1 PURPOSE

1.1 This procedure establishes the process to manage information reported to the IRB to ensure that information that represents Non-Compliance, Unanticipated Problems Involving Risk to Participants or Others, Suspensions of IRB Approval, and Terminations of IRB Approval are managed to protect the rights and welfare of participants.

1.2 The process begins when the IRB receives an information item including, but not limited to, reports of noncompliance, problem report forms, or reports of suspensions or terminations of research.

1.3 The process ends when the information item is determined not to represent a problem that requires management, is managed administratively, or referred to the convened IRB for review.

1.4

2 REVISIONS FROM PREVIOUS VERSION

2.1 Revisions for AAHRPP accreditation; replaces version dated 09/23/2009.

3 POLICY

3.1 The organization will promptly notify the federal department or agency funding the research of any cause investigation of that research by another federal department or agency or national organization.

3.1.1 For Department of Defense (DOD) research the report is sent to the DOD human research protection officer.

3.2 The organization will promptly notify the Department of Defense (DOD) if the IRB of record changes.

4 RESPONSIBILITIES

4.1 The IRB staff members carry out this procedure.

5 PROCEDURE

5.1 Contact the Principal Investigator and assess what he/she may know about the new information.

5.2 Review each item of information and answer the following questions: (See attached flowchart for a diagram of the flow of this procedure.)

5.2.1 Is this an Allegation of Non-Compliance?

5.2.2 Is this a Finding of Non-Compliance?

5.2.3 Is this an Unanticipated Problem Involving Risk to Participants or Others?

5.2.4 Is this a Suspension or Termination of IRB Approval?

5.3 If you are unable to answer a question, consult the IRB chair.

5.4 If the IRB chair is unable to answer a question, follow the “SOP: Investigations.”

5.5 If the answer is “no” to all questions, skip section 5.5 and continue with section 5.6.

5.6 If the answer is “yes” to one or more questions, then follow the corresponding sections below.

5.6.1 If the information represents an Allegations of Non-Compliance: Determine whether each Allegation of Non-Compliance has any basis in fact.

5.6.1.1 If yes, follow the procedures under Findings of Non-Compliance.

5.6.1.2 If no, follow any other corresponding sections.

5.6.2 If the information represents a Finding of Non-Compliance: Determine whether each Finding of Non-Compliance is Serious Non-Compliance or Continuing Non-Compliance.

5.6.2.1 If no, follow the procedures under Non-Serious/Non-Continuing Non-Compliance.

5.6.2.2 If yes, follow the procedures under Serious or Continuing Non-Compliance.

5.6.3 If the information represents Non-Serious/Non-Continuing Non-Compliance
5.6.3.1 Work with the individual or group responsible for the Non-Compliance to develop and implement a suitable corrective action plan.

5.6.3.2 If unable to work with the individual or group responsible for the Non-Compliance to develop and implement a suitable corrective action plan, consider the Non-Compliance to be Continuing Non-Compliance and follow the procedures for Serious or Continuing Non-Compliance.

5.6.4 If the information represents Serious Non-Compliance, Continuing Non-Compliance, Suspension of IRB Approval, Termination of IRB Approval, or Unanticipated Problem Involving Risk to Participants or Others:

5.6.4.1 Complete Section 1 of “WORKSHEET: Review of Information Items.”

5.6.4.2 Place on the IRB agenda as an item of Serious Non-Compliance; Continuing Non-Compliance; Suspension of IRB Approval; Termination of IRB Approval; or Unanticipated Problem Involving Risk to Participants or Others.

5.7 If, in your opinion, the rights and welfare of participants might be adversely affected before the convened IRB can review the information, contact the IRB chair to consider a Suspension of IRB Approval following the “SOP: Suspension or Termination of IRB Approval.”

5.8 If the information is based on a notification by any Federal department, agency or national organization that any part of the HRPP is under investigation for cause involving a DoD-supported research protocol, promptly generate and send a TEMPLATE LETTER: DOD External Report generally within 10 days and always within 30 days of receipt of the original information.

5.9 If the notification involves a subject becoming a Prisoner in a study not approved by the IRB to involve Prisoners:

5.9.1 Confirm that the subject is currently a Prisoner.

5.9.1.1 If the subject is currently not a Prisoner no other action is required.

5.9.2 Consider whether stopping all research interactions and interventions with, and obtaining identifiable private information about, the now-incarcerated subject until the regulatory requirements for research involving Prisoners are met or until the subject is no longer a Prisoner would present risks to the subject.

5.9.2.1 If the subject’s involvement in the research cannot be stopped for health or safety reasons, do one of the following:

5.9.2.1.1 Keep the subject enrolled in the study and review the research for involvement of Prisoners. If the research is subject to DHHS oversight, notify OHRP.

5.9.2.1.2 Remove the subject from the study and provide the study intervention as clinical care or compassionate use.

5.9.2.2 If the subject’s involvement in the research can be stopped, inform the investigator that all research interactions and interventions with, and obtaining identifiable private information about, the now-incarcerated subject must be stopped immediately until the regulatory requirements for research involving Prisoners are met or until the subject is no longer a Prisoner.

5.9.3 For Department of Defense (DOD) research promptly report all decisions to the Department of Defense (DOD).

5.9.4 The Department of Defense (DOD) must concur with the IRB before the subject can continue to participate while a prisoner.

5.10 Take any additional actions required to resolve any concerns or complaints associated with the information.

5.11 If the research is conducted or funded by the Department of the Navy and involves any of the following, report the information to the Undersecretary of the Navy.

5.11.1 Allegations of Non-Compliance.
5.11.2 The initiation and results of investigations of Allegations of Non-Compliance.
5.11.3 Audits, investigations, or inspections.
5.11.4 Audits, investigations, or inspections of the organization’s human research protection program conducted by outside entities (e.g., FDA or OHRP).
5.11.5 Significant communication between the organization and other federal departments or agencies regarding compliance and oversight.
5.11.6 All restrictions, suspensions, or terminations of the organization’s federalwide assurance.

5.12 Update the protocol history in iRIS as appropriate.
5.12.1 If applicable, indicate that the protocol was “Suspended” or “Terminated.”

5.13 Follow the “SOP: IRB Records.”

6 MATERIALS
6.1 WORKSHEET: Review of Information Items.
6.2 SOP: Investigations.
6.3 SOP: IRB Records.
6.4 SOP: Suspension or Termination of IRB Approval.
6.5 TEMPLATE LETTER - External Report
6.6 TEMPLATE LETTER - DOD External Report

7 REFERENCES
7.1 21 CFR §56.108(b)
7.2 45 CFR §46.103(b)(5), 45 CFR §46.108(a)
7.3 Flowchart

New Information

Ask all four questions

Allegation of Non-compliance?

Does allegation have a basis in fact?

Yes

No

Finding of Non-compliance?

Yes

Unanticipated Problem Involving Risk to Subjects or Others?

Yes

Suspension or Termination of IRB Approval?

Yes

Is Non-compliance Serious or Continuing?

Yes

Review by convened IRB

Report to Regulatory agencies, institutional officials, etc.

Consider Interim Actions

Unable to achieve a collaborative outcome?

Yes

Manage Administratively

Stop if ALL paths lead to “No” answers