



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 1 of 10

1. PURPOSE

- 1.1. This policy establishes the University's Human Research Protection Program (HRPP) and its commitment to protect the rights and welfare of human subjects.

2. POLICY

2.1. Scope

- 2.1.1. The HRPP applies to all <Human Research> which engages the University as defined by "WORKSHEET: Engagement (HRP-422)"
- 2.1.2. <Human Research> may not commence until IRB approved.
- 2.1.3. Activities that are not <Human Research> do not require IRB review unless there is uncertainty whether the activity is <Human Research>.
- 2.1.4. Direct questions about whether an activity (such as classroom research, quality improvement, case reports, program evaluation, or surveillance activities) represents <Human Research> to the IRB. The IRB provides written determinations in response to written requests.
- 2.1.5. Direct questions about whether an organization is engaged in <Human Research> to the IRB. The IRB provides written determinations in response to written requests.
- 2.1.6. After a study is completed, the University does not consider the return of results to former subjects to be <Human Research>.

2.2. Ethical Principles

- 2.2.1. The University follows the ethical principles described in the report "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" also known as "The Belmont Report." (see Reference 1)
- 2.2.2. The University applies its ethical principles to all <Human Research> regardless of support or geographic location.
 - 2.2.2.1. Policies and procedures applied to research conducted domestically are applied to international research.
- 2.2.3. The following categories of individuals are expected to abide by these ethical requirements:
 - 2.2.3.1. Investigators (whether professional or student)
 - 2.2.3.2. Research staff
 - 2.2.3.3. IRB members, IRB chairs, and IRB vice-chairs
 - 2.2.3.4. HRPP staff members
 - 2.2.3.5. Institutional Official
 - 2.2.3.6. Employees and agents
- 2.2.4. Clinical trials should be conducted in accordance with the ethical principles in Reference 1 that have their origin in the Declaration of Helsinki and are consistent with good clinical practice and the applicable regulatory requirements.

2.3. Review and Oversight Requirements

- 2.3.1. The University applies FDA regulations, the <Original Rule>, the <Revised Rule>, and 45 CFR §46 Subparts B, C, and D as described in the Tables in the References section.
- 2.3.2. The University] applies the following requirements to non-exempt <Human Research as Defined by HHS> that is conducted, supported, or otherwise subject to regulation by the following federal departments or agencies:
 - 2.3.2.1. DOD: 10 USC 980, DOD Instruction 3216.02, OPNAVINST 5300.8B, and SECNAVINST 3900.39D



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 2 of 10

- 2.3.2.2. DOE: DOE Order 443.1A and used "Checklist for IRBs to Use in Verifying That HS Research Protocols Are in Compliance with the Department of Energy (DOE) Requirements"
- 2.3.2.3. DOJ: 28 CFR §22 and 28 CFR §512
- 2.3.2.4. ED: 34 CFR §97 Subpart D (equivalent to 45 CFR §46 Subpart D), 34 CFR §98, 34 CFR §99, and 34 CFR §356
- 2.3.2.5. EPA: 40 CFR §26 and EPA Order 1000.17 Change A1
- 2.3.2.6. VA: VHA Handbook 1200.05
- 2.3.3. The University applies 45 CFR §46 Subparts B, C, and D to the extent required by OHRP¹ to all non-exempt <Human Research as Defined by HHS>.
- 2.3.4. The University commits to apply the "International Conference on Harmonisation – Good Clinical Practice E6." (ICH-GCP) to <Human Research> evaluating the safety or effectiveness of a drug or biologic.
- 2.3.5. The University applies all policies and procedures applied to research conducted domestically to research conducted in other countries, including:
 - 2.3.5.1. Confirming the qualifications of investigators for conducting the research
 - 2.3.5.2. Conducting initial review, continuing review, and review of modifications to previously approved research
 - 2.3.5.3. Post-approval monitoring
 - 2.3.5.4. Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others
 - 2.3.5.5. Consent process and other language issues
 - 2.3.5.6. Ensuring all necessary approvals are met
 - 2.3.5.7. Coordination and communication with local IRBs
 - 2.3.5.8. Encompassing activities that are "research involving human participants" as defined by local law.
- 2.3.6. The University prohibits payments to professionals in exchange for referrals of potential subjects ("finder's fees").
- 2.3.7. The IRB reviews payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments") and does not allow them unless the possibility of coercion and undue influence is minimized.
- 2.4. Components of the HRPP
 - 2.4.1. Institutional Official
 - 2.4.1.1. The Institutional Official is the leader of the HRPP.
 - 2.4.1.2. The Institutional Official is authorized to:
 - 2.4.1.2.1. Allocate HRPP resources
 - 2.4.1.2.2. Appoint and remove IRB members, IRB chairs, and IRB vice-chairs
 - 2.4.1.2.3. Bind HRPP policies on the University
 - 2.4.1.2.4. Determine what IRBs the University will rely upon
 - 2.4.1.2.5. Disapprove, suspend, or terminate <Human Research>
 - 2.4.1.2.6. Hire and fire HRPP staff members
 - 2.4.1.2.7. Limit or condition privileges to conduct <Human Research>
 - 2.4.1.2.8. Determine that information represents <Serious Noncompliance>, <Continuing Noncompliance>, an <Unanticipated Problem Involving Risks to Subjects or

¹ OHRP has indicated that for research not conducted, supported, or otherwise subject to regulation by a federal department or agency, OHRP will not review reports (e.g., unanticipated problems, non-compliance, suspensions, terminations), will not provide secretarial review of not otherwise approvable research under Subparts B and D, and will not certify prisoner research under Subpart C.



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 3 of 10

- Others>, a <Suspension of IRB Approval>, or a <Termination of IRB Approval>
- 2.4.1.2.9. Act against employees related to <Serious Noncompliance> or <Continuing Noncompliance>
 - 2.4.1.2.10. Sign IRB authorization agreements
 - 2.4.1.2.11. Suspend or terminate <Human Research>
- 2.4.1.3. The Institutional Official is responsible to:
- 2.4.1.3.1. Oversee the HRPP
 - 2.4.1.3.2. Ensure the independence of the review process
 - 2.4.1.3.3. Ensure that complaints and allegations regarding the HRPP are appropriately handled
 - 2.4.1.3.4. Ensure that the HRPP has sufficient resources, including IRBs, appropriate for the volume and types of <Human Research> reviewed, so that reviews are accomplished in a thorough and timely manner
 - 2.4.1.3.5. Establish a culture of compliance with HRPP requirements
 - 2.4.1.3.6. Investigate and correct allegations and findings of undue influence on the <Human Research> review process
 - 2.4.1.3.7. Investigate and correct systemic problems related to the HRPP
 - 2.4.1.3.8. Periodically review HRPP policies and procedures
 - 2.4.1.3.9. Periodically review HRPP resources
 - 2.4.1.3.10. Review and sign federal assurances (FWA) and addenda
- 2.4.2. All employees and agents of the University:
- 2.4.2.1. All employees and agents of the University ultimately report to the Institutional Official for HRPP issues.
 - 2.4.2.2. All employees and agents of the University are responsible to:
 - 2.4.2.2.1. Be aware of this policy.
 - 2.4.2.2.2. Be aware of the definition of <Human Research>.
 - 2.4.2.2.3. Consult the IRB when there is uncertainty about whether an activity is <Human Research>.
 - 2.4.2.2.4. Not conduct <Human Research> without IRB approval.
 - 2.4.2.2.5. Report allegations of undue influence related to the HRPP.
 - 2.4.2.2.6. Report <Allegations of Noncompliance> or <Findings of Noncompliance>.
- 2.4.3. IRB members and HRPP staff members
- 2.4.3.1. IRB members, IRB chairs, IRB vice-chairs, and HRPP staff members are responsible to:
 - 2.4.3.1.1. Follow HRPP policies and procedures
 - 2.4.3.1.2. Undergo initial training, including training on specific federal agency requirements when such research is reviewed
 - 2.4.3.1.3. Participate in continuing education activities at least annually, including training on specific federal agency requirements when such research is reviewed
 - 2.4.3.1.4. Respond to contacts from participants or others
 - 2.4.3.1.5. Ensure contacts from participants or others are reported to the IRB when required by the IRB's written procedures
 - 2.4.3.1.6. Ensure research submitted to an external IRB meets local requirements
 - 2.4.3.1.7. Ensure research approved an external IRB has all local approvals before being conducted



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 4 of 10

- 2.4.3.1.8. Make "BROCHURE: Should I Take Part in Research (HRP-900)" available to research staff to provide to subjects
- 2.4.3.2. IRB chairs are authorized to suspend or terminate <Human Research>.
- 2.4.3.3. IRB members and HRPP staff members ultimately report to the Institutional Official for HRPP issues.
- 2.4.4. IRB
 - 2.4.4.1. The University may rely upon the IRB of another organization provided an Institutional Agreement for IRB review (IAIR) is in place and one of the following is true:
 - 2.4.4.1.1. The IRB has a FederalWide Assurance.
 - 2.4.4.1.2. All <Interventions> and <Interactions> occur at another organization.
 - 2.4.4.1.3. The University is engaged in <Human Research> solely because it receives funding directly from a federal department or agency.
 - 2.4.4.2. The IRB has the authority:
 - 2.4.4.2.1. To approve, require modifications to secure approval, and disapprove all <Human Research>.activities overseen and conducted by the University
 - 2.4.4.2.2. To suspend or terminate approval of <Human Research>.not being conducted in accordance with HRPP requirements or that had been associated with unexpected serious harm to participants
 - 2.4.4.2.3. To observe, or have a third party observe, the consent process and the conduct of the <Human Research>.
 - 2.4.4.2.4. Determine whether an activity is <Human Research>.
 - 2.4.4.2.5. Determine whether the University is engaged in <Human Research>
 - 2.4.4.2.6. To decide whether financial interests <Related to the Research> and the management, if any, allow approval of the <Human Research>.
 - 2.4.4.3. The University cannot approve <Human Research>.that the IRB has not approved.
 - 2.4.4.4. When external organizations rely on the University's IRB and when the University relies on an external IRB the University expects the IRB to do the following:
 - 2.4.4.4.1. Determine whether an activity is <Human Research>
 - 2.4.4.4.2. Determine whether <Human Research> engages the University
 - 2.4.4.4.3. Determine which persons are considered engaged (agents) in the <Human Research>
 - 2.4.4.4.4. Assure all IRB members, IRB Chairs and Vice Chairs are trained in accordance with applicable IRB SOPs
 - 2.4.4.4.5. Evaluate scientific or scholarly validity of proposed research
 - 2.4.4.4.6. For clinical trials, assure ICH-GCP guidelines are met, including whether the available non-clinical and clinical information on an investigational product is adequate to support the clinical trial
 - 2.4.4.4.7. Identify any relevant local, state, or international requirements related to <Human Research>



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 5 of 10

- 2.4.4.4.8. Make contact information for the IRB available to current and former subjects
- 2.4.4.4.9. Explain to subjects how to contact someone independent of the investigator for questions, concerns, complaints, or subject rights, or to offer input
- 2.4.4.4.10. Assure individuals with knowledge of community-based participatory research attend meetings where such research is reviewed
- 2.4.4.4.11. Evaluate and manage <Unanticipated Problems Involving Risks to Subjects or Others>, <Noncompliance>, <Serious Noncompliance> and <Continuing Noncompliance>, including when necessary to conduct an audit
- 2.4.4.4.12. Determine whether each allegation of noncompliance has a basis in fact and whether each incident of noncompliance is serious or continuing, including when necessary to conduct an audit
- 2.4.4.4.13. Manage <Unanticipated Problems Involving Risks to Subjects or Others>, <Noncompliance>, <Serious Noncompliance> and <Continuing Noncompliance>, <Suspension of IRB Approval> and <Termination of IRB Approval>
- 2.4.4.4.14. When appropriate, collaborate with the University to Manage <Unanticipated Problems Involving Risks to Subjects or Others>, <Noncompliance>, <Serious Noncompliance> and <Continuing Noncompliance>, <Suspension of IRB Approval> and <Termination of IRB Approval>
- 2.4.4.4.15. Notify the FDA of any <Unanticipated Problems Involving Risks to Subjects or Others>, <Serious Noncompliance> and <Continuing Noncompliance>, <Suspension of IRB Approval> and <Termination of IRB Approval>
- 2.4.4.4.16. Collaborate with the University to notify regulatory agencies other than the FDA of any <Unanticipated Problems Involving Risks to Subjects or Others>, <Serious Noncompliance> and <Continuing Noncompliance>, <Suspension of IRB Approval> and <Termination of IRB Approval>
- 2.4.4.4.17. Conduct independent IRB review to manage organizational conflict of interest related to the research
 - 2.4.4.4.17.1. The relying organization is responsible to identify organizational conflicts of interests.
- 2.4.4.4.18. Identify and manage financial conflicts of interest of investigators and research staff and upon request, review and incorporate the relying organization's management plan.
- 2.4.4.4.19. Evaluate and confirm test articles have appropriate regulatory approval (e.g., IND or IDE, meet exemption requirements)
 - 2.4.4.4.19.1. The relying organization is responsible to have and follow written policies and procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 6 of 10

- 2.4.4.4.20. Evaluate and permit emergency uses of a test articles and assure uses follow FDA requirements
- 2.4.4.4.21. Assure that emergency uses of a test articles are not <Human Research as Defined by HHS> and prohibit use of data obtained from such use for non-exempt <Human Research as Defined by HHS>
- 2.4.4.4.22. Evaluate and permit uses of drugs and biologics under Single Patient Expanded Access and assure uses follow FDA requirements.
- 2.4.4.4.23. Assure that uses of drugs and biologics under Single Patient Expanded access are not <Human Research as Defined by HHS>
- 2.4.4.4.24. Evaluate and permit compassionate uses of devices and assure uses follow FDA requirements
- 2.4.4.4.25. Assure that compassionate uses of test articles are not <Human Research as Defined by HHS> and prohibit use of data obtained from such use for non-exempt <Human Research as Defined by HHS>
- 2.4.4.4.26. Assure all DOE requirements of 10 CFR 745 and DOE Order 443.1.B. are met
- 2.4.4.4.27. Assure all DOJ requirements of 28 CFR 22 and 512 are met
- 2.4.4.4.28. Evaluate DOJ research to assure there is an adequate research design and it contributes to the advancement of knowledge about correction
- 2.4.4.4.29. Assure all ED requirements of 34 CFR 98, 99 and 356 are met
- 2.4.4.4.30. Assure EPA requirements of 40 CFR 26 and EPA Order 1000.17 Change A1 are met, and to flag research that collects data intended to be submitted to EPA as subject to EPA regulations
- 2.4.4.4.31. Provide equivalent protections for participants in non-funded research
- 2.4.4.4.32. Ensuring concordance between any applicable grant in the IRB application, when required by regulators
- 2.4.4.4.33. Assure that investigators and research staff are appropriately trained
- 2.4.4.4.34. For international research:
 - 2.4.4.4.34.1. Ensure appropriate expertise and knowledge of the country(ies) either through IRB members or consultants.
 - 2.4.4.4.34.2. Ensure knowledge of local laws.
 - 2.4.4.4.34.3. Ensure knowledge of cultural context.
 - 2.4.4.4.34.4. Confirm the qualifications of the researchers and research staff for conducting research in that country.
 - 2.4.4.4.34.5. Conduct initial review, continuing review, and review of modifications to previously approved research.
 - 2.4.4.4.34.6. Conduct post-approval monitoring.
 - 2.4.4.4.34.7. Handle complaints, noncompliance, and unanticipated problems involving risk to participants or others.
 - 2.4.4.4.34.8. Manage consent process and document and other language issues.

POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MM/YY/YY	Page 7 of 10

2.4.4.4.34.9. Coordinate and communication with local IRBs when appropriate.

2.4.4.4.35. Should the relying organization terminate reliance on the IRB, the IRB will continue oversight of active studies until closure or a mutually agreed-upon transfer of the studies.

2.4.5. Upon request or when required by law, the University will execute an Authorization Agreement with the relying organization, which documents respective authorities, roles, responsibilities, and communication between this University and the relying organization.

2.4.6. Investigators and research staff ultimately report to the Institutional Official for HRPP issues and are to follow the obligations described in "POLICY: Investigator Obligations (HRP-070)."

2.4.7. Legal Counsel works with the Institutional Official on HRPP issues and is responsible to:

- 2.4.7.1. Determine who is a <Legally Authorized Representative>, <Child>, and <Guardian>
- 2.4.7.2. Provide legal advice related to the HRPP to the Institutional Official, IRB, and investigators
- 2.4.7.3. Determine who is an agent for purposes of engagement
- 2.4.7.4. Identify relevant local, state and international law
- 2.4.7.5. Resolve conflicts among applicable law

2.4.8. Grants and Contracts Office works with the Institutional Official on HRPP issues.

2.4.8.1. The Grants and Contracts Office is responsible to review contracts for compliance with HRPP requirements.

2.5. Written Procedures

2.5.1. The University makes written materials describing the HRPP available to all members of the University through its Web site.

2.5.2. The University makes written materials describing the HRPP available to sponsors, CROs, and investigators upon request when those materials apply to the requestor.

2.5.3. When written materials are changed, the University communicates to affected individuals through one or more of the following actions:

- 2.5.3.1. Email communications
- 2.5.3.2. Web-site postings
- 2.5.3.3. Direct outreach at organizational meetings
- 2.5.3.4. Training
- 2.5.3.5. Mentoring

2.6. <Reliance Agreements>

2.6.1. For federally funded research that must follow the <Revised Rule> (with the exception of exempt research for which IRB review is not required by regulation) that takes place at an institution in which IRB oversight is conducted by an IRB that is not operated by the institution, the institution and the organization operating the IRB must document the institution's reliance on the IRB for oversight of the research and the responsibilities that each entity will undertake to ensure compliance with the requirements of this policy.

2.7. Questions, Concerns, and Feedback

2.7.1. The University solicits questions, concerns, and feedback by making the document "BROCHURE: Should I Take Part in Research (HRP-900)" available on its Web site and available to investigators to provide to the public.



POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 8 of 10

- 2.7.2. Individuals should address questions, suggestions, concerns, or complaints about the IRB or human research protection program; allegations of undue influence, <Allegations of Noncompliance> or <Findings of Noncompliance> orally or in writing to:

Amber Hood
Director, Regulatory Compliance
1111 West 17th St
Tulsa, OK 74107 amber.hood@okstate.edu
918-561-1413

- 2.7.3. Individuals may also contact the Institutional Official at:

Bruce Benjamin, Ph.D.
Interim Vice President for Research
1111 West 17th St
Tulsa, OK 74107
Bruce.benjamin@okstate.edu
918-561-1400

- 2.7.4. The University takes steps to protect employees and agents who report in good faith from retaliation and harassment. Immediately reports such concerns to the Institutional Official.

3. REFERENCES

- 3.1. "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, (<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>)

POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MMMM-YYYY	Page 9 of 10

3.2. Table of Applicability of Regulatory and Policy Requirements by Category of Research

Category of Research	Research initially reviewed, determined exempt, or waived:	
	Before Jan 21, 2019	On or after Jan 21, 2019
FDA regulated research that is NOT emergency use ² , Single Patient Expanded Access of a drug or biologic, compassion use of a device, or device research on anonymous tissue specimens ³	<ul style="list-style-type: none"> • FDA regulations • <Original Rule> • Subparts B, C, D 	<ul style="list-style-type: none"> • FDA regulations • <Original Rule> • Subparts B, C, D
FDA regulated research that is emergency use, Single Patient Expanded Access of a drug or biologic, compassion use of a device, or device research on anonymous tissue specimens ⁴	<ul style="list-style-type: none"> • FDA regulations 	<ul style="list-style-type: none"> • FDA regulations
Research regulated by federal department or agency other than DOJ	<ul style="list-style-type: none"> • <Original Rule>⁵ • Subparts B, C, D 	<ul style="list-style-type: none"> • <Revised Rule> • Subparts B, C, D
Research regulated by DOJ	<ul style="list-style-type: none"> • <Original Rule> • Subparts B, C, D 	<ul style="list-style-type: none"> • <Original Rule> • Subparts B, C, D
Unregulated research not in NY, VA, or MD ⁶	<ul style="list-style-type: none"> • <Original Rule>⁷ • Subparts B, C, D 	<ul style="list-style-type: none"> • <Hybrid Rule> • Subparts B, C, D
Unregulated research in NY, VA, MD ⁸	<ul style="list-style-type: none"> • <Original Rule> • Subparts B, C, D 	<ul style="list-style-type: none"> • <Revised Rule> • Subparts B, C, D

² This includes emergency use as defined in 21 CFR 56.102(d) and described in 21 CFR 50.23(a) and (b). This does not include waiver of consent for planned emergency research.

³ <Research Involving Human Subjects as Defined by FDA> that is also <Research Involving Human Subjects as Defined by HHS>

⁴ <Research Involving Human Subjects as Defined by FDA> that is NOT <Research Involving Human Subjects as Defined by HHS>

⁵ On or after January 21, 2019, sponsors can request that the research in this category initially reviewed, determined exempt, or waived before January 21, 2019 be re-reviewed under the <Revised Rule>

⁶ <Research Involving Human Subjects as Defined by HHS> that is NOT subject to regulation by either FDA or a federal department or agency

⁷ On or after January 21, 2019, sponsors can request that the research in this category initially reviewed, determined exempt, or waived before January 21, 2019 be re-reviewed under the <Hybrid Rule>

⁸ State law in New York (NY), Virginia (VA), and Maryland (MD) require application of state law unless the study is subject to and in compliance with the human subject protection regulations of any federal department or agency

POLICY: Human Research Protection Program

Document No.:	Edition No.:	Effective Date:	Page:
HRP-010	003	05 Oct 2021dd MM/YY/YY	Page 10 of 10

3.3. Table of Applicability of Regulatory and Policy Requirements by Requirement

Requirement	Research initially reviewed, determined exempt, or waived:	
	Before Jan 21, 2019	On or after Jan 21, 2019
FDA regulations	<ul style="list-style-type: none"> FDA regulated research 	<ul style="list-style-type: none"> FDA regulated research
<Original Rule>	<ul style="list-style-type: none"> Research regulated by a federal department or agency FDA regulated research that is NOT emergency use, Single Patient Expanded Access of a drug or biologic, compassion use of a device, or device research on anonymous tissue specimens 	<ul style="list-style-type: none"> Research regulated by DOJ FDA regulated research that is NOT emergency use, Single Patient Expanded Access of a drug or biologic, compassion use of a device, or device research on anonymous tissue specimens
<Revised Rule>	NA	<ul style="list-style-type: none"> Research regulated by federal department or agency other than DOJ
<Hybrid Rule>	NA	<ul style="list-style-type: none"> Unregulated research⁹
Subparts B, C, D	<ul style="list-style-type: none"> All research except, emergency use, Single Patient Expanded Access of a drug or biologic, compassion use of a device, or device research on anonymous tissue specimens¹⁰ 	<ul style="list-style-type: none"> All research except, emergency use, Single Patient Expanded Access of a drug or biologic, compassion use of a device, or device research on anonymous tissue specimens

for the protection of human subjects. The [Institution] considers this research to be subject to HHS regulation by virtue of this policy to apply the <Revised Rule> to such research.

⁹ <Research Involving Human Subjects as Defined by HHS> that is NOT subject to regulation by either FDA or a federal department or agency

¹⁰ <Research Involving Human Subjects as Defined by HHS> including FDA regulated research that is also <Research Involving Human Subjects as Defined by HHS>