

	CONDUCTING REVIEW OF NEW APPLICATIONS			
	P & P	VERSION DATE	REPLACES P & P	PREVIOUS VERSION DATE
	3.01	02.13.2020	3.01	02.07.2020

Preparation instructions for submitting applications are contained in the Application Instructions. Information regarding investigational new drug (IND) and investigational device exemption (IDE) submission requirements are also included in the instructions.

New applications are accepted throughout the month. However, the DEADLINE for submission of any new application that requires Full-Board review is the last working WEDNESDAY of the month to be eligible for the next month's meeting.

Limits on the number of items scheduled on the agenda may be made at the discretion of the Chair or Chair's designee.

Upon receipt of a new application, the IRB office date-stamps and assesses the application for completeness. If the application involves a test article, it will be confirmed that the documentation includes a copy of an approved IND, IDE, or clinical trial certificate, where required. The FDA website will be queried to confirm this documentation. Waiver of the consent form may be granted at the investigator's request if all federal regulations apply. It is recommended that the investigator contact the IRB office prior to submission to discuss these regulations. The PI will be contacted for additional information and/or incomplete data. It must be understood that if the application is incomplete and is received immediately prior to the deadline the application may be ineligible for that review cycle. Consequently, it is very important for the PI to make certain that the application and all required material are complete before submission.

Also, upon receipt of a new application, an IRB Tracking Number is assigned for that protocol. A paper file is created as well as an electronic file in the IRB management software. These two files, paper and electronic, comprise the official record for the study. All future correspondence with the IRB must reference that tracking number. Correspondence that does not identify the IRB number will be returned without further action.

All new applications are evaluated by the Chair or designee to determine if they are eligible for expedited review according to 45 CFR 46.110 and 21 CFR 56.110, and policies outlined in the present document. Applications qualifying for expedited review procedures must have an appropriately-formulated consent form depending upon the degree of risk, unless a waiver is requested. The consent form is evaluated, and corrections may be required by the Chair or designee prior to approval. Applications for exemption are evaluated by the Chair or designee to determine if they are eligible for consideration under 45CFR46.101(b) and/or 21CFR56.104, and/or policies outlined in the present document. Approval for initiation of the study and the start of the approval period are set as the signing date of the Assurance by the Chair or the Chair's designee. The process of notification and receipt of investigator assurance is identical to Full-Board considered projects.

If during the expedited review, the reviewer determines that the study is greater than minimal risk the reviewer will contact the study team to explain the rationale and request that the investigator submit a greater than minimal risk application. All correspondence regarding the change in review type will be included in the study record.

All new applications are slated for a specific agenda. Each new application requiring Full-Board review is evaluated by the Chair or Vice-Chair who assigns a primary reviewer. If there is not at least one person

on the IRB with appropriate scientific or scholarly expertise or other expertise or knowledge to conduct an in-depth review of the protocol, the Chair invites an individual who has the appropriate scientific or scholarly expertise or other expertise or knowledge to conduct an in-depth review of the protocol to serve as an expert consultant on this protocol. The consultant will serve as the primary reviewer in the IRB meeting and will perform a review under the same criteria as an IRB member; however, the consultant will not have voting privileges. The use of a consultant is documented in the minutes.

In addition to the application and consent form, the primary reviewer receives the expanded protocol and all other related materials, including: the investigator's brochure, DHHS-approved sample consent document, the complete DHHS-approved protocol, any relevant DHHS grant applications (when they exist); and the investigator's current curriculum vitae or other documentation evidencing qualifications. These materials are provided to the primary reviewer at least one week prior to the meeting. For initial review of research by a convened IRB, when they are scheduled to attend an IRB meeting, all members (including attending alternate members) are provided and review: the application which includes a protocol summary containing the relevant information to determine whether the proposed research fulfills the criteria for approval; the proposed consent document; recruitment materials.

All other material including the full protocol is available to all members, both before and during the meeting at which the application is reviewed. Agenda materials are provided to Board members approximately 1-2 weeks prior to the scheduled meeting at which they will be discussed. An electronic version of the agenda materials is posted on a secure website available only to IRB members and staff.

The application is reviewed at the next scheduled meeting. The Board evaluates each proposal with a full discussion on the merits of the full protocol. These include, but are not limited to, scientific merit, risk/benefit ratio to subjects, expertise of the investigator, etc. Particular emphasis is placed on the risks to subjects that may be encountered as a result of enrollment in the protocol. These risks may include, but are not limited to, medical, psychological, financial and social risks. To properly prepare the protocol for the review, the investigator must consult the Information Sheet.

If the research involves a device, a determination of Significant Risk (SR)/Non-Significant Risk (SR/NSR) must be documented by the IRB. Sponsors are responsible for making the initial risk determination and presenting it to the IRB unless one has already been made by the FDA. The following elements are considered by the IRB in a determination of SR/NSR for the device:

- *What is the basis for the risk determination?* The risk determination is based on the proposed use of a device in an investigation, and not on the device alone.
- *What is the nature of harm that may result from use of the device?* SR studies are those that present a potential for serious risk to the health, safety, or welfare of a subject.
- *Will the subject need to undergo an additional procedure as part of the investigational study, for example, a surgical procedure?* IRBs should consider the potential harm the procedure could cause as well as the potential harm caused by the device.

Nonsignificant Risk Device Studies

An NSR device study is one that does not meet the definition for an SR device study.

If the sponsor identifies a study as NSR, the sponsor must provide the reviewing IRB an explanation of its determination (21 CFR 812.2(b)(1)(ii)) and should provide any other information that may help the IRB in evaluating the risk of the study.

Significant Risk Device Studies

Under 21 CFR 812.3(m), an SR device means an investigational device that:

- Is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject;
- Is purported or represented to be for use supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject;
- Is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or
- Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject

Once these criteria have been reviewed by the IRB, the determination is incorporated into the motion concerning action on the application.

During the meeting, the primary reviewer, which may be a consultant, presents a summary and leads a discussion of the study. The reviewer checklist provides a framework for the reviewer to present appropriate information related to the .111 criteria. Fulfillment of the .111 criteria is monitored by the Chair. The primary reviewer then makes a recommendation based on the review of the full protocol, application, consent forms, investigator brochure, related federal grant application, and any other related material. A motion is made and seconded, members are asked for comment, and the Chair calls for a vote. The vote is recorded on the Chair's vote sheet. Notification of the Board's decision is made to the principal investigator following the meeting.

Potential recommendations of the Board are:

Approval: No further changes needed; an assurance notice is prepared to finalize the approval process.

Modifications Required to Secure Approval (MRSA): Moderate revisions are necessary. Such modifications are generally administrative in nature, e.g., misspellings, missing header and footer information on informed consent documents, queries from the board to which a “yes” or “no” answer may be given by the PI, or the requirement by the Board that certain specific language as dictated by the Board be included in the informed consent document. Modifications in the study or answers provided in response to Board concerns will be reviewed in the IRB office by the Chair or Vice-Chair to assess that changes have been incorporated. The Chair may seek assistance of any member of the Board in this process. In most cases, these modifications will not have to be re-assessed by the Full Board. However, if the Chair or any other Board member is not satisfied with the quality of the response, it will be re-assessed by the Full Board at an officially-convened meeting. When the modifications are approved by the Chair or Vice-Chair, an assurance notice is prepared to finalize the approval process.

Withheld: Extensive revisions needed. Such modifications are generally clarifications to allow the Board to better understand the protocol and informed consent document requirements. Examples are clarifications concerning study design, clarifications of protocol procedures, substantive changes to the informed consent document. Modifications must be re-submitted for Full Board review. In order to be assessed at the next meeting, changes must be received in the IRB office by the last working Wednesday of the month. The time-frame for return of the response will be short if the investigator wishes to have the application re-evaluated at the next scheduled meeting. The investigator should be prepared to attend the meeting to discuss his/her application if so requested by the Board.

Disapproval: The scientific or ethical problems posed by the study are of grave concern to the Board. The proposal cannot be re-submitted; a new proposal must be submitted to the Board. Modifications or clarifications would not be appropriate to resolve these issues.