American University of Beirut
Institutional Review Board (IRB)

Principles and Procedures

Original Version dated May 2001
Version (# 6) dated September 23, 2010
An expanded Table of Contents is presented below to assist AUB Principal Investigators, researchers, students and all interested in the conduct of research involving human participants/subjects to locate material of particular interest. You may click on any hyperlinked section or subsection to go directly to that content.

If you have any questions about the IRB Policies and Procedures document, the human subjects research review process at AUB, or other matters pertaining to the conduct of research involving human participants/subjects, please contact [INSERT CONTACT LINK].

(AUB) Institutional Review Board (IRB)
Principles and Procedures
September, 2010

Table of Contents

I. Introduction (includes regulatory definitions of research, human subjects, and the role of the IRB)
II. What is to be reviewed by the IRB
III. Authorities and Functions of the IRB
IV. Ethical Principles Guiding the Work of the IRB
   i. Basic Ethical Principles/ The Belmont Report
      1. Respect for Persons
      2. Beneficence
      3. Justice
   iii. Special Risk Groups or Vulnerable Subjects
      1. Pregnant Women and Fetuses
      2. Children and Mentally Incompetent Persons
      3. Prisoners
      4. Other vulnerable groups (e.g. students, employees)
V. Informed Consent
   ii. Elements of Informed Consent
   iii. Waiver or Alteration of Informed Consent
   iv. Documentation of Informed Consent
   v. Waiver of Documentation of Informed Consent
   vi. Observation of the Consent Process
VI. Categories of Review and Special Circumstances
   ii. Exempt Research
   iii. Research Eligible for Expedited Review
   iv. Course-related Student Research Projects
   v. Genetic Research
VII. Responsibilities of the Principal Investigator (PI)
   ii. CITI Certification
   iii. Recruitment of Participants/Subjects
   iv. Informed Consent Process and the Informed Consent Document
   D. Reporting of Unanticipated Problems
   E. Summary of PI Responsibilities
VIII. Preparation and Submission of IRB Applications
   ii. Application Forms for Research Involving Human Subjects
   iii. Estimated Review Schedule
IX. Review of Submitted Application
   ii. IRB Staff Review
iii. Research Exempt from IRB Review
iv. Assigning Reviewers
v. Expedited IRB Review
vi. Full Committee Review
vii. Responsibilities of Reviewers/Consultants/IRB Members
viii. Regulatory Requirements for IRB Approval
ix. IRB Recommendations and Decisions
x. IRB Communication with the Principal Investigator

X. Continuing Review and Extension Requests
   ii. Frequency of Continuing Review
   iii. Continuing Review Process
   iv. Determination of the Continuing Review Date
   v. Consequences of Lapses in Continuing Review

XI. Amendment/Modification of Approved Protocols

XII. Schedule of IRB Meetings

XIII. Questions and Appeals

XIV. Project Closure

XV. Protocol Deviations/Violations and Noncompliance Incidents/Allegations
   ii. Types of Noncompliance
   iii. Protocol Deviations

XVI. Termination/Suspension of Research

XVII. Site Visits, External Audits and Internal Monitoring/Audits of Approved Protocols
   ii. Types of Reviews/Audits Conducted by QIP/RCU
   iii. Auditing of Principal Investigator/Research Team
      1. Spot Reviews/Audits (not-for-cause)
      2. For Cause (Directed) Audits/Assessments

XVIII. Records and Documents
I. Introduction

A Human Research Protection Program (HRPP) oversees the safety and welfare of participants in human subjects research projects in accordance with all applicable country law, institutional policies, and federal law when applicable. At AUB, the HRPP includes: the office of the Provost representing AUB as an academic institution, the Office of the Human Research Protection Program, the Institutional Review Boards, the Quality Improvement Program/Research Compliance Unit, the Human Research Education Unit, the investigators and the research team, the study sponsors, and the research participants themselves. The Provost is the Institutional Official (IO) who oversees the AUB Human Research Protection Program. AUB has executed a Federal-wide Assurance (FWA) with the U.S. Department of Health and Human Services/Office for Protection from Research Risks. In its FWA, AUB assures that all research involving human subjects will comply with the principles of the Belmont Report (see Section IV below) and that all Federal regulations governing research involving human subjects will be followed for research funded by US federal sponsors. The Provost is the signatory official for AUB on the FWA and assumes, on behalf of the institution, the obligations imposed by the federal regulations (45CFR46). A full description of the Human Research Protection Program at AUB may be found at https://cms.aub.edu.lb/irb/Documents/gov.pdf

The Institutional Review Board (IRB) is the committee formally designated to review the conduct of research to protect the rights, safety and well-being of all human subjects recruited to participate in research activities conducted at AUB and/or by AUB faculty, students and staff, regardless of funding source. However, certain research activities may be deemed exempt from such review (see section VI). At AUB there are two IRBs, the Biomedical IRB and the Social and Behavioral IRB that collectively are responsible for reviewing all research protocols that involve human subjects. The Biomedical IRB reviews research conducted at AUBMC and/or by the Faculty of Medicine, excluding qualitative or quantitative behavioral research. It also reviews research by any faculty that involves FDA oversight [in compliance with 21CFR 50 and 56], specifically clinical research involving an investigational device, drug or testing, research requiring an IND (Investigational New Drug) registration or any other research where the data will be submitted for FDA regulatory review. Its members are nominated by the Dean of the Faculty of Medicine, in consultation with the Chair of the Biomedical IRB and appointed by the Director of the HRPP in consultation with the IO. The Social and Behavioral IRB reviews research conducted at the Faculty of Arts and Sciences, the Faculty of Health Sciences the Faculty of Agriculture and Nutrition Sciences, the Olayan School of Business, Faculty of Engineering and Architecture, and the School of Nursing. Review of research by any of these Faculties that involves FDA oversight is referred to the Biomedical IRB. At least one representative from each school at AUB is nominated to serve on the Social and Behavioral IRB by the Dean at that school, in consultation with the Chair/Vice Chair of the Social and Behavioral IRB and appointed to the IRB by the Director of the HRPP in consultation with the Institutional Official.

The primary mission of the IRB is to protect the rights, welfare and privacy of all individuals participating in biomedical, social and behavioral research activities, including field or off-site research conducted by AUB faculty, staff and students. The IRB conducts reviews of proposed research studies employing an assessment process that determines that the methodology used is consistent with sound research design and that the risk to participants/subjects is minimized. The IRB also provides interpretive assistance and support to the research community. As outlined in the terms of AUB’s Institutional Federal Wide Assurance, the IRB is guided by the ethical standards described in the Belmont Report, as well as institutional, local, and federal regulations governing human subject research as applicable.

An IRB committee must be composed of at least 5 members, one of whom must have primary concerns in nonscientific areas, and one must be not affiliated with the institution and is familiar with the community's attitudes and sensitive to its issues.
The IRB Chair shall be appointed by the Director of the Human Research Protection Program with the oversight of the Institutional Official, and evaluated on an annual basis by the Director of Human Research Protection Program.

The IRB Vice Chairs shall be appointed by the Director of the Human Research Protection Program in consultation with the IRB Chair and with the oversight of the Institutional Official. These appointments shall be evaluated on an annual basis by the IRB Chair, in consultation with the Director, HRPP.

Appointments of voting IRB Committee members are made as described above for a period of three years subject to renewal. The appointments are made in a staggered manner to preserve IRB continuity. Recommendations for board members can also be made to the Dean and the Director of HRPP/IO by either the IRB Chair, Vice Chairs, or based on the specific needs of the IRB Committee (e.g. medical/scientific specialty, diversity, non-scientific, non-affiliated, etc.).

Collectively, the IRB members have varying backgrounds to provide complete and adequate review of research activities commonly conducted under the auspices of AUB. (refer to IRB website for current IRB membership lists). One IRB may refer a protocol for review to the other IRB when the appropriate expertise for the review of the proposed research, knowledge of the local context, or special considerations would be best met by the other IRB. For example, a research project proposed by a Faculty of Medicine PI but which entails behavioral methodology and analysis may be referred by the Biomed IRB to the SBS IRB for consideration.

The IRB can approve, request modifications in, deny approval or terminate/suspend any prior approval to, any research activity that falls within its jurisdiction. Except for research which as been determined to be Exempt from IRB oversight upon submission of necessary relevant materials to the IRB Chair/Vice Chair, approval by the IRB is required for all research activities to be conducted at AUB or by AUB faculty members. However, IRB approval does not necessarily imply that the proposal will be funded or will be executed.

The IRB may call on individual AUB faculty research committees, when available or on reviewers of its own choosing to aid in the scientific review of submitted proposals when needed, but makes its own independent decision regarding approval or disapproval of a research proposal based upon its primary responsibility, i.e., to ensure the welfare, safety and protection of human subjects.

For the purposes of the above, “research” is defined as “a systematic investigation, including research development, testing and evaluation, which is designed (in whole or in part) to develop or contribute to generalizable knowledge”.

"Human subject" is defined as "a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information".

"Intervention" includes "both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes". "Interaction" includes "communication or interpersonal contact between investigator and subject". "Private information" includes "information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects"(Source of definitions is 45 CFR 46.102).

Some studies are exempt from review by the IRB. Some, which involve minimal risk to the human subject, may qualify for expedited review. Special procedures apply for submission of such requests. Some proposals require review at a convened meeting of the IRB, sometimes referred to “full IRB review.”
II. **What is to be reviewed by the IRB?**

Research that requires IRB review includes any research involving human subjects that:

- Is conducted by AUB faculty, staff or students.
- Is performed on the premises of the University.
- Is performed with or involves the use of facilities or equipments belonging to the University.

This includes but is not limited to:

- Research projects conducted at non-AUB sites or in foreign countries by faculty researchers should be reviewed by the AUB IRB and IRB of these sites, if there is an IRB with jurisdiction over the site. Research that is part of a multicenter clinical trial requires AUB IRB review and approval, even if approval on a national level has been secured [for example, the U.S. National Cancer Institute has a national IRB which reviews oncology protocols.].
- Faculty supervised student research and research conducted in courses (see Section VI. C. Course-related Student Research Projects)
- Pilot and feasibility studies (the consent must include a statement that this is a pilot study)
- Research involving the use of data from human subjects gathered in earlier projects (that can be identified or blinded)
- Research on human tissue or fluids collected originally for clinical or diagnostic purposes but no longer needed or for investigational purposes.

Under the AUB HRPP, the determination that a particular research proposal involving human subjects is Exempt from IRB review, is made by the IRB Chair or Vice Chairs, or may be delegated by the Chair to an IRB member. No Principal Investigator has the authority to make an Exempt from IRB review determination.
III. Authorities and Functions of the IRB:

The Institutional Review Board has a wide range of authorities and functions:

1. IRB Authorities:
   a. Authority to determine what types of studies are subject to review
   b. Authority to review and approve the proposed research, confirm that the required modifications have been incorporated prior to approval, or disapprove proposed research involving human subjects that is overseen or conducted by AUB
   c. Authority to monitor human research activities to determine that they are conducted in accordance with the ethical principles of the Belmont Report, federal regulations, where applicable, and are in compliance with institutional policies and practices of AUB’s Human Research Protection Program and pertinent national and local laws and regulations
   d. Authority to exercise the option to perform expedited review, under conditions described by the federal regulations
   e. Authority to require necessary modifications of study applications to secure approval
   f. Authority to conduct continuing reviews of the study on a specified basis, annually or more frequently, depending on the study
   g. Authority to suspend or terminate any human research activity that violates regulations, policies, procedures, of an approved protocol, and report such violations, suspensions or terminations to the HRPP Director and IO, when appropriate.
   h. Authority to evaluate conflicts of interest involving investigators, research staff, consultants, and reviewers and determine if the management plan is sufficient for performing the assigned task. COIs involving IRB staff are under the purview of HRPP Director and IRB Chair rather than evaluation by IRB members. For example, a disclosure of COI by IRB staff member would be made to HRPP Director who would consult with IRB Chair. The conflict may be either reduced or eliminated and/or may be managed by disclosure to the IRB members if related to a particular protocol under review.
   i. Authority to review unanticipated problems, adverse events and serious adverse events including hospitalization and mortality
   j. Authority to observe or have a third party observe the consent process and the human subject research conduct
   k. Authority to place restrictions on research activities

2. IRB Functions:
   a. Ensure that research is designed and conducted in an ethical manner that protects the rights, dignity, welfare, and privacy of research subjects
   b. Ensure that the human subjects are adequately informed of the nature of the study
   c. Ensure that the human subject’s participation is voluntary
   d. Ensure that the benefits of a study outweigh its risks, including review of research design and methodology to assure sufficient rigor/scientific merit to achieve research results while minimizing risks to subjects
   e. Ensure that the risks and benefits of the study are evenly distributed among the possible subject populations.
   f. Ensure that all research previously approved is subject to continuing review and approval appropriate to the degree of risk, no less frequently than annually
   g. Ensure the conduct of timely review of all applications for the use of human subjects
   h. Ensure that investigators and HRPP Director are notified in writing of its decision to approve, deny or withhold approval of applications or modifications of ongoing
activities, and terminate/suspend any prior approval to any research activity that falls within its jurisdiction

i. Ensure that no IRB member participates in the initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB

j. Refer matter requiring AUB Counsel review to the Director of HRPP

k. Ensure that allegations of noncompliance are received and are referred for the purpose of inquiring/investigating of an alleged serious or continuing noncompliance, to the subcommittee which includes at a minimum one (1) IRB Office/Administrator, one (1) individual from Quality Improvement Program/Research Compliance Unit (QIP/RCU), and one (1) member of the IRB Committee. The IRB shall also receive the results of the investigations, determine whether or not noncompliance has occurred, by vote and with a recording of the vote, and decide on corrective actions, as appropriate. All correspondences issued by the IRB will be shared with the Director of the HRPP. [The Director, HRPP and the IO may require additional corrective actions, at their discretion.]

l. Determine which studies need verification from sources other than the investigator’s that no material changes have occurred since previous IRB review.

m. Ensure prompt reporting to the IRB of changes in research activities

n. Ensure that changes in the approved research are not initiated prior to IRB approval except where necessary to eliminate apparent immediate hazards

o. Ensure prompt reporting to all IRB members including Chair & Vice Chair, HRPP Director, the Institutional Official, and FDA when applicable in cases of:
   i. Unanticipated problems involving risks to subjects or others
   ii. Serious or continuing noncompliance with the principles of Belmont Report, requirements of the AUB IRB, or federal regulations when applicable
   iii. Suspension or termination of IRB approved research activities.

N.B. IRB disapprovals may not be overruled by other institutional authorities, although these authorities may deem IRB approved studies as inappropriate for conduct at AUB.
### IV. Ethical Principles Guiding the Work of the IRB

Several documents have explored or expressed in detail the guiding principles and the procedures to be followed by IRBs in conducting their work. These include (among others):

3. The Declaration of Helsinki
   [http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm)
   and Food and Drug Administration: Protection of Human Subjects (21CFR50) and Regulations for IRB (21CFR56)

This document is derived and based on all of the above.

Other bioethics related resources can be found at:
- The IRB website (Resources) 
  [https://cms.aub.edu.lb/irb/Pages/resources.aspx](https://cms.aub.edu.lb/irb/Pages/resources.aspx)
- Biomedical Ethics website
- Bioethics matters BlogSpot
  [http://bioethicsmatters.blogspot.com/](http://bioethicsmatters.blogspot.com/)

### A. Basic Ethical Principles

The three main principles which guide the IRB in making its decision are derived from the Basic Ethical Principles enumerated in the Belmont Report document dated April 18, 1979. They are as follows:

- i. Respect for Persons
- ii. Beneficence
- iii. Justice

#### 1.) Respect for Persons

The principle of respect for persons entails two moral requirements: the acknowledgment of the autonomy of the subject and the protection of those with diminished autonomy. In other terms, the principle requires that subjects participating in the research should be fully aware of the nature of such research and assured that such participation is voluntary, with no pressure or duress. They should also be aware of the physical, psychological, and socio-economic risks that such participation might bring to the subject immediately or in the future. This requirement is imperative, even if the risks were described as minimal or insubstantial.

Further, it requires the preservation of the privacy of individuals and the confidentiality of the information about them that will be obtained during the course of the research. Certain precautions...
should be taken in connection with those subjects with diminished autonomy, namely: minors and disabled persons. These people may need additional protection, perhaps to the extent of excluding them from participation in certain research.

2.) Beneficence

Beneficence here means more than kindness or charity, it requires researchers to maximize the potential benefits to the subjects and minimize the potential risks. The benefits that the other subjects involved in such research or society at large (in the form of generalizable knowledge) will reap from such research should always outweigh the acute and long term risks to which the subjects involved in the research are exposed.

The Hippocratic maxim “Do no harm” has long been a fundamental principle of medical ethics, requiring physicians to benefit their patients “according to their best judgment.” It is contended, however, that avoiding harm requires learning what is harmful. In the process of obtaining such knowledge, persons may be exposed to risks of harm. Similarly, learning what will in fact be beneficial may require that persons be exposed to risks. Examples of risk assessment pertinent to the social and behavioral sciences include, but are not limited to, manipulation of participants’ emotional behaviors or moods; employment of deception in the recruitment and experimental portions of research, collection; treatment and disposition of private and confidential family, economic and social information about obtained from or about subjects.

In all, it is important to arrive at a decision as to when it would be justifiable to seek certain benefits despite the risks involved, and when benefits should be forgone because of significant risks.

In hard cases, like research involving children with the purpose of finding effective ways of treating childhood diseases, the different claims covered by the principle of beneficence may come into conflict and force difficult choices, like including children in research when those same subjects are not the direct beneficiaries of such research.

3.) Justice

The principle of justice requires an equitable and fair selection of subjects and a fair and equitable distribution of risks and benefits of research. Particular attention should be directed to vulnerable persons, like children, prisoners, patients and impoverished individuals, in so far as the matter of their inclusion or exclusion from research is involved.

It is equally important that research work should not depend on easily available subjects resulting from continued social, religious or other forms of illegal discrimination; neither should it be associated with situations in which unfair pressure or coercive expectation is or could be perceived to be placed on subordinates, students, or employees.

Furthermore, data extracted from subjects can be of importance to them. The principle of justice calls upon investigators to treat such data as strictly confidential. Such data are not to be taken as the investigators’ property. Indeed, it would be fair and just to see subjects more as partners in research rather than as mere vessels of data.

B. Special Risk Groups or Vulnerable Subjects

Pregnant women, fetuses, neonates, prisoners and children are considered special populations; research studies potentially involving these populations are subject to additional protections under federal regulations and IRB oversight. [see 45CFR46 Subparts B, C and D.] Although there is no specific Subpart pertaining to those with diminished autonomy, the Belmont Report describes special considerations for these persons and other vulnerable subjects who may be in need of greater protection. Other vulnerable groups may include students, employees, elderly, or disabled subjects. The IRB is cognizant of the special circumstances that should be considered when subjects are
vulnerable to coercion or inappropriate influence such that voluntary participation or informed consent could be compromised.[see 45CFR46.111(a)(3)]

1.) Pregnant Women and Fetuses

Some controversy exists about the inclusion of women of childbearing potential in research studies. The principle of Justice suggests that women should be included in all studies so that the research findings may be of benefit to all persons at risk of the disease or condition under study. On the other hand, involvement of women of childbearing age in some research is discouraged because of the inherent dangers or potential side effects of some research procedures. Investigators should assure that female subjects do not become pregnant during the course of research unless they are sure that no potential danger exists in such research studies. However, as to the general requirements of research by IRB, research with non-pregnant persons should form the basis of the risk/benefit assessment for fetal research.

If abortion is involved, the investigators may have no part in either the decision to abort or decisions about timing or the method to be used. No monetary or other inducements may be offered to a woman to induce her to abort (terminate pregnancy) for research purposes.

The IRB follows special regulations in order to approve research that lies under the following categories (NIH IRB Guidebook, Chapter VI):

- **Research Directed Toward the Fetus In Utero**
  Such research may involve the fetus either directly or indirectly. The research may be directed toward the pregnant woman (in which case the fetus is indirectly involved), the fetus (directly involved), or both.

  For research activities directed toward pregnant woman to be approved by the IRB the following must be satisfied:
  
  (1) The purpose of the activity is to meet the health needs of the mother, and the fetus will be placed at risk only to the minimum extent necessary to meet such needs; **or**
  
  (2) The risk to the fetus is minimal.

  For IRB approval of research directed toward fetus in utero:
  
  (1) The purpose of activity is to meet the health needs of the fetus, **or**
  
  (2) The research poses no more than minimal risk to the fetus.

- **Research Involving the Fetus Ex Utero**
  If an ex utero fetus is judged viable (able to sustain life independently) it is then called an infant. In this case, the IRB will be guided by regulations and policies dealing with children. A fetus is judged nonviable, unable to sustain life independently even with medical therapy and will therefore die. Ethical considerations call upon investigators to maintain the dignity of this dying human subject and to avoid intrusions in the process of dying for research purposes.

- **Research with Dead Fetuses, Fetal Material, and the Placenta**
  Research activities involving the dead fetuses, fetal material, or cells, tissues or organs excised from a dead fetus are governed by Country Laws, which should be strictly adhered to and Customs/Views held by the people, which should be taken into consideration.
Consent for Research Involving Fetuses

In all research in which human fetuses are the subjects of research, the consent of the parents (mother & father) on behalf of the fetus is required. Exceptions to the requirement that the father provide consent are permitted only if: (1) the father’s identity is unknown; (2) the father is not reasonably available; (3) the pregnancy resulted from rape.

In all cases, the IRB should ensure that the information provided to the parent(s) clearly distinguishes purposes of the procedures. Risks to the mother should be, so far as possible, distinguished from risks to the fetus.

2.) Children and Mentally Incompetent Persons

The American University of Beirut adheres to the regulatory requirements for research with children as outlined in 45 CFR 46 Subpart D. Except for limited types of research involving children that is Exempt from IRB oversight [see Section VI. 1. Exempt Research], the IRB reviews all research involving children as participants, but approves only research that satisfies all of the conditions of the applicable Subpart D sections. The IRB weighs the potential benefits and risks associated with the research proposal, the provision for permission and assent, in order to determine if the activity satisfies the conditions determined in the Subpart D of 45 CFR46 for approval. A written assent is required from children (7 years of age and above) participating in research, together with permission of parent(s) or guardian(s), in certain projects with minimal risk and/or favorable risk / benefit ratio.

Approval may be given by IRB if there is minor increase over minimal risk, even when no prospect of direct benefit to subjects exists, but the research is likely to yield general knowledge of vital importance about the child’s disorder or condition. Research of greater than minimal risk which offers no prospect of direct benefit to the subject but does present a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children, requires not only the approval of the local IRB but also must meet the special conditions spelled out in 45CFR46.407 including the approval of the U.S. Secretary of DHHS, when research is federally-funded.

Consent & Assent of Children & Incompetent Persons

Following an evaluation on age, maturity, and psychological state, the assent of the child should be sought. Parental permission analogous to informed consent is required for research involving children. Such permission is sufficient from one parent in projects of minimal risk; otherwise, consent of both parents is required. If one parent is deceased, incompetent or unknown, or one parent holds legal custody of the child, individual parental consent is acceptable. In case both parents are unavailable, intervention of the competent court is necessary to designate an official representative to look after the interests of the child. When children are involved in research, the assent (knowledgeable agreement) of the child [INSERT link to sample assent form], in addition to the permission of the parent(s) is required and should be documented. The regulations do not specify a particular age at which assent must be sought, but for most studies, the IRB suggests obtaining assent beginning at about age seven.

Similar to the special assent and parental or guardian consent provision for minors, special consent provisions are expected when persons who are mentally disabled or incapable of providing legally enforceable consent are proposed for inclusion in the subject pool. To the extent possible, the investigator is expected to provide for a mechanism for subject assent. However, the legally enforceable consent must be provided in signed informed consent document by a parent, guardian, officer of the court, or an individual legally authorized to act in the best interests of the potential subject. The Belmont Report, in particular, describes the special protections expected for person with
diminished autonomy, as attributes of recognition of the principles of both respect for persons and justice (i.e. the equitable and fair selection of subjects and distribution of risks/benefits.)

3.) Prisoners

45CFR46 Subpart C spells out additional protections for biomedical and behavioral research involving prisoners as subjects, recognizing that prisoners may have limited ability to make truly voluntary and uncoerced decisions about whether to participate as subjects in research. Prisoners are defined as any individual involuntarily confined or detained in a penal institution. The term encompasses individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities, such as youth detention facilities, by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing.

Two factors particularly influence IRB consideration of involvement of prisoners in research. First, the IRB must include specific membership to consider the protocol; the composition of the IRB must include a member who is a prisoner or a prisoner representative with appropriate background and experience to serve in that capacity. Second, the standards for review, in addition to the normal criteria for IRB review and approval of research involving human subjects, have particular concerns involving risk, selection, consent information, potential advantages to prisoner subjects, parole board considerations of prisoners as subjects and the limitation on the nature of the proposed research as it may directly affect the prisoner subject or prisoners as a class.

DHHS places specific limitations on the nature of research that may be funded involving prisoners as subjects. In general, research is limited to research involving no more than minimal risk; research on conditions particularly affecting prisoners as a class (for example vaccine trials or other research on diseases or social and psychological problems which are more prevalent in prisons than elsewhere) requires the approval of not only the IRB but also the U.S Secretary of Health and Human Services when the research is funded by DHHS. Investigators proposing to study prisons, prisoners or recruit subjects who are prisoners should review 45CFR46Subpart C very carefully.

Consent from Prisoners

Investigators preparing informed consent forms when prisoners are potential subjects must assure, in addition to the usual elements of informed consent, that:

- Information is presented in language which is understandable to the subject population
- Prisoner is clearly informed that participation in research will have no effect on his or her parole
- Any possible advantages accruing to prisoner through his or her participation in research, when compared to general living conditions, medical care, quality of food, amenities and opportunity for earnings in the prison, are not of such a magnitude that his or her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison is impaired
- That the risks involved in the research are commensurate with risk that would be accepted by nonprisoner volunteers
- That appropriate measures are planned if there is a need for follow-up examination or care after the end of participation, taking into account varying lengths of prisoners’ sentences or terms of incarceration
3. Other Vulnerable Groups

Other groups considered "vulnerable", but who are not protected by federal regulations, include students, employees, minorities and the elderly. Research otherwise considered suitable for expedited review by the IRB chair or Vice Chair may be submitted for the review by the full board when involving such "vulnerable" populations. The AUB Social and Behavioral IRB currently has a guidance document (in use until February 2011, at which time a final policy document will be issued) describing use of psychology student pools as subjects in psychology and other social science research projects [https://cms.aub.edu.lb/irb/Documents/guid2.pdf](https://cms.aub.edu.lb/irb/Documents/guid2.pdf)
V. Informed Consent

Informed consent is an essential part of ethical human subjects research. IRBs and investigators are responsible for ensuring that research subjects provide informed consent prior to participating in research, unless the requirement for informed consent is waived or altered by the IRB. The Belmont Report principle of “respect for persons” requires that individuals are treated as autonomous agents, the rights and welfare of persons with diminished autonomy are appropriately protected, and potential research participants are given the opportunity to decide whether or not they want to participate in the proposed research study without undue coercion or influence. Informed consent should be regarded as more than a form and a signature, but rather as an interactive process between the investigator and the potential subject. The informed consent process should contain three elements: information, comprehension, and voluntariness. The informed consent process should include three elements: information, comprehension, and voluntariness. The investigator informs the potential subject about the purpose of the research project, the procedures involved, including full description of the risks and benefits of participating in the study, and how data acquired during the course of the study will be gathered, stored, protected and ultimately destroyed or safely archived. If personal identifiers will be stored with the study data, participants are entitled to know how study data will be publicly reported and who will have access to their personal information. The potential subject is encouraged to ask questions and be satisfied that he/she fully understands the proposed study. The discussion must use language and vocabulary appropriate to the subject’s level of understanding, recognizing the cultural context of the community where the research will take place. Finally, the consent process concludes with the voluntary decision by the subject of whether or not to participate.

Research studies that are Exempt from IRB review and approval are still expected to obtain informed consent from participants. Although the studies may meet the criteria for waiver of documentation of informed consent, information which covers the basic elements of informed consent should be provided to all participants.

Important aspects of assessing the informed consent process also involve knowing who will obtain consent, when and in what setting. Investigators should take all steps necessary to promote the potential subject’s understanding of the disclosed information and ensure the voluntariness of the participant’s decision.

Further, informed consent is an ongoing process. Particularly in those studies of long duration or particular complexity, investigators should periodically review or confirm the participant’s consent. In longitudinal projects involving progressive disorders or aging populations, participants must be in a position to freely decide if they want to withdraw or continue participating in the research study.

The information communicated during the consent process must be free of exculpatory language through which the participant or legally authorized representative is made to waive or appear to waive any of the participant’s legal rights or to release the investigator, sponsor or AUB from liability for negligence. Generally informed consent is documented through the Informed Consent Form, including the signature of the subject or the subject’s legally authorized representative.

Biomedical: https://cms.aub.edu.lb/irb/Pages/Biomedicalforms.aspx
Social and Behavioral: https://cms.aub.edu.lb/irb/Pages/Socialforms.aspx

A. Elements of Informed Consent

45CFR46.116 lays out the general requirements for informed consent. Unless the IRB approves a waiver of informed consent, no investigator may involve a human being as a subject in research unless the investigator has received the legally effective informed consent of the subject or his/her representative. The consent process must include the following basic elements [reference 45CFR46.116(a)]:

Principles and Procedures
Version # 6, September 2010
• A statement that the study involves research, an explanation of the purpose of the research and the expected duration of the subject’s participation, a description of the procedures to be followed, and identification of any procedures which are experimental;
• A description of any reasonably foreseeable risks or discomforts to the subject;
• A description of any benefits to the subject or to others which may reasonably be expected from the research;
• A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;
• A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
• For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs, and, if so, what they consist of, and where further information may be obtained;
• An explanation of whom to contact for answers to pertinent questions about the research and research subjects’ rights, and whom to contact in the event of a research-related injury to the subject; and
• A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled;
• If the research is subject to U.S. Food and Drug Administration (FDA) regulations (limited to research reviewed by the AUB Biomedical IRB), a statement that informs the participant that the research data, including personally identifiable data, medical records, etc. may be inspected by the FDA. (per FDA regulations)

N.B. Additional elements of informed consent [see 45CFR46.116(b)] may also be required by the IRB when appropriate to the proposed research, given the level of risk involved or particulars of the research. These include:

• A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable;
• Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent;
• Any additional costs to the subject that may result from participation in the research;
• The consequences of a subject’s decision to withdraw from the research and procedures for orderly termination of participation by the subject;
• A statement that significant new findings developed during the course of the research which may relate to the subject’s willingness to continue participation will be provided to the subject;
• The approximate number of subjects involved in the study.

B. Waiver or Alteration of Informed Consent

In certain limited circumstances described below, the IRB can approve a consent process that does not include, or alters, some or all of the elements of informed consent.

1. Research on Public Benefit or Service Programs

The IRB may approve a consent procedure that does not include, or alters, some or all of the elements of informed consent, or waive the requirement to obtain informed consent for non-exempt research examining governmental public benefit or service programs or certain features of those programs if the IRB finds and documents that all of the following criteria are met:
The research or demonstration project is to be conducted by or subject to the approval of national or local government officials and is designed to study, evaluate, or otherwise examine public benefit or service programs, procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs.

- The research could not practicably be carried out without the waiver or alteration
- The research is not FDA-regulated (per FDA regulations)

2. Minimal Risk Research

The IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent, or waive the requirements to obtain informed consent provided the IRB finds and documents that all the following criteria are met:

- The research involves no more than minimal risk to subjects;
- The waiver or alteration will not adversely affect the rights and welfare of subjects;
- The research could not practicably be carried out without the waiver or alteration; and
- Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

- The research is not FDA-regulated (per FDA regulations)

C. Documentation of Informed Consent

Except as otherwise approved by the IRB, informed consent shall be documented using a written consent form approved by the IRB and signed by the subject or the subject’s legally authorized representative. A copy of the informed consent form shall be given to the person signing the form.

The consent documentation may be either of the following:

1. A written consent document that embodies the elements of informed consent itemized above [ a)]. The form may be read to the subject or the subject’s legally authorized representative, but, in any event, the investigator shall give either the subject or his/her representative adequate opportunity to read, and ask any questions about the research study, before it is signed; or

2. A short form consent document stating that the elements of informed consent have been presented orally to the subject or the subject’s legally authorized representative. When this method is used, there shall be a witness to the oral presentation. Also the IRB shall approve a written summary of what is to be said to the subject or representative. Only the short form itself is to be signed by the subject/representative. However the witness shall sign both the short form and a copy of the summary, and the person actually obtaining consent shall sign a copy of the summary. A copy of the summary shall be given to the subject or the representative, in addition to a copy of the short form.

D. Waiver of Documentation of Informed Consent

The IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either:

(1) That the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each
subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern; or

(2) That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research.

E. Observation of the Consent Process

The IRB has the authority to observe or have a third party observe the consent process. Observation of the consent process can provide additional protections to research participants, e.g. in studies involving adults with diminished decision-making capacity or studies with complex interventions. Observation can be performed by members of the IRB, IRB administrative staff, HRPP staff, or by other individuals designated by the IRB investigator or sponsor.
VI. Categories of Review and Special Circumstances

Listed below are the categories of review of research involving human subjects and discussion of certain special circumstances that affect the review of research by the IRB:

A. Exempt Research

There are several areas or types of research that, although involving human subjects are exempt from the IRB’s review and approval process (refer to IRB website, resource documents). These are activities that do not expose human subjects to any physical, social or psychological risks. At AUB, the determination that a proposed research project involving human subject qualifies as Exempt is made by the IRB Chair or Vice Chair (or he/she may designate this determination to another IRB member.)

When a determination of Exempt from review is made, the Principal Investigator must understand that although research that qualifies for exempt status is not subject to review and oversight by the IRB, such studies still have a responsibility to protect the rights and welfare of their subjects, and are expected to be conducted according to the ethical principles of the Belmont Report. Such studies can however be randomly audited by the Quality Improvement Unit in accordance with its quality improvement activities.

The following types of research qualify for exemptions from IRB review (45CFR46.101 (b)):

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices such as:
   (i) research on regular and special education instructional strategies, or
   (ii) research on the effectiveness of or comparison among instructional techniques, curricula, or classroom management methods.

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior unless:
   (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and
   (ii) any disclosure of the human subjects’ responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.

3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph 2. above, if:
   (i) the human subjects are elected or appointed public officials or candidate for public office; or
   (ii) if federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
4. Research involving collection of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.

5. Taste and food quality evaluation and consumer acceptance studies,
   (i) if wholesome foods without additives are consumed or
   (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found safe by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

6. Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine:
   (i) public benefit or service programs
   (ii) procedures for obtaining benefits under those programs;
   (iii) possible changes in or alternatives to those programs or procedures; or
   (iv) possible changes in methods or levels of payment for benefits or services under those programs.

N.B. Exclusions from Exemptions: The exemptions above do not apply to research involving prisoners, 45CFR46SubpartC. The exemption described #2 above (see 45CFR46.101(b)(2)), for research involving survey or interview procedures or observation of public behavior, does not apply to research with children, 45CFR46SubpartD, except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.

Any investigator who thinks that his/her study qualifies for exemption should discuss this first with the chairperson or members of the IRB and/or complete the Application for Exemption for IRB Review [https://cms.aub.edu.lb/irb/Documents/b_exp.doc](https://cms.aub.edu.lb/irb/Documents/b_exp.doc) (biomedical) [https://cms.aub.edu.lb/irb/Pages/SocialApplicationsForms.aspx](https://cms.aub.edu.lb/irb/Pages/SocialApplicationsForms.aspx) (social and behavioral). There is also a special form Application for Exemption from IRB Review For Projects Involving Human Participants in Research Assigned for Course Credit and/or AUB Graduate Theses where research that qualifies for Exemption will be carried out by AUB Undergraduate and/or Graduate Student. [https://cms.aub.edu.lb/irb/Documents/6.doc](https://cms.aub.edu.lb/irb/Documents/6.doc)

B. Research Eligible for Expedited Review

Research where there is no more than minimal risk to human subjects or minor changes to previously approved research may be reviewed and approved by the chairperson of the IRB or his designee. The principal investigator should request this by completing the appropriate IRB Application form [https://cms.aub.edu.lb/irb/Pages/applications.aspx](https://cms.aub.edu.lb/irb/Pages/applications.aspx) and designating the specific expedited category he/she believes describes the proposed research. Expedited Review and Approval determinations are reported to the IRB at the next convened meeting. The PI may begin research which has been reviewed and approved under Expedited Review when the PI receives written notification of approval from the IRB office.

The general categories of research and examples where expedited review may apply are the following [reference 45CFR46.110]:

- 1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
   (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or
...decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review."

(b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

☐ 2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:

(a) From healthy, non pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or

(b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

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

(a) Hair and nail clippings in a nondisfiguring manner;

(b) Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;

(c) Permanent teeth if routine patient care indicates a need for extraction;

(d) Excreta and external secretions (including sweat);

(e) Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;

(f) Placenta removed at delivery;

(g) Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;

(h) Supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;

   (i) Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;

   (j) Sputum collected after saline mist nebulization.

☐ 4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or
microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples:

(a) Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject’s privacy;

(b) Weighing or testing sensory acuity;

(c) Magnetic resonance imaging;

(d) Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electro-retinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;

(e) Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

☐ 5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non research purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

☐ 6. Collection of data from voice, video, digital, or image recordings made for research purposes.

☐ 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

☐ 8. Continuing review of research previously approved by the convened IRB as follows:

(a) Where:

   (i) The research is permanently closed to the enrollment of new subjects;

   (ii) All subjects have completed all research-related interventions; and

   (iii) The research remains active only for long-term follow-up of subjects; or

(b) Where no subjects have been enrolled and no additional risks have been identified; or

(c) Where the remaining research activities are limited to data analysis.
9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

N.B. Note that categories 8 and 9 are expedited review procedures that apply only to the required continuing review by the IRB, not the initial review of a new application.

C. Course-Related Student Research Projects:

Honors theses, and Master’s or Doctoral Theses involving human subjects must be submitted for IRB review. Some student projects conducted to fulfill course requirements involve activities that might be viewed as research. Student class assignments include those conducted during or outside of class with students enrolled in an official course (for credit or not for credit), as well as activities in fulfillment of class assignments involving interactions with individuals other than the members of the class. Generally, these assignments are completed within the academic semester. Faculty members may design assignments that engage students in interaction with individuals to teach research methods or to help students understand concepts covered by the course. Although they may not be intended to create new knowledge or to lead to scholarly publication, they do involve research methodologies and involvement of individuals outside the classroom who are approached to serve as “research participants.” These assignments should also teach students the ethical principles of conduct of research involving human subjects. Some class assignments may pose little or no risk to the potential participants, including students. Typical risks may include potential psychological, social, economic, or legal harm, especially when data are collected about sexual activity, use of alcohol or illegal drugs, or involvement in illegal activities and personal identifiers of subjects are collected. Instructors should make sure that the students realize the potential for harm when collecting identifiable information about these issues. Protocols that propose studying vulnerable populations or sensitive topics will likely raise IRB concerns about subject recruitment, informed consent procedures and treatment of data collected, and should not be submitted for exempt from IRB oversight status, except for situations outlined in the exempt section above. These research assignments need to be submitted to the IRB for review and approval before they begin. They might fall under the categories of “Exempt” or require review at a convened meeting of the IRB, depending on the nature of the subject pool and the potential risks of the proposed research study. Faculty members should help students understand that they are obligated to minimize risks to other students or to any other people with whom they interact to complete their assignments. Faculty should also mentor students about the responsible conduct of research, the importance of voluntary informed consent, the role of the IRB in prior review and approval, and requirement that research not deviate from the IRB-approved protocol.

Experience has shown that when time to complete course research assignments is constricted, research designs that meet the criteria for Exempt for IRB Review are expedient choices for students. https://cms.aub.edu.lb/irb/Documents/2.doc
D. Genetic Research:

Genetic information is personal and it has the potential to influence employment, insurance, finance, education and self perception. At the same time, biological materials collected for genetic research purposes are easily obtained (blood samples, saliva, etc.). When research will include genetic testing the informed consent procedures must be specific about what genetic information is being collected, how it will (or will not) be coded, stored and used, whether the genetic information will be shared with other researchers, and how the genetic materials will be destroyed, archived and stored after the research study is completed. Genetic information must be carefully protected against stigmatization, discrimination, or significant psychological harm to the subject. If minors are involved in DNA research, the parents or legal guardians must review and sign the genetic informed consent document. This will give them the option of whether or not they want the results of the genetic analysis disclosed to them. Whenever appropriate, assent from minors should be obtained. Investigators must follow the appropriate measures with regard to releasing such information. In some cases it may be possible to determine that some members of the family are not genetic relatives, issues of genetic relationships (paternity or maternity, as could be hidden by adoption or donor fertilization) and other incidental information should not be revealed. Genetic informed consent forms are critically important (refer to the relevant checklist and templates for more information).
VII. Responsibilities of the Principal Investigator (PI)

Although research studies may be conducted by more than one investigator, including sometimes other faculty, fellows, and students, one investigator is designated the “Principal Investigator” with overall responsibility for the conduct of the research study. It is the responsibility of the PI and his/her research team to protect the rights and welfare of human subjects participating in their research study. The PI must submit an application for any research project involving human subjects to the IRB for review and approval before initiating, modifying, or continuing any research project beyond its IRB-approved period.

Several different application forms are used at AUB, depending on the particular IRB which has oversight of the PI’s research and the category of research. The various application forms are described in detail in Section VIII. The PI should consult with the IRB Office if he/she is uncertain about which application form to complete. [https://cms.aub.edu.lb/irb/Pages/applications.aspx](https://cms.aub.edu.lb/irb/Pages/applications.aspx)

A PI may not make an Exempt from Review by the IRB determination. At this time, Exempt determinations at AUB are made by the IRB Chair, Vice Chairs or their designees.

A. CITI Certification

It is an institutional requirement that all Principal Investigators, co-investigators, research assistants, research coordinators, nurses, students, residents, fellows, statisticians and other personnel who plan to conduct research studies involving human subjects complete the designated web-based courses Offered by the Collaborative Institutions Training Initiatives [CITI] Program. [https://cms.aub.edu.lb/irb/Documents/cert_recert_p.pdf](https://cms.aub.edu.lb/irb/Documents/cert_recert_p.pdf)

Any individual who is responsible for consenting participants/subjects is considered a member of the research team. These individuals must be named on the Application for Human Subjects Research, including Applications for Exempt Research Status. These individuals must also complete the CITI program. Neither the PI nor any member of the research team may delegate the informed consent process to any person who has not completed CITI training and confirmed CITI certification to the IRB.

The required courses are available at the CITI web-site: [https://www.citiprogram.org/Default.asp](https://www.citiprogram.org/Default.asp). Biomedical investigators should complete the CITI Biomedical Research Basic Course (17 modules); Social and Behavioral Science investigators should complete the CITI Social Behavioral Research Basic Course (16 modules); social & behavioral (nonbiomedical) students participating in Exempt research projects (as member of research team not as subjects) should complete two CITI modules: Belmont Report and CITI Course Introduction module and Students in Research–SBR module. Students involved in non-exempt research are required to complete the modules required from all members of research team, depending on the type of investigation, biomedical, or social and behavioral as detailed above.

It is recommended that all researchers complete the Biomedical Responsible Conduct of Research Basic Course or the Social Behavioral Responsible Conduct of Research Basic Course as optional courses.

The passing rate to achieve certification is set at 75%, and the course allows for re-taking the quiz at the end of each module to improve one's fund of knowledge and score. A signed and dated copy of the CITI certificate should be submitted to the IRB Office, attesting that all required modules have been completed. Principal Investigators are responsible for ensuring that all personnel involved their research protocols are certified. **Re-certification is required every three years (36 months).** Research proposals submitted by non-certified investigators will not be approved by the IRB and may not be conducted at AUB or by AUB personnel.
PIs should consult the *Policy on Human Subjects Protection Training, Certification and Recertification at AUB* for detailed information about training requirements for off-site collaborators, training requirements for non-English speaking investigators/study personnel, and requirements for companies/organizations subcontracting with AUB to conduct field research.

**B. Recruitment**

The IRB is responsible for reviewing methods of recruiting study subjects to assure equitable selection of subjects and protection of subjects’ rights. During its review process, IRB keeps in mind what recruitment tools and incentives are permissible to achieve projected enrollment by the PI. The IRB reviews and approves the information contained in each advertisement and the medium used (e.g. newspaper, website, bulletin, TV, poster, questionnaires, etc). The IRB should assure that all recruitment information avoids undue coercion and is not misleading to subjects. Extra diligence is required during recruitment to assure the rights of vulnerable subjects.

Any recruitment tool should be limited to the following:

- Name and address of the PI and his/her affiliation with AUB
- Statement that this is a research project
- The purpose of the research and summary of eligibility criteria
- A description of the benefits for subjects (e.g. payment or free exam)
- Location of research
- Whom to contact for further information

The IRB is also responsible for approving outsourcing methods of recruitment such as questionnaires.

**C. Informed Consent Process and the Informed Consent Document**

The regulatory background and details of Informed Consent are covered in detail in Section V. This section reiterates and describes in more detail the role of the investigator in the informed consent process. The PI or one of the study coordinators must explain the informed consent process and ask the subject to read and sign an informed consent document, unless the IRB has specifically waived documentation of informed consent. The PI or designated representative must review the document with the subject, answer all questions he/she may have, and ensure that the subject will exercise power of choice without intervention of outside elements and forces, coercion or any other form of pressure. The subject must be made aware of all the procedures and the potential risks and benefits associated with the study and its duration. A copy of the signed informed consent document must be filed with the investigator study file and a signed copy should be given to the subject, unless the IRB has specifically waived the documentation of informed consent. The PI must keep all documents, files, videotapes, etc, that contain the subject’s personal identifier under lock throughout the study period and afterwards, until said records are destroyed or transferred to a secure location, for example, for biomedical research protocols, the central record room of AUBMC. For social or behavioral studies, the PI is the usual custodian of raw data, signed consent forms, or research records of the study. The duration that the records are kept is determined by the nature of the study. All research study records, data, etc. are the property of AUB, unless otherwise agreed in a Research/Clinical Trial Agreement between AUB and a Sponsor. Typically for SBS research, the PI is the custodian of research data for AUB; however if the PI leaves AUB, AUB retains the original research materials and data. [http://www.aub.edu.lb/ogc/research/Pages/policy8.aspx](http://www.aub.edu.lb/ogc/research/Pages/policy8.aspx). A PI may be allowed to take a copy of research data for continuing research purposes, upon notification of his/her department chair, the IRB, the faculty Dean, and after receiving the necessary approvals.
Obtaining informed consent from a potential subject reflects the principle of “respect for persons”, which guides the work of the IRB. It assures that the research subject will understand the nature of the research and can knowledgeably and voluntarily decide whether to participate or not. The investigator or designee should consider these three elements during the informed consent process:

1. **Information**: the subject must receive information about the research purpose, procedures, risks and benefits, alternative procedures (where therapy is involved), his/her ability to ask questions and to withdraw at any time from the study. The information must allow the subject, knowing that the study may not necessarily benefit him/her directly nor is it necessary for his/her care, to decide to participate in furthering the knowledge on the topic in question.

2. **Comprehension**: The manner and context in which the information is presented is as important as the information itself. Rapid and confused presentations, and not allowing time for consideration or questioning, may result in an uninformed decision. The information should be adapted to the subjects’ capabilities. Use of scientific jargon should be avoided and simple lay-terms and short sentences are preferable. Subjects with limited comprehension may need special treatment. Here, not only should one seek the permission of other parties who are familiar with the subject and who will act in his/her best interest, but also the PI should respect the subject’s wishes. For example, the objections of these subjects to participation should be respected; an exception may be where this refusal or objection may lead to denying the subject a therapy that is not available elsewhere.

3. **Voluntariness**: Valid consent to participate in research applies only when given voluntarily, free of coercion or undue influence (i.e. in the absence of threat of harm for not participating or promise of reward for participating). Pressure may occur when persons in positions of authority urge a course of action for people under their influence.

**D. Reporting of Unanticipated Problems Involving Risks to Subjects or Others**

Unanticipated problems can occur in any type of research (biomedical or non-medical) and may include occurrences such as adverse events, research participants complaints, protocol deviations, and other untoward events involving risks. To fulfill its obligations during the conduct of a research study, the IRB must have, among other things, information about unanticipated problems involving risk to human subject in the study. Events requiring reporting may involve physical, psychological, social, legal, or economic harm.

The IRB considers unanticipated problems, in general, to include any incident, experience, or outcome that meets **ALL** of the following criteria;

1. **unexpected** (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol, investigator’s brochure, drug or device product information, informed consent document, or the research materials; and (b) the characteristics of the subject population being studies, including underlying diseases, behaviors, or traits;

2. **related or possibly related** to participation in the research (possibly related means that that there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and

3. **suggests that the research places subjects or others at risk of unknown harm or addition/increased frequency of harms** (including physical, psychological, economic, legal, or social harm) than was previously known or recognized.

An Adverse Event (AE) is any undesirable and unintended (although not necessarily unexpected) effect occurring as a result of interventions, interactions, or collection of identifiable information in
research. In biomedical research any untoward physical or psychological occurrence in research, including abnormal laboratory finding, symptom, or disease temporally associated the use (although not necessarily related to) a medical treatment or procedure. Adverse events involving drugs are also referred to as adverse drug experiences. [An adverse event is a subset of unanticipated problems.]

A Serious Adverse Event (SAE) is an adverse event that is fatal or life threatening, permanently disabling, requires prolonged hospitalization, or results in significant disability, congenital abnormality, or birth defect. All Internal (at AUB or under the jurisdiction of AUB IRB) Serious Adverse Events must be reported Immediately (within 48 hours) to the IRB.

The HRPP/IRB Guidance for AUB PIs for Reporting Unanticipated Problems involving Risks to Subjects or Others, Adverse Events, and Other Problems provides helpful definitions, describes problems arising from major/minor protocol deviations, spells out FDA guidelines, and distinguishes which events require prompt reporting and which events should be reported at Continuing Review. The timeframe for prompt reporting by AUB investigators from the Guidance document is included below. https://cms.aub.edu.lb/irb/Pages/guidancedocuments.aspx

**Time Frame for Prompt Reporting**

It is the responsibility of the investigator to ensure that written notification of unanticipated problems is submitted in a timely manner to the IRB. The investigator must complete an “Unanticipated Problem Report Form with his/her original signature and attach any additional information necessary in evaluating the report. While 45 CFR 46 requires “prompt” reporting of unanticipated problems, the regulations do not define prompt. The appropriate time frame will vary depending on the specific nature of the unanticipated problem, the nature of research associated with the problem, and the entity to which reports are to be submitted. OHRP recommends certain guidelines to satisfy the prompt reporting. FDA regulations spell out certain reporting requirements for various clinical studies. The time frames described below take OHRP recommendation and FDA requirements into account. All other events or adverse events that do not meet reporting criteria can be submitted as a summary at the time of continuing review.

- All Internal Serious Adverse Events (Fatal/Life-threatening unanticipated problems under the jurisdiction of the AUB IRB; see list under definition of SAE above) should be reported immediately (within 48 hours) to the IRB Chair.
- Events, both Internal and External, resulting in temporary or permanent interruption of study activities by the PI or sponsor to avoid potential harm to participants should be reported to the IRB immediately (within 48 hours) whenever possible.
- Anticipated adverse events occurring at a greater frequency and/or greater severity than expected should be reported to the IRB immediately (within 48 hours)
- Other events described under Events Requiring Prompt Reporting, both Internal and External, should be reported to the IRB using the Unanticipated Problem Report Form within 10 business days of the Investigator’s or research staff member’s learning of the event.
- Device Studies – any unexpected adverse event that occurs on a device trial, excluding serious adverse events must be reported to the IRB within 10 business days of the investigator’s knowledge of the adverse event.
- Any changes that are made to eliminate apparent immediate hazards to a subject should be reported to the IRB within 10 business days of the occurrence, using the Unanticipated Problem Report Form and an amendment should be submitted for the next IRB deadline to change the protocol to eliminate future hazards of this type, as appropriate. [In such cases where a change to eliminate immediate hazards to a subject was made, enrollment of new subjects should be halted until the IRB has had an opportunity to consider such changes.]
- Major deviations from approved IRB protocol should be reported within 10 business days of the investigator’s knowledge of the deviation. Reports should be made using the
“Unanticipated Problems Report Form” and may involve submission of an amendment should change(s) need to be made permanently to the research study methodology and/or study criteria.

- New information regarding studies that have been closed, expired or terminated, and that may have an impact on former participants; the principal investigator is required to notify the IRB within 10 business days of any unanticipated problems involving risks to subjects or others when it may be in the best interest of the participants to be informed of the findings.

The investigator must also include a description of any corrective actions that have been initiated in the conduct of the research to prevent a reoccurrence of the problem or to protect research participants from potential or further harm.

Those events that do not meet prompt reporting requirements delineated above should be reported to the IRB in summary form at the time of Continuing Review.

E. Summary of PI Responsibilities:

The Principal Investigator:

- Has the ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects involved in the research, and strict adherence to any stipulations imposed by the IRB;
- Understands that although research that qualifies for exempt status is not subject to review and oversight by the IRB, the such studies still have a responsibility to protect the rights and welfare of their subjects, and are expected to be conducted according to the ethical principles of the Belmont Report;
- Shall be familiar with institutional policies, and federal regulations for federally sponsored research, relevant to the conduct of research involving human subjects, and FDA regulations governing clinical research where applicable;
- Shall ensure that he/she as well as all research personnel performing the project are qualified, appropriately trained, have completed institutional certification and other requirements to conduct research involving human subjects, and will adhere to the provisions of the approved protocol;
- Shall have a thorough understanding of the protocol including risks and adverse events, including those associated with the drug or device under investigation, if applicable;
- Shall submit the research protocol and all related documents to IRB as outlined in the IRB manual, and seeks approval from the IRB after addressing all queries raised by IRB;
- Shall ensure that he/she or an appropriately trained (including CITI certification) designee explains the protocol to subject/legally authorized individual and seeks informed consent/assent as outlined in the IRB Policies and Procedures manual, and as approved by the IRB;
- Shall promptly report to the IRB any changes in research activity during the approval period, such as amendments in protocol or consent form, and shall implement no changes in the approved protocol or consent without prior IRB approval, except in an emergency if necessary to safeguard the well-being of human subjects, and in such event will notify IRB within two business days;
- Shall promptly report to the IRB new information that may adversely affect the safety of subjects/participants and the conduct of research;
- Shall comply with the IRB’s continuing review and approval requirements, as stipulated in the IRB-approved protocol, including reports of those unanticipated problems which did not require prompt reporting to the IRB;
- Shall immediately (within 48 hours of investigator knowledge of event) report to the IRB/IRB Chair any Internal Serious Adverse Event [see definition in Section D above];
• Shall immediately (within 48 hours of investigator knowledge of event) report to the IRB/IRB Chair both Internal and External events resulting in temporary or permanent interruption of study activities by PI or sponsor to avoid potential harm to participants;
• Shall report to the IRB events described under Events Requiring Prompt Reporting [refer to Guidance document cited in Section D above, Timeframe for Prompt Reporting], both Internal and External, within 10 business days of the investigator’s or research staff member’s leaning of the event: [https://cms.aub.edu.lb/irb/Documents/guidance.pdf](https://cms.aub.edu.lb/irb/Documents/guidance.pdf)

Shall report to the IRB any problems or incidents, not otherwise covered under Guidance Document reporting requirements above, related to the conduct of a study or subject participation, including those in the recruitment or consent process;
• Shall report to the IRB any violation of a research protocol or any use of subjects not approved by the IRB;
• Shall complete and sign the subject’s research enrollment form and ensure that it is placed in the subject/patient’s medical record, for biomedical-approved protocols or as specified by the IRB;
• Shall respond to subjects’ complaints and/or their requests for more information;
• Shall consider conflict of interests that might be related to the research participant or the outcome of the study which might affect the integrity of the human research activities. The PI shall disclose any real or perceived conflicts in accordance with AUB policy and comply with all conditions of the AUB management plan and any/all additional management practices as may be stipulated by the IRB;
• Shall advise IRB when PI intends to be absent from AUB for extended period of time (e.g. sabbatical leave), designating an Interim PI or emergency point of contact in the absence of PI;
• Shall submit timely notification to the IRB in the event the PI intends to leave AUB. All current approved IRB protocols should either be transferred to a new PI by submission of an amendment to the existing protocol, which requires IRB review and approval before it can be considered effective; or terminated by the PI effective a designated date specified in writing to the IRB;
• Shall advise co-investigators and all members of the research team of an Administrative Hold and the consequences of such a hold on recruitment, research conduct and data analysis, in the event a research study is placed on Administrative Hold (by PI);
• Shall advise co-investigators and all members of the research team in the event a research study is suspended by the IRB, and the consequences of suspension on recruitment, research conduct and data analysis.
VIII. Preparation and Submission of IRB Applications

A. Application Forms for Research involving human subjects
The particular application form that a PI prepares depends both on the nature of the research category under which the review takes place (i.e. Exempt, Expedited or Full Committee review, refer to Section VI) and the particular IRB that has oversight of the research, i.e. either the Social and Behavioral Sciences IRB (SBS IRB) or the Biomedical IRB (Biomed IRB.) The AUB Human Research Protection Program has developed a set of Application forms for review and approval of research involving human subjects.

They are:

- Application for Exemption from IRB Review
- Application for Exemption from IRB Review (for Projects involving Human Participants in Research Assigned for Course Credit and/or AUB Graduate Theses when Research Will Be Carried Out by AUB Undergraduate and/or AUB Graduate Students)
- SBS Form A– Nonnutrition Studies: Application to Conduct Research Involving Human Participants/Subjects, Social and Behavioral Science IRB Review (for proposals submitted for expedited and full committee)
- SBS Form B–Nutrition Studies: Application to Conduct Research Involving Human Participants/Subjects, Social and Behavioral Science IRB Review (for proposals submitted for expedited and full committee)
- Biomedical IRB: Biomedical Application to Conduct Research involving Human Participants/Subjects (for proposals submitted for expedited or full committee review only)

The PI is responsible for selecting and preparing the appropriate Application. If the PI is uncertain about which form to complete, the PI should consult with the IRB office, the IRB Chair/Vice Chairs or a member of the IRB. Please follow the specific instructions detailed on the Application Form. The supplementary materials required for IRB review depend on the nature of the research, the informed consent process and the specific IRB which will be reviewing the application.

In general a complete submission will include:

- Complete Application Form signed by both the PI and the Department Chair
- When appropriate, any and all necessary appendices required by the Biomedical Application Form
- CITI certification for the PI and all research personnel involved in human research study
- English and Arabic consent forms, unless a waiver of documentation of informed consent is being requested by the PI
- Participant/Subject recruitment materials and samples (e.g. advertisements, brochures, flyers, video tapes or letters to potential subjects) that will be used to inform people about
the study, if applicable)

- Questionnaires, tests and/or surveys that will be used in the research study. If this is a pilot study and the final survey/questionnaires are still under development, provide examples of the types, content and general subject matter to be covered.

- Curriculum vitae of the PI and co-investigators

- Detailed budget for the proposed research study
  If sponsored project, or pending external proposal, a copy of the sponsored project proposal

- For Biomedical IRB applications, the following additional materials may be required:
  - Clinical Investigator Brochure, if sponsored clinical trial
  - Insurance certificate from sponsor or Clinical Trial Agreement which documents subject injury medical expenses are covered by sponsor

B. Estimated Review Schedule:

- Exempt Research Studies: from 8 days to two weeks for review and approval
- Expedited Review (by either the SBS or Biomedical IRB) requires approximately 4 weeks for review and approval
- Full Committee Review (by either SBS or Biomedical IRB) should be submitted at least 6 weeks prior to the IRB meeting date; review and approval by the IRB may require one or more months after initial IRB review at a convened meeting.

The above review schedule is based on timelines that start from the day a complete application is submitted. Some applications may be reviewed and approved more quickly than this schedule indicates; some applications, depending on the complexity of the study and the reviewer concerns, may require longer than estimated schedule. Submission of a complete application with all required appendices and supplementary documents and materials definitely expedites the review process. PIs are urged to read the instructions in the Application Forms carefully and to contact the IRB office if they have any questions about completing the application and providing the requirement attachments.
IX. Review of Submitted Applications

A. IRB Staff Review

IRB staff screen the applications for completeness.

- If it is not complete, IRB staff returns the application to the PI or, in cases where only minor items are missing, the IRB staff call or email the investigator to request the missing items.

- IRB staff determine whether the PI and all Study personnel have completed the required CITI training.

- IRB staff screen the application to assure coordination with other AUB committee reviews (e.g. coordination with the Department of Health Physics when proposed study involves radiation to assure review and approval by the Radiation Safety Committee.)

- IRB staff determine whether the research is supported by federal agencies, other than DHHS, that have specific requirements such as the U.S. Department of Defense (DOD) or U.S. Department of Energy (DOE). If so, the IRB staff informs the IRB of specific agency requirements for the review and conduct of the research.

- IRB staff screen applications to determine whether the PI addressed off-site issues that may raise other review and consent process concerns.

- IRB staff confirm that the initial review Fee for pharmaceutical sponsored protocols has been received (or is committed by sponsor as an Up Front fee in budget for Clinical Trial Agreement).

B. Exempt from IRB Review

IRB staff review the Exempt from IRB Review Application and refer the completed application to the IRB Vice Chair. The Vice Chair (or his or her designee) reviews the Application. Provided the research meets one or more of the criteria for Exempt from IRB Review, the Vice Chair or a designee reviews the application to assure that the principles of the Belmont Report are adequately addressed. The reviewer may request revisions or additional information; the reviewer (if it is not the Vice Chair) makes a recommendation to approve the Application or refer it to the IRB for Expedited Review for further review. The Vice Chair has authority to approve or refer the Application for expedited or full committee review. An Application cannot be Disapproved through the Exempt from IRB Review process. The IRB office communicates the Vice Chair’s determination to the PI.

C. Assigning Reviewers

IRB staff assign reviewers within 5 days of Application receipt, from within IRB membership roster, based on the IRB member’s educational background and expertise; and documents who served as reviewers in the administrative records of Application. The assignment of reviewers must be approved by the IRB Chair or Vice Chair. If no IRB member has the appropriate expertise for the proposed research study, or if the IRB staff in coordination with the Chair/Vice Chair determines that additional expertise is necessary to conduct the review, the IRB staff will arrange for an outside reviewer/consultant with the appropriate expertise, to conduct a review on behalf of the IRB. A
second reviewer will be assigned from the IRB membership.

IRB staff send the consultant(s) the same information as the primary reviewer, including reviewer’s checklist and other primary reviewer guidance. Consultants from AUB are invited to attend the IRB meeting to address all questions and concerns of the IRB members. Once the discussion is over, the consultant(s) leave the meeting, and the IRB vote then takes place. IRB staff ensure that consultant(s) do not have a conflict of interest in accordance with the IRB Member and Consultant Conflict of Interest Policy.

The type of review a proposed research study involving human subjects receives depends on the nature of the study. Each review process is described below.

D. Expedited IRB Review

Members of the IRB are charged with reviewing applications requesting expedited or full review. After the IRB staff review the Application to assure that it is complete including necessary appendices and supplementary materials, the Application is assigned a reviewer from the respective IRB Committee. Reviewers are given two weeks to complete their review of Applications. Written reviewer comments and a reviewer checklist are then submitted to the IRB Office. IRB staff draft correspondence and refer the Application and review materials to the Vice Chair of the appropriate IRB.

E. Full Committee Review

New and Continuing Review applications that require Full Committee review (i.e. that are not eligible for Expedited review and that must be reviewed and approved at the convened meeting of the IRB), should be submitted to the IRB office 6 weeks ahead of the IRB meeting date. IRB staff assign two reviewers within 5 days of Application receipt from the IRB membership roster, based on the IRB member’s educational background and expertise [If appropriate consultant(s) to IRB may also be identified. See above discussion of consultants for review in Section C above] Reviewers are given two weeks to assess the application, prepare written comments evaluating the study application, and complete the reviewer checklist.

F. Responsibilities of Reviewers/Consultants/IRB Members

a. IRB reviewers are responsible for:

- Disclosing any conflict of interest with an Application they are assigned to review
- Conducting a review of the proposed research studies employing an assessment process that determines that the methodology used is consistent with sound research design and that the risk to participants/subjects is minimized
- Conducting an in-depth review of the Application including all supplementary materials, appendices, recruitment materials, consent forms, Clinical Trial Investigator brochure, if applicable, etc. according to regulatory requirements for approval of research studies involving human subjects (see Section G below)
- Assessing the safety of the experimental design and drugs/devices to be studied, if applicable
- Comparing the description of the research study with the content of the Consent Form
• Comparing the IRB application with the sponsored project proposal to assure that human subjects research descriptions in the two documents are congruent (i.e. that the research design, recruitment, methodologies and analysis of data are equivalent in the IRB Application and the sponsored research proposal.)

• Informing the convened IRB of any discrepancies between the detailed protocol and the application materials including the consent form

• Being prepared to discuss the application at the convened meeting, including specific suggestions for clarification, modification, and /or revision

b. Consultant reviewers are responsible for:

• Disclosing any conflict of interest with an Application they are asked to review

• Conducting an in-depth review of application including all supplementary materials, appendices, recruitment materials, consent forms, Clinical Trial Investigator brochure, if applicable, etc. according to regulatory requirements for approval of research studies involving human subjects (see Section G below)

• Assessing the scientific merit of the study protocol according to their expertise

• Assessing the safety of the experimental design and drugs/devices to be studied, if applicable

• Alerting the IRB if additional expert opinions are needed for an adequate evaluation

c. All IRB members are responsible for:

• Disclosing any conflict of interest related to any research study on agenda for discussion by the IRB

• Reviewing distributed materials (Abstract Summary of Application, primary reviewers’ comments, checklists, and English and Arabic consent/assent form) in sufficient detail to be familiar with and prepared to discuss each proposed research study.

• Participating in the determination about whether the research meets the regulatory criteria for approval.

G. Regulatory Requirements for IRB Approval

To be approved, research that is reviewed by the convened IRB must satisfy all of the following regulatory requirements;

• Risks to participants/subjects are minimized (but not necessarily eliminated) by using procedures that are consistent with sound research design and that do not unnecessarily expose participants/subjects to risk. For example, in biomedical research, risks to participants are minimized by using procedures already being performed for diagnostic or treatment purposes, whenever appropriate.

• Risks to participants are reasonable in relation to anticipated benefits (if any) and the importance of the knowledge that reasonably may be expected to result from the study. For example, in biomedical research, the IRB considers the risks and benefits that may result from the research not the risks and benefits of treatments or other activities the subject would
undergo if he or she were not participating in the study. In social/behavioral research, risks of disclosure of potentially embarrassing or personal information are weighed against means taken by investigators to secure and protect personal information by anonymizing or coding disclosures.

- Selection of participants/subjects is equitable, taking into account the purposes of the research and the setting in which the research will be conducted. Note: IRB will also examine recruitment procedures/methodology, exclusion or inclusion criteria, etc.
- Informed Consent that assures the voluntary participation in the research is sought, obtained and appropriately documented for each prospective participant or the participant’s legally authorized representative, using a consent form that fully explains the proposed research study and its risks in language understandable to the subject. The IRB may consider waiver of certain elements of informed consent; the IRB may also consider waiver of documentation of informed consent, where appropriate.
- When clinical research involves greater than minimal risk, the data safety monitoring plan and/or Data and Safety Monitoring Board, where appropriate, makes adequate provision for monitoring the data collected to ensure the safety of participants.
- There are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data collected, including tapes, videotapes, etc.
- When some or all of the participants are likely to be vulnerable to coercion or undue influence, such as children, pregnant women, prisoners, adults unable to consent for themselves, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these participants.
- If proposed studies intend to recruit AUB students and/or employees, that protections are in place to avoid undue coercion or influence.

When the proposed research involves the use of test articles (drugs, biologics, devices) regulated by the U.S. Food and Drug Administration (FDA) or is otherwise regulated by FDA, the Biomedical IRB will also consider:

- Marketing status of drug or device (e.g. investigational, investigational use of an FDA-approved product, or FDA-approved product for an unapproved indication)
- For drugs, the appropriateness of the dose, formulation and route of administration
- For devices, the recommended risk status of the device (i.e. significant or non-significant)
- For investigational agents, safety and efficacy data supporting the proposed phase of testing
- For investigational agents, a description of the plan for assuring appropriate accountability, storage, access, and control of investigational agent(s).

H. IRB Recommendations and Decisions

A majority of the voting members (or their designated alternates), including at least one member whose primary concerns are in nonscientific areas, must be present to convene a meeting. A protocol (i.e. the IRB Application) must receive the approval of a simple majority of those members at the meeting. Any member with a conflict of interest must leave the room before a discussion of the relevant research study begins, unless asked to be present to answer questions or provide information to the IRB.

If the PI and/or co-investigator are invited to present during the convened meeting, at the discretion of the IRB Chair/Vice Chair, the role of the PI is limited to answering any questions raised by IRB members or to clarify any controversial issues. All IRB discussion regarding the study application take place after the PI has left the meeting.

All IRB members are responsible for reviewing all distributed materials in enough depth to be familiar with and prepared to discuss each proposed study at the convened IRB meeting. The primary reviewers are responsible for presenting findings regarding the submission and leading the
discussion at the convened meetings. Their comments and recommendations are circulated to all IRB members ahead of the meeting date. The reviewers should be prepared to make suggestions that would lead to approval, pending revision/clarification/additional information from the PI. The IRB discusses these concerns and suggestions in the context of making a determination about whether the application meets the regulatory criteria for approval. Members should raise only those issues that they believe do not meet the federal criteria for approval as describe above (see Section F above).

When the Chair determines that all relevant concerns have been productively discussed, the Chair, Vice Chair or a member of the IRB, calls for a motion, and the convened IRB votes to approve, disapprove or abstain from one of the following actions:

1. **Approval**: The IRB has determined that the research study, including consent/assent process, meets the federal criteria for approval.

2. **Contingent Approval/Modification Required**: The IRB has conditionally approved the research study pending submission of minor, non-substantive clarifications or modifications to the application, the informed consent documents, recruitment materials, etc. and that the IRB has given the Chair/Vice Chair the authority to approve the minor revisions which do not involve substantive issues. Note: review of PI’s responses may be performed by expedited review.

3. **Deferred**: An IRB action that specifies conditions under which the research study can be reconsidered for approval, pending substantive (i.e. directly relevant to the determinations required for approval by the IRB) clarifications or modifications protocol and/or informed consent process/document, without which, the IRB could not fully evaluate the research under review.
   **Note**: Convened IRB review of the PI’s response(s) is required.
   - The PI’s response to the requested revisions for review by the full committee should be submitted two weeks prior to the next IRB meeting date.
   - The PI response will be circulated to all IRB members once received by the IRB office.
   - The PI may be invited to attend the meeting, at the discretion of the Chair/Vice Chair.

4. **Tabled**: An IRB action that indicates the review was not initiated or was not completed resulting in postponement of convened IRB review, usually due to loss of quorum or other administrative issues. Applications tabled at a convened meeting will be reviewed at a future convened meeting.

5. **Disapproved**: An IRB action taken when the determinations required for approval of a research study cannot be made, even with substantive clarification or modifications to the protocol and/or informed consent process/document. Disapproval of an application usually occurs when the IRB determines that the risk of the research study outweighs any benefit to be gained or if the proposed research does not the federal criteria for IRB approval.

**I. IRB Communication with the PI**

The IRB chairperson communicates the decision of the IRB to the PI in writing.

- If approval is granted, the PI may begin work on the research as approved and for the period specified. For approved proposals, the letter of the chairperson will, therefore, include:
  a) Name and address of the IRB
b) Date of approval

c) Principal Investigator’s name

d) The title and unique IRB identifier (a reference code assigned by the IRB to the proposal)

e) A statement of approval for all documents submitted and approved such as the protocol, informed consent form, advertisement and clinical investigator brochure, if applicable, etc.

f) Duration of the approval, usually for 1 year; may be less. (See Section X. Continuing Review and Extension Requests)

g) Comment regarding safety updates for clinical research, if applicable

h) Note that IRB operates under the Belmont Report, 45 CFR 46, GCP/ICH guidelines, FDA and local regulations

- If contingent approval/modification requested, the PI submits revisions to the chairperson of the IRB within a time frame specified by the IRB chairperson’s letter. The revision(s) will be considered by the IRB chairperson (under expedited review)

- If IRB votes Deferral, the letter must detail the IRB’s concerns and requests for modifications/revisions to the application. The PI submits the revisions to the chairperson of the IRB within a time frame specified in the letter. As the revisions or questions raised are significant, the IRB has deferred its determination and reviews until a revised application and/or responses to questions are discussed at a convened meeting of the IRB. A Deferral cannot be handled under expedited review and must be reconsidered by the full committee and a decision will be made accordingly.

- If application is Disapproved, the letter must detail the IRB’s concerns and reasons for withholding or denying approval, and its recommendations for rewriting/significant revision of the application.
X. Continuing Review

Under Federal regulations (both OHRP and FDA), the IRB must conduct substantive and meaningful review of research on a continuing basis. During the convened meeting, the IRB determines the approval period, as appropriate to the degree of risk but not less frequently than once per year.

A. Frequency of Continuing Review

1. The IRB may determine more frequent review is appropriate. The criteria used to consider whether more frequent review is required include, but are not limited to, the following:
   - High-risk research where there is concern about serious adverse events
   - Research where the potential risks in humans are unknown and may have the potential to be serious (e.g. Phase I trial)
   - Protocols with complex regulatory compliance requirements, such as clinical research involving an investigator-held IND or IDE
   - Research being conducted in unusual international setting or sensitive off-site location where AUB is serving as IRB of record for off-campus-sites
   - Research in which PI or member(s) of investigative team has a potential conflict of interest that warrants more frequent reporting and review
   - Investigator/protocol has had serious compliance problems in the past
   - Other issues warranting more frequent review at the discretion of the IRB.

2. Depending on the research, the following types of interval frequencies may be considered:
   - Specified time period (such as annual, semi-annual, or quarterly review)
   - Requirement to report back to the IRB after a specified number of participants have been enrolled or undergo study interventions
   - Other point in the research meriting reporting and review (e.g. completion of phase I of a multi-phase study).

B. Continuing Review Process

The initial review of a new IRB application is based on the PI’s best estimate of the risks and anticipated results, and on the IRB’s judgment based on its experience. It is only after the research study has begun that the true risks and potential benefits to human subjects can be evaluated. Generally, the continuing review process occurs at the same level as the initial review (i.e. if the research qualified for expedited review at the time of initial review, the chairperson is empowered to approve continuation of research studies under expedited review). If the research did not qualify for expedited review it does not qualify for expedited review at the time of continuing review and a convened meeting of the IRB is required to review and approve continuing the research study. Investigators and the IRBs should “plan ahead” to meet continuing review requirements, allowing adequate time before the expiration date for review of the research and resolution of any modification that may be required prior to its re-approval. Continuing review of research is required as long as the protocol remains active and involves human subjects. However, there are two special categories of Expedited Review (45CFR46.110 Category 8 and Category 9) whereby expedited review procedures may be used for continuing review of research previously approved by the convened IRB.

Under Category (8), the circumstances are:

(a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related intervention; and (iii) the research remains active only for long-term follow-up of subject; OR
(b) Where no subjects have been enrolled and no additional risks have been identified; OR
(c) Where the remaining research activities are limited to data analysis.

For a multi-center protocol, an expedited review procedure may be used by the IRB at a particular site whenever the conditions of Category (8) (a), (b) or (c) are satisfied for that site. Except that with respect to category 8(b), while the criterion that “no subjects have been enrolled” is interpreted to mean that neither the investigator nor the IRB at a particular site has identified any additional risks from any site or other relevant source.

Under Category (9), an expedited review procedure may be used for continuing review of research not conducted under an investigational new drug application or investigational device exemption where categories (2) through (8) [See Section VI. 2 in this document] do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified. The determination that “no additional risks have been identified” does not need to be made by the convened IRB.

It is also possible that research activities that previously qualified for expedited review in accordance with federal criteria (Section VI.2), have changed or will change, such that expedited IRB review would no longer be permitted for continuing review.

The criteria to continue approval for a previously approved research study are, to be sure, the identical criteria that must be satisfied for the IRB to approve a research study initially. These criteria include, among other things, determinations by the IRB regarding risks, potential benefits, informed consent, and safeguards for human subjects. In particular, when conducting continuing review, the IRB needs to assess whether any new information which could affect the risk/benefit ratio has emerged, either from the research itself or from other sources. Such information could alter the IRB’s previous determination about the level of risk to subjects/participants. The IRB will be especially interested in knowing about unanticipated problems involving risks to subjects that have occurred since the previous IRB review. In biomedical research, whether the unanticipated problems occurred at the AUBMC site or at another site, if the study is multi-site, the AUB Biomedical IRB should be informed about these unanticipated problems to properly inform their determination about approval for continuing research, and any particular conditions that should be considered to approve continuing the research.

In conducting continuing review of research not eligible for expedited review, all IRB members should receive and review, at least, a protocol summary and a status report, including any interim findings, on the progress of the research that includes:

- The number of subjects/participants accrued/enrolled;
- A summary of any unanticipated problems and available information regarding adverse events/unanticipated problems distinguishing between those unanticipated problems which have already been reported to the IRB, under Events Requiring Prompt Reporting requirements, and those which are newly being reported at the time of Continuing Review. (In many cases, such a summary could be a simple brief statement that there have been no unanticipated problems or that adverse events have occurred at the expected frequency and level of severity as documented in the research protocol, informed consent document, and any investigator brochure, if applicable.);
- A summary of any withdrawal of subjects from the research since the last IRB review;
- A summary of any complaints about the research since the last IRB review;
• A summary of any recent literature that may be relevant to the research and any amendments or modifications to the research since the last IRB review;
• Any relevant multi-center trial reports;
• Any other relevant information, or recent literature, especially information about risks associated with the research; and
• A copy of the current informed consent document and any newly proposed consent document
• A summary of any withdrawal of subjects from the research since the last IRB review;
• A summary of participant benefits, if any
• Current risk-benefit assessment based on study results
• Recruitment materials (if still in use) including advertisements intended to be seen or heard by potential participants
• Study instruments (if still in use) such as questionnaires, surveys, etc.
• Data Safety Monitoring Board report (as applicable)

At least one member of the IRB (i.e. a primary reviewer) also should receive a copy of the complete protocol application, including any modifications previously approved by the IRB. The primary reviewer is also responsible for providing an in-depth review of the complete research protocol (including any amendments or modifications previously approved), questionnaires, when longer or more detailed than those normally reviewed by IRB members, any relevant grant application(s), if applicable, the Investigator’s brochure (for sponsored clinical study) and all other information provided by the PI. Any member of the IRB should also have access, upon request, to the complete IRB protocol file and relevant IRB minutes prior to or during the convened IRB meeting.

The primary reviewers are responsible for presenting findings regarding the submission and leading the discussion at the convened IRB meeting. As with initial review, the IRBs must determine that the regulatory criteria for approval are met. Additionally during continuing reviews the IRBs must also find the following:

• The informed consent document is still accurate and complete
• No material changes have occurred since the previous IRB review
• Any significant new findings that may relate to the subject’s willingness to continue participation are provided to the subject in accordance elements of informed consent.

The IRB may consider obtaining verification from sources other than the investigator(s) that no material changes have occurred since the previous IRB review in the following situations:

• Numerous protocol deviations or violations have been reported
• Inconsistent information/documentation submitted for continuing review
• Previous investigator noncompliance involving changes without IRB approval
• Complaint from research personnel or participant(s)

The minutes of the IRB meetings should document separate deliberations, actions, and votes for each protocol undergoing continuing review by the convened IRB. When reviewing research under expedited review procedures, the IRB Chair (Vice Chair or other designated IRB member) should receive and review all of the above-described documentation, including the complete protocol.
Continuing of previously approved research studies under expedited review is reported to the IRB at its convened meeting and the approval of such continuing approval is recognized and accepted by the convened IRB and documented in the meeting minutes.

To assure that PIs provide the updated information that informs continuing review, and to expedite the continuing review process, AUB IRBs have developed special forms for Continuing Review [https://cms.aub.edu.lb/irb/Documents/b_form1.doc](https://cms.aub.edu.lb/irb/Documents/b_form1.doc). PIs should plan well in advance submitting continuing review documents and all necessary materials 8 weeks before the study approved expiration date to assure that IRB continuing review and approval is completed before the current period of approval expires. **This deadline for continuing review may be prompted by the IRB office but completing the continuing review and approval process before the end date of the current approved period is ultimately and solely the responsibility of the PI.**

If a PI fails to provide continuing review information to the IRB, or the IRB has not reviewed and approved the continuing research study by the expiration date:

- Research activities must stop, including recruitment, enrollment, interactions, and data analysis
- For current participants, investigators who believe it is in the best interests of individual subjects to continue participating in the research interventions or interaction must contact the IRB Chair. The Chair will determine whether there is an overriding safety concern or ethical issue involved that justifies individual subjects’ continuing participation in the research.
- The IRB or the IRB Chair will determine whether the lapse in approval should be evaluated as noncompliance in accordance with the AUB IRB Noncompliance Policy [see Section XV ].

### C. Determination of the Continuing Review Date

Several scenarios for determining the date of continuing review apply for protocols reviewed at a convened meeting. The place to start to determine the continuing review date focuses on the date of the convened meeting where the approval of the research study occurs. (The examples below presume the IRB has determined that continuing review is not required more frequently than annually.)

**Scenario 1:** the IRB grants Approval to the research study at the initial convened meeting on September 1, 2010, without any conditions. Continuing review must occur within 1 year of the date of that meeting, i.e. by September 1, 2011.

**Scenario 2:** The IRB reviews the application at a convened meeting on September 1, 2010, and grants Conditional Approval contingent on minor specific conditions that the IRB Chair or his/her designee can verify (through expedited review). On October 18, 2010, the Chair confirms that the required minor changes or concerns have been addressed satisfactorily. Continuing review must occur within 1 year of the date of the convened meeting at which the IRB reviewed and granted conditional approval to the application, that is September 1, 2011.

**Scenario 3:** The IRB reviews a research study at a convened meeting on September 1, 2010, and has serious concerns or lacks significant information that requires IRB review and discussion at subsequent convened meetings in October and November. At their December 1 meeting the IRB completes its review and approves the research study. Continuing review must occur within 1 year...
of the date of the convened meeting at which the IRB reviewed and approved the study, i.e. December 1, 2011.

**Expedited Review:** For a study approved under expedited review, continuing review must occur within 1 year of the date the IRB Chair gives final approval to other research study. Continuing review dates for expedited review protocols are not depending on the convened IRB meeting where the IRB is informed that the research study was approved under expedited review.

Review of a change or modification in a research study does not alter the date by which continuing review must occur. This is because continuing review is review of the full protocol, not simply a change to one or more aspects of the protocol.

If the PI proposes to continue the study beyond the initial approved period, it is his/her responsibility to submit a request for continuing review in sufficient time to permit the IRB chair or full board to review and approve the continuation protocol application prior to its expiration date. As a service to the PI, the IRB will send a reminder memo one month (or two months) before the project’s expiration date. NO HUMAN SUBJECT ACTIVITY MAY TAKE PLACE AFTER THE EXPIRATION DATE. If the investigator does not submit the continuing review document by the termination date of the current approved protocol, the investigator is notified by memo that IRB approval has lapsed. This memo shall inform the investigator that **no human subjects’ research can be conducted until IRB approval is obtained.**

**D. Consequences of Lapses in Continuing Approval**

Once the initial period of approval has lapsed, the PI must submit a new Application for IRB Review. **There is no provision for a “grace period.”** Once the approval period is past; no IRB approval is available, that means no retroactive approval back-dated to the end of the initial approval is permitted and all activities involving human subjects (under the terminated protocol) must cease, except for those procedures essential for the safety and well-being of the subject. If the investigator fails to submit continuing review materials in a timely manner, the IRB sends the investigator a notification of study closure to the PI, the Director, HRPP, and the Dean, as may be required. In case of externally-funded research, a copy of the notification of termination is also sent by the IRB to OGC for notification to the sponsor and to assure that no funds are expended on the sponsored project for any activities related to the human subjects’ research on the previously-approved project. Once the IRB closes a project, it can only be resumed if the investigator submits the project again for IRB review and approval as a new application.
XI. Amendment/Modification of Approved Protocols

Changes to IRB-approved research may not be initiated without prior IRB review and approval, except when necessary to eliminate apparent immediate hazards to participants. Prior to making modifications to a previously approved research study, the Principal Investigator must request IRB review and approval of the modifications proposed. [The terms ‘amendment’ or ‘modification’ to a previously approved protocol are used interchangeably in this section. Each term means a change to the previously approved research study.] The request must be submitted to the chairperson of the IRB in the form of a letter (with any supporting documents and changes to informed consent forms) detailing the reasons and justification for the modifications and/or the changes. IRB staff will date and record the Amendment number in the research study file for clarity and organization of changes proposed to approved studies.

The chairperson of the IRB may approve requests for modification when they are minor in nature, i.e., when they do not alter the basic nature of the research. Modifications include procedural changes to the protocol, adding or removing investigators, changing the titles of the project, requesting additional subjects beyond the original approved number, new funding sources, new or revised advertisements, increasing sites of sampling, changes to the informed consent forms, surveys, questionnaires and additional new items. Minor modifications may be handled through expedited review procedures. As with all expedited review determinations, the agenda of the next IRB convened meeting includes a listing of approved minor modifications.

Major modifications are reviewed at the same or higher level as the original review. IRB staff assign primary reviewers for proposed modifications that must be discussed at a convened meeting. As with initial and continuing review, for a proposed amendment the IRBs must determine that the regulatory criteria for approval are met (when the modification affect one or more criterion for approval.) Additionally, the IRBs must also find that significant new findings that may relate to a participant’s willingness to continuing taking part in the research are provided. The primary reviewers should document their review and assessment of the amendment/modification by completing an IRB Reviewer Form and submitting it to the IRB office before the convened meeting if possible. All IRB members will be provided all modified documents (and any other information supplied by the PI) and the primary reviewer’s reviewer form, and are responsible for reviewing the submitted materials in enough detail to be familiar with and prepared to discuss the information at the convened meeting. Any IRB member can access the complete protocol file for review purposes upon request to the IRB staff, prior to or during the convened meeting. (In the interests of time, it is preferable for a member who has concerns about a proposed modification to discuss these with the IRB staff/Chair/Vice Chair prior to the meeting.) The completed IRB Reviewer Form becomes a part of the protocol file. Decisions on modification/amendment requests fall into the same four categories as for existing approved research study: approval, conditional approval pending minor modifications, deferral pending major modifications/clarifications from PI or terminate/suspend a previously approved research study.

Changes to approved research initiated without IRB approval that are made to eliminate apparent hazards to subjects/participants may represent unanticipated problems involving risks to subjects or others (refer to Section VII Subsection D in this Manual) and should be promptly reported to the IRB as described in the Guidance for AUB PIs for reporting Unanticipated Problems involving Risks to Subjects or Others, Adverse Events, and Other Problems https://cms.aub.edu.lb/irb/Documents/guidance.pdf using the Report Form for Unanticipated Problems form https://cms.aub.edu.lb/irb/Documents/b_form.doc. Serious Adverse Events (e.g. those that involve hospitalization or mortality) should be reported immediately (within 48 hours of knowledge of the event) to the IRB. In sponsored clinical trials, the sponsor may well require reporting of adverse events/serious adverse events to the sponsor as well as the IRB. Such changes are reviewed by the convened IRB to determine whether the changes are consistent with ensuring the continued welfare of participants.

(Top)
XII. Schedule of IRB Meetings

Biomedical IRB Meetings are held the first and the second Monday of the month and more frequently if the need arises. Social and Behavioral IRB meetings are held on the third Monday of the month. The schedule of SBS and Biomedical IRB meetings are posted on the IRB web site https://cms.aub.edu.lb/irb/Pages/dates.aspx

- Quorum shall consist of a simple majority of the members of the IRB; no votes or protocol decisions can be made unless a quorum is present.

- Applications that qualify for Exempt from IRB Review or Expedited IRB Review may be submitted at any time. PIs should allow sufficient time for review and determination. Typical review turn around periods are described in Section VIII.B above.

- New Applications that will require review and approval at a convened meeting of the IRB should be submitted to the IRB office 6 weeks prior to the scheduled meeting date. The shortest time interval for initial consideration of a complete proposal by the IRB is 8 weeks.

- Provided the applications are complete and submitted before the deadline for a particular meeting date, and there are easily-addressed issues that require minimal follow up or straightforward correspondence with the PI, the IRB will provide a decision of approval during that meeting.

- When the IRB decision after the initial review is a Deferral, it means that the substantive revisions or responses to significant IRB questions have been raised. The Chair’s letter to the PI describes the concerns and suggested revision; the PI should submit a revised application or written response(s) to the concerns/questions identified by the IRB two weeks prior to the next IRB meeting date.

- Applications that qualify for expedited review and exemption may be submitted at any time; however PIs need to allow sufficient time for IRB review and determination, as approval must be in hand before the research study is initiated, including recruitment of participants/subjects.
XIII. Appeals

Investigators may appeal an IRB decision by submitting a request in writing, including a statement of the reason(s) for the appeal and any materials supporting the request. The AUB HRPP Appeals policy is available on line https://cms.aub.edu.lb/irb/Documents/appeal.pdf and included below.

Definition

Appeal: Request for reconsideration of an IRB determination in research involving human subjects, including (but not limited to) decisions regarding approval status, conditions for approval, and noncompliance.

Policy

The thorough review of and discussion on every protocol submission to the IRB by the IRB Committee ensures that the Committee feels confident in decisions they have made; however, an investigator may appeal an IRB decision by submitting a request in writing to the IRB for reconsidering its decision, including a statement of the reason(s) for the appeal and any evidence material supporting the request. The appeal should address item by item all of the concerns the IRB outlined in the decision letter conveyed to the PI. Supporting materials may include (but are not limited to) letters of support, current literature that addresses the methodologies, recruitment practices and/or other information relating to the state of the art/science in the research discipline. The IRB will not consider appeals submitted on the basis of resulting delay in completing students and/or degree requirements, or appeals submitted on the basis of funding deadlines.

Appeals will be accepted if they contain such substantial clarifications or additional information to the original application. This assessment will be conducted by the IRB Chair and Vice Chairs, and the decision on whether to grant the PI the opportunity of an appeal will be with the approval of the Director of the Human Research Protection Program. If the appeal contains insufficient information for review, the investigator will be notified by the IRB Chair or Vice Chair in writing.

Accepted appeals will be reviewed by the convened IRB responsible for the determination being appealed. Investigators will be notified of and may be invited to attend the IRB meeting at which this review will occur, at the discretion of the IRB Chair. The role of the PI at the meeting is to clarify the written appeal and to answer any questions posted by IRB members. All IRB discussion of the appeal will take place after the PI has left the meeting.

Appeals must be made within twenty (20) business days of investigator notification of the IRB decision in question. The IRB will review the request within twenty (20) business days of receipt of the investigator’s written materials provided the written materials have been provided to the IRB no less than ten (10) business days before the next convened meeting of the IRB. Investigators and the Director of the Human Research Protection Program will be notified of the IRB’s decision regarding the appeal within ten (10) business days of the convened IRB meeting.

Appeal to the Institutional (Signatory) Official (the Provost):

The appeal addressed to the Provost/ Institutional Signatory Official should have been preceded by an unsuccessful initial appeal to the IRB. It should include all relevant prior communication between the PI and the IRB, and should provide clear grounds for requesting such appeal, based on relevant evidence, including evidence of procedural irregularity, and/ or relevant regulatory or guidance documents. The Institutional Signatory Official may decide to refuse the appeal or refer it to the IRB for re-consideration. The Institutional Signatory Official may not overrule IRB decisions regarding appeals in research activities involving human subjects.
Without IRB approval of the protocol, the research project cannot be conducted. However, the researcher may submit a revised proposal to the IRB, which will then be considered as a new application.

Chairing of IRB meetings at which appeals are heard:

When an appeal is lodged against a decision taken at a meeting at which an IRB Vice-Chair presided, the IRB Chair will chair the discussion of the appeal by the relevant IRB board. Should an unsuccessful appeal be referred back to an IRB by the Institutional Signatory Official (Provost), the IRB discussion will be chaired by the IRB Chair or his/her designee.

Expedited Review Appeals:

Applications reviewed in an expedited manner cannot be rejected at this level; the application has to be referred to the full convened board for decision. Consequently appeal requests will follow the same pattern, and will be evaluated in a full convened board meeting.
XIV: Project Closure:

When a PI closes or ends a research study, the PI must complete a Project Closure Form
https://cms.aub.edu.lb/irb/Documents/proj_b.doc (Biomedical)
https://cms.aub.edu.lb/irb/Documents/proj_s.doc (Social and Behavioral) and submit the Form to the IRB office. This form indicates that the research study has ended and no longer requires continuing review. If no subjects have been enrolled in a study for a period of 3 or more years, the IRB may require that the research study be closed, unless the PI submits reasons for keeping the study open in spite of the low enrollment rate, and the IRB concurs with the PI’s request to keep the study open. A project that has stopped recruiting new subjects but in which follow up data are still being collected or analyzed, cannot be considered closed and the PI must comply with continuing review requirements until all follow-up data collection is finished. However, it is likely that once no live humans are involved in the research that the continuing review will qualify for expedited review. Once the Project Closure Form is submitted, no additional or new data collection about any subject is allowed.

The IRB office will confirm that the research study has been closed in the IRB records in writing to the PI.
XV. Protocol Deviations/Violations and Noncompliance Incidents/Allegations:

The Principal Investigator bears the ultimate responsibility for the conduct of a research project. Investigators are responsible for conducting human subjects’ research in compliance with the ethical principles described in the Belmont Report as well as applicable IRB regulations and policies and procedures.

AUB encourages all who are aware of or concerned about suspected or actual misconduct or noncompliance associated with human subject research, by investigators, their research teams, IRB members, and/or IRB staff, to report their concerns to appropriate institutional officials, i.e. an IRB member, the Chair/Vice Chair of IRB, or Director, Human Research Protection Program. In turn, responsible AUB officials provide and maintain a climate of fair evaluation to every submitted report on allegations of noncompliance, and take reasonable steps to protect persons who file reports or allegations, in good faith, from retaliatory actions. The guidelines for reporting allegations of noncompliance, the process for managing allegations of noncompliance and the process for an IRB determination of noncompliance, including the consequences of a determination of non-compliance are spelled out in the AUB HRPP Noncompliance and Allegations of Noncompliance in the Conduct of Human Subjects Research https://cms.aub.edu.lb/irb/Documents/noncompl.pdf

If an investigator disagrees with the findings or the corrective actions proscribed by the IRB following a determination of noncompliance, investigators have the right to appeal the committee's decision as described in the Appeal policy and Noncompliance Policy.

A. Types of Noncompliance

In general, noncompliance is defined as any failure to follow: (a) provisions of an IRB-approved research study, (b) institutional policies, Lebanese law, or Federal regulations governing human subjects research, or (c) the requirements and determinations of the reviewing IRB (and the ethical principles of the Belmont Report for research studies which as Exempt from IRB review). Noncompliance can be categorized as non-serious (minor), serious or continuing noncompliance (see brief definitions and examples below, and refer to Policy for more details. Noncompliance may pertain to the Principal Investigator (PI), the PI’s research team, or any member of the Human Research Protection Program (HRPP) including the IRB and the IRB administrative staff.

Non-serious (minor) noncompliance are those actions, omissions or events that do not affect the rights and the welfare of the research participants or put them at risk of harm. It also does not affect the integrity of the University’s HRPP. Some examples might be: failing to obtain exempt determination before an exempt human subject research project is initiated; introducing minor changes or deviations, that are risk-neutral, to an IRB-approved protocol, failing to respond in a timely manner to official correspondence from the IRB which does not compromise the welfare of the research participants.

Serious noncompliance events or situation are any failure to comply with laws or regulations, institutional policies, or the requirements or determinations of the IRB that (a) create an increase in risk to subjects, (b) adversely affect the rights, welfare and safety of research subjects, and/or (c) adversely affect the integrity of the University’s HRPP. Willful violation of policies and/or federal regulations may also constitute serious noncompliance. Examples of serious or continuing noncompliance include, but are limited to, failing to obtain legal informed consent from research participants as required by the IRB–approved protocol, unless the IRB has approved a waiver of informed consent; providing inadequate supervision of research that involves potential risks to subjects and others; failing to submit continuing review forms on time for ongoing projects; failing to recruit subjects according to the exclusion/inclusion criteria approved by the IRB; repeated failure to understand and consistently follow federal regulations, local law, and/or IRB requirements of
determinations after PI is notified of noncompliance problems, and after corrective measures have been communicated to the investigator by the IRB.

**B. Protocol Deviations**

Any change, modification, divergence, or departure from the study design or procedures of an already approved IRB research study that is under the PI’s control and that has not been approved by the IRB constitutes a protocol deviation. A minor deviation occurs when the change in the approved research study does not impose a major impact on the welfare, safety, and the health of human participants and/or integrity of the study data. A serious deviation/violation occurs when the deviation from the IRB-approved protocol may affect the subject’s welfare, safety and health of human subjects and/or integrity of research data. Specifically, the study deviation might result in either actual harm to the research subjects, potential harm or risk to the research subjects, a compromise to the integrity of the research data, a breach of human subjects protection regulations, policies or procedures, and/or serious or continuous noncompliance with federal, local, and institutional regulations, policies, and procedures.

Protocol deviations can be avoided by following the proscribed procedures for amending/modifying existing IRB-approved studies. (See Section XI.) Amendments/modifications require prior review and approval by the IRB. Deviations (which are events/actions that occur under the PI/investigative team’s control) should not be confused with Adverse Events which are unanticipated occurrences, situations, which arise outside of the control of the PI/investigative team.

(Top)
XVI. **Termination/Suspension of Research**

A research study may be suspended or terminated if there are serious concerns about the protection of the rights and welfare of human research subjects. The IRB and IRB Chair/Vice Chair have the authority to suspend or terminate approval of research that is not being conducted in compliance with the IRB requirements or that has been associated with unexpected serious risk factors. Federal regulations require that institutions holding FWAs have written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, the head of any department or agency conducting or supporting the research (or designee), any applicable regulatory body, and OHRP of any suspension or termination of IRB approval. [Insert link to AUB IRB Allegations of Noncompliance Policy] A determination to suspend or terminate a previously approved research study is a very serious step taken by the IRB following discussion of the situation, an assessment of risks and welfare of subjects, a recorded vote and documentation of the discussion and actions taken by the IRB in the minutes of the meeting.

**Definitions**

**Suspension of IRB approval:** a temporary cessation of some or all research activities as defined by the IRB

**Termination:** permanent cessation of all research activities as defined by the IRB (and study sponsor, if applicable)

**Policies:**

Determination by the IRB to suspend the approval of research is made at a convened IRB meeting (or by the Chair/Vice Chair in an emergency situation when review by a convened IRB is not possible beforehand.) If the IRB Chair/Vice Chair determines a suspension of research is warranted, the full board will be notified or and review the circumstances surrounding the suspension at a convened IRB meeting. The IRB may request additional information or impose additional stipulations as warranted.

The IRB will determine the extent of the suspension in reference to the following:

- Continued subject enrollment
- Continued study treatment and/or intervention
- Use of data for analysis
- Corrective actions necessary for the IRB to consider withdrawal of the suspension/termination

The IRB communicates a suspension determination in writing directly to the PI from the IRB Chair. It is the PI’s responsibility to inform co-investigators and all members of the research team of the suspension of the study by the IRB and to fully explain the consequences of Suspension on the enrollment, research conduct and data analysis of the study.

The IRB may terminate a research study if noncompliance with IRB approval is serious and/or continuing and a corrective action plan is not sufficient to alleviate or rectify the noncompliance. Suspension and/or termination must be reported with a statement for the reason(s) for the IRB’s action and the corrective actions stipulated by the IRB to the principal investigator and institution officials including the chairperson of the department, Dean and Director, HRPP. The PI must promptly respond to any IRB concerns or requirements as outlined in the IRB correspondence. The
PI has the right to appeal the IRB’s determination regarding suspension or termination of research according to AUB HRRP Appeal Policy.

Depending on the nature or the seriousness of the violation, the IRB may elect to audit all protocols that involve the investigator in question. If the findings of the IRB investigation identify the potential for or evidence of research misconduct, the Director, HRPP and Institutional Official will be notified, and the matter will be handled in accordance with Provost’s recommendations pending finalization of AUB’s Policy on Research Integrity and Scientific Misconduct.
A number of situations exist whereby approved IRB research studies may be examined/audited by external and/or internal AUB officials. External site visits may involve, for example, routine monitoring of clinical trials by sponsors, clinical research organization and/or the US Food and Drug Administration. Requirements for clinical research external monitoring visits by sponsors or clinical research organizations are more fully described in the AUBMC Clinical External Monitoring Visits Policy [INSERT LINK TO EXTERNAL MONITORING VISITS POLICY] In non-clinical studies, external sponsors may conduct site visits to assess progress of the research study, examine study data and assure compliance with sponsor as well as IRB requirements. Under the AUB FWA, the Office of Human Research Protections has the authority to review/audit any research study records/data for research involving human subjects; similar audit authority exists for FDA for clinical research that is governed by FDA regulations. Both internal and external audits may also be “for-cause,” that is arising from an allegation of noncompliance with sponsor, regulatory agency and/or institutional policies.

Under its HRPP, AUB supports a Quality Improvement Program/Research Compliance Unit (QIP/RCU); the QIP/RCU, in collaboration with the IRBs, has the responsibility of assessing all components of the HRPP and providing quality assurance and quality improvement activities to the AUB research community engaged in the conduct of human subject/participant research.¹ A full description of the guidelines and procedures of QIP/RCU activities can be found in the Quality Improvement Program (QIP): Monitoring and Auditing Human Subjects Research Policy https://cms.aub.edu.lb/irb/Documents/audit.pdf. A brief summary of the types of reviews/audits that may involve PIs and approved research studies is included here.

The IRBs and the QIP/RCU are both components of the AUB HRPP. The QIP/RCU is charged with evaluating and enhancing human research protections through monitoring and coordinating education and training with the Research Education Unit of the HRPP. The IRBs are charged with reviewing and overseeing human research to ensure protection of research participants. The QIP/RCU works with investigators, research staff, the Institutional Review Boards (IRBs), and consultants as applicable, to ensure research is compliant with regulations, guidance, institutional policies, the IRB-approved protocol, IRB decisions, and IRB policies and procedures and best practices for human research protection. The QIP/RCU may also conduct periodic compliance audits to assess IRB compliance with federal regulations (e.g., U.S. Office of Human Research Protections and U.S. Federal Drug Administration), HRPP policies, and other applicable AUB policies and procedures.

The QIP/RCU focuses primarily on the review of activities, policies, procedures and records. Information is obtained through interviews (which may include subjects/participants), observations, recruitment materials, IRB files/correspondence, and data/records reviews, and may involve any of the following groups:

- Investigators and research staff conducting research which involves human subjects/participants, including exempt and expedited research protocols;
- Institutional Review Board (IRB) Committees;
- HRPP staff supporting IRB activities;
- Individuals involved in HRPP education and outreach.

A. Types of Reviews/Audits Conducted by the QIP/RCU

¹ As of September 2010, the HRPP is in the process of fully establishing the QIP/RCU areas. In the interim, inquiries and investigations into allegations or noncompliance or other internal audit activities are staffed by individuals designated by the Director, HRPP and the Chair/Vice Chair of the IRB(s) and may include professional staff of the IRB office, IRB members, and external consultants to the HRPP.
The QIP/RCU conducts periodic spot reviews (i.e. ‘not-for-cause audits’), as well as supporting the IRB in the conduct of for-cause assessments and investigations into allegations of noncompliance, as directed by the IRBs, the HRPP Director, or the Institutional Official (IO).

1. **Spot Review/Audit**: A routine (not-for-cause) audit/review, also referred to as a *spot review*, is an assessment or examination of a research-related practice or procedure with the possibility (or intention) of instituting change, if necessary. Periodic quality improvement (QI) reviews of study activities and study documentation are performed on site to provide investigators and research staff an opportunity to make improvements or adjustments to research practices/procedures leading to the improved quality of their research program. On-site visits are conducted and studies are randomly selected for spot reviews, or a specific portion or type of research activity (e.g. assent procedure for children) may be targeted for review involving a number of approved protocols and/or investigators. Routine/spot reviews are pro-active and educationally-oriented. The feedback from the quality improvement reviews is a way for IRBs to inform and improve their activities and those of the investigators and their research teams. Principal Investigators are invited to request an on-site *spot review* of their research.

2. **For-Cause (Directed) Audit/Assessment**: A for-cause (directed) audit is an audit of research or investigators to obtain (or verify) information necessary to ensure compliance with regulations and institutional requirements. A for-cause audit is generally based on a concern, complaint, or allegation of noncompliance that was brought to the attention of the Director/HRPP, an IRB Committee, or IRB Officer/Administrator. This type of audit is initiated at the request of an IRB, the Director/HRPP or the Institutional Official (IO).

**Auditing of Principal Investigators/Research Teams**

a. **Spot Audit/Review**: The QIP/RCU may schedule spot reviews with designated investigators/research staff to determine whether and to what extent the Principal Investigator (PI) and research staff are complying with applicable regulations, IRB policies and procedures, in accordance with the IRB-approved research protocol and/or to assess the efficacy of IRB policies and practices.

Research studies are selected and prioritized for review in accordance with perceived risk or complexity of the research protocol. The following is a list of factors that may be considered in the selection process:

- Investigator-initiated studies;
- Significant risk device studies;
- Phase I and/or first in human use studies;
- Protocols in which the AUB Investigator is the IND or IDE holder;
- Studies involving vulnerable (including protected) populations;
- Studies involving various waivers;
- Studies involving tissue banking or genetic testing;
- Studies involving stem cell research;
- Studies reporting multiple Significant Adverse Events (SAEs) or unanticipated events;
- High risk studies reporting few or no adverse events;
- Protocols or PIs with frequent lapses in IRB approval;
- Studies involving deception or unusual debriefing procedures;
- Protocols receiving initial approval more than five years ago;
- Protocols where the PI has changed more than twice.

Although spot reviews normally involve the review of only a specific aspect of a study, the scope of the original spot review may be expanded and may become a for-cause (directed) audit if more serious deficiencies are found.

The QIP/RCU staff will ask that specific study-related records are available for review. All documents will be reviewed on site. PIs have the responsibility to assure provision of appropriate records, data, or documents that are requested, in writing, by the Director of the QIP/RCU. Examples of spot reviews include, but are not limited to reviews of:

- Executed informed consent documents;
- Eligibility criteria (inclusion/exclusion criteria);
- Informed consent process, including in-person observations;
- Approval documentation required before research commences.
- Sponsor correspondence;
- Screening/enrollment lists used to identify potential participants
- Drug/device accountability records
- Storage/retention of subject confidential information

Following the completion of the spot review, the findings will be discussed with the PI. Written reports of investigator-prompted review request or more topical QIP spot reviews are not generated by QIP/RCU, and only aggregate data are kept by the QIP/RCU (i.e., audit results are retained but not directly linked to specific investigators or their studies), unless the spot review identifies noncompliance concerns.

The QIP Monitoring and Audit Policy more fully describes what happens when concerns of possible noncompliance (minor, serious or continuing) arise during the spot review.

b. For-Cause (Directed) Audit/Assessment: The QIP/RCU may be tasked with a for-cause (directed) audit by an IRB, the Director/HRPP or the Institutional Officer (IO). These audits are required as part of the inquiry/investigation process when an allegation or concern is raised about (1) human subjects’ safety and well-being, (2) investigator non-compliance (concerning IRB requirements, institutional policies and procedures, OHRP/FDA regulations, and/or other guidelines), or (3) integrity of the study data. The QIP/RCU’s role in the for-cause audit is established by the IRB Noncompliance Policy


For-cause Audits are conducted by the QIP/RCU on site or remotely, without prior notice to the principal investigator (PI). In some circumstances, the IRB may request the PI to place an “administrative hold” on the study to protect the safety and well-being of subjects, or the IRB may place the study on “suspension” until the audit is complete and determinations of noncompliance and appropriate corrective actions are made by the IRB Full Committee (Refer
to AUB’s policy on “Noncompliance and Allegations of Noncompliance in the Conduct of Human Subjects Research” and/or see Section XV above).

The scope of the directed audit will be initially limited to investigation of the matter (the allegation), but the scope may be expanded based on the initial results of the audit.

Issues that can trigger For-Cause (Directed) Audits/Assessments include, but are not limited to:

- Directive issued by an IRB, Director/HRPP, or IO;
- Unexpected research participant death;
- Research subject, family or research staff complaint/concern;
- Numerous and/or significant serious adverse events (SAEs) and/or protocol violations;
- Reports of noncompliance by investigators, research personnel, subjects or others;
- Results of audits or monitoring by other entities (internal or external to AUB);
- Concerns expressed by Department Chair, Dean, or other institutional committees

Following completion of the audit, the findings will be discussed with the PI (or designee). The PI will also receive a written audit report after its review by the QIP director, IRB Chair, Vice Chair, and HRPP director. This report includes recommendations to align research to bring it to compliance with institutional policies and regulatory requirements, if appropriate. The written report is cc’d to the IRB Chair, the Director/HRPP and the IO.

If the audit findings identify a need for revision of the research protocol or informed consent processes, the PI is responsible for submitting an Amendment/Modification to the current Approved Protocol in accordance with IRB policy.

However, if the results of the audit identify potential noncompliance (minor, serious, continuing), the appropriate IRB will be notified, so that further inquiry/investigation of noncompliance can be completed.

The IRB receives the written report for the For-Cause Audit, including any corrective action plan or recommendations for discussion and further determination of action by the IRB, in accordance with the HRPP/IRB Allegation of Noncompliance Policy. Any determination of noncompliance and the assessment of whether the noncompliance is minor, serious or continuing is a matter of IRB discussion and authority. The QIP/RCU’s does not make these determinations, and only assists the IRB in the inquiry/investigation into allegations of noncompliance.
XVIII. Records and Documents

The IRB maintains adequate documentation of all IRB activities including the following [reference 45CFR46.115 (and, additionally, for FDA regulated research, the Biomedical IRB, 21CFR56.115)]:

- Copies of all research proposals reviewed, scientific evaluations, if any, that accompany the proposals, approved sample consent documents, progress reports submitted by investigators, amendments/modifications submitted by investigators including documentation and correspondence regarding IRB review and determinations of modifications/amendments, and reports of injuries to subjects

- Minutes of IRB meetings which shall be in sufficient detail to show attendance at the meetings; actions taken by the IRB; the vote on these actions, including the number of members voting for against and abstaining; the basis for requiring changes in or disapproving research; and a written summary of the discussion of controverted issues and their resolution; documentation for any findings of waivers or alterations of informed consent procedures and documentation of informed consent for each protocol reviewed

- Records of continuing review activities, including submission of continuing review materials, IRB reviewer forms and correspondence with PI regarding continuing review and approval
- Copies of all correspondence between the IRB and the investigator

- A list of IRB members in the level of detail described in 46.103(b)(3)
- Written procedures for the IRB in the same detail as described in 46.103(b)(4) and 46.103(b)(5)
- Statements of significant new findings provided to subjects as required by 46.116(b)(5)

The records shall be retained for at least 3 years and records relating to research which is conducted shall be retained for at least three years after completion of the research. All records shall be accessible for inspection and copying by authorized representatives of OHRP, FDA or other regulatory agency at reasonable times and in a reasonable manner.

Every PI is required to maintain records of all correspondence related to the use of human subjects in research. Copies of the application form, notices of approval, and signed informed consent forms (or copies of signed consent form if study requires that sponsor receive original signed consent form) must be maintained in the investigator’s records. All records are subject to inspection by the IRB, the HRPP, AUB officials, auditors for study sponsors, and possibly governmental agencies.

These records will be retained for at least 3 years after completion of research.

(Top)