

# YOU WANT TO BE AN IRB COMMUNITY MEMBER... NOW WHAT?

A RESOURCE MANUAL IN TWO PARTS



## Office for the Protection of Research Subjects:

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## Dedication

This work is dedicated to Melinda Hurst, a decades long USC community member and catalyst for community member recognition. Melinda's public service record as a teacher, counselor, and member of various USC and state Institutional Review Boards, Ethics Committee of Cedars-Sinai Medical Center, and USC Institutional Animal Care and Use Committee, is unrivaled. Melinda is the author of many bioethics opinion articles. At many committee meetings, her forceful presence highlighted important ethics issues. Melinda served on the USC Health Sciences Campus IRB from 1973 until her retirement in 2006. This dedication is given in recognition of the inspiration Melinda Hurst is to many of us in the Human Subjects Protection Program at USC.

Thank you Melinda.

## Acknowledgments

The Office for the Protection of Research Subjects wishes to express its appreciation to all those who helped in the preparation of this booklet, and in particular to:

*Malena Avila, HSC IRB Community Member*

This booklet would not exist without her insistence that IRBs be held responsible for training and supporting ALL of their members.

*Kristin Craun, USC, Matthew Stafford, Boston Children's Hospital, Malena Avila, HSC IRB*

For providing insightful comments to improve the content of this booklet and for multiple reviews.

*Rocky Collins & Vince Lee, USC Students*

For original cartoons

*USC IRB Community Members*

For dedication and inspiration



## CODE OF ETHICS OF THE UNIVERSITY OF SOUTHERN CALIFORNIA

At the University of Southern California, ethical behavior is predicated on two main pillars: a commitment to discharging our obligations to others in a fair and honest manner, and a commitment to respecting the rights and dignity of all persons. As faculty, staff, students, and trustees, we each bear responsibility not only for the ethics of our own behavior, but also for building USC's stature as an ethical institution.

We recognize that the fundamental relationships upon which our university is based are those between individual students and individual professors; thus, such relationships are especially sacred and deserve special care that they not be prostituted or exploited for base motives or personal gain.

When we make promises as an institution, or as individuals who are authorized to speak on behalf of USC, we keep those promises, including especially the promises expressed and implied in our Role and Mission Statement. We try to do what is right even if no one is watching us or compelling us to do the right thing.

We promptly and openly identify and disclose conflicts of interest on the part of faculty, staff, students, trustees, and the institution as a whole, and we take appropriate steps to either eliminate such conflicts or insure that they do not compromise the integrity of the individuals involved or that of the university.

We nurture an environment of mutual respect and tolerance. As members of the USC community, we treat everyone with respect and dignity, even when the values, beliefs, behavior, or background of a person or group is repugnant to us. This last is one of the bedrocks of ethical behavior at USC and the basis of civil discourse within our academic community. Because we are responsible not only for ourselves but also

for others, we speak out against hatred and bigotry whenever and wherever we find them.

We do not harass, mistreat, belittle, harm, or take unfair advantage of anyone. We do not tolerate plagiarism, lying, deliberate misrepresentation, theft, scientific fraud, cheating, invidious discrimination, or ill use of our fellow human beings – whether such persons be volunteer subjects of scientific research, peers, patients, superiors, subordinates, students, professors, trustees, parents, alumni, donors, or members of the public.

We do not misappropriate the university's resources, or resources belonging to others which are entrusted to our care, nor do we permit any such misappropriation to go unchallenged.

We are careful to distinguish between legal behavior on the one hand and ethical behavior on the other, knowing that, while the two overlap in many areas, they are at bottom quite distinct from each other. While we follow legal requirements, we must never lose sight of ethical considerations.

Because of the special bonds that bind us together as members of the Trojan Family, we have a familial duty as well as a fiduciary duty to one another. Our faculty and staff are attentive to the well-being of students and others who are entrusted to our care or who are especially vulnerable, including patients, volunteer subjects of research, and the children in our daycare and community outreach programs.

By respecting the rights and dignity of others, and by striving for fairness and honesty in our dealings with others, we create an ethical university of which we can all be proud, and which will serve as a bright beacon for all peoples in our day and in the centuries to come.

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# FOREWORD

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Why was this book written?

For many years, it has been common lore that community members on the IRB are the same as institutional members. Some believe that any attempt to treat or educate them differently is not justified. That is a myth! This booklet was written in the interest of providing community members with the tools, reality, and approach they need for becoming experienced IRB members.

A true community member should provide the voice of the participant when studies are being reviewed. This role requires the person to be independent of the research, the institution and initially unfamiliar with the culture of the IRB.

This book is written to provide basics that will “level the playing field” earlier for new community members. Observing IRB meetings and listening to community members for many years gives us confidence that this endeavor is needed and it will be a well-used resource.

Susan L. Rose, Ph.D., Executive Director  
Office for the Protection of Research Subjects

University of Southern California



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## Thoughts from a Community Member

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June 6<sup>th</sup>, 2007

Dear fellow IRB community member:

I have the honor of introducing this guidebook to you. I am a community member on an IRB, and even after serving for 5 years, I continue to learn about medicine and science. I like knowing that I am part of the advancement of medicine. When I am not attending meetings, I am busy with three children. Parental duties keep my calendar full with homework help, after school activities, friends, and lots of driving. Juggling the trek to twice monthly board meetings at 7:30am, making enough time to understand the complex protocols we review, early morning traffic and securing babysitters is a balance I work on constantly. Serving on the Institutional Review Board (IRB) gives me an opportunity to think beyond my own family and daily routine. Many times during a meeting I wonder how the protocol being reviewed will affect my children in the future.

I have a degree in Political Science and Urban Planning and Studies. I am a Latina and bi-lingual and that qualified me to become the Latina liaison for a US Senator from California. I consider myself fortunate at present to not need to work outside my home but I plan on returning to the workforce.

Given my background, I just assumed I would be fine on the IRB and that I would "get it" - and I did but it took work on my part. I have always kept IRB notes. Since my first meeting my notes have lessened and my participation increased. Referring to my notes has addressed many of the questions I had when I first began as a community member, and I recommend you do the same.

My first impression after joining was feeling intimidated, as I had no clinical background and I felt surrounded by doctors. I didn't know much about my role other than I was to give my opinion. I would have liked to understand some of the terms that were used. This changed with time. First, I was very fortunate to have been nurtured by a very outspoken advocate subject's rights, Melinda Hurst, a community member on our IRB. On her own, she handed me an article to read and her telephone number to call with any questions I had. Second, I soon realized that I was not expected to give a critical analysis of the medical portion of the protocol. Instead I focused on the informed consent process, recruitment process, and of course the moral issues.

The great thing about this handbook is that you can read as much of it as you like or as little of it as you like but it is in your hands when you need it.

My last thought: even if you do not feel comfortable asking questions during the meeting, it is the best time and place. At the end of each protocol discussion you will vote on it. And if you blink, the rest of the board might vote and your vote will be automatically considered a 'yes' vote, whether you did not vote or whether you understood it or not.

Best wishes,

Malena Avila Hough  
IRB Community Member  
USC Health Sciences Campus

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## A Few Simple Truths About Your Community Members

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*Patricia E. Bauer*

...Okay, everybody, pay attention. I've only got 800 words here to tell you what you need to know about community members...

Community members are the unsung heroes of the IRB. I know because I am one. Week after week we read mountains of paper, often struggling to make sense of poorly worded submissions that would curl an English teacher's toes. We trudge through the dual thickets of scientific jargon and ethical uncertainty. We educate ourselves on medical procedures that make strong men gag. We do this not for power, recognition, financial reward, or the alma mater. We're not burnishing our resumes. We do it because we want to make sure medical research helps humankind without harming individual humans. While celebrating the power of science to work miracles, we also feel it our duty to protect people who might suddenly wake up one morning and find they are on the verge of becoming subjects in research. (These people, we know, could be ourselves--or you.)

Community members are uniquely positioned on the IRB to put people first, unhampered by personal ambition, scientific bias, interdepartmental rivalry, or the profit motive. This is the implied covenant of the community member: to try our best to make the research fair and straight.

For some, like myself, the motivation to serve is more personal. We or our loved ones have been research subjects, so we bear an especially poignant responsibility. The memory of the peculiarly uneven power relationship between investigator and subject is one that still burns bright.

Despite the purity of our calling, though, many of us have noticed that serving as community IRB members doesn't necessarily win us friends and influence people. Oftentimes, we feel like the skunk at the picnic. Institutions and researchers alike view us with skepticism, or with resignation at best. It probably doesn't help that the very federal regulations mandating our presence define us principally by what we are *not* (noninstitutional and nonscientific), while our committee colleagues are widely recognized for what they *are* (doctors, scientists, and employees of the institution, for example).

Although we are charged with representing the broad interests of the public, community members often find ourselves marginalized, with numbers on IRBs that barely meet mandated minimums.

Federal regulations require each IRB to have at least five members, of which at least one is nonscientific and at least one is nonaffiliated. Most often the nonaffiliated and nonscientific members are the same person, accounting for about 10% of IRB members. It's not unusual for IRBs in large institutions to have three to four times the minimum required membership, with one nonscientist, nonaffiliated member flying solo. In the alphabet-soup world of the highly credentialed, the input of these singleton community members is easily overlooked--or, worse, discounted. Does this power imbalance make for credible research review? Not really.

It's been said that the history of science is a series of peaceful interludes punctuated by intellectually violent revolutions. Pretty clearly, today's era falls into the latter category. Day after day, we hear the news stories: Jesse Gelsinger's death and institutional research

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## A Few Simple Truths About Your Community Members

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shutdowns; Rezulin and perchlorate; allegations of misdeeds by pharmaceutical companies; and worries about genome mapping, genetically modified foods, and mad cow disease.

Whatever one may think of these stories, and I know many would like to chalk them up to journalistic excess, they are a daily reminder that the cloistered world of medical research has earned the public's suspicion. This is a significant problem. "With the public trust, everything is possible," Abraham Lincoln wrote. "Without it, nothing is possible."

There's no question that the research review process is broken and needs fixing, as the HHS Inspector General has aptly documented. With the promise of bio-breakthroughs (with possible fame and riches) around every corner, the pressure on researchers is immense. One place to start, though only one, is to enhance IRBs' public accountability by boosting the number of public IRB members who are directly involved in scrutinizing research.

Let's face it: one community member per committee isn't enough to be heard, much less respected. Neither is two. At UCLA we've got four out of twenty; we could do better.

The fact is, a solid contingent of community-oriented members can increase the effectiveness of an IRB by asking tough questions and evaluating proposals from the viewpoint of committed, independent, and fair observers.

Once a capable group of public members is present at the table, the committee may start seeing things it hadn't noticed before. Here are just a few: coercive and opportunistic recruitment plans; proposals that misstate risks and benefits or fail to disclose financial relationships between investigators and sponsors; proposals that could stigmatize people or undermine their privacy; proposals that confuse research with treatment; studies that seek to take advantage of vulnerable subjects abroad; and, of course, unintelligible consent documents.

This evolution may be painful for institutions, but there's a silver lining. Fixing problems early means they'll never show up on the evening news.

Patricia E. Bauer. *IRB: Ethics and Human Research*, 23, no. 1. (2001): pp. 7-8.





# Chapter I

Community  
Members and  
the Culture  
of the  
Institutional  
Review Board

# COMMUNITY MEMBERS AND THE CULTURE OF THE INSTITUTIONAL REVIEW BOARD

This chapter provides basic information for those interested in serving as a community member on an IRB and is designed to answer common questions. This chapter also provides a short history on community member involvement in human subjects protections and outlines the community member's role within the IRB.

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## WHAT INFORMATION DOES THIS BOOKLET PROVIDE?

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It is not unusual for new IRB community members to experience some sort of discomfort or difficulty when first serving on the IRB. Some new members may not be clear on what to expect or what is expected of them, and others may feel a sense of intimidation or being inadequately prepared. New community members will encounter a new vocabulary and be required to develop a sufficient understanding of human subjects research.

Basic training for new IRB members is not universally offered, especially training tailored towards new community members. While some community members receive education on human subjects regulations and ethics, most feel the training is inadequate and mentoring is absent.

This two part series is a useful training tool and a **reference** that will complement the IRB community member experience.

- **Part I** contains the **basics** of the community member experience to help them acclimate to their role.
- **Part II** provides an **overview of federal, state, and local laws and regulations**, as well as institutional policies and procedures.

Once comfortable with this information, it is recommended that the readers of this guide explore the websites of the USC HSPP ([www.usc.edu/admin/provost/oprs/](http://www.usc.edu/admin/provost/oprs/)), the federal Office for Human Research Protections ([www.hhs.gov/ohrp/](http://www.hhs.gov/ohrp/)), and the Food and Drug Administration ([www.fda.gov](http://www.fda.gov)). These websites provide extensive resources and information on human subjects protections.

For comments or questions about this guide, contact the University of Southern California (USC) **Office for the Protection of Research Subjects (OPRS)** at [oprs@usc.edu](mailto:oprs@usc.edu), **IRB Student Mentor** at [irbgara@usc.edu](mailto:irbgara@usc.edu), or the **IRB offices** at [upirb@usc.edu](mailto:upirb@usc.edu) (University Park Campus) and [irb@usc.edu](mailto:irb@usc.edu) (Health Sciences Campus).

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## WHAT IS RESEARCH AND WHO ARE HUMAN SUBJECTS?

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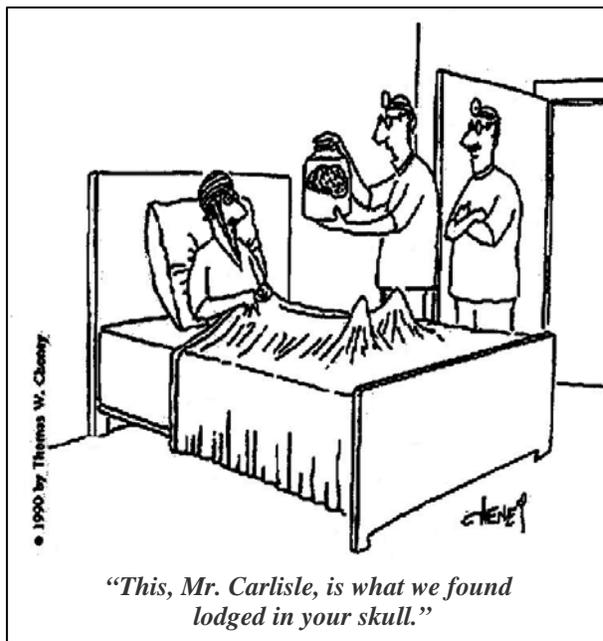
Community members need to understand human subjects research, which differs in many ways from other kinds of research. When humans voluntarily enroll in research studies, a high level of respect is required to honor that choice. Federal regulations define “human subject” and “research” in a way that differs from common use of those terms.

The following are the federal definitions:

**Research** is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

A **human subject** is a living individual **about** whom an investigator (whether professional or student) conducting research obtains: (1) Data through intervention or interaction with the individual; or (2) Identifiable private information.

These definitions may seem straightforward to new members, but with experience, the meanings and subtle nuances become more important.



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## WHAT IS A HUMAN SUBJECTS PROTECTION PROGRAM (HSPP)?

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The University of Southern California (USC) operates a University-wide **Human Subjects Protection Program (HSPP)** to review and approve all research involving human subjects. The HSPP encompasses many levels of administration and academic programs. Protection of human subjects in research is a shared responsibility among various components of a research institution. The IRB, the most visible part of the HSPP, is but one component. Legal offices, oversight offices, institutional administration, researchers, and even research volunteers also share this responsibility and all play an important role in its success.

At USC, the Office for the Protection of Research Subjects, which reports to the Vice Provost for Research Advancement, oversees human subjects’ protections through program oversight, education, policy setting, and outreach. The IRBs at USC are empowered to review all human subjects research proposals which are conducted by USC faculty, staff, graduate or undergraduate students. The researchers and participants are expected to honor the terms under which they have agreed to participate in the research process.

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## WHAT IS THE COMMON RULE?

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The U.S. Department of Health and Human Services (DHHS) Policy for the Protection of Human Subjects ([45 CFR 46](#), subpart A) is also known as “**The Common Rule**”. This policy was designed to standardize regulation of human subjects research by all federal agencies and departments. This policy has been adopted by 17 Federal agencies and departments..

The main elements of the Common Rule include:

Requirements for obtaining IRB approval for human subjects research

Requirements for assuring compliance by research institutions

Requirements for researchers' obtaining and documenting informed consent

Requirements for Institutional Review Board (IRB) membership, function, operations, review of research, and record keeping.

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## WHAT IS AN INSTITUTIONAL REVIEW BOARD (IRB)?

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The IRB is an oversight committee, administratively independent of the institution it serves. It is charged with reviewing all research involving human subjects to ensure the research complies with institutional policies and state, local and federal laws. The IRB has the authority to approve, require changes to the study procedures, or disapprove proposed research projects.

The IRB functions as a surrogate “human subject advocate.” Its role is to safeguard the rights and welfare of research subjects by evaluating the risks and benefits of the research to assure an acceptable balance.

Under the terms of the Common Rule, the IRB must have at least five members. These members must include individuals from academic disciplines relevant to the research being reviewed, and must include at least one non-affiliated member. The IRB must be diverse in terms of race, gender and cultural background. IRB members can be faculty, staff or students from the institution, and members from the local community. IRB members must have the necessary experience and expertise to fairly evaluate the proposed research.

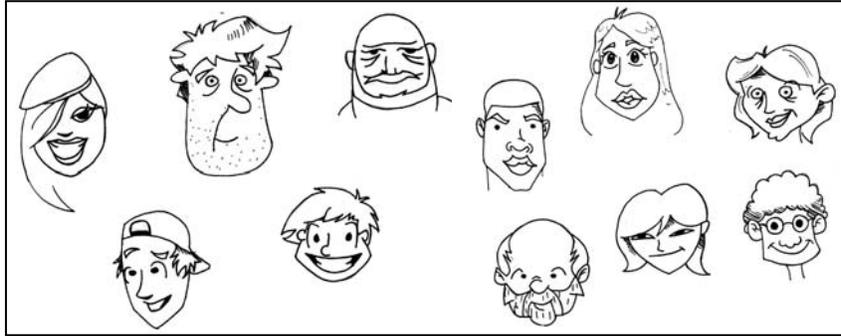
The Institutional Review Board is the most visible component of the HSPP, but it can't function without the other components of the HSPP.

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## WHAT IS A COMMUNITY MEMBER?

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An IRB community member is someone from outside the organization or institution who serves on the IRB. Community members come from a variety of backgrounds and are chosen for their particular experience, knowledge, or relationship to the types of studies reviewed by the IRB. These members often are drawn from the community in which an institution resides. They may be



members of local clergy, interested volunteers, teachers, retirees, nurses or ethicists. Some are former research subjects. Others are interested in promoting research or are motivated by their concern about a particular disease or condition.

The community member's perspective is usually non-scientific. Because community members may not be affiliated with the institution, employees and retirees of the institution cannot serve as community members nor can their spouses.

Although federal and state regulations do not use the term 'community member', there is a historic interest in assuring that IRBs are mindful of community values.

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## HISTORY OF COMMUNITY MEMBERS ON IRBS

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In the wake of the most notable violations of human rights in the history of research (e.g. Nazi Doctor medical experiments, Tuskegee Syphilis Study), ethical codes for physician researchers were developed and oversight by ethics committees was established and became mandatory for human subjects research. To assure objectivity, persons with interests external to academic and medical research domains were included on these newly mandated committees. Human subjects research in the early days after WWII was primarily funded by governmental agencies and only later did pharmaceutical and other sponsors fund large numbers of studies. The ethical and legal expectations for human subjects research cover all funded / not funded sources.

The most cited ethical lapses in human subjects research were the **Nazi Doctor Medical Experiments** in World War II and the **Tuskegee Syphilis Study** begun in 1930 on syphilitic black men in Alabama.

- **The Nazi Doctor medical experiments:** After World War II the world learned of the moral depravity of the 20 **Nazi** physicians who were convicted in Nuremberg, Germany for the part they played in the brutal human experiments at Nazi Death Camps. The moral lessons learned from the Nuremberg Trials were the need to limit human experimentation within strict moral, legal, and ethical boundaries and require voluntary

consent of the human subject to be absolutely essential. The advancement of science alone is not a goal when it compromises the integrity of the human subject.

- **The Tuskegee Syphilis Study:** For forty years between 1932 and 1972, the U.S. Public Health Service (PHS) conducted “research” in Tuskegee, Alabama on 399 black men in the late stages of syphilis. These men, for the most part, poor illiterate sharecroppers, were never told that they had syphilis, told of its seriousness, nor were they offered available cures. Informed that they were being treated for “bad blood”, their doctors never intended to cure them of syphilis. The data for the experiment was to be collected from autopsies of the men, and they were thus deliberately left to suffer from the debilitating ravages of tertiary syphilis. Public outrage eventually ended this study and provided the impetus for the esteemed Belmont Report and subsequent federal human subjects protections and regulations. The PHS, which conducted the study, acknowledged in retrospect that the scientific peer review system did not address fundamental ethical issues.

The U.S. Surgeon General’s policy\* as amended in 1966 was the basis for the creation of Institutional Review Boards (IRBs). This amendment was the first to suggest the inclusion of **local communities** in the practice and ethical review of research. In 1971, the Department of Health, Education and Welfare (DHEW) *recommended* that an ethics review committee include **individuals** whose primary concerns lie outside the domain of research under the DHEW purview.

The current regulations further protect against institutional biases or conflicts of interest by *requiring* that IRBs include at least one community member (“unaffiliated with the institution”). The community member is responsible for giving voice to community concerns. The impact of scientific inquiry and notions of autonomy, justice, and beneficence now have a social context.

The community IRB members have become an indispensable asset to IRBs across the nation. Success with community involvement in IRBs has now resulted in community consultation being utilized in diverse areas of research such as HIV/AIDS clinical trials, genetic research, stem cells and the Centers for Disease Control (CDC) studies.

*\* Clinical Research and Investigation Involving Human Beings,” Surgeon General, Public Health Service to the Heads of the Institutions Conducting Research with Public Health Service Grants*

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## **WHAT DOES THE COMMUNITY MEMBER OFFER THE IRB THAT OTHER MEMBERS DON’T OFFER?**

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Community members represent the “community of research subjects”—not the interests of the institution. These members often are drawn from a particular community group, such as those who are served by the institution or who live within the surrounding area. They also may represent ethnic, socio-economic or patient groups that want to add a voice to institutional decisions.

The more community members on an IRB, the more diverse, balanced, mutually supportive, and the louder they can be in voicing concerns regarding the protection of subjects. In addition, the IRB is more enlightened by the inclusion of outside voices and thus better able to protect human subjects. Communities, institutions, research, the public, and the subjects are better served when community members are involved in the IRB process.

An IRB *community member* often fills both roles required by federal regulations: an IRB must have at least one member whose expertise is not in a scientific area (*non-scientific member*), and the other is to have at least one member who is not affiliated with the institution (*unaffiliated member*). The regulations added these specific functions for the following reasons:

- *Unaffiliated* members were intended to have no formal ties to the institution other than IRB membership. Thus, enabling them to provide the IRB with an unbiased view, not one driven to make the institution look good or bad, the funding larger, or approve particular projects.
- *Non-scientific* members were to provide the IRB with expertise in such nonscientific areas such as law, religion, education, or ethics and thus act as a surrogate for participants and non-research values.

#### Community Member Attributes:

- Provide non-biased opinion in relation to the institution
- Provide the voice of the participant in the research process
- Provide balance to pro-research viewpoint
- Provide unique viewpoint not biased by employment
- Provide values of the community, neighborhood, patients, public, and society to the research process

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## WHAT SHOULD I KNOW BEFORE BECOMING AN IRB COMMUNITY MEMBER?

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A considerable **time commitment** is required when serving as an IRB member. IRB members need to set aside blocks of time to review IRB applications and protocols, attend meetings, and avail themselves to educational opportunities. The amount of time needed will gradually lessen as the process becomes familiar. Keep in mind - some studies are so technical, complex, and dense, that other IRB members or consultants will need to review the most technical sections in addition to your review.

- Review and Critique Research Applications  
Community members will be assigned applications to **review**, and must assure that adequate protections for human subjects are included in the research plan.
- Meeting Attendance  
Community members must **attend a majority** of the IRB committee meetings. If unable to attend a meeting, alert the IRB Chair / IRB Director / Staff as far in advance as possible because a community member's presence may be needed to fulfill a quorum (quorum is 50% of members + 1,) with at least one non-scientist present. A meeting cannot be conducted unless a quorum is in attendance. At USC, the expectation is that a community member should be present for a quorum and a vote.
- Attend Education Sessions  
Members may be invited to attend **educational events** which are in addition to educational sessions presented at the IRB meeting. These events vary and may include web-based training, guest speakers, other events sponsored by the institution, and national human subjects conferences. The IRB often pays for travel expenses and conference fees.
- Computer Skills

Community members must possess basic **computer, internet, and word processing skills** to review protocols and communicate with the IRB staff/members and investigators. Computer training will be provided when electronic IRB submission systems are used. Institutional email accounts may be offered to community members for access to email and other institutional resources (e.g. online library).

- Compensation for Meeting Attendance  
On some IRBs, community members are paid an **honorarium** for each meeting they attend. Meals and snacks are often provided during the meetings. Because of their importance and the effort needed to retain them, many options are used by institutions to encourage community member participation and retention (e.g. honorarium, paid parking, babysitter fees, etc.). If you need something to enable your continued service – ask!

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## WHAT IS EXPECTED OF ME ONCE I BECOME A MEMBER?

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Community members may be expected to:

- Voice issues—either publicly or privately—that are noted while reviewing the protocol. Including “gut feelings” that can’t be adequately defined.
- Submit a resume or Curriculum Vitae (CV) to the IRB office.
- Attend a majority of meetings and education sessions.
- Confirm or decline attendance to a meeting well in advance.
- When possible, review all materials (IRB application, informed consent, questionnaires, recruitment documents, etc.) on the meeting agenda.
- When assigned as a reviewer, post the review in iStar (electronic IRB system) within a week of assignment.
- Review expedited actions/minutes linked to the agenda, and if issues or errors are found, resolve them with the IRB staff.
- Review monthly meeting minutes for accuracy and promptly notify the IRB Chair and/or staff of any corrections or additions.
- Absent yourself from discussion and voting on any project where there is a potential or real conflict of interest.
- Maintain confidentiality for all discussions, reviews, and proprietary information you will encounter as an IRB member.
- Allot time to read about human subjects protections, and avail yourself of education, IRB documents, and the experience of your colleagues.

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## WHAT CHALLENGES MIGHT I FACE?

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Adjusting to the community member role will take time as challenges faced will vary from IRB to IRB, and person to person. As community members grow more experienced, their comfort level will increase, anxiety level will decrease, and participation in the review process will increase.

Below are challenges and observations provided by a Biomedical IRB community member and a Social and Behavioral IRB community member:

- You will have to adjust to an environment unlike that of any other committee you've served on.
- You will be expected to provide and defend your opinions. Discussions may get heated, but realize you are not under attack.
- You might question whether your opinions are valid or your suggestions are feasible, and they may not always be. Be open-minded to learning, but stick to your guns if you remain unconvinced.
- You may find that you are alone in your vote.
- Other committee members may appear busy, distant, or uninterested.
- You may struggle with trying to find how the research actually benefits or is related to the community or the people who are participating in the research. IRBs have a tendency to discuss risks in depth and yet gloss over possible benefits. But benefits should also be noted and real. Ask if there are any benefits!
- You might not understand everything you read or hear. IRB members tend to use medical, scientific and regulatory jargon, making it difficult to follow discussions. Your understanding will increase as you become more comfortable with the terminology. To get you started, we've provided a glossary ([Appendix B](#)).
- If the IRB doesn't meet often, it may be difficult to develop a team atmosphere. As with any group, there may be disagreements and personality conflicts, creating an uncomfortable environment especially noted by new members.
- You might be disappointed in the quality of some of the research applications. Submissions coming from certain schools/departments may be more problematic than others. The Chair or Director should let the IRB know when efforts are being made to improve those particular applications.

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## WHO ARE THE OTHER IRB MEMBERS?

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Besides IRB community members, IRBs are comprised of persons from a variety of disciplines and positions within the institution. The type of institution and its research portfolio influence those members found on the IRB (e.g. research institute, hospital, academic institution). Members commonly include faculty researchers, lawyers/judges, physicians, nurses, pediatricians, research administrators, psychologists, and other faculty, staff, and students. Members are usually recruited from departments and schools that submit research to the IRB or whose particular expertise is needed (epidemiology, urology, hematology, surgery, statistics, law, anthropology, etc.) or who have strong commitments to institutional service.

Although most members are voting members, non-voting *ex officio* attendees may also be part of the committee, and guests or consultants may also be in attendance.

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## **WHO ARE THE IRB STAFF?**

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IRB staff are employed by the institution and comprise the IRB office. Their duties include preparing agendas, conducting initial screening of protocols, compiling correspondence, taking minutes, providing support for investigators and researchers, and arranging IRB meetings. Each study or protocol that is submitted for IRB review is assigned to a staff reviewer to begin the process. This person is responsible for screening the protocol and solving as many issues as possible before the study is reviewed by an IRB member. These may include obtaining missing documents, getting answers to questions, or addressing problems that will delay IRB approval.

IRB staff often have backgrounds in research, including research administration, clinical research, the medical and legal fields, and the social sciences. Staff members know a great deal about the regulations governing research. They come to the process with a strong knowledge of the regulations, and the institutional culture. As a result, they are a great help to community members, IRB reviewers, and the research team—and a wonderful resource to call on if you have questions or want help.



## Chapter II

IRB 101

# IRB 101

This chapter provides the essentials of IRB regulations, IRB policies and procedures, research terminology, and the roles of research personnel. It also provides an overview of statistics, clinical trials, and tips on how to review a protocol.

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## WHAT POLICIES AND PROCEDURES SHOULD I BE FAMILIAR WITH?

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IRBs are expected to follow regulatory requirements, and federal, state, and local laws. In addition to these requirements, IRBs examine ethical issues when reviewing research projects. A comprehensive set of HSPP policies and procedures were created for all HSPP stakeholders. IRB Community members should familiarize themselves with the policies and procedures document and refer to it when completing reviews. The HSPP policies and procedures may be found on the University of Southern California Office for the Protection of Research Subjects webpage: <http://www.usc.edu/admin/provost/opr/policies/>.

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## WHAT IS INFORMED CONSENT?

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Informed consent is the process of informing potential subjects about the key facts of a research study and what their participation will involve. The human subjects in the study must participate willingly, after having been adequately informed about the research. If the subjects are from a vulnerable population\*, such as pregnant women, prisoners or children, additional protections are required. (\*See the Code of Federal Regulations: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>)

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## WHAT ARE THE REGULATORY LEVELS OF IRB REVIEW?

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The “Common Rule” ([45 CFR 46](#)) provides for three levels of review for human subjects research. They are exempt, expedited and full board:

- **Exempt review:** protocols commonly involve less than minimal risk (e.g. anonymous survey) to subjects and fall within at least one of the six federally defined categories. These projects are reviewed by one designated reviewer or IRB member. This level of review has no continuing IRB oversight requirements. The federally defined exempt categories\* are:
  - ✓ Research conducted in commonly accepted educational settings involving normal educational practices
  - ✓ Educational tests, surveys, interviews, or observation of public behavior unless subjects can be identified and disclosure of data could place subject at risk
  - ✓ Educational tests, surveys, interviews, or observation of public behavior that involve elected/appointed public officials/candidates for public office or research conducted under federal statute

- ✓ Collection/study of existing data, documents, records, specimens, if publicly available or if the information is not identifiable
  - ✓ Research and demonstration projects conducted/approved by Department/Agency heads designed to study/evaluate public benefit or service programs
  - ✓ Taste and food quality evaluation and consumer acceptance studies
- **Expedited review:** protocols involve minimal risk (e.g. blood draw, longitudinal study on grades and success) and fall within one of nine federally defined categories. These projects are reviewed by one designated, well trained IRB member. This level of review has ongoing IRB oversight requirements. The federally defined expedited categories\* are:
    - ✓ Clinical Studies: FDA - IND/IDE NOT required
    - ✓ Blood Sample collection (routine methods-small amounts)
    - ✓ Prospective Collection of biological samples-noninvasive means
    - ✓ Data collected through noninvasive means (routinely practiced in clinical settings)
    - ✓ Materials, data, documents, specimens etc. have been collected or will be collected for non-research purposes
    - ✓ Collection of voice, video or digital data for research purposes
    - ✓ Individual or group behavior, surveys, interviews, oral histories
    - ✓ Continuing Review of research previously approved by the convened IRB with no further direct subject participation
    - ✓ Continuing review of research (not under an IND or IDE) where 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
  - **Full board review:** protocols involving greater than minimal risk (e.g. drug, device, biologics, and collecting/recording private information). These projects are reviewed by a fully convened IRB committee. This level of review is extensive and has continuing IRB oversight requirements.

Not all research using human subjects require IRB review. However, the IRB must be involved in determining applicability. Studies that do not meet the regulatory definitions of “human subject” or “research” are relegated to a category USC calls [Not Human Subjects Research \(NHSR\)](#). An additional regulatory exclusion refers to research projects that use coded (not identified) specimens or information. See federal guidance “[Coded Private Information or Biological Specimens](#)”.

*\*Refer to Part II for the complete descriptions of the review categories*

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## WHAT ARE THE TYPES OF IRB SUBMISSIONS?

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There are a variety of types of IRB submissions and various reasons that may warrant IRB – researcher interaction. Although community members may not see all of the different types of IRB submissions, a list of these are provided below as a reference. The IRB staff, chair, vice-chair, or designated reviewers perform some actions the community member will not be involved with. Some submissions are filed without action.

Common types of submissions include:

- *Full Board*: more than minimal risk, requires IRB review
- *Expedited*: minimal risk, requires review by one designated IRB reviewer
- *Exempt*: less than minimal risk, can be reviewed by IRB staff
- *Continuing Review*: yearly review required for full board and expedited projects
- *Amendment*: any change in risk, personnel, scope, procedures, etc.
- *Reportable Event*: adverse events and unanticipated problems involving risks to subjects or others, protocol deviations, noncompliance
- *Not Human Subjects Research*: research with “coded data or specimens” or studies that do not meet the federal definition of “human subject” and/or “research”
- *Suspension*: temporary hiatus of study procedures resulting from decision of IRB, PI, or sponsor
- *Termination*: IRB decision to halt a study, and usually requires a new submission to reactivate

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## WHO ARE VULNERABLE SUBJECTS?

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The term “**vulnerable subjects**” refer to research subjects that have been designated as vulnerable by federal regulations. Federal regulations outline special protections investigators must incorporate into their research when enrolling and conducting research with vulnerable subjects. Vulnerable subjects are:

- pregnant women, human fetuses, and neonates ([45 CFR 46 Subpart B](#))
- prisoners ([45 CFR 46 Subpart C](#))
- children ([45 CFR 46 Subpart D](#))

IRBs and researchers must bear in mind that vulnerability extends beyond the regulatory definitions. Vulnerability is an important consideration in all IRB deliberations. Individuals, as well as entire cohorts of subjects, may be susceptible to coercion depending on the particular study. Adequate justifications must be provided for studies that enroll vulnerable subjects.

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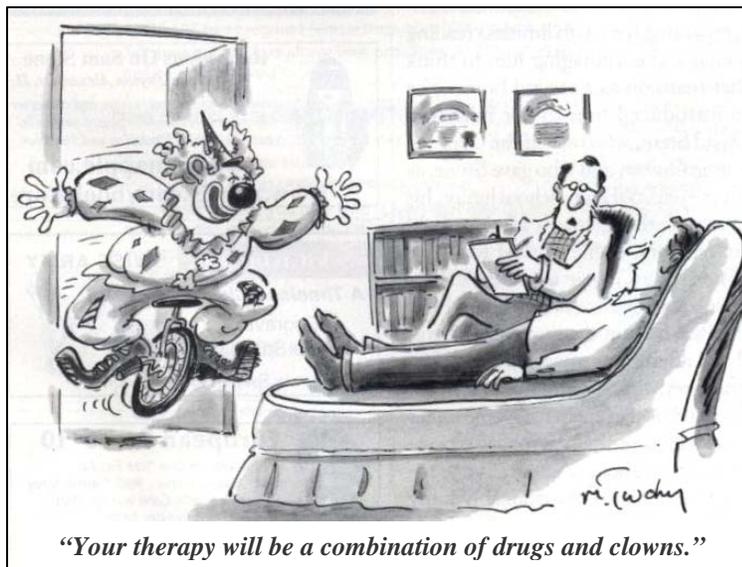
## WHAT IS THE CALIFORNIA BILL OF RIGHTS?

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In addition to federally required protections, another layer of protection is found in the California Health and Safety Code\* for subjects participating in medical experiments\*\*. While not all research with human subjects involves medical experiments\*\* (e.g. drug study), these ethical principles apply to human subjects research in general. In the state of California, the list below must be included as the first page of the informed consent document when the research involves a medical experiment.

### ***California Experimental Subject's Bill of Rights:***

- (a) Be informed of the nature and purpose of the experiment.
- (b) Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
- (c) Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
- (d) Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
- (e) Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
- (f) Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
- (g) Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
- (h) Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
- (i) Be given a copy of the signed and dated written consent form.
- (j) Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.



\*\*Note: If a study is not a “medical experiment”, the “Experimental Subject’s Bill of Rights” is not required in the consent document. A “medical experiment” is defined as follows: (a) penetration or damaging of tissues of a human subject or the use of a drug or device, electromagnetic radiation, heat or cold, or a biological substance or organism, in or upon a human subject in the practice or research of medicine in a manner not reasonably related to maintaining or improving the health of the subject or otherwise directly benefiting the subject; (b) The investigational use of a drug or device;

- (c) Withholding medical treatment from a human subject for any purpose other than maintenance or improvement of the health of the subject.

*\* Section 24172 of the California Health and Safety Codes*

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## WHAT CRITERIA MUST BE MET TO APPROVE A PROTOCOL?

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The “Common Rule” sets forth certain criteria ([45CFR 46.111](#)) that must be met in order for the IRB to approve a protocol. Proposed research must satisfy each requirement below:

**(1) *Minimized Risks***

Risks to subjects are minimized: (i) By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

**(2) *Reasonable risk/benefit ratio***

Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.

**(3) *Equitable subject selection***

Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.

**(4) *Obtain Informed Consent***

Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by Section [46.116](#).

**(5) *Document Informed Consent***

Informed consent will be appropriately documented, in accordance with, and to the extent required by Section [46.117](#).

**(6) *Data monitored for safety***

When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.



**(7) Confidentiality/privacy maintained**

When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

Additional safeguards have to be included when some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons. These safeguards can be found at Department of Health and Human Services Code of Federal Regulations 45 CFR 46, Subparts B, C, and D.

- Section [45 CFR 46.111](#) of the U.S. Department of Health and Human Services Code of Federal Regulations (CFR)

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## WHAT IS CONFLICT OF INTEREST?

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Conflicts of interest are inherent in the conduct of research. The term “conflict of interest” (COI) refers to situations in which financial or other personal considerations compromise, or have the potential to compromise, an individual’s professional judgment or objectivity. Conflict of interest may occur with the researcher, IRB member, or the institution. All three types of COI must be reviewed and managed by the institution or its designated committee.

**Researcher COI** may occur in proposing, conducting or reporting research. The bias caused by such conflicts may affect collection, analysis, and interpretation of data, hiring of staff, procurement of materials, sharing of results, choice of protocol, involvement of human subjects, and the use of statistical methods.

**Institutional COI** is a growing issue that is increasingly being noted by institutions and regulatory bodies. Finding those projects where the institution has interests that may conflict with the research outcome is of special concern in human subjects research. Institutional COI is a difficult issue to identify and resolve because of the variety of ways an institution can be an “interested stakeholder” or have other interest in the conduct or outcome of a project.

**IRB Members** who have an “outside” interest or relationship to a research project or investigator are prohibited from participating in the vote and discussion of the project. IRB members are required to recuse themselves (leave the meeting room) before the discussion and vote on the study in which they have a COI. In some cases, the IRB may request a member to be present in order to provide information to the committee. Unless an IRB member declares a conflict of interest, their unbiased ability to review a project is assumed.

The IRB is not in a position to adequately evaluate disclosures of researcher conflicts of interest and must seek determination from the Financial Disclosure Review Committee (FDRC). At USC, a policy has been established to provide for a second IRB review by an outside entity when there is an institutional COI.

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## HOW TO REVIEW A PROTOCOL

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Using a reviewer checklist is a good way to review protocols, support materials, and consent documents. Reviewer checklists help organize thoughts while reviewing, provides reminders of issues to be addressed, and is a useful format to present the review at the full committee meeting. The complete set of USC IRB reviewer checklists/guidelines can be found in Part 2, or can be downloaded from the OPRS website at: <http://www.usc.edu/admin/provost/oprs/upirb/forms/>.

Once a system of review is established, the process will become easier over time. IRB community members may always call the IRB staff or another IRB member if something is unclear, missing or raises questions about the proper course of action.

### Tips for Reviewing

1. Establish a review routine by using a systematic approach to review each new protocol in the same way.
2. Read the consent document to understand the important aspects of the study. The consent document should serve as a good introduction to the study protocol. It should also orient you to the overall design of the study.
3. Read the lay abstract in the IRB application which provides key aspects of the study.
4. Read the full protocol and supporting materials carefully. The investigator provides the IRB with detailed information such as the study background and rationale, methodology, inclusion/exclusion criteria for subject enrollment, and other documents. Funding documents provide additional information. Take notes as needed.
5. Reread the consent document. Record suggested corrections or questions for the investigator, and ensure that the consent form adequately describes the actual study design and procedures in a language that can be understood by the subject.

The new study application reviewer checklist/guideline is included in Part 2 [Appendix B](#).

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## WHAT IS THE DIFFERENCE BETWEEN BIOMEDICAL AND SOCIAL/BEHAVIORAL RESEARCH?

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Community members may be on IRBs that review biomedical or social and behavioral research, or both. The HSPP and the regulations underpinning it appear to be a better fit with biomedical than social and behavioral research. The IRB will make every effort to review social and behavioral research in an appropriate context. In order to feel comfortable understanding the differences between social and behavioral and biomedical research, the following matrix illustrates some key differences between the two types of research:

	Social Behavioral	Biomedical
<b>Terms commonly used to identify the research</b>	interpretative, qualitative, action, observational, community based, emergent	quantitative, positivist, objective,
<b>Intended Research Outcome</b>	produce rich description or theory	use of controlled/limited variables to test a biomedical outcome
<b>Validity of Outcome Provided by</b>	a research strategy utilizing verification/validation measures and reliable observation techniques	fixed procedures
<b>PI – Subject Interaction</b>	social scientist often an involved participant	researcher is a non-participant
<b>Methods Used</b>	observations, surveys, interviews, focus groups, comparisons, internet	drugs, medical procedures, interventions, test devices, biologics
<b>Hypothesis Driven?</b>	can be yes or no	yes
<b>Interpretation by Experimenter vs. Experiment</b>	experimenter and experiment	experiment
<b>Research - Subject Social Distance</b>	can be close relationship	should be more distant relationship
<b>Dynamic/flexible/iterative Study Design?</b>	yes	no
<b>Power Differential Perception: PI over Subject</b>	can be minor or major	usually major
<b>Risk of Physical Harms (e.g. illness, death, etc)?</b>	no, though yes rarely	yes
<b>Risk of Social Harms (e.g., embarrassment, employability, etc)?</b>	yes	yes
<b>Generalizable to other settings/populations?</b>	can be yes or no	yes
<b>Requires IRB review?</b>	can be yes or no	yes

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## WHAT WORDS WILL I HEAR?

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As a new IRB community member, you will come across terminology you may not be familiar with. Don't worry, this is common for anybody who is new to the IRB. In time you will become familiar with these words. The terms below include definitions/descriptions of some of the common terms used in human subjects research. A more comprehensive list of terms can be found in the glossary ([Appendix A](#)). This section on terminology provides:

- a. project review terms
- b. study related personnel terms
- c. IRB related personnel terms
- d. research related statistics terms.

### a. PROJECT REVIEW TERMS

**Amendments** – These are changes to an IRB approved research protocol and must be submitted and approved by the IRB before implementation (e.g. revised consent document, change in personnel, additional risks). Amendments involving more than minor changes or changes that pose more than minimal risk will be reviewed by the full committee.

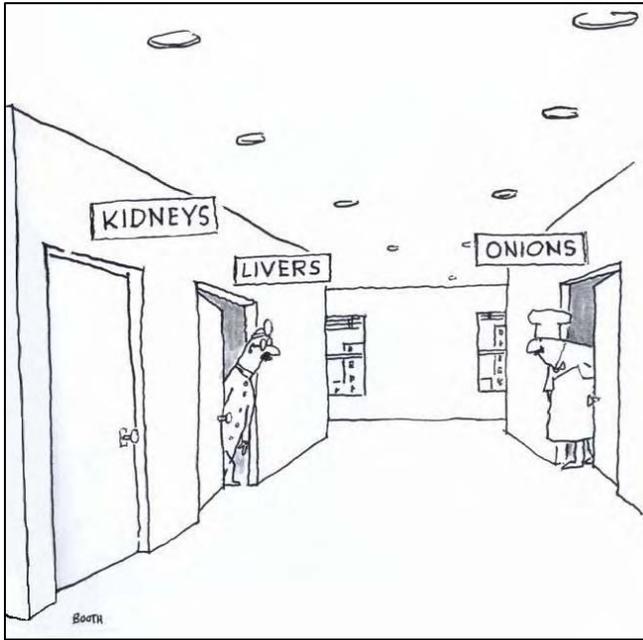
**Coded data** – Replacing identifiable data/private information (e.g., name or social security number) with a 'code' (e.g., letters, symbols or numbers). The goal is to protect the identity of the subject.

**Common Rule** – The federal rules and regulations that IRBs must adhere to were codified in 1991 in the Department of Health and Human Services (DHHS) Policy for the Protection of Human Subjects ([45 CFR 46](#)). This policy is frequently called the “The Common Rule” because it has been adopted by all federal agencies and departments conducting or supporting human subjects research.

**Confidentiality** – Describes the protections taken to safeguard data/information obtained from a subject.

**Continuing Review** – Periodic re-review of a research study by the IRB to evaluate if risks to participants remain reasonable in relation to potential benefits, and to evaluate if the study continues to meet regulatory and institutional requirements. Continuing review shall be conducted at intervals appropriate to the degree of risk but not less than once per year. ([45 CFR 46.109\(e\)](#); [21 CFR 56.109\(f\)](#))

**Deception** – Deception is the intentional misleading of subjects or intentional withholding of information about the nature of a study. Deception limits the ability of subjects to provide truly 'informed consent'; however, it is sometimes necessary for certain types of behavioral research. Deception is often justified because humans act differently depending on circumstances, and full disclosure of study information may bias the results.



**De-identified data** – Data is considered de-identified when unique identifiable information (e.g., name, address, social security number, telephone number, etc.) is removed from the data so that the subjects/source cannot be identified.

**Exempt Research** – Certain kinds of research involving minimal or less than minimal risk may be “exempt” from IRB oversight when the activities fall into one or more of the exempt categories at [45 CFR 46.101](#). Investigators are not permitted to determine if their research is exempt. Investigators must submit proposed exempt research to the IRB for review and exempt determination.

**Expedited Review** – Federal regs allow for an expedited review (one reviewer only) for certain kinds of research involving no more than minimal risk. For a list of the expedited research categories, [click here](#). IRB Chairs and other experienced/trained IRB members designated by the IRB chair may conduct expedited reviews.

**Federal Regulations** – Concerning human subjects research:

The *Department of Health and Human Services (DHHS)* human subject regulations are codified at Title 45 Part 46 of the Code of Federal Regulations.

The *Food and Drug Administration (FDA)* regulations on the protection of human subjects are codified at Title 21 Parts 50 and 56 of the Code of Federal Regulations.

**Full Board Review** – Research involving greater than minimal risk must be reviewed at a fully convened meeting, where a majority of the committee members are present.

**HIPAA** – Health Insurance Portability and Accountability Act went into effect April 14, 2003. The law generally prohibits health care providers such as health care practitioners, hospitals, nursing facilities and clinics from using or disclosing protected health information without written authorization from the individual (HIPAA Authorization). It is often called the “Privacy Rule”.

**Human Subject** – Under the federal regulations, human subjects are defined as: living individual(s) **about whom** an investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2) identifiable private information.

**Human Subjects Certification** – Human subjects certification is required for research approval at many institutions, including USC. A frequently used program is CITI. Many funding agencies require key research personnel to complete educational modules relevant to their research as a condition of funding.

**Informed Consent** – A person's voluntary agreement to participate in research, once they've understood the possible risks and benefits of participation. Consent may be written or oral in defined circumstances.

**Institutional Review Board** – The IRB is an independent committee comprised of at least five members (preferably) from academic disciplines relevant to the research being reviewed. At least one member must be unaffiliated with the institution. The membership should consist of both men and women. Members can include faculty, staff, and students from the institution, and persons from the local community.

**Key Personnel** – These are individuals in a research project who include but are not limited to: Principal Investigators (PIs), Co-PIs, faculty advisors, study coordinators, recruitment staff, and anyone else performing study procedures or interventions.

**Minimal Risk** – A risk is minimal when the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in the participant's daily life or during the performance of routine physical or psychological examinations or tests.

**Multi-site research** – A research study conducted at more than one institution (nationally and/or internationally) using the same protocol, each with its own Principal Investigator. Many clinical trials involving drugs/devices/biologics are conducted at more than one site.

**Privacy** – Privacy refers to the subject and his/her control over the extent, timing and circumstances of sharing oneself (physically, emotionally, behaviorally, or intellectually) with others.

**Protocol** – The formal design of an experiment or research activity. The protocol includes a description of the research methodology, the eligibility requirements for prospective subjects and controls, the treatment regimen(s), and the proposed methods of analysis that will be performed on the collected data. Research involving drugs, devices, or biologics will have a formal clinical protocol, which is submitted with an IRB application. For non-clinical social and/or behavioral research, a properly completed IRB application can serve as the protocol.

**Reportable Events** – At USC, the term “reportable events” refers to: adverse events, unanticipated problems involving risk to subjects or others, protocol violations, and data safety monitoring reports. Reportable events are submitted to the IRB in a reportable events application through the iStar system.

**Research** – Federal regulations define research as “a systematic investigation, including development, testing, and evaluation, designed to develop or contribute to generalizable knowledge” ([45 CFR 46.102\(d\)](#)). Research is usually described in a formal protocol that sets forth an objective and a set of procedures to reach that objective.

**Sponsored/funded research** – Sponsored or funded research is research that is financially supported by an outside entity. The funding may come from a pharmaceutical company, from a foundation, a donor, or the government. The following government agencies are among the most well known sponsors:

- [Centers for Disease Control \(CDC\)](#)
- [National Institutes of Health \(NIH\)](#) – includes multiple institutes such as [National Cancer Institute \(NCI\)](#) and [National Institute for Mental Health \(NIMH\)](#)
- [National Science Foundation \(NSF\)](#)
- [Department of Defense \(DOD\)](#)
- [Department of Energy \(DOE\)](#)
- [Department of Education \(DOEd\)](#)

**Target Accrual** – The number of subjects the investigator wishes to enroll in a particular study. This number can change, depending on the stage and goal of the study. For example, a pilot study may have 5 subjects, and a Phase III clinical trial may have 500 subjects. A social and behavioral study could have a whole tribe or selected individuals. Target accrual must be justified in IRB applications.

## **b. STUDY RELATED PERSONNEL TERMS**

**Co-Principal Investigator (Co-PI)** – In addition to the principal investigator, the co-principal investigator is the scientist or scholar who shares responsibility for the design and conduct of a research project. The Co-PI may be involved with a large portion of the research, or a small portion. The type and amount of study involvement depends on the responsibilities agreed upon by the PI and the Co-PI.

**Data Manager** – An individual who handles the data gathered during a study. Responsibilities may also involve managing data entry, database generation and/or maintenance, compliance with regulations, and protection and integrity of private information and study data.

**Data Monitor** – An individual assigned by the study sponsor/IRB to monitor data collection and study results. This individual is often independent of the research team.

**Data and Safety Monitoring (DSM) Board or Committee** – A committee of scientists, physicians, statisticians, and others that collect and analyze data during the course of a clinical trial. The DSMB monitors adverse events and data to identify trends (such as an indication that one treatment is significantly better than another) that warrant study modification, termination, or notification to subjects when information is obtained that might affect their willingness to continue. The National Institute of Health (NIH) requires that DSMBs oversee all Phase 3 clinical trials. USC policy requires monitoring when the degree of risk is significant.

**Faculty Advisor** – Faculty advisors are faculty members who supervise and oversee research being conducted by students. Advisors are responsible for guiding students through the IRB process, helping with research design, methodology, and ethical considerations.

**Fellow** – A graduate medical doctor continuing to study in a medical specialty, and conducting independent research with minimal teaching duties. This individual holds a temporary academic post and as such, may obtain a fellowship and associated research funding.

**Graduate Assistant** – A graduate student employed temporarily by the institution while they work towards an advanced degree.

**Key Study Personnel** – individuals responsible for the protocol development or design, conduct, or reporting of research. These include but are not limited to: Principal Investigators (PIs), Co-PIs, faculty advisors, study coordinators, recruitment staff, and anyone else performing study procedures or interventions.

**Monitor** – A monitor is a type of research auditor, usually employed by a drug sponsor/pharmaceutical company, who ensures that research protocols are being followed and documented appropriately. Monitors visit research sites regularly to inspect study documents and medical records, and to validate research data.

**Principal Investigator (PI)** – The lead scientist or scholar who holds the ultimate responsibility for the conduct of a research project. The PI is the signatory authority of the study.

**Research/Subject Advocate** – Individuals who work with research subjects and promote subject rights. Their range of activities can vary. Some advocates may help subjects make an informed decision about research participation by explaining possible risks and benefits.

**Research Assistant (RA)** – An undergraduate or graduate student who works for an investigator/faculty member for a specified term. RAs usually work on a research project and are supervised by a full-time staff or faculty member. RA duties may include assisting investigators with recruiting and enrolling research participants, completing IRB correspondence and assisting with grant applications.

**Study/Research/Clinical Trials Manager/Coordinator** – This person is responsible for the day-to-day research activities being conducted at the research site. The study coordinator usually serves as the main contact person for IRB and subject related issues.

**Research/protocol nurse** – A member of the research staff for a clinical study, who follows the interventions/interactions described in the protocol.

### c. **IRB RELATED PERSONNEL TERMS**

**Institutional Official** – A senior institutional official authorized to act for the institution in assuming overall responsibility for compliance with the federal regulations for the protection of human subjects.

**IRB Chair** – The role of IRB chairs vary by institution, but commonly IRB chairs direct the proceedings of IRB meetings. IRB chairs also review and approve research qualifying for expedited and exempt review. Some IRB chairs play a leadership role in creating IRB policies and procedures, and others solely run the meetings and review projects.

**IRB Director** – The IRB Director manages the day-to-day operations of the IRB administrative office. IRB directors manage IRB staff and most aspects of the IRB process. Many IRB directors set policy and guide the IRB chair. The IRB Director must be expert on interpreting regulations.

**IRB Staff/IRB Administrator** – An administrative staff person, who is responsible for screening and reviewing IRB applications prior to committee review. This job category may also include agenda preparation, taking minutes and drafting correspondence between the PI and IRB.

**IRB Vice-Chair** – The role of the Vice-Chair is to fulfill the IRB Chairs responsibilities when the Chair is unavailable. Vice-Chairs also may review and approve research qualifying for expedited and exempt review.

**Office for the Protection of Research Subjects (OPRS)** – An office responsible for overseeing the entire Human Subjects Protection Program (HSPP). At USC, the OPRS office is charged with maintaining AAHRPP accreditation, researcher and IRB education, establishing best IRB policies and practices, quality assurance, and keeping the research community updated on significant news, ethics, and regulations.

**Office of Compliance** – An office overseeing all University compliance related issues including conflict of interest, HIPAA, misconduct, and other federal mandates. The Office of Compliance investigates subject, staff or researcher complaints. Compliance officers are usually J.D.s.

#### **d. RESEARCH RELATED STATISTICS TERMS**

**Central Tendency** – This term refers to the single most representative value or typical value of a set of data and it is computed using a variety of measures that are each calculated differently.

**Descriptive Statistics** – Ways of summarizing and describing sets of data by using tables, graphs, measures of central tendency and measures of variability.

**Distribution** – A set of numbers and their frequency of occurrence collected from measurements of a population/data. A distribution is a summary of the data by the number of observations in each category, value or interval.

**Inferential Statistics** – These statistical methods are used to generalize from a sample of data to make inferences about a larger population.

**Mean** –The mean is defined by adding up all the values for a given variable and then dividing the sum by the number of values included. The mean is one type of measure of ‘central tendency’.

**Median** –The median literally is the value in the middle of a set of values. The median is defined by lining up the values, from largest to smallest. The one in the dead-center is the median. The median is one type of measure of ‘central tendency’.

**Mode** – This statistic tells you the value that appears the most often for a given variable. It is possible to have more than one mode, and it is possible to have no mode. The mode is one type of measure of ‘central tendency’.

**Normalizing/Standardizing/Transforming Data** – Accurate interpretation of many statistical tests is difficult if a dataset fails to satisfy important assumptions about the data. Adjustment for such violations may be achieved by normalizing/standardizing/transforming a dataset by mathematical means.

**Normative/Normed Data** – Data points of a second data set are placed relative to the original data obtained from a large sample for the purpose of comparison. The originally collected sample is typically referred to as the norm group because it is the group upon which the new group's data is compared.

**Range** – The range is the mathematical difference between the highest and lowest values for a given variable. It is the simplest measure of variability to calculate but it depends only on the extreme values in the data set and does not use all of the data. The range is one type of measure of 'variability'.

**Sample Size** – The number of subjects participating in the research, typically denoted  $N$  or  $n$  in research literature. Generally, different sample sizes lead to different accuracies of measurement.

**Standard deviation** – Indicates how tightly all the various data points are clustered around the mean in a set of data. When the data points are tightly bunched together around the mean, the standard deviation is typically small. When the data points are spread apart around the mean, this tells you that you have a relatively large standard deviation. The standard deviation is defined as the square root of the variance. Standard deviation is one type of measure of 'variability'.

**Statistical Significance** – Used to assess the probability or error in a study's findings. Tests of statistical significance allow researchers to determine the probability of the results occurring by chance alone. Typically, as probability level decreases, confidence increases that the results are not due to chance but due to the intervention.

**Variability** – This term refers to how 'spread out' the values in a distribution are and it is computed using a variety of measures that are each calculated differently. The greater the spread a dataset displays, the greater variability that dataset shows.

**Variance** – A statistic used to define how close values in a distribution are to the middle of the distribution. The mean, median or mode of a distribution may be used as an indication of the middle of the distribution. The variance is defined as the average squared difference of the scores from the measure of central tendency. The variance is one type of measure of 'variability'.



## Chapter III

What are  
Clinical Trials?

# WHAT ARE CLINICAL TRIALS?

Chapter three provides an overview of clinical trials. The number of clinical trials conducted nationally and internationally is dramatically increasing so community members serving on biomedical IRBs will need to understand the goals and conduct of clinical trials. Most clinical trials involve cancer drugs. All marketed drugs/devices/biologics in the USA go through the same FDA approval/trial process.

**Clinical trials** refers to research that involves the comparison of a drug/device/biologic with a placebo (inactive ingredient or “sugar pill”), and/or standard treatment. Clinical trials utilizing investigational drugs, devices, or biologics provide data on new or different ways to prevent, diagnose, and/or treat diseases or conditions.

At USC, **clinical trials** are conducted at the Health Sciences Campus and are reviewed by the Health Sciences IRB (HSIRB). The HSIRB is composed of physicians, nurses, faculty members, and specialists in various medical fields qualified by training and experience to review this kind of research.

In comparison, **non-clinical research** generally refers to research in the social and behavioral sciences and may involve surveys, questionnaires, focus groups, interviews, and/or observations. At USC, most non-clinical research is conducted at the University Park Campus and is reviewed by the University Park IRB (UPIRB). The UPIRB is composed of psychologists, educators, sociologists, and other faculty members qualified by training and experience to review this kind of research.

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## DRUG/DEVICE DEVELOPMENT PROCESS: IN BRIEF

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- a. A researcher formulates an idea for a new drug or device, or a better version of a drug/device that already exists. Significant funding must be sought/obtained to move this potential drug or device from an idea to a testable entity.
- b. Laboratory studies on the drug or device begin with animal studies or biochemical testing to validate/verify the concept. This type of research takes place in government, pharmaceutical and/or academic settings.
- c. Positive indications from early non-human studies lead to submission of an investigational new drug (IND) or device (IDE) application to the Food and Drug Administration (FDA). FDA applications and approvals are needed for all drugs and devices marketed in the U.S.A.
- d. The Food and Drug Administration will evaluate all non-human findings, other literature and comparable drugs or devices, and then make a decision about allowing the drug or device to be tested in humans.
- e. Clinical trials with human subjects begin (Phase 0 – III).
- f. If results with humans are promising, a new drug application (NDA) is filed with FDA.
- g. FDA verifies scientific claims and approves the drug for market.
- h. Once the drug is marketed, large numbers of people will use it. Collecting data from the user population provides an expanded data set in which additional risks may be observed. This so called phase IV study may result in the drug/device/biologic being pulled off the market,

necessitate a label change, require a warning, and recommend a different route of administration...

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## TYPES AND PHASES OF CLINICAL TRIALS

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**Types of Clinical Trials** – Clinical trials vary depending on the goal of the test object or the population to be studied. These are:

- Treatment trials – studies designed to cure or arrest a disease, or lessen symptoms or pain.
- Prevention trials – studies designed to prevent an illness or a condition
- Exploratory trials – studies designed to generate a hypothesis from research on a few subjects
- Early-detection /screening Trials – studies designed to detect a disease at a very early stage
- Diagnostic trials – studies designed to identify a disease or condition
- Quality-of-life trials /supportive care trials – studies designed to increase the quality of living for disease sufferers
- Post-marketing trials – studies designed to collect safety and/or efficacy data on a large population currently using an FDA approved drug/biologic/device.

**Clinical Trial Phases and Descriptions** – The four common phases of clinical trials are provided below along with some basic differences between them:

**Phase 0** – Very low doses of the study drug (doses where no effect is anticipated) are administered to gather preliminary data in healthy volunteers and to establish whether the drug behaves in human subjects as was anticipated.

*Typical number of people studied:* 10 – 15

*Answers the question:*

How does the human body process the drug?



**Phase 1** - Researchers test a new drug or treatment in a small group of healthy volunteers to evaluate safety, determine a safe dosage range, and identify any side effects.

*Typical number of people studied:* 15 – 30

*Answers the questions:*

What dosage is safe?

How does the agent affect the human body?

How should treatment be administered?

**Phase 2** - The drug or treatment is given to a large group of affected volunteers to see observe efficacy and to further evaluate its safety in greater numbers of subjects.

*Typical number of people studied:* Less than 100

*Answers the questions:*

Does the agent or intervention have an effect on the disease or the condition?  
How does treatment affect the body?

**Phase 3** - The drug or treatment is given to large groups of affected volunteers to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely in the population for which it will be marketed.

*Typical number of people studied:* From 100 to 1000s

*Answers the question:*

Is the new agent or intervention (or new use of an existing treatment) better than the standard treatment, if there is one?

**Phase 4** - After the drug or treatment has been marketed, information is gathered on the drug's effect in populations using the medication to note side effects associated with long-term use and larger numbers of users.

*Typical number of people studied:* From 100s to 1000s

*Answers the questions:*

Has the expanded use of the drug or treatment revealed any adverse events that were not previously known?

Are these findings serious enough to require removal from the market?

Note: Some drug manufacturers (e.g. sponsors) combine drug phases, such as a phase II/III clinical trial or other.

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## IMPORTANT SUBJECT PROTECTION CONCEPTS IN CLINICAL TRIALS

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Benefits of Participating - At minimum, subjects will receive the standard treatment. If the new treatment/intervention is shown to work, subjects may be among the first to benefit. By participating in such trials, subjects may advance medical knowledge.

Risks of Participating - New treatments/interventions are not always better than, or even as good as, standard care. If a new treatment has benefits, it may not work for every patient. In addition, participation in clinical trials is not always covered by health insurance or managed care providers and can cause unforeseen harms or injuries.

Subject Protections – Human subject protections are regulated / overseen by many different entities: IRBs, other institutional committees, federal regulations, statutes, government agencies, pharmaceutical monitors/auditors, and others. Subject protections vary by state and between institutions.

### Informed consent

A research subjects voluntary agreement, obtained after receiving adequate knowledge and understanding of relevant information, to participate in research or to undergo a diagnostic, therapeutic, or preventive procedure. In giving informed consent, subjects may not waive or appear to waive any of their legal rights. Subjects may not be asked to release or appear to release the investigator, the sponsor, the entity or agents thereof from liability for negligence. Obtaining consent involves informing the subject about their individual rights, the purpose of the study, procedures they will undergo, and risks and potential benefits of participation.

### Scientific review

Proposed clinical research must undergo scientific review. Scientific review can be accomplished by a funding agency such as the NIH or a sponsor, the local institution, or outside peer reviewers. The IRB has the right to disapprove proposed research due to poor scientific merit and/or methodological flaws. It is unethical to subject persons to research when a research plan is flawed.

### Data safety monitoring board

A data safety monitoring board (DSMB) consists of a committee of scientists, physicians, statisticians, and/or others that analyze data collected as a trial is going on. The board examines the data on an ongoing basis to detect adverse events and note trends that warrant modification or termination of the trial. If safety concerns arise, the DSMB will make a recommendation to the sponsor that the trial be suspended or terminated. Trials that show unexpected positive results may also be terminated so that all subjects get the drug/device and none continue on a placebo.

### Drug Sponsor

A drug sponsor is a pharmaceutical company, corporation, government, agency, or individual, whose goal is to develop and research new and/or existing drugs. Sponsors generally do not conduct investigations themselves. They seek out physicians in varied settings to conduct clinical trials to test the drugs. In some cases, an investigator may also be the sponsor, and is subject to all rules that apply to sponsor initiated research.

### FDA

The Food and Drug Administration (FDA) is an agency of the U.S. federal government established by Congress in 1912 and part of the Department of Health and Human Services (DHHS). This agency is responsible for ensuring safe and effective biological products, drugs and medical devices. FDA approval is required before marketing.

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## **NEGATIVE RESEARCH RESULTS CAN BE POSITIVE**

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Often, when results of a clinical research trial are negative, inconclusive, or the study ends early, the results are not published nor are they shared with the research community, the medical community, or even the subjects who had been enrolled in the study. This is a serious problem because knowing when procedures/interventions/drugs/devices do not work is as important as knowing when they do work. Sharing negative results can avoid duplicating the same study or exposing people to agents already known not to work. Researchers and journals too often think negative results do not further their interests.

To combat this absence of important information, the federal government now requires federally funded or regulated clinical trials research to be posted on the [clinicaltrials.gov](http://clinicaltrials.gov) website. Study outcomes are expected to be published whether positive or negative. In practice, this mandate has not been fully enforced but public concern has altered that as evidenced by the FDA Amendments Act of 2007.





# **Chapter IV**

## The Full Board Meeting

# THE FULL BOARD MEETING

Full board meetings can be intellectually demanding. The credibility and integrity of the IRB review process depends upon the committee's ability to identify and address ethical issues in human subjects research. All IRB members must pay attention to written material and meeting discussions, voice their opinions when appropriate, and ask questions when they need clarification. This chapter guides a community member's initial experience of a full board meeting by defining voting options, providing tips for reviewing a study, and describing the review process.

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## SEQUENCE OF EVENTS AT MEETINGS

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The format for discussion of protocols at the full board committee meeting is not set by federal regulations or guidance documents. Thus, IRBs are able to develop a routine that works for their institution and membership.

What follows is a basic order of IRB meetings. It is one that has worked well for several IRBs:

- The meeting starts with review and approval of the minutes from the previous meeting (see [Appendix C](#) minutes template). The Chair reminds members about the IRB member Conflict of Interest Policy and asks if any conflicts exist among those present.
- The Chair/Vice-Chair/IRB member presents amendments to prior studies if any, and votes are taken.
- **Primary reviewers** present new study applications to the board.
- The primary reviewer summarizes important issues they noted related to research ethics, safety, and/or science. The reviewer may decide not to discuss all the study details because other IRB members/reviewers are expected to have read the materials and time is limited for many IRBs. The presentation ends with a summary of unresolved issues and/or issues requiring revision. The reviewer makes a recommendation for how the committee should vote on the protocol.
- The **secondary reviewer** comments on the protocol. The secondary reviewer does not repeat the information presented by the first reviewer, but indicates where he or she agrees or disagrees with the issues as outlined by the first reviewer. The secondary reviewer adds or clarifies information and ends with a recommendation that may or may not agree with the primary reviewer's recommendation.
- If there are three (or more) assigned reviewers, the **tertiary**/other reviewers, provide additional information or raise other questions. Discussion begins after the reviewers have had a chance to complete their presentation.
- It is the responsibility of the chair to open the discussion, make sure every issue and question is addressed, and to ensure the meeting is carried out in a courteous and productive manner. The chair ends the discussion and calls for a vote to approve, accept with contingencies, table, or disapprove.

An ideal environment is one that promotes an open discussion and encourages all members to express their views in a warm atmosphere, and all IRB members participate in identifying and discussing the issues. There is no formula for this process so it is essential that the IRB chair manage

this aspect of the meeting. Some IRBs let a discussion continue until an IRB member seconds a motion for a vote. In other committees, the chair determines when all of the important issues have been raised, declares the discussion over, and calls for the vote. Questions of regulatory or policy matters are often addressed by the Chair or IRB Director as IRB members are not expected to be as expert in these areas.

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## VOTING OPTIONS AT MEETINGS

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Voting options differ by institution and are chosen to meet individual IRB needs. Common voting options include, “approved,” “conditionally approved,” “approved pending modifications,” “table,” “disapprove,” “substantive revisions required,” “not approved,” “abstain,” and “recuse”.

Voting options used by the University of Southern California IRBs are:

### ***Approve***

The study meets the regulatory criteria for IRB approval as defined by [45 CFR 46.111](#) and/or [21 CFR 56.111](#) (see [Chapter 2](#): “What elements must be met to approve a protocol”).

The application has secured approval, thus the investigator is not required to make changes to the protocol or IRB application. IRB approval is valid for one year, unless the committee designates a shorter period due to higher levels of risk. An approval letter is sent to the investigator. The consent documents (if any) are stamped with the IRB approval dates. The investigator may start enrolling subjects.

### ***Approve with contingencies***

“Contingencies” are IRB’s request for clarification, modification or additional information. This term is often used during a full board continuing review, but may be used for all levels of review and types of submissions. At USC, this is used when a continuing review has been approved for another year, but the committee requires some changes/revisions to be made.

In a continuing review, if the contingencies are minor, the investigator may continue to enroll subjects using the previously IRB approved consent document (unless the committee has stated otherwise). If contingencies are minor and do not affect the consent form, they will need to be satisfactorily addressed fulfilled by the next continuing review. If contingencies are major, the IRB requires a response and verification that these contingencies were addressed before approval is granted and new subjects can be enrolled.

### ***Accept with contingencies***

This term is used during initial full board review. The study has been approved for a period of one year, pending receipt of the investigator’s satisfactory response to all issues and concerns noted by the committee.

If the regulatory criteria for approval have not been met, subject enrollment is not allowed. Correspondence describing the concerns of the committee will be sent to the investigator and it will be clear that the study may not begin until the IRB has issued a letter of approval.

### ***Disapprove***

This term is used when the magnitude and/or number of concerns, questions, and problems are such that “Accepted/Approved with contingencies” is not appropriate. A letter describing reasons the study was not approved is sent to the investigator.

The investigator must make significant changes and may resubmit the study. On occasion, the investigator may be invited to answer committee questions in person. If a study is resubmitted for full review and approved at a subsequent meeting, the date of approval is the date of the subsequent meeting.

### ***Defer***

This is used when the IRB application lacks sufficient information to make an appropriate determination. When a study is deferred, the investigator’s response must be reviewed by the full committee.

### ***Recuse***

If an IRB member is listed in a study under IRB review or has any other conflicted interest, they may not participate in the initial or continuing review of the study except to provide information requested by the IRB. The IRB member must leave the room (e.g. “recuse” themselves for the discussion and vote). The meeting minutes will reflect this. The chair requests IRB members with a conflict of interest to leave the room and not participate in the vote or discussion. Conflicts of interest include financial interest, active participation in the trial as principal investigator or co-investigator, or any other issue for which the member feels his or her vote could be potentially conflicted.

### ***Abstain***

If an IRB member does not have a “conflict” but is unable to vote (e.g., left the room during discussion, does not comprehend the study or the issues) the member may “abstain” from voting. A vote to “abstain” will be included as part of the voting quorum. The meeting minutes will reflect this.

*\* Section 45 CFR 46.108(b) of the U.S. Department of Health and Human Services Code of Federal Regulations (CFRs)*

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## **WHEN MIGHT I BE ASKED TO BE A PRIMARY REVIEWER?**

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When the IRB Chair or Director determines that a new member is ready to take on assigned reviewer responsibilities, they are assigned to be secondary or tertiary reviewers, or review informed consent documents. The following requirements and scenarios may indicate readiness to serve as a primary reviewer once the new community member has:

- Attended a sufficient number of IRB meetings to feel comfortable
- Attended IRB education sessions
- A sufficient knowledge of IRB policies and procedures to give a meaningful review
- Completed satisfactory reviews as a secondary reviewer

- Expertise in the area of the study
- Adequate time to prepare for the meeting and give a thorough review
- Achieved sufficient confidence to proceed with a review
- Availability when other members are unavailable, on vacation, or have a large number of items pending review

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## STUDY REVIEW

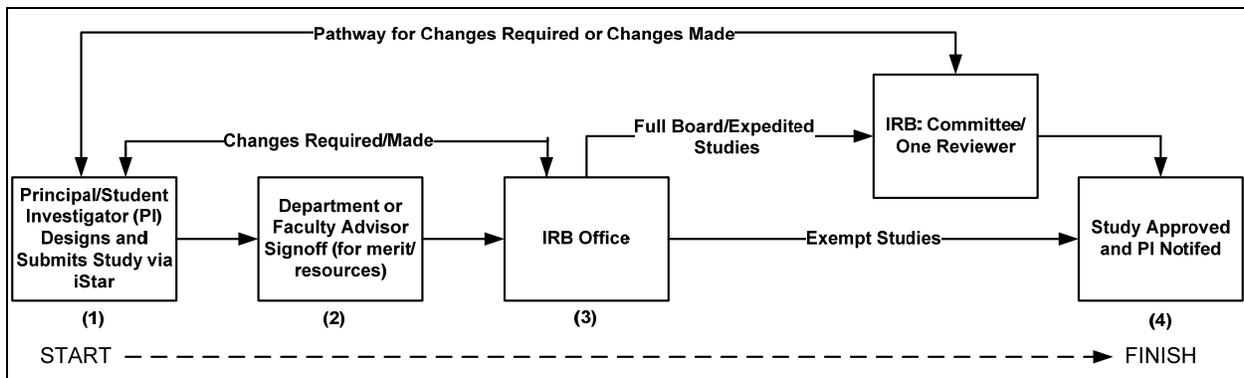
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What follows is an overview of the IRB review and approval process, an introduction to the iStar system, and a list of points to consider when reviewing research protocols. This information is provided to help the new community member generally understand the IRB review process.

### IRB Review and Approval Process Overview

The chart below provides an outline of the IRB review process, starting with the online IRB submission by the researcher and ending with the IRB granting approval of the research.

#### IRB Review Process



### IRB Submission Tracking and Review (iStar)

All IRB applications are submitted online through the **IRB Submission Tracking And Review (iStar)** system. Familiarity with the iStar system is required to review IRB applications. IRB members are required to post their reviews (comments, issues raised, changes required) via iStar. *For detailed information on how to use iStar and how to post a review, refer to [Chapter 6](#).*

All new members are encouraged to meet individually with the IRB staff for an orientation session on how to review a protocol through iStar. The IRB staff and/or iStar helpdesk will be available to work with community members until a sufficient level of comfort with the IRB review process and the iStar system is reached.

### Reviewer Checklists

Reviewer checklists/guidelines have been created to help identify regulatory requirements and to note the ethical expectations that must be met. It is highly recommended that these checklists be used while reviewing IRB applications. The complete set of reviewer checklists/guidelines is

included in the appendix of this booklet. To download the IRB reviewer checklists/guidelines from the IRB website, visit: <http://www.usc.edu/admin/provost/opr/hsirb/forms/> or click [here](#).

### Points to Consider When Reviewing a Project

Being mindful of certain requirements will help you identify ethical and regulatory issues while reviewing the IRB application. Here are some points to consider:

- What are the subjects required to do? Will they take a drug, fill out a survey, or be interviewed about criminal activity? Are the research activities potentially harmful or embarrassing?
- Would you participate in this study, or would you want your parents, children, spouse or other family members to participate?
- Does the study make sense as written? Is it overwhelming with too much jargon or too many details?
- Is the informed consent document easy to understand and an accurate reflection of the study procedures?
- Who are the subjects and are they vulnerable to coercion (e.g. children, prisoners)?
- Is it necessary to keep the private information? Is more information being requested than is needed?
- If private information is collected, is there a mechanism in place to protect the subjects' identities or other private information? If so, is it adequate?
- Is the information provided in the protocol, consent, and recruitment materials consistent?
- Are there adequate safeguards to protect the subjects if an untoward event occurs? What action will the PI/researchers take if something goes wrong?
- If the intervention/treatment proves beneficial, will those subjects not in the intervention/treatment group (i.e. control group) be able to partake in the intervention or receive the treatment once the study has been concluded?
- What "gut" feelings do you get after reading the protocol? Sometimes, something about the study seems questionable and may make you feel uneasy. Express this unease and attempt to get the issue resolved, or vote "no" when the vote is taken.

### Regulatory Criteria for IRB Approval

In order to approve research, reviewers must evaluate whether the rights and welfare of the human subjects are being protected. While reviewing a project, reviewers will be asked to determine that all the **criteria** below are met. If the regulatory criteria are not met, the study will not receive IRB approval until the study is amended to meet the requirements. The details of these requirements are provided in [Chapter 2](#).

(1) *Minimized Risks*

(2) *Reasonable risk/benefit ratio*

(3) *Equitable subject selection*

(4) *Obtain Informed Consent*

(5) *Document Informed Consent*

(6) *Data monitored for safety*

(7) *Confidentiality/privacy*

*maintained*



## Chapter V

Transitioning  
Into an  
Experienced  
Member

# TRANSITIONING INTO AN EXPERIENCED MEMBER

Community members may face additional challenges as their IRB service progresses. This chapter provides tips and strategies for overcoming challenges and transitioning from an inexperienced member into a confident and trained member. It is important to note that a community member's success is influenced by the culture of the institution and the personalities of members already serving on the IRB.

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## MENTORING THE COMMUNITY MEMBER

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New community members need guidance from the IRB staff and other IRB members. Because new community members are not yet part of the institution's culture, assistance and advice from a mentor can be very beneficial. IRB chairpersons, other community members (past and present), IRB members, and/or IRB staff should provide mentoring to new community members. Ideal mentor qualities include knowledge, patience, and a willingness to share their personal experience with serving on the IRB.

A mentor should be available to help the new community member review their first protocol. Having another person go over the review before it is presented during the IRB meeting will help boost the new member's self-confidence and assure that the important points have been captured in the review.

Submitting IRB reviews online can be challenging. If computer programs and the internet are intimidating, the community member should meet with a mentor when submitting the review. At USC, additional online iStar assistance may be obtained through the iStar helpdesk, the step-by-step guidance documents on the iStar website, and/or attendance at an iStar training session. Contact the IRB office to schedule computer training.

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## POST MEETING DIALOGUE

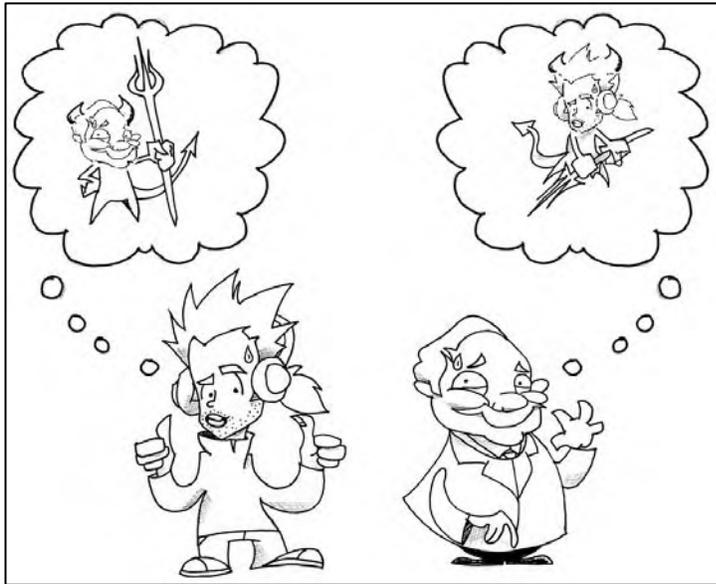
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Once a vote is taken, an IRB community member may feel as if they were pressured, made a mistake, or even voted incorrectly at an IRB meeting. It is recommended that institutions have a mechanism to allow for community members to voice/vent any concerns and to seek feedback. The mechanism for making community members comfortable with a vote already taken may be an email sent to the IRB Chair after the meeting, a one-on-one conversation with another IRB member who is knowledgeable about the topic, or a discussion with the IRB Director/Staff. Bringing the project back for a re-vote is unlikely but the community member and staff will be sensitive to these issues going forward. More often than not, speaking to other IRB members after an IRB meeting is a good way to facilitate learning and build knowledge. To further explore issues or to discuss ethical considerations, the community member should talk to the other member(s) who reviewed the same protocol.

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## DEALING WITH DISCOURTESY

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IRBs are generally burdened with a heavy workload and voluminous agendas. This can result in inadequate time to explain research terminology or technical procedures to laypersons during the IRB meeting. Some IRB Chairs/Directors may exhibit impatience when community members ask for clarification or details about a particular procedure. In some cases, particular IRBs or members may be discourteous and dismiss community member concerns. If the community member believes their concerns were improperly dismissed, they should bring this to the attention of the IRB Chair or Staff. If possible, the discourtesy should be dealt with when encountered.

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## BUILDING COMMUNITY MEMBER SKILLS

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Achieving confidence, familiarity, and understanding of the IRB review process can come from a variety of sources. Below are recommendations for building community member skills:

### **a. Observe research activities**

A useful way to become familiar with human subjects research is to observe the conduct of research as it is occurring. Getting a sense of what subjects undergo while participating in research will not only make reviewing a protocol easier, but it will help the new member empathize with the subject. In addition, witnessing the informed consent process may influence reviewer recommendations. Contact the IRB Director to request an opportunity to observe research activities.

### **b. Attend full board committee meetings**

Attending IRB meetings before becoming a member allows for a thorough understanding of IRB member expectations, an opportunity to be introduced to other members, the possibility of connecting with a future mentor, and will help in deciding whether the culture of the IRB is the right fit.

### **c. Don't be afraid to ask questions**

If it is discomfoting to raise questions during a meeting, submit questions and/or concerns to the IRB staff or Chair either before or after the meeting. Providing insight into protocol review depends partly on the community member's willingness to seek out explanations about unfamiliar procedures/concepts/methodology. Note: agreement is assumed if no questions are asked, or concerns are raised.

**d. Learn about regulations and controversial research and ethics issues**

Read journal articles given out at meetings and/or related articles online or in newspapers. Educational sessions focusing on regulatory concepts or hot issues are offered during full board meetings. USC's [OPRS](#) publishes a variety of educational literature available on its website, as well as many other resources and links.

**e. Join an internet community/listserv**

Join a group that shares common interests in the IRB process such as the Department of Energy community listserv ([U.S. Dept of Energy](#)) or the IRB Forum (<http://www.irbforum.org/>). With these groups, members can ask questions and get opinions and thoughts from other IRB members outside of the institution. Joining will provide supplementary education on important debates and new programs/initiatives from IRBs across the nation. Some online community/list serves include monthly newsletters which cover essential and controversial topics. To sign-up for USC's human subjects list serve, go to [USC OPRS](#).

**f. Attend IRB related conferences**

IRB members should seek educational opportunities in addition to those provided at IRB meetings. Attending conferences is an excellent way to learn about issues on a national level and to share knowledge and experiences of peers. Meetings offer great networking opportunities to meet like-minded members, some of whom may be leading experts in human subjects research ethics. Ask the IRB Director/Chair about support for attendance at conferences.

**g. Keep a notebook**

Taking notes on important debatable/debated issues gives a permanent resource for reference. It will allow you to refer back to a previous meeting's discussion where a particular issue was discussed. The notebook can also provide important information for reviewing protocols because issues often recur.

**h. Read other member reviews or the IRB staff comments**

Reviews completed by other IRB members or staff will help validate and support concerns or answer questions. IRB Staff reviewer's comments are especially thorough. Reviews completed by the other IRB members provide a coherent summary of the protocol and/or highlight ethical issues and serve as a good model and background.

**i. Foster relationships with other board members**

The IRB Chair should create an environment where ALL members feel empowered to contribute opinions. Attending more full board meetings will result in becoming comfortable with the other committee members. Interacting with other members outside of the meeting fosters the exchange of IRB related information.

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## INSTITUTIONAL STRATEGIES TO FOSTER COMMUNITY MEMBER STRENGTHS

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### **a. IRB Phone Support and Online Chat Forum**

Some institutions offer regular hours for phone support or office hours provided by the IRB staff. The IRB staff can provide guidance on the use of IRB forms, document preparation, adverse event reports, protocol violations, frequently asked questions, and many other issues and questions. Posting questions on online chat forums ([IRB Forum](#)) is another way of getting assistance.

### **b. Human Subjects Website**

At USC, a comprehensive website ([USC OPRS](#)) provides information on human subjects research issues. Websites should have downloadable templates, forms, brochures, and guidance documents. The website should include the recent institutional human subjects research policies, regulations, and news.

### **c. Finding willing IRB Community Members**

IRB community members can be recruited from communities or organizations that care about science, research, ethics, or protecting research subjects. Potential candidates are often recommended by other community members, local community organizations, schools, or churches. Candidates who are reluctant to commit to time requirements and do not show interest or enthusiasm should not receive further consideration. Available time, commitment to the IRB effort, and basic computer skills are vital requirements.

### **d. Provide Training and Education**

Community members are recruited for a certain level of naiveté and objectivity regarding human subjects research. Thus to learn the IRB review process, community members must receive training and education. An initial orientation to the IRB process, followed up with ongoing training and supplementary materials, acclimatizes new members and keeps them current as science and ethics emerge.

### **e. Eliminate Jargon**

IRBs use highly specialized jargon and many abbreviations. The IRB Chair should regularly remind the committee of the need to provide clarity and that non-experts/clinicians are present. Difficult language and terms should be minimized or explained.

### **f. Create a Level Playing Field**

To avoid hierarchical distinctions, the IRB Chair should encourage committee members to address each other in a uniform manner, regardless of degree or title. Community members may sometimes feel overwhelmed when surrounded by faculty members and scientists. A respectful form of address, applied uniformly, can eliminate perceived inequality.

### **g. Civil Discourse**

All attendees (i.e. students, staff, and faculty) must be courteous and should expect courtesy in return. If a discussion becomes heated, the IRB Chair, responsible for overseeing the conduct of the meeting, must diffuse any tensions. The Chair should take control of the discussion/debate, settle the issues, and terminate any unpleasant line of discourse.

#### **h. Improving the quality of IRB Applications**

The IRB Chair/Staff should create an ongoing program to educate and provide outreach to all schools/departments that consistently submit poorly written applications to the IRB. At IRB meetings, the outreach improvement efforts should be decided. Committee members may contribute to the outreach process by discussing IRB issues with PIs and researchers.

#### **i. Mentoring**

New community members should be assigned to an experienced IRB member for mentoring. New members can call on this mentor to answer simple and/or complex questions. Institutions should formalize the mentoring process.

#### **j. Schedule regular meetings and Education sessions**

If members do not interact with one another on a regular basis, it is difficult to create a sense of collegiality. The frequency with which IRBs meet may influence the team or group dynamics. Infrequent meetings may create a lack of consistency and continuity in the IRB review process.

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## **CONTACTS AND RESOURCES**

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### **UNIVERSITY OF SOUTHERN CALIFORNIA**

The offices below can assist USC community members with questions or concerns with a protocol, regulatory interpretations, or ethical issues.



**IRB Office:** For questions about a particular study, a good place to start is with the IRB staff reviewer assigned to the study or the IRB Director of the respective IRB.

**OPRS:** For questions about any of the Human Subjects Protections Program (HSP) policies and procedures, contact the Office for the Protection of Research Subjects (OPRS).

**Office of Compliance:** For legal questions or to report an action believed to be illegal, unethical or coercive, contact the USC Office of Compliance. This office has a 24-hour hotline where anonymous messages can be left.

**iStar Support:** For questions about iStar, or any other computer related issues, contact the iStar Help Desk (located at Health Sciences Campus IRB).

**CITI:** For questions about CITI, contact the CITI helpdesk at (213) 821-5272 or [citi@usc.edu](mailto:citi@usc.edu)

## USC CONTACTS

<b>OFFICE FOR THE PROTECTION OF RESEARCH SUBJECTS</b> 3720 South Flower, Third Floor Los Angeles, CA 90089-0706 Phone: 213.821.1154 Fax: 213.740.9299 E-mail: <a href="mailto:oprs@usc.edu">oprs@usc.edu</a> <a href="http://www.usc.edu/admin/provost/oprs/">http://www.usc.edu/admin/provost/oprs/</a>	<b>OFFICE OF COMPLIANCE</b> 3500 Figueroa St. University Gardens Building, Room 105 Los Angeles, CA 90089-5013 Tel: (213)740.8258 Fax: (213)740.9657 E-mail: <a href="mailto:complan@usc.edu">complan@usc.edu</a> <a href="http://www.usc.edu/admin/compliance/">http://www.usc.edu/admin/compliance/</a>
<b>UNIVERSITY PARK IRB</b> Stonier Hall, Room 224a, Los Angeles, CA 90089-1146 Tel: (213)821.5272 Fax: (213)821.5276 E-mail: <a href="mailto:upirb@usc.edu">upirb@usc.edu</a> <a href="http://www.usc.edu/admin/provost/oprs/upirb/">http://www.usc.edu/admin/provost/oprs/upirb/</a>	<b>HEALTH SCIENCES IRB</b> 2020 Zonal Avenue IRD Building, Room 425 Los Angeles, CA 90033 Tel: (323)223.2340 Fax: (323)224.8389 E-mail: <a href="mailto:irb@usc.edu">irb@usc.edu</a> <a href="http://www.usc.edu/admin/provost/oprs/hsirb/">http://www.usc.edu/admin/provost/oprs/hsirb/</a>
<b>ISTAR HELP DESK</b> 323-276-2238 <a href="mailto:istar@usc.edu">istar@usc.edu</a>	<b>CITI HELP DESK</b> 213-821-5272 or <a href="mailto:citi@usc.edu">citi@usc.edu</a>

## FEDERAL AGENCY CONTACTS

### **DHHS Office of Human Research Protections (OHRP)**

1101 Wootton Parkway, Suite 200  
 Rockville, MD 20852  
 Tel: (866) 447-4777  
 (OHRP): [www.hhs.gov/ohrp/about/](http://www.hhs.gov/ohrp/about/)

OHRP guidance documents: [www.hhs.gov/ohrp/policy/index.html](http://www.hhs.gov/ohrp/policy/index.html)  
 OHRP compliance references: [www.hhs.gov/ohrp/compliance/](http://www.hhs.gov/ohrp/compliance/)  
 OHRP Frequency Asked Questions: <http://www.hhs.gov/ohrp/policy/index.html#faq>

### **DHHS Food and Drug Administration (FDA)**

5600 Fishers Lane  
 Rockville, Maryland 20857  
 Tel: (888) 463-6332  
 (FDA): [www.fda.gov/](http://www.fda.gov/)

FDA guidance documents: [www.fda.gov/opacom/morechoices/industry/guidedc.htm](http://www.fda.gov/opacom/morechoices/industry/guidedc.htm)  
 FDA compliance references: [www.fda.gov/ora/compliance\\_ref/](http://www.fda.gov/ora/compliance_ref/)

### **DHHS Office of Research Integrity (ORI)**

1101 Wootton Parkway, Suite 750  
 Rockville, Maryland 20852  
 Tel: (240) 453-8200  
 (ORI): <http://ori.dhhs.gov/>  
 ORI policies: <http://ori.dhhs.gov/policies/>





## Chapter VI

USC

Electronic  
Resources  
and Online  
Programs

# USC ELECTRONIC RESOURCES AND ONLINE PROGRAMS

This section provides descriptions and instructions for using the electronic tools needed for USC IRB membership:

- USC email account
- CITI (Collaborative Institutional Training Initiative)
- iStar (IRB Submission Tracking and Review System)

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## INSTITUTIONAL EMAIL ACCOUNTS

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Community members generally do not have access to electronic resources provided by an institution, however, as an added benefit, community members at USC are provided with institutional email accounts. This USC email allows access to electronic resources such as: online libraries, digital archives, and computer software free of charge. Community members can receive training on how to use these resources if requested. For information on how to receive an email account and access to these resources, contact an IRB Director.

### Connected@USC

USC Community members who have opened institutional email accounts receive access to the following information services:

- Email
- Internet connection
- Personal web page space
- Extensive digital research resources
- High-speed wireless network
- High-speed public computers
- Popular software for download
- Computing and library research help

### Obtaining a USC Account

USC's Information Technology Services (ITS) provides access to institutional resources and IT support. To view some of the tools and services available from ITS visit: <http://www.usc.edu/its/new/facstaff.html>. To learn more, call the Customer Support Center at 213-740-5555 or visit [www.usc.edu/its](http://www.usc.edu/its).

### Account Username

Information Technology Services assigns all users a unique "username" based on a derivation of their real name. A username identifies a user on computer systems and allows access when combined with a unique password. Usernames must always be in lowercase letters.

### Choosing a Password

When an account is activated, it requires the choice of a unique password, with certain required characteristics. This password, in conjunction with a username, allows account access. The characters will not be displayed on the screen to ensure privacy whenever a password is typed.

### Accessing USC Online Libraries

USC online libraries have a wealth of journals, periodicals, magazines, and other electronic resources available from any computer through the internet. To access the library resources, use the issued USC email account username and password. Below are links to some of these resources:

- **USC Libraries:** <http://www.usc.edu/libraries>
- **Electronic resources:** <http://www.usc.edu/libraries/eresources>
- **USC Email:** <http://email.usc.edu>

(Contact/Help: <http://www.usc.edu/libraries/services/contactus.php>)

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## **CITI: ONLINE HUMAN SUBJECTS TRAINING**

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CITI (Collaborative Institutional Training Initiative) is an easy to use extensive online human subjects education / training program (human subjects protections training for faculty advisors, faculty and student investigators, key personnel, IRB members, and IRB staff). USC community members are required to complete CITI as a condition of IRB membership.

For questions regarding CITI access, certification, FAQs, or for technical support, call the USC CITI help desk at (213)-821-5272. Information on CITI can also be found on the USC website: <http://www.usc.edu/admin/provost/opr/citi>

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## **iSTAR: ONLINE IRB APPLICATION AND REVIEW SYSTEM**

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As the workload of IRBs continues to increase, many are adopting paperless, computer based system for project applications and IRB. Familiarity with the internet and with email will help prepare new community members for computerized IRB review. For novice computer users, attending group and one-on-one training sessions will help in the reviewing of protocols online.

iStar is the online IRB application system used at USC to submit, review, and process research applications. Researchers and IRB members must use the internet to access the iStar system. Through iStar, IRB members review new study submissions, amendments to previously approved research, and continuing reviews (yearly renewals). Selected IRB members also review reportable events (i.e. adverse events, protocol deviations, unanticipated problems). The iStar system allows committee members to: send correspondence to investigators and IRB staff, view meeting schedules/agendas, confirm or decline meeting attendance, and more. Although iStar may be intimidating at first, it becomes easier with experience and guidance.

There are many ways to get technical assistance for the iStar system. Community members can: call the iStar help line at (323) 276-2238, call the IRB staff or Director, or call another IRB member. For one-on-one training, contact the IRB helpdesk at: [iStar Technical Support](#). The iStar training website (“Sandbox”) may also be used for practice: <https://istar-chla.usc.edu/train>. The iStar system is accessible 24 hours a day at: <https://istar-chla.usc.edu>.

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## iSTAR: STEP-BY-STEP INSTRUCTIONS

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What follows are step-by-step instructions for using iStar to create an account and review projects.

- a. [OBTAINING AN iStar ACCOUNT AND LOGGING IN](#)
- b. [MY HOME PAGE](#)
- c. [CONFIRM / DECLINE ATTENDANCE TO A COMMITTEE MEETING:](#)
- d. [STUDY WORKSPACE](#)
- e. [POST A REVIEW IN ISTAR](#)

## a. OBTAINING AN iStar ACCOUNT AND LOGGING IN

This is what the entry screen will look like when first logging in to iStar:

**Provide your User Name and Password here.**

**iStar**  
University of Southern California &  
Childrens Hospital Los Angeles

**IRB Submission Tracking And Review system**

**Login with your iStar Username and Password:**  
(Click here for information on obtaining an iStar account)

Version 1.8

**Important News**

iStar Training (SandBox) is currently UNAVAILABLE!!  
It is under maintenance!!

iStar Training (SandBox) <http://istartraining-chla.usc.edu> website.

© 2005 | [Disclaimer](#) | [istar@usc.edu](mailto:istar@usc.edu)  
Committee on Clinical Investigation, CHLA, Los Angeles, CA 90027. (323) 669-2265  
Health Sciences Institutional Review Board, USC, Los Angeles, CA 90033. (323) 323-2340  
University Park Institutional Review Board, USC, Los Angeles, CA 90089. (213) 821-5272

- To receive an iStar account, send an email request to [istar@usc.edu](mailto:istar@usc.edu). In the email, request the “IRB member user role”, specify a campus (e.g. Health Sciences or University Park) and for the Health Sciences, also specify the IRB committee number (e.g. 1, 2, or 3).
- Once the account is created, an email from the iStar system will be sent with the username and a temporary password. With the first login, change the temporary password to a permanent password. Follow the iStar prompts to change the password.
- Open a web browser (e.g. Internet Explorer) and type <http://istar-chla.usc.edu> in the browser window.
- The webpage will look like the one below. Enter the username and password.

## b. MY HOME PAGE

Once logged in to iStar, the homepage will appear. This page lists all of the studies assigned to the committee member for review.

Each numbered item is explained below the screenshot.

The screenshot shows the iStar system homepage for Ann Hamilton. The page is titled "Folder for Ann Hamilton" and includes a navigation bar with links for Home, Committees, Studies, and System Information. The main content area is divided into several sections:

- My User Roles:** A list of roles, including "Committee Member" (highlighted with a blue bar).
- My Committees:** A list of committees, including "HSIRB 3" (highlighted with a blue bar).
- My Inboxes:** A tabbed interface with tabs for "My Inboxes", "Previously Reviewed", "Studies", "Meetings", and "Reports".
- Studies:** A table with columns for ID, Name, Owner, State, Last State Change, Committee, Meeting, and PI. The table is currently empty, displaying "There are no items to display".
- Continuing Reviews:** A table with columns for ID, Name, Owner, State, Last State Change, Committee, Meeting, and PI. The table is currently empty, displaying "There are no items to display".
- Amendments:** A table with columns for ID, Name, Owner, State, Last State Change, Committee, Meeting, and PI. The table is currently empty, displaying "There are no items to display".
- Reportable Events:** A table with columns for ID, Name, Owner, State, Last State Change, Committee, Meeting, and PI. The table is currently empty, displaying "There are no items to display".

Numbered callouts in the image point to specific elements:

- 1:** Points to the user name "Ann Hamilton" and the "My Home" link in the top right corner.
- 2:** Points to the "Committee Member" user role in the "My User Roles" section.
- 3:** Points to the "Committee Member" link in the "My Committees" section.
- 4:** Points to the "HSIRB 3" committee name in the "My Committees" section.
- 5:** Points to the "My Inboxes" tab in the "My Inboxes" section.

1 - There are 3 different links here. Clicking on **your name** goes to the user profile, where contact information can be edited (e.g. work address, phone number, etc.). If ever “lost” in iStar, click **My Home** to go back to the homepage (above). Click **logout** to sign-out of iStar. Closing the browser window will automatically result in sign-outing of the system as well.

2 - Under **My User Roles** are different “hats” available in the iStar system. For example, if the user is both an IRB Member and a PI, a **Committee Member** user role and a **PI/Staff** user role are displayed. To view and access applications the user has been assigned to review as an IRB committee member, click the **Committee Member** user role. To view and access applications where the user is listed as part of the research team (PI, CO PI, collaborator, coordinator, etc.) click the **PI/Staff** user role.

Under **My Committees** the user’s IRB committee(s) in which they serve is listed. Clicking on the committee name (e.g. HSIRB 3) navigates to a page where the meetings schedule is displayed. In addition, the minutes from past meetings can be printed or viewed, and attendance for a particular upcoming meeting can be confirmed or declined.

**3** - For those users who have multiple roles, this icon tells which homepage (or mailbox) is currently being displayed (e.g. **Committee Member** vs. **PI/Staff**). Community members will have access to only one homepage because they have only one user role.

**4 - My Inbox** tab shows all items requiring an action. If the user has been assigned a new study to review, the study title will appear under the “Studies” section. If the user has been assigned an amendment to review, the amendment title will appear under the “Amendments” section. The same is true for “Continuing Reviews” and “Reportable Events”.

**5** - Clicking the **Previously Reviewed** tab lists all of the iStar applications the user has reviewed previously. Click on any of these items to view them. Clicking the **Studies** tab gives a list of all studies approved by the IRB. This tab allows the user to view those activities approved by the full committee, and those activities approved by expedited review. Clicking the **Meetings** tab lists the upcoming IRB meetings. The **Reports** tab lists the reports/queries available.

### c. CONFIRM / DECLINE ATTENDANCE TO A COMMITTEE MEETING:

IRB Committee Members are expected to attend a minimum of 75% of meetings. Members must use this screen to confirm/decline attendance to a meeting, well in advance.

**Current State**

**Reviewers Assigned**

Printer Friendly Agenda

CM Confirm Attendance

CD Decline Attendance

**Meeting Date:** 3/20/2007  
**Location:** General Hospital, Doctor's Dining Rooms A & B  
**Start Time:** 12:00 PM  
**Submission Cutoff Date:** 3/6/2007  
**State:** Reviewers Assigned  
**Notes:**  
**Offline Agenda:**

Agenda Attendees History

**Agenda Items:**

Type	ID Number	Title	PI	Primary Reviewer	Secondary Reviewer	Tertiary Reviewer
[View] Continuing Reviews	HS-022044-CR001	Continuing Review for Legacy Study HS-022044	Douer			
[View] Continuing Reviews	HS-035034-CR002	Continuing Review	Mateo			
[View] Continuing Reviews	HS-041025-CR001	Continuing Review for Legacy Study HS-041025	Mishell Jr			
[View] Continuing Reviews	HS-043016-CR001	Continuing Review for Legacy Study HS-043016	Larsen			
[View] Continuing Reviews	HS-045031-CR002	0C-04-04 Continuing review 2007	Lenz	Chingos		
[View] Continuing Reviews	HS-04B055-CR001	Continuing Review for Legacy Study HS-04B055	Smogorzewski			
[View] Continuing Reviews	HS-05-00032-CR002	Continuing Rev. #2	Towfigh			
[View] Continuing Reviews	HS-05-00331-CR002	Carolina Bradshaw	Simpson			
[View] Continuing Reviews	HS-051008-CR001	Continuing Review for Legacy Study HS-051008	Udin			
[View] Continuing Reviews	HS-051044-CR001	Continuing Review for Legacy Study HS-051044	Tulpule	Larsen		
[View] Continuing Reviews	HS-051045-CR001	Continuing Review for Legacy Study HS-051045	Chung			
[View] Continuing Reviews	HS-052007-CR002	2007 Continuing Review	Barbers			
[View] Continuing Reviews	HS-054005-CR002	Continuing Review Study Expires 4/17/07	Lew			
[View] Continuing Reviews	HS-055004-CR003	Continuing Review	Mateo			
[View] Continuing Reviews	HS-06-00084-CR001	Continuing Review 2007	Mohrbacher			
[View] Continuing Reviews	HS-06-00123-CR001	Continuing Review Year 1	Akmal			
[View] Continuing Reviews	HS-06-00133-CR001	Continuing Review #1 (1/25/07)	Towfigh			
[View] Continuing Reviews	HS-06-00158-CR001	2N-05-5 Phase 2 Study of HK3-272 (HS-06-00158)	Giltitz			
[View] Continuing Reviews	HS-06-00167-CR001	Continuing Review	Elkayam			
[View] Continuing Reviews	HS-06-00179-CR002	0C-05-8 Continuing review 2007	Pinski			

Prior to each full board meeting, you must inform the IRB of your attendance.

To report attendance:

1. Login with the username and password.
2. From **My Home Page**, select the **Meetings** tab (see #5 in **My Home Page** graphic above).
3. Click a meeting (date and location) under NAME to accept/decline attendance for that meeting.
4. Click either the 'Confirm Attendance' or 'Decline Attendance' button.

#### d. STUDY WORKSPACE

This page has many parts and functions. From here, users can access/view/print the IRB application and associated documents (consents, etc.), navigate to all activities and all official correspondences related to a study, and post a review.

The screenshot shows the IRB Study Workspace for study BAY 43-9006. The interface includes a header with USC and Children's Hospital logos, a navigation menu, and a main content area. A 'Current State' box shows 'Expired'. A 'My Activities' sidebar has a 'Log Comment' button. A 'View Study' button is highlighted with a bracket labeled '2'. A 'Printer Friendly Version' button is highlighted with a bracket labeled '3'. A 'View Changes' button is highlighted with a bracket labeled '1'. A '4' is placed above the main content area.

Activity	Author	Activity Date
Amendment Opened	Marie Reyes	2/13/2008 1:07 PM PST
Message Sent to Investigators	Nayade de Cumbe	12/9/2005 8:24 AM PST
Spanish version of ICR ready at iStar		
Consent Forms and Documents Finalized	Nayade de Cumbe	12/9/2005 8:23 AM PST
Study Approved	Yu Chung	12/1/2005 3:29 PM PST
See Approval Letter		
Consent Forms and Documents Finalized	Yu Chung	12/1/2005 3:27 PM PST
Consent Forms and Documents Finalized	Yu Chung	12/1/2005 3:19 PM PST
Consent Forms and Documents Finalized	Yu Chung	12/1/2005 3:12 PM PST
Contingency Review Results Recorded	Yu Chung	12/1/2005 2:58 PM PST
Your correspondence dated and received on 11/30/05 and attachments were reviewed by Dr. Larsen on 12/1/05. The proposed changes qualify for expedited review according to 45CFR46.110 (b) 2) minor changes in previously approved research during the pe...		
Contingency Review Findings Submitted-Approve	Robert Larsen	12/1/2005 1:23 PM PST
Yellow Form		
Brown Form		
Study Claimed by Contingency Reviewer	Robert Larsen	12/1/2005 1:16 PM PST

1 - The **Current State** indicates what stage the study is in, in the IRB review/approval process. Examples include: changes required by IRB, contingencies pending, and approved.

2 - Clicking the **View Study** navigates to page 1 of the study application. Click the continue button to move to the next page in the application, or the back button to return to the previous page.

Click the **Printer-Friendly Version** button to display the complete application in one scrolling screen (use the mouse to scroll from page to page). To print out the entire application, click the "Print" button in the top right corner. Any documents attached/uploaded to the application (consents, flyers, clinical protocols, etc.) are listed as hyperlinks. Click on the hyperlinks one at a time to view and/or print those documents. When the linked document is closed, the screen returns to the printer-friendly version.

The **View Changes** button allows the user to see changes made by the investigator/researcher. It shows a before and after of the individual screens that were changed. Use this button to verify that required changes were completed.

**3** - The **My Activities** section displays the available actions/buttons. These buttons change as the study moves through the review process. Use the **Log Comment** button to post a comment or note about the study. Only IRB members and staff will see this comment.

**4** - The tabs are: **History, Amendments, Continuing Reviews, Reportable Events, Documents,** and **Change Log**. Click each tab to view that application.

The **History** tab allows the user to see all of the various actions related to the application. Activities are date and time stamped. Activity examples include Co-Investigator sign-off, application submission, IRB staff review, reviewer contingencies, amendment opened, etc... If you are conducting an initial review, the study history will not be present. To view the latest IRB approval letter (if any), find the “Study Approved” activity and click the “see approval letter” link.

Click the **Amendments, Continuing Reviews, or Reportable Events** tab to see a list of all the applications submitted for this study. Remember that amendments, continuing reviews, and reportable events are additional applications linked to the study application. To get the details of any of these applications, click the respective tab and then the application title under “NAME”. Click the **printer-friendly version** button to view the entire application in one scrolling document.

Click the **Documents** tab to see all of the documents attached to the applications. Researchers upload and attach clinical protocols, consent forms, flyers, grant proposals, budgets, and other supporting documents to the iStar application. Click on any of the listed documents, and then open, save, or cancel.

Click the **Change Log** to see a list of all changes made to the application. Note: it is much easier to use the **View Changes** button for verifying that contingencies were met.

## e. POST A REVIEW IN ISTAR

IRB members receive email notices when they are assigned applications to review. IRB members review new applications, amendments, continuing reviews, and/or reportable events.

The screenshot shows the iStar web application interface for Ann Hamilton. The top navigation bar includes USC, University of Southern California, Children's Hospital Los Angeles, and Development. The user is logged in as Ann Hamilton. The main content area is titled 'Folder for Ann Hamilton' and contains a welcome message and instructions. Below this, there are four sections: 'My Inbox', 'Previously Reviewed', 'Studies', 'Meetings', and 'Reports'. Each section has a table with columns for ID, Name, Owner, State, Last State Change, Committee, Meeting, and PI. All tables are currently empty, displaying 'There are no items to display'. The footer contains copyright information and contact details for the Institutional Review Boards.

### Step-by-Step instructions:

1. To get started, login to iStar with the username and password.
2. The application(s) requiring review are listed under **My Studies**. Applications are separated by the type of submission: Studies, Continuing Reviews, Amendments, or Reportable Events.
3. Click the application title/name.
4. Review the application and attached documents.
5. From the computer, open a blank Microsoft Word document or other word processing program directly (i.e. outside of iStar). Type the review comments into this document. Save this document on the computer (i.e. desktop or my documents).
6. In iStar, click the **Enter Primary Reviewers Notes** or **Enter Secondary Reviewers Notes** button.
7. Copy and paste the comments from the open MS Word document or other program. (You may also type the review directly into the window, but it is best to save a copy in a Word document.)  
- OR -  
Upload the saved Word file using the **Add** button in the attachments section of the window.
8. Click the OK button to post the review.
9. To make changes to the already posted review, repeat steps 6 – 8. The newest posting will be placed above the original, previously posted review. The original review is not removed, and can be accessed through the History tab.



## PART II - REGULATIONS

# YOU WANT TO BE AN IRB COMMUNITY MEMBER... NOW WHAT?







## **Chapter VII**

Ethical and  
Regulatory  
Basis for  
Human  
Subjects  
Research

# ETHICAL AND REGULATORY BASIS FOR HUMAN SUBJECTS RESEARCH

The history of ethical standards for human subjects research began in the 1940s with the Nuremberg Code. Since then, the federal government has increased awareness for protecting the rights and welfare of human subjects by establishing regulatory codes and regulations. This section provides a brief background on the history of the regulations and ethics that are required when human subjects are involved in research.

## NUREMBERG CODE

The Nuremberg Code was developed following the Nuremberg Military Tribunal which judged human experimentation conducted by the Nazis. The Code encompasses many of the basic principles governing the ethical conduct of human subjects research today. The Nuremberg Code states that “the voluntary consent of the human subject is absolutely essential” and it further explains the details implied by this requirement: capacity of participants to consent, participants’ rights to participate or not, freedom from coercion, no penalty for withdrawal, and comprehension of the risks and benefits involved. More information can be found at:

<http://www.nihtraining.com/ohsrsite/guidelines/nuremberg.html>.

## DECLARATION OF HELSINKI

In 1964, the World Medical Association established recommendations to guide medical doctors in biomedical research involving human subjects. The Declaration governs international research ethics and defines rules for "research combined with clinical care" and "non-therapeutic research." The Declaration of Helsinki was revised in 1975, 1983, 1989, and 1996 and is the basis for Good Clinical Practices used today. More information can be found at:

<http://www.wma.net/e/policy/b3.htm>.

Issues addressed in the Declaration of Helsinki include:

- Research involving medical interventions with humans should be based on the results from laboratory and animal experimentation.
- Research protocols should be reviewed by an independent committee prior to initiation.
- Informed consent from research participants is necessary.
- Research should be conducted by medically/scientifically qualified individuals.
- Risks should not exceed benefits.

## BELMONT REPORT

In 1978, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research created “The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research.” The Belmont Report sets forth the basic ethical principles required for research involving human subjects. The Belmont Report encompasses three key principles which are: respect for persons (autonomy), beneficence, and justice. More information can be found at: <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.htm>

### ***Respect for Persons***

“Respect for persons incorporates at least two ethical convictions: first, individuals should be treated as autonomous agents, and second, persons with diminished autonomy are entitled to protection. The principle of respect for persons thus divides into two separate moral requirements: the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy.” This states that the person must be capable of making the decision on whether or not to participate in a human subjects research project.

### ***Beneficence***

“Persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term "beneficence" is often understood to cover acts of kindness or charity that go beyond strict obligation. In this document, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: **(1)** do not harm and **(2)** maximize possible benefits and minimize possible harms.”

### ***Justice***

“Who ought to receive the benefits of research and bear its burdens? This is a question of justice, in the sense of "fairness in distribution" or "what is deserved." An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly. Another way of conceiving the principle of justice is that equals ought to be treated equally. However, this statement requires explication. Who is equal and who is unequal? What considerations justify departure from equal distribution? Almost all commentators allow that distinctions based on experience, age, deprivation, competence, merit and position do sometimes constitute criteria justifying differential treatment for certain purposes. It is necessary, then, to explain in what respects people should be treated equally. There are several widely accepted formulations of just ways to distribute burdens and benefits. Each formulation mentions some relevant property on the basis of which burdens and benefits should be distributed. These formulations are **(1)** to each person an equal share, **(2)** to each person according to individual need, **(3)** to each person according to individual effort, **(4)** to each person according to societal contribution, and **(5)** to each person according to merit.”

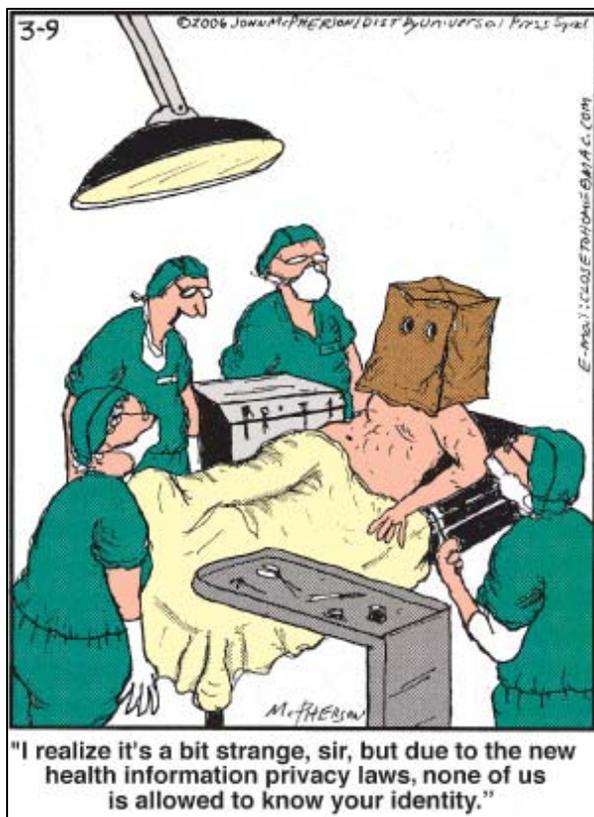
## FEDERAL POLICY FOR THE PROTECTION OF HUMAN SUBJECTS (COMMON RULE)

In 1981, the Department of Health and Human Services codified the Policy for the Protection of Human Subjects (Title 45, Part 46). These regulations, called the “Common Rule,” provide for the basic foundation of the Institutional Review Boards. This Federal Policy has been codified by the 18 federal agencies that conduct, support, or otherwise regulate human subjects research, hence the title “Common Rule.” The Policy also provides specific protections to vulnerable populations such as pregnant women, fetuses, and neonates (Subpart B), prisoners (Subpart C), and children (Subpart D) involved in human subjects research. More information can be found at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>

## UNITED STATES FOOD AND DRUG ADMINISTRATION REGULATIONS

The U.S. Food and Drug Administration, under the Department of Health and Human Services, regulates drugs, medical devices, and biologics. FDA regulations 21 CFR Part 50 (Protection of Human Subjects), and 21 CFR Part 56 (Institutional Review Boards) must be adhered to when studies are conducted using drugs, medical devices, or biologics. Although FDA regulations are similar to the regulations found in the Common rule there are some certain differences. The differences between OHRP and FDA can be found at: <http://irb.jhmi.edu/Guidelines/FDAvsOHRP.html>. More information can be found at <http://www.fda.gov/oc/ohrt/irbs/>.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) / PRIVACY RULE



The Health Insurance Portability and Accountability Act “Privacy Rule (HIPAA) is a federal law that generally prohibits health care providers (such as physicians or other health care practitioners, hospitals, nursing facilities and clinics) from using or disclosing “protected health information” (PHI) without written authorization from the patient.

If an investigator intends to use or release to others (e.g., sponsors, other investigators, collaborators) any identifiable health information in connection with their research, he/she must indicate that in the IRB application.

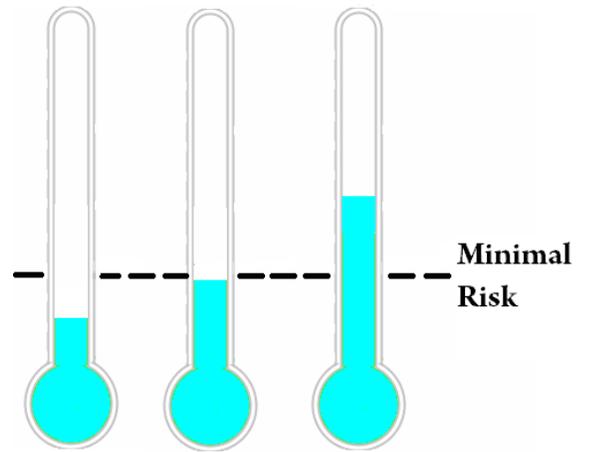
Protected Health Information (PHI) is health information transmitted or maintained in any form or medium that includes ALL of the three following parts:

- identifies or could be used to identify an individual; and
- is created or received by a healthcare

- provider, health plan, or healthcare clearinghouse; and
- relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual.

The full text of the Privacy Rule can be found at the HIPAA privacy website of the Office for Civil Rights (OCR): <http://www.hhs.gov/ocr/hipaa>





## Chapter VIII

Types of IRB

Review:

Exempt,

Expedited, Full

Board

# TYPES OF IRB REVIEW: EXEMPT, EXPEDITED, FULL BOARD

Research involving human subjects requires IRB review under one of the following three levels: **exempt, expedited, or full-board**. Studies involving minimal risk\* (or less than minimal risk) generally qualify for review at the exempt or expedited level. For studies that are deemed greater than minimal risk, review by the full-board is required. An explanation of each review level is described below.

\* *“Minimal risk” is defined as “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”.*

## EXEMPT REVIEW

Exempt research involves research with human subjects; however, it is “exempt” from the provisions stated in the Code of Federal Regulations (i.e. a consent form is not required). Exempt research projects must be submitted to the IRB for initial review; however they do not require annual re-review by the IRB (continuing review). Changes to exempt research must be submitted to the IRB for review and approval if the project is amended in such a way that it no longer meets the exemption criteria. The IRB/designee is required to determine if a research project falls under one or more of the following six exempt categories listed in the federal regulations ([45 CFR 46.101\(b\)](#)):

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular and special education instructional strategies, or (b) research on the effectiveness or the comparison among instructional techniques, curricula, or classroom management methods.\*
2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **AND** (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.\*
3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (2) if: (a) the human subjects are elected or appointed public officials or candidates for public office; or (b) the research is conducted for the Department of Justice under Federal statute 42 U.S.C. 3789g, or for the National Center for Education Statistics under Federal statute 20 U.S.C. 12213-1, which provide certain legal protections and requirements for confidentiality.
4. Research involving the collection or study of existing data, documents, records, pathological or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

5. Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (a) public benefit or service programs; (b) procedures for obtaining benefits or services under those programs; (c) possible changes in or alternatives to those programs or procedures; or (d) possible changes in methods or levels of payment for benefits or services under those programs.
6. Taste and food quality evaluation and consumer acceptance studies, if (a) wholesome foods without additives are consumed or (b) 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 U.S. Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

\*Studies involving children can only be exempt if the PI plans to only observe and not interact with the children.

### **EXPEDITED REVIEW**

If the level of risk in a research project is considered to be no greater than minimal, and the research meets at least one of the expedited categories below, the IRB may review the project at the expedited level. Expedited review covers the same considerations as a full committee review; however the project can be reviewed and approved by the IRB Chair or Designated Reviewer, rather than the whole convened IRB committee. In reviewing research, expedited reviewers may exercise all of the authorities of the IRB, except the reviewers may not disapprove the research. In this case, the expedited reviewer must defer review to the full IRB committee. There are nine expedited categories listed in the federal regulations ([45 CFR 46.110](#)):

1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met. (a) Research on drugs for which an investigational new drug application ([21 CFR Part 312](#)) is not required. (b) Research on medical devices for which (i) an investigational device exemption application ([21 CFR Part 812](#)) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows: (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, 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 (b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, 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.
4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical

- device are not generally eligible for expedited review, including studies of cleared medical devices for new indications).
5. Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects [45 CFR 46.101\(b\)\(4\)](#). This listing refers only to research that is not exempt.)
  6. Collection of data from voice, video, digital, or image recordings made for research purposes.
  7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects [45 CFR 46.101\(b\)\(4\)](#). This listing refers only to research that is not exempt.)

Note: The following applies to continuing review of research:

8. Continuing review of research previously approved by the convened IRB as follows: (a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or (b) where no subjects have been enrolled and no additional risks have been identified; or (c) where the remaining research activities are limited to data analysis.
9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

### **FULL BOARD (CONVENED) REVIEW**

Studies that involve more than minimal risk require full board review at a convened meeting, at which a quorum of IRB members is present. For the research to be approved, it must receive the approval of a majority of those members present. While federal regulations do not specifically list categories that would fall under full board review, below are certain criteria that may require a study to undergo full board review:

1. clinical procedures involving drugs, devices, or biologics;
2. studies using vulnerable populations;
3. studies taking place internationally (particularly those with little or no provisions for protection of human subjects);
4. studies where information may be disclosed to researchers that could require mandatory legal reporting (e.g., child/elder abuse, drugs, etc.);
5. studies involving deception which raise the risk level;
6. studies where the IRB staff, chair, member, or designee, determines to be greater than minimal risk.



# Chapter IX

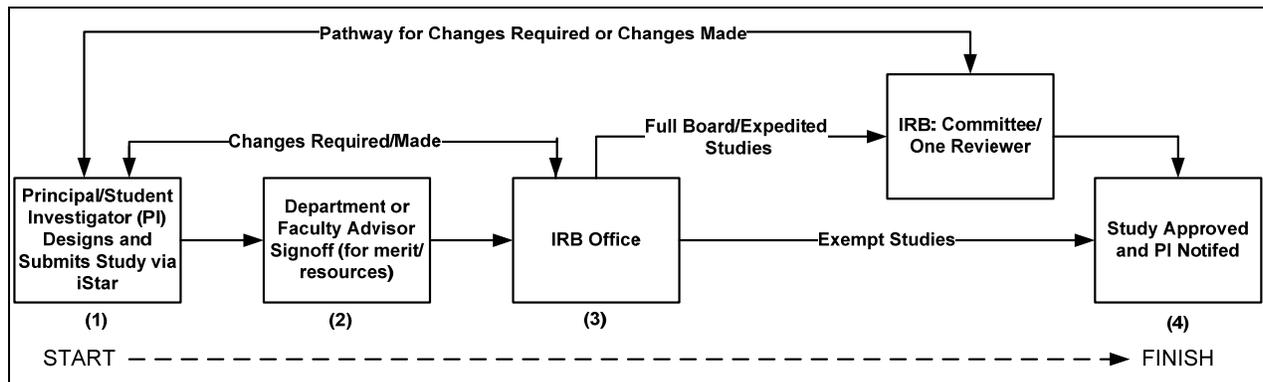
## IRB Approval Process

# IRB APPROVAL PROCESS

## IRB REVIEW PROCESS FLOWCHART

What follows is a basic overview of each stage in the IRB approval process from online submission to IRB approval. A description of each stage is provided below the flowchart.

### IRB Review Process



#### (1) Principal Investigator (Faculty/Staff/Student) Designs and Submits Study via iStar:

Investigators design their protocol and submit it via the iStar application system. Investigators must indicate if the application requires exempt, expedited, or full board review. The final determination of the review category is made by the IRB

NOTE: Investigators and key personnel must fulfill the University's CITI Human Subjects Education requirement before the IRB will give final approval.

#### (2) Department or Faculty Advisor Signoff to Ensure Adequate Proposal:

Once the application is submitted (via the online iStar application system) the department and/or faculty advisor must review and sign off on the application. This signoff represents consideration of scientific merit, availability of resources, or other issues at the department level.

#### (3) IRB Office:

After department or faculty advisor approval is obtained, an initial review of the application is conducted by the IRB staff or IRB designee. At USC, the IRB staff conducts a thorough pre-review of the application to verify the correct level of review, and to evaluate the protocol and supporting documents (e.g., consent form, recruitment materials, etc.). If a study is approved as **exempt** or determined to be "**not human subjects research**," no further IRB action is required. Any significant changes to the approved study must be submitted and reviewed by the IRB prior to initiation.

For studies designated as **expedited** or **full board**, IRB review is required from a designated reviewer or the full board, respectively. The possible determinations that can be made on a study are as follows:

- *Approved* – the application is complete, the risks to subjects are minimal/minimized, and the procedures are appropriate. The IRB gives approval for the research to be conducted.
- *Approved with Contingencies* – the application is complete but there are issues/changes that must be addressed before the project can begin. Once a satisfactory response to these contingencies is received the IRB will grant final approval and the research may then be initiated.
- *Deferred* – applications that are found to have deficiencies (risk to subjects, unclear procedures, serious omissions, ethical issues, or major contingencies) will be deferred. The researcher is sent a memorandum listing the concerns that must be addressed for approval to proceed. The researcher's response is reviewed by the IRB and will be approved or deferred until all issues are addressed satisfactorily.
- *Disapproved* – Applications that are found to have risks that outweigh the potential benefits to subjects and/or society will receive a non-approval and the research will not be allowed. This determination can only be made by the full board at a convened meeting. Institutional administrative officials may not override this decision.

#### **(4) Study Approved and PI Notified:**

The researcher will be notified through an iStar generated email when the study has been approved.

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## **IRB APPROVAL CRITERIA: KEY POINTS**

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When reviewing proposed research, the IRB must consider the 7 regulatory requirements, provided below. Among the concepts that must be well understood to review human subjects research are informed consent concepts and elements, privacy and confidentiality, and risk and benefit. The information below is not all inclusive and is provided to establish familiarity with these critical topics.

### **REGULATORY CRITERIA FOR IRB APPROVAL**

USC investigators proposing a research project that involves human subjects must submit an [iStar](#) application to the IRB. The IRB shall determine that all of the following federal requirements are satisfied before approving the research ([45 CFR 46.111](#) and [21 CFR 56.111](#)):

- (1) Risks to subjects are minimized: (i) By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.
- (2) Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result

from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.

(3) Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.

(4) Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by §46.116.

(5) Informed consent will be appropriately documented, in accordance with, and to the extent required by §46.117.

(6) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.

(7) When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

Additionally, when some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

## **INFORMED CONSENT**

Informed consent is the process of informing potential subjects about the key facts of a research study and what their participation will involve. The human subjects in the study must participate willingly, after having been adequately informed about the research. If the subjects are from a vulnerable population\*, such as pregnant women, prisoners or children, additional protections are required. (\*See the Code of Federal Regulations: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>)

Consent documents must be clearly written and at a level understandable by the subjects. The language must be non-technical (comparable to the language in a newspaper or general circulation magazine). Scientific, technical, and medical terms must be plainly defined. It is often recommended that the informed consent be written at the sixth to eighth grade reading level. Assent forms for minors and any related recruitment materials must reflect the reading level of the minors. The informed consent must be translated into the primary language of the subject if he/she is not fluent in English.

## What elements should be included in an informed consent?

For human subjects to participate in a research study, they need to have enough information to give a truly voluntary informed consent. Information subjects must be given include:

- *Purpose* of the research
- *Procedures* involved in the research
- *Alternatives* available should a subject decide not to participate in the research
- *All foreseeable risks and discomforts* to the subject. *Note: that these include not only physical injury but also possible psychological, social, or economic harm, discomfort, or inconvenience.*
- *Benefits* of the research to society and possibly to the individual human subject
- *Length of time* the subject is expected to participate
- *Payment* for participation (if applicable)
- *Person to contact* for answers to questions or in the event of a research-related injury or emergency
- Statement that *participation is voluntary* and that refusal to participate will not result in any consequences or any loss of benefits that the person is otherwise entitled to receive
- Subjects' *right to confidentiality and right to withdraw* from the study at any time without any consequences

### **There are three types of consent:**

Consent – An adult subject, capable to give permission to participate in a research study, can provide consent. The subject must be 18 years of age and competent to make the decision to participate.

Parental Permission – When children/minors are included in research, the parent/guardian must sign a parental permission consent document. Some situations require permission from at least one parent, while other situations require permission from both parents. In some cases, waiving the requirement to obtain parental permission may be necessary. Refer to [45CFR46 subpart D](#) for more information.

Assent – Assent is a child's affirmative agreement to participate in research. If the subject is 7-17 years of age, assent must be obtained. The assent form must include simple language written at the appropriate reading level of the youngest subject in the age range.

Informed consent templates and guides can be found in the following links:

UPIRB: <http://www.usc.edu/admin/provost/opr/upirb/forms/>

HSIRB: <http://www.usc.edu/admin/provost/opr/hsirb/forms/>

## **PRIVACY/CONFIDENTIALITY**

The protection of privacy and confidentiality are important issues in the protection of human research subjects. The investigator must describe plans to protect the subject's identity as well as the confidentiality of the research records. Privacy and confidentiality are extensions of the principles of autonomy (respect for persons) and beneficence from the Belmont Report.

## **Privacy**

**Privacy.** Can be defined in terms of having control over the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or intellectually) with others.

Care should be taken to explain the mechanisms that have been devised to protect the privacy of the subjects. The concept of privacy relates to the means for obtaining the data from subjects. For example, when a researcher is interviewing a participant, they must make provisions to protect what is being discussed. Holding the interview in a private office is one method to protect the participant's privacy. Another consideration for privacy is limiting the data being obtained to essential data only. For example, collecting information not related to the research hypothesis is inappropriate.

## **Confidentiality**

**Confidentiality.** Pertains to the treatment of information that an individual has disclosed in a relationship of trust with the expectation that it will not be divulged to others (without permission) in ways that are inconsistent with the understanding of the original disclosure.

The investigator must provide a plan to keep research records confidential. For example, storing research records in locked file cabinets and password protecting electronic files helps to ensure confidentiality. Investigators should also describe, in their IRB application, who has access to the research records. Without appropriate safeguards, problems may arise from a long-term retention of records. In some cases, to prevent potential criminal or civil prosecution of the research subjects, the IRB may require the destruction of all data that can identify the subjects. Subjects should be informed of whether the data collected will be retained, and if so, for what purpose and for what period of time. Video and audio taped data, as well as photographs require plans for confidentiality since these media can provide additional means for subject identification.

## **RISK/BENEFIT**

When reviewing research studies, the IRB must assess the risks and benefits (if any) to subjects who participate in the research. The IRB's assessment of risks and anticipated benefits involves a series of steps. The IRB must: (1) identify the risks associated with the research, as distinguished from the risks of therapies the subjects would receive even if not participating in research; (2) determine that the risks will be minimized to the extent possible; (3) identify the probable benefits to be derived from the research; (4) determine that the risks are reasonable in relation to the benefits to subjects, if any, and the importance of the knowledge to be gained; (5) assure that potential subjects will be provided with an accurate and fair description of the risks or discomforts and the anticipated benefits; and (6) determine intervals of periodic review, and, where appropriate, determine that adequate provisions are in place for monitoring the data collected.

## **Risk**

**Risk.** Defined as the probability of harm or injury (physical, psychological, social, or economic) occurring as the result of participation in a research study. Both the probability and magnitude of possible harm may vary from minimal to significant. Risks include physical and psychological harms and a possible breach of confidentiality.

**Physical Harms.** Medical research often involves exposure to minor pain, discomfort, or injury from invasive medical procedures, or harm from possible side effects of drugs. All of these should be considered "risks" for purposes of IRB review. Some of the adverse effects that result from medical procedures or drugs can be permanent, but most are transient. Procedures commonly used in medical research usually result in no more than minor discomfort (*e.g.*, temporary dizziness, the pain associated with venipuncture). Some medical research is designed only to measure more carefully the effects of therapeutic or diagnostic procedures applied in the course of caring for an illness. Such research may not entail any significant risks beyond those presented by medically indicated interventions. On the other hand, research designed to evaluate new drugs or procedures may present more than minimal risk, and can cause serious or disabling injuries.

**Psychological Harms.** Participation in research may result in undesired changes in thought processes and emotion (*e.g.*, episodes of depression, confusion, or hallucination resulting from drugs, feelings of stress, guilt, and loss of self-esteem). These changes may be transitory, recurrent, or permanent. Most psychological risks are minimal or transitory, but IRBs should be aware that some research has the potential for causing serious psychological harm.

- Subjects may feel stress caused by certain research questions or procedures such as surveys or face to face interviews. Some questions may raise painful memories or unresolved issues. Questions about at-risk behaviors may cause embarrassment, feelings of guilt, or legal liability when that behavior is generally illegal or socially unacceptable.
- Provisions for psychological support and referrals can be built into studies when emotional distress may be an outcome. Consent forms describing the kinds of questions the researcher will ask allows participants to choose whether they are comfortable with answering certain types of questions or exploring certain issues.
- A breach of confidentiality may be damaging to a subjects reputation, their employability may be negatively affected, and/or their ability to obtain insurance coverage may be jeopardized if confidentiality is not maintained.
- Information about certain behaviors may place subjects at risk of legal action. For example, if a researcher asks parents how they discipline their children, information about child abuse may be obtained and must be reported. Similarly, if subjects divulge information about illegal activities or stigmatized activities, any disclosure of that information could place the subjects at risk of significant harm.

## **Benefit**

**Benefit.** Defined as a valued or desired outcome; an advantage. The benefits of research fall into two major categories: benefits to subjects and benefits to society. Frequently, the research subjects are undergoing treatment, diagnosis, or examination for an illness or abnormal condition. This kind of research often involves evaluation of a procedure that may benefit the subjects by ameliorating their conditions or providing a better understanding of their disorders. Patients and healthy individuals may also agree to participate in research that is either not related to any illnesses they might have or that is related to their conditions but not designed to provide any diagnostic or **therapeutic** benefit. Such research is designed principally to increase our understanding and store of

knowledge about human physiology and behavior. Research that has no immediate therapeutic intent may, nonetheless, benefit society as a whole. These benefits take the form of increased knowledge, improved safety, technological advances, and better health. The IRB should assure that the anticipated benefits to research subjects and the knowledge researchers expect to gain are clearly identified.



## Chapter X

Investigator

Reporting

Responsibilities

# INVESTIGATOR REPORTING RESPONSIBILITIES

After a research project is approved, there are many situations requiring communication with the IRB during the conduct of the research. These communications result from events that unfold (and may or may not be expected) as the research is taking place. Investigators are required to submit reports or communications on: adverse events, unanticipated problems, changes, continuing reviews, study completion, and terminations/suspensions. This section provides an introduction to each of these sections.

## REPORTABLE EVENTS:

### ADVERSE EVENTS AND UNEXPECTED PROBLEMS IN HUMAN SUBJECTS RESEARCH

After an Adverse Event or an Unanticipated Problem occurs, the principal investigator is required to submit a reportable event application to the IRB through the iStar system. The time frame for reportable events is set by USC policy and may be found in the [Policies and Procedures](#). The principal investigator's report should contain enough information for the IRB to determine whether the event increases the level of risk to participants, requires a research design change or necessitates modification to the informed consent form.

#### *Definitions*

Adverse Events are defined as any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research.



Serious Adverse Events (SAEs) are those that: are fatal or life threatening, result in significant or persistent disability, require or prolong hospitalization, result in a congenital anomaly/birth defect, or in the opinion of the investigators, represent other significant hazards or potentially serious harm to research subjects or others.

Unexpected or unanticipated refers to adverse events or other problems in the research, the specificity or severity of which is not consistent with the information already provided to the IRB, including the investigator's brochure, research protocol or consent form.

Unanticipated Problems Involving Risks to Subjects or Others (UPX) includes any

incident, experience, or outcome that is unexpected, related or possibly related, and suggests that the

research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

(Note: For more information, refer to the Human Subjects Protections Program policies and procedures manual at <http://www.usc.edu/admin/provost/oprs/policies/hssp.html>)

### **CHANGES TO PREVIOUSLY APPROVED RESEARCH**

Any proposed change to a previously IRB approved research project must be submitted to and approved by the IRB before the change is implemented, except when necessary to eliminate apparent immediate hazards to the subjects. Amendment submissions can be reviewed by the expedited review procedure or require review by the fully convened IRB depending on the assessment of associated risk. Typically, minor changes are reviewed by the expedited procedure. Minor changes do not alter the risk/benefit ratio in previously approved research (e.g. correction of typos, adding research staff to the project, etc.).

All USC investigators proposing modifications to a previously approved human subject research project must submit an amendment application via iStar. The amendment application serves as a “cover letter” that lists/details the proposed changes to the study. In addition to the amendment application, investigators must make the changes to the originally submitted new study application. In reviewing amendments, the IRB analyzes whether the changes pose additional risks to subjects or represents a significant change in study procedures.

### **CONTINUING REVIEW**

In accordance with federal regulations, all non-exempt research protocols undergo continuing review at intervals appropriate to the degree of risk, but not less than once per year. The frequency and extent of continuing review for each study is based upon the nature of the study, the degree of risk involved, the novelty of the research procedures, and the vulnerability of the study subject population. After a careful consideration of each of these factors, each protocol is assigned an approval period, after which the study must be re-reviewed by the IRB. In some instances, such as the use of innovative procedures/techniques (i.e. surgical procedure), the IRB may chose to grant an approval period based on a number of subjects accrued, rather than on a specific time period. This type of approval is usually assigned when there are significant concerns regarding the potential risks of participation.

Each investigator must abide by the approval period imposed by the IRB at the time of the most recent IRB approval. Each IRB approval notice designates a period of time during which activities involving human research subjects may be undertaken. No research project may continue to recruit, enroll, or treat subjects or analyze data after the IRB approval expiration date (except when halting research activities would cause harm to the subjects).

It is the investigator’s responsibility to ensure that approval for an active protocol remains current. The IRB expiration date can be found on the protocol summary view in the iStar system.

### **EXPIRATION OF APPROVAL PERIOD**

Once the approval period for a study has expired (prior to the renewal of approval by the IRB), it is considered a lapsed study and all research-related procedures must halt, except where doing so would jeopardize the welfare of the human subjects. If the principal investigator fails to submit the materials for continuing review within one month following the expiration date, the lapsed study will be cancelled by the IRB. If the investigator submits the materials for continuing review within one month following the expiration date, the IRB will conduct continuing review and reactivate the protocol. This reactivation establishes a new approval period that is not retroactive to the prior date of expiration.

If continuing approval is not issued prior to a study's expiration date, the study will be inactivated. The iStar system automatically forwards a study expiration notice to the PI requiring all human research activity (including data analysis) to stop.

### **STUDY COMPLETION**

A research project is closed when subject accrual, subject follow-up and data analysis are completed at USC. Once a study is closed, no further research activity, including data analysis, may occur. It is permissible for a study to be closed at USC, and still be open to accrual at other sites. In the event that a serious adverse event or an unanticipated problem occurs at a non-USC site after the closure of the study at USC, the USC investigator is required to submit the report via iStar.

Upon study completion, the investigator should submit a continuing review through iStar, indicating the study status as "closed". By doing so, the researcher confirms that the study is finished and that no further interactions with subjects or their data will take place. Once the study is closed in iStar, the researcher is no longer required to submit yearly continuing review applications. If the investigator wishes to enroll new subjects for the closed study, he/she must reactivate the protocol with the IRB. The IRB, in consultation with the principal investigator, may consider closing a study when active data analysis and publication pursuant to the approved study has ceased, even if the investigator retains records that may identify individual subjects. Additional research projects using data acquired in the approved study may constitute new human subjects research studies subject to separate IRB review.

### **TERMINATION/SUSPENSION OF A STUDY**

Termination is when the IRB permanently withdraws approval of ALL research activities for a particular study. Terminated research is no longer required to undergo continuing review. The convened IRB, IRB Chair, and IRB Vice Chair (in the absence of the Chair) are authorized to suspend or terminate research. If there is an urgent situation requiring suspension or termination of a study, the IRB Chair or Vice Chair may make this determination. If the IRB Chair or Vice Chair terminates or suspends a study on his/her own, the IRB is notified by the Chair at the next IRB meeting.

Suspension is when the IRB temporarily or permanently withdraws approval of some or all research activities. Suspended research is still under the jurisdiction of the IRB.

# APPENDICES

The following appendices provide information to help community members become familiar with the IRB process, documents, forms, and applications. The appendices include terminology, checklists to aid in IRB application reviews, application guidance, frequently asked questions, and examples of forms, templates, and minutes.

Appendix A: Glossary of Common Terminology

Appendix B: IRB Reviewer Checklist/Guidelines

Appendix C: iStar Application Guidance: Expedited and Full Board Studies

Appendix D: Frequently Asked Questions: iStar and CITI

Appendix E: IRB Forms and Templates

Appendix F: IRB Minutes: A Sample





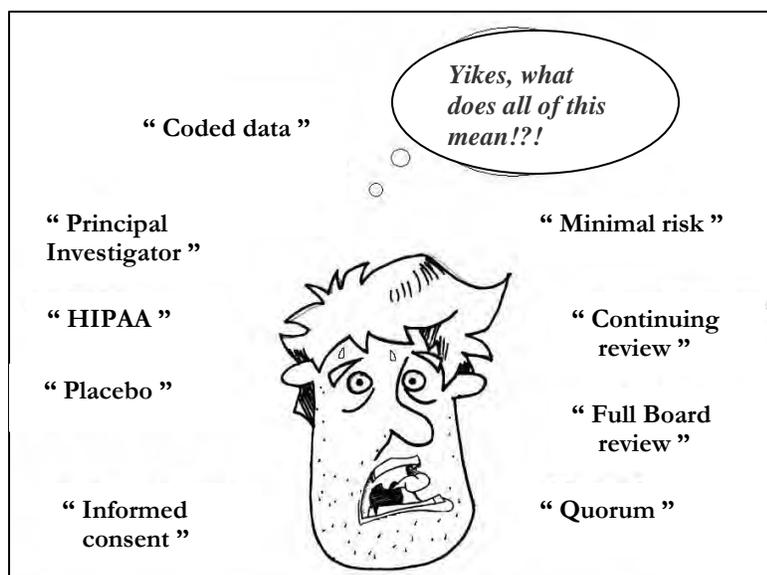
# Appendix A

## Glossary of Common Terminology

# GLOSSARY OF COMMON TERMINOLOGY

## ***Adverse Event/Effect (AE)***

Any untoward physical or psychological occurrence in a subject participating in research. An AE can be any unfavorable or unintended event including abnormal laboratory finding, a symptom or disease associated with the research. Adverse events may or may not have a causal relationship with the research.



## ***“Approved” Drug / Device***

An approved “drug/device” means the drug/device being studied has been cleared by the U.S. Food and Drug Administration (FDA) for marketing.

## ***Assent***

Agreement to participate in research obtained from an individual not competent to give legally valid informed consent (e.g., a child or cognitively impaired person). An assent form is like an informed consent form but is tailored to the status/age of the individual not competent to give consent.

## ***Audit***

A systematic and independent examination of research activities and documents, to verify that the activities were conducted according to the protocol, sponsor’s expectations, institutional procedures, good clinical practice (GCP), and applicable regulatory requirement(s).

## ***Autonomy***

Personal capacity to consider alternatives, make choices, comprehend information, and act without undue influence or interference of others.

## ***Belmont Report***

The National Commission for the Protection of Human Subjects in 1978 authored the Belmont report: It establishes the basic ethical principles for conducting human subjects research: autonomy, beneficence, and justice.

## ***Benefit/Beneficence***

A benefit is a valued or desired outcome; an advantage. Beneficence is an ethical principle discussed in the Belmont Report that entails an obligation to protect persons from harm. The principle of beneficence can be expressed in two general rules: (1) do not harm; and (2) protect from harm by maximizing possible benefits and minimizing possible risks of harm.

***Bias***

When objectivity is impaired by personal gain or personal judgment. In clinical studies, bias is minimized by blinding and randomization.

***Biologicals***

Biologicals, as regulated by the U.S. Food and Drug Administration, include therapeutic serum, toxin, anti-toxin or microbials used for the prevention, treatment, or cure of diseases or injuries.

***Blinded Study Design***

Study designs comparing two or more interventions in which the investigators, subjects, or some combination thereof do not know group assignments.

***Case Report Form (CRF)***

A printed, optical, or electronic document designed to record regulatory and protocol-required data from each individual enrolled in the study. The CRF is reported to the sponsor for each subject and also provides documentation for quality assurance and monitoring.

***Clinical Trial***

A clinical trial is a research study to evaluate the safety and efficacy of vaccines, new therapies, or new ways of using known treatments. Clinical trials are often staged (e.g., phase I, II, III) to learn essential information putting fewest subjects at risk.

***ClinicalTrials.gov***

The ClinicalTrials.gov website (<http://www.clinicaltrials.gov/>) offers information on clinical trials for a wide range of diseases and conditions. This website lists both federally funded and privately funded studies. As of the writing of this booklet, ClinicalTrials.gov contains 51,733 trials including those of the National Institutes of Health, private industry and foundations. Studies listed are conducted in all 50 States and in 153 countries. The website is useful for tracking study progress, study completion, study findings and also identifying studies that are open to enrollment.

***Coded Information***

*Coded* means replacing identifiable information (such as name or social security number) with a number, letter, symbol, or combination thereof (i.e., the code).

***Cognitively Impaired***

Having a disorder (psychiatric or developmental) that affects cognitive or emotional functions that impair the capacity for sound judgment and reasoning. Other conditions that may impair judgment and reasoning are: being under the influence of drugs or alcohol, having a degenerative disease, having a terminally illness or having disabling handicaps.

***Cohort***

In epidemiology, a group of individuals selected for common characteristics.

***Community Based Clinical Trial (CBCT)***

A clinical trial conducted primarily through primary-care physicians rather than academic research facilities.

### ***Compassionate Use***

A method of providing experimental therapeutics prior to the final FDA approval. This allows treatment for sick individuals who have no other options. Often, case-by-case approval must be obtained from the FDA for "compassionate use" of a drug or therapy or device.

### ***Compensation***

Payment for participation in research

### ***Competence (Capacity to consent)***

Technically, a legal term, used to denote capacity to act on one's own behalf; the ability to understand information presented, to appreciate the consequences of acting (or not acting) on that information, and to make a choice.

### ***Compliance***

Adherence, in this case, to federal regulations, state laws, institutional policies and sponsor requirements.

### ***Confidentiality***

Pertains to the handling of information/data that an individual has disclosed in a relationship of trust. The expectation is that the information/data will not be divulged to others without permission, or in ways that are inconsistent with the original disclosure.

### ***Consent / Informed Consent***

A person's voluntary agreement, based upon adequate knowledge and understanding of relevant information, to participate in research or to undergo a diagnostic, therapeutic, or preventive procedure.

### ***Continuing Review***

Periodic review of a research study by an IRB to evaluate whether risks to participants remain reasonable in relation to potential benefits and to verify the study continues to meet regulatory and institutional requirements. Continuing review shall be conducted at intervals appropriate to the degree of risk but not less than once per year. ([45 CFR 46.109\(e\)](#); [21 CFR 56.109\(f\)](#))

### ***Contract***

An agreement that a specific research activity will be performed under the direction of an entity providing funds. Research performed under the contract is more closely controlled by the entity than research performed under a grant.

### ***Contraindication***

A specific circumstance when the use of certain treatments is not recommended.

### ***Control (normal) Subjects***

Subject(s) who do not receive the treatment are used for comparison to subjects who also receive the treatment, or who do not have a given condition, background, or risk factor that is under study.

### ***Controlled Study***

Research that involves at least two groups: one that receives the study intervention and the other that receives a placebo or another intervention. These studies are also referred to as "blind" /

“masked” (i.e. the subjects do not know which treatment they are receiving) or “double blind” / “double-masked” (i.e. neither the subjects nor the researchers know the treatment assignments).

### ***Cross-Over Design***

A type of clinical trial in which each subject experiences, at different times, both the experimental and control therapy. For example, half of the subjects might be randomly assigned first to the control group and then to the experimental intervention, while the other half would have the sequence reversed.

### ***Data Analysis***

The process of applying statistical techniques to describe, summarize, and compare data to extract useful information and facilitate conclusions.

### ***Data and Safety Monitoring Board (DSMB)***

A committee that collects and analyzes data during the course of a clinical trial to monitor for adverse effects and other trends that would warrant changes or early closure of the trial.

### ***Debriefing***

Providing subjects with previously undisclosed information about the research project.

### ***Deception Studies***

Deception is the intentional misleading of subjects or the withholding of full information about the nature of the study. Deception increases ethical concerns because it interferes with the ability of the subject to give fully informed consent. However, deception is arguably necessary for certain types of behavioral research to prevent biased behavior or answers.

### ***Design***

A research design is a plan or analytical approach for answering research questions. Some examples of research designs are experimental, correlation, observational, and single case. The selection of a particular study design depends on the information sought.

### ***Device/Medical Device***

A diagnostic or therapeutic article that does not achieve any of its principal intended purpose through chemical action within or on the body. Such devices include diagnostic test kits, crutches, electrodes, pacemakers, arterial grafts, intraocular lenses, and orthopedic pins or other orthopedic equipment.

### ***Diagnostic Trials***

Refers to trials that are conducted to find better diagnostic tests / procedures for identifying a particular disease or condition. Diagnostic trials enroll people who have signs or symptoms of a disease or condition being studied.

### ***Double Blind Study***

A clinical trial design in which neither the participating individuals nor the study staff knows which trial regimen participants are receiving. Double blind trials are used to increase objectivity so expectations do not influence outcome.

***Drug/Pharmaceutical***

Any chemical compound that may be administered to humans for the diagnosis, treatment, cure, mitigation, or prevention of disease or of benefit to other conditions.

***Efficacy (Of a drug or treatment)***

The ability of a drug or treatment to produce the expected result.

***Eligibility criteria***

These are defined requirements for subject inclusion in a given experiment. Eligibility criteria examples are age, sex, state of health, a defined range for a biologic measure (e.g. glucose level or cholesterol), blood cell counts, etc.

***Emancipated Minor***

Someone who has not reached adulthood as defined by state law but who may be treated as an adult for certain purposes (e.g., consenting to medical care). In California an emancipated minor must meet one of the following requirements set out in [California Family Code § 7002](#): (1) Have entered into a valid marriage, whether or not it has been dissolved; (2) Be on active duty with the armed forces; or (3) Have received a court declaration of emancipation.

***Empirical***

Not a theory, is based on experimental data.

***Endpoint***

Refers to a target outcome of a trial. Endpoints are chosen because they are measurable.

***Engagement of Institutions in Research***

An institution becomes "engaged" in human subjects research when its employees or agents (i) intervene or interact with living individuals for research purposes; or (ii) obtain individually identifiable private information for research purposes.

***Equitable***

The fair or just selection of study subjects (principle of justice) to assure that the benefits and burdens of research are equally distributed.

***Ethnographic/Fieldwork/Anthropology Research***

Ethnography is the study of people and culture. Ethnographic research involves observation of a persons or group studied in their own environment, often for long periods of time.

***Exempt Research***

Exempt research is Human Subjects Research that meets one of the minimal risk categories in the federal regulations [45 CFR 46].

***Expanded Access***

Increasing the inclusion criteria in an experimental drug study to allow for enrollment of participants who are failing on currently available treatments, and/or are unable to participate in any other ongoing clinical trials, if any.

### ***Expedited Review***

A review undertaken per federal regulations by the IRB chair or a designated voting member, rather than the entire IRB.

### ***Experimental Drug***

A drug that has an Investigational New Drug (IND) application filed with the FDA, but has yet to be licensed.

### ***Federal Wide Assurance (FWA)***

An agreement between a federally funded entity and the HHS Office of Human Research Protections (OHRP) that stipulates methods by which the entity will protect research participants (66 Fed Reg 19139, 19141 April 13, 2001.). Non-HHS federal agencies also use the assurance process for their funded entities.

### ***Fetus***

A developing human (unborn child) from two months after conception to birth. If the delivered or expelled fetus is viable, it is designated an infant [[45 CFR 46.203\(c\)](#)]. The term "embryo" is usually used for earlier phases of development.

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

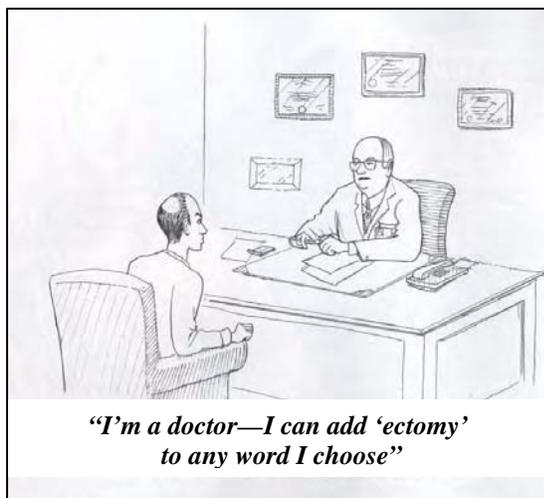
The U.S. Department of Health and Human Services agency responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices (<http://www.fda.gov/>).

### ***Full Board Review***

Review of proposed or continuing research (primarily greater than minimal risk research) by a convened IRB meeting, at which a majority of the voting membership is present.

### ***Gene Therapy***

The treatment of certain disorders, especially those caused by genetic anomalies or deficiencies, by introducing specific engineered genes into a patient's cells.



### ***Genetic Screening***

Genetic tests or methods to identify persons who have a gene that is thought to be linked to a certain phenotype or who are at risk of inherited diseases or disorders.

### ***Guardian***

An individual who is authorized under applicable state or local law to give permission on behalf of a child or make decisions for an incompetent adult [[45 CFR 46.402\(c\)](#)].

### ***Grant***

Financial support provided for a research study. Fund givers typically do not exercise strict control over the grants they have awarded.

## ***HIPAA***

HIPAA's Privacy Rule of 2003 prohibits health care providers such as health care practitioners, hospitals, nursing facilities and clinics from disclosing protected health information without written authorization from the individual (HIPAA Authorization).

## ***Human In Vitro Fertilization***

Fertilization involving human sperm and ova that occurs outside the human body (e.g. a test tube).

## ***Human Subjects***

Under the federal regulations (45 CFR 46), human subjects are defined as: living individual(s) about whom an investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2) identifiable private information.

## ***Identifiable Personal Information***

Data containing enough information to reveal the identity of the subject.

## ***Inclusion/Exclusion Criteria***

The pre-determined conditions of a clinical trial that allow or excludes participation. These criteria are factors such as age, gender, type and stage of a disease, previous treatment history, and/or other medical conditions.

## ***Investigational Device Exemptions (IDE)***

Investigational devices that are exempt from regulations found in the [FDA Medical Device Amendments](#) because of their low risk profile. This allows such unapproved devices to be used in clinical investigations such as IDE.

## ***Investigational New Drug or Device (IND)***

A drug or device permitted by FDA to be tested in humans but not yet determined to be safe and effective for a particular use in the general population and not yet licensed for marketing.

## ***Informed Consent***

A person's voluntary agreement to participate in research or to undergo a diagnostic, therapeutic, or preventive procedure after receiving and understanding adequate relevant information.

## ***Informed Consent Document***

A document that provides prospective participants with the purpose, procedures, potential risks and benefits of involvement in a research study, as well as alternatives to participating.

## ***Institutional Official***

An officer of an organization who has the authority to speak for and legally commit the entity to comply with federal regulations regarding the involvement of human subjects in research.

## ***Institutional Review Board (IRB)***

To protect the welfare of human subjects participating in research, a specially constituted review body (IRB) designated by an entity to review human subject research protocols.

### ***International Studies***

Procedures and policies that apply to research taking place outside the U.S. often differ from those set forth in the U.S. federal policies. U.S. federally funded research activities in a foreign country may be approved only if the ethical protections are equivalent to those in the U.S. This is also true for FDA approval of drugs/devices/biologics tested outside the United States.

### ***Investigator Initiated Research***

Research that is initiated and conducted by an individual rather than a sponsor/pharmaceutical company. The investigator has the same responsibilities that a sponsor would have.

### ***Investigator's Brochure***

A compilation, provided by the sponsor, of all the clinical and nonclinical data on the investigational product(s).

### ***In Vitro***

Refers to processes occurring outside of a living organism.

### ***In Vivo***

Refers to processes carried out within a living organism.

### ***IRB Records***

IRB records include but are not limited to: minutes of IRB meetings, proposals reviewed, amendments, investigator brochures, and supplemental information including recruitment materials, consent forms, continuing reviews, correspondence, and IRB membership.

### ***iStar***

IRB Submission Tracking and Review System - the online system through which all USC IRB applications are submitted, reviewed, and approved.

### ***Justice***

An ethical principle discussed in the Belmont Report requiring fairness in the equitable distribution of burdens and benefits in the study population.

### ***Legally Authorized Representative***

A person authorized either by statute, by court appointment, or by a health care proxy to make decisions on health of another person. In human subjects research, an individual or judicial body or other body authorized under applicable law, to consent to research on behalf of a prospective subject [Federal Policy § .102(c)].

### ***Longitudinal Study***

A study designed to follow groups of subjects for an extended period of time.

### ***Minimal Risk***

A risk is minimal when the probability and magnitude of harm or discomfort anticipated in the proposed 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 test [[45 CFR 46.102\(i\)](#)].

***Minor***

Persons who have not attained the legal age to consent to treatment or procedures in research, as determined under the applicable law of the jurisdiction in which the research will be conducted [[45 CFR 46.401\(a\)](#)].

***Monitoring***

A systematic, ongoing process to evaluate or oversee the conduct of research procedures.

***New Drug Application (NDA)***

The New Drug Application (NDA) is the application drug sponsors submit to the FDA for approval of a new pharmaceutical for sale and marketing

***Non-Affiliated Member/Community Member***

Member of an Institutional Review Board who has no ties to an institution, its staff, or faculty. This individual is usually from the local community (*e.g.*, minister, business person, attorney, teacher, homemaker, etc.).

***Non-significant Risk Device***

An investigational medical device that does not present significant risk to the research subject (*e.g.*, tongue depressor, or swab).

***Non-viable Fetus***

An expelled or delivered fetus, which although living, cannot possibly survive to the point of independently sustaining life, even with the support of available medical therapy [[45 CFR 46 203\(d\)\(e\)](#)]. Although it may be presumed that an expelled or delivered fetus is nonviable at a gestational age less than 20 weeks and weight less than 500 grams [*Federal Register* 40 (August 8, 1975):33552], a specific determination as to viability must be made by a physician in each instance.

***Off Label-Use***

A drug used for conditions other than those approved by the FDA.

***Office for Human Research Protections (OHRP)***

The U.S. Department of Health and Human Services office responsible for DHHS regulations [[45 CFR Part 46](#)] governing research involving human subjects.

***Office for the Protection of Research Subjects (OPRS) at USC***

The USC office responsible for the oversight and direction of the Human Subjects Protection Program. This includes administrative oversight of the IRBs maintenance of institutional Human Subjects Research policies and setting educational requirements.

***Open Label Design***

An experimental drug trial in which both the investigator(s) and the subjects know the treatment group(s) to which subjects are assigned.

***Orphan Drugs***

An FDA category of medication used to treat rare diseases and conditions.

***Peer Review***

Experts with the same scholarly background as the person submitting a project, who review research for scientific merit, participant safety, and ethical acceptability.

***Pharmacokinetics***

Measurement of absorption, distribution, metabolism, and excretion of a drug or vaccine.

***Placebo***

A chemically inert substance used in controlled clinical trials to provide data that helps distinguish and determine whether improvement and side effects reflect imagination or anticipation rather than actual power of a drug.

***Placebo Controlled Study***

A method of investigation of drugs in which an inactive substance (the placebo) is given to one group of participants, while the drug being tested is given to another group. The results obtained in the two groups are then compared to see if the investigational treatment is more effective in treating the condition.

***Preclinical***

Refers to the testing of experimental drugs in the test tube or in animals - the testing that occurs before trials in humans are carried out.

***Prevention Trials***

Refers to trials that find improved ways to prevent disease in people who have never had the disease or to prevent a disease from returning. These approaches may include medicines, vaccines, vitamins, minerals, or lifestyle interventions.

***Primary Data Collection***

Primary data collection involves direct contact with, or observation of, one or more people for the purpose of collecting data from or about them.

***Principal Investigator (PI)***

The scientist or scholar with ultimate responsibility for the design and conduct of a research project.

***Prisoner***

An individual confined or detained in a penal entity.

***Privacy***

Control over the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or sexually with the PI) with others.

***Prospective Studies***

A study designed to follow groups of subjects for an extended period of time with defined outcomes.

***Protocol***

The formal design or plan of an experiment or research activity.

***Quorum***

A quorum is defined as a majority of voting members (50% + 1) who are present at a convened meeting.

***Random, Random Assignment, Randomization, Randomized***

A method of assigning subjects to different treatment groups based on chance.

***Recruitment/Recruitment Materials***

Recruitment is the process by which potential subjects are informed about a study. Recruitment materials, such as fliers, email messages, newspaper ads, and phone calls, must be accurate, non-coercive, and must not emphasize monetary compensation. These materials must be approved by the IRB.

***Research***

Systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge [[45 CFR 102\(d\)](#)].

***Respect for Persons***

An ethical principle discussed in the Belmont Report requiring that individual autonomy be respected and that persons with diminished autonomy be protected.

***Retrospective Studies***

Research conducted by reviewing records from the past (e.g., birth and death certificates, medical records, school records, or employment records) or by obtaining information about past events elicited through interviews or surveys or measurements.

***Risk***

The probability of harm or injury (physical, psychological, social, or economic) occurring as a result of participation in a research study. Both the probability and magnitude of possible harm may vary from minimal to significant. Federal regulations define only “minimal risk”.

***Risk/Benefit Ratio***

Comparing the potential benefits to the risks of participating in a research study.

***Secondary Data***

Secondary data collection involves accessing information that has already been obtained either individually or in aggregate form.

***Serious Adverse Event (SAE)***

A SAE is defined by the FDA as an event that jeopardizes the research subjects and may require medical or surgical treatment (e.g., death, a life threatening experience, hospitalization, prolongation of hospitalization, persistent or significant disability or incapacity, congenital anomaly and/or birth defects).

***Side Effect***

Any undesired action or effect of a drug or treatment. Negative or adverse effects may include headache, nausea, hair loss, skin irritation, or other physical problems. Experimental drugs must be evaluated for both immediate and long-term side effects.

***Significant Risk Device***

An investigational medical device that presents a potential for serious risk to the health, safety, or welfare of the subject.

***Single-Blind/Blind Study***

A study in which one party, either the investigator or participant, is unaware of what medication the participant is taking.

***Sponsor***

A person, federal agency, corporation, or other entity that provides funds for a research project.

***Standard Treatment / Standard of Care***

A treatment or regimen in wide use and considered to be effective in the treatment of a specific disease or condition.

***Stratification***

A statistical method used to categorize subjects into subgroups by specific characteristics. This enables researchers to look into separate subgroups.

***Study Arm***

Any of the treatment groups in a randomized trial. Most randomized trials have two “arms” but some have three “arms” or even more.

***Suspension/Termination***

IRB approval is suspended/terminated and all research activity is halted as the result of: unanticipated problems involving risks to subjects or others, serious or continuing noncompliance with [45 CFR Part 46](#), or the requirements/determinations of the IRB not being followed or met.

***Survey***

A means to obtain information from respondents through written questionnaires, telephone interviews, door-to-door canvassing, or similar procedures.

***Toxicity***

A detrimental effect produced by a drug or condition.

***Unanticipated Problem Involving Risks to Subjects or Others (UPX)***

Any event that is unexpected, related or possibly related, and suggests that the research places subjects or others at a greater risk of physical or psychological harm than was previously known or recognized.

***Viable Infant***

When referring to a delivered or expelled fetus, the term “viable infant” means likely to survive to the point of sustaining life independently, given the benefit of available medical therapy [45 CFR 46.203(d)]. In research, this judgment must be made by a physician unaffiliated with the research project.

***Voluntary***

Free of coercion, duress, or undue inducement. Used in the research context to refer to a subject's willingness to participate (or to continue to participate) in a research activity.

***Vulnerable Populations***

Any individual who may be subject to coercion due to a situation or a malady can be considered vulnerable in that situation. Federal regulations however, define only three groups of vulnerable subjects as (a) prisoners, (b) children, and (c) pregnant women, fetuses, and neonates.



**Appendix B**  
IRB Reviewer  
Checklist/  
Guidelines

# IRB REVIEWER CHECKLISTS / GUIDELINES

The IRB has developed comprehensive reviewer checklists/guidelines to assist IRB staff and members in performing thorough protocol reviews. Those submitting applications may also find guidelines useful to learn regulatory expectations. The following checklists/guidelines are included below:

1. [Reviewer Guidelines for New IRB Applications](#)
2. [Reviewer Guidelines for Informed Consent](#)
3. [Reviewer Guidelines for Continuing Review Applications](#)
4. [Reviewer Guidelines for Research Involving Children \(Subpart D\)](#)
5. [Reviewer Guidelines for Research Involving Pregnant Women, Human Fetuses, and Neonates \(Subpart B\)](#)
6. [Reviewer Guidelines for Research Involving Prisoners \(Subpart C\)](#)

Note: These guidelines can be downloaded from the HSPP website at:  
<http://www.usc.edu/admin/provost/opr/research/index.html#guidelines>

## *1. New Application: Reviewer Guidelines*

<b>1. PROJECT DESCRIPTION AND METHODOLOGY</b>	<b>Yes / No / N/A</b>
a. Are the aims and underlying hypotheses of the research stated clearly?	
b. Does the research use procedures consistent with sound research design?	
c. Does the research design allow the proposed research question to address the proposed study objectives and result in scientifically and statistically valid results?	
d. Does the research contribute to generalizable knowledge?	
e. Is there an adequate justification for involving human subjects?	
f. Is there an adequate explanation of the research issues?	
g. Is there an adequate description of the activities involving human subjects?	
h. Is there a detailed description of the data collection and methods of recording?	
i. Have the questionnaires and interview tools been provided?	
j. Is there an adequate justification for the sample size?	
<b>2. RISK AND BENEFIT CONSIDERATIONS</b>	<b>Yes / No / N/A</b>
a. Are the risks (physical, psychological, legal, economic, and social) to subjects minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk?	
b. Are the risks minimized, whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes?	
c. Are the risks to subjects reasonable in relation to anticipated benefits, if any, to subjects and to the importance of the knowledge that may reasonably be expected to result?	
d. Are the risks to subjects reasonable in relation to the importance of the knowledge that may reasonably be expected to result?	
e. Are both risks and anticipated benefits accurately identified, evaluated, and described?	
f. Have the risks and benefits of the research interventions been evaluated separately from those of the therapeutic interventions?	

<b>3. SELECTION OF SUBJECTS</b>	<b>Yes / No / N/A</b>
a. Is the subject selection equitable?	
b. Are the criteria for inclusion/exclusion equitable?	
c. Will the recruitment process alter equitable selection?	
d. Does the nature of the research justify using the proposed subject population?	
e. Are there adequate procedures for identifying those who might be more susceptible to the risks and who therefore ought to be excluded?	
f. Has there been appropriate consideration of any special physiological, psychological, or social characteristics of the subject group that would pose special risks?	
g. Are some or all of the subjects likely to be vulnerable to coercion or undue influence, such as children prisoners, pregnant women, mentally disabled persons or economically disadvantaged persons?	
h. If yes to question 3g, have additional safeguards been included in the study to protect the rights and welfare of these subjects?	
i. If there is a special population (children, prisoners, pregnant women and fetuses), has the appropriate justification been provided?	
j. Is the exclusion of study subjects justified and appropriate?	
<b>4. PRIVACY AND CONFIDENTIALITY</b>	<b>Yes / No / N/A</b>
a. Are there adequate provisions to protect the privacy interests of participants?	
b. Are there adequate provisions for protecting the confidentiality of the data through coding, destruction of identifying information, limiting access to the data, or whatever methods that may be appropriate to the study?	
c. If the information obtained about subjects might interest law enforcement or other government agencies, has a certificate of confidentiality been obtained?	
d. Are the investigator's disclosures to subjects about confidentiality adequate?	
<b>5. MONITORING</b>	<b>Yes / No / N/A</b>
a. Does the research plan make adequate provision for monitoring the data collected to ensure the safety of subjects?	

b. Is there documentation indicating appropriate reporting to the IRB in the event that unexpected results are discovered or there are adverse events?	
c. If appropriate has a data safety monitoring committee been established?	
d. If the study is a multi-center study and USC is the coordinating center, is the plan for the management of information that is relevant to the protection of participants, such as reporting of unexpected problems, protocol modifications, and interim results adequate?	
e. <b>DOD-DON Sponsored research:</b> If protocol is greater than minimal risk has a medical monitor been assigned?	
<b>6. INCENTIVES FOR PARTICIPATION</b>	<b>Yes / No / N/A</b>
a. Are the incentives offered reasonable, based upon the complexities and inconveniences of the study and the particular subject population?	
b. Is the compensation or reimbursement appropriately prorated?	
<b>7. CONFLICT OF INTEREST</b>	<b>Yes / No / N/A</b>
a. Is there a conflict of interest that requires management?	
<b>8. INFORMED CONSENT PROCESS AND CONTENT</b>	<b>Yes / No / N/A</b>
a. Do the proposed explanations of the research provide an accurate assessment of its risks and anticipated benefits? Is the possibility (or improbability) of direct benefit to the subjects fairly and clearly described?	
b. Is the language and presentation of the information to be conveyed appropriate to the subject population?	
c. Are the timing of and setting for the explanation of the research and obtaining informed consent conducive to good decision making?	
d. Is it clear who is authorized to obtain informed consent for the study?	
e. Have the informed consent issues for secondary study subjects been addressed?	
f. Will the investigator obtain legally effective informed consent of the participant or the participant's legally authorized representative?	
g. Will the circumstances of the consent process provide the prospective participant or the representative sufficient opportunity to consider whether to participate?	

h. Will the circumstances of the consent process minimize the possibility of coercion or undue influence?	
i. Will the individuals communicating information to the participant or the representative during the consent process provide the information in language understandable to the participant or the representative (individuals talking to the participants and answering questions will be able to communicate in a manner that is understandable to the participant)?	
j. Will the information being communicated to the participant or the representative during the consent process not include exculpatory language through which the participant or the representative is made to waive or appear to waive any of the participant's legal rights?	
k. Will the information being communicated to the participant or the representative during the consent process not include exculpatory language through which the participant or the representative releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence?	
<b>9. BASIC ELEMENTS OF INFORMED CONSENT (REQUIRED)</b>	<b>Yes / No / N/A</b>
a. A statement that the study involves research	
b. An explanation of the purposes of the research	
c. The expected duration of the subject's participation	
d. A description of the procedures to be followed	
e. Identification of any procedures which are experimental	
f. A description of any reasonably foreseeable risks or discomforts to the subject	
g. A description of any benefits to the subject or to others which may reasonably be expected from the research	
h. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject	
i. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained	
j. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available, if injury occurs and, if so, what they consist of, or where further information may be obtained	

k. An explanation of whom to contact for answers to questions about the research	
l. An explanation of whom to contact for answers to questions about injury	
m. An explanation of whom to contact concerning rights as a research subject.	
n. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits and the subject may withdraw without penalty.	
<b>ADDITIONAL ELEMENTS OF INFORMED CONSENT</b>	<b>Yes / No / N/A</b>
o. A statement that the particular treatment or procedure may involve risks to the subject or to the embryo or fetus, if the subject is or may become pregnant which are currently unforeseeable.	
p. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.	
q. Any additional costs to the subject that may result from participation in the research.	
r. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.	
s. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.	
t. The approximate number of subjects involved in the study.	
u. The storage and use of research specimens disclosed.	
v. Agreement and spaces for signatures/dates for subject, and/or representative (if applicable) and person obtaining consent.	
w. Is a witness signature required?	
x. If FDA Regulated, a statement that the FDA may inspect the records. (Include if the research is subject to FDA regulations)	
y. DOD – DON Sponsored research (Greater than Minimal risk): Has an arrangement for emergency treatment and necessary follow-up of any research-related injuries to subjects been provided?	
z. Explanation on how researchers plan to enter information on <a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a>	

<p>aa. The consent form contains contact information for a person independent of the research team for the following:</p> <ul style="list-style-type: none"> <li>• To obtain answers to questions about the research</li> <li>• In the event the research staff could not be reached</li> <li>• In the event they wished to talk to someone other than the research staff?</li> </ul>	
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<b>10. WAIVER OF INFORMED CONSENT DOCUMENTATION</b>	<b>Yes / No / N/A</b>
<p>a. Have the criteria for waiver of informed consent documentation been met?</p> <ol style="list-style-type: none"> <li>1. The consent form would be the only record linking the subject to the research, <u>and</u> a potential breach would be a breach of confidentiality. In such case, it is up to the subject when asked if they want documentation.</li> <li>2. Study is no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.</li> </ol>	
<p>b. If informed consent documentation is waived, should the investigator be required to provide subjects with a written statement regarding the research?</p>	
<p>c. If children are included, have the criteria for waiver of parental/guardian consent been met?</p> <ul style="list-style-type: none"> <li>- IRB must determine parental/guardian permission is not a reasonable requirement to protect subjects</li> <li>- Appropriate mechanisms must be implemented to protect children as subjects</li> </ul>	
<b>11. WAIVER OR MODIFICATION FOR REQUIRED ELEMENTS IN INFORMED CONSENT</b>	<b>Yes / No / N/A</b>
<p>a. If waiver or modification to required consent elements proposed, have all the criteria been met?</p> <ol style="list-style-type: none"> <li>1. The research involves no more than minimal risk to the subjects?</li> <li>2. The waiver/alternation will not adversely affect the rights and welfare of the subjects.</li> <li>3. The research could not practicably be carried out without the waiver or alteration, and</li> <li>4. When appropriate, the subject will be provided with pertinent information after participation.</li> </ol>	

<b>12. ASSENT FROM CHILDREN</b>	<b>Yes / No / N/A</b>
a. Is assent required? (Assent is required unless the child is not capable (due to age, psychological state, sedation), or the research holds out the prospect of direct benefit that is only available within the context of the research.)	
<b>13. CONSENT FOR CHILDREN UNDER THE JURISDICTION OF DEPENDENCY COURT</b>	<b>Yes / No / N/A</b>
a. Has a court order been obtained to allow the child to participate in the research without parental consent?	
b. Is the research either related to the children's status as wards; or conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of the children involved as subjects are not wards?	
c. Has an advocate been appointed for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis?	
<b>14. PARENTAL PERMISSION</b>	<b>Yes / No / N/A</b>
a. Is consent of one parent appropriate?	
b. Is consent of both parents required? (Consent from both parents is required when the research is greater than minimal risk, without potential for benefit.)	
<b>15. CONSENTING COGNITIVELY IMPAIRED PERSONS</b>	<b>Yes / No / N/A</b>
a. Does the research involve greater than minimal risk?	
b. If the research involves greater than minimal risk does it present the prospect of direct benefit to the individual subjects?	
c. Are the risks to subjects reasonable in relation to anticipated benefits, if any, to subjects and to the importance of the knowledge that may reasonably be expected to result?	
d. Is the relation of the anticipated benefit to the risk at least as favorable to the subjects as that presented by available alternative approaches?	
e. Are there adequate provisions for soliciting the assent of the subject and permission of their legally authorized representative?	

<b>16. WAIVER OF INFORMED CONSENT FOR EMERGENCY RESEARCH</b>	<b>Yes / No / N/A</b>
<p>a. Have the criteria for waiver of informed consent for emergency research been met?</p> <ol style="list-style-type: none"> <li>1. The subject must be confronted by a life-threatening situation necessitating the use of the test article.</li> <li>2. Informed consent cannot be obtained because of an inability to communicate with, or obtain legally effective consent from the subject.</li> <li>3. Time is not sufficient to obtain consent from the subject's legal representative.</li> <li>4. No alternative method of approved or generally recognized therapy is available that provides an equal or greater likelihood of saving the subject's life.</li> </ol>	
<b>17. WAIVER OF INFORMED CONSENT FOR PLANNED EMERGENCY ROOM RESEARCH</b>	<b>Yes / No / N/A</b>
<p>a. Have the criteria for waiver of informed consent for emergency room research been met?</p> <ol style="list-style-type: none"> <li>1. The study could not practicably be carried out without the waiver.</li> <li>2. Consultation with community representatives occurs before the start of the research</li> <li>3. Public Disclosure is made before and after the study starts</li> <li>4. A therapeutic window is defined and the researcher commits to trying to locate a surrogate/legally authorized representative who can give consent within the window before proceeding to waive consent.</li> </ol>	
<b>18. RESOURCES</b>	<b>Yes / No / N/A</b>
a. Does the IRB have the appropriate expertise to review this research? If no to question , should a consultant be used to assist in the review of the research	
b. Will the Investigator have access to a population that will allow recruitment of the required number of participants?	
c. Will the Investigator have sufficient time to conduct and complete the research?	
d. Will the Investigator have adequate numbers of qualified staff?	
e. Will the Investigator have adequate facilities?	

f. Does the Investigator have an adequate process to ensure that all persons assisting with the research are adequately informed about the protocol and their research related duties and functions?	
g. Will the Investigator have adequate medical or psychological services available that participants might require as a consequence of the research, when applicable?	
<b>19. CONTINUING REVIEW</b>	<b>Yes / No / N/A</b>
a. Does the research require more than annual continuing review? If yes, how often _____?	
b. Should continuing review be conducted under the expedited review process? (Study meets the definition of minimal risk?)	

## *2. Informed Consent: Reviewer Guidelines*

<b>BASIC ELEMENTS OF INFORMED CONSENT (REQUIRED)</b>	<b>Yes / No / N/A</b>
a. A statement that the study involves research	
b. An explanation of the purposes of the research	
c. The expected duration of the subject's participation	
d. A description of the procedures to be followed	
e. Identification of any procedures which are experimental	
f. A description of any reasonably foreseeable risks or discomforts to the subject	
g. A description of any benefits to the subject or to others which may reasonably be expected from the research	
h. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject	
i. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained	
j. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available, if injury occurs and, if so, what they consist of, or where further information may be obtained	
k. An explanation of whom to contact for answers to questions about the research	
l. An explanation of whom to contact for answers to questions about injury	
m. An explanation of whom to contact concerning rights as a research subject.	
n. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits and the subject may withdraw without penalty.	
<b>ADDITIONAL ELEMENTS OF INFORMED CONSENT</b>	<b>Yes / No / N/A</b>
o. A statement that the particular treatment or procedure may involve risks to the subject or to the embryo or fetus, if the subject is or may become pregnant which are currently unforeseeable.	
p. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.	
q. Any additional costs to the subject that may result from participation in the research.	
r. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.	

s. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.	
t. The approximate number of subjects involved in the study.	
u. The storage and use of research specimens disclosed.	
v. Agreement and spaces for signatures/dates for subject, and/or representative (if applicable) and person obtaining consent.	
w. Is a witness signature required?	
x. If FDA Regulated, a statement that the FDA may inspect the records. (Include if the research is subject to FDA regulations)	
y. DOD – DON Sponsored research: (Greater than Minimal risk): Has an arrangement for emergency treatment and necessary follow-up of any research-related injuries to subjects been provided?	
z. Explanation on how researchers plan to enter information on <a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a>	
aa. The consent from contains contact information for a person independent of the research team for the following: <ul style="list-style-type: none"> <li>• To obtain answers to questions about the research</li> <li>• In the event the research staff could not be reached</li> <li>• In the event they wished to talk to someone other than the research staff?</li> </ul>	
<b>INFORMED CONSENT PROCESS AND CONTENT</b>	<b>Yes / No / N/A</b>
a. Do the proposed explanations of the research provide an accurate assessment of its risks and anticipated benefits? Is the possibility (or improbability) of direct benefit to the subjects fairly and clearly described?	
b. Is the language and presentation of the information to be conveyed appropriate to the subject population?	
c. Are the timing of and setting for the explanation of the research and obtaining informed consent conducive to good decision making?	
d. Is it clear who is authorized to obtain informed consent for the study?	
e. Have the informed consent issues for secondary study subjects been addressed?	
f. Will the investigator obtain legally effective informed consent of the participant or the participant's legally authorized representative?	
g. Will the circumstances of the consent process provide the prospective participant or the representative sufficient opportunity to consider whether to participate?	

h. Will the circumstances of the consent process minimize the possibility of coercion or undue influence?	
i. Will the individuals communicating information to the participant or the representative during the consent process provide the information in language understandable to the participant or the representative (individuals talking to the participants and answering questions will be able to communicate in a manner that is understandable to the participant)?	
j. Will the information being communicated to the participant or the representative during the consent process not include exculpatory language through which the participant or the representative is made to waive or appear to waive any of the participant's legal rights?	
k. Will the information being communicated to the participant or the representative during the consent process not include exculpatory language through which the participant or the representative releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence?	
l. Are subjects informed to take as much time necessary to read the consent form?	
m. Are subjects informed that they will receive a copy of the consent form?	
n. The consent form contains contact information for a person independent of the research team for the following: <ul style="list-style-type: none"> <li>• To obtain answers to questions about the research</li> <li>• In the event the research staff could not be reached</li> <li>• In the event they wished to talk to someone other than the research staff?</li> </ul>	
<b>WAIVER OF INFORMED CONSENT DOCUMENT</b>	<b>Yes / No / N/A</b>
a. Have the criteria for waiver of informed consent documentation been met? <ol style="list-style-type: none"> <li>1. The consent form would be the only record linking the subject to the research, <u>and</u> a potential breach would be a breach of confidentiality. In such case, it is up to the subject when asked if they want documentation.</li> <li>2. Study is no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.</li> </ol>	
b. If informed consent documentation is waived, should the investigator be required to provide subjects with a written statement regarding the research?	

<p>c. If children are included, have the criteria for waiver of parental/guardian consent been met?</p> <ul style="list-style-type: none"> <li>- IRB must determine parental/guardian permission is not a reasonable requirement to protect subjects</li> <li>- Appropriate mechanisms must be implemented to protect children as subjects</li> </ul>	
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<b>WAIVER OR MODIFICATION FOR REQUIRED ELEMENTS IN INFORMED CONSENT</b>	<b>Yes / No / N/A</b>
<p>a. If waiver or modification to required consent elements proposed, have all the criteria been met?</p> <ol style="list-style-type: none"> <li>1. The research involves no more than minimal risk to the subjects?</li> <li>2. The waiver/alternation will not adversely affect the rights and welfare of the subjects.</li> <li>3. The research could not practicably be carried out without the waiver or alteration, and</li> <li>4. When appropriate, the subject will be provided with pertinent information after participation.</li> </ol>	
<b>ASSENT FROM CHILDREN</b>	<b>Yes / No / N/A</b>
<p>a. Is assent required? (Assent is required unless the child is not capable (due to age, psychological state, sedation), or the research holds out the prospect of direct benefit that is only available within the context of the research.)</p>	
<b>CONSENT FOR CHILDREN UNDER THE JURISDICTION OF DEPENDENCY COURT</b>	<b>Yes / No / N/A</b>
<p>a. Has a court order been obtained to allow the child to participate in the research without parental consent?</p>	
<p>b. Has a court order been obtained to allow the child to participate in the research without parental consent?</p>	
<p>c. Is the research either related to the children’s status as wards; or conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of the children involved as subjects are not wards?</p>	
<p>d. Has an advocate been appointed for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis?</p>	
<b>PARENTAL PERMISSION</b>	<b>Yes / No / N/A</b>
<p>a. Is consent of one parent appropriate?</p>	
<p>b. Is consent of both parents required? (Consent from both parents is required when the research is greater than minimal risk, without potential for benefit)</p>	
<b>CONSENTING COGNITIVELY IMPAIRED PERSONS</b>	<b>Yes / No / N/A</b>
<p>a. Does the research involve greater than minimal risk?</p>	

b. If the research involves greater than minimal risk does it present the prospect of direct benefit to the individual subjects?	
c. Are the risks to subjects reasonable in relation to anticipated benefits, if any, to subjects and to the importance of the knowledge that may reasonably be expected to result?	
d. Is the relation of the anticipated benefit to the risk at least as favorable to the subjects as that presented by available alternative approaches?	
e. Are there adequate provisions for soliciting the assent of the subject and permission of their legally authorized representative?	
<b>WAIVER OF INFORMED CONSENT FOR PLANNED EMERGENCY RESEARCH</b>	<b>Yes / No / N/A</b>
<p>b. Have the criteria for waiver of informed consent for emergency research been met?</p> <ol style="list-style-type: none"> <li>1. The subject must be confronted by a life-threatening situation necessitating the use of the test article.</li> <li>2. Informed consent cannot be obtained because of an inability to communicate with, or obtain legally effective consent from the subject.</li> <li>3. Time is not sufficient to obtain consent from the subject's legal representative.</li> <li>4. No alternative method of approved or generally recognized therapy is available that provides an equal or greater likelihood of saving the subject's life.</li> </ol>	
<b>WAIVER OF INFORMED CONSENT FOR PLANNED EMERGENCY ROOM RESEARCH</b>	<b>Yes / No / N/A</b>
<p>a. Have the criteria for waiver of informed consent for emergency room research been met?</p> <ol style="list-style-type: none"> <li>1. The study could not practicably be carried out without the waiver.</li> <li>2. Consultation with community representatives occurs before the start of the research</li> <li>3. Public Disclosure is made before and after the study starts</li> <li>4. A therapeutic window is defined and the researcher commits to trying to locate a surrogate/legally authorized representative who can give consent within the window before proceeding to waive consent.</li> </ol>	

### 3. Continuing Review Application: Reviewer Guidelines

<b>1. CONTINUING REVIEW APPLICATION SUBMISSION</b>	<b>Yes / No / N/A</b>
a. Are all consent forms included with the application?	
b. Is an adequate protocol summary provided?	
c. Is an adequate status report on the study's progress provided?	
d. Are any significant new findings and/or interim report provided?	
e. If yes, is there any significant info that may change a subject's willingness to participate?	
f. Is the continuing review being submitted in a timely manner?	
<b>2. PROTOCOL CHANGES &amp; AMENDMENTS</b>	<b>Yes / No / N/A</b>
a. Has the protocol changed since the last IRB Review?	
b. If yes, have all changes been documented and approved by the IRB?	
c. * Is the PI requesting new changes as part of this submission?	
d. * If yes, do the requested changes alter the risk/benefit ratio of the subjects?	
e. *Are the requested changes updated in all appropriate study materials and included for review?	
<b>3. PROTOCOL DEVIATION &amp; EXCEPTIONS</b>	<b>Yes / No / N/A</b>
a. Has the PI submitted any new deviations or exceptions since the last IRB review?	
b. If yes, do the reported deviations/exceptions alter the risk/benefit ratio?	
c. Are any protocol changes required or recommended to prevent similar events in the future?	
d. If yes, are all the appropriate study materials updated and included for review?	
<b>4. SERIOUS ADVERSE EVENTS &amp; UNANTICIPATED PROBLEMS</b>	<b>Yes / No / N/A</b>
a. Have there been any SAEs and/or unanticipated problems reported since the last continuing review?	
b. If yes, have all SAE/unanticipated problems been reviewed by the IRB?	

c. Do any of these events alter the risk/benefit ratio?	
d. Should other subjects be informed of the events and/or change to risk/benefit ratio?	
e. Should the consent or protocol be amended to include new information resulting from these events?	
<b>5. SUBJECT ENROLLMENT</b>	<b>Yes / No / N/A</b>
a. What is the target number of subjects to be enrolled?	
b. How many subjects are currently enrolled?	
c. Is the enrollment rate as planned or reasonable to meet the goals of the study?	
d. If enrollment is notably slow, is adequate justification/explanation provided to continue with the study?	
e. Is there a notable rate of subject withdrawals?	
<b>6. CHECKLIST OF INFORMED CONSENT/ASSENT ELEMENTS/LANGUAGE</b>	<b>Yes / No / N/A</b>
1. Overall, is consent/assent written in a language easily understandable to the subject and/or guardian, and void of any exculpatory language?	
2. If consent has not been translated, should it be?	
<b>Ensure the following basic elements are included in the informed consent:</b>	<b>Yes / No / N/A</b>
bb. A statement that the study involves research	
cc. An explanation of the purposes of the research	
dd. The expected duration of the subject's participation	
ee. A description of the procedures to be followed	
ff. Identification of any procedures which are experimental	
gg. A description of any reasonably foreseeable risks or discomforts to the subject	
hh. A description of any benefits to the subject or to others which may reasonably be expected from the research	
ii. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject	
jj. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained	

kk. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available, if injury occurs and, if so, what they consist of, or where further information may be obtained	
ll. An explanation of whom to contact for answers to questions about the research	
mm. An explanation of whom to contact for answers to questions about injury	
nn. An explanation of whom to contact concerning rights as a research subject.	
n. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits and the subject may withdraw without penalty.	
<b><u>If applicable to the study, ensure the following additional elements are also included:</u></b>	<b>Yes / No / N/A</b>
o. A statement that the particular treatment or procedure may involve risks to the subject or to the embryo or fetus, if the subject is or may become pregnant which are currently unforeseeable.	
p. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.	
q. Any additional costs to the subject that may result from participation in the research.	
r. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.	
s. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.	
t. The approximate number of subjects involved in the study.	
u. The storage and use of research specimens disclosed.	
v. Agreement and spaces for signatures/dates for subject, and/or representative (if applicable) and person obtaining consent.	
w. Is a witness signature required?	

x. If FDA Regulated, a statement that the FDA may inspect the records. (Include if the research is subject to FDA regulations)	
y. DOD – DON Sponsored research: (Greater than Minimal risk): Has an arrangement for emergency treatment and necessary follow-up of any research-related injuries to subjects been provided.	
z. Explanation on how researchers plan to enter study information on <a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a>	
aa. The consent from contains contact information for a person independent of the research team for the following: <ul style="list-style-type: none"> <li>• To obtain answers to questions about the research</li> <li>• In the event the research staff could not be reached</li> <li>• In the event they wished to talk to someone other than the research staff?</li> </ul>	
<b>7. REVIEW CONSIDERATIONS</b>	<b>Yes / No / N/A</b>
a. Do risks continue to be minimized and reasonable in relation to the benefits & knowledge to be gained?	
b. Do study procedures ensuring safeguards for vulnerable subjects continue to be adequate?	
c. Do study procedures ensuring subject confidentiality continue to be adequate?	
d. Were any subject complaints documented for this study and raise concern?	
e. Were any outside reports submitted: monitoring reports, multi-site reports, FDA, or DSM reports?	
f. If yes, were there any notable observations or concerns that should raised to the committee?	
g. If there is a Data Safety Monitoring Plan, is the study adequately following the approved plan?	
h. Has the source of funding changed?	
i. If yes, are there any new conflicts of interests?	
j. Should the protocol be reviewed more frequently than once per year?	
k. If this is a multi-center trial in which USC is the coordinating site, has there been evidence of communication among sites?	

<b>8. ASSENT FROM CHILDREN</b>	<b>Yes / No / N/A</b>
a. Is assent required? (Assent is required unless the child is not capable (i.e. due to age, psychological state, sedation), or the research holds out the prospect of direct benefit that is only available within the context of the research)	
b. Is assent currently being obtained?	
<b>9. PARENTAL PERMISSION</b>	<b>Yes / No / N/A</b>
a. Is consent of one parent appropriate?	
b. Is consent of both parents required? (Consent from both parents is required when the research is greater than minimal risk, without potential for benefit)	
c. Is parental permission currently being obtained?	
<b>10. USE OF THE SHORT FORM</b>	<b>Yes / No / N/A</b>
a. Did the PI report the use of the short form?	
b. If yes, did the PI report if a witness was present during the oral presentation?	
c. If yes, did the PI report if a witness was conversant in both English and the native language of the subject?	

#### 4. Research Involving Children: Reviewer Guidelines

	Yes / No / N/A
1. [Category 1, 45 CFR 46.404] The IRB finds that <b><u>no greater than minimal risk</u></b> to children is presented. The children are capable of providing assent and adequate provisions are made for soliciting the assent of the children	
2. The capability of some or all of the children is so limited that they cannot reasonably be consulted or that the intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the children and is available only in the context of the research, the assent of the children is not a necessary condition for proceeding with the research.	
3. The children are capable of providing assent but adequate provisions for soliciting the assent of the children has not been provided in the application.	
4. Adequate provisions are made for soliciting the permission of each child's parents or guardian. The permission of one parent is required.	
5. Adequate provisions are made for soliciting the permission of each child's parents or guardian has not been provided. The permission of one parent is required.	
6. The research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects. An appropriate mechanism for protecting the children who will participate as subjects in the research is substituted, and the waiver is not inconsistent with Federal, State, or local law.	
7. The research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects. However, an appropriate mechanism for protecting the children who will participate as subjects in the research has not been provided	
8. [Category 2, 45 CFR 46.405] The IRB finds that <b><u>more than minimal risk</u></b> to children is presented by an intervention or procedure that <b><u>holds out the prospect of direct benefit</u></b> for the individual subject, or by a monitoring procedure that is likely to contribute to the subject's well-being. The IRB finds that: (a) the risk is justified by the anticipated benefit to the subjects; (b) the relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches.	
9. The children are capable of providing assent and adequate provisions are made for soliciting the assent of the children.	
10. The capability of some or all of the children is so limited that they cannot reasonably be consulted or that the intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the children and is available only in the context of the research, the assent of the children is not a necessary condition for proceeding with the research.	
11. The children are capable of providing assent but adequate provisions for	

soliciting the assent of the children has not been provided in the application.	
12. Adequate provisions are made for soliciting the permission of each child's parents or guardian. The permission of one parent is required.	
13. Adequate provisions are made for soliciting the permission of each child's parents or guardian has not been provided. The permission of one parent is required.	
14. The research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects. An appropriate mechanism for protecting the children who will participate as subjects in the research is substituted, and the waiver is not inconsistent with Federal, State, or local law.	
15. The research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects. However, an appropriate mechanism for protecting the children who will participate as subjects in the research has not been provided.	
16. [Category 3, 45 CFR 46.406] The IRB finds that <b><u>more than minimal risk</u></b> to children is presented by an intervention or procedure that <b><u>does not hold out the prospect of direct benefit</u></b> for the individual subject, or by a monitoring procedure which is not likely to contribute to the well-being of the subject. However the IRB finds that: (a) the risk represents a minor increase over minimal risk; (b) the intervention or procedure presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations; (c) the intervention or procedure is likely to yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the subjects' disorder or condition.	
17. The children are capable of providing assent and adequate provisions are made for soliciting the assent of the children.	
18. The capability of some or all of the children is so limited that they cannot reasonably be consulted; the assent of the children is not a necessary condition for proceeding with the research.	
19. The children are capable of providing assent but adequate provisions for soliciting the assent of the children has not been provided in the application.	
20. Adequate provisions are made for soliciting the permission of each child's parents or guardian. Both parents must give their permission unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.	
21. Adequate provisions are made for soliciting the permission of each child's parents or guardian has not been provided. Both parents must give their permission unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.	

***(Subpart D)***

22. **[Category 4, 45 CFR 46.407] Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children.** DHHS will conduct or fund research that the IRB does not believe meets the above requirements only if: (a) the IRB finds that the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children; and (b) the Secretary, after consultation with a panel of experts in pertinent disciplines (for example: science, medicine, education, ethics, law) and following opportunity for public review and comment, has determined either: (1) that the research in fact satisfies the conditions of 45 CFR §46.404, §46.405, or §46.406, as applicable, or (2) the following: (i) the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children; (ii) the research will be conducted in accordance with sound ethical principles; (iii) adequate provisions are made for soliciting the assent of children and the permission of their parents or guardians.

*Additional Considerations for Research in School Settings*

**California Education Code 51513**

No test, questionnaire, survey, or examination containing any questions about the pupil's beliefs or practices in sex, family life, morality, and religion, or any questions about the pupil's parents' or guardians' beliefs and practices in sex, family life, morality, and religion, shall be administered to any pupil in kindergarten or grades 1 to 12, inclusive, unless the parent or guardian of the pupil is notified in writing that this test, questionnaire, survey or examination is to be administered and the parent or guardian gives written permission for the pupil to take this test, questionnaire, survey or examination.

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

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.

Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

School officials with legitimate educational interest;

Other schools to which a student is transferring;

Specified officials for audit or evaluation purposes;

Appropriate parties in connection with financial aid to a student;

Organizations conducting certain studies for or on behalf of the school;

Accrediting organizations;

To comply with a judicial order or lawfully issued subpoena;

Appropriate officials in cases of health and safety emergencies; and

State and local authorities, within a juvenile justice system, pursuant to specific State law.

-Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

### **Protection of Pupil Rights Amendment (PPRA)**

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED). PPRA is intended to protect the rights of parents and students in two ways:

It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and

It seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:

Political affiliations;

Mental and psychological problems potentially embarrassing to the student and his/her family;

Sex behavior and attitudes;

Illegal, anti-social, self-incriminating and demeaning behavior;

Critical appraisals of other individuals with whom respondents have close family relationships;

Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;  
or

Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Parents or students who believe their rights under PPRA may have been violated may file a complaint with ED by writing the Family Policy Compliance Office. Complaints must contain specific allegations of fact giving reasonable cause to believe that a violation of PPRA occurred.

**5. Research Involving Pregnant Women, Human Fetuses,  
and Neonates: Reviewer Guidelines  
(Subpart B)**

**Research involving pregnant women, human fetuses, and neonates is governed by 45 CFR 46 Subpart B. Please refer to the following definitions, as defined by this subpart of the federal regulations.**

- (1) Dead fetus: a fetus that exhibits neither heartbeat, spontaneous respiratory activity, spontaneous movement of voluntary muscles, nor pulsation of the umbilical cord (UPIRB defers this research to the HSIRB)
- (2) Delivery: complete separation of the fetus from the woman by expulsion or extraction or any other means
- (3) Fetus: the product of conception from implantation until delivery
- (4) Neonate: a newborn
- (5) Nonviable Neonate: a neonate after delivery that, although living, is not viable (UPIRB defers this research to HSIRB)
- (6) Viable: as it pertains to the neonate, means being able, after delivery, to survive (given the benefit of available medical therapy) to the point of independently maintaining heartbeat and respiration. The Secretary may from time to time, taking into account medical advances, publish in the Federal Register guidelines to assist in determining whether a neonate is viable for purposes of this subpart. If a neonate is viable then it may be included in research only to the extent permitted and in accordance with the requirements of subparts A and D.
- (7) Pregnancy: encompasses the period of time from implantation until delivery. A woman shall be assumed to be pregnant if she exhibits any of the pertinent presumptive signs of pregnancy, such as missed menses, until the results of a pregnancy test are negative or until delivery.

**SUMMARY OF FINDINGS AND RECOMMENDATIONS**

<b>A. Research involving pregnant women or fetuses (46.204)</b>	<b>Yes / No / N/A</b>
1. When appropriate, has this type of study been done on animals and non-pregnant individuals?	
2. The risk to the fetus is caused solely by interventions/procedures that hold out the prospect of direct benefit for the woman or the fetus.	
3. There is no prospect of direct benefit, the risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge which cannot be maintained by any other means.	
4. If you answered 'yes' for either question 2 or 3, consent will be obtained in accordance with the federal regulations and USC's policies.	
5. Are all risks the least possible for achieving the objectives of the research?	
6. If the research holds out the prospect of direct benefit solely to	

the fetus, has the PI assured that consent will be obtained from the pregnant woman and the father in accordance with the federal regulations (Consent from the father is required unless (a) he is unable to consent because of unavailability, incompetence, or temporary incapacity, or (b) the pregnancy resulted from rape or incest)?	
7. Has the PI assured that each individual providing consent will be fully informed regarding the reasonably foreseeable impact of the research on the fetus?	
8. Has the PI assured that for children as defined in Section 46.402 (a) who are pregnant, assent and permission will be obtained in accord with the provisions of 45 CFR 46 Subpart D?	
9. Has the PI assured that no inducements, monetary or otherwise, will be offered to terminate the pregnancy?	
10. Has the PI assured that individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate the pregnancy?	
11. Has the PI assured that individuals engaged in the research will have no part in determining the viability of the neonate?	
<b>B. Research involving neonates (46.205)</b>	<b>Yes / No / N/A</b>
<p><b><u>Viable neonates:</u></b> A neonate, after delivery, that has been determined to be viable may be included in research only to the extent permitted by and in accordance with the requirements of 45 CFR 46 Subparts A and D.</p> <p><b><u>Nonviable neonate:</u></b> means a neonate after delivery that, although living, is not viable</p>	
Neonates of uncertain viability and nonviable neonates may be involved in research if all of the following conditions are met: <b>{45 CFR 46.205 (a)}</b>	
1. Where scientifically appropriate, have preclinical and clinical studies been conducted to provide data for assessing potential risks to neonates?	
2. Has each individual who is providing consent been fully informed regarding the reasonably foreseeable impact of the research on the neonate?	
3. Will individuals engaged in the research have a part in determining the viability of a neonate?	
Neonates of uncertain viability: Until it has been ascertained whether or not a neonate is viable, a neonate may not be involved in research covered by this subpart unless the following additional conditions have been met: <b>{45 CFR 46. 205 (b)}</b>	
1. Does the research hold out the prospect of enhancing the probability of survival of the neonate to the point of viability, and any risk is the least possible for achieving that objective?	
2. Is the purpose of the research the development of important biomedical knowledge which cannot be obtained by other means and there will be no added risk to the neonate resulting from the research?	

3. The legally effective informed consent of either parent of the neonate or, if neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative is obtained except that the consent of the father or his legally authorized representative need not be obtained if the pregnancy resulted from rape or incest.	
Nonviable neonates: After delivery nonviable neonate may not be involved in research unless all of the following additional conditions are met: <b>{45 CFR 46. 205 (c)}</b>	
1. The vital functions of the neonate will not be artificially maintained;	
2. The research will not terminate the heartbeat or respiration of the neonate;	
3. There will be no added risk to the neonate resulting from the research;	
4. The purpose of the research is the development of important biomedical knowledge that cannot be obtained by other means.	
5. The legally effective informed consent of both parents of the neonate is obtained. However, if either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of one parent of a nonviable neonate will suffice except that the consent of the father need not be obtained if the pregnancy resulted from rape or incest. The consent of a legally authorized representative of either or both of the parents of a nonviable neonate will not suffice to meet the requirements.	
<b>C. Research involving, after delivery, the placenta, the dead fetus or fetal material (46.206)</b>	<b>Yes / No / N/A</b>
1. Is the research involving the above mentioned materials conducted in accordance with any applicable Federal, State, or local laws regarding such activities?	
2. Is information associated with the material described above recorded for research purposes in a manner that living individuals can be identified, directly or through identifiers linked to those individuals (if yes, those individuals are research participants and all pertinent subparts of 45 CFR 46 are applicable)?	
<b>D. Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of pregnant women, fetuses or neonates (46.207)</b>	<b>Yes / No / N/A</b>
The Secretary needs to review this research.	
1. Does the research present a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of pregnant women, fetuses, or neonates?	

- |   |  |
|---|--|
| <p>2. The Secretary of DHHS, after consultation with a panel of experts in pertinent disciplines and following opportunity for public review and comment, including a public meeting announced in the <b>Federal Register</b>, must determine that either:</p> <ul style="list-style-type: none"><li>a. The research does satisfy the conditions of Section 46.204.</li><li>b. The research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of pregnant women, fetuses, or neonates; the research will be conducted with sound ethical principles; and informed consent will be obtained in accordance with the informed consent provisions of subpart A and other applicable subparts.</li></ul> |  |
|---|--|

**6. Research Involving Prisoners: Reviewer Guidelines  
(Subpart C)**

SUMMARY OF FINDINGS AND RECOMMENDATIONS	Yes / No / N/A
1. Do you have any association with the involved prisoners which might be viewed as a conflict of interest?	
2. Are there any possible advantages to the prisoner through his/her participation in the research, when compared with the general living conditions, medical care, quality of food, amenities and opportunity for earning in the prison, that are of such a magnitude that the potential participant's ability to weigh the risks of the research against the value of such advantages is impaired?	
3. Are the risks involved in the research commensurate with the risks that would be accepted by non-prisoner volunteers?	
4. Are the procedures for selection of participants within the prison fair to all prisoners and immune from arbitrary intervention by prison authorities or prisoners? (Unless there is written justification, the control participants must be selected randomly from the group of available prisoners who meet the characteristics needed for that particular research project)	
5. Is the information in the consent form presented in language which is understandable to the participants?	
6. Is there assurance that court system/judicial system will not take into account a prisoner's participation in research in making decisions regarding the legal case?	
7. Is the prisoner informed in advance that participation in the research will have no effect on his/her legal case?	
8. Is there a need for follow up examination or care of participants after the end of their participation?	
9. If yes to question #8, has adequate provision been made for such examination or care, taking into account the varying lengths of prisoners' sentences and for informing participants of that fact?	

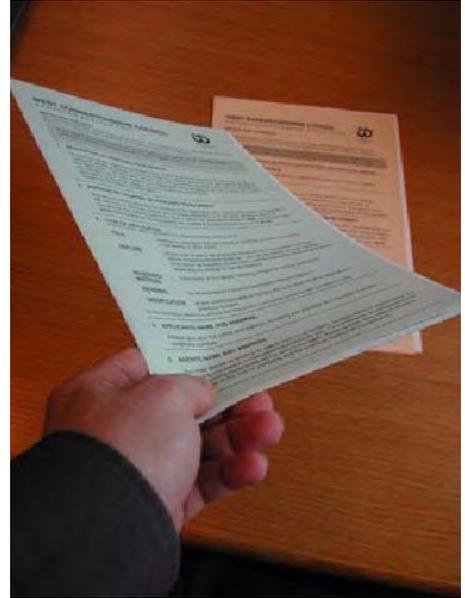
10. Types of research permitted involving prisoners (please check one below or check “none apply”):

- A. Study of the possible causes, effects and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the participants (\*).
  - B. Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the participants (\*).
  - C. Research on conditions particularly affecting prisoners as a class (for example vaccine trials and other research on hepatitis which is more prevalent in prisons than elsewhere; and research on social and psychological problems such as alcoholism, drug addiction, and sexual assaults) provided that the study may proceed only after the Secretary of DHHS has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice, in the **Federal Register**, of his intent to approve such research.
  - D. Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the participant. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after the Secretary of DHSS has consulted with appropriate experts, including experts in penology, medicine, and ethics, and published notice, in the **Federal Register**, of the intent to approve such research.
- None Apply

\* Definition of Minimal Risk in prisoners: Risk of physical or psychological harm that is no greater in the probability and severity than that ordinarily encountered in the daily lives, or in the routine medical, dental, or psychological examinations of healthy persons [45 CFR 46.303(d)]

Definition of a prisoner: An individual involuntarily confined in a penal institution, including persons (1) sentenced under a criminal or civil statute; (2) detained pending arraignment, trial, or sentencing; and (3) detained in other facilities (e.g., for drug detoxification or treatment of alcoholism) under statutes or commitment procedures providing such alternatives to criminal prosecution or incarceration in a penal institution [45 CFR 46.303(c)]





**Appendix C**  
iStar Application  
Guidance:  
Expedited and  
Full Board  
Studies

# ISTAR APPLICATION GUIDANCE: EXPEDITED AND FULL BOARD STUDIES

iStar application guidance has been written for student researchers who conduct Social and/or Behavioral research and submit their applications to the University Park IRB. The goal of the guidance below is to help researchers understand the questions, and provide suggestions on how to answer them.

To access a more comprehensive set of guidance on the iStar website (which includes guidance for biomedical researchers), [Click here](#) to view the website. Or visit <http://istar-chla.usc.edu>, click “Training Resources”, and then “Study Application” which is under the Applications and Guidance section.

*\* Note: The explanations provided below are generally written for researchers on the University Park Campus conducting social-behavioral research that is expedited or full board. Note that the IRB applications are continually updated and the numbers may not match the current numbering. The content of the suggestions remain valid.*

## ***iStar Questions***

### **1 Project Identification Information**

- Indicate the type of submission, title, and the IRB you are requesting review from.

1.1 *Research Protocol/ Study/ Class Project* should be chosen for any research involving human subjects (both funded and unfunded).

*Grant/Contract Only* should only be used for projects seeking administrative review according to [45 CFR 46.118](#) Applications and Proposals Lacking definite Plans For Involvement of Human Subjects. Except for research exempted or waived under [46.101 \(b\) or \(i\)](#), **no human subjects may be involved in any project supported by these awards until the project has been reviewed and approved by the IRB.**

*Facilitated Review (CIRB)* is only allowed for studies previously approved by the CIRB. This option should only be used for phase II/III multi-center cancer trials. **If you are unsure whether your study qualifies for facilitated review, please consult your IRB before continuing with these forms.**

1.2 Type the full title of your study.

1.3 Type an abbreviated title of your study. Try to limit your short title to 10-15 words.

1.4 Choose the IRB you are requesting a review from: Health Sciences, University Park, or Children’s Hospital.

1.4.1. If there are any individual collaborators from other institutions, this box must be checked. You will need to select collaborators from other institutions in question 2d if you check this box.

### **2 Study Personnel**

- List any study personnel, including your faculty advisor if you are student. You may add any other personnel in this section as a guest to review your application.
- 2.1 Using the “Select” button, identify the single individual responsible for the conduct of the research study. This may be a student investigator.
  - 2.2 Using the “Select” button identify the individual who will serve as the main contact with the IRB regarding the study. This person will send and receive IRB correspondence such as study-related documents, revisions, informed consents, etc. This is the person the IRB will contact, if needed, to answer application-related questions. \*Most student investigators will not need to list a study coordinator.
  - 2.3 Using the “Add” button identify all co-investigators who will be involved with the conduct of this study (you may select more than one at a time). Please note that the application will be routed for electronic signatures from all of the listed co-investigators, and will also be routed to their Department Chairs and Division Chiefs for electronic signature. \*Most student investigators will not need to list a co-investigator.
  - 2.4 Using the “Add” button, list any other individuals, who are not identified as investigators or contact people above, who are authorized by the Principal Investigator to access the application through iStar and to make changes to the study documents (you may select more than one at a time).
  - 2.5 Student investigators must choose “YES.”
  - 2.6 Student investigators must choose a faculty advisor from the list provided. The faculty advisor assumes responsibility for the student investigator’s conduct of this research protocol. Please note that this application will be routed for the electronic signature of the faculty advisor. \*If the faculty advisor’s name is not listed, please contact the iStar help desk at [istar@usc.edu](mailto:istar@usc.edu).

### **3 Study Department Approvals**

- Leave blank unless other department approvals are necessary.

iStar will automatically note the department the investigator is part of based on the information provided by the student when the iStar user account was created. Investigators can check to make sure that their department is listed correctly in their account. If the investigator is working on a project with another department, and permission is needed from that department, they can list it on question 3b.2. \* Student investigators are only required to have their faculty advisor review and approve their study, not a department/division.

### **4 Type of Study Review**

- 4.1 Choose one of the following from the drop-down menu: Coded Specimens/Data, Exempt, Expedited, or Full Board. (If you choose **Exempt** or **Expedited**, you must select a category of review in the subsequent question 4a, 4b, etc. For full board studies, you will be directed to question 5).

\*A detailed explanation of the three levels of review can be found in Chapter 4 of this guidance.

- 4.2 Attach a draft of your dissertation, if applicable.
- 4a. If you selected the expedited level of review in question 4.1, select an applicable category that best describes your research.
  - 4a.1 Please attach a copy of the forms you will be using to collect data here.

## **5 Study Locations**

- 5.1 Choose where the study will be conducted.
- 5.2 Check whether your study is a clinical multi-sited study. Check “No” as *this question applies to PIs from HSC or CHLA only.*

## **6a-c Study Locations**

- Fill out the necessary information based on where your study will be conducted.

## **7 Information for Multi-site Study**

- If the investigator indicated that the study is a multi-site study (question 5.2) he/she must answer this question.
- 7.1 Please check “YES” if the study will be coordinated at HSC, UPC, CHLA. (Most studies conducted by USC students would require a “NO”)
    - 7.1.1 If USC is the coordinating center, describe how the information relevant to protecting participants.
  - 7.2 List the coordinating site for the study if the coordinating site is not at HSC, UPC, CHLA.

## **8 Funding Information**

- Any financial support?

If an investigator receives any financial support that goes through Contracts and Grants, they should answer the questions in this section. If financial support is given through their department, the investigator can check “NO” and mention it in question 12.1.

## **9 Methods and Procedures**

- Check off the descriptors that apply to your study. You will need to explain each descriptor in questions 14-21.

## **10 Study Subject Population**

- Indicate the number of subjects and the inclusion/exclusion criteria.

- 10.1 List the number of subjects you plan to enroll in your study.
  - 10.1.1 Investigators may write “N/A” for this question if their study is not a multi-site study.
  - 10.1.2 Investigators may write “N/A” for this question.
- 10.2 Specify the inclusion criteria for your study. Who will you recruit for your study?
- 10.3 Specify the exclusion criteria for your study. Who will be excluded from your study?
  - 10.3.1 Are there any age, ethnic, language, or gender-based exclusion criteria? You may look at the iStar guidance for more information.

## **11 Study Summary**

- Provide the abstract, research objectives, and background of your study.

- 11.1 Write a brief abstract for your study. A general overview of your study should be sufficient. This section of the application will be available publicly, therefore, use **lay-language** (6<sup>th</sup>-8<sup>th</sup> grade language). Do not use scientific/technical language as reviewers and the public may not be completely familiar with peer-language of a particular discipline.
- 11.2.1 Describe the objective(s) or aim(s) of the study. Provide hypotheses or research questions.
- 11.2.2 Provide a **succinct** discussion of relevant background information and the rationale for the current study. List any publications and citations that have emanated from this protocol.

## **12 Methods and Procedures – Prospective Studies**

- Describe the design and methodology of your study.

- 12.1 The response to this item should provide a clear description of the research design and all of the procedures that will be used to accomplish the specific aims of the research.

The following types of information should be included in this item:

- The type of research design that will be used
- All of the procedures that will be done with human subjects. The procedures should be written in chronological order with a clear explanation of frequency and duration of each activity
- Detailed explanation of data collection (questionnaires, interviews, observations, standardized tests, other) and methods of data recording (field notes, audiotape, videotape, computer entry, etc.).
- When contemplating the type of information that should be included, keep in mind the following questions: Who will partake in the study? What will the subject do? What order will he/she do it? How long will participation take? In what kind of setting will the study take place?

When appropriate, identify the sources of the research materials to be obtained in the form of specimens, records or data. Indicate if this information will be obtained specifically for research purposes or gathered from data collected for other purposes (e.g., clinical records of routine care, school records)

- 12.2 The following types of information can be included in this item:

- A description of what your anticipated outcomes may be
- An explanation of when you feel you have collected an adequate amount of data

- 12.3 Provide an explanation of how the sample size was determined. For quantitative studies, indicate the statistical considerations for the study.

## **14-21 Methods and Procedures**

- Provide further explanations the descriptors chosen in section 9. Documents pertaining to how you collect your data may be uploaded in these questions. (Be mindful that each question may be different based on the descriptors chosen.) Refer to the iStar guidance for more information.

## **22 Special Subject Populations**

- Check any special subject population that may apply. Most investigators will choose “Normal Volunteers” for their study in addition to any other subjects populations that may apply.

### **22a-g Special Subject Populations**

- You will be asked to provide more information regarding your subjects, depending on which subject populations you checked off in question #22. Refer to the iStar guidance for more information.

### **23 Subject Identification and Study Resources**

- Describe the method by which subjects will be identified, eligibility will be determined, and by whom.

23.1 The methods used to identify potential subjects and verify eligibility for the study will depend on the type of research being conducted. For example, research involving surveys may use publicly available mailing lists to contact specific types of individuals for a study (e.g., specific professional groups, members of organizations).

When responding to this question specify: how you will identify the subjects for this study, how the subject's qualifying for the study will be determined, and who will make that determination.

#### **Example**

- Survey of educational practices of grade school teachers: Potential subjects will be identified through a list of elementary school teachers provided by the XYZ school district. The research assistant will verify with the district office that all of the teachers on the list teach grades 1 – 6, and are currently teaching in one of the district schools.

23.2 Provide an explanation of the timing involved in your study. Provide a justification stating that the time available is sufficient for the study.

23.3 Describe the staff (if applicable) and justify they are adequate in number and qualifications. Most student investigators will not have a "staff." Students can write "N/A."

23.4 Describe the study facilities (if applicable) and justify that they are adequate. (e.g. where the data collection will take place)

23.5 Describe how the investigators will ensure that all persons assisting with the research (if applicable) are adequately informed about the protocol and their research-related duties and functions. Most student investigators will list just themselves. They can list human subjects training (CITI), their research methods courses, and the fact that they are supervised by their faculty advisor.

### **24 Subject Recruitment**

- How will subjects be recruited?

24.1 Check the recruitment tool(s) you will use in your study.

24.2 Upload copies of all recruitment tools. (ex: a copy of the flyer, a verbal script)

24.3 The recruitment of subjects is considered to be the beginning of the consent process. The strategies used are evaluated by the IRB to assure that accurate and appropriate information is provided to possible subjects and that the potential for coercion is minimized.

Provide descriptions of how each of the recruitment tools indicated above will be implemented. If recruitment will be in-person, indicate the personnel involved and their relationship, if applicable, to the potential subjects.

#### Issues to Address:

Describe the recruitment strategies. Include a) who will approach the subjects (for example, the PI; research coordinator; nurse; etc); b) how and when the subjects will be approached (for example, a

week before the surgery; at the clinic on the clinic visit day; etc); c) what will be said (for example, the treating physician will refer to the study; nurse or study coordinator will introduce the study with the Informed Consent; etc)

#### **Examples**

- The recruitment flyer with the attached permission slip will be mailed to the parents of all students at the ABC middle school three weeks before the student survey is scheduled to take place.

- 24.4 The IRB needs to determine whether the recruitment methods for each subject group are adequate to ensure that subjects are not unduly coerced, e.g., the recruitment method respects the individuals who may be approached in a school, hospital, nursing home, etc.

#### Issues to Address:

Describe some of the protective safeguards that are included to protect the rights and welfare of subjects who are likely to be vulnerable to coercion or undue influence (e.g., children, students, prisoners, pregnant women, persons with physical or mental illness, and persons who are economically or educationally disadvantaged). For example: subjects can be informed that their participation is completely voluntary and they can withdraw from the study at any time; the Informed Consent will be given (mailed) to the subject to allow for adequate time to read and consider participation with their family members; the Informed Consent will be explained to the subject not by the PI but by other qualified personnel, in case the PI's financial involvement might be a potential conflict.

#### **Examples**

- Adult participants spend time with the investigators who explain the research procedures, risks, confidentiality issues, and other aspects of the consent document. Participants are then given sufficient time to consider the research, to ask any questions they may have regarding the study, and then sign the document after their questions are answered.
- If potential participants are minors or their competency is an issue, a parent or legal guardian must be available to discuss the research. The legal guardian can legally authorize consent for the participant, i.e., is the mother present who can read and understand English who can consent for her 10-year old son to participate in a research study about video gaming techniques.
- If potential participants do not read or understand English, there should be a mechanism to have a translator available to translate the investigator's explanation of the research procedures, risks, confidentiality issues, and other research-related issues to the non-English speaking participant and/or caregiver(s). If the translated short-form method is used, the investigator and translator must sign the form to verify that the subject understood the verbal explanation of the research study.

#### **Definitions**

Conflict of Interest: The term "conflict of interest" refers to situations in which financial or other personal considerations compromise, or has the appearance of compromising, an individual's professional judgment and ability to perform his or her responsibilities.

## **25 Financial Obligation and Compensation**

- Any payments made to or received by the subject?
- 25.1 Describe any financial obligations that the subject may incur as a result of participating in the study. Indicate which costs will be covered by the study.
- 25.2 Describe how much, if any, financial or other forms of compensation will be provided to the subject/family.
- 25.3 If participants were to require care, medical or psychological services due to a research related injury, how will they be made available? Who will be held financially liable? Most student investigators can

write “N/A.” However, student investigators are advised to contact the IRB or the IRB mentor for further assistance with this question.

## **26 Data Privacy and Confidentiality**

- How will the data be collected? Stored? Coded?
  - Federal regulations state that the data be kept for a minimum of three years. If the data is to be kept longer, the IRB and the subjects must be informed as to the length of time.
- 26.1 Describe how the data for your study will be collected and recorded. (e.g. data collected online via survey, SPSS for quantitative data collection, etc.)
- 26.2 Describe how the data will be recorded to protect personal privacy. Choose from the following:
- Identified (data will be linked with direct identifiers)
  - Coded (data will be linked to subjects with a code)
  - Anonymous (no identifying information will be collected)
  - Other (please specify in question #26.2.1)
- 26.3 Provide the physical location where the data will be stored. Describe how the confidentiality of the data will be protected. For example, the data will be stored in a locked cabinet in the PI’s office (Room \_\_\_\_). Access to the key will be limited to the PI and a study coordinator; The data entered in the computer will be coded, and the link between the coded data and the subjects will be kept in the research files in a locked cabinet in the PI’s office.
- 26.4 List the personnel who have access to the records at USC/CHLA. Include any onsite or offsite personnel who are not listed as members of the study team, and their affiliation. Specify their name, role and affiliation. Do not list study personnel already listed in question 2.
- 26.5 If coded or identified data will be released, specify the persons or agencies to whom the information will be released. Describe the specific provisions that will be taken to assure that the transmission of the data will maintain confidentiality.
- 26.6 Describe what will happen to the data or data set when the study is completed. Please indicate your plan(s) for destruction of identifiers at the earliest opportunity consistent with the conduct of the research and/or clinical needs, if applicable. \*Federal regulations mandate that all data be kept for a minimum of three years after the close of the study. If you plan on keeping the data longer than three years, please explain why.
- 26.7 Certificate of Confidentiality: Certificates of Confidentiality are issued by the National Institutes of Health (NIH) to protect the privacy of research subjects by protecting investigators and institutions from being compelled to release information that could be used to identify subjects within a research project. Certificates of Confidentiality are issued to institutions or universities where the research is conducted. They allow the investigator and others who have access to research records to refuse to disclose identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level.

Identifying information is broadly defined as any item or combination of items in the research data that could lead directly or indirectly to the identification of a research subject.

By protecting researchers and institutions from being compelled to disclose information that would identify research participants, Certificates of Confidentiality help achieve the research objectives and promote participation in studies by assuring privacy to subjects.

For the detailed Certificate of Confidentiality application instructions please visit:  
[http://grants1.nih.gov/grants/policy/coc/appl\\_intramural.htm](http://grants1.nih.gov/grants/policy/coc/appl_intramural.htm)

- 26.8 Explain what you plan to do to ensure the subject's identity/anonymity when using audio/video recordings and/or photographs. Also, state when the materials will be destroyed. \* Investigators are encouraged to destroy all audio recordings after transcription.

## **27 Risk/Benefit Assessment - Risk**

- 27.1 Choose the risk classification for this study:  
The definition of minimal risk – [45 CFR 46.102 \(i\)](#); [21 CFR Part 56\(i\)](#): “The minimal risk means that 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.”

### **Examples**

Minimal risk - Questionnaire and survey studies may fall under this category. Some of the pathology studies using existing specimens and/or with no personal identifiers may also belong to this category. Greater than minimal risk – Therapeutic studies (chemotherapy, radiotherapy, surgery, etc) may be included under this classification.

- 27.2 Explain the risks that may be associated with each intervention. Be sure to consider physical, psychological, social, and/or other factors that may pertain to your study.
- 27.3 Describe all safety precautions that will be taken to minimize risks/harm (if applicable).
- 27.4 Students can write “N/A.”

## **28 Risk/Benefit Analysis – Potential Benefits and Alternatives**

- 28.1 Describe the benefit(s) subjects might gain from participating in the study, if any. **Subjects might not receive any benefits from participating in a study.** \*Payments for participating in a study do not qualify as a benefit.
- 28.2 Describe the potential benefit(s) to society that may result from this study. Examples: the advancement of knowledge.
- 28.3 Describe alternatives (research or non-research) that are available to subjects if they choose not to participate in this study. An alternative would be not to participate in the study.
- 28.4 Describe the relative risk-to-benefit relationship of the study.

## **29 Informed Consent and Waivers**

- 29.1 Indicate which type of consent and/or waiver you will be using
- **Written/signed consent by the subject** – Every potential subject who is a physically and mentally able adult must provide consent to participate in research prior to the conduct of any activities that constitute the research encounter. Regulations define an adult as anyone 18 years of age or older.
  - **Written/signed consent by a legally authorized representative (for an adult)** – Legally authorized representative means an individual, judicial, or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure(s) involved in the research. For example: if a person is gravely or developmentally disabled.
  - **Written/signed permission for a minor by a parent or legal guardian** – A parent or a legal guardian must provide consent for a minor.
  - **Written/signed assent by a minor** – If the subject is a minor an assent form must be signed by those subjects capable of reading and understanding a simplified version of the consent form signed by the parent or guardian. A copy of the assent form should be included with other

materials submitted to the IRB for approval. For those subjects who are too young to read an assent form, but who would be capable of understanding an oral explanation of the procedures, an outline of the oral explanation must be uploaded into the application. The age, maturity, and emotional state of the subjects must be taken into account by the principal investigator when creating an assent form or an outline of the oral.

- **Verbal consent or written information sheet (Requires waiver of written or signed consent below if the study qualifies for expedited or full board review.)** - If verbal consent is necessary due to limited literacy or language comprehension, the subject or his/her legal representative will be asked to sign a consent form stating that the basic consent form elements have been verbally presented. Both the consent form and the outline of the verbal presentation must be approved by the IRB. A witness must also be present for this presentation and must sign both the consent form and a written summary of the verbal presentation.

\*If the principal risk of the research is a breach of confidentiality and the only record linking to the subject's identity is a signed consent, investigators can request a verbal consent/information sheet. Investigators that choose this option must request a "Waiver of written or signed consent" in question 29.2 if the study qualifies for expedited or full board review.

\*An information sheet may be used in lieu of a consent form. The information sheet must contain the basic elements of the informed consent but without the signature.

The following templates located on the IRB website may be applicable:

[Informed Consent Template](#)

[Assent Form Template for Research Involving Minors](#)

[Informed Consent Template \(Parental Permission\)](#)

[Information Sheet Template](#)

[Verbal Consent Script Template](#)

29.1.1 Please attach/upload a copy of the information sheet or script that you will be using during the consent process.

29.2 Waiver of Informed Consent:

In order to waive the requirements to obtain Informed Consent, or alter some or all of the elements of Informed Consent, all of the following conditions should be met: 1) No more than minimal risk to the subject; 2) the waiver or alteration will not adversely affect the rights and welfare of the subjects; 3) the research could not practicably be carried out without the waiver or alteration; **and** 4) whenever appropriate, the subjects will be provided with additional pertinent information after participation. [\[45 CFR 46.116\(d\)\]](#)

Requirements for Waiver of Signed Informed Consent:

In order to waive the requirements for a signed consent for some or all subjects, the following condition should be met. 1) The only record linking the subject and the research would be the consent document, and the principle risk would be from a breach of confidentiality; **or** 2) No more than minimal risk of harm to subjects, and involves no procedures for which written consent is normally required outside of the research context. [\[45 CFR 46.117\(c\)\]](#)

### **30 Description of Informed Consent Process**

30.1 Provide the names of personnel who will be involved in the Informed Consent process. Qualification (degree, specialty, IRB human subject education certificate, HIPAA certificate, etc.) of these people should be described in this section.

30.2 Describe when and where Informed Consent process will take place. For example, "the Informed Consent process will take place at the Clinic before the surgery." "The Consent will be sent to home ahead of time and the subject will be consented on the clinic day."

Describe how opportunities will be made for potential subjects/families to discuss their participation with others before signing the consent form. For example, Will the subject be able to take the consent home to discuss with his/her family? Will the consent be sent to the subject before consenting?

- 30.3 Describe the method to assess the subject's understanding of the nature of his/her participation in this study.  
For example, the subject will be asked a series of questions to assess his/her understanding. The questions are as follows: \_\_\_\_\_.
- 30.4 (USC) Non-English Speaking Subjects - If non-English speaking subjects are involved, please indicate "YES" and provide translated copies of relevant documents in question 29.1.1. (i.e. consent forms, recruitment documents, etc.)
- 30.5 Provide the description of how you will determine the subject's cognitive and/or language/hearing impairment (if applicable).
- 30.6 If your study requires a legally authorized representative/guardian for those unable to consent (adults) or for minors not accompanied by their parents, describe how you will determine/identify the person who will provide consent for the subject.

### 31

The IRB may approve a consent procedure that does not include, or which alters some or all of the elements of Informed Consent; or the IRB may waive the requirements to obtain Informed Consent. The Principal Investigator must document: 1) The research involves no more than minimal risk to the subjects; 2) the waiver or alteration will not adversely affect the rights and welfare of the subjects; 3) the research could not practicably be carried out without the waiver or alteration; and 4) whenever appropriate, the subjects will be provided with additional pertinent information after participation. ([45 CFR 46.116\(d\)](#))

The IRB may approve a consent procedure that does not include, or which alters some or all of the elements of Informed Consent; or the IRB may waive the requirements to obtain Informed Consent. The Investigator must document:

A. [45 CFR 46.116\(c\)](#) (1) The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine: i) Public benefit or service programs; ii) Procedures for obtaining benefits or services under those programs; iii) Possible changes in or alternatives to those programs or procedures; iv) Possible changes in methods or levels of payment for benefits or services under those programs; and (2) The research could not practicably be carried out without the waiver or alteration.

or

B. [45 CFR 46.116\(d\)](#) (1) The research involves no more than minimal risk to the subjects; (2) the waiver or alteration will not adversely affect the rights and welfare of the subjects; (3) the research could not practicably be carried out without the waiver or alteration; and (4) whenever appropriate, the subjects will be provided with additional pertinent information after participation.

**If you are requesting a waiver of Informed Consent under category A above, please fill out sections 34.2 and 34.4.**

**If you are requesting a waiver of Informed Consent under category B above, please fill out sections 31.1, 31.2, 31.3 and 31.4.**

- 31.1 The definition of minimal risk: "Minimal risk means that 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." ([45 CFR 46.102\(i\)](#))
- 31.2 Explain why the waiver or alteration of the Informed Consent will not adversely affect the rights and welfare of the subject.

- 31.3 Explain why the research cannot practicably be carried out without the waiver or alteration of the Informed Consent.
- 31.4 Explain how the subject will be provided with additional pertinent information after participation, whenever appropriate.

### **32 Waiver of Assent**

Federal regulations allow a waiver of the child's assent under the following conditions:

- The child is too young, immature or lacks the cognitive ability to understand an explanation of their involvement in the research.
- That the intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the child.
- The study is eligible for a waiver of consent per 46.116 of the DHHS regulations.

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.116>

Investigators can check off either 45 CFR 46.408 (Question 32.1) or 45 CFR 46.116 (Question 32.2) and answer the required questions. For more information, please go to the Code of Federal Regulations at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>

### **33 Waiver of Parental Permission**

Department of Health and Human Services (DHHS) regulations allow for a waiver of parental permission in the following circumstances:

- The conditions for a waiver of informed consent are met under 45 CFR 46.116, or
- The research protocol is designed for conditions for which parental or guardian permission is not a reasonable requirement to protect the subjects (e.g., abused or neglected children, research on disorders for which the child does not need parental permission to seek treatment), and
- There is an appropriate mechanism for protecting the children who will participate as subjects.

Investigators can check off either 45 CFR 46.408 (Question 33.1) or 45 CFR 46.116 (Question 33.2) and answer the required questions. For more information, please see the Code of Federal Regulations at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>

### **34 Waiver of Written or Signed Consent**

Investigators may request the IRB waive the requirement for a signed written informed consent. According to the Federal regulation ([45 CFR 46.117\(c\)](#)), if you are requesting a waiver of signed informed consent, a justification must be provided by specifically documenting one of the following:

- a) The only record linking the subject and the research would be the consent document, and a principal risk would be the potential harm resulting from a breach of confidentiality (the subjects would be placed at risk by documents linking them with an illegal or stigmatizing characteristic or behavior). In such a case each subject must be asked whether the subject will permit documentation linking the subject with the research, and the subject's wishes will govern. or
- b) The research presents no more than minimal risk of harm to the subjects and involves no procedures for which written consent is normally required outside of the research context. If you are requesting a waiver of signed written informed consent, please fill out section 34.1.1 or 34.1.2

In cases where a waiver of signed informed consent is requested, submit the written document or a script of the verbal informed consent.

Please attach/upload a copy of the information sheet or script that you will be using during the consent process in 34.4.

Note: Even if the waiver of signed informed consent is granted, the IRB may require the investigator to provide subjects with a written statement regarding the research.

Investigators can check off either 45 CFR 46.116c (Question 34.1), 45 CFR 46.116d (Question 34.2), or 45 CFR 46.117c (Question 34.3) and answer the required questions. For more information, please go to the Code of Federal Regulations at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>

### **35 HIPAA**

- Do you intend to use and/or disclose protected health information (PHI)? If not, please indicate in this section.

\*Further information can be found in the [iStar](#) Guidance and in Chapter 3 of this guidance.

### **36-38 Further information on HIPAA**

\*Please see the [iStar](#) Guidance for information regarding HIPAA.

### **39 Conflict of Interest Information**

A physician and/or investigator should disclose personal interests unrelated to the subject's health. If any of the participating study investigators or other research personnel (or their immediate family/significant other) have a financial and/or intellectual interest in the sponsor or products used with this project, check "yes".

The USC policy defines: the term "conflict of interest" refers to situations in which financial or other personal considerations compromise, or have the appearance of directly and significantly compromising an individual's professional judgment in proposing, conducting or reporting research.

For further clarification, read the USC Policy "Conflict of Interest in Research: Policy and Procedure" <http://policies.usc.edu/policies/conflictresearch110102.pdf>

For more information regarding "Financial Conflicts" visit:

- FDA guidelines: Financial Disclosure by Clinical investigators (3/20/01) <http://www.fda.gov/oc/guidance/financialdis.html>
- NIH guide – Financial Conflicts of Interest and Research Objectivity: Issues for Investigators and Institutional Review Boards, June 5, 2000 <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-040.html>
- OHRP Draft Interim Guidance – Financial Relationships in Clinical Research: Issues for Institutions, Clinical Investigators and IRBs to Consider When Dealing with Issues of Financial Interest and Human Subject Protection (1/10/2001) <http://ohrp.osophs.dhhs.gov/nhrpac/mtg12-00/finguid.htm>

### **40 Additional Supporting Documents**

- Attach any other documents you may have.

### **41 Non-English Speaking Subjects**

**Non-English Speaking Subjects** - If non-English speaking subjects are involved, please describe the measures that will be taken to ensure they understand the nature of participation in the study. Include the use of translators, translated informed consent documents and any other measures that would be taken. The investigator is responsible for translating the Informed Consent documents if needed.

### **99 Instructions for Study Submission**

\*Once you have reviewed your application, you can submit it. Be sure to review your application thoroughly!

Hit the submit button.





## Appendix D

Frequently  
Asked

Questions: iStar  
and CITI

# FREQUENTLY ASKED QUESTIONS: ISTAR AND CITI

Below are two lists of commonly asked iStar and CITI questions and answers. If more information is needed, contact the iStar or CITI helpdesks if more information is needed.

## iStar Questions

**Q: How can I get an iStar account?**

A: Please refer to the instructions located in Obtaining an iStar Account section.

**Q: How do I start the IRB process?**

A: Request an iStar account by sending your contact information to [istar@usc.edu](mailto:istar@usc.edu). Next, complete CITI training. Lastly, create an iStar application and submit it to the IRB when complete.

**Q: Where can I find template forms (e.g. consent document, information sheet), and guidance documents?**

A: These are available on the IRB websites. Click the links below.  
University Park: <http://www.usc.edu/admin/provost/oprs/upirb/forms/>  
Health Sciences: <http://www.usc.edu/admin/provost/oprs/hsirb/forms/>

**Q: How do I submit my application when the study status is “pre-submission”?**

A: Click the “submit to IRB” button. If you receive an error message, the application is incomplete and must be completed prior to submission.

**Q: How do I edit my study?**

A: Log-in to iStar and click the title of the study you want to modify. On the left hand side of the screen, click the “Edit Study” button below the Study Status Box. Make the changes to the application as needed and save them by clicking “Save” on one of the gray navigation bars at the top or bottom of the screen. Once all changes have been made, remember to click the “Submit Response to Changes/Contingencies” button under “My Activities”.

**Q: When I submit changes, what do I put in the pop-up dialog/text box?**

A: First, make sure you finish editing the main application and save the changes. When you click the ‘submit response’ activity, give a brief response to each of the requested changes or contingencies to let the IRB know you have addressed them (i.e., point by point). You may type your response in a Word document and then copy and paste it into the text box if you prefer. Note that solely typing your response in this box does not edit the application.

**Q: How do I submit an amendment or continuing review?**

A: Log-in to your iStar homepage. Select and open the approved study you want to modify. On the left hand side of the study workspace, click the “New Amendment” or “New Continuing Review” button. These are below the Study Status Box, and above the My Activities buttons.

**Q: How do I view/print the iStar application?**

A: From your homepage, click the title of the application. Next, click the “Printer Friendly Version” button located on the top left side of the current screen. Click the “print” button on the top right, then the “close” button.

**Q: What does it mean when the study status says “pending correspondence”? What correspondence do I need to send to the IRB?**

A: This means the designated reviewer has completed their review and the IRB staff can now generate correspondence (e.g. approval letter) for the research team. You do not need to send any correspondence to the IRB.

**Q: How do I start an Amendment application?**

A: In order to submit an amendment, your name must be listed on page 2 of the IRB study application. If you are not listed, ask someone who is (e.g. PI, Co-PI, etc.) to add you by submitting an amendment (which will give you access to create an amendment). To start an amendment application, click the study title from your homepage, and then look to the left side of the screen. Click the button called “New Amendment” to start the application.

**Q: I forgot my password. How do I reset it?**

A: Go to the iStar website and click the “forgot password” link below the login window. Follow the instructions to reset your password. You can also call the iStar help desk for assistance.

**Q: How do I withdraw a study?**

A: First, login to iStar. Next, from your homepage, click the title of the study you want to withdraw. On the left side in the gray area under My Activities, click the Withdraw button. Note: You must be 100% sure that you want to withdraw it. Provide a reason in the pull down menu and description.

**Q: I was added to the study by the “edit study access” button. I have read-only access, but I still don't see the study in my inbox, Why?**

A: A person that is given Read-Only access through the “edit study access” feature should have the corresponding “Guest” user role. To receive that user role contact the iStar help desk.

**Q: I am trying to submit an Amendment but I receive an error stating that “Not All Co-Investigators have agreed to participate”, what does that mean?**

A: In the Amendment application, you probably added new co-investigators, and they must click the “agree to participate” button before the amendment can be submitted. In the Amendment

workspace, on the left side, click the “send co-investigator instructions” button under “My Activities”. By pressing this button, iStar will automatically email step by step instructions to the new co-investigators on how to agree to participate in the study. When all Co-Investigators agree, you may submit the amendment to IRB.

**Q: I just received my iStar account and I need access to a study.**

A: Someone already listed in the study application (page 2) should create and submit an amendment application to give you access to the study.

**Q: My email address has changed. How can I update my iStar account profile?**

A: Call or email the iStar help desk for assistance.

**Q: I have moved to a different department. How can I update my iStar profile?**

A: Call or email the iStar help desk for assistance.

**Q: How can I make a shortcut/bookmark to iStar?**

A: To mark the iStar site as a favorite in Internet Explorer, do the following:

1. Navigate to the welcome screen of the iStar site by clicking the Home in the black bar above.
2. On the menu bar, select Favorites and then click Add to Favorites...
3. In the Name field, type iStar System. Then click OK.

To create a desktop shortcut in Windows, do the following:

1. Right-click on any open space on your desktop.
2. Select New and then Shortcut.
3. In the new window, type <https://istar-chla.usc.edu> into the location box.
4. Click Next.
5. On the next screen, type iStar System in the name box. Then click Finish.

Alternatively, you can also right-click on this link (<https://istar-chla.usc.edu>) and select Copy Shortcut. Then right-click in an open section of your desktop and select Paste Shortcut. You will then need to rename the shortcut to iStar System.

### CITI (Human Subjects) Questions

**Q: I forgot my CITI password, how can I get it? Can I create another one?**

A: Please call CITI Help Desk at 213-821-5272.

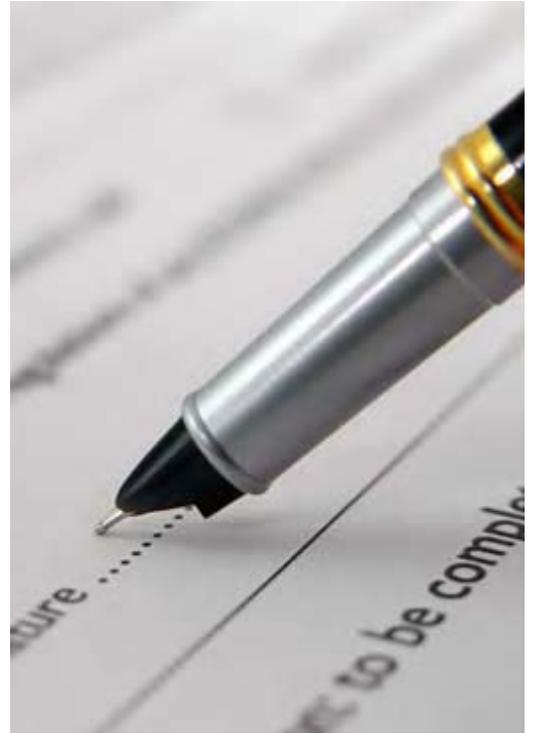
**Q: I have taken CITI course and passed it but I still did not receive an iStar account.**

A: Even though you took a CITI course, does not mean that you will receive an iStar account automatically. You need to ask for an iStar account separately.

**Q: I received my iStar account and password is not working. I am trying to log into CITI and it doesn't work.**

A: iStar account and CITI account are two different applications. You will need to create a CITI account, which is separate from iStar account.





## Appendix E IRB Forms and Templates

# IRB FORMS AND TEMPLATES

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## PERMISSION LETTER – EXAMPLE

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When site permission is required by USC, the following form should be used:

Dear IRB Chair:

This letter is to convey that I have reviewed the proposed research study entitled “XXXXXXXXXXXX” being conducted by XXXX from the University of Southern California. I understand that research activities as described in the proposed research study will occur at XXXX Elementary School. I give permission for the above investigator(s) to conduct their study at this site. If you have any questions regarding this permission letter, please contact me at (XXX) XXX-XXXX.

Sincerely,

XXXXXX, Principal  
XXXXX Elementary  
1234 XXXX Blvd  
Los Angeles, CA 90089

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## CHILD ASSENT EXAMPLE

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When children are involved in research, the regulations require the assent (knowledgeable agreement) of the child. Assent forms should be used for children between the ages of 7 – 12. An example of a child assent form is below:

1. My name is XXXXXXXXX
2. We are asking you to be in a study. A study is when you find out about things. We want to find out what kids will say about XXXXX. I am not a teacher and I don't work at this school. I am from another school where we work with kids.
3. If you want to be in this study, we can look at some stories and play some games that will help us find out what you think.
4. If you don't want to be in this study, you don't have to. Remember, being in this study is up to you and no one will be upset if you don't want to, or if you change your mind and want to stop.
5. You can ask me any questions that you have about the study. If you have a question later that you didn't think of now, you can call me at (XXX) XXX-XXXX. You can also tell any of the people who work here that you want to talk to me.
6. If you want to be in the study, then you can put your name at the bottom. I'll give you a copy of this paper.

\_\_\_\_\_  
Name of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Name of Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator's Signature

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## INFORMATION SHEET EXAMPLE

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Information sheets may be used in lieu of consent when the IRB waives documentation of consent, the study qualifies for exemption, when conducting online research, or other.

### **INFORMATION SHEET FOR NON-MEDICAL RESEARCH**

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#### **CONSENT TO PARTICIPATE IN RESEARCH**

You are asked to participate in a research study conducted by XXXXX and doctoral students XXXX and XXXXX from the XXXXXXXX at the University of Southern California. If you are selected as a participant in this study it is because you 1) XXXXXX and 2) are of the appropriate age group. A total of 250 subjects will be selected. Your participation is voluntary.

#### **WHY IS THIS STUDY BEING DONE?**

We are asking you to take part in a research study that examines sexual behavior and the future possible selves of men who have sex with men. Future possible selves represent what you imagine your life could be like in the future. Future possible selves can be negative images (i.e. what you fear your life will become) or they can be positive images (i.e. what you hope your life will become). Your responses will be used in the development of HIV-prevention programs designed for men who have sex with men.

#### **WHAT IS INVOLVED IN THE STUDY?**

The study consists of an online survey that will focus upon your attitudes, opinions, and beliefs about the future possible selves of men who have sex with men. Once you have read this Information Sheet, you will decide if you wish to participate. If you choose to participate, you will proceed to the online survey. You will be asked to write about your positive and negative future possible selves. You will then answer some questions about these possible selves. Additionally, you will be asked questions about your sexual behavior so that we can examine how it relates to future possible selves. Finally, you will be asked some demographic questions. The survey will last up to 30 minutes.

#### **WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

Risks include the personal nature (e.g. sexuality) of the questions being asked. Some of these questions may make you feel awkward or embarrassed. If you are uncomfortable with frank discussions of sex you are encouraged not to participate. To ensure the confidentiality of your responses, please do not use your real name. If any question causes discomfort, you can choose not to respond to it.

#### **WHAT ARE THE POTENTIAL BENEFITS TO ME AND/OR TO SOCIETY?**

Although you may not directly benefit from your participation in this research study, the information you and others provide will help us develop HIV-prevention programs for men who have sex with men. Such information is crucial in the fight to stop the spread of HIV.

### **ARE THERE ANY PAYMENTS/COMPENSATION FOR PARTICIPATION?**

You will receive one entry into a lottery for a single \$250 cash prize. One randomly selected participant will receive the \$250 cash prize. The odds of winning depend on the number of entries received. You may only enter the lottery once, though it is not necessary to participate in the study to do so. In order to be entered into the lottery, you need to supply your email address. Your email address will not be attached to any data collected in the study. You must be at least 18 years old and have a U.S. mailing address to be eligible to win the prize. If you volunteer for this study, you can skip any questions that you do not wish to answer. You do not have to complete the research study in order to be eligible for entry into the lottery.

### **WILL MY INFORMATION BE KEPT PRIVATE?**

There will be no information obtained in connection with this study that can be used to identify you. Your name, address or other information that may identify you will not be collected during this research study.

Your email address will be requested in order to be eligible for the cash prize; however, your email address will be stored separately from any data collected in the study. Your data will not be attached to your email address. Your email address will be deleted after data collection and the drawing for the prize are completed. The data set itself will be kept indefinitely.

Only the investigators will have access to the data associated with this study. All data and other research materials will be kept within a secure work area. Specifically, data will be kept on computer(s) to which only the investigators have access. If any portable data storage units are used, no one will have access to them other than the investigators, and these units will be secured at all times. Any hard copy research materials generated during the research process, along with any portable data storage units, will be in locked storage in the investigators' care.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

### **WHAT ARE MY RIGHTS AS A PARTICIPANT AND WHAT WILL HAPPEN IF I DECIDE NOT TO PARTICIPATE?**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. You may withdraw your consent at any time and discontinue participation without penalty.

### **WHAT ARE MY ALTERNATIVES TO PARTICIPATION?**

Your alternative to participation in this study is to choose to not participate in the study.

### **WHAT ARE MY RIGHTS AS A RESEARCH SUBJECT?**

You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the University Park IRB, Office of the Vice Provost for Research Advancement, (XXX) XXX-XXXX or [upirb@usc.edu](mailto:upirb@usc.edu).

**WHO DO I CALL IF I HAVE QUESTIONS OR CONCERNS?**

If you have any questions or concerns about the research, please feel free to contact XXXXX.

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## INFORMED CONSENT EXAMPLE

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Informed Consent forms provide subjects with a written source of information for future reference and document that the process of informed consent occurred prior to the subject's participation. The form generally serves as a basis for the initial presentation of the study to the potential subject.

### **INFORMED CONSENT FOR NON-MEDICAL RESEARCH**

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#### **CONSENT TO PARTICIPATE IN RESEARCH**

You are asked to participate in a research study conducted by XXXXX and undergraduate researcher XXXXX from the University of Southern California. You were selected as a possible participant because you are aged 18 or older with normal or corrected-to-normal vision, not pregnant, and not wearing non-removable metal objects (e.g., non-removable teeth braces). Your participation is voluntary and will probably last two hours. You may withdraw from the study at any time. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

#### **PURPOSE OF THE STUDY**

Functional MRI has become a major research tool in the developing science of brain, mind and behavior. It is a non-invasive imaging method that uses a strong magnetic field and radio waves to make images of your body. No X-rays or ionizing radiation is used in MRI.

The proposed study will employ various MR imaging techniques to understand how the brain works when you are looking at images. The studies all examine the brain structures involved in different kinds of image perception while you will look at images displayed on a projection screen in the MR imaging room.

You will not be given MRI contrast agent [chemicals that help imaging certain brain tissues or processes] or any other drugs in this study. And, the MRI scan you will receive in this study is not intended to be diagnostic and does not replace a clinical MRI scan reviewed by a qualified radiologist.

#### **PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things: You will be asked to read this consent form first. After you agree to participate by signing the form, you will be asked to complete a pre-screening form that indicates you have no conditions which would preclude a magnetic resonance imaging procedure. After completing the pre-screening form, you will be asked to lie inside the opening on a long couch with soft padding and leg-rest for a maximum of 1.5 hours per session while the machine gathers information. During

this time, you will be exposed to a magnetic field and radio wave. You will hear repetitive tapping noise. You will be required to wear earplugs and earphones to reduce the noise.

The MRI machine is a Siemens full-body "close" scanner with a large (60cm diameter) opening. While in the MRI machine, you will be asked to perform two tasks. In the XXXXX Test, you will see 4 decks of cards on a computer. With a key press, you can select a card on any of the four decks. Following each card selection, you will win or lose certain number of points. The goal is to win as many points as you can. In the XXXX Task, an array of 2 or 4 cups is shown on each side of the screen. One array is identified as the safe side where one quarter will be gained (lost) for whichever cup is selected. The other array is identified as the risky side where selection of one cup will lead to a designated number of quarters gained (lost) and the other cups will lead to no gain (loss). The outcomes on each trial depend on which side is selected.

You may also be fitted for a bite bar in order to keep your head from moving during the scans. A bite bar is a mouthpiece specifically molded to fit your mouth and securely attached to a positioning device, which you will be asked to bite during the scans.

Experiments are run on computers where the stimuli for the study and test are projected onto a screen within the MR imaging room. You will be instructed by trained personnel, either graduate students or supervised laboratory personnel.

**A call button is provided such that you may have the scan stopped at any time during the study.**

## **POTENTIAL RISKS AND DISCOMFORTS**

There are no anticipated risks involved in the tasks performed in this study.

There are no known significant risks with this procedure at this time since the magnetic fields, at the strengths used, are felt to be without harm. There are conservative Federal guidelines for radiofrequency magnetic field exposure and our examinations fall within those guidelines. We feel these are safe levels and less hazardous than a comparable x-ray computed tomography examination (CT scan).

Exceptions include if a person has a cardiac pacemaker or a certain type of metallic clip in their body (i.e., an aneurysm clip in the brain); if a person has worked with metal or had a piece of metal removed from the eye(s); or if a person has shrapnel, bullets, or buckshot in their body.

As metallic objects may strongly attract to the magnet, it is very important that you notify the researcher of any metal objects, devices or implants that are in or on your body before entering the magnet room. This includes biomedical devices such as pacemakers and aneurysm clips, prostheses, and other metallic objects embedded in the body such as bullets, buckshot, shrapnel, and any metal fragments from working around metal.

All other metallic objects must also be removed from your person prior to entering the magnet room or approaching the magnet to prevent them from becoming a projectile or being pulled by the magnet. This includes keys, jewelry, pocketknives, money clips, paper clips, safety pins,

hairpins, and barrettes. In addition, objects such as watches, credit cards, and hearing aids could be damaged in the presence of the magnetic field. A locker will be provided for you to secure all your items and valuables.

If you are or are trying to get pregnant, the effects of the scan on a fetus are unknown and, therefore, we will not perform the MRI scan on someone who is pregnant or trying to get pregnant.

Some of the radiofrequency imaging coils and the imaging software being used to perform scans at the Dana and David Dornsife Cognitive Neuroscience Imaging Center are not approved by the FDA for medical applications.

There is a risk of heating from radiofrequency imaging coils, the cables of radiofrequency imaging coils, and/or the cables from monitoring devices such as those that record physiologic processes by way of an electrocardiogram, electroencephalogram, pulse oximeter, and/or plethysmograph. Please report any heating/burning sensation immediately. You may have the scan stopped at any time if this occurs using the call button.

There is a possibility that you will experience a localized twitching sensation due to the magnetic field changes during the scan. This is not unexpected and should not be painful. However, you may have the scan stopped at any time if this occurs using the call button.

Dizziness and nausea may occur momentarily when your head is moved in or out of the tunnel of the magnet. The sensation should disappear quickly. If not, you may discontinue scanning at anytime.

You may experience claustrophobia, and you may discontinue the scan at anytime.

### **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

There are no direct benefits to you for participating in this study. The results from these experiments may help improve our empirical and theoretical understanding of human decision making.

### **PAYMENT/COMPENSATION FOR PARTICIPATION**

You will XXX be paid XXXX/hour for your participation in this study.

### **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

The brain images will be identified only by an identification number, not your name. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. The data obtained in this study will be stored indefinitely at the USC laboratory, safe-guarded with computer access codes, and accessible only to research investigators who have previously obtained IRB approval to use this data.

The data coding is highly complex, specifying a particular trial type, response, and brain recordings for that trial for several hundred trials. General information as to age, gender, and handedness is stored with that data but the complexity of the data coding renders it nearly impossible for anyone to access the data in a meaningful way, even if they should want to do so (which has never happened in decades of running these experiments). Your data is stored in a separate file under password protection that allows us to correlate performance in one experiment with that of another or on a pretest. Insofar as the information collected would not be considered to be intimate, the risks associated with disclosure, if it should ever happen, are minimal.

### **PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

### **ALTERNATIVES TO PARTICIPATION:**

The only alternative is to not participate.

### **RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the University Park IRB, (XXX) XXX-XXXX or upirb@usc.edu.

### **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact XXXXXX (XXX) XXX-XXXX.

#### **SIGNATURE OF RESEARCH SUBJECT**

I have carefully read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
**Name of Subject**

\_\_\_\_\_  
**Signature of Subject**

\_\_\_\_\_  
**Date**

#### **SIGNATURE OF INVESTIGATOR**

I have explained the research to the subject and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consents to participate.

\_\_\_\_\_  
**Name of Investigator**

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date (must be the same as subject's)**



**Appendix F**  
IRB Minutes: A  
Sample

# IRB MINUTES: A SAMPLE

HSIRB 1 Minutes, XX/XX/07, GNH Room 1729

## 1 **Current Meeting Minutes and Minutes from Previous Meetings**

TIME: 7:30 am –9:15 am

### VOTING MEMBERS AND VOTING ALTERNATE MEMBERS

PRESENT: XXXX (Non-Scientist/Non-Affiliate); XXXXX (Non-Scientist/Non-Affiliate); XXXXX, PhD; XXXXX, PharmD; XXXX, DSNc.; XXXXX, MD; and XXXXX, MD (Chair). Alternate members present were: XXXXX, MD (Vice Chair) (for XXXXX); XXXXX, MD (for XXXXX); and XXXXX, PhD (for XXXXX).

NON-VOTING ALTERNATE MEMBERS PRESENT: None. Alternate members will only vote in the event that their primary member is absent or cannot vote due to a conflict of interest.

VOTING MEMBERS ABSENT: XXXXX, XXXXX MD, and XXXXX, MD.

GUESTS PRESENT: XXXXX Health Research Association, and XXXXX, University Hospital.

IRB STAFF PRESENT: XXXXX, XXXXX, XXXXX, and XXXXX.

The IRB Chair, called the meeting to order at 7:30 am.

XXXXX discussed member conflict of interest and reminded members of their voting restrictions should they have a potential conflict of interest. Members with a potential conflict of interest must leave the room during the discussion and vote or abstain from voting on a study, as appropriate.

The Minutes of the Institutional Review Board #1 meeting dated XXXX XX, 2007

The Minutes of the Institutional Review Board #1 meeting dated XXXXX XX, 2007 were sent out electronically to all IRB members. The Minutes for XXXXX were unanimously APPROVED (X votes, X against, X abstentions) by the Institutional Review Board #1 on XXXXX XX, 2007.

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## 2 Education

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1) **HIPAA Authorization (Final as of September 2007) and Instructions (no item link available)**

Agenda Item Notes:

HIPAA Final  
Instructions

Attachments to PI:

**Internal IRB Notes:**

Dr. XXXXX discussed the revised HIPAA authorization document (dated 9/2007) and revised instructions (dated 8/2007). The authorization was revised to add the following check box "All health care providers with health information about me". This check box is now the first option listed on the authorization form. Checking off this option will allow investigators to obtain health information for research subjects who have records outside of USC. The instructions were also revised to inform investigators that if they did not know the names or locations of all the relevant health information for the subject, they should check off the box labeled "All health care providers with health information about me".

Internal IRB Attachments:

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## 3 New Business - Amendments/Revisions Requiring Full Board Review

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1) **HS-XX-XXXX** Study Title: XXXXXXXXX

Funding Source: XXXXX

Principal Investigator: XXXX

Co Investigators: XXXX

**Meeting Results:**

Motion: XXXXX

Yes Votes: X

Abstained Votes: X

No Votes: X

Total Votes: X

**Report to PI:**

The following materials were reviewed by the Institutional Review Board #1 on XXXX.

1. Revised iStar Application, dated XXXX
2. Investigator's Correspondence, dated XXXX
3. Informed Consent, dated XXXX
4. Package Insert, dated XXXX

The study returns to the committee for review of a change made to the informed consent risk section by the investigator. On XXXX the committee agreed include an a statement in the risk section stating that another drug in the study drug class had been shown to increase the risk of cardiac events other than heart failure. The investigator disagrees with this addition stating that it is potentially misleading to the participant to state that there is a class effect on cardiovascular risk. The investigator noted "although results of a recent meta-analysis suggest that rosiglitazone may be associated with increased risk for cardiac events other than heart failure, the situation is very different for pioglitazone. Unlike the case for rosiglitazone, a large trial has been completed and published showing no indication that pioglitazone is associated with increased risk for MI or stroke. In fact, the drug was

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associated with a significant reduction in the incidence of stroke, MI, or vascular death among diabetic patients. There is compelling data to indicate that pioglitazone and rosiglitazone have distinct cellular and clinical effects.” References to the clinical studies were included.

The Primary Reviewer was not present at the meeting, but submitted a written evaluation in iStar, which was available to all committee members. The Committee Chair presented the reviewer’s comments to the committee. The reviewer was in favor of maintaining the additional language in the consent, citing recent literature in the American Journal of Medicine as well as the current FDA advisory on pioglitazone. The committee discussed the reviewer’s comments and referred to the FDA Pioglitazone Information Sheet (updated August 22, 2007). The information sheet noted fluid retention, weight gain, edema, and heart failure as known side effects of thiazolidinediones. It indicated that this drug class may cause or exacerbate congestive heart failure. However, there was no indication that this drug class or this drug would increase the risk for other cardiac events. The committee agreed that the literature cited by the reviewer supported the investigator’s stance. The committee referred to the informed consent document and agreed that it clearly outlined the risks of the drug and that it was consistent with the information provided in the FDA Information Sheet. The committee further agreed that the last sentence of the first paragraph under “What Are The Possible Risks...” is not necessary as it is clearly stated previously in the consent that pioglitazone does not cause direct harm to the heart. This change to the consent will appear in the IRB Modified Informed Consent, dated XXXX.

MOTION: A Committee Member noted that submission meets the regulatory criteria for IRB approval (45CFR46.111 and 21CFR56.111). The Board approved the submission with 8 votes in favor, 0 votes opposed and 0 abstentions.

The IRB Modified Informed Consent, dated XXXX was APPROVED.

Based on review of your response, contingencies of XXXX have been fully satisfied.

The Following documents have received final IRB Approval:

1. Revised iStar Application, dated XXXX
2. Revised Protocol (Strikethrough/Clean copy), dated XXXX
3. Pioglitazone Package Insert, dated XXXX
4. Informed Consent, dated XXXX
5. Protocol Amendment Letter, dated XXXX

In approving this research the IRB determined that all of the following requirements (45CFR 46.111) were satisfied: (1) Risks to subjects are minimized: (i) by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes. (2) Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, only those risks and benefits that may result from the research are considered (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). (3) Selection of subjects is equitable (the purposes of the research and the setting in which the research will be conducted were taken into account). (4) Informed consent will be sought from each prospective subject or the subject’s legally authorized representative, in accordance with, and to the extent required by 45CFR 46.116. (5) Informed consent will be appropriately documented, in accordance with, and to the extent required by 45CFR 46.117. (6) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects. (7) When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

As the Principal Investigator you are required to ensure that this research and the actions of all project personnel involved in conducting the study will conform with the research project and its modifications approved by the IRB; HHS regulations (45CFR46); FDA regulations (21CFR50,56); International Conference on Harmonization Good Clinical Practice

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Consolidated Guideline; IRB Policies and Procedures and applicable state laws. Failure to comply may result in suspension or termination of my research project, notification of appropriate governmental agencies by the IRB, and/or suspension of your freedom to present or publish results. Any proposed changes in the research project must be submitted, reviewed and approved by the IRB before the change can be implemented. The only exception is a change necessary to eliminate apparent immediate hazards to the research subjects. In such a case, the IRB should be promptly informed of the change following its implementation for IRB review. You must inform the IRB immediately if you become aware of any violations of HHS regulations (45CFR46), FDA regulations (21CFR50,56), applicable state laws or IRB Policies and Procedures for the protection of human subjects. You are required to notify the IRB office in the event of any action by the sponsor, funding agency or FDA, including warnings, suspension or termination of your participation in this trial. You must maintain all required research records and recognize the IRB is authorized to inspect these records.

Approval of your study will expire at the end of the day (i.e. midnight) on 6/20/08. IRB approval is valid for a maximum period of one year with continuing review by the IRB required at least annually in order to maintain approval status. You may not enter subjects on the study before IRB approval or if IRB approval expires. In the latter case you must immediately contact the IRB to obtain permission to continue subjects on the trial. You must submit a progress report using the Continuing Review activity in iStar sufficiently (one to two months) prior to your study expiration date to permit IRB review before the expiration date.

You must inform the IRB of any unanticipated adverse event or injury no later than two (2) business days following the time it becomes known that a subject suffered an adverse event/injury. To report adverse events you must use the Report Event activity in iStar. Furthermore you must inform the IRB immediately of any significant negative change in the risk/benefit relationship of the research as originally presented in the protocol and approved by the IRB.

Please refer to the strikethrough copy of the informed consent, dated 10/4/07, for modifications made by the IRB. If you accept the IRB modifications made to the informed consent, you may use the stamped informed consent for recruitment. If additional changes need to be made to the informed consent, you must make these changes on the clean copy of the informed consent provided by the IRB. However, additions and/or deletions must be identified by strikeout and/or underline. Please return a strikethrough copy of the informed consent.

For future revisions to the informed consent, a clean copy of the approved consent (without a stamp) has been uploaded under iStar Item #29.1.1. You must use this version of the informed consent to make revisions using the Track Changes feature in Microsoft Word.

Informed consent must be obtained by the investigator or person authorized to obtain informed consent from all research subjects or their legally authorized representatives. You must ensure that all project personnel involved in the process of consent/assent are trained properly and are fully aware of their responsibilities relative to the obtainment of informed consent/assent according to the IRB guidelines and applicable federal regulations.

The IRB office has stamped the approved informed consent form(s) for use in this research project. It should be photocopied, as appropriate, onto the correct letterhead for the hospital or institute. You may not use this informed consent form document to consent new subjects after its expiration date. A photocopy of this IRB approved informed consent form document(s) bearing this stamp must be used for consenting and/or reconsenting the study subjects. The study subject must sign and date the informed consent document. The person obtaining informed consent must also sign the study consent form at the time consent is obtained. One copy of the informed consent should be given to the study subject, one copy placed in the medical record, and the investigator should retain one copy.

The IRB Approved Stamped informed consent is located under the "Documents" tab in the iStar study. This is the APPROVED document. You must utilize a copy of the Approved informed consent that bears the IRB approval stamp when consenting study participants.

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Attachments to PI: IRIS IRB edits.doc  
**Internal IRB Notes:**  
Internal IRB Attachments:

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## 4 New Proposals

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1) HS-XX-XXXXX XXXXXX  
Funding Source: XXXX  
Principal Investigator: XXXX  
Co Investigators: XXXX

**Meeting Results:**

Motion: XXXXXXXX  
Yes Votes: XX  
Abstained Votes: XX  
No Votes: XX  
Total Votes: XX

**Report to PI:**

The following materials were reviewed by the Institutional Review Board #1 on XXXX. XXXX, a committee member and personnel able to obtain informed consent for this study, was not present during the discussion and vote.

1. Study Protocol #XXX, Version X, dated XXXX (Sponsored by XXXXXX)
2. Survey, Version XX, dated XXXX
3. Biomedical Institute at XXXXX – Human Subject Consent Form (Case and Control)
4. iStar Application dated xxxx
5. Informed Consent (Case) dated xxxx (revised by IRB Staff)
6. Informed Consent (Control) dated xxxx (revised by IRB Staff)

The first Primary Reviewer summarized the protocol as sponsored, prospective, observation 2:1, case-control study of risk factors associated with MRSA infections in HIV-infected persons. The first Primary Reviewer was not present at the meeting but submitted a written critique on iStar, which the Chairman discussed the evaluation point by point. All members had access to Reviewer #1's written critique electronically. The only issue Reviewer #1 raised was whether this study will only be done in men at USC. This will appear as a contingency below for clarification from the Investigator. The committee agreed with all points raised by Reviewer #1.

The second Primary Reviewer submitted a written critique on iStar and verbally discussed their evaluation point by point. All members had access of Reviewer #2's written critique. The second Primary Reviewer provided a study summary which stated this trial is a prospective, observational 2:1, case-control study of risk factors for skin and soft tissue CA-MRSA infection in HIV infected persons. The cases of acute CA-MRSA skin infection will be identified from the clinic and inpatient populations of the five site clinics. The participants that will serve as controls will be accrued from the clinic population of the five site clinics. The following procedures will be completed upon subject enrollment: 1) complete a questionnaire, 2) undergo a targeted physical exam focusing on the skin, 3) have a sample (culture) of the SSTI site drainage collected (or the pathogen from this body site for clinical purposes obtained from the clinical microbiology laboratory), 4) have screening cultures of the nasal and inguinal folds performed to identify *S. aureus* and MRSA colonization, and 5) have blood collected to extract serum for storage and to collect DNA for future analysis related to risk of *S. aureus* infection and colonization. There will be 2 control participants for each case participant. The matched control participants will be matched for key demographic and behavioral criteria and will not have an acute skin infection,

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will undergo identical procedures as listed above; however, they not have a culture of the SSTI site drainage performed because controls are not acutely infected. The duration of enrollment will be 12 months or until study sample size has been accrued. Each study participant will complete a single study visit. XX total subjects will be enrolled and the primary analysis will consist of XX participants with XX cases and XX controls. Reviewer #2 raised the following points or issues: 1) It is unclear whether a Certificate of Confidentiality will need to be obtained due to the sensitive items, such as drug use, are inquired from the questionnaire. The committee reviewed the informed consent and determined that it has adequately disclosed the risks associated with drug use, and a certificate of confidentiality will not need to be obtained. However, the risks of asking about illegal behaviors should be included in the informed consents, 2) The cost section should be written in a more concise manner to better explain what cost will the subject assume and what costs are not, 3) Item #27.4 should state that the IRB will be notified in a timely manner of adverse events. The issues raised by the second Primary Reviewer will appear as contingencies below. Reviewer #2 agreed with the review and informed consent edits provided by the IRB staff. The committee agreed with all points raised by Reviewer #2.

The third Primary Reviewer was not present at the meeting but submitted a written critique on iStar which the Chairman verbally discussed. Reviewer #3 agreed with the reviews and revisions provided by Reviewer #1, Reviewer #2 and the IRB staff and had no further contingencies. The committee agreed with all points raised by the third Primary Reviewer.

Items requiring a response from the principal investigator are listed below. Please address the following contingencies:

A. Please clarify whether only men will be studied at XXXX. If so, please add this information in the informed consent under “Why is this study Done? ... You are being asked to take part in this study because:...”.

B. Please update the following items in the iStar application:

1. Item # 27.4: Please also add to the current response that the IRB will be notified in a timely manner of the occurrence of injuries and adverse events.

2. Item #28.1: a) Please revise the current response to state that there are no direct benefits from taking part in this study. b) Please delete the benefit to society.

3. Item #30.1: Please list the following personnel under iStar item #2.4 for obtaining informed consent: XXXX; XXXX, MD; XXXX, MD; XXXXt, MD; XXXX, MD; XXXX, MD; XXXX, PA-C; XXXX, RN, XXXX, RN, MPH; XXXX, RN, MPH; XXXX, RN.

4. Item #36.6.1: Spanish patients will be recruited. Please attach a Spanish HIPAA in addition.

B. Please update the following items in the Informed Consents (Case and Control Informed Consents):

1. Please refer to the strikethrough copy of the informed consent dated 10/4/07 for modifications made by the IRB. If you accept the IRB modifications made to the informed consent, please indicate this in your response back to the IRB. If additional changes need to be made to the informed consent prior to final approval of your study, you must make these changes on the informed consent provided by the IRB and provide a new version date at the footer. However, additions and/or deletions must be identified by strikeout and/or underline. Please return a strikethrough and clean copy of the informed consent along with your response to contingencies. Please make all IRB mandated changes on the clean copy so that the IRB may approve and stamp the final version of the informed consent after all contingencies have been satisfied.

2. Under “What are the Possible Risks” – Since a Certificate of Confidentiality will not be obtained, please list any possible risks associated with disclosure of information regarding illegal behaviors in both informed consents.

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3. Under "What are the Costs" – the language provided under this section is unclear. If this study is a one time study visit, and the cost of study related injuries have been clearly stated as the subject's responsibly, are there any additional cost to the subjects/subjects' insurance? If not, please revise both informed consents to state "There is no cost to you for participation in this study."

The study cannot be initiated until the contingencies are addressed and approved by the IRB. The above items must be addressed point by point in a cover letter and each item must be identified in the protocol and/or informed consent. You must receive a letter of final approval from the IRB after you have addressed the contingencies. If you do not receive such a letter, you should contact the IRB to receive a copy before you initiate the study.

HIPAA AUTHORIZATION APPLICABLE: Based on the documents submitted, the investigator is accessing, using or obtaining research subject/patient's identifiable health information (e.g., medical records, mental health information, lab reports, x-rays, tissue samples) from a) a health care provider (e.g., physician or other health care practitioner, hospital, clinic, nursing home); b) health plan (e.g., group health plan, insurance company, HMO); or c) health care clearinghouse (e.g., billing service) that is governed by the HIPAA privacy federal regulations and a waiver of authorization is not applicable.

It is noted that a HIPAA-compliant authorization addendum (dated 6/2003 or later) is attached to the Informed Consent. Please remember to obtain the subject's signature and date on the authorization addendum as well as the informed consent document. PLEASE NOTE: If the subject notifies the investigator directly that the subject is revoking the authorization, the investigator must advise the IRB within 5 working days of the receipt of the revocation.

WAIVER OF HIPAA AUTHORIZATION APPLICABLE FOR RECRUITMENT: The request for a waiver of authorization is approved solely for the purposes of obtaining protected health information held by a non-USC entity (e.g., USC University Hospital, LAC+USC Medical Center, Norris Cancer Hospital) to screen &/or recruit potential research subjects into the study. Please note that you may be asked to provide a copy of this waiver to obtain or access to this protected health information. PLEASE NOTE: YOU MAY LOOK AT, BUT NOT RECORD HIV TEST RESULTS.

MOTION: The Primary Reviewer noted that after the suggested modifications have been implemented and the Board's concerns/questions satisfactorily answered, the submission would meet the regulatory criteria for IRB approval (45CFR46.111 and 21CFR56.111). The Board action of accepted with contingencies constitutes approval. With no further issues to discuss, the Board approved the study for a period of one year pending receipt of the investigator's satisfactory reply to the issues and concerns noted above with 10 votes in favor, 0 votes opposed and 0 abstentions. The appropriateness of the investigator's response will be evaluated by a Vice Chair reviewer.

Approval of this study will be valid XXXX to XXXX pending receipt of the investigator's satisfactory response to the contingencies noted above. Annual continuing review will be conducted electronically.

