

Institutional Review Board Resource Guide

Understanding and Committing to Guidelines and Ethical Principles for the Protection of Human Subjects in Research

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Understanding and Committing to Guidelines and Ethical Principles for the Protection of Human Subjects in Research

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The value of scientific research is that it ultimately contributes to human knowledge and produces substantial social benefits. However, research also creates serious ethical questions. Recognition of the need for guidelines dealing with human subjects in research first emerged following the revelations of the Nuremberg Trials during World War II, when public attention focused on reported abuses of human subjects in unethical experimentation.

In recent years, well-publicized cases of research misconduct have come to light spurring heightened awareness of the serious consequences of violating federal regulations regarding basic ethical principles in the conduct of research involving human subjects. In 1999, for example, a federal probe of human experiments at the University of Illinois at Chicago found that investigators did not obtain informed consent and that the school had not informed those responsible for approving human research projects about changes in federal regulations and guidelines. As a result, more than 1,000 research projects were suspended.

This resource guide presents current and important information about institutional review boards (IRBs) and ethical principles and guidelines for research involving human subjects.

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The listing of materials or programs in this guide does not constitute or imply endorsement by the National Center on Child Abuse Prevention Research or Prevent Child Abuse America. This resource guide was compiled from a variety of publications and represents some of the most current information. It is not an all-inclusive listing of materials on this topic. Further, though the information in this guide has been carefully prepared, errors may exist that prevent a guarantee to the accuracy, reliability, or completeness of the information on any Website referenced.

History

Origins of Research Ethics

Origins of ethical considerations regarding involvement of human subjects in research can be traced to a number of early philosophers including Hippocrates, Thomas Percival, William Beaumont, and Claude Bernard. Around 400 B.C., in regards to medical practice and medical ethics Hippocrates noted that physicians should “abstain from whatever is deleterious and mischievous.” However, he does not deal with research or experimentation with human subjects nor does he mention the principle of informed consent. In 1803, a code of medical ethics is attributed to Thomas Percival who thought it important to have good methods and competent investigators, but like Hippocrates, he does not mention consent either. From Hippocrates to Percival, history indicates that purely empirical, uncontrolled, and unscientific studies were conducted. Vivisection was common as were experiments on condemned criminals (e.g., Newgate Prison offered pardons for participation in “inoculations”).

By 1833, however, evidence of voluntary consent becomes necessary, at least that is the conclusion drawn from the writings of William Beaumont (1833) who is attributed as the author of the oldest American document dealing with research. In his writings, Beaumont indicated that experimentation is necessary since information cannot be otherwise obtained. Further, he noted that the investigator must be conscientious and responsible. Beaumont also stressed the importance of using a methodological approach. Perhaps most importantly, he noted that termination of an experiment must be instituted when it causes distress to the subject or the subject objects or becomes dissatisfied.

In his textbook entitled “An introduction to the Study of Experimental Medicine,” Claude Bernard (1865), noted that research is permissible to save, cure, or gain personal benefit for the subject; cannot be harmful to the subject in the name of science; and “those [experiments] that can only harm are forbidden. Those that are innocent are permissible, and those that may do good are obligatory.” However, the integrity of Bernard’s moral position has been questioned since he supported using dying patients in experiments that caused no suffering and he endorsed giving intestinal parasites to a condemned woman to be examined at autopsy.

Studies That Incited Regulation

It has been noted that while scientific research produces substantial social benefits it also poses some troubling ethical questions. The world’s attention was drawn to such questions when abuses of human subjects in biomedical experiments, especially during World War II, were reported. Briefly, during the Nuremberg War Crimes Trials, 23 German doctors were charged with crimes against humanity for “performing medical experiments upon concentration camp inmates and other living human subjects, without their consent, in the course of which experiments the defendants committed the murders, brutalities, cruelties, tortures, atrocities, and other inhuman acts”. Perhaps most notorious were studies conducted by Dr. Mengele.

Briefly, among Dr. Mengele's atrocious experiments were studies in which he infected one twin with a "germ". When this twin died, the other twin was killed and their organs compared at autopsy. Testimonies from survivors of such criminal experimentations indicated that there was never informed consent or any attempt to minimize risks. Considering the extent of depravity inherent in Dr. Mengele's studies it is perhaps quite an understatement to say that he had a very chilling interest in twin studies. Among his crimes, he is reputed as having sewed twins together to create a Siamese twin; studied subjects with genetic defects and genetic traits so as to better "purify the Aryan super race"; and performed cross transfusions to "make boys into girls and girls into boys."



Credit: National Archives, courtesy of the United States Holocaust Memorial Museum (USHMM) Photo Archives.

During testimony at the Doctors Trial, American medical expert Dr. Leo Alexander points to scars on Jadwiga Dzido's leg. Dzido was a victim of medical experiments at the Ravensbrueck concentration camp. Nuremberg, Germany, December 22, 1946. NARA

The post war response to human subject experimentation in Nazi Germany still reverberates today. In the case against the Nazi physicians, there were 23 defendants and 3 non-physicians. Fifteen were found guilty, specifically, 7 were hanged (4 were physicians); 5 sentenced to life in prison, 4 sentenced to 10-20 years in prison, and 7 were acquitted and freed. In a separate trial, 31 "underlings" were also found guilty (22 of them were hanged). As part of the verdict, the Court enumerated some rules for "Permissible Medical Experiments," now known as the "Nuremberg Code (1947)." These rules include three basic tenets: 1) voluntary consent; 2) benefits outweigh risks; and 3) ability of the subject to terminate participation. Underlying these tenets is a philosophical basis, namely, that we must never treat individuals as a means to an end, rather as the end itself. Sound familiar? Perhaps a quote from Immanuel Kant (1724-1804) states it best...

“For all rational beings come under the law that each of them must treat itself and all others never merely as means, but in every case at the same time as ends in themselves.”

Post WWII, a number of other studies further illuminated the need for rules on permissible experiments involving human subjects. To name a few, in the 1950's, Willowbrook's study on mentally retarded children who were deliberately infected with the hepatitis virus; in the 1960s, the Jewish Chronic Disease Hospital's study in which live cancer cells were injected into 22 senile patients; Milgram's 1963 "behavioral study of obedience"; and in 1970, Humphries' study of "Tearoom Trade: Impersonal Sex in Public Places". It is important to note that the latter two studies perhaps lend an important implication to social science research, namely that it is not immune to potential violations of ethical principles for the protection of human subjects in research. Both Milgram's and Humphries' studies were saturated with deception. In Milgram's study of obedience, subjects administered increasing levels of electric shock to a confederate. Unfortunately, the *subjects* were not informed that the recipient of their high levels of electric shock was a confederate, thus, increasing subjects' feelings of coercion and distress. In Humphries' study, deception was used to interview homosexuals in public bathrooms. A book on what the "subjects" had to say was later published entitled "Tearoom Trade: Impersonal Sex in Public Places."

Another study that garnered public outrage and underscored the importance of ethical principles for the protection of human subjects in research was an American medical research project conducted by the U.S. Public Health Service from 1932 to 1972. The Tuskegee Syphilis Study, as it came to be known, examined the natural course of untreated syphilis in black American men. The subjects, all impoverished sharecroppers from Macon County, Alabama, were unknowing participants in the study. Moreover, they were not told they had syphilis, rather, they were told they had "bad blood." Even worse, they were not offered effective treatment even though it was available and were told that, if treated, they would be dropped from the study (i.e., this meant loss of a number of "incentives" such as free physical exams, free rides to the clinic, hot meals on exam days, free treatment for minor ailments, burial stipends). Moreover, few of the physicians and none of the subjects really knew what the study involved.

Guidelines and Ethical Principles

Following is a brief summary of key events in IRB history that serve as the founding guidelines and ethical principles for the protection of human subjects in research today.

Nuremberg Code, 1947

The Nuremberg Code was drafted as a set of standards for judging physicians and scientists who had conducted biomedical experiments on concentration camp prisoners. The Nuremberg Code includes three basic tenets: 1) voluntary consent; 2) benefits outweigh risks; and 3) ability of the subject to terminate participation.

Essentially, the Nuremberg Code defined informed consent, as it was the first legal attempt to deal with ethical issues of research and thus was the prototype of many later codes. The World Medical Association adopted it in 1948. As biomedical research advanced, international need for a more specific code of ethics proliferated, hence, the formulation of the Declaration of Helsinki.

For a detailed look back at Nuremberg, including information about the indictments, the defendants, who was who at Nuremberg, the creation of the tribunal and the law behind it, an interview with Drexel Sprecher (i.e., former American Nuremberg prosecutor); and the legacy of the trial, see Court TV's famous cases at <http://www.courttv.com/casefiles/nuremberg>. Some electronic transcripts of more than 126,000 pages of historic proceedings from the trials can also be found at this Website, courtesy of Aristarchus Knowledge Industries, Inc., the first publisher to electronically store the pages of the proceedings electronically on CD-ROM.

For a detailed summary of the Nuremberg Code as well as excerpts from the indictment and testimony, see the United States Holocaust Memorial Museum's fiftieth anniversary commemoration Website at http://www.ushmm.org/research/doctors/Nuremberg_Code.htm.

For photos from the Nuremberg Trials, see the Website of "A Teachers Guide to the Holocaust", available from Florida Center for Instructional Technology, College of Education, University of South Florida, at <http://fcit.coedu.usf.edu/holocaust/resource/gallery/NI945.htm>.

Declaration of Helsinki, Recommendations Guiding Medical Doctors in Biomedical Research Involving Human Subjects, adopted 1964, revised 1975, 1983, 1989, 1996

The Declaration of Helsinki put forward general principles for the ethical conduct of biomedical research involving human subjects. It was adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964 and was revised by the World Medical Assembly in Tokyo, Japan in 1975, in Venice, Italy, in 1983, in Hong Kong in 1989 and the 48th General Assembly, Somerset West, Republic of South Africa, October 1996. Similar to Kant, the philosophical basis here too is that "concern for the interests of the subject must always prevail over the interests of science and society." For more information on the Declaration of Helsinki, see Office of Human Subjects Research, National Institutes of Health at <http://ohsr.od.nih.gov/helsinki.php3>.

National Research Act, 1974

The National Research Act established the "National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research" and required IRBs at institutions receiving HEW support for human subjects research. HEW is an acronym for the Department of Health, Education and Welfare, created under President Eisenhower, officially coming into existence April 11, 1953. In 1979, the Department of Education Organization Act was signed into law, providing for a separate Department of Education. HEW became the Department of Health and Human Services, officially arriving on May 4, 1980.

The Belmont Report, Ethical Principles and Guidelines for the Protection of Human Subjects of Research, 1979

This extremely critical report was prepared by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research on April 18, 1979. The Belmont Report outlines three basic ethical principles, namely, 1) respect for persons-individual autonomy, protection of individuals with reduced autonomy (i.e., informed consent); 2) Beneficence-maximize benefits and minimize harms; and 3) justice-equitable distribution of research costs and benefits (i.e., certain groups of people have to bear the burden of research

e.g., Tuskegee sharecroppers, thus, the principle of justice says that those who bear the burden must reap the benefits).

To read a copy of The Belmont Report from the Office for Human Research Protections, U.S. Department of Health and Human Services' (HHS) Website, visit <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/belmont.htm>.

Federal Regulations and Policy

45 CFR 46 represents the basic HHS policy for protection of human research subjects. It was originally adopted in May 1974 and was revised January 13, 1984, and again on June 18, 1991. 45 CFR 46 has four parts (i.e., Subparts A-D). Subpart A (i.e., Federal Policy for the Protection of Human Subjects-The Common Rule) is the heart of the regulation and policy, thus it is known as "The Common Rule," since it is adopted by all Federal funding agencies (i.e., Departments of Agriculture, Energy, Commerce, HUD, Justice, Defense, Education, Veterans Affairs, Transportation, and HHS, National Science Foundation (NSF), National Aeronautics and Space Administration (NASA), Environmental Protection Agency (EPA), Agency for International Development (AID), Social Security Administration, Central Intelligence Agency (CIA), and the Consumer Product Safety Commission). "The Common Rule," refers to how the IRB is set-up. Additional protections for vulnerable populations are stipulated in Subparts B-D.

Briefly, Subpart B indicates additional HHS protections pertaining to research, development, and related activities involving fetuses, neonates, pregnant women, and human in vitro fertilization. Subpart C indicates additional HHS protections pertaining to biomedical and behavioral research involving prisoners as subjects. And, Subpart D indicates additional HHS protection for children involved as subjects in research.

The Federal regulations in 45 CFR 46 contain three basic protections for human subjects: 1) institutional assurances; 2) IRB review; and 3) informed consent. Federal Policy 45 CFR 46 defines IRB function and operations; establishes criteria for exemption status; determines categories for expedited review; and classifies vulnerable populations (i.e., children, prisoners, fetuses, and pregnant women).ⁱⁱ Further, it applies to all Federally funded research involving human subjects.

The following section provides more specific information on policies and procedures governing Federally funded research with human subjects, including the Federal definition for "research" and "human subject"; Institutional Review Board (IRB) specifications and responsibilities; and IRB registration and assurance filing. The Office of Human Research Protections (OHRP) website is referenced as a key starting point for direction on compliance regarding the protection of human research subjects.

Federal Regulationsⁱⁱⁱ

General Information

To safeguard the rights and welfare of human subjects in Federally funded research, there are both ethical and Federally mandated responsibilities to be cognizant of. Generally, ethical responsibilities are guided by the principles outlined in the Belmont Report, namely, respect for persons, beneficence, and justice. Federally mandated responsibilities originate from the Department of Health and Human Services (HHS) and are outlined in Title 45, Part 46 of the Code of Federal Regulations (45 CFR 46), which mandates that all institutions engaged in research with human subjects provide dual protections of Institutional Review Board for the Protection of Human Subjects (IRB) review and informed consent. Essentially, ethical and Federally mandated responsibilities serve as the foundation for an agreement referred to as a “Federalwide Assurance” (FWA). Thus, any institution conducting Federally supported research must enter into this agreement with the Office for Human Research Protections (OHRP), an arm of HHS. It is important to note that “Federally supported” is defined throughout the FWA and the Terms of Assurance as the U.S. Government providing any funding or other support (including, but not limited to, providing supplies, products, drugs, and identifiable private information collected for research purposes) and/or the conduct of the research involves U.S. Government employees.^{iv}

In the past, OHRP has approved three basic types of assurances: Multiple Project Assurance (MPA), which were designated for Federalwide use; Cooperative Project Assurance (CPA); and Single Project Assurance (SPA). Beginning in December 2000, OHRP developed an Institutional review Board (IRB) Registration and a new Federalwide Assurance (FWA) with a two-fold purpose: 1) to create a new registry for IRBs; and 2) to streamline the assurance process to significantly reduce the administrative burden on individual institutions, other Federal departments and agencies, and OHRP itself.

Following is a brief introduction to definitions and general guidelines for determining whether IRB review is required; a glimpse at the structural requirements of an IRB; a summary of three possible “review” mechanisms; and more specific information about OHRP as well as information on how to apply for a FWA.

Definitions and Guidelines

Under Federal regulations, “research” is defined as “any systematic investigation designed to develop or contribute to generalizable knowledge.” It is important to note that this definition excludes activities intended as instructional and which are not designed to contribute in any way (e.g., through presentation or publication) to generalizable knowledge.

“Human Subject” is defined as “a living individual about whom an investigator obtains either (1) data through interaction or intervention with the individual, or (2) identifiable private information.” This latter definition

applies regardless of whether the investigator *interacts* with human subjects or not. A caveat to this is that in some instances, the determination of whether a particular research activity involves human subjects is not always clear. Thus, if there is any uncertainty as to whether a study is considered “research” or involves “human subjects,” perhaps it is better to err on the side of caution and submit an application for IRB review.

Generally, in making decisions about whether an activity constitutes research involving human subjects, an investigator might begin by asking oneself two key questions: First, “will the data collected be publicly presented or published?” Second, “do my research methods involve direct/indirect interaction with participants in any form or access to identifiable private information about individuals?” If the answer to both of these questions is “yes,” a project is considered research with human subjects and is subject to Federal regulations and requires IRB review. The type of review required (i.e., Exempt, Full, Expedited) depends on the nature of the research project. Generally, activities that may not require IRB review are those that do not satisfy the definition of “research” i.e., the investigator answers “no” to the question “will the data collected be publicly presented or published?” This implies that investigators carefully consider whether or not the information collected in their activities will be used to contribute to generalizable knowledge or if the information will be incorporated into a publication or presentation that would be used to contribute to generalizable knowledge. The latter is important to consider since it would be considered “research.” It is also important to keep in mind that the investigator must decide in advance, as it is not possible to retrospectively review and approve a project once data collection has begun. When in doubt about how data will be used, it is perhaps best for an investigator to err on the side of caution and submit an application for review.

From an ethical standpoint, even when projects do not qualify as “research,” as defined by Federal Regulations, they must be conducted with utmost regard for an Institution’s policies, ethical standards, and the dignity and welfare of human participants.

- 📌 For your convenience, a flowchart is included at the end of this resource guide to be used as a first step in helping you determine if IRB review is required for your future research endeavors (see [Appendix A](#)).

IRB Structure

Under Federal regulations, the IRB must be a diverse group in terms of gender and racial background. Specifically, the IRB must consist of:

- At least five members of varying backgrounds who are sufficiently qualified, not solely of one profession, and gender diversity.
- At least one non-scientist.
- At least one member not affiliated with Institution.
- Expertise on “vulnerable populations” (e.g., prisoners, children, pregnant women, etc.).
- Outside consultants.

Included among the responsibilities of an IRB are to:

- Review and approve, require modifications, or disapprove all research.
- Require that Informed Consent is in accordance with regulations.
- Require documentation of Informed Consent or opt to waive documentation in accordance with regulations.
- Notify investigators, in writing, of decisions.
- Conduct continuing review of research no less than once per year.

While Federal regulations and ethical standards regarding the protection of human subjects in research should be taken seriously, it is important to remember that the IRB is essentially a group of dedicated *human beings* from a range of backgrounds whose mission it is to protect human research subjects. Often, this reality is forgotten or worse replaced with—as the cartoon below depicts—the stereotype that IRB members are unapproachable, self-righteous, or distant. On the contrary, many IRB members see themselves as partners in the research process, fulfilling ethical and Federally mandated responsibilities but also inviting investigators to bring to their attention issues of general policy regarding human subjects in research.



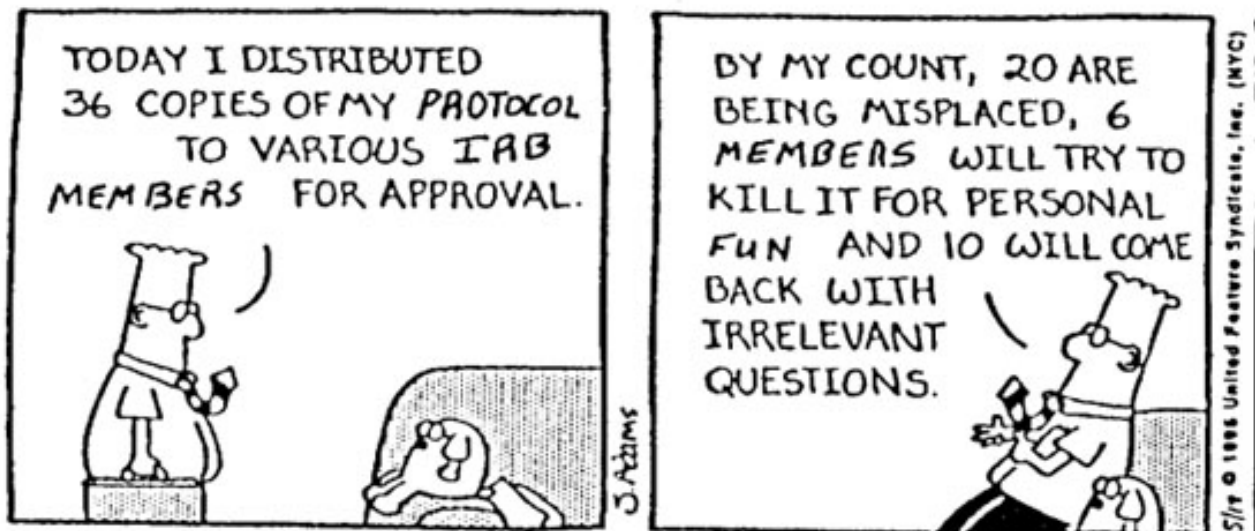
Credit: Artwork by Don Mayne, courtesy of Independent Review Consulting, Inc.

Review Mechanisms

Exempt Review, Full Review, and Expedited Review are three possible mechanisms by which initial research proposals involving human subjects are reviewed. Institution-specific determinations on the method by which applications will be reviewed (i.e., when, by whom, how, etc.) usually are set forth in an Institution's Federalwide Assurance (FWA) application process. Thus, for example, unless otherwise required by a Department or Agency, certain types of research activities may be exempt from IRB review and the determination may be made by an Institution's Compliance Manager and/or designated reviewers. However, the investigator cannot make this decision. With respect to expedited review procedures, generally, protocols that are reviewed via an expedited process are evaluated by the same ethical standards and must meet the same approval criteria as those that receive full IRB review. However, the review process may not require discussion at a convened IRB meeting. According to Federal guidelines, an expedited review procedure consists of a review of research involving human subjects by the IRB chairperson or by one or more experienced reviewers designated by the chairperson from among members of the IRB in accordance with the requirements set forth in 45 CFR 46.

Following is a brief description of each type of review. Possible outcomes of initial review, criteria for IRB approval, kinds of risk, evaluation of risk, and the protection of privacy and confidentiality are reviewed with respect to Full Review. A brief introduction to continuing review is also provided.

While investigators are urged to prepare for the IRB review process with seriousness, perhaps a little Dilbert humor will serve as a reminder that no one is immune to the "IRB Blues" (i.e., fear of the worst case scenario).



Exempt Review

Some research is "exempt" from Federal regulations, but the IRB of the Institution (NOT the investigator) must certify this. Generally, in the Federalwide Assurance (FWA) filed with OHRP, the IRB sets up the conditions

under which research may be reviewed as “exempt.” Thus, it is up to the Institution’s IRB to determine the process of exempt research. The following kinds of research with human subjects may qualify for exemption:

- Research using existing data, documents, records, specimens, (pathological or diagnostic) if publicly available or unidentifiable.
- Research on elected or appointed public officials or candidates for public office.
- Evaluation of public benefit service programs.
- Taste and food quality evaluation and consumer acceptance studies.
- Normal educational practices.
- Educational tests, surveys, interviews, or observation of public behavior unless identified and sensitive.

It is important to note that research is considered NOT exempt if the following are involved:

- Human subjects can be identified AND disclosure could place subjects at risk.
- Pregnant women.
- Fetuses and neonates.
- Human in vitro fertilization.
- Prisoners.
- Minors in survey/interview research.
- Observation of minor if researcher is a participant observer.

Expedited Review

Research is considered for “expedited” review if the following applies:

- Presents no more than minimal risk to participants.
- Does not involve certain vulnerable populations, namely, prisoners, persons over whom the researcher is in a position of authority, and mentally disabled.
- All procedures fall into one or more of seven categories designated as eligible for expedited review:
 - (1-4) Categories related to medical research (see [Appendix B](#)).
 - (5) Research involving materials that have been collected or will be collected solely for nonresearch purposes.
 - (6) Collection of data from voice, digital or image recordings made for research purposes.
 - (7) Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus groups, program evaluation, human factors evaluation, or quality assurance methodologies.

- 📌 It is important to note that continuing review of research that meets these criteria may also be conducted via an expedited process. Generally, continuing review is appropriate to the degree of potential risk and is conducted not less than once per year. This type of review is briefly summarized in the next sub-section on “Full IRB Review.”

Full IRB Review

All research that is not exempt and does not meet the criteria for expedited review is reviewed via “Full IRB Review”, at a regularly convened meeting in which the majority of members are present; at least one non-scientist is present; and approval is determined by the majority of those present. Members with a conflict of interest must be absent during discussion and vote. Further, should the quorum fail during a meeting (e.g., those with conflicts being excused, loss of a non-scientist, early departures), no further votes can be taken unless the quorum can be restored.

Generally, criteria for IRB approval is based on the ethical standards and guidelines outlined in the Belmont Report, specifically:

- Risks to subjects are minimized.
- Risks are reasonable in relation to anticipated benefits.
- Selection of subjects is equitable.
- Informed consent is sought from each subject.
- Informed consent is appropriately documented.
- When appropriate, (a) data collection is monitored to ensure subject safety; (b) privacy and confidentiality of subjects is protected; and (c) additional safeguards are included for vulnerable populations.

The IRB very carefully examines the kinds of risk posed by research. Specifically, risks can be categorized into three categories: (1) participant risks (i.e., physical, psychological, social/emotional; legal); (2) investigator risks; and (3) societal risks. It is important to note that the IRB’s evaluation of risk is based on the “minimal risk” standard, which indicates that the probability and magnitude of harm or discomfort anticipated in the research must not exceed that ordinarily encountered in daily life. Based on this ethically and Federally mandated standard, the IRB must in its evaluation of risk:

- Identify the risks associated with the research.
- Determine that the risks will be minimized as much as possible.
- Identify the probable benefits to be derived from the research to subjects and society.
- Determine that the risks are reasonable in relation to benefits to subjects (i.e., Risk/Benefit Ratio, refer to the Belmont Report for an introduction to this concept).
- Assure that potential subjects will be provided with an accurate and fair description of the risks and benefits.
- Determine intervals of periodic review (i.e., continuing review at least once per year).

As a rule of thumb, investigators should thoughtfully consider the kinds of risk their research poses and not merely guess or assume that there is no risk. This is important because OHRP does not make determinations based on inadequate information. Thus, investigators must look at their research procedures to determine risk, consider vulnerability of participants and take steps to minimize risk of harm to subjects. For example, a social

psychologist studying date rape in young women must minimize the risk of emotional distress to these women by providing referrals to appropriate treatment services.

Investigators should also be aware of three key definitions pertaining to the protection of privacy and confidentiality of participants. First, “privacy” refers to a person’s right to control access to information about him/herself. Second, “confidentiality” pertains to the right to keep private information divulged in the course of research. A third important concept to be aware of is “anonymity,” which refers to the process of record keeping whereby no names or identifying information can link subjects to the data. Commonly, investigators maintain confidentiality and anonymity by using a coding system to disguise or cleanse data of any identifying information and as a general practice carefully store any identifying information in a secure, limited-access location.

An important process available to investigators that should not be overlooked is the “Certificate of Confidentiality” for extremely sensitive information. The certificate is issued by the Federal government in special circumstances to protect the “privacy” of research subjects and protect investigators against the “compelled disclosure of identifying information about subjects of biomedical, behavioral, clinical, and other research.” Stated differently, it protects investigators from being forced to reveal the identity of participants in their research project in legal proceedings. A research project is considered sensitive if it involves any of the following:

- Information relating to sexual attitudes, preferences, or practices.
- Information relating to the use of alcohol, drugs, or other addictive products.
- Information pertaining to illegal conduct.
- Information that if released could reasonably be damaging to individuals financial standing, employability, or reputation within the community.
- Information that would normally be recorded in a patient’s medical record, and the disclosure of which could reasonably lead to a social stigmatization or discrimination.
- Information pertaining to an individual’s psychological well-being or mental health.
- Genetic information.

 For more information about applying for Certificates of Confidentiality, consult the OHRP website at <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/certconpriv.htm>.

Depending on the quality of information presented to an IRB and the degree to which the preceding criteria are met, there are four possible outcomes of initial review: (1) approve; (2) approve conditionally; (3) table; and (4) disapprove. Following are brief explanations of each of these outcomes of initial review. It is important to note that regardless of the outcome, the investigator is notified in writing by the IRB.

Approve: This outcome is granted if all of the preceding conditions have been met. Approval indicates to an investigator that he/she may proceed with the project as outlined in the IRB application.

Conditionally Approve: This outcome is granted if the IRB determines that risks to subjects are minimal but minor changes or clarifications are required that do not alter the conduct of the project. Typically, the conditions that must be met to secure approval are outlined in a letter to the investigator. It is important to note that the research may not proceed until all conditions have been met and full approval is secured. Once the IRB Chair and/or other designated members determine that the conditions have been, the investigator is usually notified in writing that the protocol is approved and that the research may proceed as outlined.

Table: If the IRB lacks sufficient information to assess risk and benefits, changes are required that alter the conduct of the project, or major concerns exist in relation to any of the preceding criteria, then the IRB may table a protocol. The investigator is responsible for responding in writing to the concerns of the IRB. Generally, the full IRB reviews tabled protocols.

Disapprove: If the IRB determines that a project does not meet the criteria for approval and there are serious concerns related to one or more criteria, the IRB might disapprove a project. Here too, the investigator is typically given feedback regarding the reasons for disapproval.

Another type of review mechanism is referred to as “continuing review.” Federal regulations require that the IRB conduct meaningful and substantive continuing review of every approved project at least once a year. When a project is approved, the IRB determines the exact time interval at which continuing review must be conducted (i.e., based on the level of risk to participants, the nature of methodology, and the experience of the investigator). IRBs have specific procedures for continuing review. Generally, protocol summary and a status report on the progress of research indicating the following is required:

- The number of subjects accrued.
- A description of any adverse events or unanticipated problems involving risks to subjects or others.
- Any withdrawal of subjects from the research or complaints about the research.
- A summary of new information relevant to human subjects, especially information about the risks associated with the research.
- A copy of the current Informed Consent document.

In addition to the preceding review mechanisms, another IRB procedure is that having to do with amending or changing a project. Briefly, any changes to an approved research protocol or a consent document must be approved by the IRB prior to implementation. This includes changes in:

- The participant population.
- Recruitment or consent procedures.
- Intervention or assessment procedures.

- Data recording or management procedures.
- Changes in the consent documents or consent scripts.

The bottom line is that the investigator is responsible for ensuring that all anticipated changes or modification affecting human participants are reviewed and approved by the IRB. Often, amendments to an approved protocol may require full IRB review, however, for minimal risk research, expedited review may be reviewed via an expedited process.

- For detailed information about IRB review mechanisms, please refer to the OHRP website where you can download the IRB Guidebook “Protecting Human Research Subjects” published in 1993 by the National Institutes of Health (NIH), Office of Extramural Research, Office for Protection from Research Risks. The direct link on the Web is http://ohrp.osophs.dhhs.gov/irb/irb_guidebook.htm. Alternatively, for information on how to order a print copy of the guidebook and/or the videotape series, click on the following link: <http://ohrp.osophs.dhhs.gov/references/resource.htm>.

Office of Human Research Protections (OHRP)

Web URL: <http://ohrp.osophs.dhhs.gov>

The OHRP is organized within the Office of Public Health Service (PHS) and the Department of Health and Human Services (HHS). Formerly, OHRP was known as the Office for Protection from Research Risks (OPRR). OHRP is charged with interpreting and overseeing implementation of the regulations regarding the Protection of Human Subjects codified at Title 45, Part 46, of the Code of Federal Regulations (45 CFR 46). 45 CFR 46 can be accessed online from OHRP’s website at <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm>.

The OHRP has oversight and educational responsibilities wherever HHS funds are used to conduct or support research involving human subjects. The OHRP website contains a wealth of information on IRB registration and assurance filing, policy guidance, compliance oversight, educational materials, and workshops. In addition, OHRP has created a LISTSERV to provide interested individuals with information on human subject research protection, educational workshops, and other programs. It is important to note that the LISTSERV is not a discussion list rather it is a venue for posting human subjects protections announcements only.

- To subscribe to the OHRP-L LISTSERVE, interested individuals should send an e-mail to: LISTSERV@LIST.NIH.GOV with the following text in the message body: SUBSCRIBE OHRP-L First Name Last Name. As a reminder, replace “first name” and “last name” with your own name. It is not necessary to include your e-mail address in the body of the message because the LISTSERV will get your e-mail address from the "From:" field of your e-mail message.

IRB Registration and Assurance Filing

Under the Common Rule of the Federal Policy for Protection of Human Subjects, each institution “engaged” in Federally supported human subjects research is required to file an “Assurance” of protection for human subjects.

Basically, an Assurance formalizes the institution's commitment to protect human subjects. OHRP notes that the requirement to file an Assurance includes both the "awardee" and collaborating "performance site" institutions.

While registration of an Institutional Review Board (IRB) or Independent Ethics Committee (IEC) with OHRP is voluntary, it is *required* for an IRB/IEC designated on a Federalwide Assurance of Protection for Human Subjects. Registering an IRB/IEC is important because it will facilitate OHRP's effort to establish effective communication with IRBs/IECs working to protect human subjects, especially those responsible for research supported or conducted by the Department of Health and Human Services (HHS). Further, OHRP notes that a registered IRB will benefit from emerging technologies to make communication to and from HHS quick and easy.

Communication to and from HHS is extremely critical, especially considering the increasing scrutiny and/or criticism from the public, media, and the Federal government's Office for the Inspector General (OIG) and the General Accounting Office (GAO). Criticism has included among other things, failures to obtain prospective IRB approval, minimize risk for subjects, obtain legally effective informed consent, and provide oversight or adequate continuing review of human subjects research. Recognizing the challenges that institutions and their human research protection programs face with the administration, review, and conduct of human subjects research, beginning in January 2002, OHRP launched a Quality Improvement (QI) Program intended to help institutions, on a voluntary basis, evaluate and improve the quality of their human research protection program. The interactive program emphasizes prevention of harm in human subjects protection programs. The IQ program is designed to help an institution's human subjects protection program increase its quality, performance, and efficiency; as well as to ensure its compliance with Federal regulations. The program has three components or stages, namely, Quality Assurance, Quality Improvement, and Continuous Quality Improvement (i.e., guidance for the development of an institution's own QA/QI process on a continuous basis).

Through this program, the Division of Assurances and Quality Improvement (DAQI) of OHRP, offers assessment, instruction, education, and sharing of best practices. Institutions and independent IRBs interested on a voluntary basis in initiating the Quality Improvement process may submit a written request to DAQI.

The DAQI provides links containing information, instructions, and the necessary form(s) to:

Link to
Downloadable
FORMS here!

- (1) Register an Institutional Review Board (IRB) or an Independent Ethics Committee (IEC), see <http://ohrp.osophs.dhhs.gov/humansubjects/assurance/irbs.htm>;
- (2) Prepare an application for a Federalwide Assurance (FWA) for the Protection of Human Subjects in Research (see <http://ohrp.osophs.dhhs.gov/humansubjects/assurance/fwass.htm>) or obtain information about other types of Assurances (see <http://ohrp.osophs.dhhs.gov/humansubjects/assurance/asur.htm>) or check the approval of an Assurance (see <http://ohrp.cit.nih.gov/search/asearch.asp#ASUR>); and
- (3) Initiate the Quality Improvement Process, see <http://ohrp.osophs.dhhs.gov/humansubjects/qip/qip.htm>.



Policy Guidance

There are a number of useful resources on OHRP's website regarding regulations, guidance, and informed consent; a few are annotated here.

Regulations

ⓧ Expedited Review: refers to a review procedure of research involving human subjects by an IRB's chairperson or by one or more experienced reviewers designated by the chairperson from among members of the IRB in accordance with the requirements set forth in 45 CFR 46. Generally, research that poses no greater than "minimal risk" of harm; does not involve certain vulnerable populations (e.g., children, prisoners, persons over whom the investigator is in a position of authority, mentally disabled) is considered for an expedited review process. It is important to note that there are specific categories set forth in 45 CFR 46 that designate research as eligible for expedited review. An investigator must be cognizant of these categories when preparing to submit a request for expedited review. Further, it is important to note that the final decision as to whether a research protocol is deemed to pose no greater than minimal harm is made by an IRB. For more information, see <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/expedited98.htm>.

ⓧ Human Subject Regulations Decision Charts: In response to frequent inquiries, three decision charts are available on the OHRP website that serve as visual aids to clarify portions of the HHS human subject regulations at Title 45 Code of Federal Regulations Part 46 (i.e., 45 CFR 46). The first chart provides a clarification on the definition of human subject 46.102(f) (i.e., is the definition of "human subject" at Section 46.102(f) met in this research activity?). The second chart outlines a response to the question of whether the research is exempt in accordance with Section 46.101(b)(4) (i.e., exemption at section 46.101(b)(4) regarding research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens). The third chart provides a visual response in answer to the question "Can the Institutional Review Board employ Section 46.116(d) to waive informed consent or alter informed consent elements" (i.e., waiver or alteration of informed consent under section 46.116(d))? These three charts can be accessed at: <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/decisioncharts.htm>

Guidance

The OHRP website includes access to a number of guidance materials including the Belmont Report, IRB guidance documents pertaining to a range of research areas such as Aids research, prisoner research, and inclusion of women and minorities in research. In addition, "Dear Colleague" Letters (i.e., letters to institutional officials and IRB chairs on new policy guidance) dating from December 1984 to January 1999 are posted, as are reports on guidance information (e.g., a May 2001 report to Congress on protections for children in research). For more information, visit the policy guidance section of the OHRP website at <http://ohrp.osophs.dhhs.gov/polasur.htm>.

Informed Consent Information

ⓧ Informed Consent Tips

Available from the OHRP website at <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/ictips.htm>.

This tip sheet provides succinct information to research investigators on the development of an approach and proposed language for obtaining consent and its approval.

Informed Consent Checklist

Available from the OHRP website at <http://ohrp.osophs.dhhs.gov/humansubjects/assurance/consentckls.htm>.

This checklist provides guidance on complying with basic and additional elements as well as documentation of informed consent.

Informed Consent of Non-English Speakers

Available from the OHRP website at <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/ic-non-e.htm>.

Given the diversity of people that Prevent Child Abuse America networks are involved with, this document may be quite useful. As a reminder, the HHS regulations for the protection of human subjects in research requires that informed consent information be presented “in language understandable to the subject” and in most situations that informed consent be documented in writing (45 CFR 46 Sections 116 and 117). The Web link here also includes a sample short form written consent document for subjects that do not speak English.

Compliance Oversight

The OHRP is responsible for oversight of compliance by awardee institutions with the Department of Health and Human Services (HHS) Regulations for Protection of Human Subjects (45 CFR 46). Compliance oversight information can be accessed online at OHRP’s website; the direct link is <http://ohrp.osophs.dhhs.gov/compovr.htm>. Available at this link is information on compliance oversight procedures, determination letters (i.e., letters that document results of OHRP reviews of IRB processes and procedures at various universities and institutions), and a “clickable index” of common findings of noncompliance, pertaining to review procedures, the informed consent process, IRB membership and procedures, etc.

National Human Subject Protections Education Workshop Program

The OHRP sponsors a workshop series on responsibilities of researchers, IRBs, and institutional officials for the protection of human subjects in research. The workshops are open to anyone with an interest in research involving human subjects. Although, the meetings may be of special interest to persons currently serving or are about to begin serving as a member of an IRB. For further information about these workshops, please contact:

Gail Carter, Program Assistant
Division of Education
Office for Human Research Protections (OHRP)
The Tower Building
1101 Wooton Parkway, Suite 200
Rockville, MD 20852
E-mail: gcarter@osophs.dhhs.gov

OR

Refer to the PUBLICITY NOTICE at its direct link on the OHRP website:

<http://ohrp.osophs.dhhs.gov/wrkshp.htm>.

This notice provides the dates, location, hosts, and titles to upcoming workshops.

Informed Consent

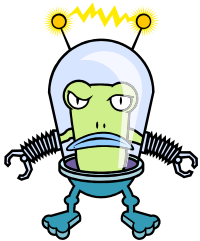
Informed consent is one of the key ethical principles governing human subjects in research. The purpose of informed consent is to assure that potential human subjects will understand the nature of the research and can knowledgeably and voluntarily decide whether or not to participate. The most important aspect of informed consent that must be understood is that it is not a single event or merely the completion of a form rather it is a continuing educational *process* that takes place between the investigator and the potential subject. Simply obtaining a signature or verbal affirmation is not enough to satisfy the conditions of informed consent. Ethically, investigators must be responsible for assessing whether or not the participant understands the information presented, has the ability to give consent, and is free to make a voluntary choice. According to Federal regulations, “informed consent” refers to “the knowledgeable agreement of an individual or his/her representative to exercise free choice without any undue inducement or any element of force, fraud, deceit, duress, or other kinds of constraint or coercion.” For participants not able to give consent (e.g., minors, mentally disabled, etc.), it must be obtained from a guardian or legal representative. There are three key conditions that must be satisfied in considering the participant’s verbal or documented consent valid:

(1) The participant must be provided with essential information such as the following:

- a. The purpose of research.
- b. The expected duration of participation and the procedures involved in participation. This means that participants are precisely informed of what they will be asked to do if they participate in the research.
- c. Any foreseeable risks and discomforts.
- d. Potential benefits to the participant or to society.
- e. Procedures for protecting confidentiality of participants’ personal information. This means that participants have a right to know how their information will be protected. And, participants have a right to be informed about any limits to confidentiality (i.e., circumstances under which information about participants might be shared with others e.g., conditions related to child abuse reporting laws).
- f. A statement indicating that participation is voluntary and that a refusal to participate will involve no penalty. Participants should also be informed that they are free to discontinue participation at any time without penalty. Participants should also be informed of whom they may contact if they have questions about the research (typically, this is the primary investigator) or about their rights as a participant in research (this usually refers to being provided with the contact information to the compliance manager of the IRB, if there is one).
- g. Other information that may be relevant to their participation, such as any costs to the participant or compensation provided, alternatives to participation, etc.

- (2) The participant must have the capacity to understand the information (cognitively and linguistically); and
- (3) The participant must have the freedom to make a voluntary choice about participation.

Loyola University Chicago’s “Manual for Research with Human Subjects” offers its faculty, staff, and students conducting human subjects research with a very useful tool in conceptualizing the process of informed consent. In the manual, it is suggested that the informed consent process might best be conceptualized by 3 C’s: Contact, Conversation, and Confirmation (see, <http://www.luc.edu/depts/uresearch/ours/Compliance/IRB/IRB.htm> to access Loyola’s manual on the Web).



Contact: Since you do not want to leave participants with the impression that you are an extraterrestrial life form, it is important that you consider how to initiate contact with participants in a way that is non-intrusive.

Conversation:

Determining when and how to discuss participation is critical to the informed consent process. Generally, it is recommended that such a discussion occur well in advance of the actual research intervention when the research is complex or involves greater than minimal risk of harm to participants. In addition, investigators should include a description of what participation would involve. Once conversation has taken place, potential participants should be given the opportunity to contemplate the conversation and provided sufficient time to decide if they want to participate.



Confirmation:



In planning the consent process, investigators also need to confirm that an individual understands the research project, is capable of giving consent, and is willing to participate. Remember, a signature on a consent form is no guarantee that a participant comprehends the content. Thus, investigators should probe participants with questions like, “Please tell me what you understand your participation to involve.” etc.

Waiving Documentation of Informed Consent

Federal regulations allow IRBs to waive the requirement to obtain informed consent or to approve a consent procedure, which alters elements of informed consent. IRB approval of an *alteration* is based on the following determinations:

- The research involves no greater than minimal risk to participants.
- The waiver or alteration will not adversely affect the rights and welfare of the participants.
- The research would be impossible without the waiver or alteration.
- The participants will be informed of the study when it is over (if at all possible).

IRB approval of a *waiver* is granted when either of the following determinations is made:

- Consent is the only record linking subject and research, which poses risk of potential harm resulting from a breach of confidentiality.
- Subject should be asked if they want a copy of documentation linking the subject with the researcher. Here, the subject's wishes will govern.
- Or, no more than minimal risk and involves procedures for which consent is not normally required. If authorized, the IRB needs to assure that the principal investigator has in place a system to document consent obtained.

It is important to note that even when a waiver of documentation is granted, this does not mean that the consent process has been waived. The IRB would still require that investigators have procedures in place for making contact with participants, presenting information about the study via a cover letter or scripted conversation, and obtaining agreement to participate.

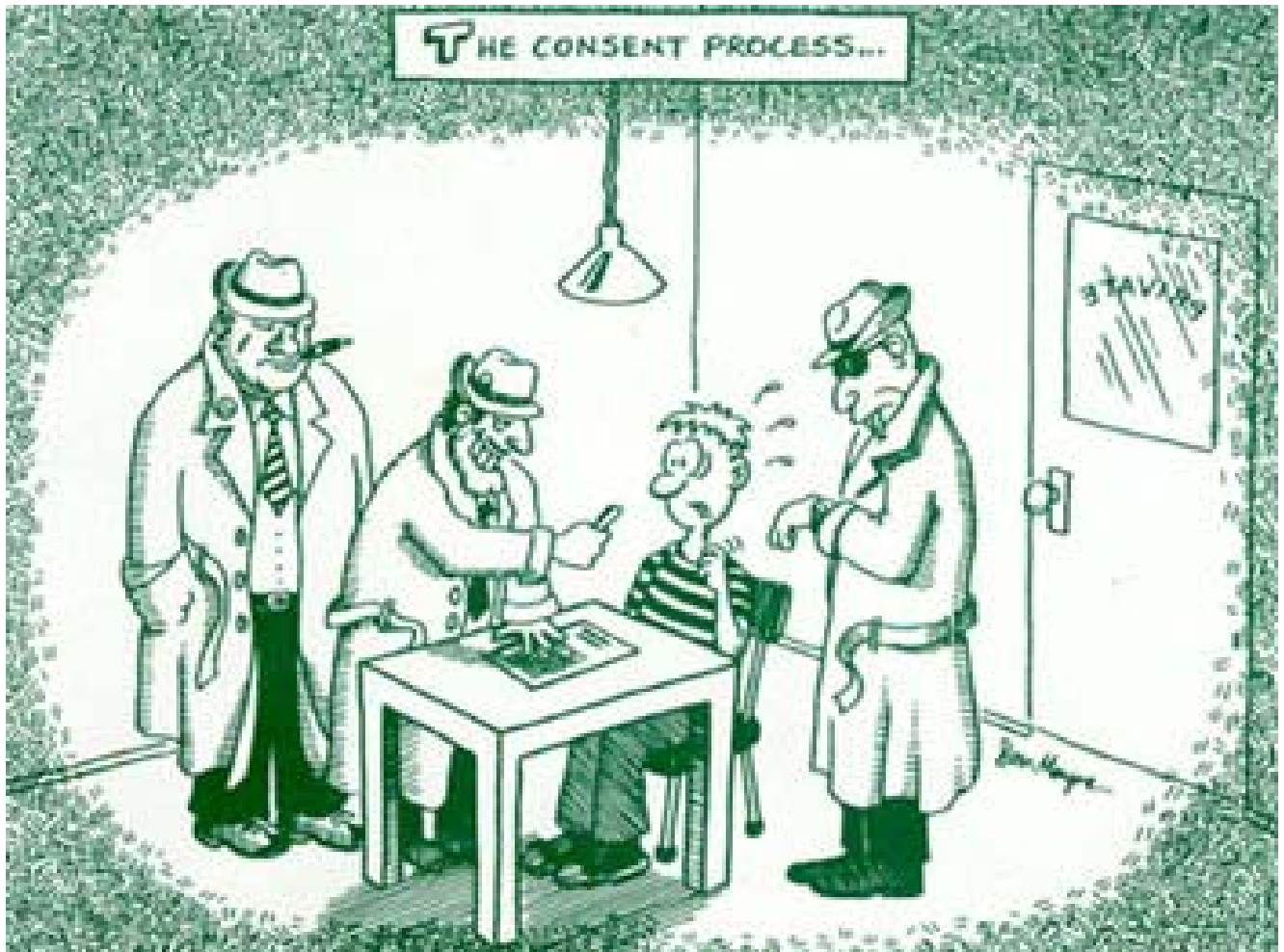
IRB and Investigator Responsibilities Concerning Informed Consent, *A Few Notes*

- The IRB must approve all informed consent documents.
- Investigators must use approved documents/scripts in obtaining informed consent of participants in their IRB approved research. Further, any changes to approved documents must be reviewed and approved by the IRB prior to implementation. Generally, such changes may be submitted for review as amendments to approved protocols.
- Investigators must obtain a properly executed consent document from each participant in an IRB approved research activity. As a reminder, storage of such documents and other material that contains name or identifying information about participants must be kept secure at all times.

Methods for Obtaining Documentation of Consent

It is important to remember that informed consent is a sincere educational process. Thus, consent must be obtained under conditions that encourage a considered decision not-as the cartoon below depicts-under conditions that are coercive or intrusive. Generally, two procedures may be used to obtain and document informed consent. The first method involves a “written consent document” which embodies all the content

requirements outlined previously (i.e., a description of the research and the subject's participation; explanation of voluntary participation and alternatives; description of potential risks and benefits; explanation of confidentiality; whom to contact with questions; other information depending on the nature of the research). The second method involves a "short form" consent document stating that all the elements of informed consent have been presented orally to the subject. In both methods, the signature of the participant (or legally authorized representative) is required to document consent.



Credit: Artwork by Don Mayne, courtesy of Independent Review Consulting, Inc.

Method I (More Commonly Used): Written Consent Documentation

- Review and discuss this document with each potential participant or legal representative.
- The participant must sign and date the consent form to document the decision to participate.
- Remember, consent is a process not just a form. Thus, investigators should plan a consent process that gives potential participants the opportunity to ask questions and time to think about whether they want to participate or not; and time for discussion that allows the opportunity to ensure that participants understand the research procedures. Investigators should exercise sincere responsibility in obtaining informed consent.

This means that participants should never be made to feel pressured or rushed to make a decision to sign a document.

Method 2 (Less Commonly Used): Oral Presentation with Short Form

- Use an oral script to present information to the potential participant or legal representative.
- The participant or legal representative signs a document indicating that the information about the research was explained to them in sufficient detail, that they understood the oral explanation, and that they agree to participate in the research.
- In use of this method, a witness to the oral explanation must be present and must sign the consent document verifying the oral explanation took place.
- This procedure may be most appropriate in cases where participants' physical limitations make it difficult to read and the information can be presented easily in verbal form.
- Here too, it is important for investigators to plan a consent process that allows time for discussion and consideration and does not pressure the potential participant to make a quick decision.
- The IRB must review a complete script of the information to be given to the participants.

Special Issues in Informed Consent

Research with Minors and the Mentally Disabled

- Since minors and the mentally disabled are thought to lack the cognitive abilities necessary to make decisions on their own, consent of the parent/guardian (in the case of a minor) or legally authorized representative (in the case of persons who are mentally incapacitated) is required.
- Written documentation of informed consent is required for research involving minors under the age of 18 and all mentally disabled persons.
- The form should be constructed using language, which conveys that consent is being sought on behalf of another individual (e.g., “your child’s participation will involve,” “your child will be asked to...”, etc.).
- In research with minors, if the research involves no greater than minimal risk, the consent of one parent is sufficient. However, if the research involves greater than minimal risk, the consent of both parents is necessary with some exceptions (e.g., the second parent is deceased or unknown, or one parent has sole custody).
- Here too, as previously discussed, the procedures employed to obtain consent should be viewed as a process.

Child Assent

According to Federal regulations (45 CFR 46.401), a child’s agreement to participate should be sought whenever possible AND in addition to parental consent. This process of attaining agreement of a minor to participate in research is referred to as “assent.” It is important to keep in mind that this should be done in a manner consistent with the child’s age and developmental level. Generally, assent is documented by using a written form similar to a consent form that presents information about the study in a child-friendly and age appropriate manner. However, when the reading level of the child is a concern, a verbal assent script may be used to

convey what their participation would involve. All assent materials must be reviewed and approved by the IRB. It is also important to keep in mind that obtaining assent from mentally disabled participants may be appropriate in some cases even though Federal regulations do not specify that assent be sought from this vulnerable population.

Sample IRB Applications & Educational Sites

Sample IRB Applications

Although procedures and processes for submission of applications for IRB review may vary across institutions, what is common in most applications is an assessment of how human subjects will be treated and how the results of the study will be used. Therefore, common to most applications are questions pertaining to: whether human subjects will be involved in the study (and if they are from vulnerable populations); how the subjects will be recruited for the study and how they will be treated; the purpose and significance of the study; methodology to be used in answering the research question(s); procedures for obtaining informed consent; an assessment of risk/benefit ratio; and procedures to protect anonymity and confidentiality of subjects.

📌 For **PCA America's** initial short form application for IRB review, please see **Appendix C**.

📌 For samples of academic forms for IRB review, please see:

- **Loyola University Chicago**, Office of University Research Services-Lakeside Campuses, Manual for Research with Human Subjects; link directly to the form for Application for IRB Review at http://www.luc.edu/depts/uresearch/ours/Compliance/IRB/docs/Application_for_IRB_Review.doc
- **Northwestern University**, Office for the Protection of Human Subjects, Institutional Review Board Form for Human Subjects-New Projects (Social and Behavioral Sciences); link directly to the form at <http://www.northwestern.edu/research/OPRS/irb/forms/npsf-standard-41002.doc>
- **University of Chicago**, Social and Behavioral Sciences Institutional Review Board; link directly to the protocol submission form at <http://humansubjects.uchicago.edu/sbsirb/docs/coversheet.pdf>.
- **University of Illinois at Urbana-Champaign**, Institutional Review Board, link directly to the IRB-I Form for Review of Research Involving Human Subjects at <http://www.irb.uiuc.edu/irbIform.doc>.



Surfs Up!

Educational Sites

A few Websites of interest that you may want to visit when next you surf the Web:

- 📌 Small Business Innovation Research (SBIR)/Small Business Technology Transfer (STTR): **Human Subject Requirements Tutorial** (PowerPoint Presentation) available from OHRP at http://ohrp.osophs.dhhs.gov/humansubjects/assurance/sbirsttr/sbir20003_files/frame.htm.
- 📌 To read the **Code of Federal Regulations (CFR) Title 45 Public Welfare DHHS & NIH Part 46 Protection of Human subjects**, visit the OHRP Website at http://ohrp.osophs.dhhs.gov/humansubjects/assurance/sbirsttr/sbir20003_files/frame.htm.
- 📌 **Family Educational Rights and Privacy Act Regulations (FERPA)**, see <http://www.ed.gov/offices/OM/fpc>.
- 📌 **IRB Knowledge of Local Research Context**, memo from August 27, 1998 from the *Director* of the Division of Human Subject Protections, OPRR to the *Division* of Human Subject Protections, OPRR. (<http://ohrp.osophs.dhhs.gov/humansubjects/guidance/local.htm>).

Commercial IRBs

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Among the options to consider in filing a Federalwide Assurance (FWA), is the option to designate an independent IRB as the “IRB of record.” **Appendix D**, “At-A-Glance Comparison of Commercial IRBs,” represents a comparative matrix of commercial or independent IRBs. Commercial IRBs review protocols for research according to the regulations of HHS involving the participation of human subjects. Commercial IRBs are not a part of any specific healthcare institution.

The matrix includes summary information on a select number of commercial IRBs that provide services relevant to the review of social sciences or behavioral research. Included in the matrix is name and contact information,

referral source, compliance with federal regulations, number of years in the IRB business, specialty areas, fees, IRB schedule, responsiveness, and a “chips & dip” section that embodies any special or unique services.

It is important to keep in mind that this matrix was designed for informational purposes of Prevent Child Abuse America research staff. Thus, it is not exhaustive or comprehensive of the range of commercial IRBs available in the United States. Further, it is not an endorsement by Prevent Child Abuse America of any of the IRBs listed. Put simply, it is a vehicle to provide information about the existence of these IRBS and how they can be contacted.

The source for IRBs included in the matrix is from a listing of commercial IRBs provided on the website of the Advanced Medical Technology Association, AdvaMed, (formerly, HIMA i.e., Health Industry Manufacturers Association). AdvaMed is the largest medical technology association in the world representing more than 1,100 innovators and manufacturers of medical devices, diagnostic products and medical information systems. In 1995, in response to member inquiries, AdvaMed started to maintain a list of commercial institutional review boards in the United States. To view AdvaMed’s listing of commercial IRBs, just click on <http://www.advamed.org/solutions/reviewboards.shtml>.

IRB System Today: Major Issues and Actions for Change

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For many years, the IRB system has provided important protections for human subjects. By design, it is a system that requires continuous improvements in order to keep up with advancement in scientific research. It is important to note that there are varying perspectives on the state of the IRB system today. Some see the IRB system as “too bureaucratic”, “super sensitive”, and as preventing research that needs to be done while producing unfair moral judgments about research that came before. Others see the system as “weak”, “inadequate”, “overtaxed”, and in “jeopardy.” Still many others do not believe the system is in “crisis” and thus they continue to make a commitment to protecting human subjects in research. For these latter researchers, it is just good “ethical and legal practice” to submit research protocols for IRB review regardless of whether or not the research being conducted is Federally supported. Further, these researchers worry that exaggerated negative media coverage of anecdotal “extreme cases” of abuses to human subjects in clinical trials, will generate more attention than needed reforms that could erase the bureaucratic burdens on IRBs. While no one perspective is absolutely wrong or absolutely right, each has a partially formulated point that makes some sense. Perhaps the lesson at hand is that we all need to be mindful when telling each other what we think the

IRB system is and how it should function. In taking this stance, perhaps we can come to better applications of ethics to human subjects research.

Following are links to sources on the Web that capture some of the varying perspectives on the IRB system today.

ⓧ Institutional Review Boards (IRBs): A System in Jeopardy?

Testimony of George Grob, Deputy Inspector General for Evaluation and Inspections, U.S. Department of Health and Human Services <http://forhealthfreedom.org/Publications/Children/hr61198/grob.html>

In his testimony, Mr. Grob relates his evidence-based conclusion that the IRB system in the U.S. is “brittle” and reveals “even a few cracks.” He indicates that the OIG released four reports documenting the results of more than a year of inquiry into the work of IRBs. Briefly, here are some of his findings based in part on systematic gathering of data from representatives of about 75 IRBs across the country:

- IRBs face major changes in the research environment.
- IRBs conduct minimal continuing review of approved research.
- IRBs review too much, too quickly, with too little expertise.
- Neither IRBs nor HHS devote much emphasis to evaluating IRB effectiveness.
- IRBs face conflicts that threaten their independence.
- IRBs and their institutions provide little training for investigators and board members.

Grob’s testimony includes some recommendations to address these issues:

- Grant IRBs greater flexibility but hold them more accountable for results.
- Reengineer the Federal oversight process.
- Strengthen continuing protections for research subjects.
- Enhance education for research investigators and Board Members.

It is important to note that since the release of Grob’s report, OPRR (and its successor agency, OHRP) increased scrutiny of human subjects research programs, temporarily shutting down several prestigious institutions. FDA also increased its compliance activity. A comprehensive review of the IRB system is underway, and Congress has conducted hearings on the protection of human research subjects.

ⓧ For a rejoinder to the OIG report, see **Overhyped or helpful? HHS Reports on Institutional Review Boards.** Reporter, Volume 7, Number 11, August 1998, <http://www.aamc.org/newsroom/reporter/aug98/irb.htm>

ⓧ **Summary of Conference on Research Compliance Challenges and Opportunities May 6-7, 2001.** Jointly sponsored by the Office of Research Integrity and the Johns Hopkins University School of Medicine.

http://ori.dhhs.gov/html/publications/May6_7.asp. This summary includes information on compliance and institutional structure; teaching responsible conduct of research; protecting human subjects; and an integrated approach to research compliance. Following are some of the recommendations that emerged from the conference:

- Draft policies that reflect the roles and responsibilities of various officials involved in research compliance.
- With respect to research policies at institutions, take inventory of policies and make them accessible on the Web.
- Tailor educational programs to audiences (e.g., content of programs for graduate students may differ from that for principal investigators; programs for biomedical scientists should not be identical to those for behavioral scientists).
- Several institutions may do course development cooperatively.
- Develop and implement effective oversight mechanisms e.g., user-friendly, Web-based oversight reports to track cost-transfers and other important budgetary issues.
- Academia and government should do research and review of the effectiveness of regulations cooperatively.
- Clarifying the distinctions between guidance and regulation.

Webliography

ACADEMICS

There are a number of university IRB Websites that provide students, faculty, and affiliate researchers, critical information to ensure compliance with ethical and Federally mandated responsibilities. While some information or administrative procedures may be specific to a particular university, you may also find general guidance on ethical and Federal regulations. Following are links to just a few “Sweet Home Chicago” university IRB Websites:

1

Northwestern University Office for the Protection of Research Subjects

<http://www.northwestern.edu/research/OPRS/>

2

Loyola University Chicago Office of University Research Services

<http://www.luc.edu/depts/uresearch/ours/home.htm>

3

DePaul University, Institutional Review Board for the Protection of Human Research Participants

<http://condor.depaul.edu/~gmichel/extra/WelcomeR.html>

4

University of Illinois at Urbana-Champaign,

Institutional Review Board for the Protection of Human Subjects in Research

<http://www.irb.uiuc.edu/index.html>

5

University of Chicago, Social & Behavioral Sciences Institutional Review Board (SBS IRB)

<http://humansubjects.uchicago.edu/sbsirb/>

From the SBS IRB Website, you can link to the Websites of IRBs for specific disciplines. For example, the *Social Service Administration (SSA) IRB* website at <http://humansubjects.uchicago.edu/ssairb/index.html> provides guidelines to determine if a study needs IRB review and includes relevant definitions and decision points, as well as some common examples of activities explained in terms of whether they are considered “research” or not (e.g., student projects, pilot studies, oral history, secondary data analysis, interviews over the telephone/with passerby/professionals or experts, program evaluation or quality assurance studies, classroom observation of children or college students; and observations of adults). The following is a direct link to the guidelines: <http://humansubjects.uchicago.edu/ssairb/guidelines/doesyourstudy.html>. Another useful source of information from the University of Chicago is available from the Office of Research Services (ORS), Division of Biological Sciences at <http://ors.bsd.uchicago.edu/HS/>. Here, a concise summary of the definition of “research” including “Take Home Points” for determining what is/is not considered “research” is provided.

ACCREDITATION

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Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP)

<http://www.aahrpp.org/about.htm>

AAHRPP is a nonprofit organization that offers accreditation to institutions engaged in research involving human participants. Its accreditation program uses a voluntary, peer-driven educational model. It is important to note that the AAHRPP was incorporated (in 2001) in response to public and political scrutiny, thus, it aims to raise the bar in human research protection by helping institutions not only meet but surpass the compliance and performance standards of state and Federal requirements. AAHRPP’s founders include bioethicists, patient advocates, medical investigators, and research institutions. On its Website, AAHRPP provides a useful listing of definitions of terms relevant to the protection of human subjects in research (see

<http://www.aahrpp.org/definitions.htm>) and links and resources to related information (see <http://www.aahrpp.org/links.htm>).

CONSULTING SERVICES

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Deem Corporation

<http://humansubjects.com/index.html>

The DEEM Corporation, a member of the Better Business Bureau, is an independent consulting firm incorporated in 1984 based on the experience of Dr. Dennis M. Maloney, a nationally recognized professional ethics expert. DEEM provides customized information and consulting services to professionals in companies, organizations, institutions, and agencies. Two DEEM services that may be of interest to you are its **Human Research Report (HRR)** newsletter and **SolvAnon™**, a confidential problem-solving service. The newsletter accepts international subscribers but subscription to **SolvAnon™** is limited to only U.S. organizations. You can get a free no-obligation, 3-month subscription to the newsletter which is claimed to help you keep up with changes in compliance with IRB regulations of a number of Federal offices; informed consent; research ethics; scientific misconduct; ways to protect researchers and research institutions; etc. An on-line sample of the newsletter is also available on DEEM's Website. **SolvAnon™** is a secure site that lets anyone report a problem, without revealing his or her identity. After an anonymous report is made, it is then accessed by the organization where the problem is occurring. Subscriber organizations pay for this service, not the anonymous problem-reporter. The site specializes in problems relevant to the workplace (e.g., personnel, human resources, workplace health and safety); health care and research (e.g., human subjects violations, research misconduct, animal welfare, hazardous materials). For more information about **SolvAnon™**, visit the website at <http://www.solvanon.com/>.

FEDERAL OFFICES

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Office of Behavioral and Social Sciences Research (OBSSR), National Institute of Health (NIH)

<http://obssr.od.nih.gov/>

The U.S. Congress in the Office of the Director, NIH, established OBSSR in recognition of the key role that behavioral and social factors often play in illness and health. The OBSSR mission is to stimulate behavioral and social sciences research throughout the NIH and to integrate these areas of research more fully into other NIH endeavors, thus, improving our understanding, treatment, and prevention of disease. The OBSSR officially opened its doors on July 1, 1995. A useful resource for social scientists is OBSSR's document titled "Protection of Participants in Behavioral and Social Sciences Research." This document, very much like a mini-tutorial, is posted on the OBSSR Website; its direct link is <http://obssr.od.nih.gov/IRB/protect.htm>. The document is intended

to assist researchers conducting behavioral and social sciences research in answering questions about the applicability of their research to the Federal regulations protecting human subjects. Many issues are addressed including the definition of human subjects; what you need to do to comply with Federal requirements if your research involves human subjects; the role of your Institutional Review Board (IRB) and the types of review it conducts; informed consent requirements; privacy and confidentiality including applying for a certificate of confidentiality; key point when applying for Federal funding; and additional resources.

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Office of Research Integrity (ORI), U.S. Department of Health and Human Services

<http://ori.dhhs.gov/>

The ORI is located in the Office of Public Health and Science (OPHS) within the Office of the Secretary of Health and Human Services (OS). The ORI focuses on promoting integrity in biomedical and behavioral research supported by the Public Health Service (PHS) at about 4,000 institutions internationally. With the exception of the regulatory research integrity activities of the Food and Drug Administration (FDA), ORI monitors institutional investigations of research misconduct and facilitates the responsible conduct of research through educational, preventive, and regulatory activities. There is a wealth of useful information on the ORI website. For example, the website has a section on publications that includes (but is not limited to) summaries and proceedings from conferences. Another helpful source of information from ORI is the section on its home page titled “Breaking News.” Here you will find a broad range of information including but not limited to information on upcoming programs such as **“The Role of Institutional Rules, Guidelines, and Education in Promoting the Responsible Conduct of Research”**, a conference which is part of a threefold effort undertaken by ORI to stimulate discussion about the relationship between research guidelines and the responsible conduct of research. This conference is scheduled for September 23-24, 2002 in Philadelphia. To learn more about this particular conference, just click on this link: http://ori.dhhs.gov/html/programs/Sept23_24_2002.asp.

Something You Should Know

The Public Health Services (PHS) is composed of the following Federal agencies:

- 📌 National Institutes of Health (NIH)
- 📌 The Centers for Disease Control and Prevention (CDC)
- 📌 The Food and Drug Administration (FDA)
- 📌 The Substance Abuse and Mental Health Services Administration (SAMHSA)
- 📌 The Health Resources and Services Administration (HRSA)
- 📌 The Agency for Healthcare Research and Quality
- 📌 The Agency for Toxic Substances and Disease Registry
- 📌 The Indian Health Service



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Center for Biologics Evaluation and Research (CBER)

<http://www.fda.gov/cber/>

CBER regulates biological products and is committed to advancing public health through pioneering regulations that ensure the safety, effectiveness, and timely delivery of biological products to patients. Its mission is to protect and enhance public health through regulation of biological and related products such as blood, vaccines, tissue, allergenics, and biological therapeutics. In its review of new biological products and new indications for already approved products, it requires evaluating scientific and clinical data submitted by manufacturers to determine whether the product meets CBER's standards for approval. Once it has conducted a thorough assessment of the data, a decision is made based on the risk-benefit for the intended population and the product's intended use. Organizationally, CBER is in the U.S. Food and Drug Administration (FDA) within the U.S. Department of Health and Human Services (HHS). A noteworthy feature of the CBER Website is its "Reading Room" (<http://www.fda.gov/cber/reading.htm>), which provides access to documents most frequently requested by the public through the Freedom of Information Act, such as information sheets, meeting minutes, warning letters, approval information, etc.

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National Archives and Records Administration

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Interested in Federal regulations? Well, the National Archives and Records Administration Online is the place to gain access to Federal regulations. CFR is an acronym for the *Code of Federal Regulations* (CFR), which is a codification of the general and permanent rules published in the *Federal Register* by the Executive departments and agencies of the Federal Government. The CFR online is a joint project authorized by the publisher (i.e., the National Archives and Records Administration's Office of the Federal Register) and the Government Printing Office (GPO) to provide the public with enhanced access to Government information. The CFR is divided into 50 titles, which represent broad areas subject to Federal regulation. Each title is divided into chapters, which usually bear the name of the issuing agency. Each chapter is further subdivided into parts covering specific regulatory areas. The CFR online is equipped with search capabilities to make the process of finding what you are looking for simple.

RESEARCH ETHICS

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The Online Ethics Center for Engineering and Science at Case Western Reserve University

<http://onlineethics.org/reseth/reference.html>

The Online Ethics Center was established in the fall of 1995 under a grant (#SBR-9511862) from the National Science Foundation. Its mission is to provide engineers, scientists, and science and engineering students with resources useful for understanding and addressing ethical problems in their work. Individuals interested in professional and research ethics will find this site useful since it contains links to websites that provide information on research integrity, protection of human subjects, and welfare of animals used in research. The Online Ethics Center also maintains reference materials on research ethics. Included among such materials is information on the Declaration of Helsinki, the Nuremberg Code, NIH funded projects in research ethics, the Federal policy on research misconduct issued by the Office of Science and Technology Policy, and NBAC (i.e., National Bioethics Commission) reports and commissioned papers on research involving human subjects from October 1995 through October 2001.

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Public Responsibility in Medicine & Research (PRIM&R)

<http://www.primr.org>

Among the topics addressed by PRIM&R is the ethical and procedural issues regarding the operation of Institutional Review Boards (IRBs) and Institutional Animal Care and Use Committees (IACUCs); educating for the responsible conduct of research; the range of problems affecting AIDS research and treatment; reproductive and other technologies and their effects on patient care; healthcare ethics committees; scientific integrity and conflicts of interest; and the general range of questions surrounding academic/industrial relations. Since its inception in 1974, PRIM&R has been committed to the advancement of strong research programs and to the consistent application of ethical principles in both medicine and research. PRIM&R's primary activity is the sponsorship of conferences that provide an educational forum for the analysis of various biomedical and bioethical issues. A conference of particular interest to the readership of this guide is being planned for November 18-19, 2002 at the Town and Country Resort and Convention center in San Diego, California on the topic of “**Protecting Human Subjects: What's Best? What Works? What's Worth Doing?**” To learn more about this conference, click on this link: <http://www.primr.org/program2002.html>. It is important to note that PRIM&R is not a membership organization. However, its affiliate Applied Research Ethics National Association (ARENA), is a national service and membership organization, focused on the promotion of networking among professionals associated with research, healthcare and ethics.

More specifically, ARENA is a national membership organization for professionals concerned with issues relating to the protection of human subjects, the humane care and treatment of animals, scientific misconduct, ethical decision-making in healthcare, and other ethical issues pertaining to biomedical and behavioral research. ARENA includes among its services:

- Sponsorship of national and regional meetings to review and shape research policy and healthcare standards.
- Dissemination of current information on research ethics issues, and the provision of opportunities for networking among members through a quarterly newsletter.

- Distribution of the Animal Care and Use Committee Guidebook, which was published by ARENA/OPRR in cooperation with the National Institutes of Health (NIH).
- Assistance with the development of regional networks.
- Providing access to consultants who are experts on specific bioethical issues and administrative operations.
- The publication of an annual comprehensive directory of ARENA members.
- The preparation of commentary on and responses to relevant federal legislative or administrative initiatives.

To learn more about ARENA, including its Listserv, a closed electronic mailing list through which ARENA publishes an electronic **Monthly Bulletin** about proposed changes to federal regulations and educational and career opportunities related to human or animal subjects research; and its affiliate, the **Council for Certification of IRB Professionals (CCIP)**, just click on this link: <http://www.primr.org/arena.html>.

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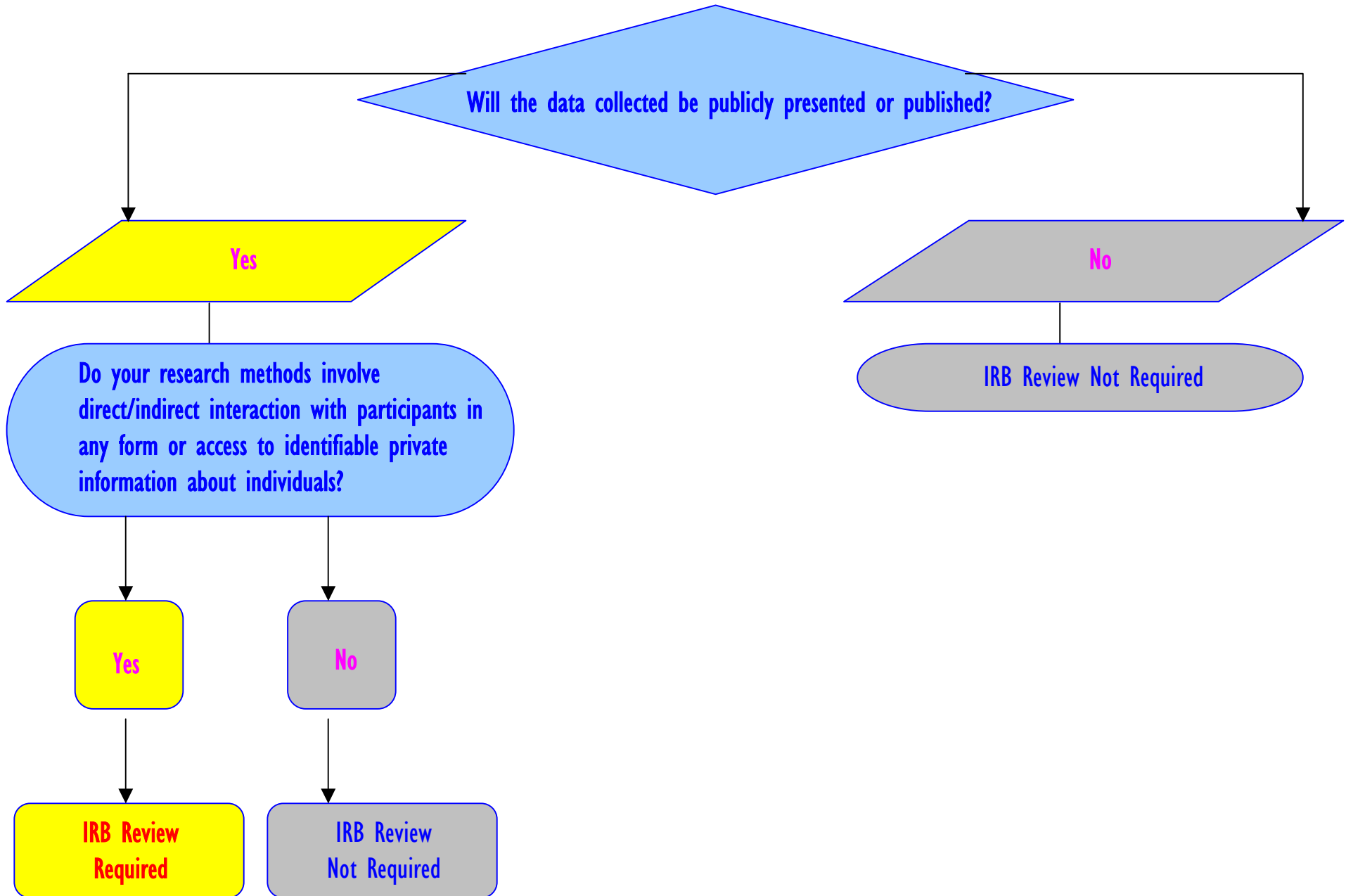
American Psychological Association,

<http://www.apa.org/ethics/homepage.html>

APA's website includes a section devoted to ethics. One resource available from APA's Ethics Office is the document entitled "Ethical Principles of Psychologists and Code of Conduct" (1992), which is posted on the Ethics Office homepage. There are a number of other resources available from APA's ethics office including guidelines for the ethical care and conduct of research involving animals; media articles on ethics; and links to APA books on ethics, etc.

*Thank you for taking the time to review this guide.
We sincerely hope that it is useful to
your research endeavors!*

Appendix A: Does Your Study Need IRB Review?



Appendix B: Expedited Review Categories (I-4)

Based on OHRP Guidelines

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 increases the risks or decreases 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 follows:
 - a. From healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or
 - b. From other adults and children, considering the age, weight, and health of the subjects, the collection procedures, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.

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

Examples: (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 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. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

Examples: (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 subject's 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.

Appendix C: Prevent Child Abuse America Initial Short-Form Application

(H:\RESRCH\ADMIN\FORMS\IRB.DOC)

PREVENT CHILD ABUSE AMERICA Human Subjects Review Committee

EXPEDITED REVIEW

Until several years ago, federal regulations regarding human research required that all decisions of the Committee on Human Research be made during a convened meeting by a majority of the full committee membership.

In 1981, new regulations from DHHS (Department of Health and Human Services) were finalized. These regulations (section 46.110) recognized that for certain kinds of research involving no more than minimal risk, and for minor changes in approved research, an “expedited” system of review could be established.

The purpose of this document is to provide information about the expedited review categories, and the procedures and review criteria, which have been implemented at Prevent Child Abuse America.

PROCEDURES:

Those seeking expedited review should first carefully read through this document to ascertain whether their research falls within one or more of the qualifying categories. If it does, four copies of the “Initial Short-Form Application” should be completed and submitted to the Chairperson of the Human Subjects Review Committee. The short-form (or “expedited”) application will be circulated to the three-member committee and reviewed through either an in-person meeting or conference call.

If any of the sub-committee reviewers believes that the research does not fit into an expedited category, or has other questions or concerns, he/she may refer the application for a more comprehensive review. This will involve obtaining further information from the principal investigator, and recirculation to the committee.

REVIEW CRITERIA

The standard review criteria are used regardless of the risk level of a proposed study.

In low risk studies, some of the Committee’s most common concerns are protection of privacy and confidentiality. Applications should specifically address these areas.

PREVENT CHILD ABUSE AMERICA
Human Subjects Review Committee

INITIAL SHORT-FORM APPLICATION

Submission Date:

Principal Investigator:

Address:

Telephone:

Key Staff:

Project Title:

Funder:

- (A) The purpose of this project is (explain background, rationale, hypothesis, basic design, etc.):**
- (B) The subject population(s) will be selected (or excluded) on the following criteria (Discuss how access will be gained as well as any problems relevant to special subject populations):**
- (C) Describe the study's data collection instruments and methods to be used in obtaining information on client functioning.**
- (D) Describe any risks involved in these procedures and methods to insure client confidentiality.**
- (E) Describe the anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result from the study.**
- (F) Describe the methods to be employed in obtaining informed consent from all study participants. If waiver of written consent is required, give justification.**
- (G) Indicate the number of subjects to be enrolled in the study.**
- (H) Indicate the expedited review category number(s) applicable to this study.**

Appendix D: At-A-Glance Comparison of Commercial IRBs

Name & Contact Information	Referral Source	Compliance with Federal Regulations? ^a	Years in Business	Specialty	Fees	IRB Schedule	Responsiveness? ^b	Information Packet Available?	Chips & Dip
<p>Western Institutional Review Board (WIRB) 3535 Seventh Avenue SW Olympia, WA 98502-5010 Tel. (360) 252.2500 Fax. (360) 252.2498 http://www.wirb.com Contact: Linda L. Morrison, CIP, Director, New Business Development lmorrison@wirb.com Tel. (360) 252.2443 Fax. (360) 252.2465</p>	<p>Abt Associates, Inc.</p>	<p>Yes (as indicated on website http://www.wirb.com/html/about.html)</p>	<p>About 32 Years (i.e., since 1968 for independent investigators ; since 1986 for institutional and international services)</p>	<p>Clinical Research studies -WIRB has experience & expertise in managing document flow & coordinating communications for large studies w/multiple parties.</p>	<p><i>Fees are subject to change without notice.</i></p> <p><u>Initial Review</u> -PI \$600^c -Protocol \$700^d</p> <p><u>Continuing Review</u> -Annual Review \$600^e</p> <p><u>Changes to Research</u> -Amendment to Protocol/modification of Subject Consent form submitted after initial review \$200 -Admin change to Subject Consent Form \$125 -Change to PI or Co-PI \$250</p>	<p>Appears to be within 10 working days</p>	<p>4.5</p>	<p>Yes</p>	<p>-Online submission of research protocols and online tracking of submissions -Full-time staff of more than 150 provides support services -A toll-free number is available 24 hours a day to assist study subjects -Multi-lingual staff, plus AT& T translation services -Performing services within 10 working days is WIRB's goal. -Offers consulting services to support our own IRB.</p>

Name & Contact Information	Referral Source	Compliance with Federal Regulations? ^a	Years in Business	Specialty	Fees	IRB Schedule	Responsiveness? ^b	Information Packet Available?	Chips & Dip
<p>Chesapeake Research Review, Inc. (CRR) 9130 Guilford Road Columbia, MD 21046-2581 Tel. (410) 884.2900 Fax. (410) 283.1509 http://www.chesapeakeirb.com Contact: Jeffrey M. Trunzo, R.Ph., M.B.A., CIP, Vice President Direct tel. 443.283.1509 jtrunzo@irbinfo.com</p>	<p>Posted on AdvaMed's website: http://www.adva-med.org/solutions/reviewboards.shtml</p>	<p>Yes (as noted in cover letter "Audited by both FDA and sponsors, one of the few, and first, independent IRBs to receive authorization (Project Assurance Numbers) to support NIH studies." Also, operates in compliance with the guidelines of the International Conference on Harmonization</p>	<p>10 Years</p>	<p>Clinical research, specifically biomedical and health care; though also supports social science research</p>	<p>Fees are negotiable based on the project(s) involved and/or duration of the agreement.</p> <p>Generally for Federally sponsored studies...</p> <p>-Designation of CRR as IRB for Institution \$2,500k^f</p> <p>-Flat fees include all core activities necessary to initiate and support a study e.g., for one investigator and one site the flat fee ranges from \$3,750k-\$12,000k^g</p>	<p>IRB meets weekly (each Wednesday); The submission deadline for protocols and associated documentation is Tuesday, noon, (one week before the weekly IRB meeting)</p>	<p>5</p>	<p>Yes</p>	<p>-Offers consulting services to support an Institution's IRB -Emergency review meetings -Certified non-English translations of approved material -On-call consultation at no additional fee -Preparation and production of initial informed consent documents at no additional fee. -Offers 'preferred provider agreements' in order to incorporate cost-effective measures to help clients maintain budget controls. -List of clients include Robert Wood Johnson Research Institute, Johns Hopkins University, Howard University, Johnson & Johnson, etc.</p>

Name & Contact Information	Referral Source	Compliance with Federal Regulations? ^a	Years in Business	Specialty	Fees	IRB Schedule	Responsiveness? ^b	Information Packet Available?	Chips & Dip
<p>Independent Review Consulting, Inc. (IRC) P.O. Box 170 San Anselmo, CA 94979-0170 Tel. (415) 485.0717 Fax (415) 485.0328 http://www.irb-irc.com Courier Address: 100 Tamal Plaza, Suite 158 Corte Madera, CA 94925 Contact: Erica J. Heath, MBA, CIP, President eheath@irb-irc.com</p>	<p>Posted on AdvaMed's website: http://www.advamed.org/solutions/reviewboards.shtml & also recommended by Schulman Associates.</p>	<p>Yes</p>	<p>18 Years</p>	<p>Medical devices, social, educational, behavioral, pharmaceutical</p>	<p>IRC charges for each separate action. This assures clients pay only for their own submissions without subsidizing others. The following fee schedule is for 2/1/02-12/31/02: <u>Initial review</u> ranges from \$1200 for a Full Board Initial Review to \$400 for a General Review (i.e., grant Application) -Expedited Initial Review is \$750 Continuing Review -Full Board \$800 -Expedited Review \$400 Modifications -Requiring Full Board \$600 -Minor (eligible for expedited process) \$250 <u>Investigator Review</u> ranges from \$350-100</p>	<p>IRB meets weekly (every Tuesday)</p>	<p>4</p>	<p>Yes</p>	<p>-IRC has both a full contract form and a short indemnification form. The indemnification form is the minimum possible (contract) unit (for services) acceptable to IRC. -IRC has an agreement with a monitoring firm to conduct on-site visits. Clients will be re-charged the fee IRC is charged (plus 5%) for the conduct of on-site visits. -IRC is unique in that it sees the review of human research as a serious business but that it doesn't have to be taken <i>too</i> seriously. In fact, they have a "highly acclaimed" calendar intended to poke fun at some issues that are taken too seriously. -IRC also has an 800 number and an information loaded Website, see http://www.irb-irc.com.</p>

Name & Contact Information	Referral Source	Compliance with Federal Regulations? ^a	Years in Business	Specialty	Fees	IRB Schedule	Responsiveness? ^b	Information Packet Available?	Chips & Dip
Allendale Investigational Review Board (AIRB), Regulatory and Technical Associates, Inc. (RTA Inc.) 73 Franklin Tpk. Allendale, NJ 07401 Tel. (201) 934.0995 Fax. (201) 327.0035 Contact: Robert J. Staab, Ph.D., Chairman Rta1ali1@aol.com	Posted on AdvaMed's website: http://www.adva-med.org/solution/s/reviewboards.shtml	Yes, last Date of FDA Audit: March 2001 (as noted in cover letter)	"Combined years serving IRB's approaches 50 years..." (As indicated in cover letter)	Clinical and Pharmaceutical with experience in reviewing psychological questionnaires too	Full Member Review, \$1,500 Expedited Review, \$1000 Annual Reviews (multiyear) \$1000 Amendments, \$350 Multi-site studies, \$275 per site in addition to Full Member Review	Practically every week	4	Yes	-To discuss how Allendale IRB could be of service, call and speak to Dr. Staab, the IRB Chairman.

Notes Corresponding to Appendix D

- a) Here, 'yes' under compliance with federal regulations indicates the 'claim' made by the IRB either in a written cover letter addressed to Domarina Oshana, Senior Research Analyst, Prevent Child Abuse America, or as posted on their website. In deciding to contract with any commercial IRB it is important to request confirmation (i.e., documented audit history) from each IRB as well as contact OHRP for verification of compliance.
- b) Responsiveness to our request for information (on a scale of 1 to 5, where 5 is 'most responsive' and 1 is 'least responsive'?)
- c) Includes review of principal investigator credentials, the Subject Consent Form, and the Research Review Submission Form, and continuing review for one year.
- d) Includes initial review of the clinical investigator brochure, protocol, and risk/benefit determination.
- e) Includes re-review of protocol and amendments, if appropriate, Subject Consent Form, interim reports, adverse experiences, and site visits, as appropriate.
- f) This includes initiation of CRRI's IRB as the IRB of record under PCAA's FWA.
- g) This includes review of entire project, cover-to-cover as required by Federal Regulation, informed consent form, and all relevant information; production of initial IRB-approved informed consent form template; review of recruitment campaign material; teleconferencing with key client principals during the IRB meeting; review of all adverse events and safety reports; overnight mail delivery of IRB approval correspondence; advice on regulatory compliance and procedures on an ongoing basis; and telecommunications and mailings to maintain quality assurance.

Endnotes

ⁱPowerPoint presentation retrieved on August 12, 2002 from the University of Texas Medical Branch (Webpage), <http://research.utmb.edu/irb/ethics.ppt>; and PowerPoint Handout from the Standard IRB Workshop, Loyola University Chicago, May 14, 2002.

ⁱⁱ See *IRB History*, Committee on Human Studies, Office for Research Subject Protection, Harvard Medical School, retrieved August 12, 2002 from http://www.hms.harvard.edu/orsp/human_general.html.

ⁱⁱⁱ In this section, a key but partially used source of information on definitions and general guidelines for determining whether IRB review is required; IRB structure; and a summary of three possible “review” mechanisms is the *Manual for Research with Human Subjects*, (n.d.), Office of University Research Services, Loyola University Chicago, Last retrieved August 28, 2002, <http://www.luc.edu/depts/uresearch/ours/Compliance/IRB/IRB.htm>.

^{iv} Definition of “federally supported” excerpted from “Filing a Federalwide Assurance (FWA)-Terms of Assurance” as retrieved from the OHRP Website on September 6, 2002, <http://ohrp.osophs.dhhs.gov/humansubjects/assurance/filasurt.htm>.

^v In this section, a key source of information on definitions and general guidelines for the informed consent process is the *Manual for Research with Human Subjects*, (n.d.), Office of University Research Services, Loyola University Chicago, Last retrieved August 28, 2002, <http://www.luc.edu/depts/uresearch/ours/Compliance/IRB/IRB.htm>.