

WHAT REQUIRES IRB REVIEW

Research projects that involve human subjects and are being conducted by students/residents/fellows, faculty members or staff at Sparrow Health System facilities.* These include:

For example:

- Sparrow Hospital (including St. Lawrence Campus)
- Affiliated health centers (such as Family Practice clinics, Pediatric clinics, Behavioral Health, Hospice)
- Private or group practices
- Etc.

*If investigator is a paid MSU-faculty member or part of the Michigan Cancer Research Consortium (MCRC), see Policy on IRB Reliance and Central IRB Submitted Protocols (FO 306) for submission requirements.

PILOT STUDIES

The participation of human subjects in research requires review by the IRB. Claims of Exemption must also be reviewed by the IRB.

Pilot studies and feasibility studies, even if they include only one subject, must be reviewed by the IRB.

Investigators interested in conducting feasibility or pilot work should consider contacting the IRB prior to submitting an application. The IRB can advise the Investigator on how to appropriately address issues related to the risks and benefits of participation.

IF THE RESEARCH IS CONDUCTED OFF-SITE/CAMPUS OR RECRUITMENT IS PERFORMED OFF-SITE/CAMPUS

Letters of Compliance/IRB Approval

The application should include any necessary letters of compliance or IRB approvals from non-institutional facilities or agencies proposed as a research site or source of potential subjects. For example, letters of compliance are required from facilities such as nursing homes that do not have a DHHS approved Assurance and IRB. Letters of compliance are required on the facility’s letterhead and must contain a statement that the agency will, “review, abide by and comply with the Policies of the Sparrow Health System for the protection of human subjects.” Facilities that do have a DHHS approved Assurance and IRB, such as Michigan State University or the Michigan Cancer Research Consortium, must review and approve the project before the Sparrow Health System’s IRB will approve the project.

However, you do not have to wait for the approval of non-affiliated IRBs before submitting your proposal. If the Sparrow Health System IRB approves the research prior to your obtaining the letter of compliance or non-affiliated IRB approval, the IRB will not issue its approval letter until such information is received.

Definition of a Human Subject

Individuals whose physiologic or behavioral characteristics and responses are the object of study in a research project. Under the federal regulations, human subjects are defined as: living individual(s) about whom an Investigator conducting research obtains:

(1) data through intervention or interaction with the individual; or

(2) identifiable private information [Federal Policy §46.102(f)].

NOTE: FDA’s regulations define human subject as an individual and do not use the adjective "living."

🔗WHEN RESEARCH REQUIRES THE REVIEW OF OTHER INSTITUTIONAL COMMITTEES:

Review and Approval of Other Institution/Organization Committees:

Please submit other required institutional review committee approvals to the IRB. Though other institutional committees share the responsibility for following guidelines in our collective effort to protect human subjects, ultimately the final authority for participation of human subjects in research falls on the IRBs. [For MSU-paid faculty or students, please see Policy on IRB Reliance and Central IRB Submitted Protocols (FO 306) for submission requirements.]

🔗CLAIM OF EXEMPTION

Research activities in which the only involvement of human subjects is in one or more of the categories listed in SOP Policy FO 302 may qualify for a Claim of Exemption from review by the IRB or other regulatory authority within the institution/organization.

NOTE:

A Claim of Exemption does not necessarily exempt Investigators from the requirement of gaining written informed consent from subjects. Most research requires the use of an informed consent form. For studies where there are no subject identifiers, i.e., anonymous data is collected, an information sheet or cover sheet is usually required.

These exempt categories do not apply to research involving:

- a. Deception of subjects where the Investigator does not disclose the true purpose of the research and/or the results of the subject's participation in the study,
- b. Sensitive behavioral research, or research involving pregnant women, in vitro fertilization, prisoners, the mentally disabled, or other "vulnerable" populations).

In order to fulfill federal requirements for the proper review of research, Investigators cannot "self-exempt" from IRB review. Determination of exempt status is performed by the IRB Chairperson (or designee) in consultation with the IRB. Investigators are urged to consult with the Office of Research Oversight and Compliance before applying for exemption from IRB review.

CONFLICTS OF INTEREST

The IRB is concerned about the potential for abuse when Investigators have a financial obligation or interest that may pose a conflict of interest. The IRB requires that Investigators disclose within their application all potential financial conflicts of interest and explain how the potential conflict of interest will be minimized or resolved. In these situations, the IRB may require disclosure of conflicts of interest in consent forms.

THE REVIEW PROCESS

Most studies are reviewed by the full IRB.

If the Chairperson (or designee) determines that the study meets criteria for Expedited Review, the review will be completed within 1 week of receipt of the complete submission.

The following research will always be reviewed via full IRB:

- Initial review of NIH-funded research
- Research involving an unapproved FDA-regulated product
- Research involving an approved FDA-regulated product for an unapproved use
- Any research in which an objective includes establishing the safety of a product or procedure
- Any research where the risk is greater than minimal and where little or no benefit occurs directly to the subject

🔗NOTIFICATION OF BOARD ACTIONS

Generally, the IRB will communicate the results of the review directly to the responsible member of the clinical research team by letter within two (2) weeks of review. Investigators are asked to respond to questions or requested revisions to a study or study material within 90 days of the review.

🔗DETERMINATIONS

The IRB may make one of the following determinations as a result of its review of research submitted for initial review or for continuing review:

1. Approval: The protocol and accompanying documents are approved as submitted. Final approval will commence on the day the study is approved by an action of the convened IRB or Chairperson or designee and expire within one (1) year of the meeting date, but not later than the day preceding the date of review.

Approvals are always considered conditional. The conditions for continued approval, and the time frame (if any) within which they must be met will be clearly stated in the approval letter. If the conditions of the approval are not met, approval may be withdrawn.

2. Approval on Clarification (Withheld approval/Pending): Minor modification of, or addition to, a protocol or accompanying documents is required. Changes will be voted upon during the IRB's meeting, as well as the terms of approval. The Investigator will be informed in writing of the required changes and requested information and must provide the IRB with the changes or information.

The Chairperson or his/her designee has the authority to review the information via expedited review unless the IRB requires that the material or information be reviewed by the full IRB, the primary reviewer or another individual delegated by the IRB to review the response. Upon satisfactory review, approval will be issued as of the date that the requested information or materials are approved. However, the expiration date will be based on the date of the initial IRB review. Subjects must not be recruited into the study until final approval has been issued.

3. Tabled: Significant questions are raised by the proposal requiring its reconsideration after additional information is received from the Sponsor and/or Investigator.
4. Disapproval: The proposal fails to meet one or more of the criteria used by the IRB for approval of research. Disapproval cannot be given through the expedited review mechanism and may only be given by majority vote at a convened meeting of the IRB.

Investigators have the right to discuss IRB requests for revision and decisions of disapproval directly with the Committee. The IRB, however, retains the final authority for approval of proposed research with human subjects.

The IRB review process allows Investigators various levels of appeal from the time a study receives initial review through approval or disapproval. Any and all IRB decisions are contingent upon the response of the Investigator. If the IRB finds that the negotiation is at an impasse, they may request an intramural and/or extramural independent consultant review.

🔗 APPROVAL

Approvals issued by the IRB are always conditional. Standard conditions for continued approval are:

- Any changes in the research protocol, informed consent document, or subject information during the approval period must be submitted to the IRB for review and must not be initiated until approved by the IRB.
- All advertisements, letters, and any other media for subject recruitment must be submitted and approved prior to use.
- Significant deviations from the research protocol must be reported as soon as possible.
- Significant changes to the study site (including changes in the investigative team) and significant deviations from the research protocol and all unanticipated problems that may involve risks or affect the safety or welfare of subjects or others, or that may affect the integrity of the research must be promptly reported to the IRB.
- A copy of the approved informed consent document must be signed and dated by each subject or the subject's legal representative prior to initiation of **any** study procedures. In addition, each subject must be given a copy of the signed consent form.
- All deaths, life-threatening complications, hospitalizations, or serious and/or unexpected adverse events, *whether related to the study article or not*, must be reported to the IRB within five (5) days.
- The Investigator must cooperate with the IRB in its efforts to conduct continuing review.

The IRB may elect to place additional, specific conditions on the conduct of a study.

🔗 SUBMITTING A RESEARCH STUDY

There is one IRB (Institutional Research Review Committee) associated with Sparrow Health System. The IRB meets once a month, on the 2nd Monday of each month. Submission materials should be received no later than 15 business days preceding the meeting. Submissions should be sent as hard-copy to the IRB Administrator or IRB Coordinator. Include the appropriate items and number of copies as required for review (specific items listed on the submission checklist provided in the application form).

The review process will begin when the IRB receives the complete submission.

Incomplete submissions may not be placed on the agenda for the next meeting, so Investigators should review the IRB review process and the guidelines on the application forms for each type of submission. Application/Submission forms are available for download on-line at the IRB Web site <http://www.sparrow.org/irrc/research.asp>

Submission Materials

		DEADLINE	
INITIAL REVIEW	<p>Full IRB</p> <p>Review by convened meeting of IRB members</p>	<p>Complete submissions received no later than 15 business days prior to the next IRB meeting</p>	<p>Submission items</p> <ul style="list-style-type: none"> • Completed and signed IRB Application Form • Research protocol • Informed consent document • Proposed subject instructions (if applicable) • Other supporting material (sample of proposed advertising, patient diaries, etc.) • Investigator Brochure or insert/device description (Required for FDA regulated products) • Financial disclosure statement • Case report form • Questionnaires & assessment instruments (two copies) • FDA Form 1572 (IND) or signed Investigator Agreement (IDE) • Documentation that the study has been reviewed and approved by other committees charged with oversight of research (if applicable).
	<p>Expedited Review</p>	<p>None</p>	<ul style="list-style-type: none"> • Completed and signed IRB Application Form. • Any other submission items as noted above, as applicable.
	<p>Exempt Review</p>	<p>None</p>	<ul style="list-style-type: none"> • Completed and signed IRB Application Form. • FO 302-A Exemption Screening Questions • FO 302-B Claim of Exemption
	<p>IRB Reliance Projects</p>	<p>None</p>	<ul style="list-style-type: none"> • FO 306-B Application for IRB Reliance Project Review

Investigator application packets are available at: <http://www.sparrow.org/irrc/research.asp>

To contact the IRB Administrator or IRB Coordinator, either call (517) 364-2150 or e-mail: irrc@sparrow.org

BASIC COMPONENTS OF AN IRB SUBMISSION

1. IRB Application Form

2. The Informed Consent Form/Assent Form

Sample consent and assent forms are in the SOP Manual, Section IC 700, and found in the Attachments section, referenced in the SOP; or download the Informed Consent Basic Elements and Guidelines and Informed Consent Form Template from IRB Web site:

<http://www.sparrow.org/irrc/research.asp>

3. The Research Protocol

A detailed research protocol is required for IRB review of your research. Essential elements of the protocol are:

Synopsis of the Protocol

The objective of the research.

Present knowledge and appropriate literature relevant to it.

Rationale for the use of the selected subject population.

Statistical/qualitative methodology.

Inclusion/exclusion criteria.

How the inclusion/exclusion criteria will be assessed and by who?

The subjects' alternatives to participation in the study?

Risks to Subjects

Risks (current and potential).

Expected frequency, degree of severity, and reversibility.

Possible late effects.

Risks from study article.

Risks from research procedures (i.e., washout risks, placebo assignment, etc.).

Assessment procedures for the occurrence of adverse events.

For studies with more than minimal risk, or FDA regulated products/ studies, plan for monitoring study and data.

Potential Benefits

Potential direct benefits to the subject.

Potential benefits to the group or class from which the subjects are recruited.

Potential benefits to society.

Risk/Benefit Assessment

The risk/benefit ratio of the subject's participation, including consideration of alternative therapy, benefit to the class of patients, and benefits to society.

Procedures

Duration of subjects' active participation?

Follow-up after their active participation ends?

The number, duration, and nature of visits/encounters.

Procedures being performed solely for the purposes of the research.

All procedures that will be performed to generate data for the research.

Informed Consent

Process to obtain informed consent

If requesting Waiver or Alteration of Informed Consent.

6. Recruitment Material (Advertisements, Posters, Flyers, Press Releases, etc.)

The IRB is required to review any advertisements, flyers, Internet postings (with the Internet address), etc., for subject recruitment, correspondence to subjects or other cooperating individuals such as referring physicians or facilities.

In addition, the IRB reviews all press releases intended to facilitate recruitment of subjects. Contact documents are not approved or valid without an IRB approval stamp and date.

If possible include recruitment materials with your initial application. If the material is not ready at the time of initial application, submit recruitment material when it is available and prior to use, but allow sufficient time for revisions prior to publication.

Advertisements, press releases, etc., may qualify for expedited review.

7. Recruitment Bonuses

The IRB strongly recommends that the investigator carefully evaluate bonus payments offered by the sponsor for additional subject recruitment, beyond the original contractual agreement. Bonus payments or other incentives, such as medical equipment, may cause undue influence on the investigative staff, when the staff is recruiting study subjects. The IRB should be consulted on all bonus payments outside of the initial contract.

8. Surveys, Questionnaires, Etc.

The IRB is required to review all research instruments such as surveys, questionnaires, etc. If the instrument is used regularly in standard practice, it is not necessary to submit the instrument, but its name must be included in the protocol and Study Summary Form.

9. Investigator Brochure, Device Specifications, Package Inserts

The IRB is required to examine the Investigator Brochure and/or device manual in order to adequately assess the risk/benefit ratio for subjects participating in the research.

INVESTIGATOR RESPONSIBILITIES ONCE A STUDY IS APPROVED

A. CONTINUING REVIEW

1. Study Renewal and Study Completion Reports

Reports must be submitted by the Investigator at intervals determined by the IRB. The expiration date and the date that an interim report (continuation/renewal) is due, if required, will be stated in the study approval letter. A reminder will be sent to the Investigator prior to the due date.

2. Serious or Unexpected Adverse Events

Part of the continuing review process is the review of unanticipated and serious adverse events. All unanticipated or serious adverse events must be reported to the IRB. If necessary, the Sponsor and Investigator will be notified as to further action required to protect research subjects.

Possible actions include: modification of the protocol, modification of the consent document, and/or notification of subjects.

Internal Adverse Events: An adverse event reporting form for internal events is available on the IRB Web site and noted in the Investigator's approval letter to be sent to the IRB.

External Adverse Events: Investigators submitting external adverse event reporting should provide a cover letter (see Policy RR 403) and attach MedWatch forms, standard forms supplied by the Sponsor or CRO to report serious or unexpected adverse events to the IRB, and/or Data Monitoring Safety Boards (DSMBs) summaries/reports.

3. Amendments

All amendments, including changes to consent forms, changes in study personnel, and deviations in the protocol must be reported to the IRB. Changes will be reviewed by the IRB at the next scheduled meeting. If appropriate, the IRB Chairperson or designee will review the changes via expedited review.

The Application for Amendment and/or Revision form can be downloaded from the IRB Web site: <http://www.sparrow.org/irrc/research.asp> (also see SOP Policy RR 403, Form RR 403-B).

4. 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.

5. Site Visits

The IRB Administrator may conduct a site visit before or after a study is approved. Every attempt will be made to schedule visits at the convenience of the site personnel. A representative of the IRB may ask to participate in the audit and/or sit in during the consent form process. The Investigator or the Research Nurse/Coordinator will be asked to provide a time when this consenting process can be observed.

6. Monitoring Reports

As sponsors routinely monitor investigative sites, they are in a unique position to uncover information to which the IRB may not otherwise be privy. The Investigator should request that the sponsor provide any information that may affect the rights and welfare of participants, or their willingness to continue participation. Such information may be contained within a monitoring report, or summary of the sponsor's assessment. The Investigator will then notify the IRB of these findings.

7. Protocol Deviations

The IRB requires that all significant protocol deviations be reported to the IRB. In general, significant deviations are considered to be protocol deviations that:

- affect the subject's individual risk
- decrease the potential for study benefit
- have or might occur again; if it is anticipated that this violation will occur again, an amendment to the protocol should be considered.

B. MODIFICATIONS TO CURRENTLY APPROVED RESEARCH

1. Amendments and Modifications

All modifications to currently approved research are required to have IRB review and approval before implementation. Minor changes that do not increase the risk to research subjects may receive an expedited review. Modifications to approved protocols that may affect the risk to subjects are forwarded to the full IRB for review. Changes in the risks or benefits to subjects may require modifications to the consent form and re-consenting of subjects.

Except where necessary to eliminate apparent immediate hazards to the study subjects, changes may not be implemented until approved by the IRB. Complete the Application for Amendment and/or Revision Form explaining the requested modifications, and submit any modified items such as consent forms, protocols, Investigator Brochures, study instruments, recruitment tools, etc., with the application.

The IRB may only approve modifications submitted during a current approval period to the end of that period. For example, the new or renewal/continuing approval is issued on January 1, and it has an IRB approval expiration date of December 31. If a modification or addendum is approved during this time, the approval for that modification is only valid until December 31.

When changing Investigators, please include a letter from the Principal Investigator indicating the change in responsibility and a letter from the new Investigator accepting responsibility for the research. Changes in Investigators usually qualify for expedited review.

C. RENEWAL OF IRB APPROVAL

The Federal regulations do not allow an IRB to approve a study for more than one year. For multi-year research, the Principal Investigator is responsible for submitting a renewal application prior to the expiration of the current IRB approval. The IRB mails a Renewal Reminder to Investigators two (2) months prior to the expiration of the current IRB approval, and may provide a second reminder via e-mail or voice-mail at 1 (one) month.

If the approval expires prior to submission of the renewal application, the investigator is required to suspend subject contact and data collection until the renewal is approved by the IRB. For therapeutic studies where subject safety is a concern, there is some flexibility towards the continued treatment for currently enrolled subjects. However, no new subjects may be contacted, recruited, or enrolled until the Investigator obtains current IRB approval.

The renewal application should incorporate all of the addenda and modifications submitted to and approved by the IRB during the previous approval periods.

Continuing review and approval is necessary if recruitment of subjects stops but previously enrolled subjects continue to participate in the research or the study is in data analysis at Sparrow Health System. Such studies will be labeled as "closed to accrual."

D. COMPLETION/TERMINATION

In order to formally complete a study file, the IRB requires Investigators to officially notify the IRB when a study is terminated or completed or after data analysis is complete and submit the Application for Closure Form when closing out a study. Any publications resulting from the study should be appended to the Application for Closure Form or sent later to the OROC office.

E. REPORTS OR COMPLAINTS FROM EMPLOYEES, STAFF AND SUBJECTS

The IRB encourages investigators, research staff, subjects, or others to contact the IRB with any feedback, suggestions, or concerns related to the protection of human subjects or IRB processes. Please contact the IRB at (517) 364-2150 or irrc@sparrow.org.