusion criteria;
- Narrowing the range of exclusion criteria;
- Alterations in dosage or route of administration of a drug;
- Extending the duration of exposure to a test material or intervention;
- Addition of procedures that would require full board review, if considered independent from the main protocol;
- Deletion of laboratory tests, monitoring procedures, or study visits directed at the collection of information for safety evaluations;
- Addition of serious unexpected adverse or unanticipated events to the informed consent document;
- Changes that materially affect an assessment of the risks and benefits of the study; and
- Any change to the research procedures, recruitment, enrollment, or informed consent, which in the opinion of the IRB Chairperson or designee does not meet the criteria or intent of a minor change.

The PI or study coordinator is responsible for creating and submitting amendment(s) for any changes to currently approved research. If the protocol and/or informed consent document(s) is being revised, a clean and tracked (red lined) version of the document(s) must be provided. The amendment must include justification, including any relevant documentation from the study sponsor or other agency. Additional information or clarification requested by the fully convened IRB, or IRB Chairperson or designee, should be submitted within 30 days, to assist in the determination of approval.

IRB staff and administrators provide guidance to the PI and/or study staff in the preparation and completion of the amendment submission, conducts a pre-review of the amendment, and ensures all applicable documents have been provided. IRB staff communicate questions and/or concerns to the study team to allow for scientific and ethical review of the amendment. IRB staff schedules full board amendments to the next available agenda, assigns a primary reviewer, and ensures all board members have access to the amendment and all supporting documents. IRB staff assigns expedited amendments to the IRB Chairperson or designee for review and notifies the PI in writing of the IRB’s determined action for the amendment.

The convened IRB determines whether the currently approved research study with the proposed changes meets the federal criteria for approval as outlined in 45 CFR 46.111/21 CFR 56.111. 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, the IRB members ensure additional safeguards have been included in the study to protect the rights and welfare of these subjects. The IRB may decide that the changes to the research activities require a change in the informed consent documents and therefore warrant re-consenting of currently enrolled participants or notification of participants who have completed research interventions.

The IRB Chairperson or designee serves as the primary reviewer for expedited amendments and has the authority to approve, or require modifications. The Chairperson or designee does not have the authority to disapprove expedited amendments but must refer these for consideration by the fully convened IRB.
Section 10: Additional Review Information

10.1 Appealing IRB Determinations

If the Principal Investigator (PI) believes the decision of the IRB is unduly restrictive, the PI may contact the Chairperson, Chair designee, or IRB administration to discuss the reasons for the determination. The PI may appeal the decision of the IRB in writing within 30 days of receiving notice of the determination. Extension to the deadline must be reviewed and approved by the IRB Chairperson. Appeals must be addressed to the IRB Chairperson or Chair designee and include the reasons the PI believes the proposed research or issue at hand is in compliance with USF IRB policies and procedures, state and local laws, and federal regulations. The IRB will consider the appeal(s) based upon new information provided. The PI may attend the IRB meeting(s) where his/her research and appeal are reviewed to address issues raised by the convened IRB consistent with USF Research Integrity & Compliance Procedures for Appearances before Institutional Compliance Committees which can be found at [http://www.research.usf.edu/dric/meetings.asp](http://www.research.usf.edu/dric/meetings.asp).

10.2 Administrative Hold, Suspension, Closure, or Termination of IRB Approved Human Subjects Research

The USF IRB, IRB Chairperson, Vice Chairperson, or the Institutional Official (IO) has the authority to suspend or terminate approval of all or part of a research study that is not being conducted in accordance with the IRB’s requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval includes a statement of the reasons for the IRB’s action and is reported promptly to the investigator, appropriate institutional officials, department or agency head and regulatory agencies in compliance with 45 CFR 46.103(b)(5)(ii), 45 CFR 46.113, 21 CFR 56.108(b)(3) and 21 CFR 56.113.

An administrative hold is a voluntary action initiated by the PI to place research activities on hold temporarily in response to a finding of concern that does not affect the safety, rights, and welfare of subjects to allow for additional information to be obtained. An administrative hold is not a suspension or termination; the protocol remains in an “active” status and require continuing review. An administrative hold should be reported immediately to the USF IRB and if not, at the time of continuing review.

Suspension is a directive of the convened IRB, the IRB Chairperson, Vice Chairperson, the IO, the sponsor, or other oversight body to temporarily stop some or all previously approved research activities. Suspension can be applied to such activities as recruitment, enrollment, specific procedures, or the study as a whole. Suspended protocols remain in an “active” status and require continuing review.

Suspension of a Principal Investigator is a directive of the convened IRB to suspend the privileges of a PI to conduct human subjects research.

IRB closure of a research study occurs when an investigator leaves the institution or affiliate institution without submitting a final report to close the research study.

Termination is a directive of the convened IRB to permanently cease all activities in a previously IRB approved research protocol. Terminated protocols are considered closed; in some situations a final report is required.
Suspension or Termination by the IRB

As outlined above, the convened IRB, an IRB Chairperson, Vice-Chairperson, or the IO may suspend part or all of a research study or terminate a study when it is in the best interest of participants. Studies may be suspended during an investigation of an allegation of noncompliance or to evaluate a human subject safety issue.

In the event a research study is suspended, all research activities must cease unless the project involves therapeutic treatment or intervention and interrupting that treatment/intervention, in the opinion of the treating physician and with the approval of the IRB/IRB Chairperson, would be detrimental to the research participant(s). Only in this case may the PI continue to provide such intervention. In all other cases, no study-related activities may continue unless explicitly authorized by the IRB/IRB Chairperson including no further enrollment of new participants, administration of the research drug, device and/or therapy, and use of data (including data analysis) in which a subject identifier is attached.

Reasons an IRB approved protocol may be suspended can include, but is not limited to, the following:

- A PI fails to provide the IRB with information requested that can affect the safety, rights and welfare of subjects;
- New information about the study becomes available that could alter the determinations made by the IRB at initial approval or continuing review of the research;
- The PI fails to comply with the federal regulations, state or local laws and institutional policies regarding the conduct of human subjects research; or
- The PI fails to meet the stipulations imposed by the IRB at continuing review within the time frame designated by the IRB.

Before a closure, suspension, or termination is put into effect, the convened IRB, or if time does not permit, an IRB Chairperson, Vice-Chairperson, or IO considers whether any additional procedures are needed to protect the rights and welfare of current subjects. Such procedures might include:

- Transferring subjects to another PI;
- Making arrangements for clinical care outside of the research;
- Allowing continuation of some research activities under the supervision of an independent monitor;
- Notification of current subjects;
- Notification of former subjects; or
- For terminated studies:
  - Requiring or permitting follow-up of subjects for safety reasons;
  - Requiring adverse events or outcomes to be reported to the IRB and the sponsor.

Notice of Hold or Closure by the Sponsor or Oversight Body

A sponsor or oversight body, such as a Data Safety and Monitoring Board (DSMB), or the FDA, may request that a research study be closed or put on a full or partial hold any time it believes such action is necessary to protect the safety and welfare of research participants or the integrity of the study (21 CFR 312.42). When a PI receives notification from an oversight body that the study must be closed or put on a full or partial hold, the PI must inform the IRB within five (5)
business days of receipt of such notification and provide the IRB with a copy of the written notification from the oversight body. If only some of the study activities will be placed on hold (such as suspension of enrollment), the PI must include a description of what activities will continue and why it is appropriate to do so. The convened IRB will review the notification and determine if additional protection of research participants, corrective actions, or investigation is required. The IRB will notify the PI in writing of any additional actions which are required.

**IRB Documentation and Reporting**

A closure, suspension, or termination will be documented in the IRB record. Decisions made by the fully convened board to suspend or terminate research and the reason for the decision are documented in the IRB meeting minutes. The IRB Chairperson or Vice-Chairperson shall report to the convened IRB at its next regularly scheduled meeting any such actions taken.

The IRB is responsible for promptly notifying the PI, the PI’s Chairperson and Dean, USF Sponsored Research, the Senior VP for Research & Innovation, and Affiliate Institutions, as applicable, of suspensions or terminations of IRB approval. The IRB also reports such action to OHRP, the FDA or other federal agencies, as applicable, within 30 calendar days.

**10.3 Relied Upon Institutional Review Boards**

To facilitate the review and approval of multi-site human subjects research, the USF IRB may agree to rely on the review and approval of another IRB or vice versa. Such arrangements must be made via an IRB Authorization Agreement (AA) or similar document to outline the roles and responsibilities of each IRB.

If a USF investigator is engaged in human subjects research where the majority of research procedures are conducted at an external site, which has an IRB registered with OHRP, the USF investigator can request that the USF IRB rely on the review and approval of the external institution’s IRB. The USF investigator is responsible for providing the following documentation to the USF IRB:

- The study protocol and informed consent document(s) which have been reviewed and approved by the external IRB;
- Documentation of the external institution’s IRB’s most recent IRB approval of the research. The USF investigator is responsible for ensuring the external institution’s IRB approval remains active and providing documentation to the USF IRB upon request; and
- Contact information of the reviewing IRB in order for the USF IRB to initiate conversations regarding the IRB AA.

The USF IRB is responsible for the following:

- Ensuring the USF investigator has appropriate and current education in the protection of human subjects;
- Reviewing the policies and procedures of the relied upon IRB prior to the execution of the IRB AA unless the institution has received AAHRPP Accreditation;
- Conducting administrative review of the applications submitted to the reviewing IRB. Administrative review is performed by the IRB Chairperson, Vice Chairperson, or IRB Administrator;
• Verifying the FWA and registration information submitted to OHRP is current;
• Execution of a contract or an IRB AA; and
• Updating the USF FWA to reflect reliance upon the reviewing IRB, as required by OHRP policy. In addition, the USF IRB must delete information regarding the relied upon institution at the conclusion of the research project.

The IRB reviewing the research (the relied upon IRB) is responsible for the following:

• Reviewing human subjects research according to the federal regulations, the ethical principles outlined in the Belmont Report, state and local laws, and institutional policies and procedures;
• Notifying the collaborating IRB of any concerns, complaints, allegations of noncompliance, and unanticipated problems involving risks to subjects or others;
• Arranging with the USF IRB and PI to inspect and audit all data or other study related documents; and
• Reviewing conflicts of interest as they relate to the research which may impact the rights and welfare of study participants.

For research determined to be exempt by another IRB, the collaborating USF investigator should submit the determination letter of the reviewing IRB and information regarding their specific research activities via email to IRB Administration for review. If the research activities of the USF investigator meet the criteria for exemption, the investigator is informed that no additional review is necessary. The USF IRB does not facilitate the execution of an IRB AA for research determined to be exempt from the federal regulations. Should the research activities of the USF investigator not meet the criteria for exemption, as determined by IRB Administration, an application should be submitted to the USF IRB for review and approval.

If another institution’s IRB plans to rely on the USF IRB, engages in human subjects research, and possesses a Federal Wide Assurance (FWA), an IRB AA between the site and USF must be established prior to the initiation of research activities at the site. The PI is responsible for consulting with USF IRB Administration who will oversee the completion of the approved IRB AA. The relying institution’s IRB is responsible for updating its FWA to reflect reliance upon the USF IRB, as required by OHRP. The relying institution and the USF IRB will each maintain one fully executed IRB AA for inspection by OHRP, as requested. If the site plans to rely on the USF IRB and does not possess an FWA, an Individual Investigator Agreement between the participating investigator and USF can be established prior to the initiation of any research activities at the site. The USF IRB reserves the right to refuse to allow the reliance upon another institution’s review and approval of research or the application of an Individual Investigator Agreement. An FWA is required for all sites receiving PHS funding for the conduct of research.

The USF IRB will follow its policy on reporting unanticipated problems involving risks to subjects or others, serious or continuing noncompliance, or suspension or termination of IRB approval as appropriate.
Section 11: Informed Consent of Research Participants

11.1 Informed Consent Process and Procedures

Unless waived by the IRB, research involving human subjects must include a consent process that has been reviewed and approved by the USF IRB. PIs must outline the informed consent process in their research protocols. As the consent process begins with initial contact with potential subjects, it includes an ongoing exchange of information including recruitment materials, measures to ensure the participant’s understanding of the information provided and an informed consent document.

Prior to enrolling individuals in research, investigators or their designated research personnel must obtain legally effective informed consent from the subject or the subject’s legally authorized representative (LAR). Investigators must provide sufficient opportunity for individuals to consider whether or not they wish to participate in the research. In addition, the potential subject must understand the information and be free from coercion or undue influence so as to provide autonomous informed consent. The consent form/process cannot include exculpatory language through which the subject waives any of their legal rights or releases, or appears to release, the researcher, the sponsor, or the institution or its agents from liability for negligence.

The individual obtaining informed consent must provide adequate information to potential subjects regarding the research, answer questions that may arise, and obtain a signature and date on an informed consent document from each individual who volunteers to become a research participant. Documentation of consent must be sought prior to any research activities occurring. Consent documents used to enroll subjects in a research protocol must be reviewed and approved (stamped/watermarked) by the USF IRB prior to the recruitment and enrollment of subjects in research. Information presented to potential subjects should be in a language understandable to the subject or their LAR. To this end, investigators should explain any technical or scientific terms in simple concepts. The USF IRB encourages investigators to use the consent templates provided by the IRB to ensure the form meets all of the required elements of consent. Finally, the informed consent document should be written in the second person (i.e., “you are invited to take part in a research study”).

The USF IRB ensures PIs and research personnel implement special protections when enrolling potentially vulnerable populations in research for which LAR consent is obtained. For more information regarding the enrollment and informed consent of vulnerable populations in research, please see the applicable policies as this section speaks to the general considerations of the informed consent process.

In certain circumstances, the IRB may waive part or all of the requirements of the consent process or the documentation of informed consent. The informed consent document or applicable waivers will be consistent with the federal regulations, state laws and USF HRPP policies. The USF IRB does not allow for the use of short forms.

Required Elements of Informed Consent

Research-related consent forms must contain all the basic elements of informed consent regardless of the risk level of the study unless a request for waiver or alteration of some or all of the elements is requested by the researcher and the waiver is approved by the IRB.
The following is a list of the required elements of informed consent:

- A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject’s participation, a description of the procedures to be followed, and identification of any procedures which are experimental.

- A description of any reasonably foreseeable risks or discomforts to the subject. Risks of procedures described in the consent document should be related solely to the research. Risks should be reasonable and should not minimize adverse effects.

- A description of any benefits to the subject or to others which may reasonably be expected from the research. Consent documents should not contain unproven claims or certainty of benefit, either explicit or implicit, that may unduly influence potential subjects.

- A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

- A statement describing the extent, if any, to which confidentiality of records identifying the subject must be maintained. For FDA-regulated studies, the possibility that the FDA may inspect the records must be included.

- For research involving more than minimal risk, an explanation as to the availability of medical treatment in the case of research-related injury, including who will pay for the treatment and whether other financial compensation is available.

- An explanation of whom (name and phone number) to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject.

- A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

- Contact information (phone number) for the IRB to obtain answers to questions about the research, to voice concerns or complaints about the research, to obtain answers to questions about their rights as a research participant in the event the research staff could not be reached, and in the event the subject wishes to talk to someone other than the research staff.

- For FDA regulated applicable clinical trials, the following statement must be included: “A description of this clinical trial will be available on http://www.ClinicalTrials.gov as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.”
Additional Elements of Informed Consent

USF IRB requires the inclusion of the following eight additional elements of informed consent unless justification is presented and the USF IRB approves the omission of one or more of the elements:

- A statement that the particular treatment or procedure may involve risks to the subject that is currently unforeseeable. (Include this when the research involves an unapproved drug, device, or biologic or procedure(s) for which the risks to subjects are not well known.)

- A statement that if the subject is or becomes pregnant, the particular treatment or procedure may involve risks to the embryo or fetus that are currently unforeseeable (include this when the research involves pregnant women or women of childbearing potential, and in studies involving both men and women when the risks to a fetus from the study drug, device, biologic or procedures involved in the research are not well known).

- Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent. Unexplained statements such as “the investigator can withdraw subjects at any time” does not fully inform the potential subject of anticipated circumstances for such withdrawal. In addition, statements such as “the investigator can withdraw subjects for not following procedures” is not appropriate as investigators should not expect subjects to know all study related procedures. It is appropriate to state, “the investigator can withdraw subjects if they do not follow the instructions given to them by the investigator/study team.”

- Any additional costs to the subject (or insurance) that may result from participation in the research.

- The consequences of a subject’s decision to withdraw from the research (include this when withdrawal from the research may be associated with risks that are more than minimal).

- Procedures for orderly termination of participation by the subject as some studies have deleterious effects on the subject’s health or welfare if terminated abruptly. The consent document should specifically explain these effects and the proper withdrawal procedures.

- A statement that significant new findings developed during the course of the research that may relate to the subject’s willingness to continue participation will be provided to the subject (Include this, for example, when the research will continue long enough that interim information is likely to be developed during the subject’s participation in the research).

- The approximate number of subjects involved in the study both locally and within the entire study if multiple sites are participating.

- That the study involves treatment and the probability of random assignment to the placebo or treatment.
**Informed Consent Process for Online Survey Based Research**

The USF IRB requires that computer and internet-based research protocols and their accompanying informed consent documents must address fundamentally the same risks (e.g., violation of privacy, legal risks, and psychosocial stress) and provide the same level of protection as the more traditional non-electronic methods of research involving human participants. Therefore, the USF IRB requires a consent process for research conducted online to ensure subjects are fully informed and voluntarily participate. A copy of the consent to be utilized should include all of the required elements outlined above and additional elements as appropriate. The consent should include a statement such as, “By completing the survey, you are agreeing to participate in the research.” Investigators can also include “Agree” or “I do not agree” buttons on their website for participants to indicate their choice regarding participation. In addition, the consent should include the following statement:

“It is possible that unauthorized individuals could gain access to your responses. Confidentiality will be maintained to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet. However, your participation in this online survey involves risks similar to a person’s everyday use of the Internet. If you complete and submit an anonymous survey and later request your data be withdrawn, this may or may not be possible as the researcher may be unable to extract anonymous data from the database.”

**Non-English Speaking Human Subjects**

The federal regulations state, “The information that is given to the subject or the representative shall be in language understandable to the subject or the representative.” Therefore, it is not appropriate to consent a subject who speaks a language other than English with a consent form written in the English language. When recruiting subjects whose primary language is not English, these individuals must be consented and provided with an informed consent document in their native language. An individual who speaks the same language as the subject must be included in the consent process to translate questions or concerns between the subject and the individual obtaining consent. The translator does not need to be a member of the study team but must be able to communicate accurately and honestly between the subject and the research team. In addition, the USF IRB recommends that the translator not be a family member of the potential research subject.

Once the IRB has reviewed and approved the English version of the informed consent document, the approved document must be translated into the language understandable by potential subjects and submitted as an amendment for IRB approval. The translated copy may be submitted with the English consent form with the initial submission as an alternative to submitting an amendment; however, changes requested to the English version must also be reflected in the non-English version. The translated document must be certified or back-translated and major discrepancies with the English version must be addressed.

**Informed Consent of Prisoners**

Obtaining informed consent from prisoners to participate in research requires particular attention to their circumstances. The research should not provide prisoners with advantages that would unduly influence their ability to weigh the risks involved in the research. Moreover, the consent form should be in language understandable to the population and should make it clear to prisoners
that participation in the research will have no direct effect upon their parole or treatment. A subject will be considered a prisoner when the subject becomes incarcerated subsequent to enrollment (for example, a subject in a longitudinal study or an extended treatment trial becomes incarcerated after the research begins but before it ends). In such cases, the investigator must notify the IRB immediately upon learning that the subject has become a prisoner and appropriate IRB review and oversight of the research must be provided.

**Informed Consent of Pregnant Women/New Mothers**

Florida law allows unmarried pregnant minors and unmarried minor mothers to consent to “the performance of medical or surgical care or services” for themselves or their children. Medical or surgical care or services, however, does not include research protocols. For research involving unmarried pregnant minors or minor mothers as subjects, a parent or guardian is required to consent to the minors’ participation in research. In addition, the minors must assent or agree to participate.

**Informed Consent of Illiterate English Speaking Individuals**

A person who speaks and understands English but does not read or write can be enrolled in a research study by “making their mark” on the consent document. A witness is required for research enrolling individuals who are unable to read (e.g., a subject is illiterate) or whose LAR is unable to read. The witness must be present for the discussion to attest to the validity of the participant’s signature.

**Informed Consent of Vulnerable Populations**

Florida statute 393.13(6) gives certain rights to individuals who are developmentally disabled. Prior to instituting a plan of experimental medical treatment, express and informed consent shall be obtained from a developmentally disabled individual, if competent, or the individual’s LAR. Information upon which the individual shall make the decision to participate shall include, but should not be limited to the nature and consequence of such procedures, the risks, benefits, and purposes of such procedures and alternate procedures available. Subjects who are physically unable to talk or write can be enrolled in a research study if they are competent and able to indicate approval or disapproval of participating by other means. Documentation of the means by which information was communicated to the subject and the specific means by which the subject communicated approval to participate must be present on the informed consent document and in the research record. The IRB would expect a third party to witness this interaction and sign the consent document as well.

Florida Statutes 765.101 and 744.3215 speak to individuals who are unable to provide legally effective informed consent due a physical or mental inability to communicate a willful and knowing health care decision. Consent in this situation must be obtained from an LAR or a Guardian. If obtaining informed consent from a guardian, the court may only grant such authority when research involves direct benefit and is intended to preserve the life or prevent serious impairment to the mental or physical health of the individual, or when it is intended to assist the individual to develop or regain his or her abilities.

**Informed Consent and the NIH Genomic Data Sharing (GDS) Policy**

For research that falls within the scope of the NIH GDS Policy, the IRB must review the informed consent document to determine whether it is appropriate for data to be shared for
secondary research use. Investigators must obtain prospective consent for the use of genomic and phenotypic data to be used in future research and to be shared broadly. In addition, the informed consent document should include whether the participant’s data will be shared through unrestricted or controlled access repositories even though the data are submitted de-identified.

**Reconsenting Subjects**

The PI has the responsibility to ensure individuals participating in human subjects research are informed about new information that might affect the subject’s willingness to participate in the research study. Changes to the risks or benefits listed in the informed consent document should be submitted to the IRB as an amendment and approved by the USF IRB prior to reconsenting subjects. Subjects should be informed of the changes, asked if they wish to continue to participate, and signify their willingness by signing the amended consent document. Changes can also be documented in an addendum to the informed consent document should the study team choose to not amend the previous consent (this procedure may only be used if subject recruitment has ended). Minor administrative changes to the informed consent document do not require the reconsenting of subjects who are already participating. Investigators who have questions regarding whether or not subjects should reconsent should contact the USF IRB.

**Specific Guidance for FDA Regulated Research**

In accordance with FDA guidance, when a subject withdraws from a study, the data collected on the subject to the point of withdrawal remains part of the study database and may not be removed. The consent document cannot give the subject the option of having data removed. The investigator may ask a subject who is withdrawing from the study whether the subject wishes to provide continued follow up and further data collection subsequent to their withdrawal from the interventional portion of the study. Under this circumstance, the discussion with the subject must distinguish between study-related interventions and continued follow up of associated clinical outcome information, such as medical course or laboratory results obtained through a noninvasive chart review, and address the maintenance of privacy and confidentiality of the subject’s information.

The investigator must obtain the subject’s informed consent for this limited participation in the study using an informed consent form approved by the IRB for this purpose. If a subject limits participation in the study (assuming the situation was not withdrawal from the interventional portion of the study) and does not consent to continued follow up of associated clinical outcome information, the investigator must not access, for purposes related to the study, the subject’s medical record or other confidential records requiring the subject’s consent. However, an investigator may review study data related to the subject collected prior to the subject’s withdrawal from the study, and may consult public records, such as those establishing survival status.

For studies that involve significant risk devices, the informed consent form is considered to be a part of the investigational plan and must be submitted and approved by the FDA. If the IRB makes substantive changes to the FDA approved informed consent document, the sponsor or sponsor investigator must resubmit the revised informed consent document to the FDA for further review and approval.
Waiver or Alteration of Informed Consent Process

The federal regulations permit an IRB to approve a consent process that eliminates or alters the required elements of informed consent set forth in 45 CFR 46.116, or to waive the requirement to obtain informed consent altogether. 45CFR 46.116(c) states that the IRB must find and document that:

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

Under 45 CFR 46.116(d), the IRB must find and document that all of the following are true:

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

Waiver of Informed Consent Documentation

In addition, the federal regulations (45 CFR 46.117(c)) permit an IRB to waive the requirement to obtain written documentation of informed consent. In order to approve such a waiver, the IRB must find and document either of the following conditions:

- The only record linking the participant and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each participant will be asked whether the participant wants documentation linking the participant with the research (the participant’s wishes will govern) for research that is not subject to FDA regulations; or
- The research presents no more than minimal risk of harm to participants and involves procedures or activities for which written consent is not normally required outside of the research context.

For research subject to FDA regulations, the IRB may, for some or all participants, waive the requirement for documentation of informed consent if it finds that the research presents no more than minimal risk of harm to participants and involves no procedures for which written consent is normally required outside the research context (21 CFR 56.109(c)(1)). Otherwise, the IRB will not waive the requirement for informed consent for FDA-regulated research.

In cases where the requirement for documentation of informed consent is waived, the IRB will review and approve a written summary of the information to be provided to participants (i.e., a cover sheet that accompanies an anonymous survey).
Responsibilities

The PI is responsible for the development, implementation, and evaluation of an informed consent process. The PI must ensure informed consent is prospectively obtained and documented from each participant or the participant’s LAR prior to the conduct of any activities that constitute the research encounter, unless the requirement of informed consent is waived or altered by the IRB. If consent is obtained the same day that the subject’s involvement in the study begins, documentation in the research record should clearly indicate that consent was obtained prior to participation in the research. The PI must also ensure the information provided to the participant or the participant’s LAR is in a language understandable to the participant or the representative. In addition, the consent document must not include any exculpatory language through which the subject or their LAR is made to waive, or appears to waive, any of the participant’s legal rights or releases or appears to release the researcher, the organization, or its agents from liability or negligence.

The PI must outline the plan to obtain informed consent in their research protocol. This process should include sufficient time for the participant or the participant’s LAR to consider whether to participate or not. The PI is also responsible for ensuring the informed consent process is executed by research personnel who have completed USF IRB-approved training in human subjects research protection, are knowledgeable about the research, able to answer potential questions about the research, and have access to the PI. The individual obtaining informed consent must sign and date the consent document at the time of obtaining legally effective informed consent from the participant. Subjects must be provided a copy of the entire document once it has been signed and dated. The original signed hardcopy of the entire informed consent document must be maintained in the PI’s research records and available to the IRB upon request.

The PI must ensure that subjects recruited to participate in research are consented on an IRB approved informed consent document, which contains a valid USF IRB watermark and dates of approval. If the research is conducted at a covered entity where the HIPAA Privacy Rule applies, authorization language must be compounded into the informed consent document (the only exception to these requirement is for VA regulated research).

The informed consent document must fully inform individuals about what is expected of them should they choose to participate in the research study. The potential participant should be allowed to take home the informed consent document to discuss the research with family, friends, and/or others prior to making a decision as to participation in the research.

For studies that involve greater than minimal risk, the IRB may require that a witness, who has been present during the entire consent process and who can attest to the accuracy of the presentation and the identity of the participant, sign the informed consent document. The witness is also present during the consent process to attest to the validity of the participant’s signature and that they apparently understood the information explained to them.

Should a waiver of the documentation of informed consent or the informed consent process be waived, the investigator is responsible for conducting the research in a manner consistent with the ethical principles outlined in the Belmont Report and in compliance with USF HRPP policies and procedures as well as federal regulations.

Research subjects should be allowed to discontinue their participation in the research at any time without any penalty or loss of benefits. In biomedical studies, should research subjects decide to
discontinue their participation, the PI can clarify if subjects wish to stop only the intervention portion of the study and continue in study follow up. Should the research subject continue with follow up, the PI must obtain written informed consent for this limited scope of the research project. Should the subject discontinue their participation completely, the PI must not access the individual’s medical record or attempt to obtain any additional information for the purpose of the research study.

When reviewing research, the IRB/Staff/Chairperson/Designee is responsible for ensuring the informed consent process described in the application is appropriate and complete and that all of the required elements of informed consent are included in the document. The IRB/Staff/Chairperson/Designee must also ensure the consent is in a language understandable to potential participants or their LAR and that there is appropriate monitoring of the informed consent process, when appropriate. The IRB/Staff/Chairperson/Designee must also ensure no informed consent, whether oral or written, contains exculpatory language through which the subject or the subject’s LAR is made to waive or appears to waive any of the subjects legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence. The IRB/Staff/Chairperson/Designee must demonstrate that the investigator meets the requirements for waiver or alteration of informed consent prior to approving such waivers. Should a waiver or alteration of informed consent be granted, the IRB staff will document this in the study file and meeting minutes as applicable and in correspondence to the PI.

**Consent Monitoring**

The USF IRB has the authority under 45 CFR 46.109(e) and 21 CFR 56.109(f) to observe or have a third party observe the consent process and the research to ensure the consent process is appropriate and the approved process is being followed. The IRB may envoke this authority at any time and can do so if the study involves vulnerable populations, high risk or innovative procedures, or in studies in which the IRB has concerns that the consent process is not being conducted properly.

In reviewing the adequacy of proposed informed consent procedures, the IRB will determine on a protocol-by-protocol basis, as a part of the initial and continuing review process, those protocols that require third party observation/monitoring of the consent process. The person(s) authorized to conduct the monitoring will be identified and the meeting minutes will document the monitoring plans. The monitoring results will be reported to the IRB at intervals determined by the IRB, reflected in the meeting minutes, and included in the study file. If the monitoring is open-ended, the IRB will determine when the monitoring is no longer required and this information will also be reflected in the meeting minutes.
Section 12: Subject Recruitment, Rights, and Participation

12.1 Participants’ Rights and Responsibilities in Human Subjects Research

The ethical conduct of human subjects research is a shared responsibility between the Institution, investigators and their research staff, the subjects who enroll in research, and IRB. Research participants are an integral part of all successful human subjects research and the USF IRB recognizes the importance of their participation. Participation must be voluntary; individuals must be free to choose not to participate or to discontinue participation in the research at any time, for any reason. Potential research participants have the right to a full description of the nature and the purpose of the study, including an explanation of all research related procedures, drugs and/or devices that will be used in the research, as well as a description of any risks and/or potential benefits that may result from participation in the research. Participants have the right to know the time commitment and frequency of study visits associated with the research, as well as any alternative treatment options which may be available and of benefit to them. Potential participants have the right to all information pertaining to the research that could influence their decision to participate, so they may make an informed choice regarding participation. Research participants also have the right to publications of results of the research in which they participated. This can be achieved through the publication of results on clinicaltrials.gov, various journals, participant newsletters, or any other form of publication.

Potential research participants have the right to have all of their questions answered before being asked to sign an informed consent document (ICD) and to be able to make the decision to participate, or not participate, without being unduly influenced and/or feeling forced, pressured, obligated, or coerced in any way. Participants have the right to take part in the full informed consent process in a language that is understandable to them and receive a copy of the complete ICD. If the ICD contains HIPAA authorization language, participants should receive a signed and dated copy of the ICD. Once informed consent has been obtained from research participants, participants have the right to continue to ask questions about the research and to have those questions answered. Participants may choose to withdraw their consent to participate in the research for any reason at any time.

Research participants should make every reasonable effort to comply with protocol requirements and inform the investigators/study team of any unanticipated problems. This responsibility is essential for the integrity of the research.

12.2 Privacy and Confidentiality in Human Subjects Research

All human subjects research reviewed by the USF IRB, or a USF-relied upon IRB, must have adequate provisions to protect the privacy of subjects and the confidentiality of data in accordance with the applicable federal regulations, state and local laws, and Institutional policies and procedures as they relate to research.

Privacy and confidentiality are identified in The Belmont Report under the ethical principles of Respect for Persons and Beneficence. The IRB will consider both the degree of privacy of the information collected and the measures taken to protect the confidentiality of the information when reviewing and approving research involving human subjects.

The IRB must consider privacy issues and must be satisfied that the research does not constitute
an unwarranted invasion of the individuals’ privacy. In doing so, the IRB must seek to establish that the investigator has a legitimate need to access any identifiable information that is to be utilized in the research. Research not providing adequate protections of privacy and confidentiality is not eligible for IRB approval.

PIs are responsible for ensuring the research is conducted in a manner consistent with the ethical principles outlined in the Belmont Report, the federal regulations, state and local laws, and USF HRPP policies and procedures. PIs are responsible for outlining in the IRB application the information to be collected as part of the research and the measures that will be taken to protect the confidentiality of the data while the research is being conducted as well as when it is complete. This information will allow the IRB to make a determination on the appropriateness of the collection of private data and the maintenance of the confidentiality of the data.

If the research involves deceased persons when such information is both identifiable and private or if the information can identify family members of the deceased individual, additional protections should be included. (Please note that this type of research does not constitute human subjects research and should not be submitted to the USF IRB for review and approval. However, there may be HIPAA implications associated with this type of research. Investigators are encouraged to contact the Research Privacy Officer of their institution for additional information and guidance.)

The IRB is responsible for reviewing the information that will be collected during the course of the research and determining the degree of privacy of the information and adequacy of the measures to be taken to protect the confidentiality of the data. The IRB will consider the nature, probability, and magnitude of harms that likely would result from a disclosure of collected information outside the research as it ensures the protection of privacy of subjects and confidentiality of data of all research proposals in accordance with 45 CFR 46.111(a)(7) and 21 CFR 56.111(a)(7).

The IRB serves as the HIPAA Privacy Board and accepts recommendations from the USF Research Privacy Officer or designee regarding waivers or alterations of Authorization.

The IRB determines the adequacy of protections of privacy and confidentiality, by considering the following factors:

- The nature of the information sought;
- Situations where there is a reasonable expectation of privacy;
- Observation or intrusion offering no offense to reasonable people;
- Research design and objectionable intrusions of privacy (including how subjects will be recruited);
- Identification and recruitment through review of existing records weighed against the potential benefit to society or generalizable knowledge;
- The likelihood that a reasonable individual would not regard the release of particular information an invasion of privacy;
- The likelihood that participants would not consider intrusions, unrelated to personal information, as an invasion of privacy;
- The availability of alternative procedures;
- The vulnerability of the participant population;
- The purpose for accessing the private, identifiable information;
- The PI’s disclosure regarding measures to protect the confidentiality of the research data
collected;
- Whether waiving the documentation of informed consent would better protect the confidentiality of the data;
- Whether or not appropriate documentation is contained in the informed consent document relative to the privacy and confidentiality of information collected throughout the course of the study;
- Whether the data is identifiable, linked to individuals, has adequate precautions (e.g. coding of records, destruction of identifying information, limiting access to the data, statistical techniques), and the physical or computerized methods for maintaining the security of stored data;
- Whether appropriate measures relative to privacy and confidentiality are maintained for secondary subjects (e.g. individuals whose information is provided by a primary subject or individual with whom the study team is interacting);
- DHHS and FDA requirements for describing the extent, if any, to which confidentiality of records identifying the participant will be maintained.

IRB staff are responsible for documenting review of privacy and confidentiality considerations by the IRB. This includes documentation in eIRB and in the meeting minutes of the convened IRB that reviewed the research.

Federal officials have the right to inspect research records, including informed consent documents and individual medical records, to ascertain compliance with the regulations. The FDA requires that information regarding this authority be included in the informed consent document for all research that it regulates. Identifiable information obtained by federal officials during such inspections is subject to both the privacy provisions and the disclosure provisions of the Privacy Act of 1974.

**Certificates of Confidentiality**

A Certificate of Confidentiality (CoC) protects individual researchers against the involuntary release of sensitive information about individual participants for use in federal, state, or local civil, criminal, administrative, legislative, or other legal proceedings. Researchers can obtain a CoC if the IRB or the investigator determines that the research is sensitive in nature and the protection of the data collected is necessary to reach the study’s objectives. The IRB may require that an investigator obtain a CoC, especially for research involving vulnerable populations or research involving the use of or participant reporting of illegal substances.

Additionally, the National Institutes for Health (NIH) encourages investigators and institutions submitting large-scale human genomic datasets to the NIH-designated data repositories (e.g., dbGaP) to seek a CoC as an additional safeguard to prevent compelled disclosure of any personally identifiable information they may hold.

**Genetic Information Nondiscrimination Act (GINA)**

Federal law prohibits discrimination in health coverage and employment based on genetic information. Along with HIPAA, GINA prohibits health insurers or health plan administrators from requesting or requiring genetic information of an individual or an individual’s family members, or using such information for decisions regarding coverage, rates, or preexisting conditions. GINA also prohibits employers from using genetic information for hiring, firing, or promotion decisions, and for any decisions regarding terms of employment. The USF IRB will
consider the provisions of GINA when assessing whether genetic research satisfies the criteria required for IRB approval of research. In particular, the IRB will consider whether the risks are minimized and reasonable in relation to anticipated benefits. The USF IRB will also consider whether there are adequate provisions in place to protect the privacy of subjects and maintain the confidentiality of their data.

12.3 Recruitment and Advertising in Human Subjects Research

Recruitment methods and advertisements that will be used in human subjects research require prospective review and approval by the USF IRB. The IRB considers advertising or soliciting study participants to be the start of the informed consent process. Investigators must provide detailed information regarding how participants will be identified and recruited in the IRB application. The IRB evaluates this information to ensure recruitment is fair and equitable and that advertisements do not unduly influence potential subjects or overstate possible benefits of participation.

The USF IRB does not allow “cold calls” to potential research subjects. A letter of introduction from a direct care provider or organization leader (i.e., someone who has an established relationship with the potential subject) is the acceptable method of disseminating information regarding research opportunities. This information should contain pertinent information regarding the proposed research and contact information should individuals be interested in participating. Typically this letter is sent under the name of the individual with whom the potential participant has a direct relationship (i.e., the individual’s primary or specialty care provider). However, the IRB may not deem this method of recruitment appropriate for certain research topics.

The IRB only approves studies demonstrating equitable subject recruitment, taking into account the purposes of the research and the setting in which it will be conducted. The IRB evaluates all research applications to verify that investigators have demonstrated equitable selection and recruitment (distributive justice) of all research subjects and have made every effort to ensure diversity of subject selection. In particular, the IRB evaluates any special problems that may occur with proposed research involving vulnerable populations, such as children, prisoners, pregnant women, and individuals who are decisionally impaired. For greater than minimal risk studies, the IRB ensures that proposed sampling efforts do not favor some classes of subjects solely due to ease of availability, compromised positions, or manipulability. Additionally, the IRB requires researchers to make every effort to include women and members of minority groups, as appropriate.

The first contact prospective study subjects make is often with an individual (i.e., receptionist, graduate student, etc.) who follows a script to determine basic eligibility for the specific study. The IRB should assure the procedures followed adequately protect the rights and welfare of the prospective subjects. In some cases personal and sensitive information is gathered about the individual. The IRB should have assurance that the information will be appropriately handled. A simple statement such as "confidentiality will be maintained" does not adequately inform the IRB of the procedures that will be used.

Recruitment of Students or Employees

Federal regulations state, “An investigator shall seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence” (45 CFR
Coercion occurs when an overt threat of harm is intentionally presented by one person in order to obtain compliance. For example, an investigator tells a prospective subject that he or she will lose access to needed health services if he or she does not participate in the research. On the other hand, undue influence occurs through an offer of excessive or inappropriate reward or other overture in order to obtain compliance. For example, compensation that would ordinarily be acceptable may present an undue influence when subjects are especially vulnerable.

The issues involving students and employees as research subjects are essentially identical and center on coercion and undue influence. Instructors have power over students just as employers do over their employees. Students may perceive that a decision to participate could affect the instructor’s opinion of them or impact the grades they will receive. Similarly, employees may feel that a decision to participate could affect performance evaluations or job advancement. In general, the research must not bestow upon participating University subjects any competitive academic or occupational advantage over other students or staff who do not volunteer. The researchers must not impose any academic or occupational penalty on those not volunteering.

Even if these situations do not actually exist, the perception that such negative consequences could happen are enough to make students or employees feel pressured to participate. Investigators must be cautious about the potential for coercion and undue influence and the need to protect confidentiality.

One way investigators can reduce the potential to cause undue influence is to design the study so that the instructor, or employer, is blind to the identity of the participants. If a study is designed in this way, potential subjects should be informed that the investigator will not know who did and who did not participate. The study should also be designed so that the investigator cannot infer who participated through indirect means (e.g., by seeing who walks into the laboratory, by getting a list of who earned extra credit for participating in the study, etc.). Another way investigators can minimize the possibility of undue influence in studies which offer extra credit or rewards for participation is to offer students non-research alternatives involving comparable time and effort of that which is involved in the research. Students must not be penalized for refusing to participate in research (45 CFR 46.116(a)(8)).

Due to the potential for undue influence, investigators generally should avoid recruiting their employees or students from their own institution/class. Additionally, when recruiting students from academic courses where the study researcher/s are not primary course instructors, the study researchers must gain permission from the course professor who is in charge of the course. When recruiting employees or students is the only feasible way to conduct a study, investigators are expected to design the research in such a way that reduces the potential for subjects to feel pressured (unduly influenced) to participate. In these cases, the informed consent document should clearly state that the decision not to participate or to withdraw participation will not have any consequences for the individual being recruited. These consequences should be listed (e.g., will not affect course grades, recommendations, access to courses or educational opportunities in the future, consideration for bonus, promotion, work evaluations).

Recruitment of a specific population of subjects (i.e., medical students) may require additional review and approval by the appropriate college.

**Research Participant/Subject Pools**

A participant pool is a research resource used by some departments and colleges in academic settings as a registry of individuals who are interested in participating in research and agree to be contacted for potential participation in a study. These volunteers are utilized in studies for that
college or department. The IRB provides guidance and oversight of departmental participant pools, and reviews all research requesting “pool” participation.

Student participant pools serve to not only provide researchers a pool from which to recruit primarily student participants for their studies, but also serve to familiarize students with the research process as subjects and researchers. Student subject pools are composed of students enrolled in particular departmental courses that provide credit for participation in one or more research projects. Student participation in subject pool research must be completely voluntary. While course credit can be offered for participating, students cannot be penalized or “docked points” for not appearing for a scheduled research appointment. Departments may provide students with incentives to participate in the subject pool; however, reimbursement for participation must not jeopardize subject confidentiality or anonymity. In addition, pools offering extra credit to participating students must provide alternative opportunities to earn the same extra credit for those not wishing to participate in the research. Alternatives to the research subjects should require an equivalent amount of time and effort to complete for extra credit. Subject pools including subjects under 18 years of age are required to obtain parental permission prior to their involvement in research unless those individuals are emancipated. It is up to the student to decide whether to participate in any study; instructors cannot mandate or require student participation. As stated above, instructors are strongly discouraged from recruiting subjects they directly supervise or selecting subjects on such basis. Participant pool requirements and procedures vary by department so it is best to consult with your individual departments for specific guidelines and additional requirements.

**Recruitment of Military Personnel:**

The USF IRB maintains an addendum to the organization’s Federalwide Assurance (FWA) to perform research sponsored by the Department of Defense (DOD). When the proposed research involves the recruitment of US military personnel, undue influence must be minimized by implementing the following procedures:

- Officers are not permitted to influence the decision of their subordinates;
- Officers and senior non-commissioned officers may not be present at the time of recruitment;
- Officers and senior non-commissioned officers have an opportunity to participate separate from their subordinates;
- When recruitment involves a percentage of the unit, an independent ombudsman is present;
- Limitations on dual compensation include prohibiting an individual from receiving pay from more than one position for more than 40 hours of work in one calendar week (e.g., the individual cannot receive payment for being in a research study during normal duty hours). Payment and participation not on normal duty hours is allowed. This policy applies to temporary, part-time, and intermittent appointments.

**Recruitment of the Research Team and/or Family Members to Participate in Research**

The enrollment of spouses, dependents, or research team members presents the perception, whether real of not, of research bias and coercion and is not allowed by the USF IRB. These individuals can participate in research conducted by the University but not in a study in which they are on the study team or the spouse or dependent of a study team member.
Advertisements

Advertisements include printed material that is intended to be seen or audio material that is intended to be heard by prospective research subjects to solicit and induce their participation in a study. Direct advertising includes, but is not necessarily limited to, newspaper, radio, TV, bulletin boards, posters, and flyers that are intended for prospective subjects. Direct advertising does not include communications intended to be seen or heard by health professionals, such as "dear doctor" letters and doctor-to-doctor letters (even when soliciting for study subjects), news stories, or information publicity intended for other audiences.

Generally, advertisements used to recruit research subjects should be limited to information that a potential subject would need to determine if they are eligible and interested in participating. More specifically, the advertisements should use lay terms and include information such as:

- The words “Research” or “Research Study”;
- The name of the institution conducting the research & the USF or other appropriate logo;
- The name and contact information of the investigator conducting the research;
- The condition under study including the purpose of the research;
- Basic criteria used to determine eligibility;
- The IRB study number;
- A brief list of potential benefits to participation (note that compensation for participation is not a benefit to participate in research);
- Time commitment for participation; and
- Compensation or reimbursement (Note: the amount should not be overemphasized with bold or enlarged print or other means of emphasis).

Advertisements should not contain:

- Exculpatory language where the subjects would be required to give up some of their rights;
- A promise for a favorable outcome or benefits;
- Promotion of emphasis that subjects will be receiving medical treatment at no cost (free medical treatment) since the reality is that they will not be charged to participate in a research project;
- Explicit or implicit claims of equivalency or superiority to other standards of treatments or safety and efficacy;
- Wording that the study involves “new treatment”, “new Medication”, or “new drug” without an explanation that the treatment is investigational; and
- Claims, explicitly or implicitly, about the drug, biologic or device under investigation that are inconsistent with FDA labeling.

Advertisements conforming to the above guidelines may be approved for any advertising format, (e.g., posted flyers, newspapers, internet advertisements, radio/television, slides shown prior to films at movie theaters). However, the IRB must review the final copy of printed advertisements to evaluate the relative size of font type used and other visual effects and must review the script of the final audio or video taped advertisements. Advertisement text for television and/or radio broadcasting may be submitted for review and approval prior to the final taping. However, the final tape should be submitted to the IRB and may be reviewed under expedited review prior to broadcasting. Investigators should specify in their original applications all advertising formats that are anticipated. Once a study is approved by the IRB, any changes to recruitment and
advertising material must be submitted as an amendment and approved prior to use.

Amendments for changes in advertising methods may be reviewed by expedited procedures; however advertisements involving complicated research projects or sensitive issues must be reviewed by the fully convened board. All advertisements reviewed through expedited procedures will be reported to the fully convened IRB as information items.

Advertisements regarding clinical trials posted on the web (i.e., institutional website or clinicaltrials.gov) do not require prior approval by the USF IRB as long as the information is limited to basic study details such as:

- The title;
- The purpose of the study;
- The protocol summary;
- Basic eligibility criteria;
- Study site location; and
- Contact information for further information.

Responsibilities

PIs must obtain IRB approval prior to the use of all methods and materials intended for the recruitment of prospective research participants. In the application for initial review, investigators must provide a rationale for the recruitment of vulnerable subjects (e.g. children, prisoners, pregnant women, economically and educationally disadvantaged, decisionally impaired, and homeless individuals) and address why a less vulnerable population would not serve as well for the topic being studied. PIs are responsible for developing advertisement(s) in a non-biased manner without overemphasis of the font size, compensation, or any other items that would unduly influence subjects to participate in the research. PIs must obtain any necessary approval(s) from sites where the advertisements will be placed (e.g. public transportation, businesses, and schools) and ensure all advertisements are reviewed and approved by the USF IRB prior to their use.

PIs of clinical trials are responsible for registering on clinicaltrials.gov as required by federal regulation. For additional information on registering studies on clinicaltrials.gov, please see the guidance document on the IRB website.

IRB Review of Recruitment Procedures and Advertising

The USF IRB reviews and approves advertisements that meet the criteria outlined in this policy and communicates concerns or approvals to investigators. The USF IRB may disallow advertisements that include the exact amount of compensation research subjects will be paid for their participation if the IRB feels the method in which the advertisement is used or the amount would unduly influence subjects to participate. When reviewing and approving advertisements, the USF IRB considers where the advertisements will be located, the study population being recruited, and the mode of communication (hardcopy, audio or video, etc.).

Clinical websites that ask viewers questions regarding eligibility, including identifiable private information, for recruitment into a specific clinical trial which has received USF IRB approval will be reviewed in detail for specific plans to protect the confidentiality of the information collected. The USF IRB must assess whether or not the website clearly explains how the
identifiable private information will be used and stored. Informed consent and HIPAA Authorization must be obtained for the collection of this information unless waived by the IRB.

When recruiting students, employees or trainees, the USF IRB considers the potential vulnerability of this population and the potentially coercive power structure of the University environment when approving advertisements for research involving this population. The IRB considers mass distribution recruitment efforts and manner of delivery to ensure that an individual’s decision will not have any bearing on his or her relationship with instructors, employers, or mentors.

Individuals not associated with USF must contact the USF IRB when soliciting students and employees at the University to participate in research. This will allow the USF IRB to determine whether or not USF is engaged in research. This determination can be made by IRB Administration or an IRB Chairperson or designee. These individuals have the authority to disallow the conduct of the research activities (including recruitment) from taking place at the organization.

When following the FDA regulations, the IRB reviews advertisements to ensure they do not allow compensation for participation in a trial offered by a sponsor to include a coupon good for a discount on the purchase price of the product once approved for marketing.

12.4 Compensation to Human Subjects Research

The USF IRB reviews the amount and method of compensation to research subjects and the proposed payment schedule to ensure the compensation does not present undue influence (an offer of an excessive or inappropriate reward or other overture in order to obtain compliance) to individuals participating in IRB approved research. Compensation should be based on the time an individual will be involved with study procedures, the inconvenience or discomfort to the subject, and reimbursement for expenses incurred while participating. Payments to participants should not be so high as to compromise a prospective subject’s examination and evaluation of the risks involved in the research nor should it affect the voluntariness of participation. Studies involving multiple interactions or interventions over time should offer prorated compensation as opposed to payment only upon completion of the study. Offering payment to participants only upon completion of the study could unduly influence a participant’s decision to withdraw at any time. However, compensation that includes a bonus for the completion of all study related procedures or visits is allowable if it is reasonable and not so large that it would unduly influence individuals to continue participation when they would have otherwise withdrawn.

In studies of motivation, learning, skill development, and associated themes investigators sometimes use study methods that involve the use of incentives to enhance performance. Even when these incentives have monetary or equivalent value, they are not considered compensation. However, the amount of the incentive should not constitute undue influence. The same guidelines for compensation should be used in establishing incentives. Use of incentives, and the range of amounts possible, should be described clearly in the informed consent document.

Compensation is not viewed as a benefit to participation in research and should not be outlined as such in the informed consent document or considered by the IRB in the assessment of the risks and benefits to subjects. Sponsor coupons for a discount on the purchase price of the product once it has been approved for marketing is prohibited as compensation for participation. Finally,
investigators are responsible for collecting taxpayer information from research participants in accordance with USF Research Clarification or Change in Procedure (CCHIP) #017.

In addition to compensating subjects, in the State of Florida, it is unlawful for any health care provider to offer, pay, solicit, or receive remuneration for the referral of a patient (Florida Statute 456.054); therefore, the IRB does not allow payments designed to accelerate recruitment (also known as bonus payments) or allow referrals that result in a “finder’s fee” payment. For studies that involve children, especially those conducted in schools, reimbursement is generally not appropriate. However, if a researcher believes that reimbursement is appropriate, the following general guidelines should be adhered to:

- Any compensation should not be contingent upon the subject completing the study, but should accrue as the study progresses;
- Compensation given as a “bonus” or incentive for completing the study is acceptable provided that the amount is not coercive. The IRB is responsible for determining if the amount is not so large as to be coercive or represent undue influence; and
- The amount of compensation should be clearly outlined in the assent and parental permission forms.

When considering the amount of reimbursement to be given to a child and/or the child’s parents, special consideration must be given to ensure that the child does not simply assent to participate based on the amount or type of reimbursement. In addition, the amount of reimbursement should not be so large that the parents would provide undue pressure on the child to assent to participate. The PI should consider that the type or amount of reimbursement may be coercive in some situations and not coercive in others and make every effort to establish a reimbursement amount and schedule that will not be a factor in the child’s decision whether to participate or the parent’s decision to give permission for a child’s participation.

For individuals whose cognitive impairment is such that they do not manage their own finances, compensation should be distributed to the individual(s) who regularly manages the finances of the participant.

PIs are responsible for describing in both the IRB application and the informed consent document the amount, method, and terms of payment of any compensation to research participants. This description should include the conditions under which the participant would receive partial or no payment and what will happen if the participant withdraws prior to study completion. PIs must submit an amendment to the IRB and receive approval prior to implementing changes to compensation.

The USF IRB must consider whether any aspect of the compensation will present an undue influence on prospective participants, thereby interfering with their ability to give voluntary informed consent. Compensation for participation in research should be just and fair. The IRB must consider the study population and the context of the research in order to judge how the compensation might affect participation. Compensation which includes a bonus for completion of all study related procedures or visits must be reasonable and not so large that it would unduly influence individuals to continue participation when they would have otherwise withdrawn.

Undue influence can occur even when monetary compensation is not involved. For instance, an investigator might promise psychology students extra credit if they participate in the research. If that is the only way a student can earn extra credit, then the investigator is unduly influencing
potential subjects. If extra credit or rewards are offered for participation, students must be provided with and informed of non-research alternatives involving comparable time and effort to obtain the extra credit in order for the possibility of undue influence to be minimized.

Regulations require that 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” (45 CFR 46.111(b)). Thus, inducements that would ordinarily be acceptable in some populations may become undue influences for these vulnerable subject groups. Compensation to these vulnerable populations will receive additional ethical scrutiny by the USF IRB.

12.5 Compensation for Human Subjects Research Injury

For research that involves greater than minimal risk, the USF IRB reviews and approves language in the informed consent document related to compensation and treatment for research related injuries. Injury includes physical injury, as well as psychological or social harm, or harm to one’s dignity, depending on the nature of the research. To do this, the USF IRB takes into consideration the ethical principles outlined in the Belmont Report, the Nuremberg Code, and institutional policy where the research is being conducted.

Whenever a research project involves a procedure that may result in an injury to participants, the prospective participants should be advised as to the availability, or unavailability, of compensation for injury. Injury is not limited to physical harm. Investigators should also consider psychological, social, legal, and financial harm. Compensation may be in the form of payment and/or medical care. Participants should be made aware (via an informed consent process and document) of any medical treatments that are available should injury occur and what the treatments consist of or where further information about them can be obtained. If the study is commercially funded, a description of the coverage that is available, if any, from the sponsor to the participant in case of injury and how to obtain further information about this coverage should be specified.

For all industry sponsored clinical trials that are reviewed by relied upon IRBs, the USF Health Office of Clinical Research ensures language approved in the informed consent document is consistent with institutional policies as well as language contained in the contract which legally binds sponsors to pay for the treatment of research related injuries. Such wording must be clear, concise, and presented at a reading level consistent with the rest of the consent form.

USF IRB approved informed consent documents must contain language consistent with this policy relative to compensation and treatment for research related injury and the USF IRB has provided template language for research teams to utilize. The USF IRB will not approve language in the informed consent document which may be exculpatory in which subjects (or their legally authorized representatives) are made to waive or appear to waive any legal rights or release the investigator, sponsors, or USF from liability for negligence.
12.6 Reporting Concerns/Complaints

Concerns, complaints, or allegations regarding the conduct of human subjects research, the actions, policies, or procedures of the IRB members, IRB Administrators, or IRB Staff must be appropriately investigated and handled in a consistent and timely manner. IRB Members, staff, faculty, study teams, students, research subjects, or any other person who has a concern or complaint or feels they have been subjected to or witnessed coercion or undue influence can contact Research Integrity and Compliance (RIC) at:

Research Integrity and Compliance
3702 Spectrum Blvd., Suite 165
Tampa, FL 33620
Phone: (813) 974-5638
Fax: (813) 974-7091
Website: [http://www.research.usf.edu/dric/](http://www.research.usf.edu/dric/)

Reports can be made to any member of the IRB, RIC, the Office of Research & Innovation, or through Ethics Point. These concerns/complaints are accepted in any format including verbal, written, or electronic. Reports of concerns, complaints, or allegations of coercion, undue influence, or noncompliance are thoroughly investigated. If necessary, corrective action is taken to correct the situation and/or protect participants in research. The Assistant Vice President for Research Compliance is ultimately responsible for ensuring that all concerns, complaints, and allegations have been addressed appropriately.

The person being notified of the concern/complaint forwards it to the highest level administrator within the HRPP or the Office of Research & Innovation as is necessary to receive appropriate attention and actions.
Section 13: Research Involving Vulnerable Populations

13.1 Human Subjects Research Involving Children
(45 CFR 46 Subpart D/21 CFR 50 Subpart D)

The USF HRPP requires adherence to all applicable federal regulations, state and local laws, and institutional policies for research involving children. This policy is to ensure the USF HRPP gives special consideration to protecting the welfare of children involved in research as they are considered a vulnerable population.

When enrolling children in research, the PI is responsible for adhering to all applicable federal regulations, state and local laws, and institutional policies for research involving children. In addition, the PI is responsible for the following:

- Providing the IRB with justification for including, as well as excluding, children as research subjects;
- Ensuring appropriate documentation when a change in the guardianship status requires obtaining permission from the newly appointed guardian in order for the child to continue participation in the research; and
- Describing how and when parental permission and assent will be obtained, and ensuring that both are obtained in accordance with 45 CFR 46.408 and 21 CFR 50.55.

IRB staff and administration ensure there is appropriate representation at the fully convened IRB meeting when reviewing human subjects research involving children. The IRB provides members with an eIRB Reviewer Checklist for Children to document regulatory requirements for new submissions. The IRB determines and documents the appropriate risk classification and ensures that the PI has an appropriate plan for obtaining the assent of children, and documentation of permission from the parent.

Even when the IRB determines that the subjects are capable of assenting, the IRB may waive the assent requirement under circumstances in which consent may be waived in accordance with §46.116 of Subpart A of the Common Rule.

If the IRB determines that a research protocol is designed for conditions in children or a subject population for which parental or guardian permission is not a reasonable requirement to protect the child (e.g., for neglected or abused children), it may waive the permission requirements in 45 CFR 46.408(b) provided, there is an appropriate mechanism in place for protecting the children who participate in the research and provided the waiver is not inconsistent with federal, state, or local laws. The choice of an appropriate mechanism (e.g. appointing a child advocate or an assent monitor) will depend upon the nature and purpose of the activities described in the protocol/research plan, the risk and anticipated benefit to the children, their age, maturity, status, and condition being studied. IRB staff documents in the meeting minutes the risk classification for the research involving children, that assent of the child and permission of the parent will be obtained, and whether permission from both parents or only one parent is required.

To ensure adherence to 45 CFR 46 Subpart D and 21 CFR 50 Subpart D, the IRB must consider:

- The potential benefits, risks, and discomforts of the research to children;
- Assess the justification for the inclusion of children in the research;
In assessing the risks, the IRB should consider the circumstances of the children to be enrolled in the study. For example, their health status, age, and ability to understand what is involved in the research as well as potential benefits to subjects, other children with the same disease or condition, or society as a whole.

- If the research involves pregnant minors, the requirements of Subpart B must be met;
- If the research involves incarcerated minors then the requirements of Subpart C must be met.

**Risk Classifications for Research Involving Children:**

For research involving children, the IRB must determine which of the four categories of research apply to that study, and document them accordingly. The DHHS regulations at 45 CFR 46 Subpart D and FDA regulations at 21 CFR 50 Subpart D permit the IRB to approve three categories of research involving children as subjects. The fourth category of research requires a special level of DHHS and FDA review beyond that provided by the IRB.

**45 CFR 46.404; 21 CFR 50.51:** Minimal risk with or without potential for direct benefit.

- Adequate provisions must be made for soliciting the assent of the children and the permission of their parents or guardians as set forth in the applicable regulations. The IRB may determine the permission of one parent is sufficient.

**45 CFR 46.405; 21 CFR 50.52:** Greater than minimal risk with a potential for direct benefit to each individual subject.

- The risk is justified by the anticipated benefits to the subjects;
- The relation of the anticipated benefit to the risk is at least as favorable as alternative approaches; and
- Adequate provisions are made for soliciting the assent of the child and permission of their parents or guardians as set forth in the applicable regulations. The IRB may determine the permission of one parent is sufficient. If the IRB determines signatures of both parents is required, then permission of both parents must be obtained unless one parent is deceased, unknown, incompetent, or not reasonably available (such as incarcerated or out of the country), or when only one parent has legal responsibility for the care and custody of the child.

**45CFR 46.406; 21 CFR 50.53:** Greater than minimal risk with no prospect of direct benefit, but likely to provide generalizable knowledge about the subject’s disorder or condition and:

- The risk of the research represents a minor increase over minimal risk;
- The intervention or procedure presents experiences reasonably commensurate with those inherent in the subjects’ actual or expected medical, dental, psychological, social, or educational situations;
- The intervention or procedure is likely to yield generalizable knowledge about the subject's disorder or condition which is of vital importance for the understanding or amelioration of the disorder or condition; and
- Adequate provisions are made for soliciting the assent of the children and the permission of their parents or guardians as set forth in the applicable regulations. For research approved under this category, permission of both parents is required unless
one parent is deceased, unknown, incompetent, or not reasonably available (such as incarcerated or out of the country), or when only one parent has legal responsibility for the care and custody of the child.

**45 CFR 46.407; 21 CFR 50.54:** Research in this category does not meet the conditions for any of the three categories listed above, but presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children.

- The research may proceed only if the Secretary of DHHS or the Commissioner of Food and Drugs, after consulting with a panel of experts in pertinent disciplines (e.g., science, medicine, education, ethics, law) and following an opportunity for public review and comment, determines either that the research in fact satisfies the conditions of one of the three categories listed above or that:
- The research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children;
- The research will be conducted in accordance with sound ethical principles; and
- Adequate provisions are made for soliciting the assent of children and the permission of their parents or guardians as set forth in the applicable regulations.

**Research Involving Wards**

Children who are wards of the state or any other agency, institution, or entity can be included in research approved under 45 CFR 46.406 or 46.407 and 21 CFR 56 Subpart D only if such research is:

1. Related to their status as wards; or
2. Conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children as subjects are not wards.

Research approved for inclusion of wards shall require appointment of an advocate for each child who is a ward, in addition to any other individual acting on behalf of the child as a guardian or *in loco parentis*. An individual may serve as advocate for more than one child. The advocate shall be an individual who has the background and experience to act in, and agrees to act in, the best interests of the child for the duration of the child’s participation in the research and who is not associated in any way (except in the role as advocate or member of the IRB) with the research, the PI(s), or the guardian organization.

When a child is a ward of the state, and permanent guardianship is established, the state may consent to the child participating in a specific research project. However, when a child has been appointed only a temporary guardian or is in temporary custody of the state, there must be procedures to obtain parental permission for the child to participate in the research. It is the PI's responsibility to request a copy of permanent guardianship papers to determine if the guardian has the legal authority to provide permission for the child to participate in the research. During the conduct of the research, the PI must determine if there are any changes in the status of guardianship for children participating in research. The PI will inform the IRB which methods will be used for determining changes in the status. This could include but is not limited to periodically asking the accompanying adult if there has been a change in guardianship and including in the informed consent document that the guardian should inform the investigator if there is a change in status.
National Institutes of Health (NIH) Policy

The NIH set forth policy and guidance related to the inclusion of children in research. This policy is to increase the participation of children in research so that adequate data will be developed to support the treatment modalities for disorders and conditions that affect adults and may also affect children. In addition, the NIH has developed safeguards that may be useful to investigators designing and carrying out studies involving subjects with consent capacity impairments and to IRB members as they evaluate research proposals. While these practices could be effective in other areas of clinical research, they are particularly important in studies involving potentially vulnerable subjects.

Narrowing of the DHHS Exemption

Research activities that fall under 45 CFR 46.101(b)(2) are restrictive in that surveys and interviews are excluded and investigators cannot participate in the activity being observed.

13.2 Parental Permission and Assent Requirements for Human Subjects Research Involving Children (45 CFR 46.408/21 CFR 50.55)

The USF HRPP requires adherence to all applicable federal regulations, state and local laws and institutional policies for research involving children. Federal regulations and the USF HRPP require that in addition to obtaining parental permission, children be given the opportunity to agree (i.e., assent) or disagree to take part in research, unless a waiver has been granted. The federal regulations require parental permission and assent of the child instead of the procedures for informed consent used for research involving adults. In general, one or both parents or a guardian must be provided with the information that is usually required for informed consent, so that they may decide whether or not to allow the child to participate. Children capable of assent must also express their willingness to participate in research. The IRB will determine adequate provisions are made for soliciting the permission of each child's parents or guardian. Where parental permission is to be obtained, the IRB may find that the permission of one parent is sufficient for research to be conducted under 45 CFR 46.404/21 CFR 50.51 or 45 CFR 46.405/21 CFR 50.52 or may require signatures of both parents. Where research is covered by 45 CFR 46.406/21 CFR 50.53 and 45 CFR 46.407/21 CFR 50.54, and permission is to be obtained from parents, both parents must give their permission unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.

The IRB shall determine that adequate provisions are made for soliciting the assent of the children, when in the judgment of the IRB the children are capable of providing assent. In determining whether children are capable of assenting, the IRB shall take into account the ages, maturity, and psychological state of the children involved. This judgment may be made for all children to be involved in research under a particular protocol, or for each child, as the IRB deems appropriate. When the IRB determines that assent is required, it shall also determine whether and how assent must be documented.

For research activities involving adolescents whose capacity to understand resembles that of adults, the assent procedure should likewise include information similar to what would be provided for informed consent by adults. For children whose age and maturity level limits their
ability to fully comprehend the nature of the research activity but who are still capable of being consulted about participation in research, it may be appropriate to focus on conveying an accurate picture of what the actual experience of participation in research is likely to be. The assent procedure should reflect a reasonable effort to enable the child to understand, to the degree they are capable, what their participation in research would involve. As previously stated, the USF IRB believes that the requirement of assent should be based on the age, maturity, and psychological state of the child; however, we have provided some guidelines on when verbal and written assent should be considered.

**For children under the age of 7:** Investigators should give explanations that match the level of understanding. Assent is typically waived; however, the investigator may determine that given the age, maturity and psychological state of the child and the requirements of the research is such that verbal assent can be obtained.

**For children ages 7-12:** A simple, easy to understand assent form can be read to the child and verbal assent obtained.

**For children 13-17 years of age:** A simple, easy to understand assent form should be used. In most cases, the child should sign that he/she understands the information provided and agrees to participate in the research. In some research protocols, the IRB may find it acceptable to allow the adolescent to sign the parental permission form as opposed to a separate assent document.

When a child who was enrolled in research with parental or guardian permission subsequently reaches the legal age of consent (18 years old in Florida), the subject’s participation in the research is no longer regulated by the requirements of Subpart D. It is the responsibility of the PI to obtain voluntary informed consent from the now-adult subject for any ongoing research.

**Waiver of Parental Permission for Research Involving Children**

Generally, written documentation of parental permission is required when recruiting and enrolling subjects who are children. The documentation must signify “active” permission in which the parent specifically signs the document granting permission for the child to participate in the research. “Passive” permission, in which the researcher assumes that if the permission form is not returned the parent has granted implied permission, is not allowable.

However, the IRB will consider requests for a waiver of the requirement for parental permission and/or a waiver of the requirement to obtain written documentation of permission on a case-by-case basis if a waiver is appropriate and/or permissible under 45 CFR 46.408(c). The IRB may determine that the research protocol is designed for conditions or for a subject population for which parental permission is not a reasonable requirement to protect the subjects and may approve a waiver, provided that an appropriate mechanism for protecting the children who will participate as subjects in the research is substituted and the waiver is consistent with federal, state, and local law.

**13.3 Research in Schools**

Studies involving children in primary and secondary educational settings require documentation of approval from the school district/administrator and parental permission unless waived by the
USF IRB. So as not to unnecessarily delay review and approval of a study, IRB applications and requests for district/administrator permission to conduct the study should, when allowed, be submitted simultaneously. The IRB will require a copy of district(s) approval letter prior to the commencement of research activities.


The following are examples of vulnerabilities unique to research conducted in public schools for consideration by the IRB and investigators:

- Coercion and undue influence to participate in a classroom setting;
- Equitable selection of student subjects;
- Assent of students and parental permission;
- Assessing and managing risk to subjects in a school setting; and
- Safeguarding student privacy

**Family Educational Rights and Privacy Act (FERPA)**

FERPA is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records.

FERPA applies when researchers obtain student records or personal education information from an education program as defined as any program principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education, and adult education.

These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students." Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. Schools may disclose without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

An educational agency or institution may disclose personally identifiable information from an education record of a student without consent if the disclosure is to organizations conducting studies for, or on behalf of, educational agencies or institutions to develop, validate, or administer predictive tests, administer student aid programs, or to improve instruction. A school district or postsecondary institution that uses this exception is required to enter into a written agreement with the Organization or Researcher conducting the research that specifies:

- The determination of the exception;
- The purpose, scope and duration of the study;
- The information to be disclosed;
- That information from education records may only be used to meet the purposes of the study stated in the written agreement and must contain the current requirements in the regulation on redisclosure and destruction of information;
- That the study will be conducted in a manner that does not permit personal identification of parents and students by anyone other than representatives of the Organization with legitimate interests;
- That the Organization is required to destroy or return all personally identifiable information when no longer needed for the purposes of the study;
- The time during which the Organization must either destroy or return the information.

Education records may be released without consent under FERPA if all personally identifiable information has been removed including:

- The student’s name and other direct personal identifiers, such as social security number or student number;
- Indirect identifiers such as the name of the student’s parents or other family members, the student’s address and personal characteristics that would make the student’s identity easily traceable; date and place of birth or mother’s maiden name;
- Biometric records, including one or more measurable biological or behavioral characteristics that can be used for automated recognition of an individual, including fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics and handwriting; and
- Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

The collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose), including arrangements to protect student privacy that are provided by the agency in the event of such collection, disclosure, or use.
- The right of a parent of a student to inspect, upon the request of the parent, any instrument used in the collection of personal information before the instrument is administered or distributed to a student.
- Any applicable procedures for granting a request by a parent for reasonable access to such instrument within a reasonable period of time after the request is received.

Protection of Pupil Rights Amendment (PPRA)

PPRA provides parents or guardians with some oversight of the content of third-party research and any instructional materials developed by researchers. PPRA identifies “sensitive topics” and “provisions for parental review and approval” for surveys and materials. PPRA applies to programs that receive funding from the U.S. Department of Education (DOE) and is intended to protect the rights of parents and students in two ways:

1. It seeks to ensure that schools and contractors make instructional materials available for inspection by parents or guardians if those materials will be used in connection with an DOE-funded survey, analysis, or evaluation in which their children participate; and
2. No student shall be required, as part of any research project, to submit without prior consent to surveys, psychiatric or psychological examination, testing, or treatment, in which the primary purpose is to reveal information concerning one or more of the following:
   - Political affiliations or beliefs of the student or student’s parents;
- Mental and psychological problems of the student and his/her family;
- Sex behavior and attitudes;
- Illegal, anti-social, self-incriminating, and demeaning behavior;
- Critical appraisals of other individuals with whom respondents have close family relationships;
- Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
- Religious practices, affiliations or beliefs of the students or the student’s parents; or
- Income other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program.

Prior consent means prior consent of the student, if the student is an adult or emancipated minor; or prior written consent of the parent or guardian, if the student is an unemancipated minor.

Schools and contractors must obtain prior written parental consent before minor students are required to participate in any Department of Education-funded survey, analysis, or evaluation.

For research not funded by the US Department of Education

The IRB must verify the school district(s) has policies regarding the right of parents or guardians to inspect, upon request, a survey created by a third party before the survey is administered or distributed by a school to students.

If the research will be conducted in a school setting, a waiver of the requirement for parental permission and/or the requirement for written documentation of parental permission may not be allowable under the requirements of PPRA.

13.4 Human Subjects Research Involving Pregnant Women, Fetuses, and Neonates
(45 CFR 46 Subpart B)

The IRB gives special consideration to protecting the welfare of pregnant women, fetuses and neonates when such individuals are participating in human subjects research. Additional protections outlined in 45 CFR 46 Subpart B, must be present and implemented in proposed and on-going human subjects research with this vulnerable population. USF does not apply Subpart B to all research regardless of funding; however, equivalent protections for participants in non-funded research apply. These protections include, but are not limited to, the process of obtaining informed consent, review by an IRB member or consultant with expertise in the subject population, minimizing the potential for risk of harm, and ensuring individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy.

Responsibilities

The PI must include special protections for research involving pregnant women, human fetuses, and neonates, as outlined in 45 CFR 46 Subpart B, including:

- Documenting in the IRB application the enrollment of pregnant women, fetuses, and/or
• Providing justification for the inclusion or exclusion of this population in the IRB application, including the following:
  o When subjects are approached;
  o How subjects will not be unduly influenced to participate;
  o How informed consent will be obtained; and
  o How subjects can withdraw at any time.

Informed consent of the pregnant woman, or her LAR, must be obtained in accordance with the federal regulations and USF HRPP policy when there is:

• Prospect of direct benefit to the pregnant woman;
• Prospect of direct benefit to both the pregnant woman and the fetus; or
• No prospect of benefit to the woman or the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge that cannot be obtained by any other means.

When research involves pregnant women, if the research holds the prospect of direct benefit solely to the fetus, the consent of both the pregnant woman and the father of the fetus are required, except when the father is unable to consent because of unavailability, incompetence, or temporary incapacity, or the pregnancy resulted from rape or incest.

The USF IRB will ensure the special protections incorporated into research are adequate and minimize the potential for risk or harm. The IRB will assure there is appropriate representation on the IRB when reviewing research involving pregnant women, human fetuses, and neonates.

The IRB is provided with a checklist to document regulatory requirements. The IRB will review the application and protocol and provide special attention to the following:

• Risks and benefits of participation;
• Potential for undue influence to participate;
• Process for obtaining informed consent, including the time and assessment of capacity to consent; and
• Ensure all of the criteria for approval of research involving pregnant women, fetuses, and neonates are met.

Additional Protections for Pregnant Women or Fetuses Involved in Research (outlined in 45 CFR 46.204):

Pregnant Women or Fetuses 45 CFR 46.204(a-j) may be involved in research if all of the following conditions are met:

• Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;
• The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus; or, if there is no such prospect of benefit, the risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge which cannot be obtained by any other means;
- Any risk is the least possible for achieving the objectives of the research;
- If the research holds out the prospect of direct benefit to the pregnant woman, the
  prospect of direct benefit to both the pregnant woman and the fetus, or no prospect of
  benefit for the woman nor the fetus when risk to the fetus is not greater than minimal and
  the purpose of the research is the development of important biomedical knowledge that
  cannot be obtained by any other means, her consent is obtained in accord with the
  informed consent provisions of Subpart A of this part;
- If the research holds out the prospect of direct benefit solely to the fetus then the consent
  of the pregnant woman and the father is obtained in accord with the informed consent
  provisions of 45 CFR 46.116, except that the father's consent need not be obtained if he is
  unable to consent because of unavailability (i.e. military service), incompetence, or
  temporary incapacity, or the pregnancy resulted from rape or incest;
- Each individual providing consent is fully informed regarding the reasonably foreseeable
  impact of the research on the fetus or neonate;
- For children as defined in 45 CFR 46.402(a) who are pregnant, assent and permission are
  obtained in accord with the provisions of Subpart D;
- No inducements, monetary or otherwise, will be offered to terminate a pregnancy;
- Individuals engaged in the research will have no part in any decisions as to the timing,
  method, or procedures used to terminate a pregnancy; and
- Individuals engaged in the research will have no part in determining the viability of a
  neonate.

Additional Protections for Neonates Involved in Research, as outlined in 45 CFR 46.205:

**Neonates of Uncertain Viability** 45 CFR 46.205(a)(1-4): May be involved in research if all of
the following conditions are met:

- Where scientifically appropriate, preclinical clinical and clinical studies have been
  conducted and provide data for assessing potential risks to neonates;
- Each individual providing consent is fully informed regarding the reasonably foreseeable
  impact of the research on the neonate; and
- Individuals engaged in the research will have no part in determining the viability of a
  neonate.

Additionally, for **Neonates of Uncertain Viability** 45 CFR 46.205(b)(1-2), until it has been
ascertained whether or not a neonate is viable, a neonate may not be involved in research covered
by this subpart unless the following additional conditions have been met:

- The IRB determines that the research holds out the prospect of enhancing the probability
  of survival of the neonate to the point of viability, and any risk is the least possible for
  achieving that objective, or the purpose of the research is the development of important
  biomedical knowledge which cannot be obtained by other means and there will be no
  added risk to the neonate resulting from the research; and
- The legally effective informed consent of either parent of the neonate or, if neither parent
  is able to consent because of unavailability, incompetence, or temporary incapacity, the
  legally effective informed consent of either parent's LAR is obtained in accord with 45
  CFR 46.116, except that the consent of the father or his LAR need not be obtained if the
  pregnancy resulted from rape or incest.

The USF IRB does not review or approve research involving non-viable neonates.
Additionally, for **Viable Neonates** 45 CFR 46.205(d), after delivery, a neonate that has been determined to be viable may be included in research only to the extent permitted by and in accord with the requirements of 45 CFR 46 including Subpart D. That is, viable neonates may be considered for participation in research according to the same regulations applied to other children.

**Additional Considerations**

Research involving, after delivery, the placenta; the dead fetus; macerated fetal material; or cells, tissue, or organs excised from a dead fetus, shall be conducted only in accord with any applicable federal, state, or local laws and regulations regarding such activities (45 CFR 46.206). If information associated with materials described in this paragraph is recorded for research purposes in a manner that living individuals can be identified, directly or through identifiers linked to those individuals, those individuals are research subjects and all pertinent subparts of this part are applicable.

Research that is not otherwise approvable, which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of pregnant women, fetuses, or neonates, can be approved by the IRB if (45 CFR 46.207):

- The Secretary, after consultation with a panel of experts in pertinent disciplines (for example: science, medicine, ethics, law) and following opportunity for public review and comment, including a public meeting announced in the FEDERAL REGISTER, has determined either:
  - That the research in fact satisfies the conditions of 45 CFR 46.204, as applicable;  
  - or  
  - That:
    - The research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of pregnant women, fetuses or neonates;
    - The research will be conducted in accord with sound ethical principles; and
    - Informed consent will be obtained in accord with the informed consent provisions of 45 CFR 46.116 and other applicable subparts of 45 CFR 46.
13.5 Human Subjects Research Involving Prisoners (45 CFR 46 Subpart C)

The IRB will give special consideration to protecting the welfare of prisoners in Biomedical and Social Behavioral research, as specified in DHHS regulations 45 CFR Part 46, Subpart C.

Prisoners are considered to be a vulnerable population because both their incarceration and the constraints imposed on them during their incarceration may render them unable to make a truly informed and voluntary decision regarding whether or not to participate in research. The USF IRB imposes additional protections pertaining to Biomedical and Social Behavioral research involving prisoners, limits the types of research that can be approved, and requires special consent information as specified in OHRP in 45 CRF 46, Subpart C.

An institution is considered engaged in a particular human subjects research proposal involving prisoners when its employees or agents, for the purposes of the research proposal, obtain: (1) data about the prisoner subjects through intervention or interaction with them; or (2) identifiable private information about the prisoner subjects. The following are categories of permissible research involving prisoners:

- Study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects;
- Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects;
- Research on conditions particularly affecting prisoners as a class (for example, vaccine trials and other research on hepatitis which is much more prevalent in prisons than elsewhere; and research on social and psychological problems such as alcoholism, drug addiction, and sexual assaults) provided that the study may proceed only after the Secretary has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of intent to approve such research; or
- Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after the Secretary has consulted with appropriate experts, including experts in penology, medicine, and ethics, and published notice, in the Federal Register, of the intent to approve such research.

For research which is sponsored by the Department of Justice and conducted within the Bureau of Prisons, the following is required:

- The selection of subjects within any one organization must be equitable.
- Incentives may not be offered to help persuade inmate subjects to participate. However, soft drinks and snacks to be consumed at the test setting may be offered.
- Reasonable accommodations such as nominal monetary recompense for time and effort may be offered to non-confined research subjects who are both no longer in Bureau of Prisons custody and participating in authorized research being conducted by Bureau employees or contractors.
A prisoner is defined as any individual involuntarily confined or detained in a penal institution (i.e., prison, jail, or juvenile offender facility where their ability to leave the institution is restricted). The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing. Prisoners may be convicted felons, or may be untried persons who are detained pending judicial action, for example, arraignment or trial. This definition applies when an individual becomes incarcerated subsequent to enrollment in a research study (for example, a subject in a longitudinal study or an extended treatment trial becomes incarcerated after the research begins but before it ends).

A prisoner representative is an individual who serves on the IRB who has a close working knowledge, understanding, sensitivity and appreciation of prison conditions from the prisoner's perspective. The individual must have an appropriate background and experience to serve in that capacity. In general, the USF IRB seeks representatives from the criminal justice or law enforcement field who can advocate on behalf of prisoners as they tend to have a heightened awareness for and are knowledgeable about correctional environments and prisoner circumstances.

**Responsibilities**

The PI should outline special protections for research involving prisoners including the identification of the required and additional protections for the population. The PI must report immediately to the USF IRB if a subject becomes a prisoner after enrollment in research. All research interactions and interventions with, and obtaining identifiable private information about, the now-incarcerated prisoner-subject must cease until the requirements of Subpart C have been satisfied with respect to the relevant protocol. In special circumstances in which the principal investigator asserts that it is in the best interests of the subject to remain in the research study while incarcerated, the IRB Chairperson may determine that the subject may continue to participate in the research while the requirements of Subpart C are being satisfied.

The IRB should ensure special protections are incorporated into human subjects research. Such special protections must be adequate and minimize the potential for risk or harm. All research reviewed by the USF IRB involving prisoners, including data about prisoners, will initially be reviewed at a fully convened meeting by a prisoner representative. Amendments and continuing review of research that involves prisoners will be reviewed by the fully convened board unless the convened board determines that subsequent review can be performed by expedited procedures. While the USF IRB is aware that OHRP recommends all research involving prisoners be reviewed by the convened IRB, the IRB considers the burden this places on board members. So, for research that meets the definition of minimal risk, the IRB allows for expedited review of amendments and continuing review as determined by the convened Board.* The Chairperson or designee reviewing amendments or continuing review applications by expedited procedures can call for review by the convened meeting at any time. A majority of the IRB (exclusive of prisoner members or representatives) shall have no association with the prison(s) involved, apart from their membership on the IRB. The IRB will be provided the Prisoner Checklist for reviewing proposed research involving prisoners as human subjects.

*This sentence is applicable for all research except that which is sponsored by the Department of Defense (DOD). Research regulated by the DOD which intends to enroll prisoners cannot be reviewed by expedited procedures.
To review research involving prisoners, at least one voting member of the IRB must be a prisoner or a prisoner representative with appropriate background and experience to serve in that capacity and must be present at the IRB meeting when reviewing human subjects research involving prisoners. The prisoner representative must:

- Focus on the requirements in Subpart C;
- Be present at a convened meeting when the research involving prisoners is reviewed. The prisoner representative may attend the meeting by phone, video-conference, or webinar; and
- Present his/her review either orally or in writing at the convened meeting of the IRB when the research involving prisoners is reviewed.

The IRB will document the determinations made by the IRB under 45 CFR 46.305(a) and will certify to the Secretary that the duties of the Board have been fulfilled.

If a participant becomes a prisoner while enrolled in a research study that was not reviewed under Subpart C, the IRB will confirm that the participant meets the definition of a prisoner and review the research under Subpart C if it is feasible for the participant to remain in the study. If it is determined that enrollment must be terminated, the IRB should consider the risks associated with this decision. If some the requirements of Subpart C cannot be met, the IRB will inform OHRP of the decision to keep the subject enrolled. An alternative would be to remove the participant from the study and initiate study intervention under an alternate mechanism such as compassionate use, off label use, etc.

IRB staff assign appropriate representation during review of research involving prisoners in accordance with this policy and other HRPP policies and procedures. IRB staff must maintain adequate documentation of IRB activities in the meeting minutes including the IRB’s regulatory findings, the attendance of the Prisoner or Prisoner Representative at the meeting, and review by a Board member with specific expertise.

For federally funded research, IRB Administrators will certify to the Secretary of DHHS, through the Office for Human Subjects Protections (OHRP), that the IRB designated under its assurance of compliance has reviewed and approved the research under 45 CFR 46.305. The Secretary of DHHS, through OHRP, must determine that the proposed research falls within the categories of research permissible under 45 CFR 46.306(a)(2). Upon confirmation from OHRP, the final approval letter will be submitted to the PI.

**Additional Considerations for Research within Bureau of Prisons**

For research conducted within the Bureau of Prisons, USF, the IRB, and investigators and research staff must follow the requirements of 28 CFR 512. The project must not involve medical experimentation, cosmetic research, or pharmaceutical testing, and the design of the project must be compatible with both the operation of prison facilities and protection of human participants. The investigator must observe the rules of the institution or office in which the research is conducted and have the academic preparation or experience in the area of study of the proposed research. An investigator who is a non-employee of the Bureau must sign a statement in which the researcher agrees to adhere to the provisions of 28 CFR 512. All research proposals will be reviewed by the Bureau Research Review Board.
13.6 Human Subjects Research Involving Other Vulnerable Populations

The USF IRB gives special consideration to vulnerable populations involved in research. A vulnerable population is one in which there is potential for real or perceived coercion or undue influence with subjects who enroll. Vulnerable populations include individuals who have limited autonomy or limited, impaired, or diminished decision-making capacity and may be unable to consent to participate in research. The IRB must consider justification for including vulnerable subjects in research and implement safeguards to protect their rights and welfare. Researchers and the IRB must strive to maximize benefits while reducing risks associated with the research and recognize individual autonomy when considering research involving vulnerable populations.

Research Involving Adults with Diminished Functional Ability

An individual who has diminished functional ability, or is decisionally impaired, is one who has diminished capacity for judgment and reasoning which may be due to a psychiatric, organic, developmental, behavioral, or other disorder that affects their cognitive or emotional functions and therefore, may lack the capacity to provide legally effective informed consent. Conversely, individuals with these disorders should not be presumed to be cognitively impaired. Individuals with impairment to functional abilities are presumed to be capable of providing legally effective informed consent to participate in research unless there is substantial evidence that they cannot.

Individuals who are decisionally impaired may suffer from conditions that could potentially affect their ability to reason and make sound choices. The level of impairment may fluctuate or progressively change over time and therefore, the Principal Investigator (PI) should include, in the recruitment plan, provisions for ensuring consent from an LAR and/or consent of the subject throughout the duration of the study. PIs should describe plans for re-evaluating a participant’s capacity to consent throughout the study to ensure the subject’s autonomy is respected by obtaining consent immediately following an individual regaining capacity to consent.

Additionally, an individual’s capacity may be specific to a particular task, point-in-time, or decision-making circumstance. Examples of this type of impairment include those impaired by a stroke, traumatic brain injury, Alzheimer’s disease, individuals under the influence of or dependent on drugs or alcohol, terminally ill patients, and mental illness such as schizophrenia, depression, or Post-Traumatic Stress Disorder. Other individuals, who may be considered decisionally impaired, include individuals who have lost cognitive ability due to trauma, anesthetics, analgesics, or extreme pain, such as individuals in active labor, in an emergency room setting, or preparatory to surgery.

PIs requesting to include decisionally impaired adults in their research must justify the inclusion of this vulnerable population. PIs must have a compelling reason and include safeguards to protect subjects from coercion or undue influence. Researchers should understand that there are significant ethical issues the IRB must consider when reviewing applications involving individuals with diminished capacity. Therefore, not all projects proposing to include decisionally impaired persons should or will be approved by the IRB.

For individuals who are cognitively impaired due to trauma, anesthetics, analgesics, or extreme pain, (e.g. in an emergency room setting or preparatory to surgery), investigators should consider using a standardized scale (e.g. the Mini-Mental State Evaluation (MMSE), Montreal Cognitive Assessment (MoCa)) to determine whether the trauma or sedation has impacted the individual’s ability to provide legally effective informed consent. For example, an individual scoring ≤ 23
(less than or equal to 23) on the MMSE is presumed to be incapable of consenting for him/herself unless there is other documentation demonstrating competency.

The assessment utilized to determine capacity to consent should increase in rigor as the degree of risk associated with participation and extent of likely impairment to the participant’s functional abilities increase. One or more individuals with relevant expertise should be identified to evaluate prospective participants’ capacity to consent and make an objective determination regarding the capacity to consent of each participant. In more instances, this will be a member of the research team, but in some studies involving a high degree of risk to participants, it may be necessary to engage an independent evaluator to confirm the assessment. The method used for the assessment of an individual’s capacity to consent must be outlined in the protocol/research plan.

**Consent from Subjects with Diminished Functional Capacity**

As noted above, individuals with diminished functional capacity should not be presumed to be cognitively impaired and therefore, consent of the subject should be obtained. Upon enrollment into the study, researchers should place a detailed note in the file that documents how the subject understood what was being explained to them (i.e., the subject recalled key points or study related procedures as outlined in the informed consent document). A statement that “the subject understood the information presented” is not adequate. Ongoing consent to continue participation in the study should be sought and also documented in the file. If a subject with diminished functional capacity loses the ability to provide ongoing consent, consent from a LAR should be sought. If consent from a LAR cannot be obtained, the subject should be withdrawn from the study. PIs should consult with Research Integrity & Compliance should this situation arise.

**Consent from Legally Authorized Representatives (LAR)**

Individuals recruited and enrolled in research that are unable to consent because of limited autonomy, for whatever reason, must be appropriately represented by an individual who has the legal authority to act on behalf of that person and who meets the definition of LAR as set forth in the federal regulations and state and local laws.

In the State of Florida, an LAR, for purposes of consent to human subjects research, are considered surrogates or proxies. Should consent be sought from a health surrogate or proxy for purposes of enrolling an individual with limited autonomy into a human research study, the PI must obtain documentation from the participant’s attending physician, clinician, therapist or counselor, or an impartial third party, that the individual is not capable of giving informed consent.

In accordance with Florida Statute 765.401(1), healthcare decisions may be made for the patient by any of the following individuals, in the following order of priority, if no other individual is reasonably available, willing, or competent to act:

- A health care surrogate who has been named by the potential subject while that person is still competent to act (Florida Statute 765.101(6));
- A judicially appointed guardian who has been authorized to consent to enroll an individual in a human research study;
- The potential subject’s spouse;
- An adult child of the potential subject or if he/she has more than one adult child, a majority of the adult children who are reasonably available to be consulted;
- A parent of the potential subject;
- The adult sibling of the potential subject or if the person has more than one sibling, a majority of the adult siblings who are reasonably available to be consulted;
- An adult relative of the potential subject who has shown special care and concern, and kept regular contact with the subject and is familiar with the subjects activities, health, and religious or moral beliefs;
- A close adult friend of the potential subject who has also shown special care and concern for the person;
- A clinical social worker licensed pursuant to Chapter 491, or who is a graduate of a court-approved guardianship program. Such a proxy must be selected by the provider’s bioethics committee and must not be employed by the provider. If the provider does not have a bioethics committee, then such a proxy may be chosen through an arrangement with the bioethics committee of another provider. The proxy will be notified that, upon request, the provider shall make available a second physician, not involved in the patient’s care to assist the proxy in evaluating treatment. Decisions to withhold or withdraw life-prolonging procedures will be reviewed by the facility’s bioethics committee. Documentation of efforts to locate proxies from a prior class must be recorded in the subject’s research and medical records.

Should an individual not possess the ability to provide legally effective informed consent, an investigator should outline procedures for securing the consent of the individual’s LAR. LARs should be told that their obligation is to determine what the prospective subject would do, if competent, or if the wishes of the prospective subject cannot be determined, what they think is in the best interest of the individual. If reasonable concern exists as to whether or not the LAR is capable of executing his or her responsibilities, the LAR consent is not sufficient to enroll the participant in the study. In addition the autonomy of the individual with impaired decision making capacity should be respected and their assent (agreement to participate) should be sought when possible. If at any time the subject requests withdrawal from the study, this request should be honored.

Should a subject who possessed capacity to consent unexpectedly experience a substantial impairment to functional abilities that is not temporary, the PI must notify the IRB immediately via a reportable event. The IRB should determine whether it is necessary to re-evaluate the subject’s participation in the study. If the PI and/or the IRB determine it is necessary to withdraw the subject from a portion or all of the study but cannot for medical or safety reasons, he/she should be kept on study intervention via compassionate use or off-label use when possible. If the subject is deemed incapable of providing consent, but can remain involved in the study, the LAR should be sought for re-consenting. If a LAR consent cannot be obtained, the subject should be withdrawn from the study.

**Responsibilities**

When reviewing research involving individuals with diminished capacity, the IRB must ensure appropriate representation (i.e., professional knowledge, background and experience) at the convened IRB meeting or via expedited review procedures consistent with the regulations. If the IRB does not possess such a member, the use of a consultant is expected.

The IRB must also ensure the population targeted for enrollment represents the population with the least degree of impairment to functional abilities compatible with the aims of the study and is not being sought simply based on availability or convenience to the researcher. When considering
risks to participants, the IRB should consider whether individuals with diminished capacity will respond to discomfort the same as individuals without such impairment (i.e., reaction to certain procedures may be more severe with those who have diminished capacity).

The IRB will evaluate the proposed plan to assess the capacity to consent participants to ensure it is adequate. When reviewing research involving individuals with diminished capacity, the IRB may require additional safeguards as part of the research plan. These safeguards can include:

- Involvement of participant advocates;
- Independent monitoring of the informed consent process;
- A formal capacity assessment from a qualified physician, clinician, therapist, or counselor not involved with the research;
- Plans to ensure consent is obtained when cognition is highest (i.e., consent should not be obtained at a time when symptoms are severe, after certain medication that impairs cognition, during acute intoxication, etc.);
- Use of a family member or surrogate for research related decisions; or
- Waiting periods between recruitment and enrollment.

When reviewing research involving greater than minimal risk to participants who have diminished or no capacity to consent, the IRB should consider the following as applicable:

- Experimental interventions previously tested on animals or humans with unimpaired functional abilities;
- Knowledge likely to be gained in the research will improve the understanding of the condition or disease or behavior affecting the subject(s);
- Providing subjects with a list of resources and referrals to assist with coping;
- Continuing review more frequently than annually; or
- Clearly outlined procedures for withdrawing participants or terminating the study if necessary.

**Research Involving Economically, Educationally or Socially Disadvantaged Populations**

As outlined in the federal regulations, when some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as the educationally or economically disadvantaged, additional safeguards must be included in the study to protect the rights and welfare of these subjects. The USF IRB will review applications involving these populations to assess the risks for the particular group, the potential for coercion and undue influence, and special consent requirements.
Section 14: Additional Research Areas of Interest

14.1 Transnational Human Subjects Research

It is the expectation of the USF IRB that research conducted internationally (or transnationally) is consistent with the ethical principles set forth in the USF HRPP. Investigators must strive to meet the same or equivalent levels of protection for participants just as they would if the research were conducted within the United States. For federally funded research, the regulations of the sponsoring agency apply and the required protections must be provided. Researchers must also comply with local laws and take the cultural context of the country in which the research will be conducted into account when preparing the application for USF IRB review.

When performing human subjects research in countries outside of the U.S., researchers are expected to comply with U.S. regulations and guidelines and any applicable regulations of the country in which the research is performed. All research reviewed and approved by the USF IRB will be guided by one or more of the following statements of ethical principles regardless of whether the research is subject to U.S. federal regulations:

- The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects;
- The Nuremberg Code;
- The Declaration of Helsinki;
- International Conference of Harmonization (ICH) Good Clinical Practice Guidelines (to the extent ICH encompassed in FDA and OHRP regulations); or
- Other appropriate international ethical standards recognized by U.S. Federal Departments and agencies that have adopted the Common Rule.

The USF IRB reviews research in accordance with the applicable Department of Health and Human Services (DHHS) and Food and Drug Administration (FDA) regulations. The Office of Human Research Protections (OHRP) provides guidelines that govern human subjects research in foreign countries, as well as standards from a number of international and regional organizations. The USF HRPP requires researchers to comply with these guidelines when conducting transnational research. For more information regarding these guidelines, please see http://www.hhs.gov/ohrp/international/intlcompilation/intlcompilation.html.

Conflicts arising between federal (or national) law and other applicable laws are referred to the USF Office of General Counsel for guidance and resolution.

International research that involves the enrollment of children should consider the following:

1. If the child is considered an adult in the country in which the research is taking place;
2. The relationship between parents and their children and whether or not there is an acceptable and effective parental permission process;
3. If the assent of the child is permissible by local customs; and
4. If there are laws pertaining to the enrollment of orphans in research.
Responsibilities
In addition to ensuring equivalent protections encompassing the ethical principles of respect for persons, beneficence and justice, PIs conducting human subjects research outside the U.S. are responsible for the following:

- Obtain USF IRB approval and demonstrate approval from the local Ethics Committee (or similar committee) should one exist in the host country in which the research will be conducted. If an Ethics Committee does not exist, then a letter of support from a community leader or the local government must be obtained.
- Have the knowledge of and comply with local laws, regulations, political or socio-economic factors and cultural context while conducting research. Care must be taken to ensure that the cultural norms of the host country are respected and that the participants will not suffer adverse consequences from participation, such as being subjected to retaliation from local authorities or the local community. If the researcher is unfamiliar with the local laws, cultural norms, etc., he/she must involve a local collaborator in the conduct of the research.
- Implement an informed consent process that is consistent with the cultural norms of the country in which the research is to be conducted. The informed consent document should be translated into a language that is understandable by the subject.
- If the PI does not speak the language of the country in which the research will be conducted, he/she must describe how communication with subjects will be conducted.
- Assist colleagues from the host country in obtaining a Federalwide Assurance (FWA) if the research is federally funded and requires that the transnational institution receive an approved FWA from OHRP.
- Ensure post-approval monitoring, the reporting of amendments, etc. employs the same procedures as those used for projects within the U.S.
- Determine how the privacy of subjects and confidentiality of the data will be assured. PIs should understand whether or not there are laws or customs that require data be revealed to individuals who are not either subjects or research personnel.
- For research conducted by students, a description of how the faculty mentor/advisor will oversee the conduct of the research should be included in the application.
- Determine if an export license is required by contacting the USF Export Control office (exportcontrol@usf.edu). Scenarios in which this may be required include:
  - A physical transfer/disclosure of an item outside the U.S.;
  - Any transfer/disclosure of a controlled item or information within the U.S. to a foreign national;
  - Participation of foreign national faculty, staff, or students in the research;
  - Presentation/discussion of previously unpublished research at conferences or meetings where foreign national scholars may be in attendance;
  - Research collaborations with foreign nationals and technical exchange programs;
  - Transfers of research equipment abroad; or
  - Visits to your lab by foreign national scholars
- Review the U.S. Department of State’s U.S. Passports & International Travel website for a current list of noted high-risk countries and travel warnings and alerts. If any member of the study team is traveling to a noted high-risk country, the PI should contact the Export Control Office prior to traveling to the host country.
The USF IRB review of transnational research must ensure adherence to the same policies applied to U.S. research. Additional responsibilities include:

- Possess knowledge of the local research context. This level of knowledge is in part based on the level of risk presented by the research and may be gained from involving an individual with legal or cultural expertise as a consultant to the IRB during its review of the research. This is especially important if the research involves questions or information that may be considered offensive in other countries.

- Require documentation that the host country is aware of the research and has agreed for the research to be conducted in that country. When necessary, the IRB will communicate with the host country’s Ethics Committee or similar review committee should one exist.

- Review the informed consent process and document/s. In some circumstances it may be inappropriate to document consent using the standard written and signed informed consent document as is the standard for research conducted in the U.S. There also may be different laws regarding determination of who may serve as a Legally Authorize Representative (LAR) which the IRB must take into account.

- Ensure the amount of compensation is appropriate and reflective of the standard of living in the country in which the research is being conducted and the subject’s income as to not unduly influence subjects to participate, if applicable.

- Ensure the privacy of subjects and confidentiality of data, as a breach in confidentiality may have severe consequences.

- Monitor the research as with all other human subjects research under its purview. Any problems encountered with the research should be reported to the study sponsor, relevant regulatory bodies, and all reviewing IRBs and Ethics Committees as appropriate. If necessary, the USF HRPP will travel to the site at which the research is conducted to evaluate any serious issues identified.

### 14.2 Human Subjects Research Involving Deception

The USF IRB follows certain criteria when utilizing deception in research, including active deception and deceptive incomplete disclosure. While the use of deception may be a valuable methodology to avoid bias or test a hypothesis, these techniques raise important ethical issues. The federal regulations for obtaining informed consent require full disclosure of the research to the participant and therefore, the IRB must determine the extent to which the deception interferes with the subject’s ability to provide fully informed consent.

The use of deception must be justified and there should be no reasonable alternative method that would be equally effective. Research involving deception may involve a waiver of the required elements of informed consent or waiver of the documentation of informed consent as outlined in the federal regulations. Therefore, consideration of the population, the research question, the risks of participating, and the benefits should be weighed carefully. To approve research involving deception, the study procedures cannot involve greater than minimal risk to subjects. In most situations, research involving deception requires that subjects be debriefed after their participation and provided the option to have their data withdrawn from data analysis.

Deception involves misleading participants as to the true nature of the study procedures. Deception includes both active deception and deceptive incomplete disclosure.

Active deception is a situation where an individual is provided false or misleading information regarding the true purpose of the study. Examples of active deception include providing a “cover story” which falsely describes the purpose of the research and those that use a “confederate”, or
including a person posing as a research participant, whose behavior in the study is actually part of the research design.

Deceptive incomplete disclosure is a situation in which an investigator withholds information about the specific purpose, nature, or other aspect of the research; and 1) that information, if provided during initial consent may have affected participants’ decision to participate and/or 2) when participants learn of the information withheld, they would likely feel deceived. An example of deceptive incomplete disclosure includes audiotaping or videotaping subjects without their knowledge or consent. Not all incomplete disclosure is considered deception. An example of non-deceptive incomplete disclosure includes providing information to the subject about the research that is true, yet not detailed enough to reveal the main aims or hypotheses of the study.

The PI should clearly outline that the proposed research involves deception in their initial application to the USF IRB. Deception must be justified. Sufficient information regarding the study must be outlined in the informed consent document, including the fact that subjects are participating in research without fully disclosing the true purpose in order to accomplish the study objectives. The PI must provide a script to be used during the debriefing session after the subject’s participation in the research study and utilize this to debrief subjects unless the IRB determines that such debriefing would cause harm to the subject. After debriefing, the PI must ask participants if they would like their study information withdrawn and withdraw the study information should this be requested by the research participant.

The IRB, IRB Chairperson, or designee reviews applications for initial review. Studies involving deception can be reviewed by expedited procedures depending on the risks to subjects and level of deception used in the research. Research involving deception does not qualify for review by exempt procedures. The IRB, IRB Chairperson or designee take the following into account when reviewing research involving deception:

- The scientific value and validity of the research;
- Alternative procedures which could be utilized;
- Examination of the protocol/research plan to ensure the deception in and of itself does not influence study participation;
- Inducement of harm and the reduction of harms through debriefing;
- The privacy implications to subjects who participate and confidentiality of study data.

The IRB, IRB Chairperson, or designee applies common sense and sensitivity to the review of proposed research involving deceptive incomplete disclosure or active deception, including whether incomplete disclosure is deceptive or non-deceptive. They determine whether the PI has justified the need for deception and review the script for debriefing subjects upon completion of the research. Debriefing may be inappropriate when it presents an unreasonable risk of harm without a countervailing benefit. The IRB, IRB Chairperson or designee ensures subjects are provided the option to have their data removed from analysis. These individuals ensure the proposed subject population is suitable for the research proposed; the informed consent is adequate, not used as part of the deception, and reveals as much as possible regarding study procedures; and waives the documentation of informed consent under 45CFR 46.116(d) or 38 CFR 16.116(d) as appropriate.

IRB staff ensures applications involving deception have complete information for the IRB, the IRB Chairperson, or designee to make the determinations for approval. Staff also document the review of research involving deception at the fully convened IRB meeting and note any controverted issues.
Section 15: Biomedical Research Requirements and Procedures

15.1 General Information Regarding the Use of Drugs and Devices in Human Subjects Research

The Food, Drug, and Cosmetic Act ("FD&C Act") generally prohibits the manufacture, delivery, use, receipt or sale of any drug or device that is "adulterated" or "misbranded". New drugs and devices, and those used for a purpose or in a manner not approved by the FDA, may be either or both. The FDA regulations apply to research protocols that include investigational use of drugs, devices and biologics. When administered in research, an Investigational New Drug application (IND) or Investigational Device Exemption (IDE) may be required. A biologics License Application (BLA) is a request for permission to introduce, or deliver for introduction, a biologic product into interstate commerce. The following information relates specifically to the use of drugs, devices and biologics in clinical research.

The USF IRB contracts with independent/commercial IRBs for the review and approval of certain industry sponsored clinical trials. For more information, please see the USF IRB/HRPP website.

Use of Drugs & Devices “Off-Label”

Whether an IND or IDE is required for the off-label use of an approved product depends on the intent and actions of the clinician. Good medical practice and the best interests of the patient requires that health care providers use legally available drugs, biologics and devices according to their best knowledge and judgment, regardless of approved labeling. A clinician may use a product (emphasis added as a product is distinctly different from a test article) for an indication not in the approved labeling. The clinician should be well informed about the product and base its use on sound medical evidence/advice. Use of a marketed product in this manner, when the intent is the "practice of medicine" does not require regulatory oversight or the submission of an IND or IDE or review by an IRB. For additional guidance on whether an IND or IDE is required, a clinician may contact the individuals listed at http://www.fda.gov/oc/ohrt/irbs/offlabel.html. The clinician is encouraged to obtain written documentation of advice that an IND or IDE is not required prior to utilizing the product.

Use of Investigational Drugs, Biologics and Devices in Research:

If the intent of the clinician in using an approved product is to develop information about the product's safety or efficacy, or for other non-diagnostic or therapeutic purposes (a systematic investigation), and wished to contribute the information garnered to generalizable knowledge, an IND or IDE may be required.

If the test article acts through metabolism, chemical reactions, or the like, it is typically regulated by the FDA as a drug. If the test article is not metabolized, it is typically regulated by the FDA as a device. If the test article is or once was alive or came from a living being (e.g., cells, vaccines and the like), then it is generally regulated as a biologic. An IND is the legal mechanism that allows one to clinically test a drug or biologic or otherwise use it for research involving human subjects.

Devices include instruments apparatuses, implements, machines, contrivances, implants, in vitro reagents, and other similar or related articles that do not achieve their primary purposes through chemical action within or on the body and that are not dependent on being metabolized to do so. An IDE is the legal mechanism that allows one to clinically test a device or otherwise use it for
research involving human subjects.

Investigators are responsible for determining whether research in which they are engaged requires an IND or IDE and, if so, for securing the necessary approvals. However, the USF IRB may require documentation from the FDA that no IND or IDE is required. An investigator who is unsure whether IND or IDE requirements apply to his project may consult with representatives of the USF HRPP or the IND/IDE Assistance Program, both of which are located within Research Integrity & Compliance.

Ordinarily, FDA-regulated drugs, biologics, and devices may be used in research only in accordance with an investigational protocol approved by FDA and an IRB. The PI is responsible to assure adherence to the approved investigational plan and that the drug, biologic, or device is administered only by approved individuals who have been trained and designated by the PI. Exceptions to this rule are rare and generally apply only in emergency circumstances, describe in further detail below.

15.2 Investigational Drugs and Biologics

The FD&C Act exempts from its adulteration and misbranding prohibitions research on new drugs, as well as "investigational use" of approved drugs, when the research or investigation is conducted in compliance with the FD&C Act and applicable FDA regulations. Clinical investigations on new drugs and on non-exempt approved, lawfully marketed drugs are regulated by the FDA under 21 CFR part 312 and must be approved by an IRB.

Human research on new drugs and biologics may proceed only under an IND. Investigational use of approved, lawfully marketed drugs generally requires an IND unless all of the following conditions of exemption are met:

- It is not intended to be reported to the FDA in support of a new indication for use or to support any other significant change in the labeling for the drug;
- It is not intended to support a significant change in the advertising for the product;
- It does not involve a route of administration or dosage level, use in a subject population, or other factor that significantly increases the risks (or decreases the acceptability of the risks) associated with the use of the drug product;
- It is conducted in compliance with FDA requirements for IRB review (21 CFR 56) and informed consent (21 CFR 50);
- It is conducted in compliance with FDA requirements concerning the promotion and sale of drugs (21 CFR 312.7); and
- It does not intend to proceed under an exception to FDA’s informed consent requirements for emergency research.

The following types of clinical investigations also are exempt from the IND requirement:

- Those involving certain in vitro diagnostic biological products (blood grouping serum, reagent red blood cells, and anti-human globulin) if: (i) the products are intended to be used in diagnostic procedures that confirm a diagnosis made by another, medically established, diagnostic product or procedure; and (ii) the products are shipped according to specific FDA requirements (21 CFR 312.60);
• Those involving drugs intended solely for tests in vitro are exempt if shipped according to those same requirements; and
• Those involving use of a placebo, if they do not otherwise require submission of an IND.

IRB Staff and Administrators are responsible for verifying if the proposed human subject research involves an investigational drug or biological product, and if so, that appropriate documentation of the IND/BLA or exemption is included in the IRB submission. The convened IRB, IRB Chairpersons or Chair designees are responsible for confirming the investigational drug or biological product has a valid IND/BLA number or meets the criteria for exemption from the requirements per 21 CFR 312.2(b) and 21 CFR 320.31 and for reviewing the research for compliance with applicable FDA, DHHS and USF HRPP policies.

A drug intended solely for test in vitro or in laboratory research animals is exempt from the requirements for an IND or BLA if shipped in accordance with 21 CFR 312.160. A clinical investigation involving use of a placebo is exempt from the requirements for an IND if the investigation does not otherwise require submission of an IND.

For Studies Involving Drugs or Biologics, the USF IRB requires investigators to supply:

• Documentation from the FDA that an IND has been granted (including the IND number), or that an existing IND has been amended as appropriate to cover the specific project in question; or
• Documentation that the FDA’s time for consideration of an application for the specific project in question has lapsed without a notice of disapproval or conditional approval and without a request for additional information (the investigator must still provide the IRB with the IND number assigned by FDA when FDA acknowledged receipt of the IND application); or
• Documentation of FDA’s determination that an IND is not required.

FDA has developed special mechanisms to facilitate access to promising therapeutic agents where no satisfactory alternative treatments exist and standard IND requirements may result in unnecessary and counterproductive delays. These mechanisms are designed to ensure that human subjects protection and the scientific integrity of the product development process are not compromised and are outlined below.

A. Single Patient INDs for Compassionate Use

If the intended subject does not meet the criteria of an existing study protocol, or if an approved study protocol does not exist, the usual procedure is to contact the manufacturer and determine if the drug or biologic can be made available for the emergency use under the company’s IND. Single patient studies for compassionate use require prospective IRB approval. However, the need for an investigational drug or biologic may arise in an emergency situation that does not allow time for submission of an IND. In such a case, FDA may authorize shipment of the test article in advance of the IND submission and the requirements under “Emergency Use” below should be followed.
B. Treatment INDs

A treatment IND may be granted only after sufficient data have been collected to show that the drug "may be effective" and does not have unreasonable risks. In addition, the following criteria must be met:

- The drug must be intended to treat a serious or immediately life-threatening disease;
- There is no satisfactory alternative treatment available;
- The drug is already under investigation, or trials have been completed; and
- The trial sponsor is actively pursuing marketing approval.

An immediately life-threatening disease means a stage of a disease in which there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment. For example, advanced cases of AIDS, herpes simplex encephalitis, and subarachnoid hemorrhage are all considered to be immediately life-threatening diseases. Treatment INDs are made available to patients before general marketing begins, typically during Phase 3 studies. Treatment INDs also allow FDA to obtain additional data on the safety and effectiveness of the drugs in question.

A special class of treatment IND has been established for the distribution of certain promising cancer drugs. The "Group C" treatment IND was established by agreement between FDA and the National Cancer Institute (NCI). The Group C program is a means for the distribution of investigational agents to oncologists for the treatment of cancer under protocols outside the controlled clinical trial. Group C drugs are generally Phase 3 study drugs that have shown evidence of relative and reproducible efficacy in a specific tumor type. Properly trained physicians can generally administer them without the need for specialized supportive care facilities. Group C drugs are distributed only by the NIH under NCI protocols. Although treatment is the primary objective and patients treated under Group C guidelines are not part of a clinical trial, safety and effectiveness data are collected. Because administration of Group C drugs is not done with research intent, FDA has generally granted a waiver from the IRB review requirements. The use of a Group C drug is described in its accompanying "Guideline Protocol" document. The Guideline Protocol contains an FDA-approved informed consent document, which must be used if there has been no local IRB review.

Treatment INDs require prospective IRB review and approval, and informed consent of the participant.

C. Parallel Track Studies

The FDA has adopted a "Parallel Track" policy (see 57 Fed. Reg. 13250, May 21, 1990), which facilitates access to promising new drugs for AIDS/HIV related diseases under a separate protocol that "parallels" the controlled clinical trials that are essential to establish the safety and effectiveness of new drugs. It provides an administrative system that expands the availability of drugs for treating AIDS/HIV. These studies require prospective IRB review and approval, and informed consent of the participant. FDA is responsible for assuring that the availability of a drug under the parallel track program does not interfere with the drug sponsor's ability to carry out well-controlled studies on the drug and does not encourage patients with other approved treatment alternatives to resort to untested investigational drugs.
D. Open Label Protocols or Open Protocol INDs

These are usually uncontrolled Phase 3 studies, carried out to obtain additional safety data. These studies typically are used when the controlled trial has ended and treatment is continued so that the subjects and the controls may continue to receive the benefits of the investigational drug until marketing approval is obtained. These studies require prospective IRB review and approval, and informed consent of the participant.

15.3 Investigational Devices

An investigational device is a medical device that is the subject of a clinical study designed to evaluate the effectiveness or safety of the device (or both), or a clinical evaluation of certain modifications or new intended uses of a legally marketed device. All clinical studies or evaluations of investigational devices, unless exempt according to the FDA rules, must have an approved IDE before they begin. If the study involves a non-significant risk device, the IDE must be approved by an IRB. If it involves a significant risk device, the FDA also must approve it. Additional guidance regarding IDE requirements is available at http://www.fda.gov/cdrh/devadvice/ide/index.html.

The significant risk (SR)/non-significant risk (NSR) determination for devices is made initially by the sponsor (or investigator-sponsor) but must be confirmed by an IRB. If the sponsor believes the study involves a NSR device, the sponsor must provide the reviewing IRB with an explanation of its determination and any other information that may assist the IRB in evaluating the risks of the study. This includes, at a minimum, a description of the device, reports of prior investigations with the device, the proposed investigational plan (i.e., protocol), a description of inclusion/exclusion criteria and monitoring procedures, as well as any other information that the IRB deems necessary to make its decision. The sponsor also should inform the IRB whether other IRBs have reviewed the proposed study and what determinations were made. The sponsor must inform the IRB of FDA's assessment of the device's risk if one has been made. The IRB also may consult directly with FDA for its opinion.

The IRB may agree or disagree with the sponsor's initial SR/NSR assessment. If the IRB agrees with an NSR assessment and approves the study, the study may begin without submission of an IDE application to FDA. If the IRB disagrees, the sponsor should notify FDA that an SR determination has been made. The study can be conducted as an SR investigation following FDA approval of an IDE application.

The USF IRB will make this determination based on the proposed use of the device, not on the device alone. The IRB, in making its determination, will consider the nature of the harm that may result from use of the device. If the harm could be life threatening, result in permanent impairment, or necessitate medical or surgical intervention to preclude permanent impairment, the study must be treated as SR. If the subject must undergo a procedure as part of the study (e.g., surgery), the IRB must consider the potential harm that could be caused by the procedure in addition to the potential harm that could be caused by the device. SR devices are those that:

1. Are intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject;
2. Are purported or represented to be for use in supporting or sustaining human life and presents a potential for serious risks to health, safety or welfare of a subject;
3. Are for the use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or
4. Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject.

FDA has the ultimate authority to determine whether a device study is SR or NSR. If FDA disagrees with an IRB’s NSR determination, an IDE application must be submitted to FDA. FDA may approve or disapprove an application, or it may require the sponsor to modify the protocol as a condition of approval. Alternatively, FDA may request additional information prior to acting on an application. A decision not to approve an application may be appealed to FDA. If FDA does not act within 30 days of its confirmed receipt of the IDE application, the study may proceed. Conversely, if a sponsor files an IDE with FDA because the study is presumed to be SR, but FDA classifies the study as NSR, FDA will return the IDE application to the sponsor and the study may be presented to IRBs as an NSR investigation.

An SR study is subject to all of the requirements of 21 CFR part 812. A NSR study does not, however, require submission of an IDE application to FDA. Instead, the sponsor must conduct the study as required by "abbreviated" IDE requirements, which address, among other items, requirements for IRB approval and informed consent of the participant, recordkeeping, labeling, promotion and study monitoring (21 CFR 812.2(b)). Unless the sponsor is notified otherwise by FDA, an NSR study is considered to have an approved IDE if the sponsor fulfills these abbreviated requirements and it may begin immediately following final IRB approval.

Once a final SR/NSR decision is made by the IRB (or FDA), the IRB must consider whether the study should be approved, using the same criteria it would use in reviewing any other research involving FDA-regulated products.

For Device Studies, the USF IRB requires investigators to supply:

- Documentation from the FDA that an IDE has been granted (including the IDE number), or that an existing IDE has been amended as appropriate to cover the specific project in question; or
- Documentation that FDA’s time for consideration has lapsed without a notice of disapproval or conditional approval and without a request for additional information (the investigator must still provide the IRB with the IDE number assigned by FDA when FDA acknowledged receipt of the IDE application); or
- Documentation of FDA’s determination that an IDE is not required.

Alternatively, for device studies, if the investigator demonstrates to the IRB that a study meets FDA’s requirements for a NSR study, IRB approval of the research and documentation of its NSR decision will suffice.

The FDA has described ways providers may access investigational devices prior to FDA approval and outside the scope of a clinical trial and are described below.
A. Compassionate Use

This provision allows access for patients who do not meet the requirements for participation in the clinical investigation but for whom the treating physician believes the device may provide a benefit in treating or diagnosing their disease or condition. The condition must be serious and there must be no available, generally acceptable alternatives for treatment. This provision is typically approved for single patients, but may be approved to treat a small group. Prior FDA approval is needed before compassionate use occurs. In order to obtain FDA approval, the sponsor should submit an IDE supplement requesting approval for a protocol deviation. The physician should not treat the patient (or patients) identified in the supplement until FDA and the IRB both approve the use of the device under the proposed circumstances. Compassionate use of devices require prospective IRB review and approval.

B. Treatment Use

Approved IDEs specify the maximum number of clinical sites and the maximum number of human subjects that may be enrolled in a study. During the course of a clinical trial, if the data suggest that the device is effective, then the trial may be expanded to include additional patients with life-threatening or serious diseases. To qualify for a treatment use IDE, the disease or condition must be life threatening or serious, and patients must have no comparable or satisfactory alternatives to the investigational device. If the disease is immediately life-threatening (i.e., there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment), a device may be eligible for a treatment use IDE prior to completion of all clinical trials. If the disease is serious, a device may be made available for treatment use only after all clinical trials have been completed. Thus, the FDA will consider the use of an investigational device under a treatment IDE if all of the following criteria are met:

- The device is intended to treat or diagnose a serious or immediately life-threatening disease or condition;
- There is no comparable or satisfactory alternative device or other therapy to treat or diagnose that stage of the disease or condition in the intended patient population;
- The device is under investigation in a controlled clinical trial for the same use under an approved IDE, or the clinical trials have been completed; and
- The sponsor of the investigation is actively pursuing marketing approval/clearance of the investigational device with due diligence.

Treatment use may begin 30 days after FDA receives the treatment IDE submission, unless FDA notifies the sponsor otherwise. A licensed practitioner who receives an investigational device for treatment use under a treatment IDE is considered an "investigator" under FDA regulations and is responsible for meeting all applicable investigator responsibilities, including responsibilities to obtain prospective IRB approval and informed consent of the patient.

C. Continued Access

FDA may allow continued enrollment of subjects after a controlled clinical trial under an IDE has been completed to allow access to the investigational device while a marketing application is being prepared by the sponsor or reviewed by the FDA. This facilitates the collection of additional safety and effectiveness data to support the marketing application or to address new questions regarding the investigational device. This is referred to as an "extended investigation."
FDA will approve an extended investigation only if it identifies a public health need or preliminary evidence is submitted that the device will be effective and no significant safety concerns have been identified for the proposed indication.

The difference between a treatment IDE and use of an investigational device under the continued access policy is that a treatment IDE can be submitted earlier in the IDE process (i.e., as soon as promising evidence of safety and effectiveness has been collected but while the clinical study is ongoing) but is intended only for patients with serious or immediately life-threatening diseases or conditions, whereas continued access generally is available only after completion of a clinical trial but for a broader range of patients.

D. Custom Devices

Custom devices represent a narrow category of devices used to treat sufficiently rare conditions or rare physician needs (e.g., unique pathology or physiological condition) for which clinical investigations cannot be practically conducted and are defined in 520(b) of the FD&C Act. Devices that do not meet all of the elements of a custom device may qualify for compassionate use. Sponsors may require prospective IRB review and approval of custom devices and the informed consent of subjects.

E. Additional Exceptions

FDA from time to time approves additional exceptions to standard approval processes. For instance, guidance issued in June 2005 under the Project Bioshield Act of 2004 permits the FDA to allow the use of unapproved medical products or approved medical products for unapproved purposes during a declared emergency involving a heightened risk of attack on the public or U.S. military forces.

15.4 Emergency Use Exemption Requirements for the Use of Drugs, Biologics & Devices

Emergency use is the use of an investigational drug, biological product and devices (i.e., test articles) with a human subject in a life-threatening (or severely debilitating) situation in which no standard acceptable treatment is available and in which there is not sufficient time to obtain prospective IRB approval. This exemption from prior IRB review and approval is limited to a single use. FDA regulations require that any subsequent use of the investigational product at the institution have prospective IRB review and approval. FDA acknowledges, however, that it would be inappropriate to deny emergency treatment to a second individual if the only obstacle is that the IRB has not had sufficient time to convene a meeting to review the issue.

To qualify for emergency use, the prospective patient must be suffering a life-threatening or serious disease or condition that requires immediate treatment; there must be no available, generally acceptable alternatives for treating the patient; and there must be no time to use existing procedures to obtain FDA approval. Under very limited circumstances, the requirements for informed consent may be waived in an emergency situation.

The USF IRB requires notification prior to the emergency use of a drug, biologic or device unless the determination is made after business hours. In this situation, notification to the IRB is subject to the requirements outlined below. Notification does not substitute for approval and is used only
to initiate tracking to ensure the investigator files a report within five days. Expedited approval is not permissible for emergency use; full board approval is required unless the requirements for an exemption as described above are met and it is not possible to convene a quorum within the time available. The emergency use of an unapproved investigational drug or biologic requires an IND; SR devices require an IDE and approval of the sponsor if the IDE exists.

It is the treating physician's responsibility to determine whether the criteria for an emergent situation have been met, to assess a patient's potential for benefits from the unapproved use, and to have substantial reason to believe that benefits will exist. Where emergencies are reasonably foreseeable, physicians should obtain FDA approval through standard IND and IDE procedures or through the compassionate, treatment or continued use procedures described above. The FDA considers an emergency reasonably foreseeable if the drug, biologic or device could be used in an emergency.

In the event an unapproved drug, biologic or device is used in an emergency, the sponsor must notify the FDA immediately after shipment. In addition, the physician employing the test article should make every effort to protect subjects including, as applicable:

(i) Obtaining an independent assessment by an uninvolved physician;
(ii) Obtaining informed consent from the patient or legally authorized representative;
(iii) Notifying the appropriate IRB as soon as practicable; and
(iv) Obtaining authorization from the IDE holder, if an approved IDE for the device exists.

The information contained above should be captured in a letter to the IRB by the treating physician or via the Emergency Exemption Form available on the USF IRB/HRPP website. For additional information regarding notification to the USF IRB of emergency use of test articles, please contact us 813-974-5638.

The IRB Chairperson, Vice Chairperson, or designee will confirm that the emergency use of the test article meets all of the criteria outlined above, concurs with the use of the test article, and confirms that there is not sufficient time to convene an IRB to review and approve the investigational and emergent use. The emergency use of test articles will be relayed to the convened IRB at their next meeting as information.

After the emergency use, the treating physician must:

(i) report to the IRB within five days the outcome of the use and otherwise comply with IRB requirements;
(ii) evaluate the likelihood of a similar need occurring again and, if future use is likely, immediately initiate efforts to obtain IRB approval and an approved IDE for subsequent use; and
(iii) if an IDE for the use already exists, notify the sponsor of the emergency use. If an IDE does not exist, the physician must notify the FDA of the emergency use, and provide the FDA with a written summary of the conditions constituting the emergency, subject protection measures, and results/outcomes of the use. Subsequent emergency use may not occur unless the physician or another person obtains approval of an IDE for the device and its use. If one has been filed and disapproved by FDA, the device may not be used even in an emergency.
15.5 Charging for Investigational Drugs & Devices

The IND regulations permit a sponsor to charge for an investigational drug or biologic that has not been approved for marketing, only as follows: the charge should not exceed an amount that is necessary to recover the costs associated with the manufacture, research, development, and handling of the investigational drug or biologic. FDA may withdraw authorization to charge if it finds that the conditions underlying the authorization are no longer satisfied.

For clinical trials, the sponsor must obtain prior written approval from FDA to charge for the investigational drug or biologic. In requesting approval, the sponsor must explain why a charge is necessary (i.e., why providing the product without charge should not be considered part of the normal cost of conducting a clinical trial).

For treatment protocols or treatment INDs, the sponsor or investigator may charge for the product only if: (i) there is adequate enrollment in the ongoing clinical investigations under the authorized IND; (ii) charging does not constitute commercial marketing of a new drug for which a marketing application has not been approved; (iii) the drug or biologic is not being commercially promoted or advertised; and (iv) the sponsor is actively pursuing marketing approval with due diligence. Charges may begin 30 days after FDA receives a written notification, unless FDA notifies the sponsor otherwise.

The IDE regulations allow sponsors to charge for an investigational device, however, the charge should not exceed an amount necessary to recover the costs of manufacture, research, development, and handling of the investigational device. A sponsor justifies the proposed charges for the device in the IDE application, states the amount to be charged, and explains why the charge does not constitute commercialization. FDA generally allows sponsors to charge investigators for investigational devices, and this cost usually is passed on to the subjects.

15.6 Humanitarian Use Devices (HUD)

The USF IRB reviews and approves the use of Humanitarian Use Devices. For an HUD to be used to diagnose or treat an illness/impairment, a Humanitarian Device Exemption (HDE) must be issued by the FDA. The USF IRB does not grant approval until it has ensured the HDE approval has been granted.

While the effectiveness of the device does not have to be demonstrated, the IRB will verify that the device does not pose an unreasonable risk of illness or injury to the recipient, and that the probable benefit to health outweighs the risk of injury or illness from its use, taking into account the probable risks and benefits of currently available devices or alternative forms of treatment.

The IRB verifies that the use of the HUD is consistent with current labeling of the device and does not exceed the scope of the FDA approved indication. The device’s labeling must state that the device is a HUD and that, although the device is authorized by Federal Law, the effectiveness of the device for the specific indication has not been proven or demonstrated. The IRB does not need to include a significant risk/non-significant risk (SR/NSR) determination as long as the use of the HUD is within its approved indication(s).

The initial review of an HUD is to be completed by a convened IRB. The convened IRB may make the determination at initial review that continuing review may occur using the expedited procedure if the HUD. Criteria the IRB may use to grant continuing review using the expedited
procedure include the fact that the initial use of the HUD was approved without any further restrictions, and the continuing review period was not less than one year. Criteria for subsequent continuing review using the expedited procedure can occur if there have been no subject complaints, and no additional risks have been identified. The IRB may impose more stringent restrictions for use of the HUD as a means of ensuring additional protection, as deemed necessary. For example, the IRB may require re-review at an interval of time more frequent than annually, or may want to conduct re-review after a specified number of patients have been accrued.

There is an important distinction to be made between “use” of an HUD and “investigational use”/“clinical investigation” of a HUD. The term “use” refers to the use of an HUD according to its approved labeling and indication(s). If an HUD is being used in a clinical investigation (i.e., collection of safety and effectiveness data), whether for its HDE-approved indication(s) or for a different indication, then this constitutes “investigational use” or “clinical investigation” of the HUD. Such investigational use is subject to the same requirements that apply to all FDA-regulated clinical studies, including 21 CFR Parts 50 and 56. Additionally, if the HUD is being studied for a use other than its approved indication(s), the IDE regulations at 21 CFR Part 812 apply.

When an Investigator seeks to collect safety and effectiveness data about the device, if the use is within the approved labeling, no IDE is needed; however, IRB approval is required and informed consent must be obtained since the use constitutes research. FDA considers the research to be exempt from the requirement for an IDE as long as the HUD is used in accordance with its approved indication(s). If the Investigator plans to collect data for a new use of the device (a different indication), then the IDE regulations must be followed. If the device is a significant risk device, an FDA approved IDE is required (21 CFR 812.1, 812.20). HUDs being utilized in clinical investigations require prospective IRB approval, informed consent must be obtained, and continuing review must be conducted by a convened IRB.

Informed Consent & HIPAA Authorization

When an HUD is being used in non-research clinical care, the USF IRB encourages physicians to obtain prospective and documented informed consent from a patient prior to the use of an HUD, when feasible. This document must not use the term “research” to refer to the activities associated with the use of the device. If informed consent cannot be obtained, information regarding the labeling of the device (i.e., patient information packet), which incorporates information on the device may be used as an alternative. This information must be reviewed in detail with the patient.

When an HUD is used in a clinical investigation, prospective and legally effective informed consent is required. All of the elements of informed consent as outlined in 21 CFR 50 are required.

When the use of an HUD is for diagnosis or treatment, and not associated with research or data collection, HIPAA regulations for research do not apply as the use of the HUD is part of Treatment, Payment or Operations (TPO). However, if an HUD is being used in a clinical investigation, the HIPAA regulations for research apply and authorization must be obtained/compounded into the informed consent document.

The PI will provide all applicable information regarding the use of the HUD in his/her application.
materials submitted to the IRB which can include:

- The generic and trade name of the device;
- The HDE number and date of designation;
- A description and the indication(s) for use of the device;
- Contraindications, warnings, and precautions for use of the device;
- Adverse effects of the device on health;
- Alternative practices and procedures;
- A sample consent form or patient information brochure if available from the sponsor;
- A summary of how the physician proposes to use the device, including a description of any screening procedures, the HUD procedure, and any patient follow-up visits, tests or procedures; and
- Marketing history and a summary of studies using the device.

The Physician/Investigator will fulfill continuing review requirements at the designated IRB intervals. At each continuing review, the PI will provide:

- The clinical indications for the use of the HUD in each patient;
- Adverse events or unanticipated problems involving risk to participants or others that are possibly related (more likely related than unrelated) to the use of the HUD if not already reported; and
- Clinical outcomes of each participant, if known.

**Considerations for Prompt Reporting**

Whenever a PI receives or otherwise becomes aware of information from any source that reasonably suggests an HUD has or may have caused or contributed to the death or serious injury of a patient, or has malfunctioned and would be likely to cause or contribute to a death or serious injury if the malfunction were to recur, the PI must report such findings to the FDA and the IRB promptly. Serious injury means an injury or illness that (1) is life-threatening, (2) results in permanent impairment of a body function or permanent damage to a body structure, or (3) necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure (21 CFR 803.3). This reporting is in addition to, not a substitute for, FDA and/or manufacturer reporting requirements in accordance with 21 CFR 803.30.

Additionally, the PI must promptly report any FDA action(s) regarding the HUD to the USF IRB.

**Off-Label Use and Emergency Use of an HUD**

An HUD may be used “off-label” for clinical care, with prior FDA approval, and by complying with the FDA expanded access (compassionate use) policy for unapproved devices.

If there is no time to obtain FDA approval, FDA recommends that the emergency use procedures described for unapproved devices be followed. If a physician in an emergency situation determines that IRB approval of the HUD’s use cannot be obtained in time to prevent serious harm or death to a patient, the HUD may be used without prior IRB approval. The following conditions must be present:

- Patient’s life is threatened and patient needs immediate care;
- There is no generally accepted alternative exists; and
- There is no time to obtain FDA approval.

In such emergency circumstances, the physician should follow as many patient protection
procedures as possible. These include:
- Independent assessment of an uninvolved physician;
- Concurrence of the IRB Chair/designee;
- Clearance by the institution;
- Informed consent from the patient or their legally authorized representative;
- Authorization from the IDE sponsor, if an IDE exists for the device; and
- Written notification of the use to the IRB Chair/designee.

The HUD may also be used without prior patient consent if a life-threatening emergency exists, the patient lacks the capacity to consent, and a legally authorized representative is unavailable. The term “life-threatening” is meant to include the presence of a serious disease or condition that involves risk of irreversible morbidity, such as loss of eyesight.

Within 5 working days of the emergency use, the physician needs to provide written notification to the Chair of the IRB of such use. Email notification is acceptable for this purpose. The notification must include:
- The identification of the patient involved;
- The date on which the device was used; and
- The reason for the use.

15.7 Responsibilities of Investigators who serve as an Investigator-Sponsor

As defined in FDA regulations (21 CFR 312.3 and 812.3(o)), an investigator-sponsor is an individual who both initiates and conducts a clinical investigation, and under whose immediate direction an investigational drug or device is administered, dispensed or used. The requirements of an investigator-sponsor include both those applicable to an investigator and those applicable to a sponsor. If an investigator in the proposed research project is also the IND/IDE holder and/or is otherwise subject to FDA regulations related to duties as a sponsor/investigator, the IRB will evaluate whether the investigator is knowledgeable about the additional regulatory requirements of sponsors and follows them while conducting the study. The USF IRB may require additional oversight and monitoring of investigators who are sponsors if necessary to ensure compliance with additional sponsor regulations. If a question arises about whether an IND or IDE is required for an investigator-initiated clinical research study, either during the IRB approval process or during the course of an investigation, this information will be communicated to the PI. PIs are encouraged to contact the IND/IDE Assistance Program within Research Integrity & Compliance for assistance with applications and ensuring adherence to the federal regulations.

In addition to the requirements of 21 CFR 312 and 21 CFR 812, investigators who hold an IND or IDE must also meet all regulatory requirements pertaining to sponsors such as:

**For Drugs or Devices:**
21 CFR 11 (Electronic records and electronic signature)
21 CFR 54 (Financial Disclosure by Clinical Investigators)

**For Drugs and Biologics:**
21 CFR 210 (Current Good Manufacturing Practice in Manufacturing, Processing, Packing, or Holding of Drugs; General)
21 CFR 211 (Current Good Manufacturing Practice for Finished Pharmaceuticals)
21 CFR 312 (Investigational New Drug Application)
Responsibilities of an Investigator-Sponsor

The PI is responsible for ensuring that research is conducted according to:

- Sound research design and generally acceptable scientific methods;
- The terms of the grant, contract and/or signed agreement(s);
- The obligations specified in the signed Form FDA 1572;
- The study plan (protocol) as approved by the IRB; and
- Applicable regulations and laws.

The PI is responsible for ensuring that IRB approval of the research exists prior to study initiation and throughout the clinical trial. As with all applications, the investigator is responsible for providing the IRB with sufficient information to make the required determinations under 45 CFR 46.111 and 21 CFR 56.111. The PI is responsible for personally conducting or supervising the proposed investigation. He/she must not make any changes in the research without USF IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.

The PI must ensure that all of the additional responsibilities as outlined in Section 6 of this policy manual are upheld.

15.8 In Vitro Diagnostic Devices

The FDA has defined in vitro diagnostic products as those reagents, instruments, and systems intended for use in the diagnosis of disease or other conditions, including a determination of the state of health, in order to cure, mitigate, treat, or prevent disease or its sequelae. Such products are intended for use in the collection, preparation, and examination of specimens taken from the human body (21 CFR 8093(a)).

The FDA has issued guidance for the use of an in vitro diagnostic device to analyze a sample whose donor is not individually identifiable. FDA will exercise enforcement discretion (choose not to enforce a regulation) with respect to its current regulations governing the requirement for informed consent when such human specimens are used for FDA regulated in vitro diagnostic (IVD) device investigations. If specific conditions are met, FDA does not intend to object to the use, without informed consent, of leftover human specimens (i.e., remnants of specimens collected for routine clinical care or analysis that would otherwise have been discarded) for in vitro diagnostic device investigations that meet the criteria for exemption from the Investigational Device Exemptions (IDE) regulation at 21 CFR 812.2(c)(3), as long as subject privacy is
protected by using only specimens that are not individually identifiable. FDA also includes in this policy specimens obtained from specimen repositories and specimens that are leftover from specimens previously collected for other unrelated research, as long as these specimens are not individually identifiable.

FDA will only exercise such enforcement discretion, and thus not require informed consent, if all of the following are true:

- The investigation meets the IDE exemption criteria at 21 CFR 812.2(c)(3);
- The study uses leftover specimens, that is, remnants of specimens collected for routine clinical care or analysis that would have been discarded. The study may also use specimens obtained from specimen repositories or leftover specimens that were previously collected for other research purposes;
- The specimens are not individually identifiable, (i.e., the identity of the subject is not known to and may not be readily ascertained by the investigator or any other individuals associated with the investigation, including the sponsor). If the specimen is coded, it will be considered to be not individually identifiable if neither the investigator(s) nor any other individuals associated with the investigation or the sponsor can link the specimen to the subject from whom the specimen was collected, either directly or indirectly through coding systems;
- The specimens may be accompanied by clinical information as long as this information does not make the specimen source identifiable to the investigator or any other individual associated with the investigation, including the sponsor;
- The individuals caring for the patients are different from those conducting the investigation and do not share information about the patients with the investigator(s);
- The specimens are provided to the investigator(s) without identifiers and the supplier of the specimens has established policies and procedures to prevent the release of personal information; and
- The study has been reviewed by an IRB in accordance with 21 CFR 56, except for the informed consent requirements described there.

Studies that do not fall within the intended enforcement discretion expressed in the FDA guidance would require prospective informed consent of subjects. Such studies include, but are not limited to, those where any of the following conditions apply:

- The study does not meet the IDE exemption criteria at 21 CFR 812.2(c)(3);
- The specimens are individually identifiable (i.e., the identity of the subject is known to or may be readily ascertained by the investigator or any other individuals associated with the investigation, including the sponsor);
- The specimens were collected specifically for the proposed investigation. That is, the specimens are not leftover from routine clinical care or analysis or leftover from other research;
- The amount of specimen needed for the study is more than would be leftover from what is usually collected for routine clinical analysis; or
- The test results will be reported to the subject's health care provider. For example, in the course of comparative studies involving Bacillus anthracis detection devices, it would be inappropriate not to report positive results if they occur in the course of an investigation.

In vitro diagnostic (IVD) device research is still subject to FDA regulations governing research
with humans. Therefore investigators who propose to conduct such research must submit an IRB protocol via the e-IRB. The protocol must describe the proposed research and the source(s) of the samples to be analyzed using the investigational in vitro diagnostic device. The protocol must also provide information to support the seven findings, as described above, that the IRB must make. As with other investigational device studies, the investigator must submit all relevant supporting documents from the sponsor, including the investigator brochure, with the IRB application.

15.9 Genome Wide Association Studies

Under the NIH Policy on Sharing of Data Obtained in NIH Supported or Conducted Genome Wide Association Studies, institutions are responsible for certifying plans for the submission of genotype and phenotype data. It is the policy of the USF IRB that research involving GWAS be submitted to the USF IRB for the review of (1) plans for data submission to dbGaP and (2) the adequacy of the informed consent process and documents through which data were obtained.

**Genome Wide Association Studies (GWAS):** The study of genetic variation across the entire genome that is designed to associate genetic variations (SNPs) with traits (such as blood pressure or weight) or with the presence or absence of disease of condition. Whole genome information, when combined with clinical and other phenotype data, offers the potential for increased understanding of basic biological processes affecting human health, improvement in the prediction of disease and patient care, and ultimately the realization of the promise of personalized medicine. Competing GWAS applications must include a GWAS data sharing plan as part of the research plan (grant application) or outline why such data sharing is not appropriate.

**Submission of Data Collected Prospectively**

To submit data and materials to dbGaP for prospective, or current, research studies (studies in which informed consent will be obtained prospectively), investigators must include plans to submit data in either an initial application or via an amendment. The PI is responsible for ensuring risks to subjects are minimized by submitting data to dbGaP that is coded using a random, unique code, and de-identified according to the following criteria:

- The identities of data subjects cannot be readily ascertained or otherwise associated with the date by the repository staff or secondary data users;
- The 18 identifiers enumerated at section 45 CFR 164.514(b)(2) (the HIPAA Privacy Rule) are removed; and
- The submitting institution has no actual knowledge that the remaining information could be used alone or in combination with other information to identify the subject of the data.

The PI should retain the key to the code that would link specific individuals to the data as appropriate and ensure that NCBI never receives the code or any other information that would enable the identification of the individuals who are the source of the data. The PI should consider obtaining a Certificate of Confidentiality (CoC) to provide an additional safeguard with regard to compelled disclosure in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level, of information that could be used to identify individual research subjects.

As mentioned previously, competing GWAS applications must include a data sharing plan which
should also be submitted to the USF IRB. A data sharing plan must include:

- Documentation that data submission is consistent with applicable laws and institution policy;
- The appropriate research uses of the data and any specific research exclusions as outlined in the informed consent document; and
- Confirmation that the materials and data submitted to the GWAS data repository are de-identified per the HIPAA Privacy Rule regulations and at no time will the link to the identifying information, nor the actual identifying information, be disclosed to the GWAS data repository.

The informed consent document accompanying the initial submission or amendment must comply with the federal regulations contained in 45 CFR 46 and include information regarding the data sharing with the GWAS data repository. The informed consent document must clearly state that DNA will undergo genome-wide analysis and that genotype and phenotype will be shared for research purposes with investigators who submit proposals to the GWAS data repository (The USF Genetic Research Addendum contains suggested language for use in informed consent documents).

The USF IRB is responsible for:

- Reviewing the investigator’s plan for data submission, as well as the adequacy of the informed consent process and documents through which the data were obtained;
- Ensuring the confidentiality of the data and the privacy of subjects as the genotype and phenotype information generated about individuals will be substantial and, in some instances, sensitive (such as data related to the presence of risk of developing particular diseases or conditions and information regarding family relationships or ancestry);
- Ensure investigators submitting data to the GWAS repository to obtain a CoC as appropriate; and
- Documenting the appropriate certification in an approval letter for submission to dbGaP.

**Submission of Data Collected Previously**

To submit data and materials to the dbGaP for retrospective studies (studies previously conducted in which informed consent was collected as part of a research study), investigators must outline their plan to submit the data via an amendment to a currently active study. If the study is no longer active, investigators should contact the USF IRB to discuss how to proceed.

The IRB will review the informed consent documents which were signed by subjects to confirm whether or not the initial consent under which genetic materials were obtained is consistent with the submission of data to the GWAS data repository and the sharing as outlined in the GWAS policy. The IRB may determine that the original consent is not consistent with submission of data to the GWAS data repository and may:

1. Request re-consent of subjects; or
2. Determine that it cannot verify that the criteria outlined in the GWAS policy have been met for submission of data to the GWAS data repository and therefore, such submission is not appropriate.

The IRB cannot waive the requirement for informed consent for the submission of data and
materials to the GWAS data repository.

**For all studies submitting data to dbGaP (including data collected prospectively and previously):**

The USF IRB must certify that each of the following are met:

- The data submission is consistent with all applicable laws and regulations as well as institutional policies;
- The appropriate research uses of the data and the uses that are specifically excluded by the informed consent documents are delineated;
- The identities of research subjects will not be disclosed to the NIH GWAS data repository;
- The submission of data to the NIH GWAS data repository and subsequent sharing for research purposes are consistent with the informed consent of study subjects from whom the data were obtained;
- The investigator's plan for de-identifying datasets is consistent with the standards outlined in the policy;
- It has considered the risks to individuals, their families, and groups or populations associated with data submitted to the NIH GWAS data repository; and
- The genotype and phenotype data to be submitted were collected in a manner consistent with 45 CFR Part 46.

**Accessing Data from dbGaP for Research Purposes**

dbGaP has two levels of access. The first includes *Open-Access Data* which contains study information deposited as required under GWAS policy which may be browsed online or downloaded without prior permission or authorization. The second level of access includes *Controlled Access* which contains individual-level information that may be obtained if a user has been authorized by the appropriate NIH data access committee. Investigators seeking to obtain controlled access data from dbGaP submit a Data Access Request and Data Use Certification to the NIH. These documents must be signed by the investigator and an Institutional Official from Sponsored Research.

The USF IRB does not consider use of either Open-Access or Controlled Access Data to meet the definition of human subjects research. However, per dbGaP requirements, investigators must submit a modified application to the USF IRB when requesting data from the dbGaP for Controlled Access data for the IRB to make the determination of Not Human Subjects Research (NHSR).

**Other Information**

If USF is the coordinating center for a multi-site research project, the USF researcher is responsible for ascertaining the compliance of all sites participating in the research.

Should a participant withdraw their consent to participate in the data repository, investigators and institutions may request the removal of data from the repository. However, NCBI will not be able to retrieve data that have already been distributed for research purposes.

NIH requires that each data submission to dbGaP include a Data Submission Certification Letter.
signed by the appropriate Institutional Official (IO). For studies conducted by USF faculty, staff or students, the IO is the Sr. Vice President for Research & Innovation. For affiliate institutions, the certification letter should be signed by the respective IO. The USF IRB will provide a copy of the letter to the affiliate institution with their determinations for signature by the IO. It is the responsibility of the PI to maintain a copy of the certification letter with their regulatory files.
Section 16: Data and Safety Monitoring

16.1 Data and Safety Monitoring

All research, regardless of the level of risk should include some level of monitoring of the data. However, the level and formality of monitoring should increase as the level of risk increases.

Data and Safety Monitoring Plans (DSMPs) are designed to ensure that studies involving human subjects have a system for appropriate oversight and monitoring of the conduct of the research. This oversight can include reviewing data at specific points in time, after a specific number of participants have been enrolled, or upon recognition of harm. As appropriate, monitoring might be conducted by the investigator, the sponsor (e.g., medical monitor, safety monitoring committee) or by an independent monitoring board.

Data and safety monitoring is required for all types of clinical trials, including physiologic, toxicity, and dose-finding studies (phase I); efficacy studies (phase II); efficacy, effectiveness, and comparative trials (phase III). Monitoring should be commensurate with risks and a variety of types of monitoring may be anticipated depending on the nature, size, and complexity of the clinical trial. In many cases, the principal investigator would be expected to perform the monitoring function. It is strongly recommended that all clinical trials, even those that pose little likelihood of harm, consider an external monitoring body.

A Data and Safety Monitoring Board (DSMB) is an independent group of individuals with pertinent expertise that reviews, on a regular basis, accumulating unblinded data from protocols involving human subjects research to assure the continuing safety of research subjects, relevance of the study question, appropriateness of the study, and integrity of the accumulating data. Monitoring activities should be conducted by experts in all scientific disciplines needed to interpret the data and ensure patient safety. Clinical trial experts, biostatisticians, bioethicists, and clinicians knowledgeable about the disease and treatment under study should be part of the monitoring board or be available if warranted.

Ideally, individuals on a DSMB who monitor outcomes of a trial are in no way associated with the trial. For trials that are conducted as part of a cooperative group, a majority of the individuals monitoring outcome data should be external to the group. Policies must exist to evaluate whether the participants have conflicts of interests with or financial stakes in the research outcome. When conflicts exist, there must be policies in place to manage them in a reasonable manner. The DSMB reviews data independently from the investigator(s) and IRB to determine whether the accumulating data support continuing the trial, whether study procedures should be changed, or whether the trial should be halted for reasons relating to the safety of the subjects, the efficacy of the treatment under study, or adequate study performance (e.g., poor recruitment of subjects). Human subjects research that requires a Data Safety Monitoring Board includes studies that involve blinding, multiple sites, vulnerable subjects, or employs high-risk interventions.

The NIH requires the establishment of DSMBs for all Phase III multi-center clinical trials involving interventions that entail potential risk to the participants. The data and safety monitoring functions and oversight of such activities are distinct from the requirement of study review and approval by the IRB.
**Responsibilities**

The PI is responsible for developing and presenting to the IRB a plan to monitor the data to ensure the rights, safety, and welfare of participants are adequately protected. The PI should ensure the intervals at which the data will be evaluated are timely and effective and that there are mechanisms in place to ensure the integrity of the data. For studies that pose greater than minimal risk to participants, the PI is responsible for ensuring that specific endpoints and early stopping criteria are clearly defined. The PI is also responsible for reporting the findings (including DSMB reports) in a timely fashion to the IRB, the sponsor, federal agencies, and, if applicable, to participants if the findings could impact their willingness to continue participation. Reports of an urgent nature (e.g., the suspension or closure of a study arm or the study as a whole) must be submitted to the IRB within ten (10) business days of receipt of the report by the PI or study team. Routine reports should be submitted at the continuing review of the research.

The DSMB is responsible for providing impartial evaluation of the data at predetermined intervals and reporting in a timely fashion the outcome of those evaluations to all Investigators involved in the research, sponsors, and the Institutional Review Boards.

Should USF Investigators choose to conduct research that is investigator initiated and presents the possibility of risk to subjects, he/she should consider the establishment of a DSMB. The DSMB would monitor the data and safety of the trial(s) by performing the following activities:

- Review the research protocol and plans for data and safety monitoring;
- Evaluate the progress of interventional trial(s), including periodic assessments of data quality and timeliness, participant recruitment, accrual and retention, participant risk versus benefit, performance of trial sites, and other factors that can affect study outcome;
- Monitoring should also consider factors external to the study when interpreting the data, such as scientific or therapeutic developments that may have an impact on the safety of the participants or the ethics of the study;
- Make recommendations to the IRB and investigators concerning continuation or conclusion of the trial(s); and
- Protect the confidentiality of the trial data and the results of monitoring.

Sponsors are responsible for reporting to the PI and the USF IRB any findings obtained from onsite monitoring activities or from study results obtained as part of the study or for two years after the study has closed that could affect the safety or medical care of study participants or their willingness to continue participation in the study, influence the conduct of the study, or alter the IRB’s determination of whether or how the study should be conducted. Reports must be submitted to the IRB within the time frame outlined in the clinical trial agreement with the Institution.

The IRB is responsible for reviewing and approving DSMPs to ensure the rights, safety, and welfare of subjects, as well as the integrity of the data are protected. The IRB may require modifications to those plans or may even require a third party conducts the data and safety monitoring. When considering plans to monitor data to ensure the safety of participants, the IRB may consider:

- Safety information to be collected, including serious adverse events;
- How safety information will be collected (e.g., case report forms, telephone);
- The frequency of data collection;
- The frequency of review of cumulative data;
• How data will be analyzed;
• The plan for establishing and reporting to a DSMB;
• For blinded studies, multi-site studies, those that involve vulnerable populations, or employ high risk interventions, consider the need for the establishment of a DSMB; and
• Stopping criteria or other triggers for immediate suspension of the research.
Section 17: Conflicts of Interest

17.1 Institutional Conflicts of Interest in USF System Human Subjects Research

University of South Florida System (USF System) Policy 0-317 (currently under promulgation by the USF System), “Institutional Conflicts of Interest in Research” requires identification and management of Institutional Conflicts of Interest (ICOI) that might affect or be perceived to affect the rights, safety, or welfare of human subjects in research, the integrity of human subjects research, or the credibility of the Human Research Protections Program (HRPP). The USF System Conflict of Interest in Research Program (COI Program) is responsible for identifying potential ICOIs by communicating with other USF System offices and programs, including: the Technology Transfer Office, Patents & Licensing; USF Foundations, including the USF Foundation and USF Research Foundation; University Audit and Compliance; and USF Health Faculty Affairs. The USF System Conflict of Interest Committee (COI Committee) is responsible for reviewing ICOIs, and is advisory to the Senior Vice President for Research, Innovation & Economic Development, who holds final authority to determine whether an ICOI has been adequately managed and the related research may proceed. If the Senior Vice President for Research, Innovation & Economic Development has an apparent or perceived personal or professional conflict of interest and thus cannot review an ICOI, the USF System President will review the USF System COI Committee’s recommendation and hold final authority.

It is the responsibility of any individual, including but not limited to USF System Covered Officials, principal investigators and research staff, who is aware of a financial or business relationship that may compromise or appear to compromise the rights, safety, or welfare of human subjects or the integrity of human subjects research, to report such financial or business relationship to the USF System Conflict of Interest Program (COIP) for evaluation, management, minimization, or elimination of the conflict. The USF System COI Administrator will determine whether the disclosure represents an ICOI and, if so, will prepare a summary of the relevant facts and circumstances for presentation to the USF System COI Committee.

The USF System COI Committee will review the ICOI and develop a management plan to manage or minimize the conflict, or will make a recommendation that the conflict should be eliminated before the related human subjects research is allowed to proceed. Prior to conducting such review, the COI Committee will ensure that the reviewing body will include any ad hoc members as may be necessary for a thorough and authoritative review of the ICOI (e.g., a representative from the Technology Transfer Office, Patents & Licensing, a representative from the Office of General Counsel, independent community members, outside consultants, etc.). In determining whether a recommendation to manage the ICOI should be considered, the COI Committee will evaluate all relevant factors, including:

- The level of risk to human subjects in the research as determined by the reviewing IRB given the specific circumstances;
- The level of risk to the integrity and objectivity of the research given the specific circumstances;
- The level and type of the financial interests or relationship held by the Covered Official;
- How direct and immediate the interested Covered Official's authority is over the research, investigators, and research personnel;
- The status of the company (e.g. privately-held start-up company, small publicly-traded or large publicly-traded company, and the importance or perceived importance of the research to the finances of the company);
• Whether a plan for separation of oversight of the faculty conducting human subjects research by the Covered Official with the conflict can be implemented that is both practical and effective while the Covered Official remains in the assigned leadership position;
• The risk to the academic freedom and unbiased treatment of the faculty member who has proposed the research; and
• The perceived risk to the reputation of the USF System.

If the COI Committee determines that the ICOI is manageable, it may determine that the human subjects research must be reviewed and approved by an external IRB as a means of managing the ICOI.

Following its review, the COI Committee will communicate in writing to the IRB reviewing the research, with all of the relevant documentation, that the ICOI has been eliminated in connection with the related human subjects research project or that a management plan has been recommended for the IRB’s review. The reviewing IRB will take action on the human subjects research, with consideration given to the management or elimination of the ICOI as recommended by the COI Committee. The reviewing IRB will have final authority to decide whether the ICOI and its management, if any, is approved.

**Institutional Conflict of Interest:** A situation in which the financial investments, licenses, technology transfer, or patents of, or gifts to, the USF System or the personal financial interests or holdings of USF System Covered Officials might affect, or reasonably appear to affect, institutional processes for the design, conduct, reporting, review, or oversight of human subjects research. Potential ICOIs may arise in the following areas; however, these examples are not intended to be exhaustive:

• When a company that has a financial or business relationship with the USF System also donates a gift in of $1 million or more to the USF System;
• When the USF System has received significant milestone payments of $100,000 or more and/or royalties from business entities in the prior fiscal year from the sales of an investigational product that is the subject of human subjects research;
• When the USF System owns equity or has obtained an entitlement to equity in a non-publicly traded company that is the sponsor or the manufacturer of a product to be studied or tested in human subjects research conducted at or under the auspices of the USF System;
• When, through its technology licensing activities or investments related to such activities, the USF System has obtained an ownership interest or entitlement to equity exceeding $100,000 in value in a publicly-traded company that is sponsoring human subjects research or the manufacturer of a product to be studied or tested in human subjects research conducted at or under the auspices of the USF System;
• When a USF System Covered Official holds a Significant Financial Interest related to human subjects research.

**USF System Covered Official:** The USF System President, members of the Board of Trustees, the Provost and Vice Provosts, Deans, Senior Vice Presidents, Associate Vice Presidents, individuals in the forenamed positions serving in a temporary or interim capacity, and any other individual who has oversight or supervision of research in the USF System as determined by the USF System COI Committee.
17.2 Individual Financial Conflicts of Interest

It is the policy of the USF IRB to ensure its human subjects research is conducted with the utmost integrity and is free from any actual or perceived individual financial conflicts of interest. This policy establishes the principles and procedures that enable the USF IRB to identify and avoid individual conflicts of interest of a financial nature which present a risk to the perceived or actual objectivity of human subjects research conducted at USF and USF Affiliates and to reduce, manage or eliminate such conflicts in order to preserve objectivity in the design, conduct and/or reporting of research.

Individual Financial Conflict of Interest: Occurs when an individual’s financial interests, or those of the individual’s spouse, domestic partner or dependent children, might affect (or reasonably appear to affect) institutional processes for the conduct, review or oversight of research as it relates to human subjects research.

Significant Financial Interest: An opportunity for the Investigator (or his/her spouse, domestic partner or dependent child) for economic gain or an external commitment that relates to, or could reasonably be affected by, the outcome of the Human Subjects Research. Significant Financial Interests include:

- Remuneration received from a publicly or non-publicly traded entity related to the research, which when aggregated exceeds $5,000 in the twelve months preceding the disclosure. Remuneration includes salary or other forms of payment for services, consulting fees, honoraria, reimbursement for expenses, royalty payments, dividends, or any other payments or consideration that is paid or given to the Investigator (or the Investigator’s immediate family), directly or indirectly, as support for the activities of the investigator exclusive of the costs of conducting the research or other clinical studies (e.g., a grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria), or in trust by any other means;
- Any equity interest (e.g., stocks, stock options, or other ownership interests) in a non-publicly traded entity related to the research;
- A proprietary interest in the research (e.g., a patent, copyright, licensing agreement, trademark, or trade secret);
- Position as director, officer, partner, trustee, or member of the board of directors, and other related interests or activities of the Investigator (as defined above) that could possibly affect, or be perceived to affect, the results of the research;
- Any other financial interest in, external commitment to, or relationship with any entity related to the research (including interest in a non-publicly traded corporation, the value of which cannot be readily determined through reference to public prices) that an Investigator believes may interfere with his or her ability to oversee or participate in research without bias.

Related Financial Interest: Significant Financial Interests of the Investigator, or of the Investigator’s spouse, domestic partner, or dependent children, which would reasonably appear to be affected by the research, or that are in an entity whose financial interests could be affected by the research.
Responsibilities

As part of the application for IRB review (both initial and continuing), all study team members/research personnel are required to disclose for themselves, their spouse, domestic partner, and dependent children any Significant Financial Interests as per USF Policy 0-309 “Individual Conflicts of Interest in USF System Research Projects and USF System Financial Conflict of Interest (FCOI).” A study team member’s conflicts of interest are related to a research project if the work to be performed on the project, or the results of such work, can be expected to have an effect on the individual’s interest(s).

The following financial interests are generally not recognized as Related Financial Interests and, therefore, do not need to be disclosed:

- Salary or other remuneration received from USF if the Investigator is currently employed or otherwise appointed by the USF System;
- Receipt of royalties for any published scholarly works or other writings;
- Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- Income from service on advisory committee or review panels for public or nonprofit entities;
- Interests in commercial enterprises on the part of an Investigator that are in no way related to the Investigator’s professional role and/or obligations;
- Any “arm’s length” financial interest (e.g. a mutual fund or employer retirement plan) over which the participant has no control over the investment decision, except where the value of the equity in one publicly-traded company related to the research exceeds $50,000.

PIs are responsible for amending their IRB application(s) to report Related Financial Interests for themselves, their spouse, domestic partner, and each dependent child should new Related Financial Interests be acquired during the course of the research. Additionally, the PI is responsible for informing research personnel of the conflict of interest policies and answering questions from the USF IRB and/or the USF Conflict of Interest Program regarding research personnel’s conflicts of interest disclosed on the IRB application. The PI must disclose in the informed consent document whether or not research personnel have conflicts of interest that are related to the study and answer questions posed by the research participants during the consent process regarding the conflicts of interest of research personnel listed on the study. It is the PI’s responsibility to ensure strict compliance with the conflict of interest management plan(s) approved by the USF System COI Committee and ratified by the USF IRB.

The IRB is responsible for obtaining in the IRB application information regarding Related Financial Interests of research personnel, their spouses, domestic partners and each dependent child. The IRB must ensure the USF System COI Program has reviewed the disclosure and, if required pursuant to USF System COI policies and procedures or USF Affiliate policies and procedures, a management plan has been approved before granting final IRB approval of the study protocol and informed consent document. The IRB reviews the management plan to determine whether it adequately addresses the potential effect of the disclosed conflicts of interest on the rights and welfare of the human participants. The IRB may require modifications to the management plan to make it more stringent if such modifications would ensure welfare of the human participants, and may approve, disapprove, or require modification to the informed consent language and the consenting process. If the IRB requires modifications to the
management plan, then IRB Administration is responsible for communicating such modifications to the COI Administrator.

When USF Affiliate study personnel have a Significant Financial Interest that requires a management plan, the Affiliate institution is responsible for submitting an approved conflict of interest management plan to the USF IRB for review and approval prior to IRB approval of the study protocol and informed consent document.

The USF System COI Program reviews conflict of interest disclosures from Investigators and other research personnel and evaluates the potential effect on research participants. The USF System COI Program communicates with Investigators and/or research personnel who have disclosed Related Financial Interests to ensure that they are aware of the process and time frame for the review and, if necessary, management of the disclosed interest(s). The USF System COI Program forwards approved management plans for research involving human subjects to the USF IRB for review and ratification, and maintains a record of approved management plans in accordance with USF System policies. This program is also responsible for monitoring, as needed, research personnel to ensure compliance with the management plan as approved by the USF System COI Committee and ratified by the USF IRB.
Section 18: Noncompliance and Other Reporting Requirements

18.1 Noncompliance in Human Subjects Research

Investigators and their study teams are expected to comply with all ethical standards, institutional policies, state and local laws, federal laws, regulations, and any conditions placed on the conduct of the research by the USF IRB. All reports or allegations of noncompliance will be investigated and addressed by the USF Human Research Protection Program (HRPP), the IRB Chairperson(s), the Institutional Official (IO), or the IO designee.

Researchers and their staff are expected to self-report all incidents of noncompliance regardless of whether the incident is minor, sporadic, serious or continuing. Allegations of noncompliance regarding human subjects research may be presented to any member of the IRB, Research Integrity and Compliance (RIC), the Office of Research & Innovation, or through Ethics Point (an anonymous hotline for reporting allegations or concerns). Noncompliance is reported to the USF IRB via a Reportable Event in eIRB. Reportable events are assigned to a primary reviewer who has access to the entire regulatory file (i.e., initial application, all continuing review applications, all amendments, etc.) via eIRB.

In order to comply with 45 CFR 46.103(b)(5)(i), 21 CFR 56.108(b)(2) and 38 CFR 16.113 (as applicable), the USF HRPP will promptly report to the Office for Human Research Protection (OHRP), the US Food and Drug Administration (FDA) and the Veterans Affairs (VA) the necessary information that describes the noncompliance affecting human subjects research. The required reporting events include any serious and/or continuing noncompliance with federal regulations, state and local laws, University or HRPP policy, or determinations made by the IRB.

An allegation of noncompliance is defined as a report of an incident of noncompliance, provided in person, in writing, via eIRB as a reportable event, or via a phone message.

**Noncompliance**: Failure to follow the regulations; state and local laws; institutional policies governing human subject research; or requirements or determinations of the IRB. This may pertain to the principal investigator, the investigator’s research staff, any member of the HRPP, or the IRB. For VA regulated research, noncompliance includes failure to follow the requirements of VHA handbooks.

**Serious Noncompliance**: Any noncompliance that creates increased risks to subjects, adversely affects the rights, safety and welfare of the research subjects, or adversely affects the scientific integrity of the study.

**Continuing Noncompliance**: A pattern of repeated noncompliance which continues after initial discovery. Continuing noncompliance can increase risk to subjects, adversely affect the rights, welfare and safety of research subjects, or adversely affect the scientific integrity of the study.

**Examples of Noncompliance**

Noncompliance can be deemed by the IRB as serious or non-serious, continuing or non-continuing, and include, but are not limited to the following:

- Performing human subjects research without first obtaining IRB approval or an IRB declaration of exemption.
- Deviating from or violating the provisions of an IRB-approved protocol and/or procedures.
- Violation of institutional policies, state and local laws, federal laws, regulations and any conditions placed on the conduct of the research activity by the USF IRB.
- Permitting a protocol’s IRB approval to expire without stopping all research-related activities and/or submitting a Final Report to the IRB.
- Failure to obtain and document informed consent of research subjects unless appropriate waiver has been approved.

Instances of noncompliance may be discovered during internal or external audits conducted by the Quality Assurance/Quality Improvement Program, FDA, OHRP, Study Sponsor, Affiliate Institution, or other appropriate entity, or as a result of IRB review. The Investigator and research staff are responsible for ensuring that all instances of noncompliance are reported to the IRB. Reportable events for noncompliance are initially reviewed by IRB staff who will then assign it to an IRB Chairperson or Vice-Chair, or depending on severity, directly to a convened board. The Chair can make non-serious and non-continuing noncompliance determinations, refer the allegations to investigation, or send the report to the fully convened board for review.

The Investigation Process

Reports of noncompliance must contain enough information to determine whether the report is sufficiently credible and specific so that potential evidence of noncompliance may be identified and acted upon. Should allegations not contain credible or specific information to warrant an investigation/determination, it is referred to the Assistant Vice President for Research Compliance who will determine appropriate actions.

As stated previously, investigations of noncompliance are conducted by the USF HRPP, the IRB Chairperson(s), the Institutional Official (IO) or the IO designee. A sub-committee can be formed which would include a combination of members of the HRPP, the IRB Chairperson(s), IRB members, and other individuals who are deemed appropriate given their experience and expertise. Individuals investigating issues of noncompliance cannot have a conflict of interest with the research, study team members, or investigator(s) that is subject of the inquiry. Investigations of noncompliance should be accomplished as soon as possible, or within 60 days of the initial allegation.

Should an investigation find evidence of noncompliance, the IRB Chairperson or HRPP Administrator will brief the IRB at the next scheduled convened meeting. All applicable documents pertaining to the incident and investigation will be provided to the IRB prior to the meeting. All IRB members are expected to review the documentation prior to the meeting.

The IRB must determine the noncompliance to be serious or non-serious, and continuing or non-continuing. The IRB can also request additional information or further investigation to assist them in making such determinations. If the fully convened IRB determines the noncompliance is serious and/or continuing, it may immediately suspend or terminate the research if it finds that doing so is necessary to eliminate apparent immediate hazards to the research subjects or if the involved individuals show a blatant disregard for federal regulations governing human subjects research, state and local law, or institutional policies.

In addition, the IRB will determine if any corrective actions are required. The IRB considers the following corrective actions which may be required for studies involving noncompliance:
• Notification to current participants (required when such information might relate to participants’ willingness to continue to take part in the research);
• Modification of the research protocol;
• Modification of the information disclosed during the consent process;
• Require additional information to be provided to past participants;
• Requirement that current participants re-consent to participation;
• Modification of the continuing review schedule;
• Periodic monitoring/auditing of the research;
• Periodic monitoring of the consent process;
• Referral to other organizational entities such as General Counsel, IO or the Dean/Chair of the individual’s college or department;
• Determine that the data was not collected following ethical standards as outlined in the Belmont Report and federal regulations and therefore, cannot be used and must be destroyed; and
• Suspending or terminating the involved individual from participating in future research involving human subjects.

The PI will be notified of all determinations and corrective actions in writing within five (5) business days of the meeting. This information is communicated to the IO and other University officials as appropriate.

The IO will report the IRB determination and findings of serious and/or continuing noncompliance to all appropriate entities within USF and USF Affiliates and to relevant regulatory agencies (e.g., the Office of Human Research Protections and the Food and Drug Administration) promptly or within 15 business days of the IRBs determination. The following will be included in both the initial correspondence as well as any following up to the noncompliance:

• Name of the Principal Investigator;
• Title of the research study and IRB approval number;
• The funding agency and grant number associated with the project as applicable;
• The name of the institution conducting the research and any protocol or event specific external locations under the purview of the USF IRB approved project;
• The nature of the noncompliance including a detailed description of the issue;
• The findings of the fully convened IRB as applicable;
• Actions taken by the IRB (e.g., revisions to currently approved protocol or consent form, termination or suspension of the protocol, etc.); and
• Any follow up or corrective actions imposed by the IRB during deliberations.

Should the allegation include issues that meet the definition of research misconduct, the item(s) will be reported to the Research Integrity Officer and handled under USF System Policy 0-301. There may be situations where both HRPP and Research Misconduct policies apply and therefore, both policies will be followed. Should the allegation need to be referred to another authority for further investigation, upon concurrence with the IO, the allegation will be referred to University Audit and Compliance (e.g. misuse of research funds or professional misconduct).

**IRB Noncompliance**

Noncompliance on the part of the USF IRB is initially reviewed by the Assistant Vice President for Research Compliance who can make non-serious and/or non-continuing noncompliance
determinations. If necessary, the AVP for Research Compliance can convene an ad hoc committee to review the noncompliance and make the appropriate determinations. The ad hoc committee will include the AVP for Research Compliance, at least one IRB member, the University Compliance Officer, and two other individuals with appropriate expertise and experience to make the necessary determinations. IRB noncompliance can include but is not limited to failure of the IRB to document in its meeting minutes or supporting documents protocol specific findings or study procedures supporting the IRB’s determinations for waiver or alteration of the consent process, approval of research involving pregnant women, fetuses, and neonates, research involving prisoners, and research involving children. Determinations regarding noncompliance on the part of the IRB will be reported to the IRB as information. Processes for programmatic improvement(s) will be addressed by the IRB Manager.

18.2 Deviations in Human Subjects Research

Protocol deviations shall be reported to the IRB, the study sponsor, OHRP, FDA or other Departments or Agencies as applicable and required by federal regulations, the research protocol, grant, research contract, or USF HRPP policies. Reporting of protocol deviations to the IRB is required regardless of the funding source, study sponsor, or whether the protocol involves an investigational or marketed drug, device, or biological product. All members of the research team are responsible for the appropriate reporting to the IRB and other applicable parties of deviations from the study protocol. The PI, however, is ultimately responsible for ensuring the prompt reporting of protocol deviations that impact the rights, safety, and welfare of participants and/or the integrity of the data. The PI is also responsible for reviewing all protocol deviations to determine if they present a change in the risks and/or benefits to study subjects, and whether any changes in the informed consent document(s), the protocol, or other study-related documents are required. Failure to report protocol deviations in accordance with this policy may be considered serious and/or continuing noncompliance.

It is the responsibility of the PI to understand and meet all reporting requirements of the sponsor and other applicable agencies, including Office for Human Research Protection (OHRP), Food and Drug Administration (FDA), National Institutes of Health (NIH), Department of Defense (DOD), Veterans Administration, and others as applicable and required by federal regulation.

It is the responsibility of the investigator to submit serious protocol deviations as defined above to the IRB within five (5) business days of the study team’s knowledge of the event. Serious deviations should be submitted as Reportable Events in eIRB. Reports should include a detailed description of the event and outcome, as well as a description of any changes to the protocol or other corrective actions taken to prevent recurrence. Should additional information be requested by the IRB, the PI must respond within 10 business days of the date concerns are sent to the PI. Failure to submit serious deviations within five (5) business days or respond to concerns within 10 business days constitutes noncompliance with this policy.

Non-serious deviations should be recorded on a protocol deviation log and submitted to the IRB at the time of continuing review or final report. Deviation logs will be reviewed by the fully convened IRB or by the IRB Chair or Chair-designee through expedited procedures as a part of the continuing review process.

Deviations are reported to the USF IRB via a Reportable Event in eIRB. Reportable events are assigned to a primary reviewer who has access to the entire regulatory file (i.e., initial application,
all continuing review applications, all amendments, etc.) via eIRB.

The fully convened IRB, IRB Chair, or Chair-designee reviews the Reportable Event to determine if the deviation increases risk to subjects and to assess the adequacy of corrective actions. The fully convened IRB or the IRB Chair or Chair-designee may request more detailed information and may consult with IRB members or consultants with special expertise related to the event. In some instances, protocol deviations may also meet the definition of, and be reviewed as, unanticipated problems involving risks to subjects or others or noncompliance. If the deviation is reportable to external agencies, sponsors, etc., IRB Administration will draft correspondence for review by the IRB Chairperson and approval and signature of the USF Institutional Official (IO). If the deviation represents a HIPAA concern, the IRB will refer the issue to the USF Research Privacy Officer. If the deviation does not represent a change to the risk/benefit profile of the research study, it can be processed by expedited procedures and reported to the fully convened IRB as information. If the Chairperson or designee determines the deviation may involve significant risks to subjects or others, it will be reviewed by the fully convened IRB.

IRB staff and administrators assist the IRB Chair or Chair-designee, IRB members, and others with the review of the Reportable Event and assist the PI and research staff with responding to IRB concerns and/or requests for additional information. IRB staff and administrators assign the Reportable Event to the IRB Chair or Chair-designee for review or assign the reportable event to an agenda for review and discussion by the fully convened IRB, as applicable. IRB staff and administrators document the discussion in the IRB meeting minutes.

18.3 Reporting Adverse Events and Unanticipated Problems Involving Risk to Human Subjects or Others (UPIRHSO)

USF and USF Affiliate investigators, research staff, IRB members and IRB staff must comply with all applicable federal regulations, state and local laws, and institutional policies to promptly report to the IRB, appropriate institutional officials, sponsor, regulatory agencies, and when appropriate, to research participants, UPIRHSOs that occur in the course of a research study under the purview of the USF IRB. Promptly is defined as within five (5) calendar days.

OHRP defines a UPIRHSO as any incident, experience, or outcome that is unexpected, related or possibly related, and suggests that the research places subjects or others at a greater risk of harm.

The FDA defines a UPIRHSO as an event that is unexpected, serious, and has implications for the conduct of the study (e.g. requiring significant, and usually safety-related, changes in the protocol such as revisions to inclusion/exclusion criteria or including a new monitoring requirement, informed consent, or investigator’s brochure).

The purpose of both initial and continuing review of research involving human subjects is to ensure the protection of the safety, rights and welfare of the subjects. To do so, the IRB must review information concerning unanticipated problems involving risks to subjects, including adverse events, which are considered unanticipated problems. Unanticipated problems can occur in both biomedical and social-behavioral research projects.
The following are examples of adverse events considered to be UPIRHSOs that must be reported to the IRB promptly, or within five (5) calendar days:

- A single occurrence of a serious, unexpected event that is uncommon and strongly associated with drug exposure (such as angioedema, agranulocytosis, hepatic injury, or Stevens-Johnson syndrome);
- A single occurrence, or more often a small number of occurrences, of a serious, unexpected event that is not commonly associated with drug exposure, but uncommon in the study population (e.g., tendon rupture, progressive multifocal leukoencephalopathy);
- Multiple occurrences of an AE that, based on aggregate analysis, is determined to be an unanticipated problem. There should be a determination that the series of AEs represents a signal that the AEs were not just isolated occurrences and involve risk to human subjects (e.g., a comparison of rates across treatment groups reveals higher rate in the drug treatment arm versus control arm);
- An AE that is described or addressed in the investigator’s brochure, protocol, or informed consent documents, but occurs at a frequency or severity that is inconsistent with prior observations. A discussion of the divergence from the expected frequency or severity should accompany the report;
- A serious AE that is described or addressed in the investigator’s brochure, protocol, or informed consent documents, but for which the rate of occurrence in the study represents a clinically significant increase in the expected rate of occurrence (ordinarily, reporting would only be triggered if there were a credible baseline rate for comparison). A discussion of the divergence from the expected rate should accompany the report;
- Any other AE or safety finding that would cause the sponsor to modify the investigator’s brochure, study protocol, or informed consent documents, or would prompt other action by the IRB to ensure the protection of human subjects. We recommend that an explanation of the conclusion accompany the report;
- Any breaches in confidentiality that would place the participant or others at risk;
- Any change in FDA labeling or withdrawal from marketing of a drug, device, or biologic used in a research protocol;
- Any change to the protocol that was taken without prior IRB approval to eliminate apparent immediate hazard to a research participant;
- Incarceration of a participant when enrolled on a study not approved under Subpart C provisions; or
- Breach of privacy or confidentiality including the loss of data on a computer or any electronic device which holds private or confidential information.

An OHRP flow chart provides guidance for determining whether an adverse event represents an unanticipated problem that needs to be reported under HHS regulations at 45 CFR part 46. Additional examples of events which meet the definition of a UPIRHSO and events that do not meet this definition can be found in the Appendices of “Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events” at the FDA’s website. The FDA has published a guidance document for clinical investigators, sponsors and IRBs on adverse event reporting to IRBs which can be found at the FDA’s website.
Responsibilities

The PI is responsible for reporting UPIRHSOs and any other events that involve risks to subjects or others within five (5) calendar days. For device studies, investigators are required to submit reports of UADEs to sponsors and the reviewing IRBs as soon as possible, but in no event later than 10 working days after the investigator first learns of the events (§ 812.150(a)(1)). Sponsors must immediately evaluate UADEs and report the results of the evaluations to the FDA, all reviewing IRBs, and participating investigators within ten working days after first receiving notices of the effects (§ 812.46(b), 812.150(b)(1)).

Reports of unanticipated problems should include the following:

- Appropriate identifying information for the research protocol, such as the title, investigator’s name, and the IRB project number;
- A detailed description of the adverse event, incident, experience, or outcome;
- An explanation of the basis for determining that the adverse event, incident, experience, or outcome represents an unanticipated problem; and
- A description of any changes to the protocol or other corrective actions that have been taken or are proposed in response to the unanticipated problem.

A comprehensive list of all adverse and serious adverse events occurring at the site under the purview of the USF IRB should be submitted with each continuing review application. Individual IND Safety Reports for multi-center studies that do not rise to the level of an unanticipated problem do not need to be submitted to the USF IRB.

The USF IRB staff and/or IRB Administration review all reports of adverse events submitted to the IRB and immediately notifies the IRB Chairperson of events that represent imminent risk to participants or other events as appropriate. The Chairperson has the authority, immediately upon notification of a UPIRHSO, to suspend enrollment of research procedures to protect participants’ safety and welfare. In this event, the suspension of enrollment or research procedures will be conveyed immediately to the PI, and the Chairperson’s or designee’s actions will be reported at the next fully convened IRB meeting. Additionally, suspension or termination of IRB approval will be promptly reported to applicable regulatory agencies in accordance with this policy and the federal regulations found at 45 CFR 46.103(a) and (b)(5) and 21 CFR 56.108(b).

The IRB Chairperson or designee may review unanticipated problems which involve no more than minimal risk to subjects through expedited procedures or refers unanticipated problems which may be potential UPIRHSOs to the next fully convened IRB meeting for review and determinations. Unanticipated Problems are reported to the USF IRB via a Reportable Event in eIRB. Reportable events are assigned to a primary reviewer who has access to the entire regulatory file (i.e., initial application, all continuing review applications, all amendments, etc.) via eIRB.

Actions that can be taken by the fully convened IRB include, but are not limited to the following:

- Accept the report as submitted;
- Suspend enrollment of research activities;
- Terminate the study;
- Request additional information;
- Request that the protocol, informed consent, IB and other study related documents be...
modified to include information regarding the UPIRHSO;

- Modify the continuing review schedule;
- Request the new information be provided to subjects;
- Require current subjects be re-consented;
- Refer the UPIRHSO to the Quality Assurance/Quality Improvement Program within Research Integrity and Compliance for further investigation.

IRB staff record IRB determinations and maintain documentation in accordance with 45 CFR 46 and 21 CFR 56. All determinations of the qualified IRB member-reviewer (regardless of outcome) must be reported to the IRB at its next convened meeting. If it was determined that the problem or event is serious and unanticipated and related to the research, the convened IRB must determine and document whether or not a protocol or consent document modification is warranted. If the convened IRB determines that a protocol or consent document modification is warranted, the IRB must also determine and document whether previously enrolled subjects must be notified of the modification and, if so, when such notification must take place and how such notification must be documented.

If the IRB determines that an event meets the criteria for a UPIRHSO as outlined by OHRP and/or the FDA, the IRB will promptly report the event to the IO and all applicable regulatory agencies in accordance with 45 CFR 46.103(a) and (b)(5) and 21 CFR 56.108(b). IRB Administration drafts the report which contains a description of the event, the determination of the IRB, any action(s) taken by the IRB along with the reasons for those actions, and any plans for continued investigation or action by the IRB. The USF Institutional Official (IO) approves and signs the report.

Copies of the correspondence will be provided to the PI and the following as applicable:

- Appropriate individuals within Research Integrity & Compliance;
- Federal agency providing financial support for the research;
- USF Sponsored Research;
- Affiliate site representatives;
- Other organizations, such as sponsors or contract research organizations;
- Additional entities or individuals (e.g. Office of General Counsel, Risk Management.)

If the UPIRHSO has already been reported to the applicable regulatory agencies through another mechanism, the USF IRB will not make an additional report.
Section 19: Documentation and Data Retention Requirements

19.1 Documentation of Convened IRB Meetings

Minutes of IRB meetings will be in sufficient detail to show:

- Attendance at the meetings;
- Summary of the research protocol under review;
- Actions taken by the IRB;
- Vote on the actions including the number of members voting for, against, abstaining (meeting minutes only), and recusing for each agenda item;
- Any changes requested by the IRB or concerns to be addressed;
- Discussion pertaining to required changes;
- Rationale for disapproving research; and
- A written summary of the discussion of applicable controverted issues and their resolution.

Meeting minutes will be voted on by a fully convened IRB, electronically signed by the Chairperson and distributed in a manner consistent with this policy.

Quorum is defined as the majority (more than 50%) of IRB members (or their designated alternate) present in order for the proposed, ongoing and/or modifications to the human research activity to be approved. If quorum fails during a meeting, the IRB will not take further actions or vote until the quorum is restored. Members who recuse themselves due to COI may not be counted toward quorum. An individual not listed on the official IRB roster will not count toward the quorum. Quorum must include:

- A scientist;
- At least one member whose primary concerns are in nonscientific areas;
- For FDA regulated research, a physician or pharmacist;
- For VA-regulated research, at least one VA voting member;
- Members with direct knowledge or experience applicable to the research being reviewed.

IRB staff are responsible for documenting deliberations and determinations of the fully convened IRB in sufficient detail to allow for reconstruction of the details of the meeting and in compliance with applicable regulations and institutional policies. This includes documenting the attendance (presence or absence) of IRB Members, Ex-Officios, IRB personnel, and guests. Documentation of attendance includes:

- Names of IRB members who were present at the meeting, including their earned degrees/credentials, institutional affiliation, if any, representative capacity, department or area of expertise, and indication when the member leaves the meeting due to a COI;
- Names of members who were absent for the meeting;
- Names of non-voting members and consultants present, including their credentials, department or area of expertise, absence of COI, and institutional affiliation, if any;
- Names of alternates attending in lieu of specified (named) absent members; and
- Names of guests present.
Alternates may substitute for specific absent members only as designated on the official IRB membership roster. Members may be present in person or audio (telephone) or audio-visual teleconference and will be noted as such in the meeting minutes.

IRB staff are responsible for monitoring quorum and expertise throughout the meeting and for informing the IRB Chairperson when quorum is not met and expertise is not present for each agenda item. IRB staff is responsible for documenting:

- If the Chairperson leaves the room for any reason, the board member acting as the Chairperson for all items in which he/she serves in this capacity;
- Discussion of all controverted issues and their resolution;
- Clarifications provided by the research staff during the meeting, if present;
- Justification for the waiver of part or all of the requirements for documentation of informed consent (45 CFR 46.117(c)) or waiver of part or all the requirements of the consent process (45 CFR 46.116(d));
- Documentation of special protections for groups of participants who are likely to be vulnerable to coercion or undue influence;
- For the review of research involving vulnerable populations, documentation that the member serving as the representative (e.g., Prisoner Representative) was present during the discussion of the research;
- Documenting the level of risk of the research (e.g., minimal risk, greater than minimal risk);
- All determinations/actions by the IRB (e.g. Approved, Approved with Contingencies, Deferred, or Disapproved);
- The number of members voting for, against, abstaining (meeting minutes only), and recusing for each agenda item;
- The approval period determined by the IRB including identification of research that warrants review more often than annually;
- The determination and rationale for research involving significant risk or nonsignificant risk devices;
- The justification for the approval of research involving vulnerable populations, including but not limited to children, prisoners, pregnant women, fetuses, and/or neonates;
- Discussion pertaining to required changes;
- Rationale for disapproving research; and
- Description of educational presentation(s), if applicable.

IRB staff compiles and distributes the meeting minutes in accordance with the IRB Meeting Minutes Template, SOPs, and as outlined below. The IRB will vote on the meeting minutes at a convened IRB meeting. Upon approval, the minutes will be electronically approved by the Chairperson, on behalf of the IRB. The approved minutes will be available in the electronic system for review or audit and are available to the Institutional Official. The approved minutes are considered final; however, if they require changes, they can only be amended by presentation at a fully convened meeting and approved by the convened IRB. The newly approved minutes will clearly reflect the rationale for the amendment.

IRB Administration reviews the draft IRB meeting minutes for accuracy, provides any necessary editorial or content comments, and votes on the IRB meeting minutes at a convened meeting.
19.2 Records Retention and Accessibility

The USF IRB retains records for three (3) years as required by the federal regulations (21 CFR 56.115(b) and 45 CFR 46.115(b)). This policy ensures IRB records are managed in a manner that allows for safe and secure retention and disposal. Records provide for reconstruction of a complete history of IRB actions related to the review and approval of human subjects research. In addition to federal regulations, this policy is governed by Florida Statutes §119 and §286, and USF System Policy 5-012 “Records Retention and Disposition.” The USF HRPP maintains tracking documentation to allow for identification of records that have been moved to off-site for long-term storage and those whose retention requirements have been met and have been securely destroyed. This procedure takes into consideration the confidentiality of proprietary information that may be contained in IRB records (e.g. protocols, investigator’s brochures).

In order to allow a reconstruction of a complete history of IRB actions related to the review and approval of the protocol, policies and procedures have IRB or EC records include copies of:

- Protocols or research plans.
- Investigator brochure, if any.
- Scientific evaluations, when provided by an entity other than the IRB or EC.
- Recruitment materials.
- Consent documents.
- Progress reports submitted by Researchers.
- Reports of injuries to participants.
- Records of continuing review activities.
- Data and safety monitoring reports, if any.
- Modifications to previously approved research.
- Unanticipated problems involving risks to participants or others.
- Documentation of non-compliance.
- Significant new findings.
- All correspondence between the IRB or EC and Researchers.

All correspondence unrelated to a specific protocol or study but of importance in documenting IRB policy development or the evolution of the IRB’s assessment of a topic of importance is retained indefinitely. All correspondence related to FDA or OHRP regulatory matters (even if not considered a study record required to be maintained by the IRB) will be retained indefinitely.

The PI is responsible for knowing the requirements and ensuring records are maintained accordingly. The USF IRB requires that all research records be maintained to allow for a complete accounting of study activity for a minimum of five (5) years after the study is closed by the IRB. If the research records contain HIPAA Authorizations, these records must be maintained for a minimum of six (6) years from the date authorization was signed or for the period of time outlined in the HIPAA Authorization language. DHHS regulations require that, “…records relating to research which is conducted shall be retained for at least 3 years after completion of the research” 45 CFR 46.1115(b). For Investigational New Drug (IND) research, the FDA requires that sponsors and investigators retain “records and reports required by this part for 2 years after a marketing application is approved for the drug; or if an application is not approved for drug, until 2 years after shipment and delivery of the drug for investigational use is discontinued and the FDA so notified.” For Investigational Device Exemption (IDE) research, the FDA requires the investigator or sponsor to maintain the records “for a period of 2 years after the
latter of the following two dates: The date on which the investigation is terminated or completed, or the date that the records are no longer required for purposes of supporting a premarket approval application or a notice of completion of a product development protocol.” Study sponsors may require records to be maintained for an alternative period of time. This period of time cannot be less than the five years as required by the USF IRB. The PI should be aware of their specific contractual obligations associated with record retention and accessibility and should review their contract, grant, or other sponsor agreement for these requirements.
Section 20: Additional Requirements for Federally Funded Research

20.1 Department of Education (DOE)

When pre-reviewing research regulated by the DOE and funded by the National Institute on Disability and Rehabilitation Research, IRB staff ensures at least one IRB member who is primarily concerned with the welfare of children with disabilities or individuals with mental disabilities, when the study purposefully requires their inclusion as research participants, reviews the research.

DOE requires that all instructional material, including teachers' manuals, films, tapes, or other supplementary instructional material, used in connection with any research or experimentation program or project, must be available for inspection by the parents or guardians of the children engaged in such research. [34 CFR 98.3]

- Research or experimentation program or project is any program or project in any research that is designed to explore or develop new or unproven teaching methods or techniques.
- Children are persons enrolled in research not above the elementary or secondary education level, who have not reached the age of majority as determined under state law (18 years of age per Florida law).

The USF IRB Chairperson, Vice Chairperson, or designee determines whether the initial review, continuing review and proposed modifications/amendments requires review by the convened IRB or via expedited procedures. The IRB assesses risks associated with the research and whether the individuals to be included in the research will be properly informed and protected. The IRB sends a letter to the researcher indicating that the research has been approved in accordance with DOE expectations and will be monitored and tracked by the USF IRB.
20.2 Department of Justice (DOJ)

For research involving the Bureau of Prisons, Department of Justice (DOJ), the provisions of 28 CFR 512 specify additional requirements for prospective researchers (both employees and non-employees) to obtain approval to conduct research within the Bureau of Prisons. For research funded by the DOJ and conducted within the Bureau of Prisons, implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research.

For research sponsored by the Department of Justice and conducted within the Bureau of Prisons, scientific and scholarly review of the IRB application and study protocol is conducted to ensure the project research design is adequate and will contribute to the advancement of knowledge about corrections. In addition, DOJ regulations state that researchers must have academic preparation or experience in the area of study of the proposed research.

For research conducted in the Bureau of Prisons, investigators are required to provide the followings:

- At least once a year, the PI shall provide the Chief, Office of Research and Evaluation, with a report on the progress of the research.
- At least 12 working days before any report of findings is to be released, the PI shall distribute one copy of the report to each of the following: the chairperson of the Bureau of Research Review Board (BRRB), the regional director, and the warden of each institution that provided data or assistance. The PI shall include an abstract in the report of findings.
- In any publication of results, the PI shall acknowledge the Bureau’s participation in the research.
- The PI shall expressly disclaim approval or endorsement of the published material as an expression of the policies or views of the Bureau.
- Prior to submitting for publication the results of a research project conducted under the subpart, the PI shall provide two copies of the material, for informational purposes only, to the Chief, Office of Research and Evaluation, Central Office, Bureau of Prisons.

Research conducted with the Bureau of Prisons must comply with the federal regulations found at 28 CFR 512 and the following:

- Non-employees can receive records in a form that is not individually identifiable when written assurance is provided to the agency that the data will be used solely as statistical research or for reporting to an agency.
- Researchers cannot provide research information that identifies a participant to any person without the participant’s written consent. This includes information that may be used as evidence or as part of an action, suit, or other judicial, administrative, or legislative proceeding.
- Records that contain non-disclosable information which can be linked to an individual may not be stored in or introduced into an electronic retrieval system except at official DOJ sites.
- Researchers may be asked to share electronic, non-identifiable data and documentation with the Office of Research and Evaluation (ORE). This must be arranged prior to data collection for the proposed research project.
For research sponsored by the National Institute for Justice, the confidentiality statement on the consent form must state that confidentiality can only be broken if the participant reports immediate harm to participants and others. Additionally, under a Privacy Certificate, researchers and their staff are not required to report child abuse unless the participant signs another consent form allowing the reporting.

For research conducted within the Bureau of Prisons, the informed consent document must disclose:

- The identification of the researchers;
- The anticipated use of the results of the research;
- A statement that participation is completely voluntary and subjects may withdraw consent and end participation in the project at any time without penalty or prejudice (the inmate will be returned to regular assignment or activity by staff as soon as practicable);
- A statement regarding the confidentiality of research information and exceptions to any guarantees of confidentiality required by federal or state law. For example, a researcher may not guarantee confidentiality when the subject indicates intent to commit future criminal conduct or harm himself or herself or someone else or if the subject is an inmate, indicates intent to leave the facility without authorization; and
- A statement that participation in the research will have no effect on the inmate’s release date or parole eligibility.

For research conducted within the Bureau of Prisons:

- The selection of participants within any one organization must be equitable.
- Incentives may not be offered to help persuade inmate participants to participate. However, soft drinks and snacks to be consumed at the test setting may be offered.
- Reasonable accommodations such as nominal monetary recompense for time and effort may be offered to non-confined research participants who are both:
  - No longer in Bureau of Prisons custody.
  - Participating in authorized research being conducted by Bureau employees or contractors.
- The Researcher must assume responsibility for actions of any person engaged to participate in the research project as an associate, assistant, or subcontractor.

For research sponsored by the Department of Justice or National Institute of Justice (NIJ) funded research, a copy of all data must be de-identified and sent to the National Archive of Criminal Justice Data, including copies of the informed consent document, data collection instruments, surveys, or other relevant research materials.

All research funded by the NIJ must comply with the federal regulations found at 28 CFR 22, must have a Privacy Certificate approved by the National Institute of Justice Human Subjects Protection Officer, and researchers and staff must sign “Employee Confidentiality Statements” which are to be maintained by the researcher. In addition, protocols must include:

- The name(s) of the funding agency(ies).
- A statement describing the extent to which confidentiality of records identifying the subject will be maintained. For studies sponsored by NIJ the subject should be informed that private, identifiable information will be kept confidential and will only be used for research and statistical purposes. If, due to sample size or some unique feature, the identity of the individual cannot be maintained, the participants need to be explicitly
notified. If the Researcher intends to disclose any information, the participant needs to be explicitly informed what information would be disclosed, under what circumstances, and to whom. The participant must be informed of any risks that might result from this disclosure and must explicitly provide written consent prior to participating in the research.

- Under a privacy certificate, Researchers and Research Staff do not have to report child abuse unless the participant signs another consent document to allow child abuse reporting.
20.3 Department of Defense (DOD)

DoD Components refers collectively to the organizational entities (components) within the DoD that are subject to the human subjects protections described in the Department of Defense Instruction. The following information is specifically related to research subject to the DOD Instruction.

Research Involving a Human Being as an Experimental Subject is defined as an activity, for research purposes, where there is an intervention or interaction with a human being for the primary purpose of obtaining data regarding the effect of the intervention or interaction [32 CFR 219.102(f), reference (c)]. Examples include, but are not limited to, a physical procedure, a drug, a manipulation of the subject or subjects’ environment, the withholding of an intervention that would have been undertaken if not for the research purpose.

For purposes of legal capacity to participate in DOD-conducted or supported research involving human subjects, all active duty service members and all Reserve Component members in a federal duty status are considered, for purposes of the DOD Instruction, to be adults.

Minimal Risk is based on the phrase “ordinarily encountered in daily life or during the performance of routine physical or physiological examinations or tests” and is not interpreted to include the inherent risks certain categories of human subjects face in their everyday life. For example, the risks imposed in research involving human subjects focused on a special population should not be evaluated against the inherent risks encountered in their work environment (e.g., emergency responder, pilot, soldier in a combat zone) or having a medical condition (e.g., frequent medical tests or constant pain).

Research Monitor refers to a physician, dentist, psychologist, nurse, or other healthcare provider designated to oversee a specific protocol that involves more than minimal risk, especially in issues of individual subject/patient management and safety. The research monitor functions independently of the research team and shall possess sufficient educational and professional experience to serve as the subject/patient advocate.

DoD requires scientific review prior to IRB review for all new DoD-supported human research. This requirement is met via USF IRB policy which requires departmental scientific review prior to IRB review for all research. DoD also requires that all substantive (i.e., major) amendments to approved DoD research involving human subjects receive scientific review prior to IRB review. Major amendments for DOD supported human research must be submitted for departmental review prior to submission to the IRB. Documentation of this review is required with the submission of the amendment.

DoD requires initial and continuing mandatory education requirements for human subjects protections. The USF IRB requirements for mandatory and continuing research education meet this requirement.

The USF IRB may use expedited review procedures to review minimal risk, non-exempt research involving human subjects and using materials (i.e., data, documents, records, or specimens) that have previously been collected for any purpose, provided the materials were not collected for the currently proposed research. Surveys performed on DoD personnel must be submitted, reviewed and approved by the DoD after the research protocol has been reviewed and approved by the USF IRB.

The exemption for research involving survey or interview procedures or observation of public behavior, does not apply to research with children, except for research involving observations of
public behavior when the investigator(s) do not participate in the activities being observed.

For DoD-sponsored research involving greater than minimal risk to subjects, the DoD requires appointment of an independent research monitor (unless the sponsoring site has already assigned a research monitor). The following bulleted items describe responsibilities involving the research monitor, the PI, and the IRB:

- The research monitor must be a physician, dentist, psychologist, nurse, or other healthcare provider capable of overseeing the progress of the research protocol, especially in issues of individual subject/patient management and safety.
- The research monitor is appointed by name, must be independent of the investigative team, and must possess sufficient educational and professional experience to serve as the subject/patient advocate.
- There may be more than one research monitor.
- The monitor may be an ombudsman or member of the DSMB.
- The IRB must approve a written summary of the monitor(s) duties, authorities, and responsibilities.
- The PI is responsible for providing the name, contact information, and responsibilities of the monitor to the IRB in the Application for Human Research.
- The IRB Chair shall communicate with research monitors to confirm their duties, authorities, and responsibilities.
- The PI conveys to the monitors relevant DoD-specific orientation/education requirements of their roles.
- At the discretion of the IRB, the medical monitor may be assigned to discuss research progress with the PI, interview subjects, consult on individual cases, or evaluate adverse event reports.
- Medical monitors shall promptly report discrepancies or problems to the IRB.
- The research monitor has the authority to stop a research study in progress, remove individuals from the study, and/or take any steps to protect the safety and well-being of subjects until the IRB can make an assessment.
- The research monitor will report observations and findings to the IRB.
- The IRB may also require a monitor to review only a portion of the research or studies involving no more than minimal risk, if appropriate.

The following provisions apply to research involving pregnant women and children:

- Research involving pregnant women and children are subject to the DHHS Subparts B and D.
- For purposes of applying Subpart B, the phrase “biomedical knowledge” shall be replaced with “generalizable knowledge.”
- The applicability of Subpart B is limited to research involving pregnant women as participants in research that is more than minimal risk, and includes interventions or invasive procedures to the woman or the fetus, or involving fetuses or neonates as participants.
- Fetal research must comply with the US Code Title 42, Chapter 6A, Subchapter III, Part H, 289g.

Informed consent should be sought from all research subjects. If consent is obtained from the legally authorized representative of an “experimental subject,” the research must intend to benefit
the subject. This determination must be made by the IRB.

If a research subject meets the definition of “experimental subject,” DoD regulations prohibit a waiver of consent unless the PI obtains a waiver from the Secretary of Defense for Research & Engineering. The IRB may waive the consent process if the research does not meet the definition of “experimental subject.” DoD regulations prohibit an exception from informed consent in emergency medicine research unless the PI obtains a waiver from the Secretary of Defense. The USF IRB does not approve research that meets the regulatory criteria for an exception from informed consent for emergency research.

The Assistant Secretary for Defense for Research and Engineering may waive the requirements for consent when all of the following are met:

- The research is necessary to advance the development of a medical product for the Military Services.
- The research may directly benefit the individual experimental subject.
- The research is conducted in compliance with all other applicable laws and regulations.

Any investigator developing a proposal for DoD funding or other support that involves other collaborating institutions must consult the sponsoring DoD Component and the Assistant Vice President for Research Compliance to identify additional requirements for multi-site research. Formal agreements may be necessary to ensure that participating institutions understand and accept their scope of work, the specific roles and responsibilities of each party, the responsibility for scientific and IRB review, the recruitment of subjects, and procedures for obtaining informed consent. The agreement should also describe provisions for oversight and ongoing monitoring, reporting requirements, documentation retention, and compliance for the entire project. All collaborators must ensure compliance with all relevant human subject protection regulations at their sites. Collaborating institutions that rely on other institutions’ IRBs for human subject protections to avoid duplication of effort must ensure that such reliance does not compromise any standards or requirements.

The PI is required to promptly report the following to the DoD Human Research Protection Officer:

- When significant changes to the research protocol are approved by the IRB;
- The results of the IRB continuing review; and
- Any change of the reviewing IRB.

The USF IRB is required to promptly report the following to the DoD Human Research Protection Officer:

- When the organization is notified by any Federal department, agency or national organization that any part of an HRPP is under investigation for cause involving a DoD-supported research protocol;
- When significant changes to the research protocol are approved by the IRB;
- The results of the continuing review;
- Changes in the reviewing IRB;
- Any unanticipated problems involving risks to participants or others for any DoD-supported research; and
- Any suspension or termination of DoD-supported research.

The PI is responsible for providing the IRB with an informed consent document that includes
provisions for research-related injury which follow the DoD component of the research and are more than minimal risk. If the DoD Component has stricter requirements than USF IRB policy, they will need to be discussed and agreed upon both parties.

When research involves U.S. military personnel, policies and procedures require limitations on dual compensation:

- Prohibit an individual from receiving pay of compensation for research during duty hours.
- An individual may be compensated for research if the participant is involved in the research when not on duty.
- Federal employees while on duty and non-federal persons may be compensated for blood draws for research up to $50 for each blood draw.
- Non-federal persons may be compensated for research participating other than blood draws in a reasonable amount as approved by the IRB according to local prevailing rates and the nature of the research.

If any research includes U.S. military personnel as subjects, the IRB protocol must include a plan for research subject recruitment that incorporates additional safeguards to minimize undue influence from individuals within a potential subject’s chain of command. The PI is required to consult with the sponsoring DoD Component to determine appropriate recruitment plans. In addition, unless on leave status during research participation, military personnel may not receive compensation for their participation.

The USF IRB does not currently review/approve classified research involving human subjects. If this status were to change in the future, the PI will work with the DoD component to determine whether information is considered classified; what information will be needed for IRB approval and oversight; and what information subjects will require during the consent process and during research. It is then the PI’s responsibility to inform the IRB regarding specified requirements. Waiver of informed consent is prohibited; in addition, as part of the consent process, the PI is required to: 1) identify the DoD as supporting the research, 2) state that the research is classified, and 3) explain the extent and impacts of such classification. Classified research is not eligible for review under expedited review procedures. Therefore, the convened IRB will review the protocol and determine whether potential human subjects will need access to classified information to make a valid, informed consent decision. After IRB approval, the DoD component coordinates the submission for approval from the Secretary of Defense.

When a participant becomes a prisoner, if the researcher asserts to the IRB that it is in the best interest of the prisoner-participant to continue to participate in the research while a prisoner, the IRB chair may determine that the prisoner-participant may continue to participate until the convened IRB can review this request to approve a change in the research protocol and until the organizational official and DoD Component office review the IRB’s approval to change the research protocol. Otherwise, the IRB chair must require that all research interactions and interventions with the prisoner-subject (including obtaining identifiable private information) cease until the convened IRB can review this request to approve a change in the research protocol. The convened IRB, upon receipt of notification that a previously enrolled human participant has become a prisoner, must promptly re-review the research protocol to ensure that the rights and wellbeing of the human subject, now a prisoner, are not in jeopardy. The IRB should consult with a subject matter expert having the expertise of a prisoner representative if the IRB reviewing the research protocol does not have a prisoner representative. If the prisoner-participant can continue to consent to participate and is capable of meeting the research protocol requirements, the terms of the prisoner-participant’s confinement does not inhibit the ethical
conduct of the research, and there are no other significant issues preventing the research involving human participants from continuing as approved, the convened IRB may approve a change in the study to allow this prisoner-participant to continue to participate in the research. This approval is limited to the individual prisoner-participant and does not allow recruitment of prisoners as participants.

Research involving a detainee as a human participants is prohibited. However, this prohibition does not apply to research involving investigational drugs and devices when the same products would be offered to US military personnel in the same location for the same condition.

Under no circumstances shall the USF IRB approve research involving prisoners of war, as defined by the specific DoD Component.

Records maintained that document compliance or non-compliance with DoD regulations shall be made accessible for inspection and copying by representatives of the DoD at reasonable times and in a reasonable manner as determined by the supporting DoD component.

**APPLICABLE REGULATIONS AND GUIDELINES**

32 CFR 219, “Protection of Human Subjects”

Department of Defense (DoD) Directive 3216.2, “Protection of Human Subjects and Adherence to Ethical Standards in DoD Supported Research”

Department of the Navy (DON) Training and Education Guidance for DON-Supported Extramural Performers (dated April 2011)
Section 21: References

5 U.S.C. § 552a
20 U.S.C. § 1232h
21 CFR 16
21 CFR 50
21 CFR 56
21 CFR 312
21 CFR 600
21 CFR 812
21 CFR 814
28 CFR 22
32 CFR 219
34 CFR 98, Protection of Pupil Rights Amendment (PPRA)
34 CFR 99, Family Educational Rights and Privacy Act Regulations (FERPA)
45 CFR 46
45 CFR 56
45 CFR 164
Administrative Code, Rules, 64D-3.029 and 64D-3.030 to .033
DOD Directive 3216.2
DOJ 28 CFR 512
eIRB Reviewer Checklist
FDA Guidance for Clinical Investigators, Sponsors, and IRBs Adverse Event Reporting to IRBs
FDA Guidance entitled, “Recruiting Study Subjects – Information Sheet”
Florida Statutes 39
Florida Statutes 112
Florida Statutes 119
Florida Statutes 286
Florida Statutes 381
Florida Statutes 384
Florida Statutes 390
Florida Statutes 393
Florida Statute 415
Florida Statutes 456
Florida Statutes 743
Florida Statutes 744
Florida Statutes 760
Florida Statutes 765
Florida Statute 768
Freedom of Information Act (FOIA)
Guidance on the Genetic Information Nondiscrimination Act: Implications for Investigators and Institutional Review Boards
NIAID Reliance (Authorization) Agreements Frequently Asked Questions
NIH Points to Consider for IRBs and Institutions in their Review of Data Submission Plans for Institutional Certifications Under NIH’s Policy for Sharing of Data Obtained in NIH Supported or Conducted Genome-Wide Association Studies (GWAS) November 12, 2007.

NIH Policy for Data and Safety Monitoring
OHRP’s Assurance Process – FAQs
OHRP Frequently Asked Questions “What Constitutes Coercion or Undue Influence When Students Are Involved in Research in a College or University Setting?”
OHRP Guidance on the Involvement of Prisoners in Research, May 23, 2003
OHRP Guidance on Research Involving Coded Private Information or Biological Specimens, revised October, 2008.
OHRP Guidance on Categories of Research That May Be Reviewed by the IRB through an Expedited Review Procedure
OHRP IRB Guidebook
OHRP Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events (January 15, 2007)
Privacy Act of 1974
Public Health Service Act (42 USC 262 and 263-b-263n)
SECNAVINST 3900.39D
US Department of Justice, Federal Bureau of Prisons Program Statement, 1070.07, 5/12/99
USF Human Research Protection Program (HRPP) Guidance for Investigators
USF Research CCHIP #017
USF System Policy 0-309, “Individual Conflicts of Interest in USF System Research Projects and USF System Financial Conflict of Interest (FCOI)”
USF System Policy 0-317, “Institutional Conflicts of Interest in Research”
USF System Policy 5-012 “Records Retention and Disposition”