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**Investigator Manual**

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## Scope

Throughout this document “institution” refers to Parkview Health Systems Inc.

## What is the purpose of this manual?

This document, “INVESTIGATOR MANUAL (HRP-103)”, is designed to guide you through policies and procedures related to the conduct of Human Research that are specific to this institution. It is also meant to guide you through the use of IRBManager, an online platform that the IRB uses to coordinate communication, submission, and ongoing oversight of research activities taking place at Parkview.

General information regarding Human Research protections and relevant federal regulations and guidance is incorporated into the required human protections training. For additional information see below: [“What training does my staff and I need in order to conduct Human Research?”](#_What_training_does)

## What is Human Research?

The “HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)” defines the activities that this institution considers to be “Human Research.” An algorithm to assist in determining whether an activity is Human Research can be found using the xForm “Quality Improvement / Program Evaluation” in IRB Manager, or using the “WORKSHEET: Human Research (HRP-310),” Use this document for guidance as to whether an activity meets either the HHS or FDA definition of Human Research, keeping in mind that the IRB makes the ultimate determination in questionable cases as to whether an activity constitutes Human Research subject to IRB oversight.

You are responsible not to conduct Human Research without prior IRB review and approval (or an institutional review and determination of exempt Human Research). If you have questions about whether an activity is Human Research, contact the IRB Office who will provide you with a determination. If you wish to have a written determination that an activity is not Human Research, use the xForm “Quality Improvement / Program Evaluation.” The various Human Research requirements detailed in this Manual do not apply to activity that is determined to be “Quality Improvement/Program Evaluation.”

## What is the Human Research Protection Program?

The document “HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)” describes this institution’s overall plan to protect subjects in Human Research.

* The mission of the Human Research Protection Program.
* The ethical principles that the institution follows governing the conduct of Human Research.
* The applicable laws that govern Human Research.
* When the institution becomes “engaged in Human Research” and when someone is acting as an agent of the institution conducting Human Research.
* The types of Human Research that may not be conducted.
* The roles and responsibilities of individuals within the institution.

## What training does my staff and I need to conduct Human Research?

This section describes the training and credentialing requirements imposed by the IRB. You may have additional federal or state requirements.

Unless determined otherwise by the IRB, Investigators and staff conducting research must complete the Collaborative Institutional Training Initiative (CITI) human subjects online training program. There are different levels of CITI training depending on the type of research and level of risk to subjects you are conducting.

The CITI site can be accessed at <http://www.citiprogram.org/>.

All members of the research team involved in the design, conduct, or reporting of the research must:

* Complete one of the following human subjects protection courses via the CITI program every three years:
  + Biomedical Research, Stage 1 or refresher
  + Social/Behavioral/Educational Researchers, Stage 1, or refresher
* Complete the CITI GCP course every three years.

Members of the research team who have not completed human research protections training may not take part in aspects of the research that involve human subjects.

## What financial interests do my staff and I need to disclose conduct Human Research?

Individuals involved in the design, conduct, or reporting of research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards are considered to have an institution responsibility and must report financial relationships related to research and, where appropriate, cooperate in the management of any potential conflicts of interest.

All individuals involved in the design, conduct, or reporting of research are required to disclose the significant financial interests listed on the “Financial Conflict of Interest Disclosure” x-Form in IRBManager. These individuals will be asked to make these financial disclosures:

* On submission of an initial review, if one is not already on file;
* Annually after initial disclosure so long as involved in active research; and
* Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.

Individuals with reimbursed or sponsored travel by an entity other than a federal, state, or local government agency, higher education institution or affiliated research institute, academic teaching hospital, or medical center are required to disclose the purpose of the trip, the identity of the sponsor or organizer, the destination, and the duration of the travel.

Additional details can be found in “SOP: Financial Conflicts of Interests (HRP-055).”

## How do I submit new Human Research to the IRB?

Log in to IRB Manager (<https://parkview.my.irbmanager.com>), complete the “Protocol Submission Form,” attach all requested supplements, and have the form signed by the Principal Investigator (or in the alternative, attach the signed PI Statement of Principles).

## How do I request to rely on an external IRB?

For some research projects, it may be appropriate for Parkview to rely on an external IRB. The Relying Institution is the Institution relying on an external IRB. The IRB of Record is the IRB responsible for review and oversight of research on behalf of the Relying Institution. For more information on the roles of the IRB of Record and Relying Institutions, consult “HRP-101 Human Research Protection Program Plan.”

Where appropriate, Parkview may enter into reliance agreements, under which Parkview-affiliated research personnel utilize the services of and rely on an external, reviewing IRB for IRB review and oversight. Alternatively, the Parkview IRB may provide IRB review and oversight for non-affiliated research personnel as the IRB of Record for another Institution. For further guidance on when reliance may be appropriate, consult “SOP: Establishing Authorization Agreements” (HRP-801).

If you believe that your research project may more appropriately be reviewed by an external IRB, contact the IRB office. The IRB office will determine whether an Authorization Agreement is already in place, or if one should be executed.

When Parkview and an external IRB have entered into an Authorization Agreement, you may submit your protocol to the Parkview IRB for deferral. Complete the “Protocol Submission Form,” choose the “Deferral” route on the xForm, which indicates that an external IRB will serve as the IRB of record. Attach all requested supplements, and have the form signed by the Principal Investigator (or in the alternative, attach the signed PI Statement of Principles).

## How do I request that this IRB serve as the IRB of record (sIRB) for my collaborative or multi-site research study?

Contact the IRB Office.

## How do I write an Investigator Protocol?

Depending on the type of research you wish to conduct, use the PH IRB Biomedical Protocol Template, or the PH IRB Social/Behavioral Protocol Template as a starting point for drafting a new Investigator Protocol, and reference the instructions in italic text for the information the IRB looks for when reviewing research. These templates can be found on the IRB website and on your IRBManager dashboard in the “Notices” section. Here are some key points to remember when developing an Investigator Protocol:

* The italicized bullet points in both of the protocol templates serve as guidance to investigators when developing an Investigator Protocol for submission to the IRB. All italicized comments are meant to be deleted prior to submission.
* If you have a sponsor’s protocol, you do not have to separately develop your own Investigator Protocol. We will accept the sponsor’s protocol directly.
* If you believe your activity may not be Human Research, use the xForm “Quality Improvement / Program Evaluation” or contact the IRB Office prior to developing your Investigator Protocol.
* Good research practices strongly suggest the use of a protocol in all Human Subject research, including exempt research; however, Parkview Health IRB does not require a protocol be attached to a submission that is believed to be exempt.
* Depending on the nature of your research, certain sections of the template may not be applicable to your Investigator Protocol. Indicate this as appropriate.
* You may not involve any individuals who are members of the following populations as subjects in your research unless you indicate this in your inclusion criteria as the inclusion of subjects in these populations has regulatory implications.
  + Adults unable to provide legally effective consent
  + Individuals who are not yet adults (infants, children, teenagers)
  + Pregnant women
  + Prisoners

## How do I create a consent document?

Use the “PH IRB ICF Template” to create a consent document. This template can be found on the IRB website and in the “Notices” section of your Dashboard in IRBManager.

Note that all consent documents must contain all of the required and all additional appropriate elements of informed consent disclosure. Review the IRB’s “WORKSHEET: Criteria for Approval (HRP-314),” to ensure that these elements are addressed.

We recommend that you date the revisions of your consent documents to ensure that you use the most recent version approved by the IRB.

## How do I add a HIPAA Authorization?

If you require a HIPAA Authorization, use the “PH IRB HIPAA Authorization” available on the IRB website and append it to your consent document, as needed. You may maintain them as a separate document; however, it will then be your responsibility to get the subject signature on both documents and maintain those records accordingly.

## What are the different regulatory classifications that research activities may fall under?

Submitted activities may fall under one of the following four regulatory classifications:

* Not “Human Research”: Activities must meet the institutional definition of “Human Research” to fall under IRB oversight. Activities that do not meet this definition are not subject to IRB oversight or review. Review the IRB Office’s “WORKSHEET: Human Research (HRP-310)” for reference. Use the “Quality Improvement / Program Evaluation” xForm in IRB Manager for a determination by the IRB that your activity does not meet the definition of “Human Research.” You may contact the IRB Office in cases where it is unclear whether an activity is Human Research.
* Exempt: Certain categories of Human Research may be exempt from regulation but require IRB review. It is the responsibility of the institution, not the investigator, to determine whether Human Research is exempt from IRB review. Review the IRB Office’s “WORKSHEET: Exemption (HRP-312)” for reference on the categories of research that may be exempt.
* Review Using the Expedited Procedure: Certain categories of non-exempt Human Research may qualify for review using the expedited procedure, meaning that the project may be approved by a single designated IRB reviewer, rather than the convened board. It is the responsibility of the IRB, not the investigator, to determine whether Human Research qualifies for expedited review. Review the IRB Administration’s “WORKSHEET: Eligibility for Review Using the Expedited Procedure (HRP-313)” for reference on the categories of research that may be reviewed using the expedited procedure.
* Review by the Convened IRB: Non-Exempt Human Research that does not qualify for review using the expedited procedure must be reviewed by the convened IRB.

## What are the decisions the IRB can make when reviewing proposed research?

The IRB may approve research, require modifications to the research to secure approval, or disapprove research:

* Approval: Made when all criteria for approval are met. See “How does the IRB decide whether to approve Human Research?” below.
* Modifications Required to Secure Approval: Made when IRB members require specific modifications to the research before approval can be finalized.
* Disapproval: Made when the IRB determines that it is unable to approve research as presented. If possible, the IRB may describe modifications that might make the research approvable. If those modifications are made, the IRB can review again as appropriate. When making this motion, the IRB describes its reasons for this decision and gives the investigator an opportunity to respond to the IRB in person or in writing.

## How does the IRB decide whether to approve Human Research?

The criteria for IRB approval can be found in the “WORKSHEET: Exemption (HRP-312)” for exempt Human Research and the “WORKSHEET: Criteria for Approval (HRP-314)” for non-exempt Human Research. The latter worksheet references other checklists that might be relevant.

You are encouraged to use the checklists to write your Investigator Protocol in a way that addresses the criteria for approval.

## What will happen after IRB review?

The IRB will provide you with a written decision indicating that the IRB has approved the Human Research, requires modifications to secure approval, or has disapproved the Human Research.

* If the IRB has approved the Human Research: The Human Research may commence so long as all other institutional approvals have been met. IRB approval is usually good for a limited period of time, unless continuing review is not required under the regulations, which is noted in the approval certificate.
* If the IRB requires modifications to secure approval and you accept the modifications: Make the requested modifications and resubmit them to the IRB. If all requested modifications are made, the IRB will issue a final approval. Research cannot commence until this final approval is received. If you do not accept the modifications, write up your response and submit it to the IRB.
* If the IRB disapproves the Human Research: The IRB will provide a statement of the reasons for disapproval and may make suggestions to make the study approvable. If the IRB does not make suggestions to make the study approvable, you will have an opportunity to respond in writing. In most cases if the IRB’s reasons for the disapproval are addressed in a modification, the Human Research can be approved.

In all cases, you have the right to address your concerns to the IRB directly at an IRB meeting.

## What are the Principal Investigator’s obligations after IRB approval?

1. Do not start Human Research activities until you have the final IRB approval certificate.
2. Do not start Human Research activities until you have obtained all other required institutional approvals, including approvals of departments or divisions that require approval prior to commencing research that involves their resources.
3. Ensure that there are adequate resources to carry out the research safely. This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.
4. Ensure that Research Staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.
5. Update the IRB office with any changes to the list of study personnel using the Request for Modification x-Form (See “How do I submit a modification?” for additional direction)
6. Personally conduct or supervise the Human Research. Recognize that the investigator is accountable for the failures of any study team member.
   1. Conduct the Human Research in accordance with the relevant current protocol as approved by the IRB, and in accordance with applicable federal regulations and local laws.
   2. When required by the IRB ensure that consent or permission is obtained in accordance with the relevant current protocol as approved by the IRB.
   3. Do not modify the Human Research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects.
   4. Protect the rights, safety, and welfare of subjects involved in the research.
7. Submit to the IRB:
   1. Proposed modifications/amendments as described in this manual. (See “How do I submit a modification?”)
   2. As applicable, an annual continuing review x-Form as requested in the approval certificate. (See “How do I submit continuing review?”)
   3. Study Closure x-Form when the Human Research is closed. (See “How Do I Close Out a Study?”)
8. Report any new information items using the “Reportable New Information” xForm in IRB Manager within ten business days.
9. Submit an updated disclosure of financial interests within thirty days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.
10. Do not accept or provide payments to professionals in exchange for referrals of potential subjects (“finder’s fees.”)
11. Do not accept payments designed to accelerate recruitment that were tied to the rate or timing of enrollment (“bonus payments.”)
12. See additional requirements of various federal agencies in Appendix A. These represent additional requirements and do no override the baseline requirements of this section.

## What are my obligations as the overall study PI for an sIRB study?

1. Coordinating with HRPP personnel to determine whether this institution’s IRB can act as the single IRB for all or some institutions participating in the study or if an external IRB will assume oversight.
2. Identifying all sites that will be engaged in the human research and requiring oversight by the IRB.
3. Ensure that all sites receive a request to rely on the reviewing IRB and that all institutional requirements are satisfied before a study is activated at a relying site.
4. Collaborate with the reviewing IRB to document roles and responsibilities for communicating and coordinating key information from study teams and the IRB or HRPP at relying sites.
5. Respond to questions or information requests from study teams or the IRB or HRPP staff at relying sites.
6. Provide relying site investigators with the policies of the reviewing IRB.
7. Provide relying site investigators with the IRB-approved versions of all study documents.
8. Preparation and submission of IRB applications on behalf of all sites. This includes initial review, modifications, personnel updates, reportable new information and continuing review information for all sites.
9. Establishing a process for obtaining and collating information from all sites and submitting this information to the reviewing IRB. This includes site-specific variations in study conduct, such as the local consent process and language, subject identification and recruitment processes and local variations in study conduct.
10. Ensuing that consent forms used by relying sites follow the consent template approved by the reviewing IRB and include required language as specified by the relying sites.
11. Providing site investigators with all determinations and communications from the reviewing IRB.
12. Submitting reportable new information from relying sites to the reviewing IRB in accordance with the terms outlined in the authorization agreement or communication plan.
13. Reporting the absence of continuing review information from relying sites if they do not provide the required information prior to submission of the continuing review materials to the reviewing IRB. Notifying the relying site of their lapse in approval and applicable corrective actions.
14. Providing study records to the relying institution, reviewing IRB or regulatory agencies upon request.

## What are my obligations as investigator when relying on an external IRB of Record?

In addition to the other obligations outlined in this manual regarding PI responsibilities, the following are additional obligations of the PI when relying on an external IRB:

1. Obtain appropriate approvals from the Parkview IRB prior to seeking review by another IRB.
2. Comply with determinations and requirements of the IRB of Record.
3. Provide the IRB of Record with requested information about local requirements or local research context issues relevant to the IRB’s determination prior to IRB review.
4. Notifying the IRB of Record when local policies that impact IRB review are updated.
5. Cooperating in the IRB of Record’s responsibility for initial and continuing review, record keeping and reporting and providing all information requested by the IRB of Record in a timely manner.
6. Disclosing conflicts of interest as required by the IRB of Record and complying with management plans that may result.
7. Promptly reporting to the IRB of Record any proposed changes to the research and not implementing those changes to the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to the participants.
8. When enrolling participants, obtain, document and maintain records of consent for each participant or each participant’s legally authorized representative.
9. Promptly reporting to the IRB of Record any unanticipated problems involving risks to participants or others according to the requirements specified in the reliance agreement.
10. Providing the IRB of Record with data safety monitoring reports in accordance with the reviewing IRB’s reporting policy.
11. Reporting non-compliance, participant complaints, protocol deviations or other events according to the requirements specified in the reliance agreement.
12. Specifying the contact person and providing contact information for researchers and research staff to obtain answers to questions, express concerns, and convey suggestions regarding the use of the IRB of Record.

## How do I submit a modification?

Complete the “Request for Modification” xForm in IRB Manager, and attach all requested supplements as appropriate. . Please note that research must continue to be conducted without inclusion of the modification until IRB approval is received.

Using this x-Form, you can make updates to the study personnel associated with the submission. Changes to the Principal Investigator or sub-investigators will be reviewed by the IRB as it represents a modification to the research. Changes to other study staff are not considered a modification to the research. Instead of being reviewed by the IRB, you will receive an acknowledgment of the change from the IRB office.

## How do I submit continuing review?

* If your study requires the IRB’s continuing review, complete the “Continuing Review” xForm in IRB Manager, and attach all requested supplements.

If the continuing review involves modifications to previously approved research, submit those modifications as a separate request for modification using the “Request for Modification” xForm in IRB Manager.

If the approval of Human Research expires, all Human Research procedures related to the protocol under review must cease, including recruitment, advertisement, screening, enrollment, consent, interventions, interactions, and collection or analysis of private identifiable information. Continuing Human Research procedures without a current IRB approval is a violation of institutional policy. If current subjects will be harmed by stopping Human Research procedures that are available outside the Human Research context, provide these procedures on a clinical basis as needed to protect current subjects. If current subjects will be harmed by stopping Human Research procedures that are not available outside the Human Research context, immediately contact the IRB chair and provide a written list of the currently enrolled subjects and why they will be harmed by stopping Human Research procedures.

## How do I close out a study?

Complete the “Study Closure” xForm in IRB Manager,

If you fail to close out Human Research, you will be restricted from submitting new Human Research until the completed application has been received.

## How long do I keep records?

Maintain your Human Research records, including signed and dated consent documents and HIPAA Authorizations for at least seven years after completion of the research. See “SOP: IRB Records Retention” (HRP-072)

If your Human Research is sponsored, contact the sponsor before disposing of Human Research records and ensure you dispose of Human Research records in accordance with any agreements with the sponsor.

## What if I need to use an unapproved drug, biologic, or device and there is no time for IRB review?

Contact the IRB Office or IRB chair immediately to discuss the situation. If there is no time to make this contact, see the “WORKSHEET: Emergency Use (HRP-322)” for the regulatory criteria allowing such a use and make sure these are followed. Use the “TEMPLATE EMERGENCY USE CONSENT DOCUMENT (HRP-506)” to prepare your consent document. You will need to submit a report of the use to the IRB within five days of the use and for drugs and biologics, submit an IRB application for initial review within 30 days.

If you fail to submit the report within five days or the IRB application for initial review within 30 days, you will be restricted from submitting new Human Research until the report and IRB application for initial review have been received.

Emergency use of an unapproved drug or biologic in a life-threatening situation without prior IRB review is “research” as defined by FDA, the individual getting the test article is a “subject” as defined by FDA, and therefore is governed by FDA regulations for IRB review and informed consent. Emergency use of an unapproved device without prior IRB review is not “research” as defined by FDA and the individual getting the test article is not a “subject” as defined by FDA. However, FDA guidance recommends following similar rules as for emergency use of an unapproved drug or biologic.

Individuals getting an unapproved drug, biologic, or device without prior IRB review cannot be considered a “subject” as defined by DHHS and their results cannot be included in prospective “research” as that term is defined by DHHS.

## How do I get additional information and answers to questions?

This document and the policies and procedures for the Human Research Protection Program are available on the PH IRB website at https://www.parkview.com/institutional-review-board/ .

If you have any questions or concerns, about the Human Research Protection Program, contact the IRB Office at:

Jennifer Dienelt or Michelle Murphy

IRB Coordinator

PH Institutional Review Board

3614 New Vision Drive

Fort Wayne, IN. 46845

Email: [Jennifer.dienelt@Parkview.com](mailto:Jennifer.dienelt@Parkview.com) or [michelle.murphy@parkview.com](mailto:michelle.murphy@parkview.com)

(260) 266-8194 or (260) 266-8172

If you have questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program that cannot be addressed by contact the IRB Office, follow the directions in the “HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)” under “Reporting and Management of Concerns.”

1. Additional Requirements for HHS-Regulated Research[[1]](#footnote-1)
2. When a subject decides to withdraw from a clinical trial, the investigator conducting the clinical trial should ask the subject to clarify whether the subject wishes to withdraw from all components of the trial or only from the primary interventional component of the trial. If the latter, research activities involving other components of the clinical trial, such as follow-up data collection activities, for which the subject previously gave consent may continue. The investigator should explain to the subject who wishes to withdraw the importance of obtaining follow-up safety data about the subject.
3. Investigators are allowed to retain and analyze already collected data relating to any subject who chooses to withdraw from a research study or whose participation is terminated by an investigator without regard to the subject’s consent, provided such analysis falls within the scope of the analysis described in the IRB-approved protocol. This is the case even if that data includes identifiable private information about the subject.
4. For research not subject to regulation and review by FDA, investigators, in consultation with the funding agency, can choose to honor a research subject’s request that the investigator destroy the subject’s data or that the investigator exclude the subject’s data from any analysis.
5. When seeking the informed consent of subjects, investigators should explain whether already collected data about the subjects will be retained and analyzed even if the subjects choose to withdraw from the research.
6. Additional Requirements for FDA-Regulated Research
7. When a subject withdraws from a study:[[2]](#footnote-2)
   1. The data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.
   2. An investigator may ask a subject who is withdrawing whether the subject wishes to provide continued follow-up and further data collection subsequent to their withdrawal from the interventional portion of the study. Under this circumstance, the discussion with the subject would distinguish between study-related interventions and continued follow-up of associated clinical outcome information, such as medical course or laboratory results obtained through non-invasive chart review, and address the maintenance of privacy and confidentiality of the subject’s information.
   3. If a subject withdraws from the interventional portion of the study, but agrees to continued follow-up of associated clinical outcome information as described in the previous bullet, the investigator must obtain the subject’s informed consent for this limited participation in the study (assuming such a situation was not described in the original informed consent form). IRB approval of informed consent documents is required.
   4. If a subject withdraws from the interventional portion of a study and does not consent to continued follow-up of associated clinical outcome information, the investigator must not access for purposes related to the study the subject’s medical record or other confidential records requiring the subject’s consent.
   5. An investigator may review study data related to the subject collected prior to the subject’s withdrawal from the study, and may consult public records, such as those establishing survival status.
8. For FDA-regulated research involving investigational drugs:
   1. Investigators must abide by FDA restrictions on promotion of investigational drugs:[[3]](#footnote-3)
      1. An investigator, or any person acting on behalf of an investigator, must not represent in a promotional context that an investigational new drug is safe or effective for the purposes for which it is under investigation or otherwise promote the drug.
      2. This provision is not intended to restrict the full exchange of scientific information concerning the drug, including dissemination of scientific findings in scientific or lay media. Rather, its intent is to restrict promotional claims of safety or effectiveness of the drug for a use for which it is under investigation and to preclude commercialization of the drug before it is approved for commercial distribution.
      3. An investigator must not commercially distribute or test market an investigational new drug.
   2. Follow FDA requirements for general responsibilities of investigators[[4]](#footnote-4)
      1. An investigator is responsible for ensuring that an investigation is conducted according to the signed investigator statement, the investigational plan, and applicable regulations; for protecting the rights, safety, and welfare of subjects under the investigator's care; and for the control of drugs under investigation.
      2. An investigator must, in accordance with the provisions of 21 CFR §50, obtain the informed consent of each human subject to whom the drug is administered, except as provided in 21 CFR §50.23 or §50.24 of this chapter.
      3. Additional specific responsibilities of clinical investigators are set forth in this part and in 21 CFR §50 and 21 CFR §56.
   3. Follow FDA requirements for control of the investigational drug[[5]](#footnote-5)
      1. An investigator must administer the drug only to subjects under the investigator's personal supervision or under the supervision of a sub-investigator responsible to the investigator.
      2. The investigator must not supply the investigational drug to any person not authorized under this part to receive it.
   4. Follow FDA requirements for investigator recordkeeping and record retention[[6]](#footnote-6)
      1. Disposition of drug:
         1. An investigator is required to maintain adequate records of the disposition of the drug, including dates, quantity, and use by subjects.
         2. If the investigation is terminated, suspended, discontinued, or completed, the investigator must return the unused supplies of the drug to the sponsor, or otherwise provide for disposition of the unused supplies of the drug under 21 CFR §312.59.
      2. Case histories.
         1. An investigator is required to prepare and maintain adequate and accurate case histories that record all observations and other data pertinent to the investigation on each individual administered the investigational drug or employed as a control in the investigation.
         2. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. The case history for each individual must document that informed consent was obtained prior to participation in the study.
      3. Record retention: An investigator must retain required records for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified.
   5. Follow FDA requirements for investigator reports[[7]](#footnote-7)
      1. Progress reports: The investigator must furnish all reports to the sponsor of the drug who is responsible for collecting and evaluating the results obtained.
      2. Safety reports: An investigator must promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug. If the adverse effect is alarming, the investigator must report the adverse effect immediately.
      3. Final report: An investigator must provide the sponsor with an adequate report shortly after completion of the investigator's participation in the investigation.
      4. Financial disclosure reports:
         1. The clinical investigator must provide the sponsor with sufficient accurate financial information to allow an applicant to submit complete and accurate certification or disclosure statements as required under 21 CFR §54.
         2. The clinical investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following the completion of the study.
   6. Follow FDA requirements for assurance of IRB review[[8]](#footnote-8)
      1. An investigator must assure that an IRB that complies with the requirements set forth in 21 CFR §56 will be responsible for the initial and continuing review and approval of the proposed clinical study.
      2. The investigator must also assure that he or she will promptly report to the IRB all changes in the research activity and all unanticipated problems involving risk to human subjects or others, and that he or she will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.
   7. Follow FDA requirements for inspection of investigator's records and reports[[9]](#footnote-9)
      1. An investigator must upon request from any properly authorized officer or employee of FDA, at reasonable times, permit such officer or employee to have access to, and copy and verify any records or reports made by the investigator pursuant to 312.62.
      2. The investigator is not required to divulge subject names unless the records of particular individuals require a more detailed study of the cases, or unless there is reason to believe that the records do not represent actual case studies, or do not represent actual results obtained.
   8. Follow FDA requirements for handling of controlled substances[[10]](#footnote-10)
      1. If the investigational drug is subject to the Controlled Substances Act, the investigator must take adequate precautions, including storage of the investigational drug in a securely locked, substantially constructed cabinet, or other securely locked, substantially constructed enclosure, access to which is limited, to prevent theft or diversion of the substance into illegal channels of distribution.
9. For FDA-regulated research involving investigational devices:
   1. General responsibilities of investigators.[[11]](#footnote-11)
      1. An investigator is responsible for ensuring that an investigation is conducted according to the signed agreement, the investigational plan and applicable FDA regulations, for protecting the rights, safety, and welfare of subjects under the investigator's care, and for the control of devices under investigation. An investigator also is responsible for ensuring that informed consent is obtained in accordance with 21 CFR §50.
   2. Specific responsibilities of investigators[[12]](#footnote-12)
      1. Awaiting approval: An investigator may determine whether potential subjects would be interested in participating in an investigation, but must not request the written informed consent of any subject to participate, and must not allow any subject to participate before obtaining IRB and FDA approval.
      2. Compliance: An investigator must conduct an investigation in accordance with the signed agreement with the sponsor, the investigational plan, and other applicable FDA regulations, and any conditions of approval imposed by an IRB or FDA.
      3. Supervising device use: An investigator must permit an investigational device to be used only with subjects under the investigator's supervision. An investigator must not supply an investigational device to any person not authorized to receive it.
      4. Financial disclosure:
         1. A clinical investigator must disclose to the sponsor sufficient accurate financial information to allow the applicant to submit complete and accurate certification or disclosure statements required under 21 CFR §54.
         2. The investigator must promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following completion of the study.
      5. Disposing of device: Upon completion or termination of a clinical investigation or the investigator's part of an investigation, or at the sponsor's request, an investigator must return to the sponsor any remaining supply of the device or otherwise dispose of the device as the sponsor directs.
   3. Maintain the following accurate, complete, and current records relating to the investigator's participation in an investigation:[[13]](#footnote-13)
      1. All correspondence with another investigator, an IRB, the sponsor, a monitor, or FDA, including required reports.
      2. Records of receipt, use or disposition of a device that relate to:
         1. The type and quantity of the device, the dates of its receipt, and the batch number or code mark.
         2. The names of all persons who received, used, or disposed of each device.
         3. Why and how many units of the device have been returned to the sponsor, repaired, or otherwise disposed of.
      3. Records of each subject's case history and exposure to the device. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital charts, and the nurses' notes. Such records must include:
         1. Documents evidencing informed consent and, for any use of a device by the investigator without informed consent, any written concurrence of a licensed physician and a brief description of the circumstances justifying the failure to obtain informed consent.
         2. Documentation that informed consent was obtained prior to participation in the study.
         3. All relevant observations, including records concerning adverse device effects (whether anticipated or unanticipated), information and data on the condition of each subject upon entering, and during the course of, the investigation, including information about relevant previous medical history and the results of all diagnostic tests.
         4. A record of the exposure of each subject to the investigational device, including the date and time of each use, and any other therapy.
      4. The protocol, with documents showing the dates of and reasons for each deviation from the protocol.
      5. Any other records that FDA requires to be maintained by regulation or by specific requirement for a category of investigations or a particular investigation.
   4. Inspections[[14]](#footnote-14)
      1. Entry and inspection: A sponsor or an investigator who has authority to grant access must permit authorized FDA employees, at reasonable times and in a reasonable manner, to enter and inspect any establishment where devices are held (including any establishment where devices are manufactured, processed, packed, installed, used, or implanted or where records of results from use of devices are kept).
      2. Records inspection: A sponsor, IRB, or investigator, or any other person acting on behalf of such a person with respect to an investigation, must permit authorized FDA employees, at reasonable times and in a reasonable manner, to inspect and copy all records relating to an investigation.
      3. Records identifying subjects: An investigator must permit authorized FDA employees to inspect and copy records that identify subjects, upon notice that FDA has reason to suspect that adequate informed consent was not obtained, or that reports required to be submitted by the investigator to the sponsor or IRB have not been submitted or are incomplete, inaccurate, false, or misleading.
   5. Prepare and submit the following complete, accurate, and timely reports[[15]](#footnote-15)
      1. Unanticipated adverse device effects. An investigator must submit to the sponsor and to the reviewing IRB a report of any unanticipated adverse device effect occurring during an investigation as soon as possible, but in no event later than 10 working days after the investigator first learns of the effect.
      2. Withdrawal of IRB approval. An investigator must report to the sponsor, within 5 working days, a withdrawal of approval by the reviewing IRB of the investigator's part of an investigation.
      3. Progress. An investigator must submit progress reports on the investigation to the sponsor, the monitor, and the reviewing IRB at regular intervals, but in no event less often than yearly.
      4. Deviations from the investigational plan:
         1. An investigator must notify the sponsor and the reviewing IRB of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency.
         2. Such notice must be given as soon as possible, but in no event later than 5 working days after the emergency occurred.
         3. Except in such an emergency, prior approval by the sponsor is required for changes in or deviations from a plan, and if these changes or deviations may affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects, FDA and IRB also is required.
      5. Informed consent. If an investigator uses a device without obtaining informed consent, the investigator must report such use to the sponsor and the reviewing IRB within 5 working days after the use occurs.
      6. Final report. An investigator must, within 3 months after termination or completion of the investigation or the investigator's part of the investigation, submit a final report to the sponsor and the reviewing IRB.
      7. Other. An investigator must, upon request by a reviewing IRB or FDA, provide accurate, complete, and current information about any aspect of the investigation.
10. Additional Requirements for Clinical Trials (ICH-GCP)
11. Investigator's Qualifications and Agreements
    1. The clinical trial should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.
    2. The investigator should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirements, and should provide evidence of such qualifications through up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the IRB, and/or the regulatory authorities.
    3. The investigator should be thoroughly familiar with the appropriate use of the investigational product, as described in the protocol, in the current Investigator's Brochure, in the product information and in other information sources provided by the sponsor.
    4. The investigator should be aware of, and should comply with, GCP and the applicable regulatory requirements.
    5. The investigator/institution should permit monitoring and auditing by the sponsor, and inspection by the appropriate regulatory authorities.
    6. The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties.
12. Adequate Resources
    1. The investigator should be able to demonstrate (e.g., based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.
    2. The investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period.
    3. The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
    4. The investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product, and their trial-related duties and functions.
13. Medical Care of Trial Subjects
    1. A qualified physician (or dentist, when appropriate), who is an investigator or a sub-investigator for the trial, should be responsible for all trial-related medical (or dental) decisions.
    2. During and following a subject's participation in a trial, the investigator/institution should ensure that adequate medical care is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The investigator/institution should inform a subject when medical care is needed for intercurrent illnesses of which the investigator becomes aware.
    3. It is recommended that the investigator inform the subject's primary physician about the subject's participation in the trial if the subject has a primary physician and if the subject agrees to the primary physician being informed.
    4. Although a subject is not obliged to give his/her reasons for withdrawing prematurely from a trial, the investigator should make a reasonable effort to ascertain the reasons, while fully respecting the subject's rights.
14. Communication with IRB
    1. Before initiating a trial, the investigator/institution should have written and dated approval opinion from the IRB for the trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g., advertisements), and any other written information to be provided to subjects.
    2. As part of the investigator's/institution’s written application to the IRB, the investigator/institution should provide the IRB with a current copy of the Investigator's Brochure. If the Investigator's Brochure is updated during the trial, the investigator/institution should supply a copy of the updated Investigator’s Brochure to the IRB.
    3. During the trial the investigator/institution should provide to the IRB all documents subject to review.
15. Compliance with Protocol
    1. The investigator/institution should conduct the trial in compliance with the protocol agreed to by the sponsor and, if required, by the regulatory authorities and which was given approval opinion by the IRB. The investigator/institution and the sponsor should sign the protocol, or an alternative contract, to confirm agreement.
    2. The investigator should not implement any deviation from, or changes of the protocol without agreement by the sponsor and prior review and documented approval opinion from the IRB of an amendment, except where necessary to eliminate an immediate hazards to trial subjects, or when the changes involves only logistical or administrative aspects of the trial (e.g., change in monitors, change of telephone numbers).
    3. The investigator, or person designated by the investigator, should document and explain any deviation from the approved protocol.
    4. The investigator may implement a deviation from, or a change of, the protocol to eliminate an immediate hazard to trial subjects without prior IRB approval opinion. As soon as possible, the implemented deviation or change, the reasons for it, and, if appropriate, the proposed protocol amendments should be submitted: a) to the IRB for review and approval opinion, b) to the sponsor for agreement and, if required, c) to the regulatory authorities.
16. Investigational Product
    1. Responsibility for investigational product accountability at the trial site rests with the investigator/institution.
    2. Where allowed/required, the investigator/institution may/should assign some or all of the investigator's/institution’s duties for investigational product accountability at the trial site to an appropriate pharmacist or another appropriate individual who is under the supervision of the investigator/institution.
    3. The investigator/institution and/or a pharmacist or other appropriate individual, who is designated by the investigator/institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product. These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product and trial subjects. Investigators should maintain records that document adequately that the subjects were provided the doses specified by the protocol and reconcile all investigational product received from the sponsor.
    4. The investigational product should be stored as specified by the sponsor and in accordance with applicable regulatory requirements.
    5. The investigator should ensure that the investigational product are used only in accordance with the approved protocol.
    6. The investigator, or a person designated by the investigator/institution, should explain the correct use of the investigational product to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.
    7. Randomization Procedures and Unblinding: The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product.
17. Informed Consent of Trial Subjects
    1. In obtaining and documenting informed consent, the investigator should comply with the applicable regulatory requirements, and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the investigator should have the IRB's written approval opinion of the written informed consent form and any other written information to be provided to subjects.
    2. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject’s consent. Any revised written informed consent form, and written information should receive the IRB's approval opinion in advance of use. The subject or the subject’s legally acceptable representative should be informed in a timely manner if new information becomes available that may be relevant to the subject’s willingness to continue participation in the trial. The communication of this information should be documented.
    3. Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
    4. None of the oral and written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject's legally acceptable representative to waive or to appear to waive any legal rights, or that releases or appears to release the investigator, the institution, the sponsor, or their agents from liability for negligence.
    5. The investigator, or a person designated by the investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval opinion by the IRB.
    6. The language used in the oral and written information about the trial, including the written informed consent form, should be as non-technical as practical and should be understandable to the subject or the subject's legally acceptable representative and the impartial witness, where applicable.
    7. Before informed consent may be obtained, the investigator, or a person designated by the investigator, should provide the subject or the subject's legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be answered to the satisfaction of the subject or the subject's legally acceptable representative.
    8. Prior to a subject’s participation in the trial, the written informed consent form should be signed and personally dated by the subject or by the subject's legally acceptable representative, and by the person who conducted the informed consent discussion.
    9. If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects, is read and explained to the subject or the subject’s legally acceptable representative, and after the subject or the subject’s legally acceptable representative has orally consented to the subject’s participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject's legally acceptable representative, and that informed consent was freely given by the subject or the subject’s legally acceptable representative.
    10. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
        1. That the trial involves research.
        2. The purpose of the trial.
        3. The trial treatments and the probability for random assignment to each treatment.
        4. The trial procedures to be followed, including all invasive procedures.
        5. The subject's responsibilities.
        6. Those aspects of the trial that are experimental.
        7. The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.
        8. The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
        9. The alternative procedures or courses of treatment that may be available to the subject, and their important potential benefits and risks.
        10. The compensation and/or treatment available to the subject in the event of trial related injury.
        11. The anticipated prorated payment, if any, to the subject for participating in the trial.
        12. The anticipated expenses, if any, to the subject for participating in the trial.
        13. That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
        14. That the monitors, the auditors, the IRB, and the regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.
        15. That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject’s identity will remain confidential.
        16. That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
        17. The persons to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
        18. The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
        19. The expected duration of the subject's participation in the trial.
        20. The approximate number of subjects involved in the trial.
    11. Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject’s participation in the trial, the subject or the subject’s legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.
    12. When a clinical trial (therapeutic or non-therapeutic) includes subjects who can only be enrolled in the trial with the consent of the subject’s legally acceptable representative (e.g., minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject’s understanding and, if capable, the subject should sign and personally date the written informed consent.
    13. Except as described above, a non-therapeutic trial (i.e. a trial in which there is no anticipated direct clinical benefit to the subject), should be conducted in subjects who personally give consent and who sign and date the written informed consent form.
    14. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled: a) The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally. b) The foreseeable risks to the subjects are low. c) The negative impact on the subject’s well-being is minimized and low. d) The trial is not prohibited by law. e) The approval opinion of the IRB is expressly sought on the inclusion of such subjects, and the written approval opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.
    15. In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject’s legally acceptable representative is not available, enrolment of the subject should require measures described in the protocol and/or elsewhere, with documented approval opinion by the IRB, to protect the rights, safety and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate should be requested.
18. Records and Reports
    1. The investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
    2. Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
    3. Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections. Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the investigator. The investigator should retain records of the changes and corrections.
    4. The investigator/institution should maintain the trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the applicable regulatory requirements. The investigator/institution should take measures to prevent accidental or premature destruction of these documents.
    5. Essential documents should be retained until at least 2 years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least 2 years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period however if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the investigator/institution as to when these documents no longer need to be retained.
    6. The financial aspects of the trial should be documented in an agreement between the sponsor and the investigator/institution.
    7. Upon request of the monitor, auditor, IRB, or regulatory authority, the investigator/institution should make available for direct access all requested trial-related records.
19. Progress Reports
    1. The investigator should submit written summaries of the trial status to the IRB annually, or more frequently, if requested by the IRB.
    2. The investigator should promptly provide written reports to the sponsor, the IRB and, where applicable, the institution on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.
20. Safety Reporting
    1. All serious adverse events (SAEs) should be reported immediately to the sponsor except for those SAEs that the protocol or other document (e.g., Investigator's Brochure) identifies as not needing immediate reporting. The immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects' names, personal identification numbers, and/or addresses. The investigator should also comply with the applicable regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authorities and the IRB.
    2. Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol.
    3. For reported deaths, the investigator should supply the sponsor and the IRB with any additional requested information (e.g., autopsy reports and terminal medical reports).
    4. Premature Termination or Suspension of a Trial If the trial is prematurely terminated or suspended for any reason, the investigator/institution should promptly inform the trial subjects, should assure appropriate therapy and follow-up for the subjects, and, where required by the applicable regulatory requirements, should inform the regulatory authorities. In addition:
       1. If the investigator terminates or suspends a trial without prior agreement of the sponsor, the investigator should inform the institution where applicable, and the investigator/institution should promptly inform the sponsor and the IRB, and should provide the sponsor and the IRB a detailed written explanation of the termination or suspension.
       2. If the sponsor terminates or suspends a trial, the investigator should promptly inform the institution where applicable and the investigator/institution should promptly inform the IRB and provide the IRB a detailed written explanation of the termination or suspension.
       3. If the IRB terminates or suspends its approval opinion of a trial, the investigator should inform the institution where applicable and the investigator/institution should promptly notify the sponsor and provide the sponsor with a detailed written explanation of the termination or suspension.
21. Final Reports by Investigator: Upon completion of the trial, the investigator, where applicable, should inform the institution; the investigator/institution should provide the IRB with a summary of the trial’s outcome, and the regulatory authorities with any reports required.
22. Single IRB Studies
23. That National Institutes of Health expects that all sites participating in multi-site studies involving non-exempt human subjects research funded by the NIH will use a single Institutional Review Board (sIRB) to conduct the ethical review required by the Department of Health and Human Services regulations for the Protection of Human Subjects at 45 CFR Part 46.
    1. This policy applies to the domestic sites of NIH-funded multi-site studies where each site will conduct the same protocol involving non-exempt human subjects research, whether supported through grants, cooperative agreements, contracts, or the NIH Intramural Research Program. It does not apply to career development, research training or fellowship awards.
    2. This policy applies to domestic awardees and participating domestic sites. Foreign sites participating in NIH-funded, multi-site studies will not be expected to follow this policy.
    3. Exceptions to the NIH policywill be made where review by the proposed sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy. Requests for exceptions that are not based on a legal, regulatory, or policy requirement will be considered if there is a compelling justification for the exception. The NIH will determine whether to grant an exception following an assessment of the need.
24. [Reserved.]

1. <http://www.hhs.gov/ohrp/policy/subjectwithdrawal.html> [↑](#footnote-ref-1)
2. <http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126489.pdf> [↑](#footnote-ref-2)
3. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.7> [↑](#footnote-ref-3)
4. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.60> [↑](#footnote-ref-4)
5. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.61> [↑](#footnote-ref-5)
6. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.62> [↑](#footnote-ref-6)
7. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.64> [↑](#footnote-ref-7)
8. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.66> [↑](#footnote-ref-8)
9. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.68> [↑](#footnote-ref-9)
10. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.69> [↑](#footnote-ref-10)
11. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.100> [↑](#footnote-ref-11)
12. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.110> [↑](#footnote-ref-12)
13. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.140> [↑](#footnote-ref-13)
14. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.145> [↑](#footnote-ref-14)
15. <http://www.accessdata.fda.gov/SCRIPTs/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=812.150> [↑](#footnote-ref-15)