



**Oklahoma State University  
Center for Health Sciences  
Institutional Review Board**

**Protection of Human Subjects Research  
Policy and Procedures Manual**

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## Table of Contents

Section 1: Introduction .....	4
1.1 The Belmont Report .....	4
1.2 Federal Laws Governing Human Subjects in Research .....	4
Section 2: Scope of Policies and Procedures .....	5
Section 3: Research Involving Human Subjects .....	6
3.1 Definition of Research Involving Human Subjects .....	6
3.2 Non-Human Subject or Non-Research .....	7
3.3 Definitions of Risk and Minimal Risk .....	8
3.4 Categories of Research Involving Human Subjects .....	9
3.4.1 Exempt Status .....	9
3.4.2 Expedited Review .....	11
3.4.3 Convened Board Review .....	15
3.5 Responsibilities of Investigators .....	16
Section 4: Research Undertaken Without the Intention of Involving Human Subjects .....	16
Section 5: Applications and Proposals Lacking Definite Plans for Involvement of Human Subjects .....	17
Section 6: The Institutional Review Board .....	17
6.1 Membership .....	17
6.2 Authorities .....	19
6.3 Criteria for IRB Approval of Research .....	20
Section 7: Research Involving Vulnerable Populations .....	21
Section 8: Application Process .....	22
8.1 Type of Application .....	22
8.2 Principal Investigator .....	22

8.3 Submitting the Application .....	243
8.4 Timing of Submission and Review .....	24
Section 9: Review Process.....	24
9.1 Exempt Review .....	254
9.2 Expedited Review .....	25
9.3 Convened Board Review .....	25
9.4 Review Outcomes.....	26
Section 10: Continuing Review/Renewal.....	276
10.1 Notification Procedure .....	27
10.2 Information Required .....	27
10.3 Continuing Review/Renewal Process.....	28
10.4 Review Frequency .....	28
10.5 Post-Approval Monitoring.....	298
Section 11: Protocol Modification .....	29
11.1 Modification Process.....	29
11.2 Modification Review .....	29
Section 12: Suspension or Termination of Research .....	30
Section 13: Reporting Adverse Events and Unanticipated Problems.....	30
13.1 Definitions: .....	30
13.2 Reporting Requirements .....	31
Section 14: Confidentiality and Research Data Protections .....	33
Section 15: Informed Consent .....	36
15.1 What is Informed Consent? .....	36
15.2 Informed Consent Process .....	37

15.3 Elements of Informed Consent .....	37
15.4 Waiver or Alteration of Informed Consent .....	40
15.5 Limitations of Informed Consent .....	410
15.6 Documentation of Informed Consent .....	41
15.7 Modification to Approved Informed Consent Process or Forms .....	443
15.8 Consent/Assent Process for Minors.....	44
15.9 Informed Consent and Language Barriers .....	45
15.10 Informed Consent in Foreign Countries .....	465
15.11 Informed Consent for Internet Research .....	46
Section 16: Cooperative (Multisite)Research .....	476
Section 17: Research in a Foreign Country .....	47
Section 18: Training of Principal Investigator and Other Personnel .....	48

## **Section 1: Introduction**

### ***1.1 The Belmont Report***

Oklahoma State University Center for Health Sciences (OSU CHS) is committed to and guided by the ethical principles regarding research involving human subjects as set forth in the report, *Ethical Principles and Guidelines for the Protection of Human Subjects in Research*, also known as the *Belmont Report*, published by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The *Belmont Report* describes three fundamental ethical principles underlying all research involving human subjects. These principles are: Respect for Persons, Beneficence, and Justice.

The principle of Respect for Persons acknowledges the dignity and autonomy of individuals. It requires that investigators obtain informed consent from potential subjects in their research and that people with diminished autonomy be provided special protection as research subjects.

The principle of Beneficence requires that investigators maximize anticipated benefits and minimize possible harms of participation in research. Risks from participation in research must always be justified by the expected benefits of the research. This determination requires examination of the design of the study.

The principle of Justice requires that investigators treat subjects fairly by distributing research burdens and benefits equitably among population groups.

### ***1.2 Federal Laws Governing Human Subjects in Research***

The Department of Health and Human Services (DHHS) regulations are codified in Title 45 Part 46 of the Code of Federal Regulations (45 CFR 46 ). These regulations became final in January 1981 and were revised in 1983 and 1991. The 1991 revision, generally referred to the **Common Rule**, involved the adoption of the Federal Policy for the Protection of Human Subjects, which is designed to make uniform the human subject protection system in all relevant agencies and departments. The Common Rule covers research supported by the Departments of Agriculture, Energy, Commerce, HUD, Justice, Defense, Education, Veterans Affairs, Transportation, and

HHS, as well as that supported by NSF, NASA, EPA, AID, Social Security Administration, CIA, and Consumer Product Safety Commission.

The Food and Drug Administration (FDA) has a separate set of regulations governing human subject research codified in 21 Part 56 of the Code of Federal Regulations, which governs Institutional Review Boards, and in 21 Part 50 of the Code of Federal Regulations, which deals with informed consent.

The two sets of regulations have the same basic IRB requirements and requirements for informed consent. Differences center on applicability. The Common Rule is based on federal funding of research. The federal **Office for Human Research Protections (OHRP)** monitors and promotes compliance with the Common Rule, which is applicable to research funded by federal dollars. OHRP is located under the Office of Public Health and Science within the Office of the Secretary of HHS. The FDA regulations are applicable primarily to use of FDA-regulated products, drugs, or biologics. The FDA has primary responsibility for regulating the use of drugs and medical devices in experiments.

The OHRP regulates the compliance of institutions with the Common Rule through assurances. A Federal-wide Assurance (FWA) is an agreement between OHRP and an institution and is approved for three-year intervals. Oklahoma State University Center for Health Sciences has negotiated a FWA that states OSU CHS's commitment to follow the regulations governing human subjects in research supported by HHS and all federal agencies under the Common Rule.

## **Section 2: Scope of Policies and Procedures**

**The policies and procedures presented in this handbook apply to all research involving human subjects conducted or supported by OSU CHS faculty, staff, or students, regardless of site.** For full time faculty and staff, these policies and procedures apply to all research involving human subjects in which they participate. For part-time and adjunct faculty and part-time staff, these policies and procedures apply only to research conducted as part of their responsibilities to OSU CHS; they do not apply to research conducted outside of their responsibilities to OSU CHS that does not involve other OSU CHS faculty, students, or staff, or other resources. Part-time

and adjunct faculty and part-time staff involved in non-OSU research conducted outside of their responsibilities to OSU may not in any way associate the name of the university or college with the activity.

It is the policy of OSU CHS that **all research involving human subjects conducted by OSU CHS faculty, students, or staff shall be approved by the OSU CHS Institutional Review Board (IRB), OSU-Stillwater IRB, or an approved Central Institutional Review Board (CIRB) before the research is initiated.** This applies to all research involving human subjects, regardless of site.

This set of documents contains the OSU CHS Institutional Review Board standard operating procedures (SOPs), which describe how the research community must handle research involving human participants. These SOPs are designed to conform to 45 Code of Federal Regulations Part 46, as revised June 18, 1991; as implemented by the United States Department of Health and Human Services (FEDERAL) “Final Regulations Amending Basic HHS Policy for the Protection of Human Participants,” January 26, 1981 and revised June 18, 1995 as well as other federal and state regulations and laws, and Oklahoma State University Center for Health Sciences policies. Any situation not covered within this OSU CHS document should be evaluated in the context of additional guidance in 45 CFR 46, and other parent documents.

## **Section 3: Research Involving Human Subjects**

### ***3.1 Definition of Research Involving Human Subjects***

For the purposes of the IRB, **research** is defined as a *systematic investigation*, including research development, and testing and evaluation, designed to develop or contribute to *generalizable knowledge* (45 CFR 46.102(a)). Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs include research activities.

A **systematic investigation** has a prospective plan for looking at a particular issue, answering a specific question, or testing a specific hypothesis. A systematic investigation usually involves quantitative or qualitative data collection and data analysis.

**Generalizable knowledge** is information gathered to generalize findings or draw conclusions beyond the subjects involved in the research. Intention to submit the results of the activity for publication in a scholarly journal or presentation at an academic meeting is an indication that the work is designed to contribute to the body of generalizable knowledge.

For the purposes of the IRB, **human subject** is defined as a living individual about whom an investigator, either professional or student, conducting research obtains (i) data through *intervention* or *interaction* with the individual or (ii) identifiable *private information*.

**Intervention** includes both physical procedures by which data are gathered (*e.g.*, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.

**Interaction** includes communication or interpersonal contact between investigator and subject.

**Private information** includes:

- Information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and
- Information that has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (*e.g.*, medical records). In order for obtaining the information to constitute research involving human participants, private information must be individually identifiable (*i.e.*, the identity of the participant is or may be readily ascertained by the investigator or associated with the information).

### **3.2 Non-Human Subject or Non-Research**

The IRB reviews only activities that are research and involve human subjects, as defined in federal regulations. Some activities that may appear to be research involving human subjects do not meet the specific definitions of "research" and "human subjects" used in federal regulations, and thus may not be subject to IRB review. **CHS policy charges the IRB with determining whether an activity conducted or supported by OSU CHS faculty, staff, or**



**students, is research involving human subjects.** Any OSU CHS faculty, staff, or student unsure of the need for IRB review of an activity should submit a completed “Request for Determination of Non-Human Subject or Non-Research” form. The form will be reviewed by the IRB Administrator, signed, and returned to the researcher as documentation of the decision. The IRB office will retain a copy of the form.

### ***3.3 Definitions of Risk and Minimal Risk***

For purposes of the IRB, **risk** is defined as the probability of harm or injury occurring as a result of participation in a research study. Both the probability and magnitude of possible harm may vary from minimal to significant.

IRB’s are concerned with psychological, social, and economic risks, as well as physical risks. Nonphysical risks can have serious consequences for research subjects. For example, strong emotions evoked by participation in some research studies may result in short-term or long-term suffering, and breaches of confidentiality may be stigmatizing, place a subject at risk of criminal or civil liability, or result in serious damage to a subject’s financial standing, employability, insurability, or reputation.

A risk is **minimal** when the probability and magnitude of harm or discomfort anticipated in the proposed research is 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. Risks of daily life are risks encountered in the daily lives of the research subjects, considering their actual life situations, as opposed to the daily lives of others, such as “normal persons” or “healthy volunteers”. For example, the risk of drawing a small amount of blood from a healthy individual for research purposes is no greater than the risk of doing so as part of a routine physical examination.

Researchers may reduce some potentially greater than minimal risks to minimal levels by including mitigating measures in the research design. For example, research that evokes strong emotions in some subjects might include provisions for administration of appropriate interventions to subjects who experience these emotions, or researchers might reduce risks to

privacy by storing data with personal identifiers in a database on a password-protected, non-networked computer.

Including clear explanations of risk in the IRB application and research plan allows the IRB to conclude that the research presents no greater than minimal risk to the subjects, that is, the risks are no greater than those subjects might encounter in everyday life.

### **3.4 Categories of Research Involving Human Subjects**

Research involving human subjects is considered by the IRB in one of three categories, listed below in order of increasing level of review:

1. Exempt
2. Expedited Review
3. Convened Board

#### **3.4.1 Exempt Status**

Federal regulations exempt six categories of research involving human subjects from the requirements of IRB review and approval. The general rationale behind the exemptions is that, although the research involves human subjects, it does not expose them to physical, social or psychological risks. Achievement of exempt status does not absolve the investigator(s) from ensuring that the welfare of subjects is protected and that methods used to gain subjects' informed and voluntary consent are consistent with statutory and ethical standards for such research.

Research involving special groups, *e.g.*, children, mentally impaired, fetuses, pregnant women, human *in vitro* fertilization, and prisoners cannot be exempt. The exception to this rule is for retrospective chart reviews (exempt category 4); such studies can undergo exempt review.

**OSU CHS policy does not authorize investigators to make a determination of exemption for their own research.** To confirm exempt status, researchers must submit an "Application for Exempt Human Research Form". The application should indicate the appropriate exemption

category from the list below, and include details sufficient for reviewers to make such determination.

To achieve exempt status, the only involvement of human subjects in the research must be in one or more of the following categories.

**1. Educational Practices Research (45 CFR 46.101(b)(1))**

Research conducted in established or commonly accepted educational settings involving normal educational practices. Examples of such research are research on regular and special education instructional strategies, and research on the effectiveness of, or the comparison among, instructional techniques, curricula, or classroom management methods.

**2. Research involving educational tests, surveys, interviews, or observation of public behavior (45 CFR 46.101(b)(2))**

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

- i. information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the participants, and
- ii. any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the participant's financial standing or employability, or reputation (*e.g.*, drug use, sexual behavior, or use of alcohol).

**3. Subjects are public officials or candidates for public office (45 CFR 46.101(b)(3))**

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not otherwise exempt as listed above, if

- i. the human subjects are elected or appointed public officials or candidates for public office; or

- ii. federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information be maintained throughout the research and thereafter.

**4. Collection or study of existing data (45 CFR 46.101(b)(4))**

Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

**5. Research and demonstration projects (45 CFR 46.101(b)(5))**

Research and demonstration projects which are conducted by or subject to the approval of (federal) department or agency heads, and which are designed to study, evaluate, or otherwise examine:

- i. public benefit or service programs;
- ii. procedures for obtaining benefits or services under those programs;
- iii. possible changes in or alternatives to those programs or procedures; or
- iv. possible changes in methods or levels of payment for benefits or services under those programs.

**6. Taste and food quality evaluations and consumer acceptance studies (45 CFR 46.101(b)(6))**

Taste and food quality evaluation and consumer acceptance studies if:

- i. wholesome foods without additives are consumed, or
- ii. a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

**3.4.2 Expedited Review**

The IRB may use expedited review procedures to review:

- i. Research that (1) presents no more than minimal risk to human subjects, and (2) involves only procedures listed in one or more of the following categories. Categories 1 through 7 pertain to both initial and continuing IRB review.
- ii. Minor changes in previously approved research during the period (one year or less) for which approval is authorized.

Under an expedited review procedure, the review may be carried out by the IRB Chairperson or by one or more experienced reviewers designated by the Chairperson from among members of the IRB. In reviewing the research, the reviewers may exercise all of the authorities of the IRB except that the reviewers may not disapprove the research. A research activity may be disapproved only during review by the convened board.

Expedited review may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, or reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented, so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal. Furthermore, expedited review may not be used for research classified as involving human subjects.

**1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.**

- a. Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increase the risks or decrease the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
- b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

**2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as listed below.**

- a. Samples from healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an eight-week period and collection may not occur more frequently than two times per week.
- b. Samples from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an eight-week period and collection may not occur more frequently than two times per week.

**3. Prospective collection of biological specimens for research purposes by noninvasive means.**

Examples include: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

**4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves.**

Examples include: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subjects privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5. **Research involving materials** (data, documents, records, or specimens) **that have been collected, or will be collected, solely for non-research purposes** (such as medical treatment or diagnosis).

*Note: Some research in this category may qualify for exempt status (see Category 4 in Exempt Status). This category refers only to research that is not exempt.*

6. **Collection of data from voice, video, digital, or image recordings made for research purposes.**
7. **Research on individual or group characteristics or behavior** (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) **or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.**

*Note: Some research in this category may qualify for exempt status (see items 2, 3, in Exempt Status). This listing refers only to research that is not exempt.*

8. **Continuing review of research previously approved by the convened IRB as follows:**
  - a. where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects;

OR

b. where no subjects have been enrolled and no additional risks have been identified;

OR

c. where the remaining research activities are limited to data analysis.

9. **Continuing review of research**, not conducted under an investigational new drug application or investigational device exemption where categories 2 through 8 do not apply, but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

These activities should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is *eligible* for review through the expedited review process when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

### **3.4.3 Convened Board Review**

The convened board will review any research involving human subjects that is not exempt, is not reviewed through expedited procedures, or is reviewed through expedited procedures but not approved. Any protocol that uses a methodology that is sensitive and of higher probability for causing harm or distress to subjects is subject to convened board review. Additionally, any protocol using prisoners as subjects or involving pregnant women, fetuses, and human in vitro fertilization will be reviewed by the convened board. Research in which the risks versus the expected benefits are relatively high is also likely to be reviewed by the convened board.

The IRB will review proposed research at convened meetings at which a majority of the members of the IRB are present, including at least one member whose primary concerns are in nonscientific areas. In order for the research to be approved, it shall receive the approval of a majority of those members present at the meeting.



Applicants who are not sure which category to select should contact the IRB Chairperson or the IRB Administrator.

### ***3.5 Responsibilities of Investigators***

The individual submitting an application for review of research involving human subjects is the Principal Investigator (PI) and is responsible for the conduct of the research. The PI is responsible for ensuring appropriate IRB review and approval before undertaking any research activities. The IRB Chairperson will respond to the PI in writing to communicate the findings of the IRB.

1. The PI initiates IRB review of research involving human subjects by submitting an application for review to the IRB.
2. No investigator involves human subjects in research until after receiving written IRB approval for the research.
3. The PI accepts responsibility for conducting all research involving human subjects approved by the IRB according to the protocol approved by the IRB.
4. The PI reports unanticipated problems and adverse events to the IRB, as detailed in these procedures.
5. The PI submits protocol modifications for review by the IRB and does not commence these modifications until after receiving IRB approval.
6. The PI submits applications for continuing review at intervals designated by the IRB, but not less than once per year.

## **Section 4: Research Undertaken Without the Intention of Involving Human Subjects**

In the event research is undertaken without the intention of involving human subjects, but it is later proposed to involve human subjects in the research, the research shall first be reviewed and approved by the IRB, as provided in this policy.

## **Section 5: Applications and Proposals Lacking Definite Plans for Involvement of Human Subjects.**

Certain types of applications for grants, cooperative agreements, or contracts are submitted to external agencies or organizations with the knowledge that human subjects may be involved within the period of support, but definite plans would not normally be set forth in the application or proposal. These include activities such as institutional type grants when selection of specific projects is the institution's responsibility; research training grants in which the activities involving subjects remain to be selected; and projects in which human subjects' involvement will depend upon completion of instruments, prior animal studies, or purification of compounds. These applications need not be reviewed by the IRB before application is submitted or an award is accepted; however, except for research exempted under the provisions of this policy, no human subjects may be involved in projects supported by these awards until the projects have been reviewed and approved by the IRB, as provided in this policy.

## **Section 6: The Institutional Review Board**

Each institution engaged in research involving human subjects and supported by a department or agency to which the Federal Policy applies must establish an IRB to review and approve the research. Federal policy mandates that the OSU CHS IRB protect the rights and safeguard the welfare of human research subjects. OSU CHS's Federal-wide Assurance with DHHS states that all research involving human subjects, whether funded or not, and regardless of source of funding, must be approved by the OSU CHS IRB or an approved CIRB.

### ***6.1 Membership***

The OSU CHS IRB will have at least five members with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. The IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members, including considerations of race, gender, and cultural backgrounds and sensitivity to issues such as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects.

In addition to possessing the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. The IRB must include persons knowledgeable in these areas. No IRB may consist entirely of members of one profession.

If the IRB regularly reviews research that involves a vulnerable category of subjects, such as children, prisoners, pregnant women, or handicapped or mentally disabled persons, the IRB must consider inclusion of one or more individuals who are knowledgeable about and experienced in working with these subjects. Department of Education (ED) regulations require that, when an IRB reviews research for one of its programs that purposefully requires inclusion of handicapped children or mentally disabled persons as research subjects, the IRB must include at least one person primarily concerned with the welfare of these subjects [34 CFR 350.3(d)2); 34 CFR 356.3(c)(2)].

The IRB must include at least one member whose primary concerns are in scientific areas and at least one member whose primary concerns are in nonscientific areas. It must include also at least one member who is not otherwise affiliated with the institution and who is not an immediate family member of a person who is affiliated with the institution.

Every effort must be made to ensure that an IRB does not consist entirely of men or entirely of women. However, selections must not be made on the basis of gender.

The IRB may, in its discretion, invite individuals with competence in special areas to assist in the review of issues that require expertise beyond or in addition to expertise available on the IRB. These individuals may not vote.

No IRB member may participate in the review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.

## **6.2 Authorities**

The IRB has the authority to ensure that research is designed and conducted in a manner that safeguards the rights and welfare of participating subjects. Expressly, OSU CHS's IRB has the authority to do the following:

- Review, approve, require modifications in (to secure approval), or disapprove all research activities that fall within its purview.
- Require modification of any research that falls within its purview for purposes of subject protection.
- Conduct continuing review of approved research at intervals appropriate to the degree of risk, but not less than once every twelve months. As part of this responsibility, the OSU CHS IRB has the authority to inspect research facilities and records and other relevant information relating to the use of human subjects in research and to observe, or have a third party observe, the consent process and the research.
- Suspend or terminate approval of research that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval shall include a statement of reasons for the IRB's action and shall be reported promptly to the investigator, appropriate institutional officials, and the Federal Department or Agency Head (*e.g.*, OHRP) or other funding sponsor.
- Review, accept, and /or reject reports, including, but not limited to, reports of serious adverse events and unanticipated problems involving risks to subjects and others.

The OSU CHS IRB has the mandate to act as an independent entity within the organizational structure of OSU CHS. As such, the IRB is the final authority for all decisions regarding protecting the rights and safeguarding the welfare of humans who are subjects of research conducted under the auspices of the OSU CHS IRB. The actions of the IRB, its chairperson,

members, and administrative staff in matters of human subject protection derive from the authority vested under federal regulations, separate and distinct from OSU CHS. Research approved by the OSU CHS IRB, OSU-Stillwater IRB or an approved CIRB may be subject to further review and approval or disapproval by institutional officials. However, institutional officials may not authorize or approve research involving human subjects that has not been approved by the OSU CHS IRB, OSU-Stillwater IRB or an approved CIRB. OSU CHS IRB, OSU-Stillwater IRB and approved CIRBs may not countermand one another (*i.e.*, a final decision by one may not be challenged and reversed by the other).

### **6.3 Criteria for IRB Approval of Research**

Prior to approving research covered by this policy, the IRB shall determine that all of the following requirements are satisfied:

1. Risks to participants are minimized
  - a. by using procedures which are consistent with sound research design and which do not unnecessarily expose participants to risk; and
  - b. whenever appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes.
2. Risks to participants are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB will consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies participants would receive even if not participating in the research). The IRB will not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
3. Selection of participants is equitable. In making this assessment, the IRB 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 problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.

4. Investigators will seek informed consent from each prospective participant, or the participant's legally authorized representative (refer to the section on informed consent, Section 15).
5. Investigators will document informed consent appropriately (See Section 15.6).
6. Where appropriate, the research plan makes adequate provisions for monitoring the data collected to assure the safety of participants.
7. Where appropriate, the research plan contains adequate provisions to protect the privacy of participants and to maintain the confidentiality of data.

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

## **Section 7: Research Involving Vulnerable Populations**

Federal regulations (45 CFE 46 (b)) require investigators to include additional safeguards in research involving human subjects likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons. Federal regulations contain specific additional protections for pregnant women, human fetuses, and neonates (45 CFR 45 Subpart B), prisoners (45 CFR 45 Subpart C), and children (45 CFR 45 Subpart D).

## Section 8: Application Process

The OSU CHS Office of Research coordinates the IRB application and review processes. OSU CHS IRB application forms are found online at

<http://www.healthsciences.okstate.edu/research/irb/forms.php>. Office of Research staff members are available to assist the PI with completion and submission of an application.

### **8.1 Type of Application**

The type of application submitted depends on the type of review requested by the applicant. See the appropriate form for detailed instructions for completing IRB applications.

Type of review requested	Application type for submission
Determination of Non-Human Subject or Non-Research	<a href="#">Request for Determination of Non-Human Subject or Non-Research</a>
Exemption	<a href="#">Application for Exempt Human Research Form</a>
Expedited	<a href="#">Application for Human Research Form</a>
Convened Board	<a href="#">Application for Human Research Form</a>
Continuing Review or Study Closure	<a href="#">Continuing Review Progress Report or Notification of Study Completion Form</a>

Note that Humanitarian Use Device (HUD) studies have separate forms to complete, specifically:

[Application for Humanitarian Use Device \(HUD\)](#)

[Modification of Approved Humanitarian Use Device \(HUD\) Form](#)

[Continuing Review Progress Report for Humanitarian Use Device \(HUD\)](#)

### **8.2 Principal Investigator**

Applications submitted to the IRB require an OSU faculty or staff member or student/trainee as Principal Investigator (PI). Students may act as principal investigator, but must have a faculty or

staff advisor. The Graduate College will not accept an IRB approval for research conducted for a thesis or dissertation if the student's name is not on the approval page. If persons are added or removed as principal investigators for the protocol after its initial approval, a memo, requesting approval to add personnel, must be submitted (See Section 11).

The applicant should carefully and thoroughly answer **all** questions on the application form. Most applications that are returned for revisions have incomplete responses. If the research is externally funded, materials submitted must include the funding proposal and budget. **The IRB requires documentation of approval from appropriate authorities for research conducted at any location outside of OSU.** This should be submitted with the application, prior to approval, and any time a location is added as a modification.

A complete application to the IRB includes the following items:

- Completion of required IRB training
- Completed application form
- Documentation of approval from authorities if research is conducted outside OSU
- Informed consent/assent forms (if used)
- Recruitment script
- All instruments (questionnaires, surveys, tests)
- Research plan (a brief summary of the research, methodology, risks to subjects and benefits, which is generally used for thesis or dissertation research or other unfunded research; however, this is not the submission of several chapters from the thesis or dissertation--it is a clear and concise definition of the methodology)
- Grant proposal and budget (if for funded research)



### **8.3 Submitting the Application**

The PI should submit one copy of the complete application, including all required attachments, to the IRB Administrator. For full board review, the application must be received at least two weeks prior to the next IRB meeting date to be considered at the next meeting.

### **8.4 Timing of Submission and Review**

<b>Type of review requested</b>	<b>Estimated Time for Review</b>
Determination of non-human subject or non-research	1-3 days
Exemption	1-10 days
Expedited	7-14 days
Convened Board	14-60 days

*\* Note: Meeting dates and application deadline dates for convened board applications are posted on the IRB website at:*

<http://www.healthsciences.okstate.edu/research/irb/meetings.php>.

## **Section 9: Review Process**

The OSU CHS IRB Administrator coordinates the receipt and review of all IRB applications. The IRB Administrator previews applications for completeness. If additional information is needed before review, the IRB Administrator contacts the principal investigator by phone or email.

The type of review received by an application depends on the review level requested in the application and the final decision by the IRB Chairperson. The IRB Chairperson may decide to review at a higher level any application submitted for review at a lower level. This means that an application submitted for review for exemption may be reviewed through expedited or convened board procedures, or an application submitted for expedited review may be reviewed by the convened board.

### ***9.1 Exempt Review***

Two IRB members OR one IRB member and the IRB Administrator review applications submitted for exempt review, and may approve exempt status, schedule the application for expedited or convened review, or request that the PI resubmit as an application for expedited or convened review containing a more detailed description of the research.

### ***9.2 Expedited Review***

The IRB Chairperson determines whether the research meets the criteria for expedited review. If the research does not meet the criteria, the IRB Administrator informs the PI and schedules the application for convened board review.

If the research meets the criteria for expedited review, the Administrator selects one or more IRB members to review the application. Reviewers may solicit additional information from the investigators if necessary or obtain other expert opinion when helpful. Criteria for approval by expedited review are the same as the criteria for approval by convened board review.

If the reviewers approve the research, the Chairperson notifies the PI that the research has been approved. If the reviewers do not approve the research, the IRB Administrator informs the PI. The PI may revise the application and resubmit it for expedited review, or allow the current research application to be scheduled by the IRB Administrator for convened board review. An application for research involving human subjects may be disapproved only by a convened board review.

### ***9.3 Convened Board Review***

The IRB Administrator sends an application to be reviewed by the convened board to all members of the board. The application must be received by the Administrator **at least** two weeks before the next IRB meeting date to be considered at that meeting. A primary or lead reviewer from the board is assigned to each application reviewed by the convened board. This individual is responsible for presenting the application to the board at the convened meeting and leading the initial discussion.

The board meeting agenda contains a summary of all applications approved via expedited procedures since the last board meeting. **The IRB reserves the right to re-review any application reviewed in another category and to make the approval subject to additional requirements.**

#### ***9.4 Review Outcomes***

The review of an IRB application results in one of the following outcomes:

##### Approval or Approval with comments

The IRB Chairperson sends written notification to the PI indicating the date of approval, the date that approval expires, and the responsibilities of the PI as they pertain to the protection of human subjects. Upon receipt of this notification, the researcher may commence the research.

##### Provisional Approval

The IRB Chairperson sends written notification to the PI indicating provisional approval; **final approval is pending receipt of specified documents or materials or specific revisions required by the IRB (e.g., inclusion in the informed consent of statutory or standard language).** Upon receipt of the specified items, the IRB Administrator may grant final approval. The PI cannot commence research until receipt of written final approval.

##### Approved Pending Revision

The IRB Chairperson sends written notification to the PI detailing the revisions requested by the reviewer(s). The PI has 60 days to respond in writing; after 60 days the IRB Administrator closes the application. The PI's revisions must be reviewed by the convened board which may respond with any of the outcomes listed here. The PI cannot commence research until receipt of written final approval.

##### Disapproval

Only the convened board may disapprove an application for research involving human subjects. The IRB Chairperson sends written notification to the PI. The notification includes a statement of the reasons for the IRB's decision and provides the PI with an opportunity to respond to the IRB in person or in writing.

## **Section 10: Continuing Review/Renewal**

Ensuring responsible conduct of research is an on-going process. Federal regulations (45 CFR 46.109(e)) require the continuing review of human subjects research by the IRB at intervals appropriate to the degree of risk, but not less than once per year. The goals of this process are to re-evaluate the acceptability of the risk/benefit ratio and the safeguards for subjects, and to confirm that the approved protocol has been followed. **All research activity initially reviewed and approved by the OSU CHS IRB is subject to continuing review.**

### ***10.1 Notification Procedure***

Two months before a protocol expiration date, the Office of Research will notify the PI that the date is approaching. This notice requests that the PI submit a Continuing Review form before the protocol expiration date. The PI uses the Continuing Review form to request protocol closure or continuation, and to summarize the progress of the research during the approval period. A second notice will be sent 30 days before the protocol expiration date. The Continuing Review form with full review documentation must be received by the Office of Research at least two weeks before the IRB meeting prior to the expiration date to allow for review and processing. If the PI does not submit a Continuing Review form prior to the protocol expiration date, the IRB Administrator will close the protocol and so notify the PI. **After a protocol is closed, investigators may not continue human subject data collection without submission of the required Continuing Review form and approval by the IRB.**

### ***10.2 Information Required***

A continuing review includes all of the materials that were relevant in the initial review, as well as new information or information that relates to the progress of the research during the approval period. Investigators can download the required Continuing Review form from the OSU CHS IRB website: <http://www.healthsciences.okstate.edu/research/irb/forms.php>.

Along with the Continuing Review form, the PI should submit the current informed consent document, recruitment script, and any **new** materials or instruments to be added to the protocol.

### **10.3 Continuing Review/Renewal Process**

The IRB Chairperson determines the level of review (*i.e.*, expedited or convened board) for a continuing protocol. Ordinarily, a request for renewal will receive the same type of review as the original research; however, the IRB reserves the right to change the review level of a continuing protocol based on changes to the protocol or in regulations governing human subject research.

Review for continuation includes all of the same issues, and is as extensive as, review of the original application. The PI of research that received initial review by the convened board should anticipate convened board review of the request for renewal and, therefore, should consider earlier submission of the Continuation/Renewal Form in order to assure board review before the protocol expiration date.

### **10.4 Review Frequency**

The IRB must conduct continuing review of research at intervals appropriate to the degree of risk, **but not less frequently than once per year**. When determining the interval for continuing review, the IRB will consider, among other issues, the vulnerability of the subjects, the risks of the research procedures, and the PI's conduct of the research to date. The standard approval period for most protocols is one year; however, the IRB may require review at shorter intervals. Approval documentation sent to the PI will indicate the approval period and the date of continuing review. OSU CHS has adopted the following procedure to maintain fixed anniversary dates for the expiration of annual IRB approvals:

When the IRB grants approval for one year at the time of each continuing review, and the IRB performs continuing review and re-approves (with or without conditions) the research within 30 days before the IRB approval period expires, the IRB may retain the anniversary of the expiration date of the initial IRB approval as the expiration date of each subsequent one-year approval period. For example, if an IRB conducts initial review of a research project and approves it without conditions on October 1, 2009 for one year, the IRB may conduct its first continuing review anytime between September 1 and October 1, 2010, and re-approve the research for another one-year period that expires on October 1, 2011. The same timing may be

applied to each subsequent continuing review until the research activities involving human subjects are completed.

### ***10.5 Post-Approval Monitoring***

Protocols that have been reviewed at the expedited, expedited-special population, or full board level are subject to post-approval review by the IRB. The criteria for protocol selection include:

- characteristics of the subject population;
- level of board discussion during the protocol approval process;
- level of risk to the subject population;
- occurrence of any official adverse events.

Post-approval review will consist of, at minimum, visible confirmation that the following items are consistent with those approved by the IRB:

- Total subjects enrolled versus total approved
- Recruitment procedures/script
- Informed consent form
- Confidentiality/security procedures

The exact documents or procedures to be reviewed will depend upon the protocol.

## **Section 11: Protocol Modification**

Research activities must be carried out within the parameters of the approved protocol. Any changes to the protocol, whether in design, sampling, recruitment of subjects, consent procedures, etc., requires an official modification request and approval. Modification of a protocol does not change the original approval expiration date.

### ***11.1 Modification Process***

A request for modification of an approved protocol must be done by completing the [Modification of Approved Human Research Form](#). One copy of the completed form and any revised materials are to be submitted to the IRB Administrator.

## ***11.2 Modification Review***

The IRB Chairperson or their designee will review the request and approve, request clarifications, or refer the request to additional board members for review if the changes are more than minor (*i.e.*, increase risk and/or decrease potential benefits). A request for modification cannot be denied without review by the full board. The PI is appraised in writing if changes or clarification are requested, if the protocol is referred to the full board, and of final approval of the modification. The modification request and all correspondences are made a part of the protocol file.

The full board is notified monthly at the convened meeting of all modifications reviewed since the previous meeting.

## **Section 12: Suspension or Termination of Research**

The IRB may suspend or terminate approval of research that is not being conducted in accordance with the Code of Federal Regulations, the IRB's requirements, or that has been associated with unexpected serious harm to participants. The IRB will suspend or terminate approval of research only by convened board review and will report such action promptly, along with a statement of the reasons for this action, to the PI, appropriate institutional officials, and the Federal Department or Agency head or other funding sponsor, if applicable.

## **Section 13: Reporting Adverse Events and Unanticipated Problems**

### ***13.1 Definitions:***

An *unanticipated problem* is any incident, experience, or outcome that is

1. unexpected in terms of nature, severity, or frequency, given the approved research procedures or characteristics of the subject population;
2. related, or possibly related, to participation in the research; **and**
3. suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized. Investigators should consider risks not described in the consent process to be risks not previously known or recognized.

An *adverse event* is any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign, symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research. Adverse events encompass both physical and psychological harms. For multicenter clinical trials, an *internal adverse event* is an adverse event experienced by a subject enrolled by investigators at OSU CHS, whereas an *external adverse event* is an adverse event experienced by a subject enrolled by investigators at other institutions engaged in the clinical trial. For single-center clinical trials, all adverse events are *internal adverse events*.

A *serious adverse event* is any adverse event that:

1. results in death;
2. is life-threatening (places the subject at immediate risk of death from the event as it occurred);
3. results in inpatient hospitalization or prolongation of existing hospitalization;
4. results in a persistent or significant disability/incapacity;
5. results in a congenital anomaly/birth defect; or
6. based upon appropriate medical judgment, may jeopardize the subject's health and may require medical or surgical intervention to prevent one of the other outcomes listed above.

### ***13.2 Reporting Requirements***

The PI must report promptly to the IRB any **unanticipated problems involving risk to subjects or others**. The main reason for reporting these types of events is that they warrant consideration of substantive changes in the research protocol or informed consent process/document or other corrective actions, in order to protect the safety, welfare, or rights of subjects or others.

Adverse Events. Most adverse events occurring in human subjects are not unanticipated problems, and, thus, are not required to be reported to the IRB. The adverse events that the PI



must report to the IRB are those that are unexpected, related or possibly related to participation in research, and either serious, as defined above, or non-serious, but suggest that the research places subjects or others at a greater risk of harm than was previously known or recognized.

*Internal Adverse Events.* Upon becoming aware of an internal adverse event, the investigator should assess whether the adverse event represents an unanticipated problem as defined above. If the investigator determines that the adverse event represents an unanticipated problem, the investigator must report it promptly to the IRB.

Regardless of whether the investigator determines the internal adverse event to be an unanticipated problem, the investigator must report the adverse event to a monitoring entity (*e.g.*, the research sponsor, a coordinating or statistical center, an independent medical monitor, or a DSMB/DMC) *if required under the monitoring provisions described in the IRB-approved protocol or the conditions for IRB approval.*

If the investigator determines initially that an internal adverse event is not an unanticipated problem, but the monitoring entity subsequently determines that the adverse event does in fact represent an unanticipated problem (for example, due to an unexpectedly higher frequency of the event), the monitoring entity should report this determination to the investigator and the investigator must submit this report promptly to the IRB.

*External Adverse Events.* When an investigator receives a report of an external adverse event, the investigator should review the report and assess whether the event meets the criteria for an unanticipated problem in the definition above. The PI must report to the IRB only those external adverse events that meet the criteria for an unanticipated problem. Reports to the IRB should include a clear explanation of why the adverse event, or series of adverse events, has been determined to be an unanticipated problem

and a description of any proposed protocol changes or other corrective actions to be taken by the investigators in response to the unanticipated problem.

Non-adverse Events. Unanticipated problems also include incidents, experiences, and outcomes that are not adverse events. Upon becoming aware of an incident, experience, or outcome (not related to an adverse event) that may represent an unanticipated problem, the investigator should assess whether the incident, experience, or outcome represents an unanticipated problem as defined above. If the investigator determines that the incident, experience, or outcome represents an unanticipated problem, the investigator must report it promptly to the IRB.

#### **Adverse Event Review Procedures**

Upon receipt of an [Reportable New Information](#) form, the protocol file will be pulled and these materials will be reviewed by the IRB Chairperson and one other member of the IRB. Depending on the seriousness of the situation a subcommittee of the IRB may be convened to review the matter and develop recommendations. In keeping with the OSU IRB Federalwide Assurance (FWA), incidents of serious non-compliance will be reported to institutional officials. For federally funded research, federal officials and the sponsoring agency must be notified. The IRB Chairperson will coordinate these contacts.

### **Section 14: Confidentiality and Research Data Protections**

Several aspects of the federal regulations upon which the IRB's procedures are based require that the IRB be concerned with risks associated with disclosure of the subject's participation in the research and of confidential information collected as part of the research. For example, risk of such disclosures could disqualify some research involving human subjects from exemption from the requirements of IRB review and approval (see Section 3.4.1) or from receiving expedited review by the IRB (see Section 3.4.2). Also, more generally, in considering whether

risks to subjects are minimized and reasonable in relation to anticipate benefits, the IRB considers potential harms, such as exposure to criminal or civil liability, or damage to financial standing, employability, or reputation that might result from such disclosures. For some research, risks of this type lead the IRB to conclude that the research involves more than minimal risk and must be reviewed by the convened board. Therefore, designing the research in a way that protects the confidentiality of private identifiable information is often the key to reducing the level of IRB review or balancing risks and potential benefits.

Investigators should consider confidentiality issues at every stage of the research process, including initial study design; identification, recruitment and consent of subjects; security, analysis and final disposition of the data; and publication or dissemination of the data and results.

Investigators should develop protections consistent with the study design and potential risk of harm from breaches of confidentiality. Considerations to minimize confidentiality issues include:

- Limiting the amount of personal information collected;
- Collecting information without unique identifiers attached to the data, or known to the researcher. (*Note: Some studies will require consent forms that identify the subject, but these names do not necessarily need to be linked to the data*);
- Changing or aggregating other identifiers, such as age, income and occupation, that might be used to identify the subject by deduction.

In studies that require the use of unique identifiers, data collection procedures that might reduce risk to confidentiality include:

- Using identifiers initially and then removing the identifiers as soon as data are analyzed;
- Assigning codes to identifiers and storing the identifying list in a safe or area separate from the data. Some studies use aliases to protect identity.

Consider reducing risk to confidentiality by storing data in computer files accessible only to investigators and assistants. Methods include:

- Using password protection to limit access to sensitive files and folders;
- Storing data on computers not connected to local networks or accessible via the Internet

Audio and video tapes may be particularly revealing and may require special precautions to maintain confidentiality when airing or viewing and for storage.

Confidentiality issues are not pertinent to all research involving human subjects. For example, observation of behavior in public places with no interaction between the observer and the observed and with data recorded in anonymous form involves no issues of confidentiality for subjects, investigators or the IRB. In some studies, the consent agreement establishes that research subjects neither seek nor want confidentiality. In circumstances where a promise of confidentiality is not a part of an informed consent agreement, the IRB application must make clear to the IRB the nature of the consent agreement and the reasons why biographical anonymity and confidentiality are not sought. **Confidentiality issues and procedures must be thoroughly explained in the IRB application and in the consent document to be provided to the subject.** Both forms are available on the IRB website at <http://www.healthsciences.okstate.edu/research/irb/forms.php>.

### **Certificates of Confidentiality**

A **Certificate of Confidentiality** protects a subject's anonymity by protecting research records from subpoena. The certificate goes beyond the consent form in ensuring confidentiality and anonymity. Without the certificate, researchers can be required by a court-ordered subpoena to disclose research results, usually as part of a criminal investigation of the participants.

Certificates of Confidentiality are issued by the National Institutes of Health (NIH) and other HHS agencies under two conditions: (i) the research is on a sensitive topic, and (ii) the protection is necessary to achieve the research objectives. These certificates are granted sparingly, but are not limited to federally funded research.

Research can be considered **sensitive** if it involves the collection of information:

- about sexual attitudes, preferences, practices;

- about the use of alcohol, drugs, or other addictive products;
- about illegal conduct;
- that could damage an individual's financial standing, employability, or reputation within the community;
- in a participant's medical record that could lead to social stigmatization or discrimination;
- about a participant's psychological well-being or mental health.

Certificates of Confidentiality protect participants from compelled disclosure of identifying information, but do not prevent voluntary disclosure of identifying characteristics of participants. Researchers may voluntarily disclose certain information about research participants, such as evidence of child abuse or a participant's threatened violence to self or others. However, if a researcher intends to make such voluntary disclosures, the consent form should indicate this intention clearly.

Obtain additional information at the web site of the Office for Human Research Protections (OHRP) and at the NIH web site. Visit the NIH Confidentiality Kiosk. The OSU CHS IRB office is available to assist with questions about, or application for, a certificate.

## **Section 15: Informed Consent**

### ***15.1 What is Informed Consent?***

Informed consent is the voluntary choice of an individual to participate in research as a subject of the research. This choice should be based on an accurate understanding of the research's purpose, procedures (or methodology), risks and benefits, and any other aspect of the research that may affect the potential subject's decision to participate. Informed consent is a basic ethical requirement underpinning research with humans; it reflects the basic principle of **respect for persons**.

## ***15.2 Informed Consent Process***

Federal regulations state that, except as indicated elsewhere in this document, **no investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative.**

Investigators should seek informed consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. Investigators should provide prospective subjects with an opportunity to ask questions of a person knowledgeable about the research and the role of the subject in the research.

Obtaining informed consent should be an educational process culminating in the voluntary agreement of the subject to participate in the research. The primary purpose of the informed consent process is to facilitate the prospective subject's understanding of the research, and the subject's role in that research, so as to help assure that the subject's consent is informed adequately. **The PI is responsible for ensuring that the informed consent process is completed appropriately prior to the subjects' consent.** This holds for all research involving human subjects, regardless of the method used to obtain informed consent.

Applications for research involving human subjects should include a description of the informed consent process. The description should contain detail sufficient to assure the IRB that the process will describe the research to prospective subjects in a way likely to lead to adequate understanding of the relevant aspects of the research.

## ***15.3 Elements of Informed Consent***

No informed consent, whether oral or written, may include any exculpatory language through which the subject or the representative is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence.

### Required Elements of Informed Consent

Except as described below, the informed consent process should provide the following information to each subject (45 CFR 46.116 (a)).

1. An explanation of the purposes of the research, the expected duration of the subject's participation, a description of the procedures to be followed and identification of any procedures which are experimental;
2. A description of any reasonably foreseeable risks or discomforts to the subject;
3. A description of any benefits to the subject or to others which may be reasonably expected from the research;
4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;
5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
6. For research involving more than minimal risk, an explanation as to whether any compensation or medical treatments will be available if the subject is injured and, if so, what they consist of, or where to obtain further information;
7. A statement of whom and how (include relevant telephone numbers) to contact for answers to pertinent questions about the research (usually the PI) and research subject's rights and unresolved questions stemming from participation in the research (usually the IRB Chairperson), and whom to contact in the event of a research-related injury to the subject; and
8. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

#### Additional Elements of Informed Consent

When appropriate, the informed consent process should provide one or more of the following elements of information to each subject (45 CFR 46.116 (b)):

1. A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable;
2. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent;
3. Any additional costs to the subject that may result from participation in the research;
4. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;
5. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject; and
6. The approximate number of subjects involved in the study.
7. For [applicable clinical trials](#) initiated on or after March 7, 2012, informed consent documents must be in compliance with 21 CFR § 50.25(c). The following statement must be reproduced word-for-word in informed consent documents for applicable clinical trials: "A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time."

A template for creating an [Informed Consent Form](#) is available on the OSU CHS IRB web site at <http://www.healthsciences.okstate.edu/research/irb/forms.php>.



## ***15.4 Waiver or Alteration of Informed Consent***

For certain research which could not practicably be carried out without a waiver or alteration of informed consent, the IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent set forth above, or waive the requirement to obtain informed consent, provided the IRB finds and documents one of the following:

1. That the research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine one or more of the following:
  - a. public benefit or service programs;
  - b. procedures for obtaining benefits or services under those programs;
  - c. possible changes in or alternatives to those programs or procedures;
  - d. possible changes in methods or levels of payment for benefits or services under those programs;

AND

2. The research could not practicably be carried out without the waiver or alteration.

OR

that all of the following apply:

1. The research involves no more than minimal risk to the subjects; and
2. The waiver or alteration will not adversely affect the rights and welfare of the subjects;  
and
3. The research could not practicably be carried out without the waiver or alteration; and

4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

The IRB evaluates these exceptions on a case-by-case basis. Investigators considering a request for such an exception should seek the advice of the IRB Chairperson or Administrator before submitting the request.

### ***15.5 Limitations of Informed Consent***

Nothing in this policy is intended to limit the authority of a physician to provide emergency medical care, to the extent the physician is permitted to do so under applicable federal, state, or local law. The requirements of this policy are not intended to preempt applicable federal, state, or local laws which require additional information to be disclosed in order for informed consent to be legally effective.

### ***15.6 Documentation of Informed Consent***

#### Required Signed Consent

Except for research for which the IRB waives the requirement to obtain informed consent (see Section 15.4) or signed consent form (see below), investigators document informed consent by use of a written consent form approved by the IRB and signed by the subject or the subject's legally authorized representative. **The subject's signature on either the long or short written consent forms described below documents the occurrence of the informed consent process and the subject's consent to participate as a subject of the research.** Investigators give a copy of the form to the person signing the form.

The consent form may be either of the following:

1. A long-form written consent document that embodies the required elements of informed consent described above (see Section 15.3). An investigator may read and explain this form to the subject or to the subject's legally authorized representative, but, in any event, gives the subject or the representative adequate opportunity to read it before signing.

2. A short-form written consent document stating that the required elements of informed consent described above (see Section 15.3) have been presented orally to the subject or the subject's legally authorized representative. Use of this method requires a witness to the oral presentation and an IRB-approved written summary of what is to be said to the subject or the representative. The subject or representative signs only the short form itself. However, the witness signs both the short form and a copy of the summary, and the person actually obtaining consent signs a copy of the summary. An investigator gives the subject or the representative copies of the summary and the short form.

See the [Informed Consent Form Template](#) for suggestions for language that would fulfill specific needs.

**Investigators should design the informed consent process, and therefore the written consent documents, to communicate effectively with the subject.** Under Oklahoma law, all documents intended to be read by subjects in a research study must be readily understandable by those subjects. Thus, all consent documents and verbal explanations should use language that subjects in the study understand. This applies to written or oral expression and to choice of language (*e.g.*, English, Spanish, Cherokee). All PIs or designees must assure that the participants understand the information before giving consent.

Guidance from the federal oversight office, the Office of Human Research Protection (OHRP), states that “Use of the first person (*e.g.*, “I understand that ...”) can be interpreted as suggestive, may be relied upon as a substitute for sufficient factual information, and can constitute coercive influence over a subject.” Based on this, the IRB requests that consent documents use second person if at all possible.

Other suggestions with regard to word usage and grammar include the following: use shorter words and shorter sentences; use, and define or explain, scientific and medical terminology necessary for the subject to understand the research, substitute more common words or phrases for the remainder; avoid using abbreviations; express quantities in everyday measurements (*e.g.*, express the amount of blood drawn in teaspoons or tablespoons). A good

way to check the comprehensibility of an Informed Consent Form before submitting it for IRB review is to have a lay person review it.

Records must be kept for three years after the conclusion of the research and must remain secured.

The PI submits a description of the consent process and copies of all consent/assent documents as part of the application to the IRB for approval of the research. After IRB approval of the research, the IRB Administrator will send the PI an official stamped copy of all consent and assent documents. **The PI should ensure that research personnel use only official stamped versions of the approved documents to obtain informed consent from prospective subjects.**

#### Use of Experimental Material to Develop Commercial Products

Use of tissues or other samples from research subjects to develop commercial projects may require consent from subjects and/or agreement with OSU. Investigators should consult with the IRB Chairperson or Administrator for advice prior to involving subjects in the research.

#### Waiver of Required Signed Consent

The IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either:

1. That 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 investigator asks each subject whether the subject wants documentation linking the subject with the research; the subject's wishes govern; or
2. That 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 the research context.

Waiver of the requirement for signed informed consent is different than the waiver of informed consent itself. Waiver of signed consent releases the investigator only from the requirement to

obtain the subject's signature at the conclusion of the informed consent process; it does not release the investigator from the requirement to conduct an appropriate informed consent process and obtain the subject's informed consent. Section 15.4 above describes the conditions under which investigators may be released from the requirement to obtain informed consent itself.

In cases in which the documentation requirement is waived, the IRB may require that the investigator provide subjects with a written statement regarding the research.

Applications to the IRB which involve requests for waiver of required signed consent should include a description of the proposed consent process. One potentially appropriate method may be to provide prospective subjects with an **Information Sheet** that contains the elements of informed consent, but does not require signature. Alternately, for situations in which personal interaction will not occur (*e.g.*, telephone surveys), the PI may propose to obtain informed consent by reading to prospective subjects a **script** that contains the elements of informed consent. The PI should submit proposed information sheets and scripts with the request.

The IRB evaluates these exceptions on a case-by-case basis. Investigators considering a request for such an exception should seek the advice of the IRB Chairperson or Administrator before submitting the request.

### ***15.7 Modification to Approved Informed Consent Process or Forms***

The PI may not modify an approved informed consent process or approved consent and assent forms without IRB approval. The PI should submit proposed changes as modifications of the study protocol in a memo.

### ***15.8 Consent/Assent Process for Minors***

Minor children (under age 18) cannot give legal informed consent. Consent must be obtained from the legal parents or court-appointed guardian of the child. If the child is old enough to understand what is being asked of him or her, the child's agreement to participate should be sought.

A child's agreement to participate is called an **assent** and is documented with an **assent form**, which is a child-friendly document that outlines the essential information about the research. All children 8 years through 17 years of age should be given an opportunity to assent, since most children aged 8 and over have the cognitive and emotional maturity to understand a research project and to decide whether they want to participate in it. Some children under the age of 8 may be able to grant or withhold assent also, and the IRB asks researchers to be sensitive to the needs of these children on an individual basis.

Researchers should draft a document that is age-appropriate and study-specific, taking into account the typical child's experience and level of understanding. The document should treat the child respectfully and convey the essential information about the study. Whether or not a **signed** assent form is used, the educational process of obtaining a minor's consent should:

1. indicate why the study is being conducted;
2. describe what will happen and for how long or how often;
3. say it is up to the child to participate and that it is okay for the child to say "no";
4. explain if the study activity will hurt and for how long and how often;
5. say what the child's other choices are;
6. describe any good things that might happen;
7. ask the child for questions.

### ***15.9 Informed Consent and Language Barriers***

Researchers are responsible for ensuring that the participants understand all the elements of voluntary informed consent. All the documents used in obtaining this consent for non-English-speaking participants must be provided to the IRB in both English **and the language of the participants**.

If a non-English-speaking participant is enrolled unexpectedly, researchers may rely on an oral translation of the English language form (and other documents), but should take extra care in the informed consent process to ensure that the participant has understood the project. A

statement in the study records must indicate that the translation took place, identify the translator, and document the translator's belief that the participant understands the study and the consent process.

Sometimes a participant understands English, but does not read or write English. Here an impartial witness should document that the participant understands the study and the consent process and has consented to participate.

### ***15.10 Informed Consent in Foreign Countries***

Requirements and customs for documenting informed consent vary widely among cultures. The IRB cannot exempt projects conducted in foreign countries from the consent requirements, but it can waive the requirement for written documentation of consent, understanding that, in some settings, the process of signing the form is very intimidating and may be riskier than the research itself.

Researchers planning to conduct research in another country should justify their proposed method of documenting consent. The justification should include a description of local customs, if they constrain the typical informed consent process. Participants in foreign sites should be given local contacts for any questions they may have about the research or about their rights.

### ***15.11 Informed Consent for Internet Research***

Questions about obtaining informed consent for research conducted over the Internet are raised frequently. The difficulty comes in separating what may be regarded as private versus public space, especially from the perspective of an individual participant in the Internet community. There are some considerations or best practices that OSU encourages the researcher to consider:

- Intrusiveness and sensitivity of the topic being researched
- Perceived privacy from the perspective of the prospective subject
- Vulnerability and potential harm to the prospective subject from a confidentiality breach

- Various methods to advise potential subjects of the research and to ensure understanding and informed consent to participate
- Ways to protect confidentiality of participants that may be different from more traditional research methods

While it may be possible to obtain consent online by providing an online information page with an “I agree” button, this **does not** provide valid documentation of consent. To use an online consent process, the research must qualify for a waiver of documentation of consent as defined above.

## **Section 16: Cooperative (Multi-site) Research**

Cooperative research projects are those projects covered by this policy which involve OSU CHS and at least one other institution (*e.g.*, a non-OSU CHS hospital or clinic). In the conduct of cooperative research projects, each institution is responsible for safeguarding the rights and welfare of human participants, and for complying with this policy. To assure appropriate review of a cooperative research project involving human subjects, the OSU CHS IRB will review the project unless a formal written agreement between the cooperative institutions provides for alternative appropriate review. Alternative methods of review include a joint review arrangement with the other cooperative institution(s), reliance upon the review of another qualified IRB, and other similar arrangements for avoiding duplication of effort.

One type of research arrangement that requires OSU CHS IRB review and approval, or inter-institutional agreement for alternative appropriate review, involves a faculty or staff member serving as investigator or consultant on a project at a different institution, which otherwise would not require review or approval of the OSU CHS IRB.

## **Section 17: Research in a Foreign Country**

When research takes place in a foreign country, the PI must ensure that research procedures meet all legal requirements of that country, as well as the requirements of this policy.



## **Section 18: Training of Principal Investigator and Other Personnel**

Prior to initiation of any research involving human subjects to which this policy applies, the Principal Investigator and all other personnel involved in the research must complete training in the use of human subjects provided by the **Collaborative Institutional Training Initiative (CITI)**.

### **Required Training**

On November 10, 2005, Dr. Stephen McKeever, Vice President for Research and Technology Transfer, announced that beginning June 1, 2006, Oklahoma State University will require that all principal investigators conducting research involving human subjects (faculty, staff or student) complete a new training program in basic human subjects protection training for any research involving human subjects, regardless of the source of funding.

### **Who Must Train?**

#### OSU Principal Investigators and Advisors

Any OSU faculty member, staff member or student who is listed as a principal investigator in a research project that involves human subjects, or who is acting as advisor to a student conducting such research, must complete the required CITI training modules prior to submission of a protocol. PIs are responsible for ensuring adequate training of their personnel.

#### OSU IRB Members/Alternates and IRB Staff

IRB members, alternate members and IRB staff are required to complete the required CITI training modules within three months of their appointment to the IRB.

#### OSU Institutional Officials

The Vice President for Research, University Research Compliance Director, Associate Deans for Research and Department Heads are required to complete the CITI training modules required for OSU administrators.

### **Getting Started**

The basic training is provided through an online web-based course provided through the Collaborative IRB Training Initiative (CITI) hosted by the University of Miami. The course can be accessed on line at <https://www.citiprogram.org>.

Instructions for using CITI Program for the Protection of Human Research Subjects

1. Open your Internet browser (MS Internet Explorer will work best) and go to the following address: <https://www.citiprogram.org>. This is the CITI welcome and registration page. **You must register to obtain a user name and password.**
2. The first step is to select your institution. To do this, select the drop down menu next to Participating Institutions and select Oklahoma State University Center for Health Sciences. Click on submit.
3. Create your user name and password. Click on submit.
4. Provide your name and email address. Click on submit.
5. You must now select a “learner group”. The group you select will determine which and how many training modules you will be required to complete. The learner group choices are:

Social/Behavioral Research Investigator

Biomedical Research Investigator

IRB Committee Member/Alternate

IRB Staff

IRB Chairperson

University Compliance Director

Institutional Officials (VPR, Deans, Dept. Heads)

**The second question on this page asks you to select the group for which you previously completed a Basic Course in the Protection of Human Subjects. All OSU faculty, staff and students are required to complete the OSU Basic course, even if you have previously completed the course at another institution. Please select the last choice for this question.**

6. The learners menu will appear. Complete the required modules and any associated quizzes. You must complete the required modules first, and then you may complete any of the optional modules you wish. You do not have to complete the training in one sitting.  
**You must have a cumulative score of 90% to pass the course and be considered complete.**
7. When you finish the course, you can print a “completion report” that will document your completion all of the modules required for your learner group.

If you have questions regarding the CITI training requirements, visit our website at

<http://www.healthsciences.okstate.edu/research/irb/training.php>.