Central Office Institutional Review Board
Instructions to Investigators

IRB SCOPE & PURPOSE

Regulatory Authority and Purpose

Under the authority of the DSHS Administrative Code (TAC Title 25, Chapter 414, Subchapter P), the Central Office Institutional Review Board (IRB) reviews all research involving:

A. Resources of Central Office, including staff, property, and non-public information; this includes, but is not limited to, centralized client databases (e.g. CARE) or research proposals in which CO employees serve as investigators;
B. Individuals receiving services from a DSHS or DADS facility that formally designates the Central Office IRB as the facility's IRB or resources of such a facility;
C. Individuals receiving services or resources of multiple DSHS or DADS facilities, in which a facility's designated IRB (not CO IRB) has requested in writing that the Central Office IRB serve as the IRB for the research.

Research is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research whether or not they are conducted or supported under a program that is considered research for other purposes. For example, certain demonstration and service programs may include research activities.

The main purpose of the IRB is to protect the rights and welfare of human subjects who take part in research. More specifically, the IRB assures that:

1. Risks to subjects are minimized. For example, the IRB evaluates whether procedures to be performed on subjects (a) are consistent with sound research design and do not unnecessarily expose subjects to risk, and (b) whether they are already being performed for diagnostic or treatment purposes.

2. Risks to subjects are reasonable in relation to any benefits that might be expected from taking part in a research study and to the importance of the knowledge that may result.

3. Selection of subjects is fair and equitable. For example, the IRB seeks to determine that no eligible individuals are denied the opportunity to take part in any study, particularly those from which they may benefit, based on an arbitrary criterion. If certain populations will be excluded, such as females or non-English speakers, the rationale for such exclusions must be clearly documented.

4. Participation is voluntary, and informed consent is obtained from each prospective subject or where appropriate, from the subject's legally authorized representative.

5. When appropriate, the research plan provides for monitoring the data collected to ensure the safety of subjects.

6. There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

The IRB shall have the responsibility to review and the authority to approve, require modification in or disapprove all activities and all proposed changes in previously approved activities. In the event

of disapproval, the investigator shall have the opportunity to appeal the decision to the IRB. IRB approval does not mean the institution must support the study.

IRB Meetings. Except when exempt or expedited review procedures are used, all proposed research must be reviewed at a meeting at which a proper quorum is convened.

IRB meetings are held on the third Friday of every month unless a change is required. IRB meetings may be cancelled if no protocols requiring full IRB review are scheduled or in the event a quorum cannot be achieved. IRB meetings will be held at a minimum of twice a year.

OFFICE OF RESEARCH ADMINISTRATION

The Office of Research Administration (ORA) is the department within Central Office charged by the Commissioner with the responsibility to provide administrative support to the Central Office Institutional Review Board. The office serves as the liaison or communication center between the IRB and the investigators submitting their research for review. The IRB office has the administrative responsibility of documenting that all human research activities approved by the IRB are in compliance with federal regulations and guidelines and with departmental policy.

Investigators should address all questions regarding use of human subjects or IRB actions to the Office of Research Administration. Contacts should be made to:

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Research Administrator
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Austin, Texas 78711-2668
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TYPES OF IRB REVIEW

The IRB provides two types of review of proposed studies:

1. Administrative review by the Chair of the IRB, Director of ORA, or designee(s); and
2. Full Board review

The type of review a study receives depends upon the level and types of potential risks to the subjects posed by the research. These risks include the probability and severity of possible harm to the subjects' physical, psychological, social, or economic welfare.

Federal regulations define minimal risk as risk that is no greater in probability and severity than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. For example, the risk of drawing a small amount of blood from a healthy adult is no greater than the risk of doing so as part of a routine physical examination.

This definition of minimal risk serves as the benchmark to determine whether proposed studies are eligible for an administrative review or require the review of the full Board.

Research that is eligible for administrative review is termed either "exempt" or "expedited." The sections that follow outline the specific criteria to be used to determine whether a study is eligible for exempt or expedited review. Before preparing a protocol to submit to the IRB, the investigator may want to check with the ORA regarding the types of research that are eligible for administrative review.

Exempt Research: as defined in 45 CFR 46.101(b)

To assure protection of human research subjects, the CO IRB policy requires that all protocols believed by the investigator to be exempt be reviewed by the ORA to verify whether the research in fact qualifies as exempt and to identify the category of exemption it falls within. While exempt research activities do not undergo full board review and continued monitoring, the IRB requires an annual status report to determine whether the nature of the research has been modified and whether it is ongoing. Research activities in which the only involvement of human subjects will be in one or more of the following categories are considered exempt according to federal regulations:

(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 the 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. NOTE: Category (2) cannot be considered as exempt when a study uses subjects who are minors except for research involving observation of public behavior when the investigator(s) do not participate in the activities being observed.
(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey or interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section if (i) the human subjects are elected or appointed public officials or candidates for public office or (ii) 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 the collection or study 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) 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 or services under those programs; (iii) possible changes in or alternatives to those programs or procedures, or (iv) possible changes in methods or levels of payment of benefits or services under those programs.
(6) 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, by the Food and Drug Administration or approved by the Environmental Protection Agency or Food Safety and Inspection Service of the U.S. Department of Agriculture.

These exemptions do not apply to research involving prisoners, fetuses, pregnant women, or human in vitro fertilization. Note, exemption two does not apply to research with minors, except as noted. In addition, the CO IRB policy is that these exemptions will not apply to any research involving personal interactions with individuals who are receiving or have received services through the facility or direct collection of information/data from these individuals.

Expedited Review: as defined in 45 CFR 46.110

Research activities in which the only involvement of human subjects will be in one or more of the following categories can undergo expedited review according to federal regulations:

Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

The categories in this list apply regardless of the age of subjects, except as noted.

The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

The standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review--expedited or convened--utilized by the IRB.

Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Research Categories for Expedited Review

(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, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in 8 week period and collection may not occur more frequently than 2 times per week; or (b) from other adults and children [see NOTE for definition of 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 washing; (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 subjects' privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, 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 nonresearch purposes (such as medical treatment or diagnosis).
(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: Children are defined in the HHS regulations as "persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted." 45 CFR 46.402(a).

Full IRB Review

Research which is not eligible for administrative review under the above criteria requires review by the full IRB. Despite eligibility for exempt or expedited review, any research proposal may be required to undergo full IRB review at the discretion of the IRB Chair.

SUBMISSION DEADLINES AND APPROVAL PROCEDURES

Exempt and Expedited Research

There is no submission deadline for research that meets the criteria for exempt or expedited review. The application package (described below) will be processed as soon as it is received by IRB staff.

The Chair of the IRB, Director of ORA, or designee(s) will determine whether the proposed research meets the criteria for exempt or expedited review. If the criteria are met, the proposal will be reviewed, and the reviewer will elect to either (a) approve the application as submitted; (b) approve the application contingent upon specific conditions; or (c) recommend the application receive further review (either full IRB review or review by a subcommittee of IRB members). The Chair or Director conveys the decision in writing to the investigator.

Upon approval by the IRB, final approval by the facility superintendent is sought. This approval may be sought by ORA staff or the principal investigator. When documentation of approval by the facility superintendent(s) is received by the ORA, an approval letter indicating the investigator's responsibilities, the duration of approval, and the date of continuing review, is sent to the principal investigator. At this point, a study may begin.

If approved conditionally, a letter outlining necessary revisions and/or clarifications required for approval is sent to the principal investigator. When the conditions have been met (by having submitted an amended protocol, additional information and/or consent documents to the Chair), administrative approval can be given by the Chair of the IRB, Director of the ORA, or designee(s) without the amended application being seen again by the full board, and the study may begin. A letter is sent to the principal investigator indicating the approval date, the investigator's responsibilities, the duration of approval, and the date of continuing review. Subjects may not be recruited or involved in the study until unconditional approval has been given.

The approval of exempt and expedited protocols is reviewed and endorsed at the next convened full IRB meeting and is recorded in the minutes. The IRB has the authority to question any of the exempt or expedited approvals.

Full Board Review

A protocol necessitating full Board review must be submitted to the ORA at least 10 working days prior to the published monthly meeting date.

Pre-Review: Protocols will be pre-reviewed by ORA staff for any obvious deficiencies or points needing clarification. ORA staff will try to check the submission for completeness and adherence to guidelines, however it is the investigator's responsibility to ensure his/her submission is complete. The ORA staff person will contact the investigator in writing (preferred) and/or by telephone to discuss revisions that may be necessary.

It is beneficial to the investigator to submit the application several days prior to the application deadline to allow time for any substantial changes that may be identified during pre-review. If significant deficiencies in the application exist and the investigator is unable to make necessary changes or document justifications prior to the IRB meeting, the proposed research may be deferred until the following scheduled IRB meeting.

IRB Review: Each IRB member is sent a copy of all submitted application forms and any subsequent revisions for review at least seven working days prior to the meeting. Two IRB members will be selected as primary and secondary reviewers for an application. This selection will be rotated among IRB members, taking into consideration members' areas of expertise.

At the IRB meeting, the primary reviewer will present the application to the IRB, summarize any issues raised during the pre-review process, and the investigator's responses to the concerns. The secondary reviewer will summarize any additional issues. The discussion is then open to the full IRB. Upon termination of the discussion, an assessment of risk to the subjects is made. Risk is categorized as "minimal" or "more than minimal." A motion is then made and a vote taken to: (a) approve the application as submitted; (b) approve the application contingent upon specific conditions; (c) table or disapprove the application. A majority vote (based upon members present) is required for any IRB action.

If a research protocol is conditionally approved by the IRB, a letter outlining necessary revisions and/or clarifications required for approval is sent to the principal investigator. When the conditions have been met (by having submitted an amended protocol, additional information and/or consent documents to the Chair), administrative approval can be given by the Chair of the IRB, the Director of the ORA, or designee(s) without the amended application being seen again by the full board, and the study may begin. Subjects may not be recruited nor involved in the study until unconditional approval has been given. This administrative approval is endorsed at the next convened full Board meeting and recorded in the minutes.

If the changes required in the protocol or questions raised by the board are significant, then the research protocol will be tabled and the investigator's replies will be reviewed at a subsequent full Board meeting. A letter outlining necessary revisions and/or clarifications is sent to the principal investigator. A revised application may then be submitted following the procedures and deadlines for new submissions. The "new" protocol application is reviewed by the IRB in the standard manner. In unusual circumstances, the IRB may choose to disapprove a protocol, in which case a subsequent study would be considered a new application.

Approval is given for a period of no more than one year. Continuing review of the study will be made at least annually but may be made at shorter intervals, depending upon the degree of risk to subjects. The determination of whether a protocol necessitates review more often than annually is determined by IRB members following approval and is based on the following criteria: a) level of risk to participants and b) degree of vulnerability of participants.

Approval by the DSHS Behavioral Health Medical Director

Any research proposal involving the use of an investigational medication or device, a placebo as the primary medication therapy, or medications or doses of medications known to be ineffective for the targeted disorder or condition requires the approval of the DSHS Medical Director. Following approval by the CO IRB, all applicable proposals will be forwarded to the Medical Director for approval, prior to contacting the principal investigator.

Approval by Facility Superintendent

All research approved by the CO IRB, including exempt and expedited protocols, must be approved by the superintendent of the facility or facilities in which it will be conducted. Among other issues, the superintendent must consider whether the research would hinder the facility’s ability to accomplish its primary mission. A research study may not begin until the application is signed by the facility superintendent. After receiving approval by the facility superintendent, the original, signed protocol must be filed with the ORA.

Documentation of Approval

Following documented approval by the IRB and any required institutional officials, a letter of approval is sent to the principal investigator indicating the investigator's responsibilities, the duration of approval, and the date of continuing review. If the IRB has granted a waiver of authorization (discussed later), a separate letter will be included.

Approval by Other IRBs

The approval of research by another institution's IRB cannot substitute for the requirement to have the protocol reviewed by the Central Office IRB, when it serves as the facility's designated IRB. When the research is being carried out by investigators who have their own IRB or at a site that has its own IRB, evidence of formal approval by that institution's IRB or equivalent must be submitted to the CO IRB before the study can begin.

Frequently, other committees, including external IRB's, will require the principal investigator to make changes in a protocol or consent documents after they have been approved by the CO IRB. When such changes are made, the investigator must submit the changes to the CO IRB for approval. While the protocols and consent documents may vary between the sites, all documents to be used at the sites being covered by CO IRB review must be approved by the CO IRB. Initiation of a study without final CO IRB approval of all modifications constitutes a violation of Federal regulations and departmental policy.

PREPARING AN APPLICATION FOR IRB REVIEW

The essential elements of the IRB application are:

1. Application for Review of Protocol;
2. Research Protocol (if standard protocol involving multiple sites, include addendum with site specific information);
3. Protocol Checklist (unless proposal is 5 pages or less);
4. Consent and/or Assent Form(s) (if required);
5. Request for Waiver of Consent or Waiver of Authorization;
6. Additional Materials: advertisements, telephone scripts, questionnaires or surveys, assessments, debriefing form, etc.;
7. Statement of Disclosure of Conflict of Interest;
8. Documentation of Education in Human Subjects Protection of Key Research Personnel;
9. Biographical Sketch of Principal Investigator.

It is essential that the entire application be prepared carefully and completely according to the guidelines on the forms and in this handbook. They become permanent IRB records and are subject to inspection and review by various funding and certification agencies and, where applicable, by the FDA and DHHS.

Application for Review of Protocol

Protocol Number: This number will be assigned by the IRB and will appear on the letter sent to the principal investigator informing him/her of the board's action. All correspondence concerning a protocol must refer to this number as it is the preferred method by which study protocols are identified in the IRB files.

Project Title: The title must be consistent throughout the application, including the consent document, and should not differ from a grant or sponsor's protocol.

Principal Investigator: Indicate the name, appropriate contact information, and facility affiliation of the individual who assumes responsibility for the overall conduct of the study and preparation of results. The principal investigator also will be the responsible correspondent.

Faculty Supervisor: If the principal investigator is a student or resident, include the name and affiliation of the faculty advisor.

Co-Investigators: Indicate the name(s) and affiliation(s) of the individual(s) who assume(s) responsibility for part of the actual conduct of the study and/or preparation of results. When research staff will perform procedures under the supervision of an investigator, state their names and/or titles in the body of the protocol application, but not on the cover sheet unless they are actual co-investigators. Roles of non-investigator research staff should also be specified (e.g., residents, fellows, or research nurses who might perform physical examinations).

Funding Agency: Indicate the funding agency or agencies for which financial support of the research project has been submitted or granted.

Exempt or Expedited Status: Place a check in the appropriate box if requesting an exempt status or expedited review. Indicate the exemption or expedited category that applies to the research protocol, referring to 45 CFR 46 101.b or 110 or the Types of IRB Review section of this document for definitions of categories.

Signatures: Include signatures of the principal investigator and faculty supervisor (if applicable). Original signatures are required. If one of those whose signature is required is not available at the time of submission, please note the following: Use of a rubber stamp is not permitted. If the principal investigator is not available, a co-investigator may sign on behalf of the principal investigator.

Signature of IRB Chair: This section will be completed by the IRB chair following approval.

Signature of DSHS Behavioral Health Medical Director: Under certain circumstances, the CO IRB will forward the protocol to the DSHS Behavioral Health Medical Director for additional approval.

Signature of Facility Superintendent: A research protocol must have final approval by the facility superintendent. ORA staff or the investigator will request review and approval from the appropriate superintendent/CEO and research activities may not begin prior to institutional approval.

Research Protocol

The Research Protocol should convey the maximum information in the clearest possible form. Although the main purpose of IRB review is to safeguard the rights and welfare of human subjects who take part in research, the IRB also considers scientific design. It is unethical to put humans at risk as subjects of poorly designed research, which does not meet the tests of the scientific method. Therefore, attention should be given to the preparation of an IRB application so that it demonstrates that the proposed project is well-planned, that the sample size is justified by appropriate statistical

methodology, that it will be executed properly, documented accurately, and that the results will be analyzed appropriately.

1. Background and significance should contain a brief review of appropriate literature and a statement of how the proposed project will relate to or differ from what already has been accomplished. If the study involves a trial of an experimental drug or device in humans, information on safety and/or toxicology should be summarized. If the proposed research is a pilot study, make this clear and describe why pilot data are needed.
2. Specific Aims must be stated briefly and succinctly and should derive logically from the summary of background and significance.
3. Experimental design and methods must be described in detail, including randomization procedures, dosage regimens, amounts of blood to be drawn, timing of procedures, etc. It should be stated whether the procedures will be performed by an investigator or by a member of the research staff, under the supervision of an investigator.
4. Procedures to be done (a) for research purposes or (b) routinely must be identified. If a proposed study involves patients, rather than normal healthy persons, list all procedures involved in the protocol and specify which will be done for research, and which will be done routinely for their treatment. This information is important to the IRB in assessing risks to subjects. For example, there is less risk to a patient in collecting additional information from a blood specimen that a patient needed for routine clinical care than performing the procedure on a patient who would not otherwise need it.
5. Subject population must be described with the specific criteria that will be used to include and exclude persons from taking part in the study. If "vulnerable" types of subjects (e.g., children, pregnant women, mentally disabled persons, and prisoners) are to be studied, their inclusion must be justified. On the other hand, exclusion of individuals based on personal characteristics (i.e., gender, ethnicity, national origin, religion, age, disability, sexual orientation, or political affiliation) must be scientifically justified. Any exclusions based on the current legal status of the subjects (e.g., involuntarily committed patients, individuals without legal guardians) must also be clearly stated. Sufficient information must be available for the IRB to determine that involuntarily committed individuals are not involved in research which involves: (a) placebos as the primary medication therapy; (b) medication or doses of medication as the primary medication therapy which are known to be ineffective for the targeted disorder, or (c) an investigational medication or device when previous research on the medication or device with 100 human subjects or fewer has provided minimal or no documentation of the efficacy or safety of the medication or device with the targeted disorder or condition.
6. Recruitment and consent procedures must explain how subjects will be recruited, when, how and by whom consent will be obtained. For protocols involving multiple sites, there must be specific information on recruitment and consent procedures at the site(s) which the CO IRB is serving. The building and room number where signed consent documents will be kept must be specified.
7. Compensation is commonly offered to offset any inconvenience or expense that the subject may have. State the type and amount of compensation to be offered (e.g., money, free medical care, etc.) and when it will be paid. If there will be a delay in the receipt of payment, state the length of time. Whether a particular type of compensation for subject participation in research is appropriate or not will be evaluated on a per-protocol basis. The following guidelines may help investigators in their choice of compensation and payment schedules.
    a. The level of compensation provided subjects should not be out of proportion to the level of inconvenience and expected expenses accrued by the subject. If the level of compensation is excessively high, this will be considered coercive. The level of compensation must be considered in the context of the environment in which the subject resides. In the limited choice

environment of a hospital or school, possible compensation may include enhancement of general living conditions, medical care, quality of food, amenities, opportunity for earnings, or change in commitment status.

b. Compensation should be comparable across all subjects participating, taking into consideration their degree of participation and the environmental context in which they reside.
c. Compensation for participation should be given to the subject on a pro rata basis. This implies that the subject will be paid in direct proportion to his/her actual degree of participation. For example, if a subject completes half of the study, he/she should receive half of what would have been paid for the completing the study. Large "balloon" payments (e.g. 50% of total) at the completion of a study are deemed coercive and will not be approved.
d. Informed consent must, in the case of compensation, contain a detailed account of the terms of payment, including the amount to be paid and a description of the conditions under which a subject would receive partial payment or no payment.

8. Risks to a subject and/or fetus must be identified, including their frequency (e.g. X in 100) and severity, if known. Risk of deterioration in condition and potential consequences of deterioration must be specified.
9. Special precautions that will be taken to minimize the risks should be described, as well as available treatment for irreversible or life threatening adverse effects. Describe how human subjects will be monitored in order to insure their safety and minimize the risk of adverse effects; these procedures may include both clinical and data monitoring.
10. Potential benefits to subjects and others should be described.
11. Alternative treatments available should be described when subjects are patients. Both standard and/or experimental therapeutic alternatives to participation in the research must be included.
12. Confidentiality of individual subject records and computer files must be safeguarded. Describe methods to ensure confidentiality and to whom information will be given, what information will be furnished, and the purpose of the disclosure.
13. Plans for data analyses including justification of the sample size are important to demonstrate the validity of the research plan. If the research will be conducted at multiple sites, indicate the proposed sample size at the site(s) for which the CO IRB is designated. The IRB is concerned with sample size estimates to assure that:
    a. there are sufficient subjects to ensure a reasonable chance of detecting or ruling out any important clinical effect, and
    b. no more subjects than necessary are placed at risk.

    Clearly identify the primary variables being analyzed to answer the research questions, including the planned statistical methodology.
14. The research protocol should, when appropriate, disclose sufficient information so that the IRB can determine if the protocol: (a) extends the use of a placebo or washout period unreasonably; (b) deprives the human subject of reasonable relief; or (c) extends a human subject's use of placebos as the primary medication therapy after the subject is discharged from the facility.
15. If the research protocol extends the use of an investigational medication or device after subjects are discharged from a facility, the process for ensuring continuity of care and communication with any other care providers must be clearly described. A memorandum of agreement with each local authority responsible for continuity of care must state that the local authority will provide appropriate care, as required by DSHS rules following discharge from psychiatric hospital, following the conclusion of their participation in the research study.

Protocol Checklist (if required)

If a research protocol exceeds five pages, a protocol checklist form must be submitted with the application. The investigator must identify the page number (and section if appropriate) in which important human subjects information is located.

Addendum (if necessary)

If the proposal involves multiple sites and does not address implementation issues specific to the site(s) that the CO IRB serves, an addendum that addresses any clarifications or additional information is necessary. This addendum should include specific information about how the study will be implemented at the site, including personnel responsibilities, projected sample size, recruitment and consent procedures, confidentiality and data storage issues, etc.

Consent Documents

Consent and assent documents are used in the process of obtaining informed consent to ensure all required information is given consistently to all potential subjects. It serves to document that the consent process took place to the satisfaction and understanding of the subject, the investigator, and any other necessary monitor of the consent process. A summary of the guidelines for the preparation of a consent document are given in the following section.

Request for Waiver of Consent or Authorization

Investigators requesting a waiver of consent, waiver of the requirement to obtain signed consent forms, and/or a waiver of authorization must complete the applicable sections of this form. Information on this form should be consistent with information provided in the protocol. Criteria used to determine if waivers will be granted are given in the Informed Consent section.

Additional Materials

The following materials must be included as an attachment to the application for review when appropriate:

1. Protocols utilizing an explanatory letter or debriefing letter should include the letter as an attachment.
2. Protocols using written advertisements, oral scripts, posters, or other methods of recruitment advertising must provide copies of the material(s).
3. Protocols involving written or oral surveys, assessments or measures, data record forms, etc. must include a copy of the instrument.
4. The use of a marketed drug or device in research in a manner not approved by the FDA may require a Notice of Claimed Investigational Exemption for a New Drug (IND) or an Investigational Device Exemption (IDE). Include the IND or IDE with the research submission.
5. If the proposed research would extend human subjects' use of an investigational medication or device as the primary treatment after subjects are discharged from the facility, then a memorandum of agreement between the principal investigator and each local authority responsible for subject's continuity of care that delineates responsibility for each continuity of care activity, as required by DSHS rules, including how these activities will be coordinated and communicated. The delineated responsibilities must ensure that subjects receive appropriate care after their discharge from the facility and following the conclusion of their participation in the research study.

Documentation of Education in Human Subject Protections

All proposals must include documentation that all investigators and other key research personnel have received education in the protection of human research participants. Education must have been received within three years prior to the IRB research application. Key research personnel include any individual involved in conducting the research who have direct and ongoing contact with actual or potential research participants or exposure to identifiable data from research participants. The principal investigator must also assure by signature that all key research personnel that become involved in the research after approval by the IRB will receive training prior to initiating any research activities. This training should be documented and sent to the CO IRB at the earliest opportunity. The IRB may request to see formal documentation (i.e. certificates, etc.) of training to verify information from this form at any time.

Disclosure of Potential Conflicts of Interest

All proposals should include a disclosure of potential conflicts of interest form for each investigator. Investigators should consider both financial and other potential conflicts. Each form must be signed by the investigator.

Biographical Sketch of Principal Investigator

The Principal Investigator should attach a biographical sketch or vita. The purpose of this document is to demonstrate that the investigator is qualified to conduct the proposed research, including any clinical skills necessary. The biographical sketch should include information on education (including degrees, dates conferred, scientific field, honors), relevant employment, and research and professional experience including representative publications or presentations. A brief version (i.e. 2 pages) that includes the required elements is preferable to an extended curriculum vita.

INFORMED CONSENT

No investigator may involve a human being as a subject in research unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative. Exceptions must be approved by the IRB.

The consent process involves explaining a study to the prospective subject, ensuring that the individual has understood the information, giving that person adequate opportunity to consider all options, responding to their questions, and obtaining the individual's voluntary consent to participate. To be effective, the consent process must provide an opportunity for the investigator (or designee approved by the IRB) and the individual to exchange information and ask questions--both at the time of recruitment and throughout that person's participation. It may involve the use of charts, models, videotapes and other audiovisuals that may assist in communicating the procedures and processes that will be part of the study.

The consent document is a legal document containing sufficient information to allow the prospective research subject to make an informed decision about whether or not to participate in the research and ensures that adequate information is given to the subject in the process of obtaining consent. It is not intended to be a protection for the investigator and does not constitute any waiver of

liability. The signed consent document provides documentation of a subject's consent to participate in a study.

The IRB must approve all consent documents to be used. Approval must also be obtained from the IRB for each modification made in the form thereafter, before instituting the change. The version of the consent document being used should match exactly with the version given final IRB approval in the protocol file.

Guidelines for preparing a consent document follow.

Required Elements

Each of the following points must be covered in the consent document, except in cases where the point is irrelevant to the research:

1. A statement that the study involves research, an explanation of the purpose of the research and why the subject is asked to take part, including the total number of subjects expected to be involved.
2. A description of procedures and identification of any procedures which are experimental. For example, the description of procedures should include the length and frequency of hospitalizations; number, frequency, and length of clinic visits; the total amount of time a subject should expect to devote to the study; names and types of medication; types and number of tests; amount of blood to be drawn; use of questionnaires; special diet; withholding of standard treatment; follow-up studies; and randomization, use of placebo, double-blind, or cross-over methods. In the case of patient subjects, state clearly which procedures are experimental and which procedures would be performed for medical reasons if the patient were not a research subject.
3. A description of any reasonably foreseeable risks or discomforts to the subject, their frequency and severity. These may include drug side effects, hazards of procedures, withholding therapy of proven value, financial risk, loss of privacy, extension of time in treatment (e.g. extended length of stay in hospital), or possible detection of genetic predisposition to a disease. Describe what will be done to minimize risks, alleviate pain or discomfort, counteract side effects, and which side effects might be irreversible.
4. A description of any benefits to the subject or to others which may reasonably be expected from participation along with a disclaimer that the investigator cannot guarantee there will be any benefit derived from taking part in the study.
5. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject. It is not necessary to provide a full account of the risks and benefits of standard alternative treatments in the consent document
6. A statement describing the extent to which confidentiality of records identifying the subject will be maintained. FDA and sponsor inspection of records in studies involving drugs and devices should be explained. The means of disclosure of information obtained during the study should be described, e.g., publication, entry in medical records, transmission to another physician, or review by an institutional review board or certifying body and assurance that publication will not lead to personal identification.
7. 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, or where further information may be obtained.
8. A statement about any costs for which the subject will be responsible and identification of any which are due solely to research. If the research activity will add substantially to the cost of patient care, state this clearly and specifically. It is important to explain to the subject/patient that they

might have to pay more money for taking part in the study than they might pay for alternative treatments available and that their physician will discuss with them the costs of the treatment(s) offered through the study as compared to what other treatment might cost. The same applies when there is a disparity of costs between treatment arms (e.g. chemotherapy vs. bone marrow transplant) in the same study. Where applicable the subject should be informed that insurance carriers might not cover costs of research related procedures.

9. A statement of the amount of compensation to be paid to the subject for participation in the research, approximately when they will receive the compensation and the manner in which it will be pro-rated in the event the subject does not complete the study.
10. Identification including the full name(s) and phone number(s) of the investigator(s) the subject may contact for answers to questions about the research and the research subject's rights, and whom to contact in the event the subject believes that he or she has sustained a research-related injury. This should include a contact name and phone number for the Institutional Review Board as an agency prepared to identify the patients' rights. The consent form should include the name and phone number of at least one contact person affiliated with the facility in which the research is conducted who can be contacted regarding concerns about subjects' rights and welfare.
11. A statement that participation is voluntary, and that the subject may refuse to participate or may withdraw from the research at any time without penalty or loss of benefits, services, or treatments to which the subject is otherwise entitled. When appropriate, subjects should be assured that they will still receive standard treatment if they decide not to participate or to withdraw. They should also be assured that a decision not to participate will not adversely prejudice future interactions with the institution; this is particularly important when a dependent relationship exists between subject and investigator, such as physician-patient, employer-employee, or faculty-student. If withdrawal may be dangerous to a subject (for example, abruptly stopping medication that should be tapered), the danger must be explained and the subject should be told not to withdraw without first discussing it with the investigator.

<u>Optional Elements</u>

The following additional elements of informed consent should be included when appropriate:

1. A statement that the particular treatment or procedures may involve risks to the subject (or to the fetus, if the subject is or could become pregnant) which are currently unforeseeable.
2. A statement that the research involves the use of placebo (or a medication or dose known to be ineffective for the indication) and the probability of assignment to the placebo condition.
3. A statement of the possibility of an extension of the subject's length of stay at the facility as a result of participation in the research.
4. Anticipated circumstances under which the subject's taking part may be terminated by the investigator.
5. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue to take part will be provided to the subject.
6. A statement describing the subject's ability/inability to receive an investigational drug or device after the study period and at whose cost, if available.
7. A description of any plan to bank biological specimens or perform genetic analyses, including potential risks.

Language

The consent document should be written in a language that the subject can be expected to understand. In most situations, the consent form should generally be simple enough for a fifth to eighth grade student, but this may vary depending on the subject population. The consent document should not sound nor be coercive.

Two or More Consent Documents

It sometimes is necessary to use two or more consent documents when procedures are to be performed on subgroups of subjects or when reasons for subject selection differ. Examples of this situation are studies that involve both patients and normal subjects or a follow-up study conducted with those subjects who completed an intervention. If there is more than one consent document, place a label after the title indicating the subject population to which each is addressed or the procedure or set of procedures involved (e.g. genetic substudy).

Technical Elements

At the top of the first page, the consent document should bear the title of the study, e.g., "Subject Consent to Take Part in a Study of...(give title of study)," and the name(s) of the institution(s) at which it is to be conducted. Pages should be numbered "1 of 4," "2 of 4," etc. At the end of the consent document there should be statements that the subject will be given a signed copy of the form to keep and that his/her signature means he or she has read the document and been given the chance to discuss it and ask questions. Spaces should be provided for: (a) the signature of the subject who consents to take part; or in the case of a minor, of the parent or guardian who consents on behalf of the subject and a line for the assent of the subject if age 13 or older; (b) the signature of the investigator or other approved person who enrolls the subject; (c) the signature of a person who monitors or reviews consent (if required); and (d) the date the consent is obtained.

Special Considerations

Banking or Saving Biological Specimens or Creation of Permanent Cell Lines for Future Use. When the research includes a plan to bank or save biological specimens for future use, the following must be addressed in the protocol and the consent form:

(i) provide an explanation regarding the purpose of obtaining/saving the sample(s) and indicate not only how they will be used in the immediate research effort, but state that samples will be stored or cell lines will be established from them with the intent to use them in other future research;
(ii) describe how the subject's confidentiality and privacy will be safeguarded first in terms of how the physical samples and records will be handled in the lab and then how they will be handled when the research is presented or published;
(iii) state who has control over the sample once it is stored in the laboratory (the sample donor or the investigator) and where there exists a possibility of something being developed of commercial value, whether the sample donor may share in the expected profits;
(iv) if the subject will be able to later withdraw his/her sample from further study, explain what subject should do to make this happen;

(v) give an estimate of the period of time the sample will be kept and used in future research;
(vi) state whether subject will be given any results of the research being done now and or from future research done with their sample(s);
(vii) state whether there is any possibility of third party access to information learned from the samples; and
(viii) clarify whether the subject would be contacted to ask for consent for future research endeavors using his/her specimen or to ask for additional information.

Genetic research. While much genetic research is in very early stages and would not yet have clinical implications, the eventual goal of most genetic research is to discover whether there is a genetic cause for a disease state or a genetic factor that could have treatment implications. DNA can be derived from many easily obtained biological specimens, so the risk associated with genetic research is NOT a physical risk. It is a social and psychological risk. Genetic information pertains to the most personal aspects of individuals' lives and may have implications for family members as well. The research protocol and the consent form must clearly state what type of information will be gained about the disease, its treatment, about the people who have the disease, about the individual tested, about their families and about their children. Subjects need to understand what the implications and what the potential consequences are of obtaining the information sought. A subject might very well want to be part of the laudable effort to discover the gene that may cause Alzheimers. However, it may never occur to that subject that if it is determined he/she has the Alzheimers' gene, it might mean that he/she would likely develop the disease. Furthermore, if the results of the genetic research somehow become part of the subject's medical record and the medical record is later reviewed by the health insurance company, and the insurer gives the information to the employer, it could jeopardize the subject's career and insurability. In pedigree studies, non-paternity and non-maternity may also be unexpectedly revealed, changing family relationships forever. Even when DNA is used in research without identifiers, some argue that DNA can never be truly anonymous since each person's DNA is unique, like a fingerprint. Researchers planning genetic research must address the following:

1. potential risks to the subjects and their loved ones,
2. how confidentiality will be safeguarded,
3. how results will be handled,
4. specify the disposition of the biological specimen once the immediate research project is complete and
5. what information will or will not be shared with the subject.

Consent and Assent for Participation of a Minor. Consent for a child to take part in research must be obtained from a parent or legal guardian. Unless waived by the IRB, children who are capable of understanding their involvement in a study should be given the opportunity to assent to the research by signing the consent document in addition to their parents (age 13 or older) or in a separate assent form (age 7 to 12), having been informed of the nature of the project. Generally, age 7 is accepted as the age at which assent is sought. Emancipated minors (those under 18 years of age and married, or those for whom minority status has been court-removed) may consent on their own to take part in research. If a minor indicates he/she does not want to participate in the research, this should be heeded regardless of the parent's willingness to provide consent.

Consent and Assent for Incompetent Adults. Regarding enrollment of adult subjects who are incompetent, incapacitated, or otherwise cognitively impaired such that they cannot provide legally valid consent, only a legally authorized representative (LAR) may provide consent for participation. Consent by an LAR is only permitted if the IRB finds that it is appropriate and that sufficient safeguards have been incorporated into the protocol to protect the subject. Generally, the board must

consider: (i) whether there is a compelling reason to include incompetent individuals in the research (i.e. the research could not otherwise be completed due to inadequate numbers of eligible competent subjects; (ii) whether there is a favorable risk/benefit ratio (for research with greater than minimal risk, the research must be intended to benefit the individual subject and the probability of benefit be greater than the probability of harm); (iii) that under no circumstance will subjects be forced or coerced to participate; and (iv) that the subject's representatives will be well informed about the nature of the study and that their obligation is to try to determine what the subject would do if competent or if the subject's wishes cannot be determined, what they think is in the incompetent person's best interests. Information that would allow the IRB to evaluate these criteria must be provided.

If consent is obtained from a LAR, there must be procedures in place to attempt, to the extent possible given the prospective subject's capacity, to obtain the subject's assent to participation. Whenever possible, the prospective subject should sign the consent or assent form to indicate their willingness to participate. A prospective subject's objection to enrollment or continued participation in a research study must be heeded in all circumstances, regardless of whether the subject's LAR has provided consent. Objection may be conveyed verbally, in writing, behaviorally, or by other indications or means. This does not preclude an investigator, with approval of LARs, if appropriate, and acting with a level of sensitivity that avoids the possibility or appearance of coercion, from approaching the individual who previously objected to ascertain if they have changed their mind and would provide assent.

During the research, there should be provisions for informing the subject immediately if he/she becomes competent and for obtaining the subject's signature to indicate he/she was informed about having been enrolled in the study. If the subject becomes competent and there are study activities to continue (such as follow up visits), the subject should also be asked whether or not he/she consents to continue in the study.

Deception. The IRB recognizes that in some cases, informing the subject of the hypothesis being tested may result in a biased response. Under these circumstances, the nature of some studies requires that the full purpose not be revealed to a subject until the study has been completed. Such intentional withholding of information may be permitted if the subject is informed that this is the case and agrees. Plans for when and how complete information will be shared with the subject should be disclosed in the consent document.

Non-English Speaking Subjects. If the research subject does not understand English sufficiently to be able to give informed consent, consent should be obtained in the language readily understood by the subject. Translations of consent documents should be available at the outset of a study if it is anticipated that non-English speaking subjects will be enrolled. If non-English speaking subjects will be excluded from the study, a rationale must be documented in the research protocol and approved by the IRB.

Pregnancy. If women of childbearing potential are included in a study and there are risks to the woman or fetus, the consent document should describe the test that will be done to determine whether the potential subject is pregnant, the need for contraceptive measures, and known risks of the research to a pregnant woman and fetus. If appropriate, the form should state recommendations about continuation of a pregnancy should the subject become pregnant, and who will bear financial responsibility for the termination of a pregnancy, should the subject and physician determine that this is the alternative of choice.

Screening Procedures to Identify Eligible Subjects

If a procedure is to be performed solely for the purpose of identifying a population of research subjects, consent for the screening test and/or process is required. Often, it is appropriate for the screening to be presented in a separate consent document describing the screening procedure and stating that its purpose is to determine eligibility for participation in further studies. A separate consent document for the actual study would then be signed by individuals found to be eligible. In such situations, at the time the subject is enrolled for the screening procedures, the prospective subjects should be shown the document they will be asked to sign if they prove to meet the criteria for further study.

Distribution and Storage of Signed Consent Documents

A complete, signed copy of the consent document must be given to each subject. A copy with original signatures must be retained in the investigator's file for a minimum of five years after completion of the study. If the subject is a patient, a copy of the signed consent document must be placed in the subject's hospital or clinic record.

Guidelines for Subject Consent in Survey Research

Survey research involving the use of self-administered questionnaires and telephone or face-to-face interviews generally places subjects (respondents) at minimal risk. In addition to possible invasion of privacy and disruption of normal routine, the risks can include possible legal risks, possible inconvenience, embarrassment, and other kinds of psychological discomfort.

Such risks may become more than minimal when sensitive information (such as sexually transmitted diseases, AIDS, alcohol and drug abuse) is requested. These risks should be assessed with regard to the population targeted for the study. For example, the risk of psychological discomfort caused by interview questions may be greater for persons hospitalized for serious mental illness than other populations.

Self-Administered Questionnaires. A cover letter containing the following information should accompany a self-administered questionnaire:

1. An explanation of the purpose of the questionnaire
2. An explanation of how and/or why the subject was asked to participate
3. A statement of the amount of time the questionnaire will require
4. A description of any stresses associated with sensitive information elicited
5. A description of any benefits reasonably to be expected
6. An offer to answer any inquiries concerning the questionnaire
7. An instruction that the subject is free to refuse to fill out the questionnaire
8. An assurance of confidentiality, including how confidentiality will be maintained

In the instance that there will be no way of tracing respondents, return of the questionnaire to the investigator will be considered to be adequate informed consent provided the cover letter and contents of paragraph (1), above, accompanied the questionnaire.

Waiver of Requirement to Obtain Informed Consent

The IRB may waive the requirement to obtain informed consent or alter the requirements in the consent process in some circumstances. To obtain a waiver of the requirement of signed consent, the investigator must complete the Request for Waiver of Consent or Authorization. The form must contain sufficient information for the IRB to conclude one of the following conditions apply:

1. A research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine: (a) public benefit or service programs; (b) procedures for obtaining benefits or services under those programs; (c) possible changes in or alternatives to those programs or procedures; (d) possible changes in methods or levels of payment for benefits or services under those programs; and the research could not practicably be carried out without the waiver or alteration.
2. The IRB finds that (a) the research involves no more than minimal risk to the subjects; (b) the waiver or alteration will not adversely affect the rights and welfare of the subjects; (c) the research could not practicably be carried out without the waiver or alteration; and (d) whenever appropriate, the subjects will be provided with additional pertinent information after participation.

Waiver of Requirement to Obtain Signed Consent Form from Participants

The IRB may waive the requirement for investigators to obtain signed consent forms in some circumstances (while not waiving the consent requirement). To obtain a waiver of the requirement of signed consent, the investigator must complete the Request for Waiver of Consent or Authorization. The form must contain sufficient information for the IRB to conclude one of the following conditions apply:

1. 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.
2. 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.

The IRB may require the investigator to provide subjects with a written statement regarding the research.

Review of Consent by IRB Designee

For a subset of potential subjects, state law (HB 1887) requires special procedures when consenting to participate in a research protocol. This law applies to individuals:

(a) for whom a motion for court-ordered mental health treatment is filed; and
(b) no final order is issued; and
(c) the person requests voluntary admission during one of these conditions
    (1) while on Emergency Detention (ED); or
    (2) while on an Order of Protective Custody (OPC); or
    (3) during the first 30 days after being released from ED; or
    (4) during the first 30 days after being released from OPC.

Any individual who becomes voluntarily admitted under these circumstances can only participate in a research study under the following conditions:

1. the prospective subject must sign written informed consent
2. the documentation collected during the consent process must be reviewed by an IRB member or designee prior to beginning any research procedures. This documentation may include any information gathered to determine capacity to consent, authorization by treating physician, and the consent form. The IRB member or designee will sign each prospective subjects consent form to indicate that the subject was appropriately informed and capable of providing legal consent.

If subjects who meet these criteria will not be enrolled in the study, state this clearly in the research protocol. Otherwise, the protocol should contain information describing the process for obtaining IRB review of consent.

Assessment of Capacity to Provide Informed Consent

For protocols that are deemed to involve more than minimal risk, the proposal must describe the process that will be used to determine that potential subjects have the capacity to provide informed consent. In general, individuals are deemed to have capacity if they (i) can express a choice, (ii) understand the information that is relevant to their decision; (iii) can consider how the information will affect them personally and the potential consequences of their decision; and (iv) can think logically about the potential risks and benefits of participation.

The assessment of capacity must use a standard procedure (e.g., written measure, structured interview) and be conducted by a trained professional who is not affiliated with the research study (e.g. not an investigator or research staff). In some research proposals, a less formal assessment of capacity may be approved by the IRB if adequate justification is provided. The process of the assessment of capacity should also include a description of how capacity will be monitored throughout the study period.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Authorization Requirements

All research that involves the review, collection, use or disclosure of identifiable health information must include an authorization from the subject or legally authorized representative (LAR). This authorization may be a separate document or may be combined with the study consent form. An authorization must contain the following elements:

1. A description of the protected health information to be used or disclosed, identifying the information in a specific and meaningful manner;
2. The names or other specific identification of the person or persons (or class of persons) authorized to make the requested use or disclosure;
3. The names or other specific identifications of the person or persons (or class of persons) to whom the covered entity may make the requested use or disclosure;
4. A description of each purpose for the requested use or disclosure;
5. An authorization expiration date or expiration event that relates to the individual or to the purpose of the use or disclosure (“end of study” or “none” are permissible);
6. Signature of the individual and date, and if signed by a LAR a description of the representative’s authority to act for the individual;
7. A statement of the individual’s right to revoke his/her Authorization and how to do so, and if applicable, the exceptions to the right to revoke his/her Authorization;

8. Whether treatment, payment, enrollment, or eligibility of benefits can be conditioned on Authorization, including research-related treatment and consequences of refusing to sign Authorization, if applicable;
9. A statement of the potential risk that protected health information will be re-disclosed by the recipient. This may be a general statement that the Privacy Rule may no longer protect health information disclosed to the recipient(s) (e.g., a sponsor who is not regulated by the Privacy Rule).

The authorization must be written in plain language and a signed copy must be provided to the individual signing it.

Waiver or Alteration of the Authorization Requirement

The IRB may approve a waiver or an alteration of the Authorization requirement in whole or in part. A complete waiver occurs when the IRB determines that no Authorization will be required for the collection, use, and disclosure of protected health information for a particular research project. A partial waiver of Authorization occurs when the IRB determines that an Authorization is not needed for all uses or disclosure of protected health information, such as using identifiable health information for research recruitment. An IRB may also approve a request that alters the requirements for an Authorization.

To be granted a waiver or alteration of the authorization requirement, the investigator must complete the Request for Waiver of Consent or Authorization. Information on this form must be sufficient for the IRB to determine that:

1. The use or disclosure of the protected health information involves no more than minimal risk to the privacy of individuals based on, at least, the presence of the following elements:
   a. an adequate plan to protect health care information identifiers from improper use and disclosure
   b. an adequate plan to destroy identifiers at the earliest opportunity consistent with the conduct of the research (absent a health or research justification for retaining them or a legal requirement to do so);
   c. adequate written assurances that the information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of the information would be permitted under the Privacy Rule.
2. The research could not practicably be conducted without the waiver or alteration.
3. The research could not practicably be conducted without access to and use of the protected health information.

Limited Data Set

A limited data set may be permitted, allowing for the disclosure of protected health information with limited identifiers (e.g., date of admission, zip code), and not requiring authorization or a waiver of authorization by the IRB. The IRB will require submission of the data use agreement that includes the following provisions:

1. Specific permitted uses and disclosures of the limited data set by the recipient consistent with the purpose for which it was disclosed;
2. Identify who is permitted to use or receive the limited data set;
3. Stipulations that the recipient will

a. not use or disclose the information other than permitted by the agreement or otherwise required by law;

b. use appropriate safeguards to prevent the use or disclosure of the information, except as provided for in the agreement, and require the recipient to report to the covered entity any uses or disclosures in violation of the agreement of which the recipient becomes aware
c. hold any agent of the recipient to the standards, restrictions, and conditions stated in the data use agreement with respect to the information
d. not identify the information or contact the individuals.

A sample data use agreement is available upon request.

RECRUITMENT AND SELECTION OF SUBJECTS

Record Review to Identify Potential Subjects

If an investigator is affiliated with the DSHS or DADS facility, it is permissible for the investigator to perform a chart or record review to obtain names and other identifying information for recruiting purposes or to plan for a research study. Affiliation with the facility is defined as being a member of the workforce, have clinical privileges at the facility, or work within the facility through a formal agreement with an institution or agency (e.g., a training program). If an affiliated investigator must obtain identified information from the record, then a waiver of authorization must be approved by the IRB (see below). Once the patient has been identified, the affiliated investigator may approach the prospective subject. Recruitment should be in a sensitive manner and the source of the information as to how the individual was identified as a prospective subject should be disclosed. When an investigator has had no prior relationship with the prospective patient, initial contact for the purpose of recruitment should include an individual involved with the subject's care or treatment.

Investigators who are not affiliated with the DSHS or DADS facility must either obtain such affiliation to perform a chart or record review or must rely on an affiliated individual to conduct the screening and make the initial contact with the prospective subject. Again, the initial contact for recruitment should include an individual involved in the prospective subject's care or treatment. Unless waived by the IRB, the affiliated staff must obtain a signed authorization before providing the potential subject's name and contact information to the unaffiliated investigator.

When sending letters to recruit potential subjects identified through a chart review, it may be necessary to have a member of the treatment team responsible for the patient's care (or the agency or institution where the chart review was done) co-sign the letter. The investigator should avoid contacting the patient directly (without the involvement of the patient's care provider) unless the investigator is known to the patient or the family, or would be recognized by the patient as having had legitimate access to the information (medical chart) from which the patient's name had been obtained.

It is a breach of confidentiality to release names from research records. Release of subject's names must be at the voluntary discretion of the subject. Therefore, if investigator "B" wishes to recruit people from investigator "A"'s study population, investigator "A" must make the contact and ask interested persons to get in touch with investigator "B" or obtain a signed authorization. Investigator "A" may not release the names of subjects to investigator "B".

Solicitation of Subjects through Advertisements

The use of advertisements (e.g., notices on bulletin boards, paid and unpaid newspaper solicitations, solicitation by electronic mail, WEB sites, letters to private practitioners, signs, or

pamphlets, etc.) soliciting volunteers for research must have IRB approval. Such advertisements are an extension of the informed consent and subject selection process.

The IRB reviews advertisements to determine that (1) they are neither misleading nor coercive to potential subjects; and (2) in treatment protocols, no claims are made, either explicitly or implicitly, that a proposed treatment is safe and effective or equivalent or superior to any other treatment.

Advertisements should contain the following:

1. The name and address of the investigator
2. The purpose of the research
3. In summary form, the eligibility criteria
4. A straightforward, truthful description of the benefits, if any
5. The location of the research and the person to contact for additional information

Submission and approval procedures:

1. Identify method(s) of advertisement for research subjects in the protocol.
2. Submit bulletin board notices for IRB approval prior to posting. The IRB will return the advertisement with a dated IRB approval stamp. Subsequent changes in the content of an advertisement must be approved by the IRB.
3. If you plan to advertise in a newspaper, a WEB site, or other media advertisements, submit the text or a printed copy of the WEB information or other item for IRB approval. Solicitation of subjects within the context of a published or broadcast "news" release is not appropriate.
4. Submit other forms of advertisement (e.g., electronic mail, letters to private practitioners, letters to potential subjects, etc.) for IRB approval.

Finder’s Fees

A proposed recruitment method which involves offering cash and/or tangible non-cash incentives to residents, fellows, physicians, or others (i.e., finder's fees) is not permitted and cannot be approved by the IRB.

Special Considerations

Individuals who are receiving mental health services under an order of protective custody may not be recruited to participate in any research study involving an investigational medication or device. In addition, individuals should not be recruited to participate in any research activities that conflict with their individual treatment goals. In some cases, it may be necessary for a researcher to identify a process to assure that a prospective subject’s participation is not contraindicated (e.g., letter from treating physician).

RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR FOR RESEARCH IN PROGRESS

The final letter of approval sent to the principal investigator outlines the continuing responsibilities that the investigator has to the IRB while the research is being conducted. These responsibilities include:

1. Conducting the study only according to the protocol approved by the IRB;
2. Submitting any change(s) to the protocol and/or consent document(s) to the IRB for review and approval prior to the implementation of the change(s);
3. Reporting immediately to the IRB any severe adverse reaction or serious problem, whether anticipated or unanticipated;
4. Reporting immediately to the IRB the death of a subject, regardless of cause;
5. Reporting promptly to the IRB any significant findings that become known in the course of the research that might affect the willingness of subjects to participate in the study or, once enrolled, to continue to take part;
6. Submitting a Progress Report at intervals designated by the IRB (but no less than once a year);
7. Notifying the IRB when the study has been completed and to submit a final report.

The procedures for carrying out responsibilities (2), (4), (5), (6) and (7) are described in the sections that follow.

Protocol Modifications

Minor changes to an approved study can be approved administratively by the IRB Chair, the Director of ORA, or a designee. A letter specifying the changes, the rationale for the changes, and (if applicable) a revised consent document should be sent by the principal investigator to the IRB office.

In general, modifications or addenda that do not result in increased risks to human subjects may be considered minor and be eligible for administrative review by the Chair, Director, or designee. However, the Chair of the IRB or Director may determine that the proposed change is more than minor and require full Board review. Each request will be judged on a case-by-case basis. The administrative approval of the change is reviewed and endorsed by the full Board at the next convened meeting.

Modifications requiring full board review will be reviewed at the monthly meeting. The IRB may decide to (a) approve, (b) approve contingent on additional modifications or (c) table or disapprove of requested modifications. After administrative or full board approval, an approval letter will be sent to the principal investigator. The change may be implemented as soon as unconditional approval has been given.

Reporting Serious Adverse Experiences and Deaths

Any serious adverse experience or death occurring during the course of a research project, regardless of cause, must be reported to the IRB immediately (within 24 hours). Initial notification of the event can be made by telephone but must be followed promptly (within 5 days) with a written report, using a "Report of Serious Adverse Experience/Death" form and a copy of the signed consent document.

Serious means an adverse experience that is life threatening, permanently or severely disabling, or requires an emergency room visit or inpatient hospitalization.

Upon receipt of a Report of Serious Adverse Experience or Death, the IRB decides whether further investigation of the event is required. In some cases, an investigator may be required to suspend a study pending the outcome of IRB review. It is the responsibility of the investigator to inform the sponsor of the investigation and/or the FDA of the occurrence of death or serious adverse experience.

All Reports of Serious Adverse Experience or Death will be reported to the IRB at the next scheduled meeting, as well as the status or results of any IRB investigation.

Continuing Review or Closure of Protocols

When a study is first approved by the IRB, the duration of approval is established. By regulation, approval can be given for a period of no more than one year. Depending on the degree of risk to subjects, approval may be given for shorter periods (e.g. semi-annual, quarterly, or after a number of subjects have been enrolled). A study cannot be conducted for longer than this specified period unless a progress report has been submitted and the protocol has been re-reviewed and approved by the IRB.

Application for Continuing Review or Study Closure: Two months prior to the expiration date of a protocol, the principal investigator must submit a progress report to the IRB. The IRB office will send the investigator an Application for Continuing Review or Closure form as a way of notifying him/her that a report is due.

Annual approval may be done through administrative approval or through full IRB board review. Continuing reviews qualifying for expedited approval will be reviewed and approved by the Chair, Director of ORA, or designee. For protocols requiring approval by the full board, a primary reviewer will be assigned to review the continuing review application, current consent document, and full protocol. Other IRB members will receive the continuing review application and current consent form, with the full protocol available upon request. IRB review will address the same issues as initial review, with special attention paid to determining whether the protocol has been followed, new information was discovered, whether the number of subjects is within approved limits, reasons for subjects not enrolling or not continuing in the study, or whether any serious adverse experiences or deaths occurred during the investigation.

The research protocol will be reviewed at the monthly IRB meeting. The Board votes to re-approve, disapprove, request additional information or inactivate the protocol. Following the IRB meeting, the IRB sends a letter informing the principal investigator of the action taken.

The Application for Continuing Review or Study Closure must be submitted to the IRB as long as any of the research activities described in the protocol are being conducted. For example, if all subjects have completed a study and only data are being analyzed, the study is still "active" because research activities that may effect the risk assessment are still being carried out.

If a study is completed as planned or terminated before the expiration date (or date of next IRB review), the investigator must submit a completed Application for Continuing Review or Study Closure to the IRB in order for the IRB to approve inactivating the protocol.

If the progress report is not submitted in a timely fashion, the IRB approval of the study may expire while the continuing review is in progress. If this occurs, new subject enrollment and all new study activity must be suspended until IRB re-approval has been obtained.

Failure to submit the progress report and obtain re-approval will result in the IRB taking action to inactivate the study protocol. Subsequent reactivation may require complete resubmission to the full IRB as a new study.