IHS Institutional Review Board (IRB) Checklist

<u>P.I.</u> :	Institution:		_
Title:			
Primary Reviewer:		Date: / /	

<u>4 Basic Steps of IRB Review:</u>

- 1. Understand the protocol: science & methods, and medico-psycho-socio-cultural impacts.
- 2. Minimize potential risks: biological, medical, psychological, social, and cultural harms.
- 3. Maximize potential benefits: to the individual, and to the society [research knowledge].
- 4. Ensure that the consent process fully informs potential research participants.

<u>Summary of findings and recommendations</u> [fill out after completing review]:

1. 2. 3. 4. 5.	Does the proposal involve <u>special concerns</u> ? Should the proposal be <u>exempt</u> from IRB review? Is the proposal eligible for <u>expedited review</u> ? Should the IRB <u>waive informed consent</u> or <u>some required elements</u> ? Should the IRB <u>waive requirements to document</u> informed consent?	<u>No</u> 	<u>n/a</u>	<u>Yes</u>
6. 7. 8. 9. 10.	Are procedures adequate for <u>confidentiality</u> , <u>anonymity</u> , <u>security</u> , <u>privacy</u> ? Are all <u>necessary elements of informed consent</u> included? Are procedures adequate to <u>inform and negotiate consent</u> ? Are procedures adequate to <u>administer informed consent</u> ? If the research is > minimal risk, does <u>scientific merit outweigh risk</u> , and are <u>benefits maximized</u> & <u>risks minimized</u> ?	Yes 	<u>n/a</u> 	<u>No</u>
11.	Does the research involve <u>children</u> and $>$ <u>minimal risk</u> ?	<u>No</u>	<u>n/a</u>	<u>Yes</u>
12. 13. 14. 15.	Does the research meet requirements and recommendations for <u>trials</u> ? Are all appropriate <u>documents from other IRB(s)</u> included? Will the researchers <u>comply with Privacy Act</u> ? Will the researchers <u>comply with IHS and tribal procedures</u> ?	<u>Yes</u>	<u>n/a</u> 	<u>No</u>
16.	 Additional IRB Decisions: A. Should the IRB receive reports from and review this project at intervals shorter than annually? B. Should the IRB validate reports of compliance from sources additional to the principal investigator [PI]? 	<u>No</u>	<u>n/a</u>	<u>Yes</u>

Does	the proposal involve <u>special concerns</u> ?	<u>Present</u>	
Α.	 Vulnerable potential research volunteers with <u>special</u> protections: 1) Children [Read Subpart D if research is greater than minimal risk] Both assent of child and permission of parents required. Exemptions from IRB review apply except for observational research (if researcher a participant), surveys, or interviews. Research with more than minim risk but no direct benefit to the child is restricted. 2) Fetuses (and pregnant women) [Read Subpart B!] (Pregnant women are <u>not</u> vulnerable.) Research is severely restricted The IRB must assure appropriate process to select, inform, and obtain consent of volunteers; the father's consent is usually required. 3) Prisoners [Read Subpart C!, & 28 CFR 512 for Fed. Bureau of Prison Research severely restricted; OPRR must review if > minimal risk; IF must have a prisoner or prisoner-representative. 4) People with mental impairment [no special regulations] Because informed consent is problematic and the people vulnerable ev if ambulatory, this type of research should be limited. 	nal n ns] RB	
B.	Influence or possible coercion that unduly entices consent (<i>e.g.</i> , excessive compensation, unequal relationship [provider-patient, employer-employee]).		
C.	Sensitive information <i>e.g.</i> , child abuse; violence; some infectious diseases; drug abuse; condition could affect insurability, compensation, or litigation. <i>Research records are not medical records, and can be subpoenaed; th can be protected by a <u>Certificate of Confidentiality</u>.</i>	hey	
D.	Screening or diagnosis of diseases with significant potential for loss of insurance or other services, stigmatization, or self-stigmatization. <i>Screen for, <u>e.g.</u>, carrier of an incurable genetic disease, HIV.</i>		
E.	The research presents more than "minimal risks." "Risk" means both the magnitude of harms, and the probability of incurring them. "Minimal" risks means risks a person ordinarily encounters in daily life and in routine medical, dental, or psychologica exams. For research with more than minimal risk, the IRB should ensure that the research's <u>benefits are maximized</u> and <u>risks minimized</u> , and <u>compare its scientific merit with its risk</u> .		
F.	Genetic research, and research using blood and other body tissues. <i>Risks of genetic research include stigmatization, self-stigmatization,</i> <i>family or community disruption, loss of insurance, discovered</i> <i>misattributed paternity, etc. The protocol must [1] omit identifiers, <u>or</u> <i>inform volunteers of all risks <u>and</u> [b] discard the blood/tissue without</i> <i>testing beyond the protocol; <u>and</u> [2] either not grow perpetual cell lind or report that prospect in consent.</i></i>		
G.	Deception: <u>major</u> (<i>e.g.</i> , mislead volunteers about their health status, the researchers, or research purpose); <u>minor</u> (<i>e.g.</i> , incompletely disclose some purpose of the study to avoid biasing the results).		
H.	Radiation: may require approval by a Radiation Safety Committee; not permitted in studies of healthy children with no benefit to them.		
Does	the project address all special concerns adequately?	<u>n/a</u> <u>No</u>	
2003			
	If "No," explain		

2.		Id the proposal be exempt from IRB review? [45 CFR 46.101(b)] Pr arch subjects/volunteers are involved in only one or more of the following method	<u>resent</u> ls.
[.101(b)(4)]	A.	Use only existing data, documents, records, or specimens properly obtained:	
		 and either 1) "the information is recorded by the investigator [so that] subjects cannot be identified" in the research data directly or statistically, and no-one can trace back from research data to identify a subject; 	e e ()
		<i>or</i> 2) the sources are publicly available.	()
[.101(b)(5)]	B.	Research or demonstration <u>service/care programs</u> , <i>e.g.</i> , health care delivery: <i>and</i>	
		 the research/demonstration is directly conducted or approved by the head of a US Govt. department or agency, <i>e.g.</i>, Director of the IHS; <i>and</i> 	(
		 2) it concerns only issues under usual administrative control (48 Fed Reg 9268-9), <i>e.g.</i>, regulations, eligibility, services, or delivery systems; and 	
		3) its evaluation methods (if any) also are exempt from IRB review.	()
[.101(b)(2)]	C.	For research not involving vulnerable subjects [prisoner, pregnancy, children, fetus, or mentally impaired], <u>observe</u> public behavior (including participatory observation), or do <u>interviews</u> or <u>surveys</u> or <u>educational tests</u> : <i>and either</i>	
		1) the subjects cannot be identified, directly or statistically;	()
		<i>or</i> 2) the responses/observations could not harm the subjects if made public;	()
[.101(b)(3)]		 or federal statute(s) completely protect all subjects' confidentiality; 	()
		4) all respondents are elected, appointed, or candidates for public officials.	(
[.101(b)(1)]	D.	In educational settings, research or evaluate normal educational practices.	
[.101(b)(6)]	E.	For research not involving vulnerable volunteers [see "C." above], do <u>food</u> <u>research</u> to evaluate quality, taste, or consumer acceptance: <i>and either</i> 1) the food has no additives;	()
		2) the food is certified safe by the USDA, FDA, or EPA.	()
		<u>Yes</u> <u>n/a</u>	<u>No</u>
If	not ex	(If so, consider asking the PI to make those changes.)	
Fa	A)	IRB not to review it, the research must <u>also</u> meet 3 criteria: If potentially exempt because subjects cannot be identified, the research <u>indeed</u> protects anonymity [see section "6." below];	
	an B)	If volunteers give information about others, inadvertent disclosure presents no more than minimal risk to those others.	
	an C)	<i>a</i> If a survey, interview, ed. test, or food research is done in an IHS facility, the information sheet has the IHS disclaimer <i>[section 8.S.]</i> .	

3.	Is the proposal eligible for <u>expedited review</u> , not by the full IRB? [46.110] Pr	<u>esent</u>
	Expedited review (by the Chair and 1 IRB member) if the protocol is, or includes, only	/:
(per FDA)	<i>either</i> A. emergency use of an IND therapy for non-research care to a patient;	
	<i>or</i> B. minor changes in previously approved research within the approved period;	
	<i>or</i> C. research <i>both</i> is not greater than minimal risk <i>and</i> involves only:	
	 continuing review, and either research found by full IRB to be not greater than minimal risk or enrollment finished & all interventions completed & only long-term f/u or no subjects have been enrolled & no new risks found, or only data analysis 	
	 existing data, documents, records, specimens originally for nonresearch purposes <u>If from IHS records or specimens, Privacy Act may apply; see #14, last page.</u> 	$(_)$
	 non-exempt research on individual/group behavior or characteristics by surveys, interviews, focus groups, oral histories, program evaluations, human factors evaluation, or studies of quality assurance methods 	
	- collect data of adult/child by noninvasive clinical procedure, e.g., weight, hearing	()
	- collect data by clinical non-radiating devices (MRI, EKG, EEG, ultrasound, infrared echocardiogram, thermogram, doppler blood flow, measure natural radiation)	l, ()
	- moderate testing of/by exercise, muscle strength, flexibility, or body composition	()
	- research on drugs or devices not needing IND drug or IDE device application	()
	 venipuncture/fingerstick blood < = 2x/wk: healthy non-pregnant adult > 109 lbs (< = 550ml / 8 wks); healthy adult < 110 lbs or child (< = 3 ml/kg or 50ml) 	()
	 noninvasively collect hair, nail clippings, deciduous or permanent teeth, gingival dental plaque/calculus, sweat, saliva, amniotic fluid, sputum, placenta [cultural issues?], skin/mucosal/buccal cells (See detailed list for acceptable methods.) 	()
	- collect data from voice, video, digital, or image recordings made for research	()
	<u>Yes</u> <u>n/a</u>	<u>No</u>
If	<i>not expeditable now, can it be made expeditable by minor changes?</i> (If so, consider asking the PI to make those changes.)	

NOTE: 'expedited' protocols must meet all IRB requirements, *i.e.*, checklist must be filled out.

4.	Shou	uld the IRB waive the requirement to obtain informed consent, or waive some or all elements of informed consent? [46.116(c) or (d)]	<u>sent</u>
	A.	Does this project qualify for possible waiver of requirements to obtain, or to include all essential elements of, informed consent?	<u></u>
	-	The research could <u>not feasibly be carried out without the waiver</u> : and either	()
[.116(c)]		1) it is a research or demonstration project that	()
		(a) is directed or approved by state, local, or tribal governments, and	()
		(b) concerns only administrative/regulatory issues in service programs; (or	()
[.116(d)]		 it is research (e.g., an activity for which consent usually not obtained, or involves deception of the research volunteer, etc.) 	
		(a) involves no more than minimal risk, and	()
		(b) will give volunteers pertinent information at the end if appropriate;	()
		and (c) the waiver will not adversely affect volunteers' rights or welfare. <u>If IHS records/specimens are obtained, Privacy Act may apply; see #14, last page</u>	() <u>.</u>
	B.	If waiver of some or all informed consent elements is permitted,Yesshould the IRB still require the project to obtain full informed consent?	<u>No</u>
5.	Shou	uld the IRB <u>waive requirements to document</u> informed consent? [46.117(c)] Pres	<u>sent</u>
	A.	Is either characteristic present in this project that permit waiver of the requirement of <u>documenting</u> informed consent?	
[.117(c)(1)]		 The existence of signed informed consent forms itself would place the research volunteer at major risk (<i>e.g.</i>, potential loss of confidentiality or anonymity of people interviewed about extremely sensitive behavior). 	()
[.117(c)(2)]		<i>or</i> 2) The research	()
		both (a) presents only minimal risk,	
		and	
		(b) involves no procedures which normally require written consent.	
	B.	If a waiver of documenting informed consent is possible, Yes should the project still either 1) document fully informed consent?	<u>No</u>
		or	
[.117(c)]		2) offer each volunteer a written fact sheet?	
6.	Are	confidentiality, anonymity, security, and privacy maintained? <u>Yes</u> <u>n/a</u>	<u>No</u>
	Α.	Are all computer & non-computer data be held in a secure manner?	
	В.	If sensitive identifiable data, is there a <u>Certificate of Confidentiality</u> ?	
	C.	Do the procedures protect against the risks sufficiently?	

IHS IRB Checklist

	7.	Area	all <u>necessary elements of informed consent</u> included?			
	@	Items	required by regulation [45 CFR 46.116(a)]	Yes	<u>n/a</u>	<u>No</u>
@	[(a)(1)]	A.	A clear statement that the study is "research"			
@	[(a)(1)]	B.	<u>All</u> the research <u>purposes</u> [<i>i.e.</i> , protocol's <u>objectives</u>] clearly stated			
	[(b)(6)]	C.	How, why, & how many prospective volunteers are selected			
@	[(a)(1)]	D.	Expected duration of the volunteer's involvement			
@	[(a)(1)]	E.	Procedure(s) or treatment(s) to be done			
@	[(a)(3)]	F.	Reasonably expected benefits to volunteer and others			
@	[(a)(2)]	G.	Reasonably foreseeable discomfort and risks			
	[(b)(1)]	H.	Especially for experiments, a statement that the treatment(s) or procedure(s) "may involve risks that are currently unforeseeable"			
@	[(a)(1)]	I.	Which procedure(s) or treatment(s) are <u>experimental</u>			
@	[(a)(4)]	J.	The alternatives to the research's diagnostic method or treatment			
	[(b)(4)]	K.	Procedure for the orderly termination of a volunteer's participation			
	[(b)(4)]		1) Consequences of a volunteer's <u>withdrawal</u> from the research			
	[(b)(2)]		2) When may the researcher <u>terminate</u> a volunteer's participation without the volunteer's consent			
	[(b)(5)]	L.	Plans to <u>inform</u> volunteers <u>of significant research findings</u> during or the study relevant to their continued participation or treatment	after		
@	[(a)(6)]	M.	If > minimal risk: <u>"In case of injury or severe adverse affect"</u>			
@			1) will medical care for adverse affects be given? who? where?			
@			2) is <u>compensation for adverse affects</u> available? how?			
@	[(a)(6)&(7)]	3) <u>whom</u> should a volunteer contact with injury or adverse affect?			
@	[(a)(7)]	N.	Who will answer questions about the research itself?			
@	[(a)(5)]	0.	How <u>confidentiality</u> () or <u>anonymity</u> () are maintained			
@	[(a)(7)]	P.	Who on IRB will answer other concerns, complaints, or grievances?	,		
	[(b)(3)]	Q.	Financial factors (extra costs of, or compensation for, participation)			
	[.109(b)]	R.	Other elements a reasonable person would want to know			
		S.	If a <u>Certificate of Confidentiality</u> , an appropriate description	-		
@	[(a)(8)]	Τ.	<u>Non-coercion disclaimer</u> . E.G., "Taking part is voluntary. You may refuse to take part without any penalty or loss of care or services by or others. You may stop taking part at any time, without penalty or of care or services to which you are otherwise entitled."	IHS		

IHS IRB Checklist

8.	Are	the procedures adequate to <u>inform and negotiate consent</u> ?	<u>Yes</u>	<u>n/a</u>	<u>No</u>
	A.	Does the project adequately describe the process of consent:			
		1) informing prospective volunteers (skilled negotiating, unhurried time, setting facilitates information transfer)			
		2) assessing prospective volunteers' comprehension			
		3) assessing prospective volunteers' autonomy (1A + 1B above)			
		4) documenting the consent			
	B.	Is the consent form included?			
	C.	Are all other relevant documents included? (<i>e.g.</i> , parental permission form, assent script or form, telephone script, introduction or approach letter, etc.)			
9.	Are	the procedures adequate to <u>administer informed consent</u> ?			
@ [.117(a)]	A.	Give an information copy of the consent form to all volunteers			
@ [.408(b)]	B.	For children age 0-17, a form and process of parental permission			
@ [.408(a)]	1)	For minors old enough, a process of their assent			
10.	If mo	ore than minimal risk, does <u>scientific merit outweigh risk</u> , and are <u>benefits maximized</u> and <u>risks minimized</u> ? [46.111(a)]			
	A.	Is the research <u>"indeterminate risk</u> ," <i>e.g.</i> , Phase I, II, or III vaccine or Investigational New Drug/Device [IND] trials? If <u>yes</u> , the research by definition is "more than minimal risk."			
	B.	Is the research more than minimal risk?			
	C.	If yes, are benefits maximized and risks minimized?			
[(a)(1)&(2)]	D.	If <u>yes</u> , does the research's scientific merit outweigh its risks?			
11.	If re	search involves <u>children</u> (age < 18) and <u>> minimal risk</u> : [46.405-408	8]		
[.405]	A.	Does the research <u>present the prospect of direct benefit to child</u> ? If yes, local IRB may approve. If no, go to "B."			
[.406]	В.	Is it both only a minor increase over minimal risk, and will it give vitally important knowledge about child's disorder?			
[.407]	C.	If yes, local IRB may approve. If no, go to "C." Does it present opportunity to understand, alleviate, or prevent a <u>serious problem affecting children</u> ? If <u>A.</u> and <u>B.</u> are "no" but <u>C</u> is "yes," protocol must be sent to Of for review. If <u>A, B, & C</u> are "no," it is not approvable.			_

12.	Does the research meet requirements and IHS recommendations for <u>tria</u>	<u>Yes</u> als?	<u>n/a</u>	<u>No</u>
[.111(a)(6)]	A. A monitoring committee for safety (Phase II) or data (Phase III)?			
	B. If a <i>controlled</i> trial, will all eligible volunteers be offered the proven treatment after proof of effectiveness is obtained?			
13.	Are all appropriate <u>documents from other IRB(s)</u> included?			
	 Is an entity with an IRB (e.g., state, university, CDC, NIH) involved? If "yes," does the protocol have A. Form 596 or letter with MPA #, effective date, and conditions? and B. Is the approval still valid, <i>i.e.</i>, effective date < 1 year old? 			
14.	 14. Will the researchers comply with Privacy Act? The Privacy Act applies when a non-federal government researcher wants conidentifiable information from government records [e.g., IHS medical records] consent of the person. Such records may be disclosed for research, after DH a) determined that the use or disclosure does not violate law or policy; b) determined that the research 1) could not be accomplished without provid with individual identifiers; & 2) warrants the risk to privacy; c) required the receiving researcher to establish reasonable administrative, technical, & physical security of all 2) remove or destroy the identifiers of the individual at the earliest possible 3) make no non-emergency use/disclosure of the data or information without d) secured a written statement by the researcher that she/he understands and the provisions a) through c) above. 			d val;
	Does the Privacy Act apply? <i>If "yes,"</i> A. Has the researcher complied with the Privacy Act?			
15.	Will the researchers <u>comply with tribal and IHS policies</u> ?			
	A. Will OMB or the tribe(s) approve the questionnaire(s), if indicated?			
	B. Will the researchers report timely results to the tribe(s) and IHS?			
	C. Will the tribe(s) <u>and</u> RPC review and approve all publications?			
16.	Additional IRB decisions: [46.103(b)]		<u>No</u>	<u>Yes</u>
[(b)(4)(ii)]	A. Should IRB require reports from this project sooner than annually?			
	If "Yes," reason(s):			
[(b)(4)(ii)]	B. Should IRB validate compliance reports from sources other than the P	PI?		
	If "Yes," reason(s):			
	C. Is this protocol greater than minimal risk? (This assessment is necessary for annual reviews.)			