

SOP: RI 801 Version No: Effective Date: 01/01/07	IRB-REQUIRED INVESTIGATOR ACTIONS	Supersedes Document Dated:
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1. POLICY

Between IRB initial approval of a protocol and the time of continuing review of a study, it is the Investigator's responsibility to keep the IRB informed of unexpected non-serious and serious adverse events and other unexpected findings that could affect the risk/benefit ratio of the research. An Investigator is responsible for the accurate documentation, investigation and follow-up of all possible study-related adverse events. Investigators are also responsible for informing government and other Sponsors of any unanticipated or serious adverse events, as appropriate.

Specific Policies

1.1 IRB Review of Research

All human subjects research that is conducted by or under the direction of any employee, faculty, staff, student or agent of Sparrow Health System in connection with his or her institutional responsibilities must be reviewed by the IRB.

1.2 Informed Consent

The Investigator must obtain informed consent from subjects prior to their enrollment into the research. The Investigator must use the informed consent document approved by the IRB. IRB approval and expiration dates are indicated on all pages of the consent document. Consent documents are valid only during the dates indicated on the form; and the Investigator may use the forms only during the period for which they are valid. Investigators must follow Sparrow Health System guidelines for obtaining informed consent.

1.3 Adverse Event Reporting

The IRB must be informed within 48 hours of any serious, unexpected or alarming internal adverse events that occur during the approval period (Form RR 403-A). Investigators or Sponsors must also promptly submit Sponsor-generated reports of adverse events occurring at other investigative sites. Such Sponsor-generated reports must be accompanied by a cover letter, signed by the Investigator, that answers the following questions (See SOP RR 403, section 1.2):

- 1) Is the adverse event unexpected?
- 2) Is the adverse event related or possibly related to participation in the research?
- 3) Does the adverse event suggest that the research places subjects or others at a greater risk of harm than was previously known or recognized?
- 4) Any recommendations for modifications to the informed consent form as a result of these adverse event reports.

1.4 Changes in Approved Research

Changes in approved research, during the period for which approval has already been given, may not be initiated without IRB review (or expedited review, where appropriate) and approval, except where necessary to eliminate apparent immediate hazards to human subjects. Investigators or Sponsors must submit requests for changes to the IRB in writing. Upon receipt of the protocol change, the IRB Administrator will determine if the revision meets the criteria for minimal risk. If the

change represents more than a minimal risk to subjects, it must be reviewed and approved by the IRB. Minor changes involving no more than minimal risk to the subject will be reviewed by the expedited review process.

1.5 Unanticipated Problems

All unanticipated problems must be reported promptly to the IRB. An unanticipated problem is defined as any unforeseen event or events that may involve risks or affect the safety or welfare of subjects or others, or that may affect the integrity of the research. Examples of an unanticipated problem include, but are not limited to: difficulty recruiting subjects, higher than expected adverse events, higher than expected subject drop out rate, higher than expected protocol deviation rate, loss of multiple staff members, injury to a staff member while conducting study-related procedures, or subject difficulty understanding the informed consent.

1.6 Periodic Reports

The length of time approval is given to a research protocol will be no more than one year, and is dependent on the risk involved with the research. Investigators are responsible for requesting renewal in anticipation of the expiration of the approval period. Investigators or their designees and/or Sponsors are required to provide a periodic report regarding their investigation prior to the end of the approval period, or upon completion of the study.

An IRB Renewal Application Form will be available to the Investigator for this purpose.

1.7 Resident/Fellow/Student-Conducted Research

As stipulated in the Statement of Authority and Purpose (2), all activities that meet the definition of research with human subjects and that are conducted by students for a class project or for work toward a degree must be reviewed by the IRB. For example, activities that must be reviewed and approved by the IRB include: (i) Resident/Fellow studies that involve use of human subjects and which are not exempt. (Exempt determination to be made by the IRB – See SOP FO 302); (ii) All master's theses and doctoral dissertations that involve human subjects; and (iii) All projects that involve human subjects and for which findings may be published or otherwise disseminated.

All resident/fellow/student research projects must be sponsored by a responsible Principal Investigator with privileges at, or paid by, Sparrow Health System and are qualified in the area of research to be conducted.

1.8 Conflict of Interest

The protection of human subjects requires objectivity in communicating risks, selecting subjects, promoting informed consent, and gathering, analyzing and reporting data. Therefore, the IRB should consider conflict of interest issues in its deliberations of applications.

All Investigators must reveal on their application to the IRB whether they or any other person responsible for the design, conduct, or reporting of the research has an economic interest in, or acts as an officer or a director of any outside entity whose financial interests would reasonably appear to be affected by the research. It is the Investigator's obligation to also report such conflicts to the IRB Administrator of OROC.

2. SCOPE

These policies and procedures apply to all researchers in the Sparrow Health System.

3. RESPONSIBILITY

IRB Administrator is responsible for tracking Investigator compliance with IRB requirements stipulated during the IRB's review of the Investigator's research, and for engaging appropriate Investigator sanctions when Investigators are not in compliance with IRB requirements.

IRB Chairperson (or designee) is responsible for facilitating Investigator compliance with IRB requirements through his/her management of IRB deliberations, and providing Investigators clear guidelines pertaining to that compliance through IRB communications to the Investigator.

4. APPLICABLE REGULATIONS AND GUIDELINES

21 CFR 56.109, 56.111

21 CFR 54

45 CFR 46.109, 46.111

OHRP COI Policy

5. REFERENCES TO OTHER APPLICABLE SOPs

This SOP affects all other SOPs.

6. ATTACHMENTS

RI 801-A Investigator Responsibilities – IRB Requirements

RI 801-B Essential Documents

FO 301-E Investigator Delegation of Responsibility

7. PROCESS OVERVIEW

Between IRB initial approval of a protocol and the time of continuing review of a study, it is the Investigator's responsibility to keep the IRB informed of unexpected non-serious adverse events, unexpected serious adverse events, expected serious adverse events, and other unexpected findings that could affect the risk/benefit ratio of the research. An Investigator is responsible for the accurate documentation, investigation and follow-up of all possible study-related adverse events. Investigators are also responsible for informing government and other Sponsors of any unanticipated or serious adverse events, as appropriate.

Investigators are responsible to ensure that changes in approved research, during the period for which the IRB approval has already been given, are not initiated without IRB review and approval except where necessary to eliminate apparent immediate hazards to the human subjects.

8. PROCEDURES EMPLOYED TO IMPLEMENT THIS POLICY

Who	Task	Tool
<i>IRB Coordinator</i>	Provide Investigators with complete information package on preparing IRB submissions, securing initial and ongoing approval of research, and providing all required reports.	Investigator Responsibilities – IRB Requirements (RI 801-A) Essential Documents (RI 801-B)

	Contact Investigators as often as needed to assist in the development of submission materials and to secure all necessary information for ongoing IRB review and approval.	
<i>IRB Chairperson and IRB Administrator</i>	Provide Investigators with appropriate training in preparing IRB submissions and in conducting the informed consent process and other subject protection activities	
<i>OROC Staff</i>	Identify Investigator non-compliance as soon as possible and notify IRB Administrator.	
<i>IRB Administrator</i>	Investigate any reports of investigator non-compliance by initiating appropriate audit processes. Discuss potential IRB sanctions with the IRB Chairperson.	
<i>IRB Coordinator</i>	Distribute communications to and from Investigators to appropriate IRB staff and members in a timely manner.	Refer to CO 601