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What is the purpose of this manual?

The Investigator Manual is designed to guide you through policies and procedures related to the conduct of Human Research that are specific to University of Central Florida (UCF).

General information regarding Human Research protections and relevant federal regulations and guidance is incorporated into UCF’s required human protections training. See “What training does my staff and I need in order to conduct Human Research?” below for additional information.

What is Human Research?

UCF’s “HUMAN RESEARCH PROTECTION PROGRAM PLAN” defines the activities that this organization considers to be “Human Research” as defined in DHHS regulations at 45 CFR §46.102(d) and 45 CFR §46.102(f) and as defined in FDA regulations at 21 CFR §56.102(c), 21 CFR §56.102(e), and 21 CFR §812.3(p). An algorithm for determining whether an activity is Human Research can be found in the “HRP 310 - Human Research Determination,” located in the IRB Policies & Procedures section of the IRB web site. Use this document for guidance as to whether an activity meets either the DHHS or FDA definition of Human Research, keeping in mind that the IRB makes the ultimate determination in as to whether an activity constitutes Human Research subject to IRB oversight.

Human Research must not be conducted without prior IRB review and approval (or an IRB determination that the Human Research is Exempt). If you have questions about whether an activity is Human Research, contact the IRB office.

What is the Human Research Protection Program?

The document “HRP 101 - HUMAN RESEARCH PROTECTION PROGRAM PLAN” describes UCF’s overall plan to protect participants in Human Research, including:

- The mission of the Human Research Protection Program.
- The ethical principles that the organization follows governing the conduct of Human Research.
- The applicable laws that govern Human Research.
- When the organization becomes “engaged in Human Research” and when someone is acting as an agent of the organization conducting Human Research.
- The types of Human Research that may not be conducted.
- The roles and responsibilities of individuals within the organization.
What training do my staff and I need in order to conduct Human Research?

Investigators and staff must complete the online Collaborative Institutional Training Initiative (CITI) human subjects online training program. The UCF-specific CITI site can be accessed at http://www.citiprogram.org/. UCF IRB requires either Group 1 Biomedical Research Investigators and Key Personnel (Basic course) or Group 2 Social / Behavioral Research Investigators and Key Personnel (Basic course). This training is valid for a three-year period, after which time a CITI Refresher course or additional training must be completed.

Please note that all key study personnel (KSP) are required to complete this training. All principal investigators and KSP must successfully complete CITI training before IRB approval will be granted.

KSP include those who are involved in the design and/or conduct of the research, have access to human participants, and/or data information. This would include principal investigators, co-investigators (sub-investigators), research nurses, study coordinators, research associates/assistants, lab monitors, students and other support staff or persons assisting with the research.

Who can be listed as a Principal Investigator?

In undergraduate research, the faculty member/instructor should be listed as the Principal Investigator (PI) and the student(s) as co-investigator(s). Include the faculty member’s/instructor’s name and contact information in the consent form as well as the names of students who will get consent from participants.

Graduate (Doctoral, Master’s, Medical) students may be listed as the PI, and indicate the faculty supervisor’s name in the iRIS application.

The Principal Investigator is the person ultimately responsible for the research and the protection of human subjects.

What financial interests do my staff and I need to disclose/conduct Human Research?

Individuals involved in the design, conduct, or reporting of research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards are considered to have an institution responsibility.

All individuals involved in the design, conduct, or reporting of research are required to disclose the financial interests

- On submission of an initial review.
- At least annually as part of continuing review.
Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.

Individuals with reimbursed or sponsored travel by an entity other than a federal, state, or local government agency, higher education institution or affiliated research institute, academic teaching hospital, or medical center are required to disclose the purpose of the trip, the identity of the sponsor or organizer, the destination, and the duration of the travel.

Individuals subject to this policy are required to complete financial conflicts of interest training initially, at least every four years, and immediately when:

- Joining the organization
- Financial conflicts policies are revised in a manner that changes investigator requirements
- Non-compliant with financial conflicts policies and procedures

Additional details can be found in “HRP 085 – Financial Conflicts of Interests Related to Human Research.” NOTE: SOPs, Checklists, and Worksheets can be found under “Policies & Procedures” on the IRB webpage.

**How do I submit new Human Research to the IRB?**

Within iRIS, complete the Application, upload the research protocol, as well as all applicable study documents. Maintain electronic copies of all information submitted to the IRB in case revisions are required.

**What are the components of an IRB submission?**

A human research protocol and a completed Application will be two key components of all new IRB submissions. In addition, the following materials must be submitted when applicable:

- Data collection instruments (spreadsheets, logs, etc.)
- All written material to be provided to, or meant to be seen or heard by, participants, including:
  - Evaluation instruments and surveys
  - Advertisements (printed, audio, and video)
  - Recruitment materials and scripts
  - Pictures, audio, or video used during Human Research
- Consent documents
  - If consent will not be presented writing, a script of information to be provided orally to participants is required
- Completed grant application (if applicable)
- Complete sponsor protocol including DHHS-approved protocol
- DHHS-approved sample consent document
- Current investigator brochure for each investigational drug
- Current package insert for each marketed drug
• Current product information for each investigational device
• Principal Investigator CV and/or other documentation evidencing qualifications (if not already on file)
• Foreign language version of any written material to be provided to, or meant to be seen or heard by, participants.
• Translation verification statement (can be an email) from an objective person (not part of research) who is fluent in English and the foreign language.

**How do I write a Human Research Protocol?**

Use the Human Research Protocol template and instructions to create a protocol. The most current version of the HRP can be found under “Forms & Templates” on the UCF IRB web page. Here are some key points to remember when developing a protocol:

• The italicized bullet points serve as guidance to investigators when developing a Human Research Protocol for submission to the UCF IRB. All italicized comments must be deleted prior to submission.

• When writing a protocol, always keep an electronic copy. You will need to modify this copy when making changes to the protocol.

• If you believe your activity may not be Human Research, contact the IRB Office prior to developing your protocol.

• Depending on the nature of your research, certain sections of the protocol template may not be applicable. Indicate this by marking the section “N/A”.

• For any items described in the sponsor’s protocol or other documents submitted with the application, investigators may simply reference the page numbers of these documents within the UCF protocol template rather than repeat information.

• If you are conducting community-based participatory research, you may contact the IRB Office for information about:
  o Research studies using a community-based participatory research design
  o Use of community advisory boards
  o Use of participant advocates
  o Partnerships with community-based organizations

**How do I complete the Application in iRIS?**

The main sections of the iRIS application form that investigators must complete are listed below. Certain sections will not appear in iRIS when not applicable.

1.0 General Information
   1.1 Study Title
1.2 Research I.D. – Unique 7-digit identifier assigned by ORC (If unfunded or if the RID has not been assigned yet enter “N/A”)

2.0 Department(s)
   2.1 Your primary department will appear by default. Correct by searching for and adding the appropriate unit, if needed.

3.0 Key Study Personnel (KSP)
   3.1 Principal Investigator (PI) - Name the person with overall responsibility for the conduct of the Human Research. There can only be one principal investigator with this overall responsibility. If the PI is a student or is the chair of the department, please check the appropriate box.
   3.2 Protocol Staff: A) Additional Investigators; B) Research Staff
   3.3 Study Contact(s): Persons listed here will receive all study correspondence/notifications
   3.4 Faculty Advisor: All students must list one faculty advisor.

4.0 Application for Human Research
   4.1 Check each applicable item to indicate whether the Human Research involves the following:

   a) **Individuals who are under legal age**
      Does the Human Research involve children, adolescents, minors, or other individuals not old enough to consent to the Human Research procedures for themselves? Unless the process of consent is waived, permission by one or both parents or a guardian will be needed to allow such individuals to participate in the research.

   b) **Cognitively Impaired Adults**
      Does the Human Research involve adults who may not have the ability (or may have limited ability) to consent to the Human Research procedures for themselves? Unless the process of consent is waived, permission by a legally authorized representative (LAR) will be needed to allow such individuals to participate in the research.

   c) **Pregnant women**
      Will the Human Research involve pregnant women at any time from the period of implantation until delivery? In general, this item should only be checked when the study recruitment will target pregnant women.

   d) **Prisoners**
      Does the Human Research involve prisoners (any individual involuntarily confined or detained in a penal institution? 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), regardless of whether the Human Research is focused on prisoners.

e) Radiation being used for reasons other than clinical care

Check this item if the Human Research protocol requires the use of approved or unapproved diagnostic or therapeutic radiation outside routine clinical practice.

f) The use of any biohazards

Check this item if the Human Research protocol requires the use of biohazard agents.

g) Investigational Drugs

Check this item if the Human Research protocol involves the use of investigational drugs. If checked, you will be asked to provide additional information about any investigational drugs used in the Human Research later in the application.

For Human Research involving the use of drugs, provide the requested information. List all drugs being used in the Human Research (approved and unapproved). For each, indicate whether it has an Investigational New Drug (IND) number.

For each drug with an IND number, ensure that the application includes one of the following:

- Sponsor protocol with the IND number;
- Communication from the sponsor with the IND number; or
- Communication from the FDA with the IND number.

Note that this section of the application will not appear in iRIS for studies that do not involve the use of investigational drugs.

h) Investigational Devices

Check this item if the Human Research protocol involves the use of investigational medical devices. If checked, you will be asked to provide additional information about any investigational medical devices used in the Human Research later in the application.

List all devices being evaluated for safety or effectiveness (approved and unapproved). [NOTE: contact the IRB in advance with any questions about whether your research activity involves the use of an
investigational device. And note that, under certain circumstances, even video games and computer software used to diagnose or mitigate disease may be determined by the FDA to be investigational devices.

For each, indicate whether it has an Investigational Device Exemption (IDE) number. Indicate whether the device is being submitted under the “Abbreviated IDE requirements” in 21 CFR 812.2(b) (FDA regulations).

For each device with an IDE number, ensure that the application includes one of the following:

- Sponsor protocol with the IDE number;
- Communication from the sponsor with the IDE number; or
- Communication from the FDA with the IDE number.

Note that this section of the application will not appear in iRIS for studies that do not involve the use of investigational devices.

i) Department of the Navy research
   Check this item if the Human Research is funded by the Department of the Navy.

j) Department of Defense research (Other than Navy)
   Check this item if the research is funded by a branch of the Department of Defense other than the Navy

k) Humanitarian Use Device (HUD)
   Check this item if your activity involves standard use of a Humanitarian Use Device. Do not check this box if you are evaluating the safety or effectiveness of a HUD.

4.2 Research Personnel Involved in the Submission: List all Human Research personnel involved in the design, conduct, or reporting of the Human Research and their roles. This includes the principal investigator, all co-investigators, sub-investigators, coordinators, assistants, students as listed in section 3.2, and non-UCF collaborators who have a role in the design, conduct, or reporting of the Human Research. Answer the three required “Yes/No” questions for each.

Be sure to indicate whether each person has a financial interest related to the Human Research. The definition of “financial interest related to the Human Research” is included on the application.

4.3 Additional UCF Resources

Where applicable, list all internal UCF departments (other than your own) involved in, or affected by, the proposed Human Research. This may
include departments whose facilities, equipment, or personnel will be required during the conduct of the research. If you plan to recruit UCF faculty, staff or students outside of your department, it is the principal investigators responsibility to obtain written approval from the appropriate department/college/office administrator before beginning the research. If you receive this documentation during the IRB review process, you may upload the document into “Other study documents” in iRIS. This written approval may be as simple as an email correspondence between the principal investigator and the appropriate department or individual.

4.4 External Collaborators and Institutions

If applicable, list any non-UCF study sites/facilities in which human research activities will be conducted, and list any non-UCF personnel serving as collaborators. Indicate whether the site has granted permission for you to conduct the Human Research. Indicate whether the site has an IRB, and if so whether the site’s IRB will review the Human Research or the site will rely on our IRB.

5.0 Project Information

5.1 Select the type(s) of research. Check all that apply.

5.2 Provide a very brief description (3 sentences max) of your study in everyday language.

6.0 Funding Information

6.1 Provide project funding information: Unfunded; Funded; Funding application in process; Funding source requires IRB approval.

This is the last section of the application for Unfunded studies. Section 7.0 will request you to identify the funding source.

Initial Review Submission - Study Documents

In this section, there are separate areas to upload the required Human Research Protocol as well as all applicable additional documents. See the “What are the Components of an IRB Submission?” section above for a listing of possible attachments.

**How do I create a consent document?**

Use the appropriate consent document template (under “Forms and Templates” on the IRB website) as the basis for creating a consent document:

- HRP-502a: Consent – Adult
  
  o Note: Most studies are minimal risk and qualify for a waiver of written documentation of consent. Therefore, you should delete the signature
block from the end of the document, along with the sentence that precedes it.

• HRP-502b: Parental Consent
  o Note: Most studies are minimal risk and only require the signature of one parent or guardian. Therefore, use the first signature block and delete the rest.

• HRP-508: Summary Explanation for Exempt Research
  o Note: Use this consent document for “Exempt” research: most surveys, interviews and focus groups with adult participants.

Note that all long form consent documents and all summaries for short form consent documents must contain all of the required and all additional appropriate elements of informed consent disclosure. Review section 7 of the IRB’s “HRP 314 - Criteria for Approval,” (see the IRB Policies & Procedures section of the IRB website) to ensure that these elements are addressed.

What other organizational approvals may be needed in addition to IRB approval?

Depending on the nature of the research, certain additional UCF reviews and approvals may be required. These additional approvals may include:

• Biosafety Committee
• Radiation Safety Committee
• Conflict of Interest Committee
• HIPAA Privacy Officer
• FERPA Review

What are the different regulatory classifications that research activities may fall under?

Research-related activities may fall under one of the following four regulatory classifications:

• Not “Human Research”: Activities must meet the DHHS or FDA definition of “research” involving “human subjects” for the activity to fall under IRB oversight. Activities that do not meet either definition of “Research” involving “Human Subjects” are not subject to IRB oversight or review. Review the IRB Office’s “HRP 310 – Human Research Determination” for reference. Contact the IRB Office in cases where it is unclear whether an activity meets the regulatory definition of Human Research.
• **Exempt**: Certain categories of Human Research may be exempt from some federal regulations. It is the responsibility of the IRB, not the investigator, to determine whether Human Research is exempt. Review the IRB Office’s “HRP 312 – Exemption Determination” for reference on the categories of Human Research that may be exempt.

• **Review Using the Expedited Procedure**: Certain categories of non-exempt Human Research may qualify for review using expedited procedures i.e. review by a designated reviewer. Review the IRB Office’s “HRP 313 - Expedited Review” for reference on the categories of Human Research that may be reviewed using the expedited procedure.

• **Review by the Convened IRB**: Non-Exempt Human Research that does not qualify for review using the expedited procedure must be reviewed by the convened IRB.

**What are the decisions the convened IRB (“Full Board”) can make when reviewing a protocol?**

The IRB may approve research, require modifications to secure approval, defer research, disapprove research, or table research:

• **Approval**: Made when all criteria for approval are met. See “How does the IRB decide whether to approve Human Research?” below.

• **Modifications Required to Secure Approval**: Made when IRB members require specific modifications to a protocol before approval can be finalized. Such changes may be reviewed administratively and may not require re-review by the convened IRB.

• **Deferred**: Made when the IRB determines that the board is unable to approve a protocol and the IRB suggests modifications that might make the research approvable. When making this motion, the IRB describes its reasons for this decision, describes modifications that might make the research approvable, and gives the investigator an opportunity to respond to the IRB in person or in writing. The investigator’s modifications to the deferred protocol submission must be reviewed at a future meeting of the convened IRB.

• **Disapproval**: Made when the IRB determines that it is unable to approve a protocol and the IRB cannot describe modifications that might make the research approvable. When making this motion, the IRB describes its reasons for this decision, and the investigator is not given an opportunity to appeal to the IRB in person or in writing. A new protocol application is required if the investigator wishes to pursue IRB approval further.

• **Tabled**: Made when the IRB cannot approve the research at a meeting for reasons unrelated to the protocol, such as loss of quorum. When taking this action, the IRB automatically schedules the protocol for the next meeting.
How does the IRB decide whether to approve Human Research?

The criteria for IRB approval for non-exempt Human Research can be found in the “HRP 313 – Expedited Review” and the “HRP 314 - Criteria for Approval,” available on the IRB Policies & Procedures page of the IRB’s website. These checklists are used for initial review, continuing review, and review of modifications to previously approved Human Research.

You are encouraged to use the checklists to write your protocol and accompanying documentation in a way that addresses the criteria for approval. Do not upload these documents in iRIS.

What will happen after IRB review?

The IRB will provide you with a written decision indicating that the IRB has approved the Human Research, requires modifications to secure approval, has deferred the Human Research, or has disapproved the Human Research:

- **If the IRB has approved the Human Research:** The Human Research may commence once all other organizational approvals have been met and you receive the IRB approval letter via iRIS. IRB approval is good for a limited period of time which is noted in the approval letter.

- **If the IRB requires modifications to secure approval and you accept the modifications:** The investigator must make the requested modifications and submit them to the IRB within 90 days by responding to stipulations in iRIS. If all requested modifications are made, the IRB will issue a final approval. Research cannot commence until this final approval is received. If the investigator does not provide additional information or correspondence within 90 days, the IRB will require a complete new protocol submission.

- **If the IRB defers the Human Research:** The IRB will provide a statement of the reasons for tabling and suggestions to make the study approvable, and give the investigator an opportunity to respond in writing. To obtain approval, investigators must modify the protocol and associated study materials in accordance with the IRB’s feedback and suggested modifications. Investigators may re-submit a modified application and associated materials. If the investigator does not provide additional information or correspondence within 90 days, the IRB will require a complete new protocol submission.

- **If the IRB disapproves the Human Research:** Disapproval means that the Human Research as written cannot be approved and the IRB was unable to articulate specific modifications that, if made, would allow the Human Research to be approved. Protocols that cannot be modified to meet the regulatory criteria will be withdrawn by the IRB. A new protocol is required if the investigator wishes to pursue IRB approval further.
In all cases, you have the right to address your concerns to the IRB directly at an IRB meeting.

**What are my obligations after IRB approval?**

1) Do not start Human Research activities until you have the IRB approval letter.
2) Do not start Human Research activities until you have obtained all other required institutional approvals, including approvals of departments or divisions that require approval prior to commencing research that involves their resources.
3) Ensure that there are adequate resources to carry out the research safely. This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.
4) Ensure that Research Staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.
5) Update the IRB office with any changes to the list of study personnel.
6) Personally conduct or supervise the Human Research.
   a) Conduct the Human Research in accordance with the relevant current protocol as approved by the IRB.
   b) When required by the IRB, ensure that consent or permission is obtained in accordance with the relevant current protocol as approved by the IRB.
   c) Do not modify the Human Research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to participants. If this occurs, notify the IRB of the event immediately.
   d) In the event that the principal investigator plans to leave the university, it is his/her responsibility to either submit a Study Closure Request Form or an Addendum/Modification Request Form informing the IRB of the new principal investigator prior to leaving.
   e) Protect the rights, safety, and welfare of subjects involved in the research.
7) Submit to the IRB:
   a) Proposed modifications as described in “How do I submit a modification?”
   b) A continuing review application as requested in the approval letter. See “How do I submit a continuing review?”
   c) A Study Closure Request form to close out Human Research at the time you close a research study. See “How do I close out a study?”
8) Report the occurrence of any “reportable events” to the IRB within five business days of your knowledge of their occurrence as described in the “What kinds of “reportable events” must be reported to the IRB during the conduct of research?”see section below.
9) Do not accept or provide payments to professionals in exchange for referrals of potential participants (“finder’s fees.”)

10) Do not accept payments designed to accelerate recruitment that are tied to the rate or timing of enrollment (“bonus payments.”)

11) Maintain signed and dated consent documents for five years after completion of the research, per UCF data retention policies. Maintain signed and dated HIPAA authorizations and consent documents that include HIPAA authorizations for six years after completion of the research (if written consent and HIPAA are required).

12) For FDA-regulated research involving investigational drugs, comply with the following FDA regulations: 21 CFR §312.7, §312.57, §312.59, §312.60, §312.61, §312.64, §312.66, §312.68, and §312.69.

13) For FDA-regulated research involving investigational devices, comply with the following FDA regulations: 21 CFR §812.7, §812.100 and §812.110, §812.145, and §812.150.

14) For research involving clinical trials, comply with the International Council on Harmonization – Good Clinical Practice Guidelines (E6) Section 4.

15) For Department of Defense (DOD) research follow the additional requirements in Appendix A-4

16) For Department of Navy (DON) research follow the additional research training requirements in Appendix A-5

17) For Department of Energy (DOE) research follow the additional requirements in Appendix A-6

18) For Department of Justice (DOJ) research follow the additional requirements in Appendix A-7.

19) For Department of Education (ED) research follow the additional requirements in Appendix A-8.

**What kinds of “reportable events” must be reported to the IRB during the conduct of research?**

Any of the following events must be reported to the IRB within five business days of their occurrence using the “Reportable New Information” form in iRIS:

1) Information that indicates a new or increased risk, or a new safety issue. For example:

   a) New information (e.g., an interim analysis, safety monitoring report, publication in the literature, sponsor report, or investigator finding) indicates an increase in the frequency or magnitude of a previously known risk, or uncovers a new risk.

   b) An investigator brochure, package insert, or device labeling is revised to indicate an increase in the frequency or magnitude of a previously known risk, or describe a new risk
c) Withdrawal, restriction, or modification of a marketed approval of a drug, device, or biologic used in a research protocol

d) Protocol violation that harmed subjects or others or that indicates subjects or others might be at increased risk of harm

e) Complaint of a subject that indicates subjects or others might be at increased risk of harm or at risk of a new harm

f) Any changes significantly affecting the conduct of the research

2) Harm experienced by a subject or other individual, which in the opinion of the investigator are **unexpected** and **probably related** to the research procedures.
   a) A harm is “**unexpected**” when its specificity or severity are inconsistent with risk information previously reviewed and approved by the IRB in terms of nature, severity, frequency, and characteristics of the study population.
   b) A harm is “**probably related**” to the research procedures if, in the opinion of the investigator, the research procedures more likely than not caused the harm.

3) Non-compliance with the federal regulations governing human research or with the requirements or determinations of the IRB, or an allegation of such non-compliance.

4) Audit, inspection, or inquiry by a federal agency and any resulting reports (e.g. FDA Form 483.)

5) Written reports of study monitors.

6) Failure to follow the protocol due to the action or inaction of the investigator or research staff.

7) Breach of confidentiality.

8) Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a subject.

9) Incarceration of a subject in a study not approved by the IRB to involve prisoners.

10) Complaint of a subject that cannot be resolved by the research team.

11) Premature suspension or termination of the protocol by the sponsor, investigator, or institution.

12) Unanticipated adverse device effect (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.)
How do I document consent?

Use the appropriate signature block approved by the IRB. Complete all items in the signature block, including dates and applicable checklists. If HIPAA applies, the authorization may be incorporated into the consent document. Note: Most minimal risk studies qualify for a Waiver of Written Documentation of Consent. Therefore, you will not need to obtain participant names and signatures on the consent form.

The following are the documentation requirements for the standard “long form” consent documents:

- The participant or representative signs and dates the consent document.
- The individual obtaining consent signs and dates the consent document.
- Whenever required by the IRB, the participant’s or representative’s signature is to be witnessed by an individual who signs and dates the consent document.
- For participants who cannot read and whenever required by the IRB or the sponsor, a witness to the oral presentation signs and dates the consent document.
- A copy of the signed and dated consent document is to be provided to the participant.

The following are the documentation requirements for “short form” consent documents, (i.e. written consent documents stating that the required elements of informed consent have been presented orally to the subject or the subject’s legally authorized representative in the presence of a witness to the oral presentation):

- The participant or representative signs and dates the consent document.
- The individual obtaining consent signs and dates the consent document and the summary.
- The witness to the oral presentation signs and dates the consent document and the summary.
- A copy of the signed and dated consent document is to be provided to the participant.

How do I submit a modification to an approved study?

In iRIS, complete the “Addendum/Modification Request Form,” upload all appropriate documents and submit the materials to the IRB through iRIS. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Please note that research must continue to be conducted without inclusion of the modification until IRB approval is granted.

How do I submit a continuing review application form?

In iRIS, complete the “Continuing Review Application Form,” upload all current informed consent documents if you plan to continue enrollment, and submit at least 30 days prior to the expiration date. Failure to do so will result in the principal investigator being placed on the “Restricted list.” Any new human research submitted will not be
reviewed until the completed Continuing Review Application (or Study Closure Request) has been received by the IRB.

If the continuing review involves modifications to previously approved research, submit those modifications as a separate request for modification using the “Addendum/Modification Request.”

**If the approval of Human Research expires,** all Human Research procedures related to the protocol under review must cease, including recruitment, advertisement, screening, enrollment, consent, interventions, interactions, and collection of private identifiable information. Continuing Human Research procedures without an IRB-approved protocol is a violation of federal regulations. If current participants will be harmed by stopping Human Research procedures that are available outside the Human Research context, provide these on a clinical basis as needed to protect current participants. If current participants will be harmed by stopping Human Research procedures that are not available outside the Human Research context, immediately contact the IRB chair and provide a written list of the currently enrolled participants and why they will be harmed by stopping Human Research procedures.

Please note that if the continuing review application is not approved by the IRB prior to the protocol expiration date, you will be placed on the “Restricted list.” Any new human research submitted will not be reviewed until the completed Continuing Review Application (or Study Closure Request) has been received.

**How do I submit a study closure request?**

Human Research must undergo continuing review until all four of the following are true:

- The research is permanently closed to enrollment.
- All participants have completed all research-related interventions.
- Collection of private identifiable information is completed.
- Analysis of private identifiable information is completed.

If all of the above items are true, the research must be closed. Complete and submit the “Study Closure Request” in iRIS, and upload any applicable additional documentation.

If you fail to submit a Study Closure Request to close out Human Research, you will be restricted from submitting new Human Research until the completed application has been received.

If the request for closing out a Human Research study is not received by the date requested in the approval letter, you will be restricted from submitting new Human Research until the completed application is received.

**How long do I keep records?**

Maintain your Human Research records, including signed and dated consent documents if applicable, for at least five years after closing out the Human Research, per UCF data
retention policies. Maintain HIPAA authorizations and other records related to HIPAA compliance for six years.

If your Human Research is sponsored, contact the sponsor before disposing of Human Research records.

**What if I would like to use lotteries, drawings, raffle prizes, or games of chance for research compensation?**

In general, due to Florida's strict state laws regarding lotteries and the appearance of coercion in research studies, the IRB does not allow lotteries unless the study is investigating the lottery process or psychological effects of lotteries as the purpose of the study. The least coercive inducement is something given to every participant. We have had similar requests as incentives for research participants and have encouraged PI's to avoid the use of drawings for prizes due to the provisions of Florida law.

We have been advised to direct requests for Lotteries, Prizes and Games of Chance to our General Counsel's Office. Each scenario must be handled on a case by case basis because all the unique facts for each specific case are important for a proper legal evaluation every time.

We would like to point out the most pertinent sections of the Florida Statutes that address this issue.

Chapter 849 of the Florida Statutes deals with "Gambling" in general.

Section 849.09 Lottery prohibited; exception - states in its most pertinent part:

"(1) It is unlawful for any person in this state to:
(a) Set up, promote, or conduct any lottery for money or for anything of value;
(b) Dispose of any money or other property of any kind whatsoever by means of any lottery;
(c) Conduct any lottery drawing for the distribution of a prize or prizes by lot or chance, or advertise any such lottery scheme or device in any newspaper or by circulars, posters, pamphlets, radio, telegraph, telephone, or otherwise;"

There are limited exceptions to this, but they most likely would not apply to our university scenarios.

The Florida Statute section most on point for what the incentive that you wish to offer is Section 849.0935, Florida Statutes. Drawings by chance are permitted, provided that we comply with all the legal requirements. The General Counsel's Office have in the past worked with UCF departments that have asked the IRB about drawings by chance, to make sure all of the statutory requirements were met:
The most important language of that section is outlined below:

"Section 849.0935 Charitable, nonprofit organizations; drawings by chance; required disclosures; unlawful acts and practices; penalties.—(1) As used in this section, the term:
(a) “Drawing by chance” or “drawing” means an enterprise in which, from the entries submitted by the public to the organization conducting the drawing, one or more entries are selected by chance to win a prize. The term “drawing” does not include those enterprises, commonly known as “matching,” “instant winner,” or “preselected sweepstakes,” which involve the distribution of winning numbers, previously designated as such, to the public.
(b) “Organization” means an organization which is exempt from federal income taxation pursuant to 26 U.S.C. s. 501(c)(3), (4), (7), (8), (10), or (19), and which has a current determination letter from the Internal Revenue Service, and its bona fide members or officers.
(2) The provisions of s. 849.09 shall not be construed to prohibit an organization qualified under 26 U.S.C. s. 501(c)(3), (4), (7), (8), (10), or (19) from conducting drawings by chance pursuant to the authority granted by this section, provided the organization has complied with all applicable provisions of chapter 496.
(3) All brochures, advertisements, notices, tickets, or entry blanks used in connection with a drawing by chance shall conspicuously disclose:
(a) The rules governing the conduct and operation of the drawing.
(b) The full name of the organization and its principal place of business.
(c) The source of the funds used to award cash prizes or to purchase prizes.
(d) The date, hour, and place where the winner will be chosen and the prizes will be awarded, unless the brochures, advertisements, notices, tickets, or entry blanks are not offered to the public more than 3 days prior to the drawing.
(e) That no purchase or contribution is necessary."

Please contact the IRB for more information.

**What if I need to use an unapproved drug, biologic, or device in a life-threatening situation and there is no time for prior IRB review?**

Contact the IRB office or IRB chair immediately to discuss the situation. If there is no time to make this contact, see the “HRP 322 - Emergency Use” for the regulatory criteria allowing such a use and make sure these are followed. You will need to submit a report of the use to the IRB within five days of the use and an IRB application for initial review within 30 days.

If you fail to submit the report within five days or the IRB application for initial review within 30 days, you will be restricted from submitting new Human Research until the report and IRB application for initial review have been received.

Emergency use of an unapproved drug or biologic in a life-threatening situation without prior IRB review is “research” as defined by FDA, the individual getting the test article is
a “subject” as defined by FDA, and therefore is governed by FDA regulations for IRB review and informed consent. Emergency use of an unapproved device without prior IRB review is not “research” as defined by FDA and the individual getting the test article is not a “subject” as defined by FDA. However, FDA guidance recommends following similar rules as those for emergency use of an unapproved drug or biologic.

Individuals getting an unapproved drug, biologic, or device without prior IRB review cannot be considered a “subject” as defined by DHHS and their results cannot be included in prospective “research” as that term is defined by DHHS.

**What if I plan to conduct research with external collaborators or at another site which has an IRB? Do I have to submit to both UCF IRB and the IRB where the research is being conducted?**

Contact the IRB office to discuss the situation.

There are situations in which both IRBs may need to review the study. It is also possible that one institution can rely upon the other institution’s IRB.

The UCF IRB may rely upon the IRB of another institution if one of the following is true:

- The IRBs are part of an AAHRPP accredited institution.
- The UCF investigator is a collaborator on Human Research that is primarily conducted at another institution and the UCF investigator’s role does not include interaction or intervention with subjects.

Note: If UCF is the direct recipient of federal funding, the UCF IRB must review the Human Research.

The UCF IRB may rely upon a non-accredited institution provided an agreement is in place to ensure that the research is being reviewed appropriately.

If the UCF IRB relies upon another IRB for your research, you will not need to go through a review process here at UCF. However, you must make a submission in the iRIS system strictly for record-keeping purposes, after you receive approval from the outside IRB. The submission must include the iRIS study application, the approved protocol that was submitted to the other institution, the approved Informed Consent, other study documents, as appropriate, and the institution’s IRB approval letter. When submitting in iRIS, be sure to route the study to the faculty advisor (if applicable) and department chair/dean/director for electronic signature approval. The UCF IRB will review the submission, change the status in iRIS to “Rely upon Other IRB,” and send the PI (and others) an IRB letter to that effect via iRIS.

**What if I plan to conduct research at UCF Health? Do I have to submit to both UCF IRB and the HIPAA Privacy Officer for UCF Health?**
The IRB office and the HIPAA Privacy Officer for UCF Health have important, but separate, roles to play before human subjects research -- which may include interactions with patients and/or access to and use of their personal medical records -- can be conducted at UCF Health.

The PI must obtain approval from both the UCF IRB and the UCF Health Privacy Officer (as applicable) and is responsible for ensuring that appropriate documentation is uploaded to the study in iRIS and provided to UCF Health.

Process:

- The PI must submit the IRB protocol, Informed Consent, and other study materials in iRIS. The UCF IRB will inform the PI whether HIPAA Privacy Officer review is required and will provide the PI with the UCF Health HIPAA Authorization form and/or the UCF Health Review Preparatory to Research form, as applicable.
- The PI will submit the completed UCF Health HIPAA Authorization form and the approved IRB Protocol to the HIPAA Privacy Officer for UCF Health for review and approval. If the study involves review of medical records to identify potential research subjects or to develop a research protocol, then a completed UCF Health Review Preparatory to Research form must be submitted to the HIPAA Privacy Officer first.
- When the UCF Health HIPAA Authorization form and/or the UCF Health Review Preparatory to Research form are approved, the PI must upload the document(s) to the IRB approved study in iRIS for documentation purposes only, using the IRB Miscellaneous Attachment Form.

The study (including recruitment of study participants and/or review of their personal medical records) can begin only when the PI has obtained an IRB approval letter and approval from the HIPAA Privacy Officer for UCF Health.

**What if I plan to conduct research with or at Florida Hospital, Orlando Health, or Nemours? Do I have to submit to both UCF IRB and the IRB where the research is being conducted?**

UCF has an agreement with Florida Hospital, Orlando Health, and Nemours. UCF faculty members, researchers, and students (College of Medicine students for the most part) who plan to conduct research at the hospital or with the hospital’s patients or employees must submit the appropriate application, protocol, and other study documents to the hospital IRB. When the study is submitted to the hospital’s IRB, their IRB office sends an e-mail to UCF IRB with information regarding UCF researcher involvement (this may be a new study or an addendum that is adding the UCF researcher to a previously approved study) and UCF IRB is given access to review the submission. If the
UCF IRB reviewer has questions or revision suggestions, these are shared with the hospital IRB so that they can be addressed prior to approval by the hospital’s IRB.

After the hospital IRB approves the study and issues their IRB approval letter, the UCF PI must make a submission in the iRIS system strictly for record-keeping purposes. The submission must include the iRIS study application, the approved protocol, the approved Informed Consent, other study documents, as appropriate, and the other institution’s IRB approval letter. When submitting in iRIS, be sure to route the study to the faculty advisor (if applicable) and department chair/dean/director for electronic signature approval. The UCF IRB will review the submission, change the status in iRIS to “Rely upon Other IRB” and send the PI (and others) an IRB letter to that effect via iRIS.

**How do I get additional information and answers to questions?**

This document and the policies and procedures for the Human Research Protection Program are available on the IRB website.

If you have any questions or concerns, about the Human Research Protection Program, contact the IRB office at:

- Fax: 407-823-3299
- E-Mail: irb@ucf.edu
- Address: Office of Research & Commercialization
  12201 Research Parkway
  Suite 501
  Orlando, FL 32826

If you have questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program that cannot be addressed by contacting the IRB office, follow the directions in the “HRP 101 - HUMAN RESEARCH PROTECTION PROGRAM PLAN” which can be found under “Policies & Procedures” on the IRB website.
Appendix A-1 Additional Requirements for DHHS-Regulated Research

1. When a subject decides to withdraw from a clinical trial, the investigator conducting the clinical trial should ask the subject to clarify whether the subject wishes to withdraw from all components of the trial or only from the primary interventional component of the trial. If the latter, research activities involving other components of the clinical trial, such as follow-up data collection activities, for which the subject previously gave consent may continue. The investigator should explain to the subject who wishes to withdraw the importance of obtaining follow-up safety data about the subject.

2. Investigators are allowed to retain and analyze already collected data relating to any subject who chooses to withdraw from a research study or whose participation is terminated by an investigator without regard to the subject’s consent, provided such analysis falls within the scope of the analysis described in the IRB-approved protocol. This is the case even if that data includes identifiable private information about the subject.

3. For research not subject to regulation and review by FDA, investigators, in consultation with the funding agency, can choose to honor a research subject’s request that the investigator destroy the subject’s data or that the investigator exclude the subject’s data from any analysis.

4. When seeking the informed consent of subjects, investigators should explain whether already collected data about the subjects will be retained and analyzed even if the subjects choose to withdraw from the research.

1 http://www.hhs.gov/ohrp/policy/subjectwithdrawal.html
Appendix A-2  Additional Requirements for FDA-Regulated Research

1. When a subject withdraws from a study:2
   a. The data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.
   b. An investigator may ask a subject who is withdrawing 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 would distinguish between study-related interventions and continued follow-up of associated clinical outcome information, such as medical course or laboratory results obtained through non-invasive chart review, and address the maintenance of privacy and confidentiality of the subject’s information.
   c. If a subject withdraws from the interventional portion of the study, but agrees to continued follow-up of associated clinical outcome information as described in the previous bullet, the investigator must obtain the subject’s informed consent for this limited participation in the study (assuming such a situation was not described in the original informed consent form). IRB approval of informed consent documents is required.
   d. If a subject withdraws from the interventional portion of a 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.
   e. 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.

2. For FDA-regulated research involving investigational drugs:
   a. Investigators must abide by FDA restrictions on promotion of investigational drugs:3
      i. An investigator, or any person acting on behalf of an investigator, must not represent in a promotional context that an investigational new drug is safe or effective for the purposes for which it is under investigation or otherwise promote the drug.
      ii. This provision is not intended to restrict the full exchange of scientific information concerning the drug, including dissemination of scientific findings in scientific or lay media. Rather, its intent is to restrict promotional claims of safety or effectiveness of the drug for a use for which it is under investigation and to preclude

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3 http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.7
commercialization of the drug before it is approved for commercial distribution.

iii. An investigator must not commercially distribute or test market an investigational new drug.

b. Follow FDA requirements for general responsibilities of investigators.
   i. An investigator is responsible for ensuring that an investigation is conducted according to the signed investigator statement, the investigational plan, and applicable regulations; for protecting the rights, safety, and welfare of subjects under the investigator's care; and for the control of drugs under investigation.
   ii. An investigator must, in accordance with the provisions of 21 CFR §50, obtain the informed consent of each human subject to whom the drug is administered, except as provided in 21 CFR §50.23 or §50.24 of this chapter.
   iii. Additional specific responsibilities of clinical investigators are set forth in this part and in 21 CFR §50 and 21 CFR §56.

c. Follow FDA requirements for control of the investigational drug.
   i. An investigator must administer the drug only to subjects under the investigator's personal supervision or under the supervision of a sub-investigator responsible to the investigator.
   ii. The investigator must not supply the investigational drug to any person not authorized under this part to receive it.

d. Follow FDA requirements for investigator recordkeeping and record retention.
   i. Disposition of drug:
      1. An investigator is required to maintain adequate records of the disposition of the drug, including dates, quantity, and use by subjects.
      2. If the investigation is terminated, suspended, discontinued, or completed, the investigator must return the unused supplies of the drug to the sponsor, or otherwise provide for disposition of the unused supplies of the drug under 21 CFR §312.59.
   ii. Case histories.
      1. An investigator is required to prepare and maintain adequate and accurate case histories that record all observations and other data pertinent to the investigation on each individual administered the investigational drug or employed as a control in the investigation.
      2. Case histories include the case report forms and supporting data including, for example, signed and dated consent

4 http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.60
5 http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.61
6 http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.62
forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. The case history for each individual must document that informed consent was obtained prior to participation in the study.

iii. Record retention: An investigator must retain required records for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.

e. Follow FDA requirements for investigator reports7

i. Progress reports: The investigator must furnish all reports to the sponsor of the drug who is responsible for collecting and evaluating the results obtained.

ii. Safety reports: An investigator must promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug. If the adverse effect is alarming, the investigator must report the adverse effect immediately.

iii. Final report: An investigator must provide the sponsor with an adequate report shortly after completion of the investigator's participation in the investigation.

iv. Financial disclosure reports:

1. The clinical investigator must provide the sponsor with sufficient accurate financial information to allow an applicant to submit complete and accurate certification or disclosure statements as required under 21 CFR §54.

2. The clinical investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following the completion of the study.

f. Follow FDA requirements for assurance of IRB review8

i. An investigator must assure that an IRB that complies with the requirements set forth in 21 CFR §56 will be responsible for the initial and continuing review and approval of the proposed clinical study.

ii. The investigator must also assure that he or she will promptly report to the IRB all changes in the research activity and all unanticipated problems involving risk to human subjects or others, and that he or she will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.

7 http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.64
8 http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.66
g. Follow FDA requirements for inspection of investigator's records and reports\(^9\)
   i. An investigator must upon request from any properly authorized officer or employee of FDA, at reasonable times, permit such officer or employee to have access to, and copy and verify any records or reports made by the investigator pursuant to 312.62.
   ii. The investigator is not required to divulge subject names unless the records of particular individuals require a more detailed study of the cases, or unless there is reason to believe that the records do not represent actual case studies, or do not represent actual results obtained.

h. Follow FDA requirements for handling of controlled substances\(^10\)
   i. If the investigational drug is subject to the Controlled Substances Act, the investigator must take adequate precautions, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution.

3. For FDA-regulated research involving investigational devices:
   a. General responsibilities of investigators\(^11\)
      i. An investigator is responsible for ensuring that an investigation is conducted according to the signed agreement, the investigational plan and applicable FDA regulations, for protecting the rights, safety, and welfare of subjects under the investigator's care, and for the control of devices under investigation. An investigator also is responsible for ensuring that informed consent is obtained in accordance with 21 CFR §50.
   b. Specific responsibilities of investigators\(^12\)
      i. Awaiting approval: An investigator may determine whether potential subjects would be interested in participating in an investigation, but must not request the written informed consent of any subject to participate, and must not allow any subject to participate before obtaining IRB and FDA approval.
      ii. Compliance: An investigator must conduct an investigation in accordance with the signed agreement with the sponsor, the investigational plan, and other applicable FDA regulations, and any conditions of approval imposed by an IRB or FDA.
      iii. Supervising device use: An investigator must permit an investigational device to be used only with subjects under the

investigator's supervision. An investigator must not supply an investigational device to any person not authorized to receive it.

iv. Financial disclosure:
   1. A clinical investigator must disclose to the sponsor sufficient accurate financial information to allow the applicant to submit complete and accurate certification or disclosure statements required under 21 CFR §54.
   2. The investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following completion of the study.

v. Disposing of device: Upon completion or termination of a clinical investigation or the investigator’s part of an investigation, or at the sponsor's request, an investigator must return to the sponsor any remaining supply of the device or otherwise dispose of the device as the sponsor directs.

c. Maintain the following accurate, complete, and current records relating to the investigator's participation in an investigation:13
   i. All correspondence with another investigator, an IRB, the sponsor, a monitor, or FDA, including required reports.
   ii. Records of receipt, use or disposition of a device that relate to:
      1. The type and quantity of the device, the dates of its receipt, and the batch number or code mark.
      2. The names of all persons who received, used, or disposed of each device.
      3. Why and how many units of the device have been returned to the sponsor, repaired, or otherwise disposed of.
   iii. Records of each subject's case history and exposure to the device. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. Such records must include:
      1. Documents evidencing informed consent and, for any use of a device by the investigator without informed consent, any written concurrence of a licensed physician and a brief description of the circumstances justifying the failure to obtain informed consent.
      2. Documentation that informed consent was obtained prior to participation in the study.
      3. All relevant observations, including records concerning adverse device effects (whether anticipated or

unanticipated), information and data on the condition of each subject upon entering, and during the course of, the investigation, including information about relevant previous medical history and the results of all diagnostic tests.

4. A record of the exposure of each subject to the investigational device, including the date and time of each use, and any other therapy.

iv. The protocol, with documents showing the dates of and reasons for each deviation from the protocol.

v. Any other records that FDA requires to be maintained by regulation or by specific requirement for a category of investigations or a particular investigation.

d. Inspections

i. Entry and inspection: A sponsor or an investigator who has authority to grant access must permit authorized FDA employees, at reasonable times and in a reasonable manner, to enter and inspect any establishment where devices are held (including any establishment where devices are manufactured, processed, packed, installed, used, or implanted or where records of results from use of devices are kept).

ii. Records inspection: A sponsor, IRB, or investigator, or any other person acting on behalf of such a person with respect to an investigation, must permit authorized FDA employees, at reasonable times and in a reasonable manner, to inspect and copy all records relating to an investigation.

iii. Records identifying subjects: An investigator must permit authorized FDA employees to inspect and copy records that identify subjects, upon notice that FDA has reason to suspect that adequate informed consent was not obtained, or that reports required to be submitted by the investigator to the sponsor or IRB have not been submitted or are incomplete, inaccurate, false, or misleading.

e. Prepare and submit the following complete, accurate, and timely reports

i. Unanticipated adverse device effects. An investigator must submit to the sponsor and to the reviewing IRB a report of any unanticipated adverse device effect occurring during an investigation as soon as possible, but in no event later than 10 working days after the investigator first learns of the effect.

ii. Withdrawal of IRB approval. An investigator must report to the sponsor, within 5 working days, a withdrawal of approval by the reviewing IRB of the investigator's part of an investigation.

iii. Progress. An investigator must submit progress reports on the investigation to the sponsor, the monitor, and the reviewing IRB at regular intervals, but in no event less often than yearly.

iv. Deviations from the investigational plan:
   1. An investigator must notify the sponsor and the reviewing IRB of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency.
   2. Such notice must be given as soon as possible, but in no event later than 5 working days after the emergency occurred.
   3. Except in such an emergency, prior approval by the sponsor is required for changes in or deviations from a plan, and if these changes or deviations may affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects, FDA and IRB also is required.

v. Informed consent. If an investigator uses a device without obtaining informed consent, the investigator must report such use to the sponsor and the reviewing IRB within 5 working days after the use occurs.

vi. Final report. An investigator must, within 3 months after termination or completion of the investigation or the investigator's part of the investigation, submit a final report to the sponsor and the reviewing IRB.

vii. Other. An investigator must, upon request by a reviewing IRB or FDA, provide accurate, complete, and current information about any aspect of the investigation.
Appendix A-3  Additional Requirements for Clinical Trials (ICH-GCP)

1. Investigator's Qualifications and Agreements
   a. The clinical trial should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.
   b. The investigator should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirements, and should provide evidence of such qualifications through up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the IRB, and/or the regulatory authorities.
   c. The investigator should be thoroughly familiar with the appropriate use of the investigational product, as described in the protocol, in the current Investigator's Brochure, in the product information and in other information sources provided by the sponsor.
   d. The investigator should be aware of, and should comply with, GCP and the applicable regulatory requirements.
   e. The investigator/institution should permit monitoring and auditing by the sponsor, and inspection by the appropriate regulatory authorities.
   f. The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.

2. Adequate Resources
   a. The investigator should be able to demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.
   b. The investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period.
   c. The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
   d. The investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product, and their trial-related duties and functions.

3. Medical Care of Trial Subjects
   a. A qualified physician (or dentist, when appropriate), who is an investigator or a sub-investigator for the trial, should be responsible for all trial-related medical (or dental) decisions.
   b. During and following a subject's participation in a trial, the investigator/institution should ensure that adequate medical care is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The
investigator/institution should inform a subject when medical care is needed for intercurrent illnesses of which the investigator becomes aware.

c. It is recommended that the investigator inform the subject's primary physician about the subject's participation in the trial if the subject has a primary physician and if the subject agrees to the primary physician being informed.

d. Although a subject is not obliged to give his/her reasons for withdrawing prematurely from a trial, the investigator should make a reasonable effort to ascertain the reasons, while fully respecting the subject's rights.

4. Communication with IRB

a. Before initiating a trial, the investigator/institution should have written and dated approval opinion from the IRB for the trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g., advertisements), and any other written information to be provided to subjects.

b. As part of the investigator's/institution's written application to the IRB, the investigator/institution should provide the IRB with a current copy of the Investigator's Brochure. If the Investigator's Brochure is updated during the trial, the investigator/institution should supply a copy of the updated Investigator’s Brochure to the IRB.

c. During the trial the investigator/institution should provide to the IRB all documents subject to review.

5. Compliance with Protocol

a. The investigator/institution should conduct the trial in compliance with the protocol agreed to by the sponsor and, if required, by the regulatory authorities and which was given approval opinion by the IRB. The investigator/institution and the sponsor should sign the protocol, or an alternative contract, to confirm agreement.

b. The investigator should not implement any deviation from, or changes of the protocol without agreement by the sponsor and prior review and documented approval opinion from the IRB of an amendment, except where necessary to eliminate an immediate hazards to trial subjects, or when the changes involves only logistical or administrative aspects of the trial (e.g., change in monitors, change of telephone numbers).

c. The investigator, or person designated by the investigator, should document and explain any deviation from the approved protocol.

d. The investigator may implement a deviation from, or a change of, the protocol to eliminate an immediate hazard to trial subjects without prior IRB approval opinion. As soon as possible, the implemented deviation or change, the reasons for it, and, if appropriate, the proposed protocol amendments should be submitted: a) to the IRB for review and approval opinion, b) to the sponsor for agreement and, if required, c) to the regulatory authorities.

6. Investigational Product
a. Responsibility for investigational product accountability at the trial site rests with the investigator/institution.

b. Where allowed/required, the investigator/institution may/should assign some or all of the investigator's/institution’s duties for investigational product accountability at the trial site to an appropriate pharmacist or another appropriate individual who is under the supervision of the investigator/institution.

c. The investigator/institution and/or a pharmacist or other appropriate individual, who is designated by the investigator/institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product. These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product and trial subjects. Investigators should maintain records that document adequately that the subjects were provided the doses specified by the protocol and reconcile all investigational product received from the sponsor.

d. The investigational product should be stored as specified by the sponsor and in accordance with applicable regulatory requirements.

e. The investigator should ensure that the investigational product are used only in accordance with the approved protocol.

f. The investigator, or a person designated by the investigator/institution, should explain the correct use of the investigational product to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.

g. Randomization Procedures and Unblinding: The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product.

7. Informed Consent of Trial Subjects

a. In obtaining and documenting informed consent, the investigator should comply with the applicable regulatory requirements, and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the investigator should have the IRB's written approval opinion of the written informed consent form and any other written information to be provided to subjects.

b. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject’s consent. Any revised written informed consent form, and written information should receive the IRB's approval opinion in advance of use. The subject or the subject’s legally acceptable representative should be
informed in a timely manner if new information becomes available that may be relevant to the subject’s willingness to continue participation in the trial. The communication of this information should be documented.

c. Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.

d. None of the oral and written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject’s legally acceptable representative to waive or to appear to waive any legal rights, or that releases or appears to release the investigator, the institution, the sponsor, or their agents from liability for negligence.

e. The investigator, or a person designated by the investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject’s legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval opinion by the IRB.

f. The language used in the oral and written information about the trial, including the written informed consent form, should be as non-technical as practical and should be understandable to the subject or the subject’s legally acceptable representative and the impartial witness, where applicable.

g. Before informed consent may be obtained, the investigator, or a person designated by the investigator, should provide the subject or the subject’s legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be answered to the satisfaction of the subject or the subject’s legally acceptable representative.

h. Prior to a subject’s participation in the trial, the written informed consent form should be signed and personally dated by the subject or by the subject’s legally acceptable representative, and by the person who conducted the informed consent discussion.

i. If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects, is read and explained to the subject or the subject’s legally acceptable representative, and after the subject or the subject’s legally acceptable representative has orally consented to the subject’s participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject’s legally acceptable
representative, and that informed consent was freely given by the subject or the subject’s legally acceptable representative.

j. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
   i. That the trial involves research.
   ii. The purpose of the trial.
   iii. The trial treatments and the probability for random assignment to each treatment.
   iv. The trial procedures to be followed, including all invasive procedures.
   v. The subject’s responsibilities.
   vi. Those aspects of the trial that are experimental.
   vii. The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.
   viii. The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
   ix. The alternative procedures or courses of treatment that may be available to the subject, and their important potential benefits and risks.
   x. The compensation and/or treatment available to the subject in the event of trial related injury.
   xi. The anticipated prorated payment, if any, to the subject for participating in the trial.
   xii. The anticipated expenses, if any, to the subject for participating in the trial.
   xiii. That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
   xiv. That the monitors, the auditors, the IRB, and the regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
   xv. That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject’s identity will remain confidential.
xvi. That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
xvii. The persons to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
xviii. The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
xix. The expected duration of the subject's participation in the trial.
xx. The approximate number of subjects involved in the trial.
k. Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject’s participation in the trial, the subject or the subject’s legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.
l. When a clinical trial (therapeutic or non-therapeutic) includes subjects who can only be enrolled in the trial with the consent of the subject’s legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject’s understanding and, if capable, the subject should sign and personally date the written informed consent.
m. Except as described above, a non-therapeutic trial (i.e. a trial in which there is no anticipated direct clinical benefit to the subject), should be conducted in subjects who personally give consent and who sign and date the written informed consent form.
n. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled: a) The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally. b) The foreseeable risks to the subjects are low. c) The negative impact on the subject’s well-being is minimized and low. d) The trial is not prohibited by law. e) The approval opinion of the IRB is expressly sought on the inclusion of such subjects, and the written approval opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.
o. In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject’s legally acceptable representative is not available, enrolment
of the subject should require measures described in the protocol and/or elsewhere, with documented approval opinion by the IRB, to protect the rights, safety and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate should be requested.

8. Records and Reports
   a. The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
   b. Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
   c. Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections. Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the investigator. The investigator should retain records of the changes and corrections.
   d. The investigator/institution should maintain the trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the applicable regulatory requirements. The investigator/institution should take measures to prevent accidental or premature destruction of these documents.
   e. Essential documents should be retained until at least 2 years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period however if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the investigator/institution as to when these documents no longer need to be retained.
   f. The financial aspects of the trial should be documented in an agreement between the sponsor and the investigator/institution.
   g. Upon request of the monitor, auditor, IRB, or regulatory authority, the investigator/institution should make available for direct access all requested trial-related records.

9. Progress Reports
a. The investigator should submit written summaries of the trial status to the IRB annually, or more frequently, if requested by the IRB.
b. The investigator should promptly provide written reports to the sponsor, the IRB and, where applicable, the institution on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.

10. Safety Reporting

a. All serious adverse events (SAEs) should be reported immediately to the sponsor except for those SAEs that the protocol or other document (e.g., Investigator's Brochure) identifies as not needing immediate reporting. The immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects’ names, personal identification numbers, and/or addresses. The investigator should also comply with the applicable regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authorities and the IRB.

b. Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol.

c. For reported deaths, the investigator should supply the sponsor and the IRB with any additional requested information (e.g., autopsy reports and terminal medical reports).

d. Premature Termination or Suspension of a Trial If the trial is prematurely terminated or suspended for any reason, the investigator/institution should promptly inform the trial subjects, should assure appropriate therapy and follow-up for the subjects, and, where required by the applicable regulatory requirements, should inform the regulatory authorities. In addition:

i. If the investigator terminates or suspends a trial without prior agreement of the sponsor, the investigator should inform the institution where applicable, and the investigator/institution should promptly inform the sponsor and the IRB, and should provide the sponsor and the IRB a detailed written explanation of the termination or suspension.

ii. If the sponsor terminates or suspends a trial, the investigator should promptly inform the institution where applicable and the investigator/institution should promptly inform the IRB and provide the IRB a detailed written explanation of the termination or suspension.

iii. If the IRB terminates or suspends its approval opinion of a trial, the investigator should inform the institution where applicable and the investigator/institution should promptly notify the sponsor and
provide the sponsor with a detailed written explanation of the termination or suspension.

11. Final Reports by Investigator: Upon completion of the trial, the investigator, where applicable, should inform the institution; the investigator/institution should provide the IRB with a summary of the trial’s outcome, and the regulatory authorities with any reports required.
Appendix A-4  Additional Requirements for Department of Defense (DOD) research

1. When appropriate, research protocols must be reviewed and approved by the IRB prior to the Department of Defense approval. Consult with the Department of Defense funding component to see whether this is a requirement.

2. Employees of the Department of Defense (including temporary, part-time, and intermittent appointments) may not be able to legally accept payments to participate in research and should check with their supervisor before accepting such payments. Employees of the Department of Defense cannot be paid for conducting research while on active duty.

3. Service members must follow their command policies regarding the requirement to obtain command permission to participate in research involving human subjects while on-duty or off-duty.

4. Components of the Department of Defense might have stricter requirements for research-related injury than the DHHS regulations.

5. There may be specific educational requirements or certification required.

6. When assessing whether to support or collaborate with this institution for research involving human subjects, the Department of Defense may evaluate this institution’s education and training policies to ensure the personnel are qualified to perform the research.

7. When research involves U.S. military personnel, policies and procedures require limitations on dual compensation:
   a. Prohibit an individual from receiving pay of compensation for research during duty hours.
   b. An individual may be compensated for research if the participant is involved in the research when not on duty.
   c. Federal employees while on duty and non-Federal persons may be compensated for blood draws for research up to $50 for each blood draw.
   d. 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.

8. Other specific requirements of the Department of Defense research can be found in the “Additional Requirements for Department of Defense (DOD) Research” section in the IRB’s “HRP-318-Additional Federal Agency Criteria.”
Appendix A-5  Additional Requirements for Department of Navy (DON) Research

Department of Navy Human Research Protection program (DON HRPP) training requirement

1. As of 4/29/2011, all personnel who review approve, conduct, manage, support, or oversee human subject research that is being funded or sponsored by the Department of the Navy, must complete web-based training.

2. One major change for Extramural Performers is the addition of a learner group within the Collaborative Institutional Training Initiative (CITI) training, titled "DON-Supported Extramural Performers." All Extramural Performers, regardless of their role in research, will complete the CITI training course "DON-Supported Extramural Performers."

3. If a research study is supported by Department of Navy/ Office of Naval Research, documentation that all Key Study Personnel have completed the required CITI modules must be submitted to the IRB office.
   a. In order to meet this requirement, an individual can log in to his/her CITI account at: www.citiprogram.org

   By adding an affiliation with DON, the appropriate training modules will appear. The system identifies which modules still need to be completed.

   Each KSP on a DON supported study must successfully complete the required modules and then print out the DON Completion Certificate Report.

   A scanned PDF of that report can be uploaded along with other study documents during the submission process or it can be sent as e-mail attachment to IRB@ucf.edu and we will add the DON training dates to your iRIS user account so that the documentation is on file with us.

   The IRB will not give approval to a DON funded or sponsored study unless all researchers have the required training.

4. For more information, contact the IRB office.
Appendix A-6  Additional Requirements for Department of Energy (DOE) Research

5. You must report the following within ten business days to the Department of Energy human subject research program manager
   a. Any significant adverse events, unanticipated risks; and complaints about the research, with a description of any corrective actions taken or to be taken.
   b. Any suspension or termination of IRB approval of research.
   c. Any significant non-compliance with HRPP procedures or other requirements.

6. You must report the following within three business days to the Department of Energy human subject research program manager
   a. Any compromise of personally identifiable information must be reported immediately.

7. Other specific requirements of the Department of Energy (DOE) research can be found in the “Additional Requirements for Department of Energy (DOE) Research” section in the IRB’s “HRP-318-Additional Federal Agency Criteria.”
Appendix A-7  Additional Requirements for Department of Justice (DOJ) Research

Additional Requirements for DOJ Research conducted in the Federal Bureau of Prisons

1. Implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research.
2. The project must not involve medical experimentation, cosmetic research, or pharmaceutical testing.
3. The research design must be compatible with both the operation of prison facilities and protection of human subjects.
4. Investigators must observe the rules of the institution or office in which the research is conducted.
5. Any investigator who is a non-employee of the Bureau of Prisoners must sign a statement in which the investigator agrees to adhere to the requirements of 28 CFR §512.
6. The research must be reviewed and approved by the Bureau Research Review Board.
7. Incentives cannot 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. Participating in authorized research being conducted by Bureau employees or contractors.
8. A non-employee of the Bureau may receive records in a form not individually identifiable when advance adequate written assurance that the record will be used solely as a statistical research or reporting record is provided to the agency.
9. Except as noted in the consent statement to the subject, you must not provide research information that identifies a subject to any person without that subject’s prior written consent to release the information. For example, research information identifiable to a particular individual cannot be admitted as evidence or used for any purpose in any action, suit, or other judicial, administrative, or legislative proceeding without the written consent of the individual to whom the data pertain.
10. Except for computerized data records maintained at an official Department of Justice site, records that contain non-disclosable information directly traceable to a specific person may not be stored in, or introduced into, an electronic retrieval system.
11. If you are conducting a study of special interest to the Office of Research and Evaluation but the study is not a joint project involving Office of Research and Evaluation, you may be asked to provide Office of Research and Evaluation with the computerized research data, not identifiable to individual subjects,
accompanied by detailed documentation. These arrangements must be negotiated prior to the beginning of the data collection phase of the project.

12. Required elements of disclosure additionally include:
   a. Identification of the investigators.
   b. Anticipated uses of the results of the research.
   c. A statement that participation is completely voluntary and that the subject 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).
   d. A statement regarding the confidentiality of the research information and exceptions to any guarantees of confidentiality required by federal or state law. For example, a investigator 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.
   e. A statement that participation in the research project will have no effect on the inmate subject's release date or parole eligibility.

13. You must have academic preparation or experience in the area of study of the proposed research.

14. The IRB application must include a summary statement, which includes:
   a. Names and current affiliations of the investigators.
   b. Title of the study.
   c. Purpose of the study.
   d. Location of the study.
   e. Methods to be employed.
   f. Anticipated results.
   g. Duration of the study.
   h. Number of subjects (staff or inmates) required and amount of time required from each.
   i. Indication of risk or discomfort involved as a result of participation.

15. The IRB application must include a comprehensive statement, which includes:
   b. Detailed description of the research method.
   c. Significance of anticipated results and their contribution to the advancement of knowledge.
   d. Specific resources required from the Bureau of Prisons.
   e. Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur.
   f. Description of steps taken to minimize any risks.
   g. Description of physical or administrative procedures to be followed to: Ensure the security of any individually identifiable data that are being collected for the study.
h. Destroy research records or remove individual identifiers from those records when the research has been completed.

i. Description of any anticipated effects of the research study on organizational programs and operations.

j. Relevant research materials such as vitae, endorsements, sample consent statements, questionnaires, and interview schedules.

16. The IRB application must include a statement regarding assurances and certification required by federal regulations, if applicable.

17. You must assume responsibility for actions of any person engaged to participate in the research project as an associate, assistant, or subcontractor.

18. At least once a year, you must provide the Chief, Office of Research and Evaluation, with a report on the progress of the research.

19. At least 12 working days before any report of findings is to be released, you must distribute one copy of the report to each of the following: the chairperson of the Bureau Research Review Board, the regional director, and the warden of each institution that provided data or assistance.

20. You must include an abstract in the report of findings.

21. In any publication of results, you must acknowledge the Bureau's participation in the research project.

22. You must expressly disclaim approval or endorsement of the published material as an expression of the policies or views of the Bureau.

23. Prior to submitting for publication the results of a research project conducted under this subpart, You must provide two copies of the material, for informational purposes only, to the Chief, Office of Research and Evaluation, Central Office, Bureau of Prisons.

24. Other specific requirements of the Department of Justice (DOJ) Research Conducted within the Federal Bureau of Prisons (BOP) can be found in the “Additional Requirements for Department of Justice (DOJ) Research Conducted within the Federal Bureau of Prisons (BOP)” section in the IRB’s “HRP-318-Additional Federal Agency Criteria.”

**Additional Requirements for DOJ Research Funded by the National Institute of Justice**

1. The project must have a privacy certificate approved by the National Institute of Justice Human Subjects Protection Officer.

2. All investigators and research staff are required to sign employee confidentiality statements, which are maintained by the responsible investigator.

3. The confidentiality statement on the consent document must state that confidentiality can only be broken if the subject reports immediate harm to subjects or others.

4. Under a privacy certificate, investigators and research staff do not have to report child abuse unless the subject signs another consent document to allow child abuse reporting.
5. 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.

6. Other specific requirements of the Department of Justice (DOJ) Research Funded by the National Institute of Justice can be found in the “Additional Requirements for Department of Justice (DOJ) Research” section in the IRB’s “HRP-318-Additional Federal Agency Criteria.”
Appendix A-8 Additional Requirements for Department of Education (ED) Research

1. Each school at which the research is conducted must provide an assurance that they comply with the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA).
2. Provide a copy of all surveys and instructional material used in the research including teachers' manuals, films, tapes, or other supplementary instructional material. Upon request parents of children involved in the research must be able to inspect these materials.
3. The school in which the research is being conducted must have policies regarding the administration of physical examinations or screenings that the school may administer to students.
4. Other specific requirements of the Department of Education (ED) Research can be found in the “Additional Requirements for Department of Education (ED) Research” section in the IRB’s “HRP-318-Additional Federal Agency Criteria.”

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16 Children are persons enrolled in research not above the elementary or secondary education level, who have not reached the age or majority as determined under state law.
17 Research or experimentation program or project means any program or project in any research that is designed to explore or develop new or unproven teaching methods or techniques.
Appendix A-9 Additional Requirements for Environmental Protection Agency (EPA) Research

1. Research conducted, supported, or intended to be submitted to EPA is subject to Environmental Protection Agency Regulations.
2. Intentional exposure of pregnant women or children to any substance is prohibited.
3. Observational research involving pregnant women and fetuses are subject to additional DHHS requirements for research involving pregnant women (45 CFR §46 Subpart B) and additional DHHS requirements for research involving children (45 CFR §46 Subpart D.)
4. Research involving children must meet category #1 or #2.
5. Other specific requirements of the Environmental Protection Agency (EPA) Research can be found in the “Additional Requirements for Environmental Protection Agency (EPA) Research and Research Intended to be Submitted to the Environmental Protection Agency” section in the IRB’s “HRP-318-Additional Federal Agency Criteria.”