801-A

The University of Oklahoma

Investigator's Manual
For
Research Involving Human Participants

Human Research Participant Protection Program
January 15, 2010

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Use of the Investigators Manual

This manual is designed to direct investigators to current information relating to research involving human participants at the University of Oklahoma. The Office of Human Research Protection Program and the Institutional Review Boards have developed policies and procedures that describe and explain the various aspects of the review process and the regulatory requirements governing human participants research. Investigators should be familiar with applicable policies and procedures before submitting applications or other documents to the Institutional Review Board (IRB). Most of the links referenced in this document are located on the IRB's Policies and Procedures web page, where additional information is available. Contact the IRB Office for assistance.

Human Participants Research Overview

Is submission to the IRB required?

It is the policy of this institution that all projects initiated by faculty and staff be evaluated for use of human participants and/or whether the project qualifies as research (see the definitions for human participants and research in the Glossary). The investigator has the option of completing the Research Determination Worksheet or contacting the IRB when determining if a project involves humans as participants or if the project qualifies as research.

See the Determination of Human Research policy for additional information.

Governing Principles: The *Belmont Report* (Foundation for 45 CFR 46)

The passage of the National Research Act in 1974 established the *National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research*. The Commission published a report entitled, "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," otherwise known as the *Belmont Report.* This report articulates the basic ethical principles that guide the conduct of research with human participants. The University, the IRB, and investigators share the collective responsibility for the ethical conduct of all research involving human participants. We must be guided by the ethical principles as set forth in the *Belmont Report.* Three principles are defined as basic to the protection of human participants:

Beneficence

The principle of beneficence requires that researchers maximize the potential benefits to the participants and minimize the potential risks of harm. Benefits to the participants, or generalized knowledge gained from the research, should always outweigh the risks. If there are any risks resulting from participation in the research, there must be benefits that are accrued to either the participant or humanity in general.

Autonomy/Respect

Investigators are required to seek voluntary, written informed consent from potential participants, unless the requirements for waiver of informed consent are met. Voluntary informed consent requires that participants be provided explicit assurances of the voluntary nature of their participation in the study in language that is easy to understand, free of coercion, and presented when the participant is not under duress. Respect for vulnerable populations requires taking extra precautions to protect these individuals. The extent of protection depends on the risks and benefits of the research to the participants. This principle also pertains to maintaining the privacy and confidentiality of participants.

Justice

The principle of justice mandates that participants be selected fairly, and that the risks and benefits of the research study be distributed equitably among participants. Investigators should base inclusion criteria on those factors that most effectively and soundly address the specific research problem. Investigators should take precautions to prevent biased selection of participants.

IRBs are responsible for ensuring that all approved human-participant research complies with the letter and spirit of the human-participant protection regulations, as well as, the three principles previously defined.

See the IRB's Statement of Authority and Purpose for additional information.

Field Code Changed

IRB Office Locations and Contact Information

OU-Norman Campus

Office for Human Research Participant Protection
Evans Hall, Room 316
660 Parrington Oval, Norman OK
Telephone number: 405-325-8110
Email address: : irb@ou.edu

OUHSC

Office for Human Research Participant Protection
1000 Stanton L. Young Blvd., LIB 176
Oklahoma City, OK 73117-1213
(or) P.O. Box 26901
Oklahoma City, OK 73190-1046
Campus Mail: Library 176
Telephone number: (405)271-2045
Email address: IRB@ouhsc.edu

Function of the IRB

The mission of the OU Human Research Participant Protection (HRPP) Program is to ensure the protection of rights, privacy and welfare of all human participants in research programs conducted by OU faculty, professional staff, and students. The IRB is a unit of the Human Research Participant Protection (HRPP) Program which is organized as a functional unit of the Office of Compliance.

OU-Norman Campus

There are two IRBs that convene at OU-Norman Campus. These boards review non-medical research for the Norman campus, Tulsa campus, and Cameron University. Each board meets once per month.

For additional information, see the rosters and meeting schedules.

OUHSC

There are five IRBs that convene at OUHSC. These boards review human research performed at the OUHSC campus and in Tulsa. Each board has a focus for protocol review, as follows:

- Board 1 – medical/behavioral
- Board 2 – oncology/medical/surgical/radiotherapy
- Board 3 – medical/pediatrics
- Board 4 – primarily adult medical/behavioral
- Board 5 – medical

For additional information, see the meeting schedules and submission deadlines and the rosters for each board.

Studies Conducted in Collaboration between Norman and OUHSC Faculty

The OU-Norman Campus and OUHSC have signed a Cooperative Agreement, which determines which campus will be designated with sole IRB oversight when a research project involves both campuses or as deemed appropriate to ensure protection of human participants.

Human research projects involving both campuses may include research projects that are recruiting participants from both campuses, involve investigators from both campuses or that will utilize resources from both campuses.

Determination of which IRB (OUHSC or OU-Norman,) shall review a project is based on

several factors, including: where participants are recruited, where participation occurs, and the type of research involved. See the Reciprocal Review Policy (Norman – OKC) for additional information.

Composition of the IRB

Each IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. Each IRB should also be able to promote respect for its advice and counsel in safeguarding the rights and welfare of human participants. Therefore, each IRB shall consist of at least five regular, voting members. Qualified persons from multiple professions and of both sexes shall be considered for membership. IRB membership shall not consist entirely of men or of women. The institution will make every effort to have a diverse membership appointed to the IRB, within the scope of available expertise needed to conduct its functions.

Each IRB is analyzed in accordance to its volume of items for review. Volume is assessed via established parameters of the meeting agenda. Another benchmark that will be utilized is the timeframe for review. The HRPP program will use this analysis to assess whether an additional IRB should be created to handle an increase in volume.

See the Composition of the IRB policy for additional information.

Responsibilities of Sponsors

The IRB expects the sponsors of trials to adhere to established ethical principals and monitor the conduct of the research in accordance with federal regulations.

Sponsors are responsible for selecting qualified investigators, providing them with the information they need to conduct an investigation properly, ensuring proper monitoring of the investigation(s), ensuring that the investigation(s) is conducted in accordance with the general investigational plan and protocols contained in the IND, maintaining an effective IND with respect to the investigations, and ensuring that the FDA and all participating investigators are promptly informed of significant new adverse effects or risks with respect to the drug.

See the Sponsor Responsibilities policy for additional information.

Field Code Changed

Qualifications and Responsibilities of Principal Investigators

It is the investigator's responsibility to design and conduct research involving human participants in accordance with Institutional policies, state laws, and federal regulations. Investigators whose research is both sponsor-initiated and sponsor-funded are responsible for performing their research in accordance with Good Clinical Practice (GCP) as defined by the Food and Drug Administration. GCP applies only for clinical research and it is not applicable to non-clinical research. Investigators should consider the design of the research project as it pertains to minimizing risks to participants.

The Board of Regents' policy entitled, "Ethics in Research" is located in section 3.5.4 of the Regents' Policy Manual for the University of Oklahoma.

See the Conflicts of Interest policy and the Investigator Qualifications and Responsibilities policy for additional information.

Field Code Changed

Education Requirements

The education of faculty, staff, and students who conduct research involving human participants is a critical to protecting the rights and welfare of these participants. See the Faculty and Staff Education policy for additional information.

Field Code Changed

Research Submission Requirements

IRB members often rely solely on the documentation submitted by Investigators for initial and continuing review. Therefore this material must provide IRB members with enough information about a study to assess if it adequately meets the IRB's criteria for approval. All items submitted to the IRB for review must include the appropriate documentation and information necessary for adequate review. IRB staff will be responsible to check each submission for the appropriate materials.

See the Research Submission Requirements policy for additional information.

Field Code Changed

VA Research Requirements

The VA Research & Development (R&D) Committee oversees all human participant activity conducted at the VAMC and the process for review and approval is separate from the IRB. Investigators may contact the VA Research Administration Office at (405) 270-1545 for more information regarding the addition of the VAMC as a site for research.

Special considerations for conducting research at the VAMC:

Investigators are required to submit all proposed research study paperwork to the VA R&D Committee. Investigators are required to complete the VA R&D application and submit the consent document utilizing the VA Form 10-1086.

For VA research, investigators are required to prepare and maintain case histories. Case histories include the case report forms and supporting data including signed and dated consent forms, any medical records including, but are not limited to: progress notes of the physician, the individual's hospital chart and nurses' notes. The case history of each individual must document that consent was obtained prior to participation in the study. See the VA Links for additional information.

IRB Submission Forms

IRB forms can be accessed from the OUHSC IRB or OU-NC IRB web sites. The forms used by the OUHSC and OU-Norman Campus IRBs are different, so please use site-appropriate forms. Remember to review the current forms at the appropriate web site since the forms are periodically updated. The IRB forms must not be altered.

IRB review categories

The IRB will make a determination regarding the level of review that is required.

Exempt From Review

The IRB will review all research involving the collection of data, through intervention or interaction, with living individuals or human tissues. An investigator is not empowered with the ability to make the determination of whether a research project is exempt from IRB review. It is the investigator's responsibility to forward any human participant research project to the IRB, and it is the IRB's responsibility to determine if the research project is exempt from review. The IRB Chairperson or Vice-Chairperson makes the determination of exemption based on regulatory and institutional criteria except as specifically noted below.

When a research project is reviewed under exempt criteria, the review takes into consideration the level of risk involved as well as ethical concerns that may pose potential harm to a participant. If the reviewer finds that the ethical issues pose more than a minimal risk to the participant but the type of research falls within the exempt criteria, it is at the discretion of the IRB Chairperson to determine that the project will be reviewed as either expedited or by the convened IRB.

See the Research Exempt from IRB Review policy for additional information.

Field Code Changed

Expedited Review

The categories of research that may be reviewed by the IRB Chairperson or designee through an expedited review procedure include research activities that (1) present no more than minimal risk to human participants, and (2) involve only procedures listed in one or more of the specific categories listed in the regulations at Federal Register Volume 63, No 216.

See the Expedited Review policy for additional information.

Field Code Changed

Full-Board Review

Protocols or other submissions that carry a greater than minimal risk for the participants are assigned to full-board review. Additionally, the following may also be included for full-board review:

- Significant changes in the risk/benefit ratio, changes to inclusion/exclusion criteria or protocol changes which specifically note Full Board review
- Major revisions to the Informed Consent Document
- Submissions involving protected populations; i.e., prisoners, pregnant women and/or fetuses
- Submissions forwarded from expedited review

Please note that Full-Board review usually takes a minimum of 30 days before final approval is granted. If deferred and/or if satisfactory responses are not received in the time specified, the protocol will be administratively withdrawn.

See the Initial Review - Criteria for IRB Approval policy for additional information.

Field Code Changed

Additional (Non-IRB) Reviews that may be Required

Protocols that include any of the following will require an additional review/approval as described:

Office of Research Administration (OUHSC) or Office of Research Services (Norman)

Protocols for which there is a grant or for which funding (cash, equipment, or other remuneration) is provided by an outside entity. See the Office of Research Services (ORS) – Norman Campus policy or the Office of Research Administration (ORA) - Oklahoma City Campus policy for additional information.

Field Code Changed

Veterans Affairs Medical Center (VAMC), Oklahoma City

See the Veterans Affairs Medical Center policy and VA Links.

Institutional Biosafety Committee (IBC)

See the Institutional Biosafety Committee policy.

Radiation Safety Committee

See the Radiation Safety Office policy.

Cancer Center (OUHSC) Scientific Review Committee

See the Cancer Center Scientific Review Committee policy.

IRB Initial Review and Criteria for Approval

All research projects that intend to enroll human participants must meet certain criteria before study-related procedures can be initiated. These criteria are based on the principles of justice, beneficence and autonomy as discussed in the Belmont Report and are specified below. In addition, certain other criteria that are unique to The University of Oklahoma may apply and must be met as well.

No investigator has a right to conduct research within this institution. Rather, it is a privilege granted by society as a whole and the Board of Regents of the University of Oklahoma in particular.

The IRB evaluates each protocol on an individual basis in order to assess whether the investigator is providing all of the necessary services in an effort to protect the participant. This may include research staff, social support services, counseling, ancillary care, equipment, and training provided by the Investigator to external or internal entities involved in the research project.

This assessment will be ascertained using the initial IRB application which includes the protocol, outside IRB approval letters, letters of support, advertisements, and all other supporting documents. The IRB will consult the investigator for additional information regarding necessary services.

During the course of review by the IRB, the research project will be evaluated to determine whether it provides adequate resources to protect the rights and welfare of participants.

See the Initial Review - Criteria for IRB Approval policy for additional information.

IRB Categories of Action

As a result of its review, the IRB may decide to approve or disapprove the proposed research activity, or to specify modifications required to secure IRB approval of the research activity. Except when the expedited review procedure is used, these actions will be taken by a vote of a majority of the regular and alternate members present. When reviewed via expedited review, the IRB Chairperson or designee can take any of these actions except to disapprove a study.

See the Categories of Action policy for additional information.

Suspension or Termination of IRB Approval

Approved research that is not conducted in accordance with IRB policies/procedures, federal/state/local regulations and/or laws, or that has been associated with unexpected serious harm to participants may be subject to suspension or termination.

See the Suspension or Termination of IRB Approval policy for additional information.

IRB Communication & Notification

The IRB will notify investigators and the institution of all decisions made by the IRB in writing. It is vital that open and frequent communication be maintained between the IRB, and the investigator. Questions will be answered as promptly as possible and triaged to the appropriate IRB staff. Concerns and suggestions that cannot be satisfactorily addressed by HRPP or IRB staff may be addressed in a meeting with the appropriate administrative individuals.

See the IRB Communication with the Investigator policy for additional information.

Advertising and Recruitment of Research Participants

Recruitment is the dialogue that takes place between the investigator and a potential participant prior to the initiation of the consent process. In some ways, recruitment is the introduction to the consent process. Respect for potential participants begins with recruitment procedures that ensure that participation is voluntary, and preserve privacy and confidentiality.

The IRB must review and approve methods used to recruit participants to ensure that the methods are not coercive and that the confidentiality and privacy of participants are protected.

See the Study Recruitment and Advertisements policy for additional information.

Special Populations

The IRB approves research that involves special populations that is of minimal risk or that will benefit these populations directly. The extent of protection considered by the IRB depends upon the risk of harm and the likelihood of benefit. The IRB gives special consideration to recruitment methods, oversight of the consent process, and the participant's capacity to consent. The judgment that any individual lacks autonomy should be periodically reevaluated and will vary in different situations.

The IRB may invite members or consultants with special expertise and related competency to participate in the review.

The inclusion of participants from vulnerable populations does not, in and of itself, necessitate review by the convened IRB. The level of risk involved must be considered in making this determination. For example, research involving children that poses minimal risk may be expedited under 45 CFR 46.404

Special populations may include:

- Pregnant women, fetuses, and neonates
- Children
- Cognitively impaired persons
- Prisoners
- Traumatized and comatose patients
- Terminally ill patients
- Elderly/aged persons
- Minorities (e.g. Native Americans)
- Students, employees, and health volunteers
- Economically or educationally disadvantaged persons

See the Special Populations policy for additional information.

Reviews Requiring Special Consideration

The categories of research defined in the following policies involve either methodologies that might require additional considerations, or for which there are federally mandated determinations that IRBs are required to make and document. Please refer to the applicable policy by selecting the referenced link:

Social/Behavioral

See the Categories of Research, Social/Behavioral policy for information.

Clinical Research Involving Drugs

See the Categories of Research, Drug policy for information.

Clinical Research Involving Biologics

See the Categories of Research, Biologics policy for information.

Clinical Research Involving Devices

See the Categories of Research, Devices policy for information.

Medical Records, Chart Reviews, & Case Studies

See the Categories of Research, Medical Records, Chart Reviews, and Case Studies policy for information.

Treatment Use Protocols

See the Treatment Use of Investigational Drugs/Devices policy for information.

Humanitarian Use of Devices Protocols

See the Humanitarian Use Devices policy for information.

Emergency Use of FDA-Regulated Products

See the Emergency Use of FDA-Regulated Products policy for information.

Banking of Biological Specimens, Genetic Testing, & Gene Therapy

See the Categories of Research, Banking of Biological Specimens, Genetic Testing, and Gene Therapy policy for information.

Cell Lines and Cloned DNA/RNA

See the Cell Lines and Cloned DNA/RNA policy for information.

Informed Consent

Informed consent is the process by which the research study is explained to the potential participant and the participant voluntarily agrees to participate in the research. The IRB assures that provisions are made to obtain legally effective informed consent prospectively from each research participant or from his/her legally authorized representative. However, there are circumstances in which the IRB may grant a waiver of informed consent in accordance with the Federal Regulations.

See the Consent Process and Documentation policy for additional information.

A template for consent forms is provided at the IRB website. These templates incorporate the applicable elements of federally defined legally effective informed consent.

OU-Norman Campus Informed Consent Form template

OUHSC Informed Consent Form templates

HIPAA

Protected Health Information (PHI) that is created, acquired, and maintained during the conduct of human participant research must be protected and safeguarded in accordance with the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable state laws, and the University of Oklahoma HIPAA Privacy Policies.

See the University of Oklahoma Protection of Health Information Policies and Procedures Manual and the IRB's HIPAA policy for additional information.

Templates for HIPAA forms are available below:

OU-Norman Campus HIPAA form template

OUHSC HIPAA form templates

Other Types of Submissions

Continuing Review

The IRB conducts continuing review of research taking place within its jurisdiction at intervals appropriate to the degree of risk. Periodic review of research activities is necessary to determine whether approval should be continued or withdrawn. All research involving human participants must be reviewed no less than once per year. See the Continuing Review policy for additional information.

Protocol Amendments

Any modifications or changes to the previously approved research project such as changes to the inclusion/exclusion criteria, study population, study procedures or consent process, requested by the investigator or sponsor, must be approved by the IRB before the revisions are implemented. See the Amendments policy for additional information.

Unanticipated Problems Involving Risks to Participants and Others and Protocol Deviations

Investigators are required to promptly report any unanticipated problem that involves risks to participants or others. Unanticipated problems involving risks to participants or others is any problem that (1) was unforeseen at the time of occurrence and (2) indicates that participants are at increased risk of harm.

Investigators are also required to promptly report protocol deviations. Protocol deviations are events that are a departure from the specific protocol procedures approved by the IRB. Protocol deviations may or may not place participants at risk.

See the Unanticipated Problems and Protocol Deviations policy for additional information.

Study Completion

The completion or termination of a study is a change in activity; and therefore, must be reported to the IRB. Completion or termination of a study may be reported to the IRB. See the Study Completion policy for additional information.

Quality Improvement Program

The Quality Improvement Program monitors and measures the effectiveness of the Human Research Participant Protection Program. This is accomplished through audits and Self-Assessment Evaluations against institutional policies and procedures, applicable federal regulations and Oklahoma state law.

The Board of Regents' policy, "University Compliance and Quality Improvement Program" is located in section 3.5.1 of the Regents' Policy Manual for the University of Oklahoma.

See the Office of Compliance policy, "Compliance and Quality Improvement Program" and the IRB's Quality Improvement Program for additional information.

Non-Compliance

Investigators and research staff are required to promptly report non-compliance to the IRB. The HRPP will report any serious or continuing noncompliance with applicable regulations or the requirements or determinations of the IRB to the appropriate institutional official(s), regulatory authorities, and sponsors. The IRB has the authority to suspend or terminate approval of the research that is not being conducted in accordance with the IRB policies, is not in compliance with federal regulations, or has been associated with unexpected serious harm to participants.

See the Non-Compliance/Scholarly Misconduct policy for additional information.