**HUMAN RESEARCH PROTECTION PROGRAM**

**STANDARD OPERATING PROCEDURE, VERSION 5.0 INTERIM**

**RESEARCH SERVICE**

**HERSHEL WOODY WILLIAMS VA MEDICAL CENTER**

**I. Definition and Mission**

The Human Research Protection Program (HRPP) is a systematic and comprehensive program, with dedicated resources, to ensure the rights, safety, and well-being of human research subjects in relation to their participation in research activities.

The Hershel Woody Williams Veterans Affairs Medical Center (HWW VAMC) will adhere to the federal regulations as codified in 38 CFR §16 & §17; 45 CFR §46 Subpart A; 21 CFR §50 & §56; other pertinent federal regulations and guidance; and VA policies.

**II. Statement of Principles Concerning Protection of Human Research Subjects**

The Belmont Report of April 18, 1979 contains the principles upon which the HRPP is based. These principles are:

1. Respect
2. Beneficence
3. Justice

The principles of the Belmont Report shall be applied to the review and conduct of all human subject research at this facility and are available on the MU Office of Research Integrity (MU ORI) website (www.marshall.edu/research/ORI) for reference. The principles are addressed in initial and continuing Marshall University Institutional Review Board #1 (MU IRB#1) and VA education and training.

**III. Institutional Officer Accountable for the HRPP**

The Medical Center Director (MCD) is the Institutional Official (IO) responsible for the HWW VAMC HRPP. The MCD signs all assurances and ensures provisions of adequate resources to support the operations of the HRPP. The MCD is responsible for all reporting to Office of Research Oversight (ORO), Office of Human Research Protections (OHRP), Food and Drug Administration (FDA), and other Federal agencies (when required). Reporting to OHRP and FDA will be done in combination with MU ORI with signature by both the MU IO and the MCD (see also **XVII.F.**). The Research Coordinator has delegated authority for implementation of the HRPP.

**IV. Assurances**

1. HWW VAMC is operating under Federalwide Assurance (FWA) #00001495 issued by OHRP expiring March 18, 2019.
2. The Marshall University (MU) IRB#1 is operating under Federalwide Assurance #00002704 issued by OHRP expiring on June 6, 2020.
3. Updates to the FWA must be reported within 30 days.

**V.** **Organizational Structure**

The operating relationships of the HRPP are shown on the organization structure of the HRPP (**XXI.**). For the HWW VAMC, the key individuals are the MCD, Chief of Staff (COS), Research Coordinator, and the Chairs of the VA Research & Development (R&D) Committee and the MU IRB#1. The key entities are the R&D Committee and the MU IRB#1, an affiliate committee of the R&D Committee (see Medical Center Memorandum (MCM) 151-01-C, Attachment A, "Institutional Review Board"). The HWW VAMC has contracted with MU via Memorandum of Understanding for MU IRB#1 to be the IRB of Record.

The policy making process occurs through the deliberations of both entities, with interaction facilitated by cross-membership. Review of these policies is done using the same mechanism.

Additionally, the HRPP will be supported by the VA IRB Coordinator (Research Program Support Assistant), Research Safety/Biosafety Committee, and the Research Pharmacist. The Office of General Counsel is available for legal support and specifically for assistance in applying laws other than federal law to human subject research.

1. The R&D Committee oversees all research activities at the Huntington VA Medical Center (MCM 151-01-C). The Committee reviews the membership of the MU IRB#1 to ensure appropriate VA representation and qualifications, and the scientific and non-scientific skills of its members. The R&D Committee delegates primary authority and responsibility to the MU IRB#1 for scientific review (as it pertains to human subject research protection), ethical review, and resource review for all human research studies. The R&D Committee can engage the Office of Regional Counsel for assistance in review of federal and other laws regarding human participant research.
2. Research Coordinator monitors changes in VA and other Federal regulations and policies that relate to human research protections and reports updates to the COS and the R&D Committee.
3. MU IRB#1 reviews and approves, requires modifications to, or disapproves all human subject research activities in order to assure that the rights and welfare of individuals involved as research subjects are being protected in accordance with federal, state, and local regulations. MU IRB#1 shall review the requirements of all applicable state and local laws and ensure that all approved human subject research complies fully with all state and local laws.

**VI. Roles and Responsibilities of the R&D Committee in Protecting Human Subjects**

1. Operational Principle: The R&D Committee represents the institution, the MU IRB#1 represents human research subjects

MU IRB#1 members are human research specialists. The R&D Committee members include specialists who represent services that interface with research activities. There is cross-membership between the two committees. The MU IRB#1 meets the second Wednesday of the month. The R&D Committee meets the on the 3rd Tuesday of every month and reviews the MU IRB#1 detailed minutes. The R&D Committee has full authority to disapprove items approved by the MU IRB#1 but cannot approve items disapproved by the MU IRB#1. The R&D Committee minutes are forwarded to the Chair, Research Coordinator, COS, and MCD for review and approval.

1. The R&D Committee is Responsible for the Scientific Quality and Appropriateness of all Research Involving Human Subjects.

Because review of scientific merit is a vital part of ethical review, the R&D Committee delegates primary responsibility for scientific (as it pertains to human subjects research protection), ethical, and resource review to the MU IRB#1. The R&D Committee, in consultation with the Research Coordinator and COS, reviews the membership of the MU IRB#1 to ensure members are qualified to conduct scientific, ethical, and resource review and makes recommendations to the MCD for approval/appointment. The R&D Committee conducts second level review of MU IRB#1 actions.

1. The R&D Committee re-evaluates at least annually, the scientific quality of all research studies involving human subjects to assure protection of human subjects.

The R&D Committee reevaluates all MU IRB#1 approved human research studies at least annually. The reevaluation will occur at the next R&D Committee meeting after the MU IRB#1 continuing review is received. This process is accomplished by the interaction of members on both committees, R&D Committee review, and by the review of detailed MU IRB#1 minutes by the R&D Committee.

1. The Research Coordinator is responsible for drafting HRPP policies to assure protection of human subjects.

The Research Coordinator drafts all HRPP policies in compliance with Federal guidelines concerning the use of human subjects involved in research at the HWW VAMC. In addition, the Research Coordinator ensures that all drafts are reviewed and approved by the R&D Committee and the COS prior to final approval by the MCD.

**VII. Implementation of HRPP**

The Research Coordinator is the individual responsible for ensuring that the HRPP is operational and for monitoring changes in VA and federal regulations as they relate to human subject research.

**VIII. HRPP Budgeting Process**

A budget for the HWW VAMC HRPP will be drafted annually by the Research Service and approved by the R&D Committee in the October meeting. The Research Coordinator will discuss the budget with the COS for implementation.

**IX. Institutional Oversight of the MU IRB#1**

The MU IRB#1 is evaluated on a continuous basis by the R&D Committee, the Research Coordinator, COS, and MCD through auditing, reports, and minutes. VA and R&D Committee membership on the MU IRB#1 also facilitates oversight and evaluation.

1. MU IRB#1 Membership
   1. The membership of the MU IRB#1 is reviewed and evaluated annually by both Institutional Officers accountable for the HRPP.
   2. The R&D Committee will annually review the membership of the MU IRB#1 to assure its appropriateness, given the research being reviewed, and to evaluate the presence of representatives having experience with vulnerable populations (either as members or *ad hoc* consultants).
2. MU IRB#1 Chair. Both institutions represented on the MU IRB#1 assess the knowledge and qualifications of candidates before recommending them for appointment by the Institutional Officers. When a new candidate is considered for the MU IRB#1 Chair, both the MU IRB#1 and the R&D Committee will assess their knowledge and qualifications.
3. MU IRB#1 Function. Evaluation of MU IRB#1 performance occurs monthly by careful review of the MU IRB#1 minutes and by review of proposals approved by MU IRB#1. Evaluation includes the following areas:
   1. Content and accuracy of informed consent document (all elements included)
   2. MU IRB#1 analysis of risks and benefits including designation of minimal risk
   3. Special considerations and protections for vulnerable populations
   4. Privacy and confidentiality protections
   5. Continuation review of approved research
   6. Ongoing review of previously approved research
   7. Use of expedited review
   8. Granting of exemption from Federal requirements for MU IRB#1 review
   9. Granting of waivers for documentation of informed consent
   10. Granting of waivers of any elements of informed consent
4. MU IRB#1 Minutes. MU IRB#1 deliberations are meticulously documented. The MU IRB#1 minutes are a stand-alone document that demonstrates all performance elements. The R&D Committee, Research Coordinator, COS, and MCD receive a complete set of MU IRB#1 minutes monthly for review and evaluation.

**X. 2018 Revised Common Rule Changes**

1. Changes in the VA HRPP with the implementation of the Revised Common Rule (effective 1/21/19) are contained in VHA Directive 1200.05.
2. Determination of compliance for research protocols with pre-2018 Requirements or 2018 Requirements will be determined by MU IRB #1
3. Research approved before 1/21/19 will remain under pre-2018 Requirements until submitted for continuing review, when it will be transitioned into the 2018 Requirements and the informed consent (if present) updated to the new format
4. If a pre-2018 research protocol requires an amendment affecting the informed consent, it will be transitioned to 2018 Requirements including revision of the consent form. If the amendment does not affect the consent form, the protocol will not be transitioned until continuing review.
5. All research approved after 1/21/19 must comply with 2018 Requirements.
6. Expedited studies under the 2018 Requirements will not require continuing review, but instead will undergo a simpler annual update.

**XI. Conflict of Interest Policies**

All studies shall submit financial information to the MU IRB#1 for review.

1. Investigators. Investigators and research staff will follow guidelines of VHA Directive 1200.05 par. 5 g and MU SOP Ch. 8 "Conflict of Interest (Investigators/Staff)" and report potential conflict of interests on the Investigator's Checklist. Conflicts will be reviewed primarily by MU IRB#1 and secondarily by the R&D Committee.
2. R&D Committee. R&D Committee members do not participate in the deliberation or vote of any protocol for which a potential conflict of interest exists (documented in the minutes). At the beginning of each meeting the Chair will poll the committee for any conflicts of interest in either of the following categories:
   1. If the committee member has direct involvement in the study
   2. If the committee member has an actual or perceived financial interest

For R&D Committee policy, see MCM 151-01-C “R&D Committee,” 4. Conflict of Interest

1. Institution. The Research Coordinator will notify MU ORI, R&D Committee, and General Counsel of any potential institutional conflicts of interest, such as patents or royalties involving protocols in which the VA retains a portion of earned income.

**XII. Complaints, Non-Compliance, and Regulatory Improprieties**

1. A standard element of the Informed Consent (IC) is entitled:

*Whom Do You Call If You Have Questions Or Problems?*

For questions about the study or in the event of a research-related injury, contact the study investigator, *Name* at *Telephone number (also include after-hours number).*  You should also call the investigator if you have a concern or complaint about the research. Additionally, you can also call the research service at (304) 429-6741 (ext. 2791) for questions, concerns or complaints about the research.

For an emergency you can contact the Huntington VAMC Emergency Department at (304) 429-6741 or 1-800-827-8244 (ext. 2125), local emergency room, or 911.

For questions about your rights as a research participant, contact the Marshall University IRB#1 Chairman Dr. Henry Driscoll or MU ORI at (304) 696-7320. You may also call this number if:

* You have concerns or complaints about the research.
* The research staff cannot be reached.
* You want to talk to someone other than the research staff.

1. The investigators and research staff should answer participant’s questions, concerns, and complaints. If the investigators and research staff cannot satisfactorily address participant’s complaints and requests for information, then participants should contact the Research Service (x2791) for resolution by the VA IRB Coordinator or Research Coordinator. As a final option, participants can contact MU ORI at (304) 696-7320.
2. All non-compliance and regulatory improprieties regarding human research protocols must be reported to the Research Coordinator and MU ORI, as described in VHA Handbook 1058.01 “Research Compliance Reporting Requirements,” MU SOPs Ch. 6 “Complaints, Non-Compliance and Regulatory Improprieties" and Ch. 20 "Quality Assurance/Quality Improvement,” and the Memorandum of Understanding. VA policies require reporting within 5 business days. All allegations will be investigated by the MCD, MU ORI, and MU IRB#1. A copy of all reports to institutional officials and regulatory agencies by MU ORI will be sent to the VA Research Coordinator, who will be responsible for all VA specific reporting as described in Handbook 1058.01 “Research Compliance Reporting Requirements” and MU SOP Ch. 22 “Reporting Policy.”
3. Any attempts of undue influence of research service staff or research committee members (including MU IRB#1 members) should be reported promptly to the Research Coordinator or alternately, the COS or MCD. The Research Coordinator will investigate all allegations and propose corrective action with the approval of the COS or R&D Committee.

**XIII. Investigational Devices**

The provisions below apply to the use of investigational devices for all research involving human subjects conducted completely or partially in the HWW VAMC, including research funded from extra-VA sources and research conducted without direct funding (see VHA Directive 1200.05, MCM 119-04-C “Investigational/ Compassionate Use of Drugs and Biologics,” and MU SOP Ch. 14 "Investigational Drugs/Devices").

1. IRB review and approval and investigator conduct of all investigational device studies must be in accordance with all applicable VA and other requirements including, but not limited to VHA Directive 1200.05 and FDA regulations (e.g., 21 CFR Parts 50 and 56, and Investigational Device Exemptions (IDE) (21 CFR 812)). If the research involves FDA-regulated devices, both VA requirements and FDA regulations apply. FDA regulations supersede VA requirements for human subjects research under FDA jurisdiction unless VA requirements are more restrictive than applicable FDA regulations.
   1. The use of investigational devices will follow procedures outlined MU SOP Ch. 14 "Investigational Drugs/Devices" and requires approval by MU IRB #1 and R&D Committee.
   2. The use of a Humanitarian Use Device will similarly follow procedures outlined MU SOP Ch. 14 "Investigational Drugs/Devices" and requires approval by MU IRB #1 and R&D Committee.

**XIV. Investigational Drugs**

The provisions below apply to the use of investigational drugs for all research involving human subjects conducted completely or partially in the HWW VAMC, including research funded from extra-VA sources and research conducted without direct funding (see VHA Handbook 1108.04, MCM 119-04-C “Investigational/ Compassionate Use of Drugs and Biologics,” and MU SOP Ch. 14 "Investigational Drugs/Devices").

1. An investigational drug is a chemical or biological drug that is used in a clinical investigation. An investigational drug can be:
   1. A new chemical compound, which has not been released by the FDA for general use or
   2. An approved drug that is being studied for an approved or unapproved use, dose, dosage form, administration schedule, or under an Investigational New Drug (IND) application, in a controlled, randomized, or blinded clinical trial.
   3. MU IRB#1 will determine whether an IND is required, following procedures in MU SOP “Investigational Drugs/Devices." If the investigator indicates an exempt investigational drug, the MU IRB#1 will use the worksheet “Criteria for Exemption from the Requirement for an IND.”
   4. The MU IRB#1 will verify the IND number, with supporting documentation, such as a protocol from a sponsor, a letter from the sponsor, or letter from the FDA.

1. Investigational use of marketed products is the use of an approved product in the context of a study protocol and requires MU IRB and R&D Committee approval.
2. “Group C” cancer chemotherapy drugs available from the National Cancer Institute (NCI) are investigational by the VA definition and must be reviewed by MU IRB#1 and R&D Committee.
3. This facility does not require MU IRB#1 and R&D Committee approval of commercially available drugs of biologics utilized for an indication not in the approved labeling when prescribed in good medical practice and patient interests according to the physician’s best knowledge and judgment.
4. Any clinical trials conducted, whether an IND is legally required, must be approved by the MU IRB#1 and R&D Committee.
5. When a new drug or biologic is considered investigational, the full range of side effects, adverse reactions, and complications associated with their use have not been fully delineated. Because there may be a risk of injury or adverse reaction, the manufacturer will sometimes offer to indemnify the VA Medical Center at which the testing is to be conducted and the VA Investigator who conducts the testing to induce their participation. Without some compelling reason, the VA will NOT enter into these types of indemnification agreements. Even if there is a compelling reason, execution of the agreement requires the expressed approval of the General Counsel.
6. If the HWW VAMC or a VA investigator assumes the sponsor function, then they should contact the Director, MU ORI, to discuss the additional FDA regulatory requirements of sponsors to ensure that they will be followed (see MU SOP Ch. 14 "Investigational Drugs/Devices"). MU IRB#1 will be responsible for monitoring compliance with the additional regulatory requirements.
7. “Emergency Use of a Test Article without IRB Review” will follow procedures described in MU SOP Ch. 14 "Investigational Drugs/Devices."
8. “Emergency Use of a Test Article without Informed Consent” will follow procedures described in MU SOP Ch. 14 "Investigational Drugs/Devices."
9. “Humanitarian or Compassionate Use” is described in MCM 119-04-C, 3. a. 8) a) – e).
10. The Pharmacy Service ensures that the investigational drugs are not dispensed without the following on file in the pharmacy:
    1. Minutes indicating approval by R&D Committee or an approval letter signed by the R&D Chairperson
    2. Minutes indicating approval by MU IRB#1 or an approval letter signed by the IRB Chairperson
    3. Minutes indicating approval by Pharmacy and Therapeutics (P&T) Committee or an approval letter signed by the Chairperson of P&T Committee
    4. A copy of the approved protocol
    5. VA Form 10-9012, Investigational Drug Information Record, which must be updated with all current information of the study
    6. Signed informed consent
11. The process for handling and dispensing of investigational drugs, including receipt, storage, security, disposal of unused stock, and the investigational drug log, is outlined in detail in the Pharmacy Service SOP 404 "Investigational Drug Services."

**XV. Engagement in Human Subjects Research**

1. HWW VAMC is considered engaged in research in a non-exempt study when an individual with a VA appointment obtains:
   1. Data about the research subjects through intervention or interaction;
   2. Identifiable private information about the subjects; or
   3. The informed consent of human subjects for the research
2. When HWW VAMC is engaged, it must:
   1. Have a PI or local site investigator (LSI) and
   2. Have the IRB of record and R&D Committee approve the study
3. When HWW VAMC is not engaged, then the IRB of record does not need to approve the study. The facility has no jurisdiction over the study, except the MCD may determine that the study cannot be conducted on the premises.

**XVI. Sponsored Research**

1. Sponsored research is any human research involving an external company, institution, individual donor, or organization that is responsible for the initiation, management, or financing of a research study. It includes those funded by government funding agencies, such as NIH, as well as those managed by pharmaceutical companies.
2. For sponsored research the HWW VAMC and HIRE will use the Clinical Trial Cooperative Research and Development Agreement (CT CRADA) developed by the Technology Transfer Program (TTP), VA Office of Research and Development (ORD), which has specific language to ensure protection for human subjects. All sponsored research will be governed by the ethical obligations outlined above in **I.** and **II**.
3. All CT CRADA will be registered with the TTP *CRADA* *Registry.*
4. The informed consent and the language in the contract will be reviewed for consistency by the Research Coordinator with assistance of legal counsel as necessary.

**XVII. Collaborative Research**

1. Collaborative research involves investigators from more than one institution. Collaborative research may include VA and non-VA institutions but does not include research conducted under a CRADA with a pharmaceutical company or other non-Federal partners.
2. Collaborative research involving non-VA institutions may not be undertaken without a signed written agreement that addresses such issues as the responsibilities of each party, the ownership of the data, and the reuse of the data for other research. (VHA Directive 1200.05 par. 15)

**XVIII. Monitoring, Evaluation, and Quality Improvement**

* 1. The MCD will appoint a Research Compliance Officer (RCO) to audit human subject research. The RCO reports directly to the MCD. The RCO assesses compliance with all applicable laws, regulations, and policies including those related to privacy, confidentiality, and information security requirements.
  2. The RCO is responsible for ensuring that each VA-approved human research study is completely audited at a minimum of every 3 years. If a study is less than 3 years in duration, it must be audited at least once during the life of the study. Each study must be audited for compliance with the regulations and policies on informed consent annually.
  3. The MU ORI, study sponsor, PI, ORD, ORO, MCD, Research Coordinator, and RCO can require more frequent audits. They can also require focused audits of one or more aspects of the study.
  4. The RCO should report the results of auditing to the MCD, Research Coordinator, R&D Committee, and MU ORI as well as ORD and ORO.
  5. Activities monitoring and measuring the effectiveness of the HRPP will be reported by the VA MU IRB #1 member (a member of the R&D Committee), Research Coordinator, and RCO to the R&D Committee at least annually at the November meeting or more often as needed. Quality improvements will be planned and implemented by the Research Coordinator with the approval of the R&D Committee at the November meeting. Monitoring and measurement of planned improvements will be reported back to the R&D Committee within 3 months. All quality assurance and improvement activities will be transmitted to MU IRB#1 via the minutes.

**XIX. Education and Training**

All principal investigators, co-investigators, study personnel, R&D Committee and VA MU IRB#1 members, and VA IRB Coordinator are required to complete mandatory training (see VA “HumanResearch Protection Program: Education and Training Procedure” and MU SOP Ch. 11“Education and Training”). This training consists of online CITI courses: <http://www.citiprogram.org/> or through the MU ORI website at <http://www.marshall.edu/ori/human-subject-research/education/>. Personnel should affiliate with both VA (*Huntington, WV581*) and MU (*Marshall University*) and complete coursework through the VA and MU affiliations. No study using human subjects in research will be approved until all required personnel involved in the study have completed the mandatory training. MU training is required biennially and VA training will be required triennially (three full calendar years). Training records are maintained in databases shared with both institutions.

Signatory officials must complete the three OHRP training modules (<http://ohrp-ed.od.nih.gov/CBTs/Assurance/login.asp>) every 3 years as part of the FWA process.

As needed, the Research Service will present a basic HRPP training course and also updates on new developments in human subject protection. Additionally, all principal investigators will receive e-mail updates of important changes in human subject protection from MU ORI and the VA Research Service.

**XX. Procedures for Investigators and Research Staff**

The VA IRB Coordinator and Research Coordinator will facilitate all human investigation by working closely with investigators and research staff.

No research may begin until the investigator has been notified in writing by the Research Coordinator that the project has been approved by all relevant committees, subcommittees, or other entities.

1. Determination of Human Research. The VA IRB Coordinator and Research Coordinator will assist investigators in determination whether a proposed study is considered human research. A guide entitled “VA Research and Human Subjects” is available in the Investigator Packet on the intranet. Additional materials are available on the MU ORI website "What is Human Subject Research?" and in MU SOP Ch. 24 "Types of Research and Types of Reviews Conducted by the IRB."

All potential studies involving human subjects must be submitted to the Research Service as an abstract, if there is any doubt whether the study is **human subject research**. The Research Service will make an initial determination and if necessary will submit the abstract to MU ORI for the MU IRB#1 Chair to review and make a determination.

1. Submission. After final review by the HWW VAMC IRB Coordinator, human subject research protocols will be submitted by **IRBNet** to MU IRB #1 by the investigator (see Protocol Flow Chart). The Research Coordinator, Administrative Officer/Research, and VA IRB Coordinator should be provided **Full** access. The facility Information Security Safety Officer (ISSO), Privacy Officer (PO), RCO, and R&D Committee reviewers should be granted **Read** access. Supplemental VA forms are available at the Research Office and **IRBNet**, which include Notification of Pending Research Form and VA Investigator Data Form (10-5368, p .18). All PIs will require a Commons ID, which can be obtained through the Research Office. A completed Notification of Pending Research Form will need to be scanned and added to the application.

Determination of potential type of review 1) exempt 2) expedited or 3) convened is through the MU IRB#1 Initial Research Application Form (principles outlined in MU SOP Ch. 24 "Types of Research and Types of Reviews Conducted by the IRB"). After the investigator has submitted all required application documents, the protocol application will be reviewed by the Research Office, PO, ISSO, and RCO. Research Office will determine if Radiation Safety Committee or Safety /Biosafety Subcommittee review is required prior to IRB submission. All mandated MU and VA educational courses and training by the investigators and staff are required to be completed prior to any action.

1. Investigator Responsibilities. Every investigator must uphold professional and ethical standards and practices and adhere to all applicable VA and other Federal requirements, including HWW VAMC and MU ORI SOPs, regarding the conduct of research and the protection of human subjects. PI and LSI responsibilities are outlined in VHA Directive 1200.05 par. 5 g "Responsibilities, VA Investigators." Investigator responsibilities are additionally described in Handbook 1058.01 “Research Compliance Reporting Requirements,” MU SOP Ch. 6 "Complaints, Non-Compliance, and Regulatory Improprieties," Ch. 15 "Investigator Responsibilities for Submitting IRB Documents," and Ch. 20 "Quality Assurance/Quality Improvement."

Under the 2018 Requirements, VA investigators may be responsible for posting the informed consent for a clinical trial funded or supported by a non-Federal agency or department (e.g., university, industry, nonprofit organization) or not funded (VHA Directive 1200.05 par. 5 g and 17 j).

1. Informed Consent. Principles of the informed consent are outlined in VHA Directive 1200.05 par. 17 and 18, and MU SOP Ch. 13 "Informed Consent" and Ch. 20 "Quality Assurance/Quality Improvement," which include additional requirements for applicable state and local laws. All informed consents must be on an approved HWW VAMC form (available in **IRBNet,** MU ORI website, and Research Office), which includes specific indemnification and notification clauses required by the VA. HIPAA authorization (VA Form 10-0493) when required may be combined with the informed consent or a stand-alone document and consistent with the protocol and informed consent.
2. Recruitment of Subjects. Recruitment of subjects including equitable selection is described in MU SOP Ch. 21"Recruitment and Selection of Human Subjects."

Initial contact with potential subjects must be in person or by letter, unless there is written documentation that the subject is willing to be contacted by telephone about the study in question or a specific kind of research. The initial contact must provide a telephone number or other means that the potential subject can use to verify the study constitutes VA research. Later contact should refer to previous contacts and, when applicable, the information provided in the informed consent form. (see VHA Directive 1200.05 par. 5g)

## Safety Monitoring and Protection of Subjects. Adverse Events and Unanticipated Problems. Procedures are described in Handbook 1058.01 “Research Compliance Reporting Requirements” and MU SOP Ch. 12 "Ensuring Prompt Reporting of Unanticipated Problems Involving Risks to Participants or Others," Ch. 15 "Investigator Responsibilities for Submitting IRB Documents," Ch. 20 "Quality Assurance/Quality Improvement," and Ch. 23 "Risk and Benefits." Investigators must ensure oral notification of the IRB immediately upon becoming aware of any research death that is both unanticipated and related to research. Otherwise, investigators will report promptly within 5 business days any serious adverse events and unanticipated problems to MU IRB#1via IRBNet, as defined on the “Marshall University IRB Adverse Event and Other Problems Report Checklist” and in the Handbook 1058.01 “Research Compliance Reporting Requirements.” A concurrent e-mail must be sent to the Research Coordinator (cc: HWW VAMC IRB Coordinator) giving the study and package number.

## As detailed in Handbook 1058.01 “Research Compliance Reporting Requirements” and MU SOP Ch. 22 "Reporting Policy," HWW VAMC will report to ORO. For determinations by MU ORI of serious or continuing non-compliance, an unanticipated problem involving risks to participants or others, or suspensions or terminations of IRB approved VA protocols, HWW VAMC and MU ORI will report together these events to OHRP, FDA (when the research is FDA regulated), and to other Federal agencies (when separate reporting is necessary) with signature by both the MU IO and the MCD within 15 days.

## Investigational Drugs. Policies are provided above in XIV., MCM 119-04-C "Investigational or Compassionate Use of Drugs and Biologics," and MU SOP CH. 14 "Investigational Drugs/Devices." Emergency medical care policies are covered in MCM 119-04-C and the MU SOP.

## Participant Involvement and Feedback. These are described in XII. and XXI.

1. Confidentiality and Privacy. Investigators will complete the VA "Checklist for Reviewing Privacy, Confidentiality and Information Security in Research" as modified for HWW VAMC and protocols must comply with all VA policies, which will be reviewed by the Research Office, facility ISSO, and PO. Some studies collecting personally identifiable, sensitive information may require a Certificate of Confidentiality (see VHA Directive 1200.05 par. 22 and MU SOP Ch. 7 “Confidentiality”). Definitive resources on privacy and confidentiality are MCM 001-05-A and VHA Handbook 1605.1. Further questions can be directed to the Research Office, ISSO, or PO.
2. Conflict of Interest. This is described in **XI.** above.
3. Vulnerable Subjects. Investigators must ensure that vulnerable human subjects are protected by following guidelines in MU SOP Ch. 25 "Vulnerable Human Subjects" and Ch. 13 "Informed Consent." Research involving pregnant women and children must be certified by the MCD. Research involving prisoners cannot be conducted by VA investigators while on official duty or at VA facilities or at approved off-site facilities unless a waiver has been granted by the Chief Research and Development Officer (VHA Directive 1200.05, par 20).
4. Investigator Concerns and Suggestions. Investigators and research staff can direct concerns and suggestions regarding the HRPP and MU IRB#1 to the VA IRB Coordinator, Administrative Officer/R, Research Coordinator, COS, or MCD. Additionally, the investigators and research staff can contact the MU IRB#1 Chair or MU ORI (see <http://www.marshall.edu/ori/> ). Responses to all concerns and suggestions are the primary responsibility of the Research Coordinator.
5. Research Records. A VHA health record must be created or updated, and a progress note created, for all research subjects (Veterans or non-Veterans) who are admitted to VA medical facilities as in-patients, treated as outpatients at VA medical facilities, or when research procedures or interventions are used in or may impact the medical care of the research subject at a VA medical facility or at facilities contracted by VA to provide services to (see VHA Directive 1200.05 par. 5 g & 27 and Handbook 1907.01). The investigator must ensure that all original signed and dated informed consent documents are maintained in the investigator’s research files, readily retrievable, and secure. Informed consent documents are not required to be in the health record.

All of the investigator’s research records, including those linking codes to patient identifiers and all written information given to subjects, must be retained following disposition instructions approved by the National Archives and Records Administration, published in VHA ORD Records Control Schedule (DAA-0015-2015-0004, RCS 10-1, 7/13/15). Records are the property and the responsibility of the Research Office (see VHA Directive 1200.05 par. 27).

**XXI. Participant Input and Outreach**

* 1. Potential participants will be given information advising them of the ability to offer input, complaints, or concerns via the VA pamphlets *Volunteering in Research. Here are some things you need to know.* or *I’m a Veteran. Should I participate in research? Here are some things you need to know.* This is the responsibility of the investigator and research staff for all studies in which informed consent has not been waived. All pamphlets will include local contact information.
  2. Participant outreach will be conducted by MU ORI and the Research Service (see MU SOP Ch. 20 "Quality Assurance/Quality Improvement"). Survey results involving VA studies will be reported to the R&D Committee and MU ORI by the Research Service. Any surveys by MU ORI involving VA participants will be reported to the Research Service.
  3. The Clinical Research Nurse Coordinator will coordinate outreach activities within the HWW VAMC. Distribution of informational pamphlets and display of posters will be reviewed annually. All pamphlets will include local contact information. Other possible outreach activities may include educational conferences with Veteran's groups and the community.
  4. After the close of studies, participants should be surveyed confidentially and without identifying information for feedback and comments regarding their research experience. Within the same survey, outreach activities can be evaluated.
  5. Annually at the November meeting, the R&D Committee will evaluate participant outreach and implement changes as appropriate.

**XXII. Additional Documents**

1. Organizational Structure, Human Research Protection Program
2. Protocol Flow Chart

**XXIII. References**

38 CFR § 16 and §17, 45 CFR § 46 Subpart A, and 21 CFR §50 and § 56, VHA Directive 1200.05 “Requirements for the Protection of Human Subjects in Research" (1/7/19), VHA Handbook 1200.01 ”Research and Development Committee" (6/19/09),” VHA Handbook 1200.12 "Use of Data and Data Repositories in VHA Research" (3/9/09), VHA Directive 1200.02(1) “Research Business Operations (9/6/17), VHA Handbook 1058.01 “Research Compliance Reporting Requirements” (6/15/15), VHA Handbook 1058.03 "Assurance of Protection for Human Subjects in Research" (11/21/14), MCM 151-01-C “Research and Development Committee,” Attachment A "Institutional Review Board," VHA Handbook 1108.04 "Investigational Drugs and Supplies" (2/29/12), MCM 119-04-C “Investigational/Compassionate Use of Drugs and Biologics,” Pharmacy Service SOP 404 "Investigational Drug Services," MCM 001-05-A “Privacy and Release of Medical Information,” VHA Directive 1605.01 "Privacy and Release of Information" (8/31/16), VHA Handbook 1605.04 “Notice of Privacy Practices” (10/7/15), VHA Handbook 1907.01 “Health Information Management and Health Records” (3/19/15), Memorandum of Understanding (Between Huntington VAMC and Marshall University Concerning Utilization of Marshall University Institutional Review Board #1), and MU ORI website (<http://www.marshall.edu/ori/> ).

**XXIV. Annual Review**

All documents of the HWW VAMC HRPP will be reviewed annually by the R&D Committee at the November meeting and updated as necessary.

**XXV. Revision History**

Version Revision Date Approval Date

1.0 11/15/05 11/15/05

2.0 11/27/06 11/27/06

2.1 4/27/07 5/29/07

2.2 11/16/07 11/20/07

2.3 11/14/08 11/18/08

2.4 11/17/09 11/17/09

2.5 1/12/10 2/16/10

2.6 6/1/10 6/15/10

2.7 2/15/11 2/15/11

3.0 3/31/11 4/19/11 (implements VHA Handbook 1200.05)

3.1 11/8/11 11/15/11

3.2 11/16/12 11/20/12 12/12/12 FWA expiration

3.3 11/15/13 11/19/13 10/21/18 FWA expiration, minor revisions

4.0 3/12/15 3/17/15 Implements revision VHA Handbook 1200.05

4.1 11/6/15 11/17/15 Safety reviews, Reporting requirements, Records

4.2 11/15/18 11/20/18 Facility name change, Training, General update including references

5.0 Interim 1/21/19 Update: Revised Common Rule and VHA Directive 1200.05