TULANE UNIVERSITY IRB MEMBER ORIENTATION PACKET

Welcome new IRB Members. We would like to thank you for your service.

All Board Members are required to complete the CITI Training Modules for Biomedical or Social/Behavioral Board Members. We have created this packet to assist you further with an understanding of Tulane University’s Human Research Protection Office and the IRB(s). Within this packet, you will find The Belmont Report and information concerning the IRB(s), the mechanics of an IRB Meeting, regulations concerning human subjects research, the Criteria for the Approval of research, information about reviewing research protocols, and IRBNnet instructions.

In addition, our website provides information and links to other helpful websites: http://tulane.edu/avpr/irb/

Tulane University IRPO Contact Information:
Tulane University IRPO
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New Orleans, LA 70112
Tel: 504-988-2665
E-mail: irbmain@tulane.edu

WHAT IS AN INSTITUTIONAL REVIEW BOARD?

An IRB is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans with the aim to protect the rights and welfare of the research subjects.

Tulane University has 2 IRBs: One Biomedical IRB (meets twice a month) and one Social/Behavioral IRB (meets once a month).

As a member of either IRB, each of you bring a unique professional and personal perspective.
THE MECHANICS OF AN IRB MEETING:

About 1-2 weeks prior to a meeting, an RSVP is sent via email. If you do not check your Tulane email, please provide us with an alternative email address. It is important for you to respond, as regulations require that we meet quorum.

You will receive another email if you have agreed to attend with the submissions for discussion and you will be notified if you have been assigned as a primary or secondary reviewer. You will find your review materials (including the reviewer sheet) within IRBNet along with all of the materials for the upcoming meeting.

www.irbnet.org

Biomedical submissions have a primary and secondary reviewer.
Social/Behavioral submissions have only a primary.
The Primary/Secondary reviewers should lead the discussion, but everyone contributes.

AAHRPP ACCREDITATION:

Both IRBs are part of Tulane University's Human Research Protection Program (HRPP), which was accredited by The Association for the Accreditation of Human Research Protection Programs in September of 2010.

As the "gold seal," AAHRPP accreditation offers assurances to research participants, researchers, sponsors, government regulators, and the general public—that an HRPP is focused first and foremost on excellence.

www.aahrpp.org

Tulane University
Human Research Protection Program
**TIMELINE OF HUMAN SUBJECTS RESEARCH:**

What follows is a brief history of the events that contributed to the federal regulations governing human subjects in research:

- **1932-1972:** Tuskegee Syphilis Study
- **1947:** Nuremberg Code (Developed in response to unethical experimentation during WWII, the first major international document to provide guidelines on research ethics & informed consent)
- **1960's:** Milgram Studies of Obedience to Authority; Jewish Chronic Disease Hospital Study, Willowbrook Hepatitis Study
- **1964:** Declaration of Helsinki signed by US (WMA adopted 12 principles to guide physicians on ethical considerations related to biomedical research)
- **1970:** San Antonio Contraceptive Study, Torsion Trade Study
- **1974:** The National Research Act (The US Congress signs this act into law creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research partly in response to the Tuskegee Study; implemented provisions for IRBs)

*Throughout the 1970’s, 1980’s, 1990’s additional revisions and guidelines have been adopted into law.

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**THE BELMONT REPORT OF 1979: A GUIDING ETHICAL PRINCIPLE**

Prompted by ethical problems with human subjects research, the National Research Act of 1974 created The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. This Commission was charged with identifying the basic ethical principles which should be followed when conducting human subjects research.

In 1979, The Belmont Report was published naming 3 fundamental ethical principles for using human subjects for research:

1. **RESPECT FOR PERSONS:** Protecting the autonomy of people and treating them with respect and allowing for informed consent
2. **BENEFICENCE:** Maximizing the benefits of the research while minimizing the risk
3. **JUSTICE:** Ensure that reasonable procedures are administered fairly and equally to all research participants

Today, the Belmont Report serves as a historical document and provides the moral framework for understanding regulations in the United States on the use of humans in experimental research.
REGULATIONS TO FOLLOW WHEN REVIEWING RESEARCH:

FOR ALL RESEARCH (THE COMMON RULE):
- OHRP, CFR 45 PART 46: PROTECTION OF HUMAN SUBJECTS
- SUBPART A: BASIC DHHS POLICY
- SUBPART B: PREGNANT WOMEN, FETUS, AND NEONATES
- SUBPART C: PRISONERS
- SUBPART D: CHILDREN
(http://www.hhs.gov/ohrp/humansubjects/guidance/cfrcr6.htm)

FOR FDA REGULATED RESEARCH:
- FDA: CFR 21 PART 50: PROTECTION OF HUMAN SUBJECTS
- FDA: CFR 21 PART 56: INSTITUTIONAL REVIEW BOARDS
(http://www.fda.gov/Drugs/ResearchHealth/SpecialTools/ReviewingClinicalTrials/ucm155718.htm)

FOR CLINICAL TRIALS:
- ICH GOOD CLINICAL PRACTICE

IRB REVIEW OF RESEARCH: TYPES OF REVIEW

EXEMPT REVIEW, EXPEDITED REVIEW, FULL BOARD REVIEW

The Common Rule names 6 Categories of Exempt Research in which IRB approval is Exempt. These studies are Minimal Risk and the research is de-identified/anonymous. These reviews are conducted administratively by the HRPO Director or a Designee.

The Common Rule names 7 Categories of Expedited Research in which IRB approval may be Expedited. These studies are minimal risk and the review is conducted by the IRB Chair or a Designee.

Some common expedited review categories include:
- Blood Collection (within limits)
- Collection of other biological specimens
- Collection of data through non-invasive procedures
- Research on existing data (specimens or materials) collected for NON research purposes
- Surveys, Questionnaires, Focus Groups

Other research is reviewed by the Full Board at a Convened IRB Meeting as decided by the IRB Chair. IRB determines level of risk.

Tulane University
Human Research Protection Program
CRITERIA OF APPROVAL OF RESEARCH:
(45 CFR 46.111; 21 CFR 56.111)

Regardless of the Type of Research reviewed (Exempt, Expedited, Full Board), the
Criteria of Approval must be met.

The following Criteria must be considered:

RISKS TO SUBJECTS ARE MINIMIZED

- RISK/BENEFIT RATIO
- EQUITABLE SELECTION OF SUBJECTS
- INFORMED CONSENT PROCESS
- DOCUMENTATION OF INFORMED CONSENT
- DATA AND SAFETY MONITORING
- PRIVACY AND CONFIDENTIALITY PROTECTIONS
- INCLUSION OF VULNERABLE SUBJECTS

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CRITERIA OF APPROVAL OF RESEARCH:

RISKS TO SUBJECTS ARE MINIMIZED:

45 CFR 46.111(a)(1); 21 CFR 56.111(a)(1)

- By using procedures that are consistent with sound research design and which do not
  unnecessarily expose subjects to risk, and
- Whenever appropriate, by using procedures already being performed on the subjects
  for diagnostic or treatment purposes, and
- By addressing the likelihood of harm and magnitude of harm encompassing physical,
  psychological, social, economic, and/or legal risks to the subjects.

The level of risk to the subjects must be discussed by the IRB and a determination made
whether the protocol represents a minimal risk or a greater than minimal risk to the
subjects.

Definition of Minimal Risk: The probability and magnitude of harm or discomfort
anticipated in the research are not greater in and of themselves than those ordinarily
encountered in daily life or during the performance of routine physical or psychological
examinations or tests.
CRITERIA OF APPROVAL OF RESEARCH:

RISK/BENEFIT RATIO:
45 CFR 46.111(a)(2); 21 CFR 56.111(a)(2)

Risks to subjects are reasonable in relation to anticipated benefits (if any) to subjects and
the importance of the knowledge that may be expected to result.

In evaluating risks and benefits, the IRB considers only those risks and benefits that
may result from the research, as distinguished from risks and benefits of other activities
or therapies that subjects would receive even if not participating in the research.

The IRB must also consider the professional qualifications and resources of the research
team to ensure appropriate expertise is represented.

For clinical research using FDA products, (Investigational Drugs, Devices) Additional
information is obtained including animal toxicity, side effects, short-term and long-term
risks. Where appropriate, the IRB reviews provisions for monitoring the data collected to
ensure the safety of subjects.

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CRITERIA OF APPROVAL OF RESEARCH:

EQUITABLE SELECTION OF SUBJECTS:
45 CFR 46.111(a)(3); 21 CFR 56.111(a)(3)

In making this assessment, the IRB takes into account the purposes of the
research and the setting in which the research will be conducted and is
particularly cognizant of the special problems of research involving vulnerable
populations, such as children, prisoners, pregnant women, fetuses, neonates,
Non-English speakers, mentally disabled persons, or economically or
educationally disadvantaged persons.
CRITERIA OF APPROVAL OF RESEARCH:

INFORMED CONSENT PROCESS:
45 CFR 46.111(a)(4); 21 CFR 56.111(a)(4)

Informed Consent is a process. To minimize coercion, the IRB considers the circumstances under which consent is obtained including but not limited to timing, relationship between prospective subject and individual obtaining consent, language used to recruit prospective subjects, and qualifications of individuals obtaining informed consent.

1. The use of exculpatory language through which the subject is made to waive or appear to waive any of the subject's legal rights or releases the PI, the sponsor, or the institution from liability or negligence is prohibited.

2. The use of scientific jargon and legalese is not appropriate. Think of the document primarily as a teaching tool and not as a legal instrument.

CRITERIA OF APPROVAL OF RESEARCH:

DOCUMENTATION OF INFORMED CONSENT:
45 CFR 46.111(a)(3); 21 CFR 56.111(a)(3)

Informed Consent must be appropriately documented in accordance with all regulations unless the requirement is waived by the IRB.

Waiving the requirement for obtaining documentation of informed consent means the subject does not put in writing/record his/her agreement to participate in the study. The subject is still informed about the study and given the opportunity to decide whether to participate. The IRB may waive the requirement for a signed consent if it finds:

a) The only record linking the subject and the research would be the consent document and the principal risk would be 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); 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.

For example, research involving survey or retrospective chart reviews may meet the conditions for waiving the documentation of informed consent.
INFORMED CONSENT: (45 CFR 46.116)

The Tulane IRBPO Biomedical and Social/Behavioral Consent Templates are designed to incorporate all Federally mandated basic and additional elements of informed consent. The REQUIRED ELEMENTS of an Informed Consent Document are as follows:

- A statement that the protocol involves research
- Expected duration of the subject’s participation
- Description of the procedures to be followed and identification of those that are experimental
- Disclosure of reasonably foreseeable invasive or non-invasive risks or discomforts
- Statement of any benefits to subjects or others that may be expected
- Appropriate alternative procedures, if any, that might be advantageous to subjects
- How confidentiality of records identifying the subject will be maintained and disclosure of all infringements upon privacy and confidentiality which may result from participation in the research
- Whether compensation is available for participation
- Contact information of the research team to obtain answers to questions about the research or to voice concern or complaints about the research
- Contact information for a person independent of the research team to obtain answers to questions about the research, to voice concerns, complaints or offer input about the research, in the case that the research staff could not be reached, or in the event the participant wanted to speak to someone other than the research staff
- A statement that participation is voluntary, that there are no penalties if the subject refuses to participate, and that the subject may withdraw at any time without penalty

Also, the following ADDITIONAL REQUIREMENTS may be appropriate:

- If the subject is or becomes pregnant, the particular treatment or procedure might involve risks to the embryo or fetus, which are currently unforeseeable
- Outline the circumstances where a subject’s participation may be terminated by the PI without regard to the subject’s consent
- Whether there are costs for which subjects will be responsible
- The safety consequences of a subject’s decision to withdraw
- New and significant findings, which may affect the subject’s willingness to continue, will be disclosed to the subjects
- The appropriate number of subjects involved in the research at the institution and nationally
- The amount and schedule of payments to participants
CRITERIA OF APPROVAL OF RESEARCH:
DATA AND SAFETY MONITORING:
45 CFR 46.111(a)(6); 21 CFR 56.111(a)(6)

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

The IRB reviews, if applicable:
- Procedures for promptly detecting harm and mitigating potential injuries
- Implementation of monitoring procedures and frequency
- Procedures to ensure adequate feedback of information to researchers and medical decision-makers
- Procedures for reporting temporary or permanent suspensions of a study to the appropriate entity and the criteria for suspension or termination of the study
- Any quality control measures to ensure protocol adherence
- Procedures and plans for communications such as protocol modifications, data safety monitoring reports and unanticipated problems between sites when research is part of a multicenter study

DATA AND SAFETY MONITORING:
DSMP VS. DSMB

All research studies should provide a Data Safety Monitoring PLAN.
A Data Monitoring Plan should include:

- Specific elements of the data to be reviewed
- The frequency of the data monitoring
- A system for generating and resolving queries
- Who is responsible for the data review
- Methods for communicating findings to Research Team
- Methods for reporting Unanticipated Problems/Protocol Deviations to the IRB

Some studies require a Data Safety Monitoring Board.

FDA says, "All Clinical Trials require safety monitoring, but not all trials require monitoring by a formal committee that may be external to the trial organizers, sponsors, and investigators."

NIH says, "All trials, even those that pose little likelihood of harm, should have an external monitoring body."
CRITERIA OF APPROVAL OF RESEARCH:

PRIVACY AND CONFIDENTIALITY PROTECTIONS:
45 CFR 46.111(a)(7); 21 CFR 56.111(a)(7)

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

The IRB reviews, if applicable:
- The methods used to identify and contact potential participants
- The settings in which an individual will interact with the investigator/research team
- The methods used to obtain information about participants
- How to access the minimum amount of information necessary to complete the study
- The long-range plan for protecting the confidentiality of the research data, including a scheduled destruction of the identifiers associated with the data
- The Consent Form adequately and clearly states the confidentiality risks and who will have access to the subject's information

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CRITERIA OF APPROVAL OF RESEARCH:

INCLUSION OF VULNERABLE SUBJECTS:
45 CFR 46.111(b)

When some or all of the subjects, such as children, prisoners, adults with impaired decision capacity, persons who use English as a second language or are economically or educationally disadvantaged persons, are likely to be vulnerable to coercion or undue influence or for subjects found at international sites, the Tulane University IRB shall consider whether additional safeguards have been included in the study to protect the rights and welfare of these subjects.

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**VULNERABLE SUBJECTS:**

- **45 CFR 46 SUBPART B: RESEARCH INVOLVING PREGNANT WOMEN, FETUSES, OR NEONATES:**
  - If research is minimal risk, the research can be expedited
  - There are specific regulations and guidance concerning the risks, benefits, and consent regarding this research

- **45 CFR 46 SUBPART C: RESEARCH INVOLVING PRISONERS:**
  - Any research involving prisoners must be reviewed by the Convened IRB with a prisoner representative present
  - Specific regulations and guidance concerning the types of research allowed using prisoner populations and within prisons

- **45 CFR 46 SUBPART D: RESEARCH INVOLVING CHILDREN:**
  - If research is minimal risk, the research can be expedited
  - There are four allowable categories of research involving children
  - Specific regulations and guidance concerning Child Assent and Parental Permission

*The proposed involvement of these specific vulnerable populations must be approved specifically and protocol specific findings justifying the involvement of these subjects must be specifically stated.*

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**SUGGESTED REVIEW STRATEGY:**

**Review Application Part 2**

The Application is designed to give you a general idea of the research, the subjects, the recruitment, the consent process, the risks, how privacy & confidentiality will be maintained, how the data will be monitored, and if any vulnerable subjects will be involved.

- **Review the Study Protocol**
  - If further detail is needed, these details should be presented within the Study Protocol.

- **Review the Consent Form/Documents**
  - Is the Consent Process/Form appropriate? Is it readable? Is there too much information/not enough? Is the Template followed containing all required information?

- **Review Other Submitted Documents**
  - Advertisements, Surveys/Questionnaires/Focus Group Guides, HIPAA Documents, Drug/Device Information, Investigator’s Brochure, Wallet Cards, etc.

- **Complete Reviewer Sheet (within IRBNet)**

Review for CONSISTENCY: This is a SUGGESTED strategy, of course, develop your own.
REVIEWER SHEETS:
If you are assigned a review, as a primary or secondary reviewer (only Biomedical IRB has secondary reviewers), a reviewer sheet must be completed to document your findings. The regulations are clear and sited on the reviewer sheets.

The Full Board Reviewer Sheets for Biomedical Research and Social/Behavioral Research are included within this packet

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DETERMINATIONS OF THE IRB:
THERE ARE 4 POSSIBLE IRB ACTIONS:

**APPROVAL**

**DEFERRAL FOR MINOR MODIFICATIONS:**
- Approval cannot be granted, as the Protocol, the Recruitment Procedures, Research Tools, and/or Consent Form require minor revisions.
- Within IRPO Policy, under Deferral for Minor Modifications, it is stated, "None of the required modifications can be related to the regulatory criteria for approval."
- The response from the PI is reviewed by the IRB Chair or Designee.

**DEFERRAL FOR MAJOR MODIFICATIONS:**
- Approval cannot be granted, as study documents require major modification or clarification or insufficient information is provided.
- The response from the PI is brought back to the IRB for review and vote.

**DISAPPROVAL**
- Only the Convened IRB may disapprove research.
IRBNET INSTRUCTIONS FOR BOARD MEMBERS:

- Log into http://www.irbnet.org using your username and password
- Access study documents on the SUBMISSION MANAGER
- To view submission details for a particular study, click on the study title
- If you are a reviewer, download the reviewer sheet, complete it, save to your computer, and upload to IRBNET
- You may add comments and recommendations in the reviewer comments text box.
- Once you have completed your review, you may SEND COMMITTEE MAIL to alert the HRPO that the review has been complete, or another reviewer.

To review Meeting Agendas and Minutes:
Once logged into IRBNet, select the MEETING DATE AND TIME using the drop down menu, click SHOW SUBMISSIONS, and then, Agenda, Minutes and Other Administrative Documents for this Meeting.
Regulations and Ethical Guidelines

The Belmont Report
Ethical Principles and Guidelines for the protection of human subjects of research

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research
April 18, 1979

AGENCY: Department of Health, Education, and Welfare.

ACTION: Notice of Report for Public Comment.

SUMMARY: On July 12, 1974, the National Research Act (Pub. L. 93-348) was signed into law, there-by creating the National Commission for the Protection of Human Subjects of Biomedical and
Behavioral Research. One of the charges to the Commission was to identify the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects and to develop guidelines which should be followed to assure that such research is conducted in accordance with those principles. In carrying out the above, the Commission was directed to consider: (i) the boundaries between biomedical and behavioral research and the accepted and routine practice of medicine, (ii) the role of assessment of risk-benefit criteria in the determination of the appropriateness of research involving human subjects, (iii) appropriate guidelines for the selection of human subjects for participation in such research and (iv) the nature and definition of informed consent in various research settings.

The Belmont Report attempts to summarize the basic ethical principles identified by the Commission in the course of its deliberations. It is the outgrowth of an intensive four-day period of discussions that were held in February 1976 at the Smithsonian Institution's Belmont Conference Center supplemented by the monthly deliberations of the Commission that were held over a period of nearly four years. It is a statement of basic ethical principles and guidelines that should assist in resolving the ethical problems that surround the conduct of research with human subjects. By publishing the Report in the Federal Register, and providing reprints upon request, the Secretary intends that it may be made readily available to scientists, members of Institutional Review Boards, and Federal employees. The two-volume Appendix, containing the lengthy reports of experts and specialists who assisted the Commission in fulfilling this part of its charge, is available as DHEW Publication No. (OS) 78-0013 and No. (OS) 78-0014, for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Unlike most other reports of the Commission, the Belmont Report does not make specific recommendations for administrative action by the Secretary of Health, Education, and Welfare. Rather, the Commission recommended that the Belmont Report be adopted in its entirety, as a statement of the Department's policy. The Department requests public comment on this recommendation.

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National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research

Members of the Commission

Kenneth John Ryan, M.D., Chairman, Chief of Staff, Boston Hospital for Women.
Joseph V. Brady, Ph.D., Professor of Behavioral Biology, Johns Hopkins University.
Robert E. Cooke, M.D., President, Medical College of Pennsylvania.
Dorothy I. Height, President, National Council of Negro Women, Inc.
Albert R. Jonsen, Ph.D., Associate Professor of Bioethics, University of California at San Francisco.
Patricia King, J.D., Associate Professor of Law, Georgetown University Law Center.
Karen Lebacqz, Ph.D., Associate Professor of Christian Ethics, Pacific School of Religion.
David W. Louisell, J.D., Professor of Law, University of California at Berkeley.
Donald W. Seldin, M.D., Professor and Chairman, Department of Internal Medicine, University of Texas at Dallas.
Eliot Stellar, Ph.D., Provost of the University and Professor of Physiological Psychology, University of Pennsylvania.
Ethical Principles & Guidelines for Research Involving Human Subjects

Scientific research has produced substantial social benefits. It has also posed some troubling ethical questions. Public attention was drawn to these questions by reported abuses of human subjects in biomedical experiments, especially during the Second World War. During the Nuremberg War Crime Trials, the Nuremberg code was drafted as a set of standards for judging physicians and scientists who had conducted biomedical experiments on concentration camp prisoners. This code became the prototype of many later codes\(^1\) intended to assure that research involving human subjects would be carried out in an ethical manner.

The codes consist of rules, some general, others specific, that guide the investigators or the reviewers of research in their work. Such rules often are inadequate to cover complex situations; at times they come into conflict, and they are frequently difficult to interpret or apply. Broader ethical principles will provide a basis on which specific rules may be formulated, criticized and interpreted.

Three principles, or general prescriptive judgments, that are relevant to research involving human subjects are identified in this statement. Other principles may also be relevant. These three are comprehensive, however, and are stated at a level of generalization that should assist scientists, subjects, reviewers and interested citizens to understand the ethical issues inherent in research involving human subjects. These principles cannot always be applied so as to resolve beyond dispute particular ethical problems. The objective is to provide an analytical framework that will guide the resolution of ethical problems arising from research involving human subjects.

This statement consists of a distinction between research and practice, a discussion of the three basic ethical principles, and remarks about the application of these principles.

Part A: Boundaries Between Practice & Research

A. Boundaries Between Practice and Research
It is important to distinguish between biomedical and behavioral research, on the one hand, and the practice of accepted therapy on the other, in order to know what activities ought to undergo review for the protection of human subjects of research. The distinction between research and practice is blurred partly because both often occur together (as in research designed to evaluate a therapy) and partly because notable departures from standard practice are often called "experimental" when the terms "experimental" and "research" are not carefully defined.

For the most part, the term "practice" refers to interventions that are designed solely to enhance the well-being of an individual patient or client and that have a reasonable expectation of success. The purpose of medical or behavioral practice is to provide diagnosis, preventive treatment or therapy to particular individuals. (2) By contrast, the term "research" designates an activity designed to test an hypothesis, permit conclusions to be drawn, and thereby to develop or contribute to generalizable knowledge (expressed, for example, in theories, principles, and statements of relationships). Research is usually described in a formal protocol that sets forth an objective and a set of procedures designed to reach that objective.

When a clinician departs in a significant way from standard or accepted practice, the innovation does not, in and of itself, constitute research. The fact that a procedure is "experimental," in the sense of new, untested or different, does not automatically place it in the category of research. Radically new procedures of this description should, however, be made the object of formal research at an early stage in order to determine whether they are safe and effective. Thus, it is the responsibility of medical practice committees, for example, to insist that a major innovation be incorporated into a formal research project. (3)

Research and practice may be carried on together when research is designed to evaluate the safety and efficacy of a therapy. This need not cause any confusion regarding whether or not the activity requires review; the general rule is that if there is any element of research in an activity, that activity should undergo review for the protection of human subjects.

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Part B: Basic Ethical Principles

B. Basic Ethical Principles

The expression "basic ethical principles" refers to those general judgments that serve as a basic justification for the many particular ethical prescriptions and evaluations of human actions. Three basic principles, among those generally accepted in our cultural tradition, are particularly relevant to the ethics of research involving human subjects: the principles of respect of persons, beneficence and justice.

1. Respect for Persons. -- Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that 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.

An autonomous person is an individual capable of deliberation about personal goals and of acting under the direction of such deliberation. To respect autonomy is to give weight to autonomous persons' considered opinions and choices while refraining from obstructing their actions unless they are clearly detrimental to others. To show lack of respect for an autonomous agent is to repudiate that
person's considered judgments, to deny an individual the freedom to act on those considered judgments, or to withhold information necessary to make a considered judgment, when there are no compelling reasons to do so.

However, not every human being is capable of self-determination. The capacity for self-determination matures during an individual's life, and some individuals lose this capacity wholly or in part because of illness, mental disability, or circumstances that severely restrict liberty. Respect for the immature and the incapacitated may require protecting them as they mature or while they are incapacitated.

Some persons are in need of extensive protection, even to the point of excluding them from activities which may harm them; other persons require little protection beyond making sure they undertake activities freely and with awareness of possible adverse consequence. The extent of protection afforded should depend upon the risk of harm and the likelihood of benefit. The judgment that any individual lacks autonomy should be periodically reevaluated and will vary in different situations.

In most cases of research involving human subjects, respect for persons demands that subjects enter into the research voluntarily and with adequate information. In some situations, however, application of the principle is not obvious. The involvement of prisoners as subjects of research provides an instructive example. On the one hand, it would seem that the principle of respect for persons requires that prisoners not be deprived of the opportunity to volunteer for research. On the other hand, under prison conditions they may be subtly coerced or unduly influenced to engage in research activities for which they would not otherwise volunteer. Respect for persons would then dictate that prisoners be protected. Whether to allow prisoners to "volunteer" or to "protect" them presents a dilemma. Respecting persons, in most hard cases, is often a matter of balancing competing claims urged by the principle of respect itself.

2. 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.

The Hippocratic maxim "do no harm" has long been a fundamental principle of medical ethics. Claude Bernard extended it to the realm of research, saying that one should not injure one person regardless of the benefits that might come to others. However, even avoiding harm requires learning what is harmful; and, in the process of obtaining this information, persons may be exposed to risk of harm. Further, the Hippocratic Oath requires physicians to benefit their patients "according to their best judgment." Learning what will in fact benefit may require exposing persons to risk. The problem posed by these imperatives is to decide when it is justifiable to seek certain benefits despite the risks involved, and when the benefits should be foregone because of the risks.

The obligations of beneficence affect both individual investigators and society at large, because they extend both to particular research projects and to the entire enterprise of research. In the case of particular projects, investigators and members of their institutions are obliged to give forethought to the maximization of benefits and the reduction of risk that might occur from the research investigation. In the case of scientific research in general, members of the larger society are obliged to recognize the longer term benefits and risks that may result from the improvement of knowledge and from the development of novel medical, psychotherapeutic, and social procedures.
The principle of beneficence often occupies a well-defined justifying role in many areas of research involving human subjects. An example is found in research involving children. Effective ways of treating childhood diseases and fostering healthy development are benefits that serve to justify research involving children -- even when individual research subjects are not direct beneficiaries. Research also makes it possible to avoid the harm that may result from the application of previously accepted routine practices that on closer investigation turn out to be dangerous. But the role of the principle of beneficence is not always so unambiguous. A difficult ethical problem remains, for example, about research that presents more than minimal risk without immediate prospect of direct benefit to the children involved. Some have argued that such research is inadmissible, while others have pointed out that this limit would rule out much research promising great benefit to children in the future. Here again, as with all hard cases, the different claims covered by the principle of beneficence may come into conflict and force difficult choices.

3. 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.

Questions of justice have long been associated with social practices such as punishment, taxation and political representation. Until recently these questions have not generally been associated with scientific research. However, they are foreshadowed even in the earliest reflections on the ethics of research involving human subjects. For example, during the 19th and early 20th centuries the burdens of serving as research subjects fell largely upon poor ward patients, while the benefits of improved medical care flowed primarily to private patients. Subsequently, the exploitation of unwilling prisoners as research subjects in Nazi concentration camps was condemned as a particularly flagrant injustice. In this country, in the 1940's, the Tuskegee syphilis study used disadvantaged, rural black men to study the untreated course of a disease that is by no means confined to that population. These subjects were deprived of demonstrably effective treatment in order not to interrupt the project, long after such treatment became generally available.

Against this historical background, it can be seen how conceptions of justice are relevant to research involving human subjects. For example, the selection of research subjects needs to be scrutinized in order to determine whether some classes (e.g., welfare patients, particular racial and ethnic minorities, or persons confined to institutions) are being systematically selected simply because of their easy availability, their compromised position, or their manipulability, rather than for reasons directly related to the problem being studied. Finally, whenever research supported by public funds leads to the development of therapeutic devices and procedures, justice demands both that these not provide advantages only to those who can afford them and that such research should not unduly involve persons from groups unlikely to be among the beneficiaries of subsequent applications of the research.
Part C: Applications

C. Applications

Applications of the general principles to the conduct of research leads to consideration of the following requirements: informed consent, risk/benefit assessment, and the selection of subjects of research.

1. Informed Consent. -- Respect for persons requires that subjects, to the degree that they are capable, be given the opportunity to choose what shall or shall not happen to them. This opportunity is provided when adequate standards for informed consent are satisfied.

While the importance of informed consent is unquestioned, controversy prevails over the nature and possibility of an informed consent. Nonetheless, there is widespread agreement that the consent process can be analyzed as containing three elements: information, comprehension and voluntariness.

Information. Most codes of research establish specific items for disclosure intended to assure that subjects are given sufficient information. These items generally include: the research procedure, their purposes, risks and anticipated benefits, alternative procedures (where therapy is involved), and a statement offering the subject the opportunity to ask questions and to withdraw at any time from the research. Additional items have been proposed, including how subjects are selected, the person responsible for the research, etc.

However, a simple listing of items does not answer the question of what the standard should be for judging how much and what sort of information should be provided. One standard frequently invoked in medical practice, namely the information commonly provided by practitioners in the field or in the locale, is inadequate since research takes place precisely when a common understanding does not exist. Another standard, currently popular in malpractice law, requires the practitioner to reveal the information that reasonable persons would wish to know in order to make a decision regarding their care. This, too, seems insufficient since the research subject, being in essence a volunteer, may wish to know considerably more about risks gratuitously undertaken than do patients who deliver themselves into the hand of a clinician for needed care. It may be that a standard of "the reasonable volunteer" should be proposed: the extent and nature of information should be such that persons, knowing that the procedure is neither necessary for their care nor perhaps fully understood, can decide whether they wish to participate in the furthering of knowledge. Even when some direct benefit to them is anticipated, the subjects should understand clearly the range of risk and the voluntary nature of participation.

A special problem of consent arises where informing subjects of some pertinent aspect of the research is likely to impair the validity of the research. In many cases, it is sufficient to indicate to subjects that they are being invited to participate in research of which some features will not be revealed until the research is concluded. In all cases of research involving incomplete disclosure, such research is justified only if it is clear that (1) incomplete disclosure is truly necessary to accomplish the goals of the research, (2) there are no undisclosed risks to subjects that are more than minimal, and (3) there is an adequate plan for debriefing subjects, when appropriate, and for dissemination of research results to them. Information about risks should never be withheld for the purpose of eliciting the cooperation of subjects, and truthful answers should always be given to direct questions about the research. Care should be taken to distinguish cases in which disclosure would destroy or invalidate the research from cases in which disclosure would simply inconvenience the investigator.
Comprehension. The manner and context in which information is conveyed is as important as the information itself. For example, presenting information in a disorganized and rapid fashion, allowing too little time for consideration or curtailing opportunities for questioning, all may adversely affect a subject's ability to make an informed choice.

Because the subject's ability to understand is a function of intelligence, rationality, maturity and language, it is necessary to adapt the presentation of the information to the subject's capacities. Investigators are responsible for ascertaining that the subject has comprehended the information. While there is always an obligation to ascertain that the information about risk to subjects is complete and adequately comprehended, when the risks are more serious, that obligation increases. On occasion, it may be suitable to give some oral or written tests of comprehension.

Special provision may need to be made when comprehension is severely limited -- for example, by conditions of immaturity or mental disability. Each class of subjects that one might consider as incompetent (e.g., infants and young children, mentally disable patients, the terminally ill and the comatose) should be considered on its own terms. Even for these persons, however, respect requires giving them the opportunity to choose to the extent they are able, whether or not to participate in research. The objections of these subjects to involvement should be honored, unless the research entails providing them a therapy unavailable elsewhere. Respect for persons also requires seeking the permission of other parties in order to protect the subjects from harm. Such persons are thus respected both by acknowledging their own wishes and by the use of third parties to protect them from harm.

The third parties chosen should be those who are most likely to understand the incompetent subject's situation and to act in that person's best interest. The person authorized to act on behalf of the subject should be given an opportunity to observe the research as it proceeds in order to be able to withdraw the subject from the research, if such action appears in the subject's best interest.

Voluntariness. An agreement to participate in research constitutes a valid consent only if voluntarily given. This element of informed consent requires conditions free of coercion and undue influence. Coercion occurs when an overt threat of harm is intentionally presented by one person to another in order to obtain compliance. Undue influence, by contrast, occurs through an offer of an excessive, unwarranted, inappropriate or improper reward or other overture in order to obtain compliance. Also, inducements that would ordinarily be acceptable may become undue influences if the subject is especially vulnerable.

Unjustifiable pressures usually occur when persons in positions of authority or commanding influence -- especially where possible sanctions are involved -- urge a course of action for a subject. A continuum of such influencing factors exists, however, and it is impossible to state precisely where justifiable persuasion ends and undue influence begins. But undue influence would include actions such as manipulating a person's choice through the controlling influence of a close relative and threatening to withdraw health services to which an individual would otherwise be entitled.

2. Assessment of Risks and Benefits. -- The assessment of risks and benefits requires a careful arrayal of relevant data, including, in some cases, alternative ways of obtaining the benefits sought in the research. Thus, the assessment presents both an opportunity and a responsibility to gather systematic and comprehensive information about proposed research. For the investigator, it is a means to examine whether the proposed research is properly designed. For a review committee, it is a method for determining whether the risks that will be presented to subjects are justified. For prospective subjects, the assessment will assist the determination whether or not to participate.
The Nature and Scope of Risks and Benefits. The requirement that research be justified on the basis of a favorable risk/benefit assessment bears a close relation to the principle of beneficence, just as the moral requirement that informed consent be obtained is derived primarily from the principle of respect for persons. The term "risk" refers to a possibility that harm may occur. However, when expressions such as "small risk" or "high risk" are used, they usually refer (often ambiguously) both to the chance (probability) of experiencing a harm and the severity (magnitude) of the envisioned harm.

The term "benefit" is used in the research context to refer to something of positive value related to health or welfare. Unlike, "risk," "benefit" is not a term that expresses probabilities. Risk is properly contrasted to probability of benefits, and benefits are properly contrasted with harms rather than risks of harm. Accordingly, so-called risk/benefit assessments are concerned with the probabilities and magnitudes of possible harm and anticipated benefits. Many kinds of possible harms and benefits need to be taken into account. There are, for example, risks of psychological harm, physical harm, legal harm, social harm and economic harm and the corresponding benefits. While the most likely types of harms to research subjects are those of psychological or physical pain or injury, other possible kinds should not be overlooked.

Risks and benefits of research may affect the individual subjects, the families of the individual subjects, and society at large (or special groups of subjects in society). Previous codes and Federal regulations have required that risks to subjects be outweighed by the sum of both the anticipated benefit to the subject, if any, and the anticipated benefit to society in the form of knowledge to be gained from the research. In balancing these different elements, the risks and benefits affecting the immediate research subject will normally carry special weight. On the other hand, interests other than those of the subject may on some occasions be sufficient by themselves to justify the risks involved in the research, so long as the subjects' rights have been protected. Beneficence thus requires that we protect against risk of harm to subjects and also that we be concerned about the loss of the substantial benefits that might be gained from research.

The Systematic Assessment of Risks and Benefits. It is commonly said that benefits and risks must be "balanced" and shown to be "in a favorable ratio." The metaphorical character of these terms draws attention to the difficulty of making precise judgments. Only on rare occasions will quantitative techniques be available for the scrutiny of research protocols. However, the idea of systematic, nonarbitrary analysis of risks and benefits should be emulated insofar as possible. This ideal requires those making decisions about the justifiability of research to be thorough in the accumulation and assessment of information about all aspects of the research, and to consider alternatives systematically. This procedure renders the assessment of research more rigorous and precise, while making communication between review board members and investigators less subject to misinterpretation, misinformation and conflicting judgments. Thus, there should first be a determination of the validity of the presuppositions of the research; then the nature, probability and magnitude of risk should be distinguished with as much clarity as possible. The method of ascertaining risks should be explicit, especially where there is no alternative to the use of such vague categories as small or slight risk. It should also be determined whether an investigator's estimates of the probability of harm or benefits are reasonable, as judged by known facts or other available studies.

Finally, assessment of the justifiability of research should reflect at least the following considerations: (i) Brutal or inhumane treatment of human subjects is never morally justified. (ii) Risks should be reduced to those necessary to achieve the research objective. It should be determined whether it is in fact necessary to use human subjects at all. Risk can perhaps never be entirely eliminated, but it can often be reduced by careful attention to alternative procedures. (iii) When research involves significant risk of serious impairment, review committees should be extraordinarily insistent on the
justification of the risk (looking usually to the likelihood of benefit to the subject -- or, in some rare cases, to the manifest voluntariness of the participation). (iv) When vulnerable populations are involved in research, the appropriateness of involving them should itself be demonstrated. A number of variables go into such judgments, including the nature and degree of risk, the condition of the particular population involved, and the nature and level of the anticipated benefits. (v) Relevant risks and benefits must be thoroughly arrayed in documents and procedures used in the informed consent process.

3. Selection of Subjects. -- Just as the principle of respect for persons finds expression in the requirements for consent, and the principle of beneficence in risk/benefit assessment, the principle of justice gives rise to moral requirements that there be fair procedures and outcomes in the selection of research subjects.

Justice is relevant to the selection of subjects of research at two levels: the social and the individual. Individual justice in the selection of subjects would require that researchers exhibit fairness: thus, they should not offer potentially beneficial research only to some patients who are in their favor or select only "undesirable" persons for risky research. Social justice requires that distinction be drawn between classes of subjects that ought, and ought not, to participate in any particular kind of research, based on the ability of members of that class to bear burdens and on the appropriateness of placing further burdens on already burdened persons. Thus, it can be considered a matter of social justice that there is an order of preference in the selection of classes of subjects (e.g., adults before children) and that some classes of potential subjects (e.g., the institutionalized mentally infirm or prisoners) may be involved as research subjects, if at all, only on certain conditions.

Injustice may appear in the selection of subjects, even if individual subjects are selected fairly by investigators and treated fairly in the course of research. Thus injustice arises from social, racial, sexual and cultural biases institutionalized in society. Thus, even if individual researchers are treating their research subjects fairly, and even if IRBs are taking care to assure that subjects are selected fairly within a particular institution, unjust social patterns may nevertheless appear in the overall distribution of the burdens and benefits of research. Although individual institutions or investigators may not be able to resolve a problem that is pervasive in their social setting, they can consider distributive justice in selecting research subjects.

Some populations, especially institutionalized ones, are already burdened in many ways by their infirmities and environments. When research is proposed that involves risks and does not include a therapeutic component, other less burdened classes of persons should be called upon first to accept these risks of research, except where the research is directly related to the specific conditions of the class involved. Also, even though public funds for research may often flow in the same directions as public funds for health care, it seems unfair that populations dependent on public health care constitute a pool of preferred research subjects if more advantaged populations are likely to be the recipients of the benefits.

One special instance of injustice results from the involvement of vulnerable subjects. Certain groups, such as racial minorities, the economically disadvantaged, the very sick, and the institutionalized may continually be sought as research subjects, owing to their ready availability in settings where research is conducted. Given their dependent status and their frequently compromised capacity for free consent, they should be protected against the danger of being involved in research solely for administrative convenience, or because they are easy to manipulate as a result of their illness or socioeconomic condition.
(1) Since 1945, various codes for the proper and responsible conduct of human experimentation in medical research have been adopted by different organizations. The best known of these codes are the Nuremberg Code of 1947, the Helsinki Declaration of 1964 (revised in 1975), and the 1971 Guidelines (codified into Federal Regulations in 1974) issued by the U.S. Department of Health, Education, and Welfare Codes for the conduct of social and behavioral research have also been adopted, the best known being that of the American Psychological Association, published in 1973.

(2) Although practice usually involves interventions designed solely to enhance the well-being of a particular individual, interventions are sometimes applied to one individual for the enhancement of the well-being of another (e.g., blood donation, skin grafts, organ transplants) or an intervention may have the dual purpose of enhancing the well-being of a particular individual, and, at the same time, providing some benefit to others (e.g., vaccination, which protects both the person who is vaccinated and society generally). The fact that some forms of practice have elements other than immediate benefit to the individual receiving an intervention, however, should not confuse the general distinction between research and practice. Even when a procedure applied in practice may benefit some other person, it remains an intervention designed to enhance the well-being of a particular individual or groups of individuals; thus, it is practice and need not be reviewed as research.

(3) Because the problems related to social experimentation may differ substantially from those of biomedical and behavioral research, the Commission specifically declines to make any policy determination regarding such research at this time. Rather, the Commission believes that the problem ought to be addressed by one of its successor bodies.
Tulane University Human Research Protection Program
IRB Initial Submission Reviewer Sheet for Biomedical Research

IRB Study Number:

Protocol Title:

Principal Investigator:

Sponsor:

Meeting Date:

Primary Reviewer:

Secondary Reviewer:

As a reviewer, are you an investigator, consultant, collaborator, or study personnel on the proposed study; do you have a financial interest in this study; or do you have any other conflict with this study?

☐ Yes ☐ No

If Yes, do NOT complete this review and please contact the HRPO at 988-2665.

SUMMARY: Please provide a short summary of the research protocol reviewed (a short paragraph):

GENERAL:

In general, is the research practical? Is there a clearly formulated hypothesis? Is the research likely to answer the proposed question?

☐ Yes ☐ No

COMMENTS:

RESEARCH SETTING:

Is the PI/research staff qualified to conduct the research? Are the facilities to be used adequate?

☐ Yes ☐ No

If needed, are there medical or psychological resources available for subjects?
Has the appropriate permission been given to conduct the research at any external sites?

COMMENTS REGARDING RESEARCH SETTING:

I. RISK: 45 CFR 46.111(a)(1); 21 CFR 56.111(a)(1)

The research risks are:

☐ No more than Minimal ☐ Greater than Minimal

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

Consider the following: Are precautions developed to decrease the likelihood of harm? Contingencies are available to deal with harms if they occur?

COMMENTS REGARDING RISK:

II. RISK-BENEFIT ASSESSMENT: 45 CFR 46.111(a)(2); 21 CFR 56.111(a)(2)

Benefits to subjects are:

☐ Direct ☐ Indirect ☐ Both ☐ None

Risks to subjects are reasonable in relation to benefits, if any, to subjects, and the importance of the knowledge that may be expected to result. (In evaluating risks and benefits, the IRB Committee will 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.)

COMMENTS REGARDING RISK-BENEFIT ASSESSMENT:

III. SUBJECT SELECTION: 45 CFR 46.111(a)(3); 21 CFR 56.111(a)(3)

Selection of subjects is equitable. (In making this assessment, the IRB Committee will 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 considerations of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically disadvantaged persons.)
Consider the following: The Inclusion and Exclusion Criteria, whether prospective subjects will be vulnerable to coercion or undue influence, the recruitment methods, the influence of payments.

COMMENTS REGARDING SUBJECT SELECTION:

IV. INFORMED CONSENT PROCESS AND FORM: 45 CFR 46.111(A)(4); 21 CFR 56.111(A)(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 the Federal regulations (45 CFR 46.116; 21 CFR 50 BELOW)

All of the following items must be true of the Consent Process (check all boxes):

☐ The investigator will obtain the legally effective informed consent of the subject or the subject’s legally authorized representative

☐ The circumstances of the consent process provide the prospective subject or the legally authorized representative sufficient opportunity to consider whether to participate

☐ The circumstances of the consent process minimize the possibility of coercion or undue influence

☐ The individuals communicating information to the subject or the legally authorized representative during the consent process will provide that information in language understandable to the subject or the representative

☐ The information being communicated to the subject or the subject representative during the consent process will not include exculpatory language through which the subject or the legally authorized representative is made to waive or appear to waive any of the subject’s legal rights or through which the subject or the legally authorized representative releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence

☐ All required and appropriate additional disclosures will be provided to the subject or the subject’s representative

The required elements of an Informed Consent Document are as follows (check all boxes):

☐ A statement that the protocol involves research

☐ Expected duration of the subject’s participation

☐ Description of the procedures to be followed and identification of those that are experimental

☐ Disclosure of the reasonably foreseeable invasive or non-invasive risks or discomforts

☐ Statement of any benefits to subjects or others that may be expected
☐ Appropriate alternative procedures, if any, that might be advantageous to subjects

☐ How confidentiality of records identifying the subject will be maintained and disclosure of all infringements upon privacy and confidentiality which may result from participation in the research

☐ Whether compensation is available for participation

☐ Contact information of the research team to obtain answers to questions about the research or to voice concern or complaints about the research

☐ Contact information for a person independent of the research team to obtain answers to questions about the research, to voice concerns, complaints or offer input about the research, in the case that the research staff could not be reached, or in the event the participant wanted to speak to someone other than the research staff

☐ A statement that participation is voluntary, that there are no penalties if the subject refuses to participate, and that the subject may withdraw at any time without penalty

Also, the following additional requirements may be appropriate (check all applicable boxes):

☐ If the subject is or becomes pregnant, the particular treatment or procedure might involve risks to the embryo or fetus, which are currently unforeseeable

☐ Outline the circumstances where a subject's participation may be terminated by the PI without regard to the subject's consent

☐ Whether there are costs for which subjects will be responsible

☐ The safety consequences of a subject's decision to withdraw

☐ New and significant findings, which may affect the subject's willingness to continue, will be disclosed to the subjects

☐ The appropriate number of subjects involved in the research at the institution and nationally

☐ The amount and schedule of payments to participants

COMMENTS REGARDING THE CONSENT PROCESS AND FORM:

V. DOCUMENTATION OF CONSENT: 45 CFR 46.111(A)(5); 21 CFR 56.111(A)(5)

Informed Consent will be appropriately documented in accordance with, and to the extent required by the Federal Regulations (45 CFR 46.117; 21 CFR 50.26).

If a signed informed consent is to be obtained, a space must be provided for the subject or the subject's legally authorized representative to sign and date the consent document and a copy must be given to the subject and/or legally authorized representative signing the form. Also, adequate time must be given for the subject to consider participation.
COMMENTS REGARDING THE DOCUMENTATION OF CONSENT:

If a Waiver of Consent is requested, ALL OF THE FOLLOWING MUST APPLY in accordance with 45 CFR 46.116(d):

- The research must involve no more than minimal risk
- Granting the waiver will not adversely affect the rights and welfare of the subjects
- The research could not practically be conducted without the waiver
- Whenever appropriate, subjects will be provided additional pertinent information after participation

☐ A Waiver of Consent is granted in accordance with 45 CFR 46.116(d).

If a Waiver of the Documentation of Consent is requested, EITHER OF THE FOLLOWING MUST APPLY in accordance with 45 CFR 46.117(c):

- The only record linking the subject to the research would be the consent form, and the principal risk to the subject would be potential harm resulting from breach of confidentiality. 45 CFR 46.117(c)(1)

☐ A Waiver of the Documentation of Consent is granted in accordance with 45 CFR 46.117(c)(1).

- The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of research context. 45 CFR 46.117(c)(2)

☐ A Waiver of the Documentation of Consent is granted in accordance with 45 CFR 46.117(c)(2).

Note: These waivers may not be applied to FDA research. If the IRB grants this waiver, the investigator will still be required to provide information about the research to each potential subject, but the subject’s signature on the form will not be required. A written script of the information that will be read or given to potential subjects must be provided for IRB review. The scripts must contain the basic required elements of consent as referenced in 45 CFR 46.116(a).

COMMENTS REGARDING GRANTING A WAIVER OF CONSENT/DOCUMENTATION OF CONSENT:

VI. DATA SAFETY MONITORING: 45 CFR 46.111(A)(6); 21 CFR 56.111(A)(6)

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

☐ Yes ☐ No

Consider the following: All greater than minimal risk research required a Data Safety Monitoring Plan. Is a DSMP necessary for this research? Was a DSMP submitted? Is the plan adequate? Who will monitor the data? Is the frequency adequate?

COMMENTS REGARDING DATA SAFETY MONITORING:
VII. PRIVACY AND CONFIDENTIALITY: 45 CFR 46.111(a)(7); 21 CFR 56.111(a)(7)

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

☐ Yes  ☐ No

Consider the following: The recoding of data, the identification of data, storage of data, sharing of data (including electronic transmission), the recruitment procedures, the privacy of the consent process.

COMMENTS REGARDING PRIVACY AND CONFIDENTIALITY:

VIII. VULNERABLE POPULATIONS: 45 CFR 46.111(b); 21 CFR 46.111(b)

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

☐ Yes  ☐ No

COMMENTS REGARDING VULNERABLE POPULATIONS:

IF THE RESEARCH INVOLVES PREGNANT WOMEN, FETUSES, OR NEONATES, PRISONERS, OR CHILDREN, COMPLETE THE FOLLOWING:

RESEARCH INVOLVING PREGNANT WOMEN, FETUSES, OR NEONATES 45 CFR SUBPART B:

45 CFR 46.204: Pregnant Women/Fetuses may be involved in research if ALL of the following conditions are met; provide protocol specific findings justifying this determination.

☐ Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on nonpregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;

ONE of the following must be true:

☐ The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or fetus; OR,

☐ If there is no such prospect of 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 obtained by any other means.

☐ Any risk is the least possible for achieving the objectives of the research;
If the research holds out the prospect of direct benefit to the pregnant woman, the prospect of a direct benefit both to the pregnant women and the fetus, or no prospect of benefit for the woman nor the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge that cannot be obtained by any other means, consent of the mother is obtained in accord with the informed consent provisions of Subpart A of 45 CFR 46.116 and 117;

If the research holds out the prospect of direct benefit solely to the fetus, then the consent of the pregnant woman and the father is obtained in accord with the informed consent provisions of Subpart A 45 CFR 46.116 and 117, except that the father’s consent need not be obtained if he is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape or incest;

Each individual providing consent as required above is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate;

For children who are pregnant, assent and permission are obtained in accord with the provisions of Subpart D of 45 CFR 46;

No inducements, monetary or otherwise, will be offered to terminate a pregnancy;

Individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy; and

Individuals engaged in the research will have no part in determining the viability of a neonate.

45 CFR 46.205: Research Involving Neonates (Newborns):

NOTE: For Viable Neonates, they are considered Children and Subpart D applies.

For Neonates of Uncertain Viability, the following determinations must be made:

The research hold out the prospect of enhancing the probability for survival of the PARTICULAR fetus to the point if viability;

Any risk is the least possible; OR,

The purpose of the research is the development of important biomedical knowledge which cannot be obtained by other means and there is no added risk to the neonate from the research;

Either parent may consent or a legally authorized representative may provide consent.

For Nonviable Neonates, the following determinations must be made:

Vital functions will not be artificially maintained;

The research will not terminate the heartbeat or respiration of the fetus;

The purpose of the research is the development of important biomedical knowledge which cannot be obtained by other means and there is no added risk to the neonate from the research;
Both parents consent to the research; legally authorized representative consent is NOT permitted.

45 CFR 46.207: Research Involving Pregnant Women that is NOT Otherwise Approvable

The IRB must determine the following:

- The research does meet the requirements of 45 CFR 46.204 or 205 above.
- The research presents a reasonable opportunity to further the understanding, prevention, or alleviations of a serious problem affecting the health and welfare of pregnant women, fetuses, or neonates.

**NOTE:** This determination must be forwarded to the Secretary of DHHS who will consult with experts and determine whether the research should go forward.

The proposed involvement of pregnant women, fetuses, or neonates is:

- Approvable
- Not Approvable

Protocol specific findings justifying this determination:

**COMMENTS REGARDING INVOLVING PREGNANT WOMEN, FETUSES, OR NEONATES AS SUBJECTS IN RESEARCH:**

**RESEARCH INVOLVING PRISONERS 45 CFR SUBPART C:**

45 CFR 46.305(a): Prisoners may be involved in research if ALL of the seven findings below are met and provide protocol specific findings justifying this determination.

- (1) The research under review represents ONE of the categories of research permissible under 45 CFR 46.306(a)(2): MARK THE ONE CATEGORY:
  - Research on 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 subjects;
  - Research on 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 subjects;
  - Research on conditions particularly affecting prisoners as a class, provided that the study may proceed only after the Secretary of DHHS has consulted with appropriate experts (in penology, medicine, and ethics) and published notice in the Federal Register of the intent to approve such research;
Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subjects. If the research includes the assignment of prisoners to control groups that might not benefit from the research, it may proceed only after the Secretary of DHHS has consulted with appropriate experts and published a note in the Federal Register of the intent to approve the research.

Epidemiologic studies whose sole purpose is one of the following:

- To describe the prevalence or incidence of a disease by identifying all cases.
- To study potential risk factor associations for a disease.

The research presents no more than minimal risk and no more than inconvenience to the prisoner-subjects, and prisoners are not a particular focus of the research.

(2) Advantages to participation are not coercive; AND

(3) Risks are commensurate with what would be acceptable to nonprisoners; AND

(4) The selection procedures are fair; AND

(5) The information is presented in an understandable language; AND

(6) There is no effect on decisions related to parole; AND

(7) Provisions for follow-up are adequate.

The proposed involvement of prisoners is:

- Approvable
- Not Approvable

Protocol specific findings justifying this determination:

COMMENTS REGARDING INVOLVING PRISONERS AS SUBJECTS IN RESEARCH:

RESEARCH INVOLVING CHILDREN 45 CFR 46 SUBPART D:

The regulations specify the following FOUR CATEGORIES of permissible child research. Check the ONE appropriate category for the reviewed research and provide protocol specific findings justifying this determination.

- CATEGORY 1: 45 CFR 46.404/21 CFR 50.51: Research not involving greater than minimal risk.
- The permission of one parent is sufficient
☐ CATEGORY 2: 45 CFR 46.405/21 CFR 50.52: Research involving greater than minimal risk but presenting the prospect of direct benefit to the individual subjects.

NOTE: The IRB must find that (a) the risk is justified by the anticipated benefits to the subjects; (b) the relation of the anticipated benefit to the risk is at least favorable to the subjects as that presented by the available alternative approaches; and (c) adequate provisions are made for soliciting the assent of the children and permission of their parents and guardians.

☐ The permission of one parent is sufficient

☐ CATEGORY 3: 45 CFR 46.406/21 CFR 50.53: Research involving greater than minimal risk and no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition.

NOTE: The IRB must find that (a) the risk represents a minor increase over minimal; (b) the intervention or procedure represents experiences to subjects that are reasonable commensurable with those inherent their actual or expected medical, dental, psychological, social, or educational situations; (c) the research is likely to yield knowledge of vital importance; and (d) adequate provisions are made for soliciting the assent of the children and permission of both parents or guardians is needed.

☐ CATEGORY 4: 45 CFR 46.407/21 CFR 50.54: Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health and welfare of children.

NOTE: The IRB must submit this category of research to HHS for approval. Approval cannot be granted until HHS approves and publishes the proposal in the Federal Register.

☐ Parental permission is waived under 45 CFR 46.116(c), 45 CFR 46.116(d), or 45 CFR 46.408(c).

Provisions to solicit the Assent of Children:

Assent will be obtained from:

☐ All Children ☐ None of the Children* ☐ Some Children*

*If None of the Children or Some Children was selected, the protocol must provide reasoning; complete the following:

Reason Why Assent is Not Necessary: One or more of the following must be true

☐ The capability of these children is so limited that they cannot reasonably be consulted

☐ 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

☐ Assent is waived under 45 CFR 46.116(d)/21 CFR 50.55: ALL must apply

• The research involves no more than minimal risk to the subjects
• The waiver or alteration will not adversely affect the rights and welfare of the subjects
• The research could not practically be carried out without the waiver or alteration
• Whenever appropriate, the subjects will be provided with additional pertinent information after participation

☐ Assent is waived under 45 CFR 46.408(a)/45 CFR 46.116(c): ALL must apply

• The research is NOT FDA regulated
• The research is to be conducted by or subject to the approval of state or local government officials
• The research is designed to study, evaluate, or otherwise examine one or more of the following:
  - Public benefit or service programs
  - Procedures for obtaining benefits or services under those programs
  - Possible changes in or alternatives to those programs or procedures
  - Possible changes in methods or levels of payment for benefits or services under those programs
• The research could not be practicably carried out without the waiver or alteration

COMMENTS REGARDING ASSENT:

Wards (45 CFR 46.405, 406, 409 and 21 CFR 50.53): If the research involves children who are wards of the state or any other agency, institution or entity, indicate whether:

☐ The research is related to their status as wards
☐ The research is conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of the children involved as subjects are not wards

The proposed involvement of children is:

☐ Approvable
☐ Not Approvable

Protocol specific findings justifying this determination:

COMMENTS REGARDING INVOLVING CHILDREN AS SUBJECTS IN RESEARCH:

IF THE RESEARCH INVOLVES USE OF A PLACEBO, COMPLETE THE FOLLOWING:

USE OF PLACEBOS:

The use of a placebo in lieu of an approved, FDA-indicated drug must be justified; ONE of the following must apply:

☐ Standard therapy is unavailable or is efficacy unproven; OR
☐ Standard therapy possesses unacceptable side effects; OR
☐ Minimal harm may result from the use of the placebo (e.g. ongoing disease has little adverse effect on the subject during the course of the trial and is reversible); OR
☐ Placebo itself may be appropriate approach; OR
☐ The disease process is characterized by exacerbation and remission OR
☐ The placebo is being used for a control in a non-treatment research protocol.

Consider the following: If the subjects are being washed out from an approved FDA-indicated drug, are procedures described? Is rescue therapy information provided? Are appropriate alternative treatments allowed with placebo use?

COMMENTS REGARDING THE USE OF A PLACEBO:

IF THE RESEARCH INVOLVES THE USE OF INDS/IDEs, COMPLETE THE FOLLOWING:

USE OF INVESTIGATIONAL DRUGS (INDs) OR DEVICES (IDEs):

When a clinical investigation involves the use of a drug, biologic, or device other than the use of an FDA approved, marketed drug/biologic/device in the course of medical practice, ONE of the following must be true:

☐ The drug, biologic, or device has an IND/IDE issued by the FDA or an Exemption.

Is the IND/IDE valid? The Investigators Brochure may NOT be used to verify. One of the following must be true:

- The number is imprinted on the sponsor’s protocol
- The number is noted in written correspondence from the sponsor

**NOTE: Written Correspondence is required when the PI holds the IND/IDE**

☐ An IND/IDE is required.

**NOTE: If the IRB determines that an IND/IDE is required for a specific research study, that determination may be satisfied by a letter from the FDA stating that an IND/IDE for that study is not required.**

COMMENTS REGARDING THE USE OF DRUGS/DEVICES:

RESEARCH PHARMACY (HRPP SOPs, SECTION 7.4.2.1):

Has the investigator utilized the TMC Research Pharmacist involving investigational medications?

☐ Yes ☐ No ☐ N/A

Has the investigator contracted with an outside pharmacy/pharmacist to provide oversight of investigational medications used in this research study?

☐ Yes ☐ No ☐ N/A
If Yes, has this information been provided to the IRB for review and approval?

☐ Yes  ☐ No

If the above Research Pharmacy questions are No, did the investigator provide an appropriate explanation, and/or research pharmacy plan?

☐ Yes  ☐ No  ☐ N/A

COMMENTS REGARDING THE RESEARCH PHARMACY:

ICH-GCP REQUIREMENTS FOR CLINICAL TRIALS ONLY:

Are the following ICH-GCP requirements satisfied?

- The current Curriculum Vitae or other documentation evidencing qualifications must be submitted for the Principal Investigator.
- The Consent Form must comply with the following ICH-GCP requirements (1) For alternative procedures or treatment that may be available to the subject, include their important potential risks and benefits (2) The monitor, the auditor, the IRB, and the regulatory authority will be granted direct access to the subject’s medical records for verification of clinical trial procedures or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations that, by signing a written consent form, the subject or the subject’s legally acceptable representative is authorizing such access.

COMMENTS REGARDING THE ICH-GCP REQUIREMENT:

HIPAA AUTHORIZATION:

Is a HIPAA Authorization form required?

☐ Yes  ☐ No

Does this study qualify for a Waiver of HIPAA Authorization? (45 CFR 164.512(i)(2)(ii))

☐ Yes  ☐ No

COMMENTS REGARDING HIPAA:

REVIEWER RECOMMENDATION:

MOTION:

☐ APPROVE
Research is acceptable as is. NO changes are required. Criteria for IRB Approval have been met (45 CFR 46.111 and 21 CFR 56.111).

DURATION OF APPROVAL:

☐ 1 YEAR  ☐ OTHER:  (Please specify; must be less than 1 year)

☐ DEFER FOR MINOR MODIFICATIONS

Criteria for IRB Approval met (45 CFR 46.111 and 21 CFR 56.111) except specific, non-substantial revisions are required. Member comments must be directive requesting simple, specific revisions. Upon the receipt of these revisions, the IRB Chair or another member designated by the Chair will verify that the appropriate revisions were made and grant a decision including approval.

List ALL Required Modifications:

☐ DEFER FOR MAJOR MODIFICATIONS

Substantial modifications and/or additional information are required that are directly relevant to the Criteria for Approval. This action requires that the study revisions or additional study materials be reviewed by the IRB at a convened meeting.

List ALL Required Modifications:

☐ DISAPPROVAL

The Criteria for Approval are not met. Only the convened IRB may disapprove a study. Justification of this action must be provided to the PI.

Reviewer Confirmation - please check the box and input your name below to verify your review:

☐ I verify that review was completed by    (Name) on    (Date).
Tulane University Human Research Protection Program
IRB Initial Submission Reviewer Sheet for Social/Behavioral Research

IRB Study Number:

Protocol Title:

Principal Investigator:

Sponsor:

Meeting Date:

Primary Reviewer:

As a reviewer, are you an investigator, consultant, collaborator, or study personnel on the proposed study; do you have a financial interest in this study; or do you have any other conflict with this study?

☐ Yes  ☐ No

If Yes, do NOT complete this review and please contact the HRPO at 988-2665.

SUMMARY: Please provide a short summary of the research protocol reviewed (a short paragraph):

GENERAL:

In general, is the research practical? Is there a clearly formulated hypothesis? Is the research likely to answer the proposed question?

☐ Yes  ☐ No

COMMENTS:

RESEARCH SETTING:

Is the PI/research staff qualified to conduct the research? Are the facilities to be used adequate?

☐ Yes  ☐ No

If needed, are there medical or psychological resources available for subjects?

☐ Yes  ☐ No
Has the appropriate permission been given to conduct the research at any external sites?

☐ Yes  ☐ No

COMMENTS REGARDING RESEARCH SETTING:

I. RISK: 45 CFR 46.111(A)(1):

The research risks are:

☐ No more than Minimal  ☐ Greater than Minimal

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

☐ Yes  ☐ No

Consider the following: Are precautions developed to decrease the likelihood of harm? Contingencies are available to deal with harms if they occur?

COMMENTS REGARDING RISK:

II. RISK-BENEFIT ASSESSMENT: 45 CFR 46.111(A)(2):

Benefits to subjects are:

☐ Direct  ☐ Indirect  ☐ Both  ☐ None

Risks to subjects are reasonable in relation to benefits, if any, to subjects, and the importance of the knowledge that may be expected to result. (In evaluating risks and benefits, the IRB Committee will 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.)

☐ Yes  ☐ No

COMMENTS REGARDING RISK-BENEFIT ASSESSMENT:

III. SUBJECT SELECTION: 45 CFR 46.111(A)(3):

Selection of subjects is equitable. (In making this assessment, the IRB Committee will 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 considerations of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically disadvantaged persons.)

☐ Yes  ☐ No
Consider the following: The Inclusion and Exclusion Criteria, whether prospective subjects will be vulnerable to coercion or undue influence, the recruitment methods, the influence of payments.

COMMENTS REGARDING SUBJECT SELECTION:

IV. INFORMED CONSENT PROCESS AND FORM: 45 CFR 46.111(A)(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 the Federal regulations (45 CFR 46.116 BELOW)

☐ Yes ☐ No

All of the following items must be true of the Consent Process (check all boxes):

☐ The investigator will obtain the legally effective informed consent of the subject or the subject’s legally authorized representative

☐ The circumstances of the consent process provide the prospective subject or the legally authorized representative sufficient opportunity to consider whether to participate

☐ The circumstances of the consent process minimize the possibility of coercion or undue influence

☐ The individuals communicating information to the subject or the legally authorized representative during the consent process will provide that information in language understandable to the subject or the representative

☐ The information being communicated to the subject or the subject representative during the consent process will not include exculpatory language through which the subject or the legally authorized representative is made to waive or appear to waive any of the subject’s legal rights or through which the subject or the legally authorized representative releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence

☐ All required and appropriate additional disclosures will be provided to the subject or the subject’s representative

The required elements of an Informed Consent Document are as follows (check all boxes):

☐ A statement that the protocol involves research

☐ Expected duration of the subject’s participation

☐ Description of the procedures to be followed and identification of those that are experimental

☐ Disclosure of the reasonably foreseeable invasive or non-invasive risks or discomforts

☐ Statement of any benefits to subjects or others that may be expected

☐ Appropriate alternative procedures, if any, that might be advantageous to subjects
☐ How confidentiality of records identifying the subject will be maintained and disclosure of all infringements upon privacy and confidentiality which may result from participation in the research

☐ Whether compensation is available for participation

☐ Contact information of the research team to obtain answers to questions about the research or to voice concern or complaints about the research

☐ Contact information for a person independent of the research team to obtain answers to questions about the research, to voice concerns, complaints or offer input about the research, in the case that the research staff could not be reached, or in the event the participant wanted to speak to someone other than the research staff

☐ A statement that participation is voluntary, that there are no penalties if the subject refuses to participate, and that the subject may withdraw at any time without penalty

Also, the following additional requirements may be appropriate (check all applicable boxes):

☐ If the subject is or becomes pregnant, the particular treatment or procedure might involve risks to the embryo or fetus, which are currently unforeseeable

☐ Outline the circumstances where a subject’s participation may be terminated by the PI without regard to the subject’s consent

☐ Whether there are costs for which subjects will be responsible

☐ The safety consequences of a subject’s decision to withdraw

☐ New and significant findings, which may affect the subject’s willingness to continue, will be disclosed to the subjects

☐ The appropriate number of subjects involved in the research at the institution and nationally

☐ The amount and schedule of payments to participants

COMMENTS REGARDING THE CONSENT PROCESS AND FORM:

V. DOCUMENTATION OF CONSENT: 45 CFR 46.111(A)(5):

Informed Consent will be appropriately documented in accordance with, and to the extent required by the Federal Regulations (45 CFR 46.117).

☐ Yes ☐ No

If a signed informed consent is to be obtained, a space must be provided for the subject or the subject’s legally authorized representative to sign and date the consent document and a copy must be given to the subject and/or legally authorized representative signing the form. Also, adequate time must be given for the subject to consider participation.
COMMENTS REGARDING THE DOCUMENTATION OF CONSENT:

If a Waiver of Consent is requested, ALL OF THE FOLLOWING MUST APPLY in accordance with 45 CFR 46.116(d):

- The research must involve no more than minimal risk
- Granting the waiver will not adversely affect the rights and welfare of the subjects
- The research could not practically be conducted without the waiver
- Whenever appropriate, subjects will be provided additional pertinent information after participation

☐ A Waiver of Consent is granted in accordance with 45 CFR 46.116(d).

If a Waiver of the Documentation of Consent is requested, EITHER OF THE FOLLOWING MUST APPLY in accordance with 45 CFR 46.117(c):

- The only record linking the subject to the research would be the consent form, and the principal risk to the subject would be potential harm resulting from breach of confidentiality. 45 CFR 46.117(c)(1)

☐ A Waiver of the Documentation of Consent is granted in accordance with 45 CFR 46.117(c)(1).

- The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of research context. 45 CFR 46.117(c)(2)

☐ A Waiver of the Documentation of Consent is granted in accordance with 45 CFR 46.117(c)(2).

Note: If the IRB grants this waiver, the investigator will still be required to provide information about the research to each potential subject, but the subject's signature on the form will not be required. A written script of the information that will be read or given to potential subjects must be provided for IRB review. The scripts must contain the basic required elements of consent as referenced in 45 CFR 46.116(a).

COMMENTS REGARDING GRANTING A WAIVER OF CONSENT/DOCUMENTATION OF CONSENT:

VI. DATA SAFETY MONITORING: 45 CFR 46.111(A)(6):

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

☐ Yes ☐ No

Consider the following: All greater than minimal risk research required a Data Safety Monitoring Plan. Is a DSMP necessary for this research? Was a DSMP submitted? Is the plan adequate? Who will monitor the data? Is the frequency adequate?

COMMENTS REGARDING DATA SAFETY MONITORING:

VII. PRIVACY AND CONFIDENTIALITY: 45 CFR 46.111(A)(7):
When appropriate, there are adequate provisions to protect the privacy and confidentiality of subjects and to maintain the confidentiality of data.

☐ Yes  ☐ No

Consider the following: The recoding of data, the identification of data, storage of data, sharing of data (including electronic transmission), the recruitment procedures, the privacy of the consent process.

COMMENTS REGARDING PRIVACY AND CONFIDENTIALITY:

VIII. VULNERABLE POPULATIONS: 45 CFR 46.111(b):

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

☐ Yes  ☐ No

COMMENTS REGARDING VULNERABLE POPULATIONS:

IF THE RESEARCH INVOLVES PREGNANT WOMEN, FETUSES, OR NEONATES, PRISONERS, OR CHILDREN, COMPLETE THE FOLLOWING:

RESEARCH INVOLVING PREGNANT WOMEN, FETUSES, OR NEONATES 45 CFR SUBPART B:

45 CFR 46.204: Pregnant Women/Fetuses may be involved in research if ALL of the following conditions are met; provide protocol specific findings justifying this determination.

☐ Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on nonpregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;

ONE of the following must be true:

☐ The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or fetus; OR,

☐ If there is no such prospect of 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 obtained by any other means.

☐ Any risk is the least possible for achieving the objectives of the research;

☐ If the research holds out the prospect of direct benefit to the pregnant woman, the prospect of a direct benefit both to the pregnant women and the fetus, or no prospect of benefit for the woman nor the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the
development of important biomedical knowledge that cannot be obtained by any other means, consent
of the mother is obtained in accord with the informed consent provisions of Subpart A of 45 CFR 46.116
and 117;

☐ If the research holds out the prospect of direct benefit solely to the fetus, then the consent of the
pregnant woman and the father is obtained in accord with the informed consent provisions of Subpart A
45 CFR 46.116 and 117, except that the father’s consent need not be obtained if he is unable to consent
because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape
or incest;

☐ Each individual providing consent as required above is fully informed regarding the reasonably
foreseeable impact of the research on the fetus or neonate;

☐ For children who are pregnant, assent and permission are obtained in accord with the provisions of
Subpart D of 45 CFR 46;

☐ No inducements, monetary or otherwise, will be offered to terminate a pregnancy;

☐ Individuals engaged in the research will have no part in any decisions as to the timing, method, or
procedures used to terminate a pregnancy; and

☐ Individuals engaged in the research will have no part in determining the viability of a neonate.

45 CFR 46.205: Research Involving Neonates (Newborns):

NOTE: For Viable Neonates, they are considered Children and Subpart D applies.

For Neonates of Uncertain Viability, the following determinations must be made:

☐ The research hold out the prospect of enhancing the probability for survival of the PARTICULAR
fetus to the point if viability;

☐ Any risk is the least possible; OR,

☐ The purpose of the research is the development of important biomedical knowledge which cannot
be obtained by other means and there is no added risk to the neonate from the research;

☐ Either parent may consent or a legally authorized representative may provide consent.

For Nonviable Neonates, the following determinations must be made:

☐ Vital functions will not be artificially maintained;

☐ The research will not terminate the heartbeat or respiration of the fetus;

☐ The purpose of the research is the development of important biomedical knowledge which cannot
be obtained by other means and there is no added risk to the neonate from the research;

☐ Both parents consent to the research; legally authorized representative consent is NOT permitted.
45 CFR 46.207: Research Involving Pregnant Women that is NOT Otherwise Approvable

The IRB must determine the following:

☐ The research does meet the requirements of 45 CFR 46.204 or 205 above.

☐ The research presents a reasonable opportunity to further the understanding, prevention, or alleviations of a serious problem affecting the health and welfare of pregnant women, fetuses, or neonates.

NOTE: This determination must be forwarded to the Secretary of DHHS who will consult with experts and determine whether the research should go forward.

The proposed involvement of pregnant women, fetuses, or neonates is:

☐ Approvable

☐ Not Approvable

Protocol specific findings justifying this determination:

COMMENTS REGARDING INVOLVING PREGNANT WOMEN, FETUSES, OR NEONATES AS SUBJECTS IN RESEARCH:

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RESEARCH INVOLVING PRISONERS 45 CFR SUBPART C:

45 CFR 46.305(a): Prisoners may be involved in research if ALL of the seven findings below are met and provide protocol specific findings justifying this determination.

☐ (1) The research under review represents ONE of the categories of research permissible under 45 CFR 46.306(a)(2): MARK THE CATEGORY:

☐ Research on 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 subjects;

☐ Research on 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 subjects;

☐ Research on conditions particularly affecting prisoners as a class, provided that the study may proceed only after the Secretary of DHHS has consulted with appropriate experts (in penology, medicine, and ethics) and published notice in the Federal Register of the intent to approve such research;

☐ Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subjects. If the research includes the
assignment of prisoners to control groups that might not benefit from the research, it may proceed only after the Secretary of DHHS has consulted with appropriate experts and published a note in the Federal Register of the intent to approve the research;

☐ Epidemiologic studies whose sole purpose is one of the following:

- To describe the prevalence or incidence of a disease by identifying all cases.
- To study potential risk factor associations for a disease.

The research presents no more than minimal risk and no more than inconvenience to the prisoner-subjects, and prisoners are not a particular focus of the research.

☐ (2) Advantages to participation are not coercive; AND

☐ (3) Risks are commensurate with what would be acceptable to nonprisoners; AND

☐ (4) The selection procedures are fair; AND

☐ (5) The information is presented in an understandable language; AND

☐ (6) There is no effect on decisions related to parole; AND

☐ (7) Provisions for follow-up are adequate.

The proposed involvement of prisoners is:

☐ Approvable

☐ Not Approvable

Protocol specific findings justifying this determination:

COMMENTS REGARDING INVOLVING PRISONERS AS SUBJECTS IN RESEARCH:

RESEARCH INVOLVING CHILDREN 45 CFR 46 SUBPART D:

The regulations specify the following FOUR CATEGORIES of permissible child research. Check the ONE appropriate category for the reviewed research and provide protocol specific findings justifying this determination.

☐ CATEGORY 1: 45 CFR 46.404: Research not involving greater than minimal risk.

☐ The permission of one parent is sufficient

☐ CATEGORY 2: 45 CFR 46.405: Research involving greater than minimal risk but presenting the prospect of direct benefit to the individual subjects.
NOTE: The IRB must find that (a) the risk is justified by the anticipated benefits to the subjects; (b) the relation of the anticipated benefit to the risk is at least favorable to the subjects as that presented by the available alternative approaches; and (c) adequate provisions are made for soliciting the assent of the children and permission of their parents and guardians.

☐ The permission of one parent is sufficient

☐ CATEGORY 3: 45 CFR 46.406: Research involving greater than minimal risk and no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition.

NOTE: The IRB must find that (a) the risk represents a minor increase over minimal; (b) the intervention or procedure represents experiences to subjects that are reasonable commensurable with those inherent in their actual or expected medical, dental, psychological, social, or educational situations; (c) the research is likely to yield knowledge of vital importance; and (d) adequate provisions are made for soliciting the assent of the children and permission of both parents or guardians is needed.

☐ 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 and welfare of children.

NOTE: The IRB must submit this category of research to HHS for approval. Approval cannot be granted until HHS approves and publishes the proposal in the Federal Register.

☐ Parental permission is waived under 45 CFR 46.116(c), 45 CFR 46.116(d), or 45 CFR 46.408(c).

Provisions to solicit the Assent of Children:

Assent will be obtained from:

☐ All Children ☐ None of the Children* ☐ Some Children*

*If None of the Children or Some Children was selected, the protocol must provide reasoning; complete the following:

Reason Why Assent is Not Necessary: One or more of the following must be true

☐ The capability of these children is so limited that they cannot reasonably be consulted

☐ 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

☐ Assent is waived under 45 CFR 46.116(d): ALL must apply

- The research involves no more than minimal risk to the subjects
- The waiver or alteration will not adversely affect the rights and welfare of the subjects
- The research could not practicably be carried out without the waiver or alteration
- Whenever appropriate, the subjects will be provided with additional pertinent information after participation
☐ Assent is waived under 45 CFR 46.408(a)/45 CFR 46.116(c): ALL must apply

- The research is NOT FDA regulated
- The research is to be conducted by or subject to the approval of state or local government officials
- The research is designed to study, evaluate, or otherwise examine one or more of the following:
  - Public benefit or service programs
  - Procedures for obtaining benefits or services under those programs
  - Possible changes in or alternatives to those programs or procedures
  - Possible changes in methods or levels of payment for benefits or services under those programs
- The research could not be practically carried out without the waiver or alteration

COMMENTS REGARDING ASSENT:

Wards (45 CFR 46.405, 406, 409): If the research involves children who are wards of the state or any other agency, institution or entity, indicate whether:

☐ The research is related to their status as wards
☐ The research is conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of the children involved as subjects are not wards

The proposed involvement of children is:

☐ Approvable
☐ Not Approvable

Protocol specific findings justifying this determination:

COMMENTS REGARDING INVOLVING CHILDREN AS SUBJECTS IN RESEARCH:

___ RESEARCHER RECOMMENDATION: ___

MOTION:

☐ APPROVE

Research is acceptable as is. NO changes are required. Criteria for IRB Approval have been met (45 CFR 46.111).

DURATION OF APPROVAL:

☐ 1 YEAR ☐ OTHER: (Please specify; must be less than 1 year)

☐ DEFER FOR MINOR MODIFICATIONS

Criteria for IRB Approval met (45 CFR 46.111) except specific, non-substantial revisions are required. Member comments must be directive requesting simple, specific revisions. Upon the receipt of these revisions, the IRB
Chair or another member designated by the Chair will verify that the appropriate revisions were made and grant a decision including approval.

List ALL Required Modifications:

☐ DEFER FOR MAJOR MODIFICATIONS

Substantial modifications and/or additional information are required that are directly relevant to the Criteria for Approval. This action requires that the study revisions or additional study materials be reviewed by the IRB at a convened meeting.

List ALL Required Modifications:

☐ DISAPPROVAL

The Criteria for Approval are not met. Only the convened IRB may disapprove a study. Justification of this action must be provided to the PI.

Reviewer Confirmation - please check the box and input your name below to verify your review:

☐ I verify that review was completed by (Name) on (Date).