

Policy II2 IRB Review of Research Protocols

Scope

This policy describes the types of research that must be reviewed by the University of Nevada, Reno (the University) Institutional Review Board (IRB) prior to initiation. The policy further describes the categories of review exercised by the IRB and the attributes that are required to permit the Institutional Review Board (IRB) to carry out each review type.

Additional regulatory requirements exist for reviews of research conducted at or by the VA Sierra Nevada Health Care System (VASNHCS); please see section II2K.

Note: See IRB guidance I1D GD4 for additional reporting requirements related to IRB review for Department of Defense research.

Policy Statement

The IRB will review human research protocols to ensure that all human research conducted under the auspices of the University meets rigorous ethical standards and all applicable state, federal, and University requirements for the protection of research participants. The IRB will approve human research only if the research meets the standards defined herein.

Reason for the Policy

University policy (Administrative Manual Policy 6,510) and federal regulations (45 CFR 46 known as the Common Rule and FDA regulations at 21 CFR 50, and 21 CFR 56) require that research involving human participants be subject to oversight by an IRB to ensure that the rights and welfare of research participants are protected and that the research meets regulatory and institutional requirements. This policy defines the projects that must be reviewed by and are under the oversight of the IRB, the criteria for IRB approval and exemption from the approval requirements of this policy and identifies when investigators should consult the Office of Human Research Protection (OHRP) staff; the Chair or other members of the IRB; and OHRP policy, procedures and guidance in determining when their project requires a formal determination by the IRB that the project does not require IRB approval or oversight.

Definitions

Abstain

Not to vote either for or against a motion before the IRB. An IRB member may abstain from voting for any reason and need not reveal the reason for abstaining.

Clinical Investigation

For studies subject to FDA regulations, any experiment that involves a test article and one or more human participants and that either

- 1) is subject to requirements for prior submission to the FDA under section 505(i) (Abbreviated New Drug Applications) or 520(g) (device exemptions) of the Food Drug and Cosmetic Act or
- 2) is not subject to the requirements for prior submission but the results of the experiment are intended to be submitted later to, or held for inspection by, the FDA as part of an application for a research or marketing permit.

Demonstration Project

Implementation of a method, technology, policy or idea to assess feasibility prior to full implementation. For example proof of concept studies or the initiation of a benefit or service program or modification of such program for the purpose of assessing its ability to improve the provision of government programs.

Human Subjects Research

Projects that meet the definitions of both “research” and “human subject”.

Human Subject or Human Participant

A living individual

- (1) about whom an investigator (whether professional or student) conducting research obtains either (a) data through intervention or interaction with the individual; or (b) identifiable private information; or
- (2) who is or becomes a participant in research involving drugs or devices, either as a recipient of a test article or as a control.

(Note that both human subject and human participant are used interchangeably in IRB policies and procedures. While the term “participant” conveys the voluntary nature of an individual’s agreement to participate in the research, it also can convey a sense of partnership which is not reflected in all types of research. In some cases, the research volunteer is in fact more acted upon than truly having any sense of partnership in the research. Hence the term subject is considered more appropriate in such cases.)

Individually Identifiable

The identity of the research participant is or may readily be, ascertained by the investigator or associated with the information.

Institutional Review Board

A University committee established in accordance with 45CFR46 and 21 CFR 56 which is designated by the University to ensure the ethical and equitable treatment of research volunteers and to protect the rights and welfare of those who participate in research. The IRB has the authority to approve, require

modification or disapprove research projects involving human research participants or deem certain projects exempt from, or not requiring, IRB review and oversight.

Minimal Risk

The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Minor Change

Changes in the research plan which do not substantively affect risk or benefit of the research. Minor changes may include, for example, changes in research personnel, small changes to wording of questionnaires which do not change the nature of the questions to be asked, insignificant variations to the amount of blood being drawn for a research sample, changes in presentation of materials such as interview to questionnaire format, changes which reduce the number of scans or other procedures that reduce the risks to participants, adding new advertisements, increasing the duration of a study.

Private Information

Individually identifiable data 1) about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, or 2) which has been provided for a specific purpose by an individual and which the individual can reasonably expect will not be made public or accessed for research purposes.

Public Benefit or Service Program

A federal, state, or local government initiated or endorsed program to deliver financial or medical benefits such as those provided under the Social Security Act or services to improve public welfare such as social, supportive, or nutrition services.

Recuse

To disqualify oneself from discussion and vote on a protocol by leaving the IRB meeting. Recusals are generally initiated by the IRB member because of a real or perceived conflict of interest in the research under discussion. Recusals remove the member from the total number of members present and thus impact quorum.

Research

A clinical investigation or a systematic investigation, including research and development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

Test Article

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

II2A Projects Not Meeting the Regulatory Definition of Research Involving Human Subjects

Projects which do not qualify as “research” or which do not involve “human subjects” as defined in the federal regulations and University policy are not mandated to be subject to approval and oversight by the IRB. Federal guidance, some federally supported data and tissue repositories and some professional journals, however, require an investigator to demonstrate that an IRB has determined that the research was not subject to IRB approval or oversight prior to the project being initiated.

The IRB will assist an investigator in making a determination regarding whether or not a project qualifies as research involving human participants through the application process, and consultation and issuance of guidance (see procedure I1A PR1 Determining When Projects Require Oversight or IRB Approval; the related guidance I1A GD1 Activities that May or May Not Require Research or IRB Oversight and I1A GD2 Overview: Humanities Projects and Human Research Protection; and I1A FO Request for Human Subjects Research Determination).

In particular, investigators working with coded data sets derived from humans or other projects which are not clearly outside the scope of the federal definitions should submit such projects to the IRB for review and determination as to whether or not the project constitutes human subject research requiring IRB oversight. Researchers submitting protocols to the IRB for determination of whether or not the projects constitutes research or involves human participants will be provided with a written determination.

II2B Research Subject to IRB Review

The IRBs are responsible for ensuring the review of all research involving human participants, regardless of sponsorship, for which the University is considered to be engaged in the research. The University is engaged in research and hence the project must be reviewed by an IRB when the project qualifies as human research as defined above and when one or more of the following apply:

1. the research is sponsored by the University;
2. the research is conducted, in whole or in part, by members of the University and affiliate faculty, students, staff and physicians acting in their University capacity regardless of the location of the research;
3. the research is conducted by an agent of another institution using any of the University or affiliate properties or facilities; or
4. the University receives a direct federal award to conduct human subject research, even where all activities involving human participants are carried out by a subcontractor or collaborator.

Projects that do not involve University or affiliate faculty, staff, and students but involve recruitment targeted at members of the University community or use of University facilities are not required to obtain approval by the University IRB but must obtain appropriate approvals from those responsible for

the relevant subject population or resource. The IRB is available for consultation regarding ethical or regulatory aspects of such projects upon request.

For further information on determining if the University is engaged in research see OHRP guidance on engagement at <http://www.hhs.gov/ohrp/humansubjects/guidance/engage08.html> The University IRBs will ensure review of research for which the University is engaged either through conducting the review or by initiating a formal agreement with another IRB as described in Policy II2H-2 Research Partnerships with External Investigators and Institutions The University IRBs also are responsible for review of research when the research is conducted in accordance with an Assurance approved by the Office of Human Research Protection (OHRP) in which a University IRB is designated as the IRB of record through an established IRB Authorization Agreement (“IAA”).

II2C Requirements for Serving as a Principal Investigator

The IRBs will accept for review protocols submitted by:

1. principal investigators, who are faculty or staff with University-paid appointments,
2. principal investigators who are faculty or staff at a Nevada System of Higher Education affiliate including Truckee meadows Community College and Desert Research Institute;
3. student investigators serving as principal investigators for exempt research only, if there is a faculty advisor on the request for determination of exempt research; or
4. principal investigators conducting research at the VASNHCS, who are compensated by the VA or appointed to work without compensation (WOC), or who may be an employee assigned to the VA through the Intergovernmental Personnel Act (IPA) of 1970.

Adjunct faculty of the University and any investigator whose status is considered to be “in training” (e.g., students and medical residents) may not serve as a Principal Investigator but may serve as a co-investigators.

II2D Exemption from IRB Approval Criteria

According to regulations at 45 CFR 46 and 21 CFR 56 certain human research activities may be eligible for a determination of exempt status by the IRB.

Research may be considered for exempt status if the only involvement of human participants in the research falls into one of the following categories:

- Research not regulated by the FDA conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. 45 CFR 46.101(b)(1). Such research may not include prisoners as participants under the exemption.

- Research not regulated by the FDA on adults involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior unless: (i) information obtained is recorded in such a manner that human participants can be identified, directly or through identifiers linked to the participants; and (ii) any disclosure of the human participants' responses outside the research could reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation. 45 CFR 46.101(b)(2). Research involving children may only be considered exempt under this category when the project is limited to education tests or observation of public behavior and the investigator does not participate in the activities being observed. Such research may not include prisoners as participants under the exemption.
- Research not regulated by the FDA involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not otherwise exempt above if: (i) The human participants are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter. 45 CFR 46.101(b)(3). Such research may not involve prisoners as participants under the exemption.
- Research not regulated by the FDA involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that participants cannot be identified, directly or through identifiers linked to the participants. 45 CFR 46.101(b)(4). Such research may not involve data from persons who are known to be currently imprisoned as participants or have been collected from incarcerated individuals under the exemption.
- Research and demonstration projects not regulated by the FDA which are conducted by or subject to the approval of a Governmental Department or Agency heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs. 45 CFR 46.101(b)(5). Such research may not involve prisoners as participants under the exemption.
- Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture. 45 C.F.R. § 46.101(b)(6), 21 CFR 56.104(d). Such research may not involve prisoners under the exemption. Researchers submitting projects that are deemed by the IRB to be exempt will be provided with written notification of the determination and the regulatory category under which the study is deemed exempt.

A copy of the exemption request, reviewer's determination and certification of approval will be maintained in the IRB records. Members of the IRB will be notified quarterly, of all research meeting the requirements for exemption.

II2E Research Requiring IRB Approval and Oversight

II2E1 Requirements for IRB Approval

Human research which does not qualify for exemption will be reviewed by the IRB in accordance with Procedures II2 PR1 (for review at a convened meeting) or II2 PR2 (for review using expedited procedures). Review will be conducted by IRB members and consultants as needed, who have appropriate scientific or scholarly expertise for adequate review of the proposed research. Research projects will not be approved unless all of the following criteria for approval are satisfied:

- risks to participants are minimized, including physical, psychological, social, legal, or economic;
- risks to participants are reasonable in relation to anticipated benefits;
- selection of participants is equitable and does not inappropriately exclude based on gender, race, age or other criteria;
- informed consent is adequate and appropriately documented; if participants cannot consent for themselves, surrogate consent is obtained in accordance with Policy II4A-E, Participation of Individuals with Impaired Consent Capacity.
- where appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of participants;
- where appropriate, there are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data;
- appropriate safeguards have been included to protect vulnerable participants;
- where appropriate, payment amounts and methods for study participation are fair and reasonable;
- where appropriate, documented approval has been obtained from the requisite University review committees such as the Radiation Safety Committee and the Institutional Biosafety Committee;
- any additional funding agency requirements for review are met such as confirmation of congruency with funding applications;
- where appropriate, investigator, institutional or both conflicts of interests are appropriately disclosed and evaluated by the IRB Chair or designee. The IRB Chair or designee may determine that the interest is minor and no further action is needed, may pose minor risks to subject and

will prepare a plan to manage and minimize the risks or may refer to the convened IRB. When an interest constitutes a significant financial interest, the Management Plan from the University's Conflict of Interest Committee is submitted for IRB review and is subject to modification by the IRB, if needed; and

- all persons serving as members of a research team are qualified to perform the research, including having completed training in the ethics of human research and, where applicable, the principal investigator is, or is overseen by, an appropriately licensed professional or by appropriately experienced clinical or research staff. Moreover, an appropriately licensed individual must conduct those interventions for which licensing or certification would normally be required. In addition, if participation in the study includes a reasonable possibility of physical or psychological injury, an appropriately licensed clinician or counselor must be part of the research team or be readily available for referrals.

II2E2 IRB Actions

The IRB may take the following actions with respect to a research protocol submitted for review:

1. approval as submitted;
2. specific minor or prescriptive revisions required* (i.e., minor or directed changes to the research protocol, the informed consent or other research documents that are requested by the IRB to secure approval); these may be reviewed and approved by the IRB Chair, the IRB member who served as the primary reviewer or OHRP staff if staff are voting members of the IRB;
3. substantive revisions required* (i.e., changes requiring investigator input or deferral of approval); *during expedited review*, the primary reviewer identified substantive or significant questions, concerns or both that must be addressed by the applicant, principal investigator, or both; these must be re-reviewed and approved by the IRB Chair or primary reviewer;
4. substantive revisions required (i.e., changes requiring investigator input or deferral of approval); *during review at a convened meeting*, the IRB identified significant questions, concerns or both that must be addressed by the applicant, principal investigator, or both and re-reviewed by the fully convened IRB; or
5. disapproval (proposal does not meet requisite standards).

Note: OHRP guidance uses the phrase "conditional approval" when additional revisions are needed to secure IRB approval. Investigators sometimes interpreted the term "approval" to mean that they were free to initiate the research while waiting for final IRB approval. Consequently, IRB policies and correspondence templates state that revisions are requested in lieu of indicating that conditional approval has been granted.

The IRB has the authority to appoint one or more individuals (other than the researcher) to observe the consent process or the research and to report back to the IRB with any findings. The IRB shall appoint such an individual whenever the IRB determines, based on information available such as adverse event

reports, potential conflicts of interest, deficiencies noted in the IRB files, or media or scholarly reports of research activity, that monitoring is in the best interests of the human participants.

The IRB may also audit protocol activities either at random, when deemed necessary to determine from someone other than the principal investigator that no material changes have occurred since the previous IRB review, or based on available information in accordance with Policy I5D Noncompliance.

II2E3 IRB Notifications

II2E3a Principal Investigator Notification

Principal investigators and the identified study correspondent, if applicable, are notified in writing of the results of review. When the IRB requests modifications or disapproves, the investigator is informed in writing of the reasons for the IRB's actions and given instructions for responding to the IRB's requested revisions. When the research proposal is approved, the investigator is notified of the following:

- requirement to report serious and unexpected adverse events related to the participant's research involvement or unanticipated problems in accordance with Policy II2F Adverse Event Reporting;
- requirement to report protocol deviations and noncompliance to the IRB in accordance with Policy I5D Noncompliance;
- requirement to obtain approval of any changes to the protocol and/or consent form(s) prior to initiating the proposed changes in the conduct of research;
- the approval period and any constraints on the approval such as a requirement for consent to be monitored or a requirement to provide a progress report to the IRB following enrollment of a limited number of participants; and
- requirement to submit a progress report and request for renewal of approval by the date that the IRB has determined continuing review is required.

II2E3b Other Notifications

Protocols which the Investigator informs the IRB are related to a funding proposal or award will be reviewed by the IRB along with the funding application for congruency. If significant differences are found, the IRB may ask for additional information from the PI or documentation of permission for such changes from the sponsor. If indicated, the OHRP Director of senior staff will provide the outcome of this review to the Office of Sponsored Projects.

If the protocol involves a research affiliate, the Human Protections Administrator of the affiliated institution will be notified of the approval.

If the protocol involves a University research center or other administrative body which requires notification, such notification will be provided by the IRB when requested by the investigator, research center, or administrative body.

The IRB will submit an annual report to the Institutional Official which will provide an overview of the OHRP and IRB review activities.

II2E4 Investigator Response to the IRB Following Review at a Convened IRB Meeting

Investigators whose studies were not approved by the IRB, through the use of expedited review procedures or at a convened meeting, and who wish to pursue the protocol must respond to IRB actions by either modifying the protocol in accordance with the IRB request or justifying why such changes are inappropriate. Investigator responses will be reviewed by the IRB as described in IRB procedures II2D PR1 Review by Convened IRB or II2E PR1 Expedited Review, as appropriate. Failure to respond to the IRB request(s) in a timely manner will lead to the protocol being administratively closed by the IRB. As a courtesy, the assigned OHRP Program Manager will contact the investigators reminding them of the outstanding request by the IRB.

II2E5 IRB Records

The IRB will maintain a copy of the protocol and related documents (applications, scientific review documents, DHHS-approved sample consent forms if applicable, reports of injuries, continuing review documents, and statements of any significant new findings provided to subjects) and all correspondence between the IRB and the investigators for a period of at least three years following completion or closure of the study whether or not any subjects have actually been enrolled.

Deliberations and findings by the convened IRB will be recorded in meeting minutes and retained in accordance with Guidance ISB GD Preparation and Maintenance of IRB Minutes. Minutes and protocol correspondence will be made available to the Institutional Official and representatives of funding or oversight agencies as appropriate.

II2F Continuing Review

Federal regulations and University policy require that the IRB conduct continuing review of each approved protocol at intervals appropriate to the degree of risk and not less than annually (i.e., on or before the anniversary of the previous IRB approval). Continuing review is required unless the research is permanently closed to enrollment of new subjects, all subjects have completed research-related interventions and the collection and analysis of private identifiable information has been completed.

The IRB may, in its discretion, require more frequent reviews (e.g., where warranted by the level of risk presented to persons participating in the protocol; the population involved; uncertainties about the expected risks such as pilot studies or administration of novel drugs; or for other reasons deemed necessary by the IRB) and will document its determination in the minutes of the meeting. The letter of approval will specify the expiration date of IRB approval.

Any protocol that has not been reviewed and approved before the end of the approval period is considered expired and all research activity must stop. For research in with IRB approval has expired, interventions or interactions with current subjects may only continue if the IRB finds an over-riding

safety concern or ethical issue which makes continuation of the research activity to be in the best interest of the currently enrolled subjects. In no case may new subjects be enrolled prior to re-approval of the project by the IRB.

Information about expired protocols can be found in IRB procedure II2F PR4 Suspension, Termination and Expiration of Approval for Human Research

To ensure that continuing review is substantive and meaningful, protocols previously reviewed at a convened meeting, continuing reviews will also be conducted at a convened meeting unless the protocol meets the criteria for expedited review under Categories 8(a), 8(b), 8(c) or 9. Requests for expedited continuing review under these four categories will be assessed by an IRB member with the requisite expertise to determine the level of IRB review that is required. (See IRB Procedures for Review by Convened IRB and Expedited Review.)

Continuing reviews will be conducted using expedited procedures for protocols previously approved as expedited. An exception to expedited continuing reviews would be when amendments are requested with the renewal request and the reviewer determines that the changes increase risk to subjects or reduce benefits.

The IRB applies the same criteria for review and approval in continuing review as it does in the initial review (i.e., acceptable risks, potential benefits, informed consent, and safeguards for human participants). The same rules for major substantive revisions and stipulation of minor revisions apply to continuing review as described above for initial review.

As part of continuing review, the IRB has the authority to appoint one or more individuals (other than the researcher) to observe the consent process or the research and to report back to the IRB with any findings. The IRB shall appoint such an individual whenever the IRB determines, based on information available such as adverse event reports, potential conflicts of interest, deficiencies noted in the IRB files, or media or scholarly reports of research activity, that monitoring is in the best interests of the human participants. The IRB may also audit protocol activities either at random, when deemed necessary to determine from someone other than the principal investigator that no material changes have occurred since the previous IRB review, or based on available information in accordance with Policy I5D Noncompliance.

II2G Review of Requested Amendments During Approval Period

Any change to an approved research project requires submission of an amendment to and approval by the IRB before the change is implemented in the conduct of research. Examples include changes in participant population, dosing, recruitment plans, advertising materials, consent requirements, research procedures or their frequency, study instruments, study sites, or investigators and study personnel.

New information that may affect the risk to benefit assessment must be promptly reported to, and reviewed by, the IRB to ensure adequate and continued protection of human participants.

For protocols approved at convened meetings, minor changes proposed for implementation during the current IRB approval period may be approved via expedited procedures by the OHRP Director or senior staff, or the IRB chair or designee (see IRB procedure II2 PR2 Expedited Review Procedures and Record Keeping). Minor amendments include changes in personnel, addition of performance sites (without substantial differences among the sample populations) and editorial changes to protocol documents. All other changes must be reviewed and approved at a meeting of the convened IRB before the changes can be implemented. An exception is made in the rare circumstance in which a change without approval is necessary to eliminate apparent immediate hazards to the research participants (see Policy I5D Noncompliance).

Amendments to protocols approved under expedited procedures may be approved via expedited procedures by the IRB chair, previous reviewer or other qualified IRB member. An exception to using expedited procedures to review amendments to previously expedited protocols would be if the changes may increase risks to subjects or decrease benefits. These changes must be reviewed at a convened IRB meeting. As noted above for protocols originally review at convened meetings, if a change is necessary to eliminate apparent immediate hazards to the research participants (see Policy I5D Noncompliance) prior approval is not required. However, the requirements for notifying the IRB of all reportable events apply.

II2H Expedited Review

Under federal regulations (45 CFR 46.110, 21 CFR 56.110), certain research proposals may not require review by a convened IRB. Research that meets the requirements for expedited review may be reviewed by the Chair or one or more experienced reviewers. Through a delegation of authority memo, the IRB Chair identifies which IRB members may review protocols under expedited procedures.

Investigators submitting research proposals that they believe may qualify for expedited review complete and submit the same application and information required for protocols submitted for review at a convened meeting.

Review of a research project through expedited review must meet all the requirements for approval described in Policy II2E above with the exception that a study cannot be disapproved through the expedited review process.

Research projects that meet all applicable criteria and represent one or more of the categories below may be reviewed through an expedited review process. IRB records will include documentation regarding the determination of permissible category as described below. However, in some cases, an expedited reviewer may submit the project to the full board if in her or his opinion, the expertise of the full board would be useful to the comprehensive review. The IRB will determine and document if the research does or does not meet the criteria for expedited review. If the former, the applicable review categories will be recorded in the minutes.

II2H1 Criteria for Expedited Review

Expedited review procedures may be used to approve minor changes proposed for previously approved research during the period (one year or less) for which approval is authorized that do not increase risk or decrease benefits. Such “minor changes” may include adding or removing research personnel or performance sites when these do not include a change in the subject population; edits to the wording of questionnaires which do not change the nature of the questions to be asked; minor variations to the amount of blood being drawn for a research sample; alterations in presentation of materials such as from interview to questionnaire format; reductions in the number of scans or other procedures that would reduce risks to participants; addition of new advertisements; or increasing the duration of a study.

Expedited review procedures may also be used to approval research which appears on the list below and which is found by the reviewer to involve no more than minimal risk:

1. Research on drugs or devices for which an investigational new drug exemption or an investigational device exemption is not required.
2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows: (i) from healthy, nonpregnant adults who weigh at least 110 pounds. For these participants, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or (ii) from other adults and children, considering the age, weight, and health of the participants, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these participants, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.
3. Prospective collection of biological specimens for research purposes by noninvasive means such as: (i) Hair and nail clippings in a nondisfiguring manner; (ii) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (iii) permanent teeth if routine patient care indicates a need for extraction; (iv) excreta and external secretions (including sweat); (v) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (vi) placenta removed at delivery; (vii) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (viii) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (ix) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (x) sputum collected after saline mist nebulization.
4. Collection of data using noninvasive procedures routinely employed in clinical practice. This includes the use of physical sensors that are applied either to the surface of the body or at a distance and do not involve the input of matter or significant amounts of energy into the subject or an invasion of the subject's privacy. It also includes such procedures as weighing, testing

sensory acuity, electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, diagnostic echography, electroretinography, MRIs at 7T or less and ultrasound. It does not include exposure to electromagnetic radiation outside the visible range (for example, x-rays, microwaves). Studies intended to evaluate the safety and effectiveness of a medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.

5. Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for non-research purposes (such as medical treatment or diagnosis).
6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.
8. Continuing review of research previously approved by the convened IRB that is limited to one or more of the following (discussed above in Policy II2F):
 - a. Research where (i) the research is permanently closed to the enrollment of new participants; (ii) all participants have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of participants.
 - b. Research where no participants have been enrolled and no additional risks have been identified.
 - c. Research where the remaining research activities are limited to data analysis.
9. Continuing review of research not conducted under an investigational new drug application or investigational device exemption where the research does not otherwise qualify for expedited review but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

The IRB members will be notified of all studies approved under the expedited review procedure.

II2I Compliance with Other Applicable Law

In addition to the requirements described herein, specific research projects may invoke additional state and federal laws or regulations, University policies or laws in foreign countries. Research projects are required to comply with all additional requirements described in such applicable laws, regulations and policies. A description of potentially applicable laws and regulations is provided in IRB Guidance I1D GD1, GD2, GD4, GD5 and GD6

II2J Special Situations or Exceptions

The IRB is also involved in the oversight of treatment INDs and humanitarian use device protocols. IRB review requirements related to these activities are described in IRB Policy I7 and related Procedures.

Student projects conducted as a course requirement in introductory research or methods courses may not meet the definition of research because these projects are unlikely to produce generalizable knowledge. If the professor or student are not sure if the status of the research, they may request a determination of human subjects research in accordance with Procedure I1A PR1 Determining When Projects Require Oversight or IRB Approval and Guidance I1A GD1 Activities that May or May Not Require Research or IRB Oversight and I1A GD2 Overview: Humanities Projects and Human Research Protection Requirements.

II2K Additional Requirements for VA Research

II2K1 VA Research Involving Usual Care

For VA research, when a study involves “usual care,” in the protocol or a separate document in the IRB application the investigator must clearly designate the individual or entity (e.g., the appropriate research personnel versus the subject’s health care provider) responsible for relevant aspects of both the research and the usual care. The IRB determines whether the medical record has to be flagged to protect the subject’s safety by indicating participation in the study and specifying the source of more information on the study.

II2K2 Flagging Patient Medical Records for Participants in VA Research

The patient medical record *must* be flagged if the subject’s participation in the study involves any of the following:

1. one or more invasive research procedures;
2. interventions that will be used in the medical care of the subject, or that could interfere with other care the subject is receiving or may receive;
3. clinical services that will be used in the medical care of the subject, or that could interfere with other care the subject is receiving or may receive; or
4. the use of a survey or questionnaire that may provoke undue stress or anxiety unless the IRB determines that mandatory flagging is not in the best interest of the subject.

Situations exist in which the IRB may determine if flagging is necessary. The IRB might not want to require the medical record to be flagged if

1. participation in the study involves only one encounter;
2. participation in the study involves the use of a questionnaire or previously collected biological specimens; or

3. identification as a subject in a particular study will place the subject at greater than minimal risk.

If the IRB determines and documents that the patient health record must be flagged in the Computerized Patient Record System to indicate the patient is participating in a research study, the health record must identify the investigator, provide contact information for a member of the research team that would be available at all times, and contain information about the research study or specify where this information is available.

When required, the duration of flagging is determined by local policy.

II2K3 VA Research Involving Vulnerable Populations

Where relevant, the IRB must document why it considers an individual or population to be vulnerable, and must specify that adequate safeguards have been included in the study to protect the rights and welfare of subjects who are likely to be vulnerable. Individuals or populations that might be temporarily or permanently vulnerable include, but are not limited to, those who:

1. are susceptible to coercion or undue influence (e.g., homeless persons, prisoners, students, patients with limited or no treatment options, persons who are socially or economically disadvantaged);
2. lack comprehension of the research and its risks (e.g., those who are educationally disadvantaged; have dementia, schizophrenia, or depression);
3. have increased susceptibility to harm from the procedures of the specific study under review (e.g., individuals answering study survey questions about their sexual assault); or
4. are at risk for economic, social, or legal consequences from the study (e.g., individuals answering study survey questions about their drug use or HIV status).