1 PURPOSE
   1.1 This procedure establishes the process to triage information submitted to the IRB.
   1.2 The process begins when any communication is received by the IRB.
   1.3 The process ends when an IRB staff member determines the appropriate action for the received information.

2 REVISIONS FROM PREVIOUS VERSION
   2.1 Minor revisions for AAHRPP accreditation; replaces version dated 09/23/2009.

3 POLICY
   3.1 None.

4 RESPONSIBILITIES
   4.1 IRB staff members carry out these procedures.

5 PROCEDURE
   5.1 Date stamp protocol-specific information received by mail.
   5.2 Print protocol-specific information received by email.
   5.3 If the information represents a request to withdraw from consideration a new protocol or modifications to an approved protocol with a status of “Submitted” or “Modifications Required to Secure Approval”
      5.3.1 Follow the “SOP: IRB Records.”
   5.4 If the information represents a request for an approval (approval of new research, continuing review of research, or modification to previously approved research) or a determination whether an activity is exempt Human Research or is not Human Research:
      5.4.1 Follow the “SOP: Pre-Review.”
   5.5 If the information represents a response to modifications required to secure approval:
      5.5.1 Follow the “SOP: Modifications Required to Secure Approval.”
   5.6 If the information represents a prior notification of an emergency use of a test article in a life-threatening situation:
      5.6.1 Have a Designated Reviewer follow “SOP: Emergency Use of a Test Article Pre-Review.”
   5.7 If the information represents a five-day notification after an emergency use of a test article in a life-threatening situation:
      5.7.1 If needed, update iRIS when information is received.
      5.7.2 Have a Designated Reviewer follow “SOP: Emergency Use of a Test Article Pre-Review.”
   5.8 If the information represents a notification of completion of Collaborative IRB Training Initiative modules, follow the “SOP: Update Awaiting Receipt Database” to update the “IRIS.”
   5.9 If the information represents an investigator’s request to continue participants in expired research:
      5.9.1 Have the IRB chair follow “SOP: Expiration of IRB Approval.”
   5.10 If the information represents an item that does not fit into the above categories:
      5.10.1 If the information represents a question, concern, or complaint:
         5.10.1.1 Document the nature of the question, concern, or complaint and the contact information of the person contacting the IRB.
         5.10.1.2 Answer any questions that are basic or general in nature. For more complicated questions, tell the person that you will call/email him/her once you have been able to find additional information. If necessary, consult with the Associate Director or Director, Human Research Administration to identify the best course of action for the question, concern, or complaint.
      5.10.2 Follow “SOP: New Information.”
6 MATERIALS

6.1 SOP: Emergency Use of a Test Article in a Life Threatening Situation Review
6.2 SOP: Expiration of IRB Approval.
6.3 SOP: IRB Records.
6.4 SOP: Modifications Required to Secure Approval.
6.5 SOP: New Information.
6.6 SOP: Pre-Review.

7 REFERENCES

7.1 None.