

Oklahoma City University

Institutional Review Board Procedures

2026

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Introduction

All Oklahoma City University (OCU) research conducted by any faculty member, staff member, or student using human subjects must have prior approval from the OKC Institutional Review Board (IRB) before the research is initiated. The OCU IRB board reviews, approves, and monitors research involving human subjects. The Oklahoma City University Administration through the Provost and Vice President of Academic Affairs oversees the operations of the OCU IRB. The IRB operates under the Department of Health and Human Services (HHS) as an IRB. OCU is not currently registered as a Federal-wide Assurance institution. The purpose of the IRB is to protect the rights and welfare of research subjects and to ensure that such research is conducted in full compliance with both the letter and the spirit of applicable regulations.

Ethical Principles

All research involving human subjects must be guided by the ethical principles set forth in the Belmont Report:

1. Respect for Persons: Acknowledging autonomy and protecting those with diminished autonomy.
2. Beneficence: Maximizing possible benefits and minimizing possible harms.
3. Justice: Ensuring reasonable, non-exploitative, and equitable procedures and outcomes in the selection of research subjects.

IRB Registration

OCU is registered with the Department of Health and Human Services (HHS) as an IRB. OCU is not currently registered as a Federal-wide Assurance institution.

IORG Number:	IORG008626	Expires 03/31/2028
IRB Number	IRB00010318	Last Updated 3/31/2025

Roles and Responsibilities

The OCU IRB is responsible for providing independent review and oversight of research involving human participants without undue influence from non-IRB members. The IRB shall review and have authority to approve, require modifications in (to secure approval), or disapprove all research activities covered by this policy. The IRB is an administrative body established to protect the rights and welfare of human participants in research activities conducted under the auspices of the institution with which it is affiliated. The fundamental responsibilities of the IRB include determining the risks and potential benefits of investigations, ascertaining the appropriateness of the methods used to obtain consent, and protecting the rights

and welfare of the individuals involved. The IRB is responsible for providing written notification of its findings and actions including approval or disapproval of protocols and written reminders of renewal dates to investigators. The IRB is also responsible for providing written reports of its findings and actions to the University Provost on a quarterly basis.

Provost

The Provost, as the Authorized Institutional Official, is authorized to act for the University and, on behalf of the University. The Provost's office is the point of responsibility for the oversight of research and IRB functions. The Provost's Office also directs the design and implementation of the University-wide program on research compliance and assuring compliance with internal and external standards and regulations.

Provost Appointee

The Provost appoints a representative of the Provost's Office who is authorized to act for the University and, on behalf of the University. The Provost's office is the point of responsibility for the oversight of research and IRB functions. The Provost's Office also directs the design and implementation of the University-wide program on research compliance and assuring compliance with internal and external standards and regulations. The Provost Appointee ensures minutes are taken at each scheduled IRB meeting and supports that IRB chair in ensuring that records are maintained in accordance with Federal and standard guidelines. The Provost Appointee will serve as Co-Chair when the Chair must recuse themselves from an IRB application review for any reason and as needed.

IRB Chair

IRB Chair presides over regular meetings of the IRB and reviews applications, communications, and other documents in accordance with the Code of Federal Regulations ([45 CFR 46](#)). The Chair conveys the decisions of the IRB via written notifications to involved parties.

IRB Members

IRB Members are appointed to serve on the IRB by the Provost's office and assist with review and monitoring applications and other documents in accordance with the Code of Federal Regulations ([45 CFR 46](#)).

Principal Investigator

Principal Investigator (PI) is ultimately responsible for assuring compliance with applicable Federal and University IRB policies and procedures and for the oversight of the research study and the informed consent process. Although the PI may delegate tasks to members of the research team, the PI retains the ultimate responsibility for the conduct and accuracy of the study. A PI must be an OCU faculty member, staff member, or student. All faculty members may serve as PI. Staff may serve as PI if they have appropriate qualifications to conduct the research and if

they have obtained approval to conduct the research from their immediate supervisor. The PI is responsible for conducting the study in strict accordance with the current IRB-approved research protocol. Any change to an approved protocol must be approved using established modification procedures except where a change may be necessary to eliminate an apparent immediate hazard to a given human research subject.

Faculty Members Serving as a PI for Student Research

Faculty serving as a PI a current OCU faculty appointment. The faculty member is considered the party responsible for assisting the Co-PI in making ethical decisions throughout the project. The IRB holds the faculty PI(s) responsible for the overall management of an approved research protocol in conjunction with the student Co-PI. Management of the research includes the ethical, administrative, fiscal, and applied elements of a project. Faculty are required to:

- acknowledge and accept their responsibility for protecting the rights and welfare of human research participants,
- ensure the student and faculty advisor have sufficient training and experience to conduct the research in accordance with the protocol,
- fulfill the IRB training requirement and understand the ethical standards and regulatory requirements governing research activities with human participants,
- collaborate with student PIs during the preparation of an IRB proposal and ensure the proposed research complies with the ethical principles outlined in the [Belmont Report](#), human subjects research regulations including [45 CFR 46](#), internal policies, and other applicable federal or state laws,
- report any real or potential conflicts of interests,
- designate adequate time to consult with the student Co-PI on a regular basis to monitor research progress,
- assist and supervise the Co-Pi in problem-solving in the event a problem, emergent question or concern were to surface,
- ensure all research activities have IRB approval and other approval required by the institution before human subjects are involved, and implement the research activity as it was approved by the IRB,
- ensure student Co-PIs promptly report any adverse events, protocol deviations, or other unanticipated problems involving risks to participants or others and other reportable events to the IRB in a timely manner,
- ensure a Periodic Progress Report is submitted to the IRB upon completion of the research. *In the event that the PI is unable or unwilling to do so, the responsible faculty advisor will be required to do so prior to when the Co-PI graduates or otherwise leaves OCU.*
- ensure the student PI is in compliance with the additional responsibilities listed as investigator responsibilities.

Co-Investigators and Other Research Team Members:

Appropriately qualified co-investigators and research team members may perform tasks as delegated by the Principal Investigator but they do not accept primary responsibility for the research study. General responsibilities of the co-Investigators and other research team members may include but are not limited to:

- completing required institutional and protocol specific training;
- adhering to the federal regulations, state and local laws, institutional policies and procedures surrounding the safety and protection of human participants;
- assuring participant privacy and confidentiality according to IRB guidelines and any other applicable regulations (e.g., HIPAA, FERPA, etc.).

Research team members are defined as “individuals responsible for the research including design, conduct, or reporting.” Research team members are engaged in the research when they (i) intervene or interact with living individuals for research purposes; or (ii) obtain individually identifiable private information for research purposes.

Unit Administrator

Unit Administrator, which is defined as a Department Chair, Program Director, Associate Dean, and/or Dean is responsible for reading, reviewing, and approving the content of the application and for assuring that the PI (and Co-PI for student research) meet the qualifications and requirements and adhere to the ethical principles outlined in the OCU IRB regulations.

Institution

Research covered by this policy that has been approved by the IRB may be subject to further appropriate review and approval or disapproval by the Provost. However, the Provost may not approve the IRB application if it has not been approved by the IRB committee.

IRB Membership and Function

Membership

The IRB shall have at least nine members. The IRB members shall be sufficiently qualified through the experience, expertise, and diversity of its members, including race, gender, cultural background, and sensitivity to community attitudes. In addition to the professional competence necessary to review specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable laws, and standards of professional conduct and practice. The IRB shall include persons knowledgeable in these areas. The IRB shall also include persons knowledgeable in working with individuals in vulnerable populations.

In addition to possessing the professional competence necessary to review specific research activities, the IRB membership will possess the following attributes:

- The IRB will be composed of both male and female members.
- The IRB will be composed of members representing more than one profession.
- The IRB shall include at least one community member, defined as someone who is not employed at the institution and who is not part of the immediate family of a person who is affiliated with the institution.
- The IRB will include at least one member whose primary concerns are in scientific areas, at least one member whose primary concerns are in nonscientific areas, and at least one member who serves as an ethicist
- The IRB will not permit a member to participate in the initial or continuing review of any project in which that member has a conflicting interest, except to provide information as requested by the IRB.
- The IRB may invite individuals with competence in special areas to assist in the review of issues which require expertise beyond or in addition to that available on the IRB. These individuals may not vote with the IRB and will communicate their expertise only.
- IRB members are appointed or re-appointed every three years by the Provost. IRB members will receive a letter of appointment or reappointment.

Member Appointments and Terms

The Provost will work in consultation with the IRB Chair and members of the IRB to fill vacant positions on the IRB. Candidates may be sought for expertise or to meet federal IRB composition requirements. All candidates are subject to approval by the Provost.

IRB members are appointed every three years. Members who are adequately performing required duties may be reappointed for unlimited terms by the Provost. IRB duties include regular attendance at convened meetings, timely review of assigned IRB applications, and submission of current CV and training certificates, including human subjects training. All reappointments are subject to approval by the Provost. The IRB Chair serves a three-year term and may be appointed for subsequent terms. IRB terms begin in the fall semester and lasts through the summer.

Members are encouraged to serve as members for two years before assuming the role of Chair. Duties of the IRB Chair consist of presiding over regular meetings of the IRB and reviewing applications and other documents in accordance with [45 CFR 46](#). The Provost Appointee assists with the duties of the Chair and presides over meetings in the Chair's absence. The Provost Appointee serves as an Ex-Officio member.

Members who are unable to attend meetings for extended periods of time must inform the IRB Chair in writing. Replacements may be appointed. Members may be removed by the Provost for poor attendance or failure to complete required duties. A current roster of IRB members including degrees, employment information, or position at OCU must be on file with OHRP.

Changes in IRB membership shall be reported to the OHRP, DHHS, or any successor office within 90 days of the change.

Function

The function of the IRB is to review and approve, require modifications in, or disapprove all research activities with human subjects. The IRB will notify investigators and appropriate University administrators, in writing, of decisions to approve, require modifications in, or disapprove proposed research activities. When the IRB disapproves research activities, the written notification will include the reasons for the decision and offer investigators the opportunity to respond during an IRB meeting or in writing.

The IRB may identify studies that require interim verification that no material changes have occurred since previous IRB reviews. Selection of projects to be reviewed may be random or may be based on investigator history or project complexity. Additional sources other than investigators, such as study participants, faculty overseeing student as Co-PIs, or faculty members' supervisors, may be used in this process. The IRB requires that all human subjects be given all relevant information about the research activities as part of the informed consent process. The IRB may require that additional information be provided to research subjects when the IRB determines that the information would meaningfully add to the protection of the rights and welfare of the subjects. The IRB will require documentation of informed consent or may waive documentation of informed consent in accordance with these procedures. The IRB has the authority to observe or have a third party observe the informed consent process and the research.

Convened Meetings

The IRBs meet according to meeting schedules and submission deadlines posted on the IRB website. The IRB may cancel scheduled meetings if there are no items that require review.

A quorum at a convened IRB meeting shall consist of more than one-half of the total membership including at least one member with a non-scientific focus. A voting majority of members at a convened meeting shall consist of more than one-half of the members present.

The IRB Chair may abstain from voting in a convened meeting unless necessary to make a quorum or to break a tie vote. IRB members may abstain from voting by personal choice. Members who have a conflict of interest in a study shall recuse themselves from voting and leave the room to eliminate any chance of influencing the procedure.

- Conflicts of interest may include but are not limited to: conflicts of interest as defined by University policies and review of protocols in which an IRB member is the principal investigator, a research team member, or a faculty overseeing a student.

Adequate minutes of all meetings and the monthly activity reports, which provide the results of reviews of all research protocols submitted to the IRB, are sent to IRB members. Quarterly

activity reports are also sent to the Provost and the monthly activity reports are maintained in ORSP.

The IRB may conduct convened meetings in person or by video conference as long as members have received copies of all documents to be reviewed, a majority is present, and discussion occurs in real time. All members must be connected simultaneously for teleconferences or video conferences.

Investigators may be asked to attend or may request to attend relevant portions of IRB meetings when the need exists to clarify research procedures or to answer questions regarding applications. Students may also be granted permission to attend IRB meetings for educational purposes.

Required Training

All individuals (including but not limited to PIs, Co-PIs, research assistants, faculty, students, and staff) engaged in research with human subjects are required to successfully complete approved training in the protection of human research participants. A current training certificate (no more than 3 years old) must be on file for all research team members before an exemption, approval, or renewal can be granted. This required training applies to OCU personnel on all studies regardless of the level of review. A link to the required training is available through the IRB website at: <https://www.okcu.edu/current/academic-affairs/institutional-review-board/irb-application-process>

Use of Watermark CES for Human Subjects Research

This policy establishes requirements and clarifies roles related to the use of Watermark Course Evaluation & Survey (CES) in research involving human subjects reviewed by the Institutional Review Board (IRB). Its purpose is to ensure appropriate use of the platform, data integrity, and researcher preparedness. This policy applies to all faculty, staff, and students who propose to use Watermark CES as a tool for collecting data from human subjects as part of an IRB-reviewed research project.

Required Training and Initial Consultation

- All researchers who intend to use Watermark CES for data collection are required to complete an initial consultation with the Watermark CES Administrator prior to survey deployment.
- This consultation will provide training on the technical functionality of Watermark CES, including survey distribution, permissions, reporting, and data access.
- The purpose of the meeting is to ensure that researchers understand the capabilities and limitations of the Watermark CES system and can use the platform appropriately for their approved research protocol.

Role of the Watermark CES Administrator

The Watermark CES Administrator serves solely in the capacity of a system trainer and technical advisor.

- The CES Administrator does not design, develop, administer, distribute, or manage research surveys.
- The CES Administrator does not assume responsibility for IRB compliance, research methodology, question design, informed consent language, or data analysis.
- Responsibility for survey content, ethical conduct, human subjects protections, and adherence to the approved IRB protocol remains entirely with the researcher(s).

Researcher Responsibilities

Researchers using Watermark CES are responsible for:

- Ensuring all survey instruments, consent materials, recruitment language, and procedures receive IRB approval prior to distribution.
- Scheduling and completing the required CES training consultation before launching the survey.
- Using Watermark CES only in ways consistent with the IRB-approved protocol.
- Complying with institutional data security, confidentiality, and record-retention requirements.

IRB Review Considerations

- The IRB may require confirmation that the required CES training consultation has occurred prior to survey deployment.

Categories of Review

Research involving human subjects at OCU may be reviewed as exempt, expedited, or full review.

Exempt Review

Studies that meet the criteria as provided in the [45 CFR 46](#) may be reviewed using the exempt review process. Studies involving prisoners except for research aimed at involving a broader subject population that only incidentally includes prisoners cannot be exempted. Exempt applications will be reviewed by the IRB Chair or Co-Chair and one experienced member designated by the IRB committee two IRB members to determine, based on federal guidelines, whether a project is exempt from further IRB review. Exempt protocol applications are sent to designated reviewers as soon as they are received by the IRB. In conducting exempt reviews, the IRB member(s) may exercise all of the authorities of the IRB except that they may not disapprove the research. If any of the IRB reviewers have concerns about the research, the

research activity will be reviewed at the next convened IRB meeting. The IRB Chair or Co-Chair will communicate the need for full review to the PI. A research activity may be disapproved only after review by the convened IRB committee in accordance with the non-expedited procedure set forth in [45 CFR 46](#). Outcomes of exempt reviews are included in quarterly activity reports to the IRB.

A listing of federally approved exemptions is provided below.

Category 1 - Education Research: Research, conducted in established or commonly accepted educational settings that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. Research involving children is eligible for this exemption.

Category 2 - Interactions (education tests, surveys, observation of public behavior):

Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

- The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects. If the study involves children, this exempt category may only be used when using educational tests or the observation of public behavior if the investigator(s) do not participate in the activities being observed.
- Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation. If the study involves children, this exempt category may only be used when using educational tests or the observation of public behavior if the investigator(s) do not participate in the activities being observed; or
- The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to ensure that adequate provisions are in place to protect the privacy of subjects and to maintain the confidentiality of data. This criterion may not be used to exempt research involving children.

Category 3 - Benign Behavioral Interventions: Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject

prospectively agrees to the intervention and information collection and at least one of the following criteria is met:

- The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
- Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or
- The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §11.111(a)(7).

For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

Exemption Category 3 may not be used for research involving children or persons with impaired decision making ability.

Category 4 - Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens if at least one of the following criteria is met:

- The identifiable private information or identifiable biospecimens are publicly available;
- Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;
- The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or

“research” as those terms are defined at 45 CFR 164.501 or for “public health activities and purposes” as described under 45 CFR 164.512(b); or

- The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for non-research activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with the EGovernment Act of 2002.

It is important to note the Exemption Category 4 only applies to the re-use of data and specimens that were or will be collected for non-research purposes or from research studies other than the proposed research study. This exemption category can be used for data/specimens from prisoners (as long as the research was not designed to recruit prisoners and prisoners were only incidental subjects of the research), from children, and from persons with decisional impairment.

Category 5 - Federal research and demonstration projects: Research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads (or the approval of the heads of bureaus or other subordinate agencies that have been delegated authority to conduct the research and demonstration projects), and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs, including procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs.

Category 6 - Taste and Food quality: Taste and food quality evaluation and consumer acceptance studies:

- If wholesome foods without additives are consumed, or
- If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Research that targets a prisoner population is only eligible for this exemption if the research is aimed at a broader population and only incidentally includes prisoners. Research involving children is eligible for this exemption. Research involving persons with impaired decision making could be allowed if their inclusion was justified.

Category 7 - Storage or maintenance for which broad consent is required: This category of exemption is new per the Final Rule. Currently, OCU will not review these studies as exempt and is not adopting the principles of broad consent.

Category 8 - Secondary research for which broad consent is required: This category of exemption is new per the Final Rule. Currently, OCU will not review these studies as exempt and is not adopting the principles of broad consent.

Expedited Review

Expedited reviews are carried out by the IRB Chair or Co-Chair and one or more (generally two) experienced members designated by the IRB committee. Reviewers are designated based on expertise in disciplines of studies and on a rotating basis when possible. Expedited protocol applications are sent to designated reviewers as soon as they are received by the IRB. In conducting expedited reviews, the IRB member(s) may exercise all of the authorities of the IRB except that they may not disapprove the research. If any of the IRB reviewers have concerns about the research, the research activity will be reviewed at the next convened IRB meeting. The IRB Chair or Co-Chair will communicate the need for full review to the PI. A research activity may be disapproved only after review by the convened IRB committee in accordance with the non-expedited procedure set forth in [45 CFR 46](#). Outcomes of expedited reviews are included in quarterly activity reports to the IRB.

Applicability

- A. 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](#). The activities listed below 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.
- B. The categories in this list apply regardless of the age of subjects, except as noted.
- C. 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.
- D. The expedited review procedure may not be used for classified research involving human subjects.
- E. 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.
- F. Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Expedited Categories

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 an 8 week period and collection may not occur more frequently than 2 times per week; or
 - b. from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week. 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."
3. Prospective collection of biological specimens for research purposes by noninvasive means.
 - a. Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.
4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays

or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

- a. Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, 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 non-research purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46](#). This listing refers only to research that is not exempt.)
6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.)
8. Continuing review of research previously approved by the convened IRB as follows:
 - a. where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or
 - b. where no subjects have been enrolled and no additional risks have been identified; or
 - c. where the remaining research activities are limited to data analysis.
9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

Full Review

Studies that cannot be exempted based on the exemption categories or receive a review using the expedited procedures as defined above must be reviewed at a fully convened meeting of the IRB. Full Review application packets including the protocol, consent documents, recruitment materials, and data collection materials are distributed to all IRB members prior to meetings. Full Review applications are reviewed at convened meetings with a majority of members present, including at least one member with concerns in nonscientific areas. The IRB Chair may designate primary reviewer(s) as needed to manage the volume of applications. Primary reviewers are designated by the Chair on a rotating basis. The role of a primary reviewer is to review application materials in detail and submit written recommendations to the committee for discussion on changes or clarifications necessary to approve a protocol.

SPECIAL IRB CONSIDERATIONS

Vulnerable Populations

When some or all of the subjects are likely to be vulnerable to coercion or undue influence, it is the responsibility of the IRB to make certain that additional safeguards have been included in the study to protect the rights and welfare of these subjects.

Research involving pregnant women or fetuses

Pregnant women or fetuses may be involved in research if all of the following conditions are met:

- a) Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on nonpregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;
- b) The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus; or, if there is no such prospect of benefit, the risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge which cannot be obtained by any other means;
- c) Any risk is the least possible for achieving the objectives of the research;
- d) If the research holds out the prospect of direct benefit to the pregnant woman, the prospect of a direct benefit both to the pregnant woman and the fetus, or no prospect of benefit for the woman nor the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge that cannot be obtained by any other means, her consent is obtained in accord with the informed consent provisions of subpart A of this part;

- e) If the research holds out the prospect of direct benefit solely to the fetus then the consent of the pregnant woman and the father is obtained in accord with the informed consent provisions of subpart A of this part, except that the father's consent need not be obtained if he is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape or incest.
- f) Each individual providing consent under paragraph (d) or (e) of this section is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate;
- g) For children as defined in §46.402(a) who are pregnant, assent and permission are obtained in accord with the provisions of subpart D of this part;
- h) No inducements, monetary or otherwise, will be offered to terminate a pregnancy;
- i) Individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy; and
- j) Individuals engaged in the research will have no part in determining the viability of a neonate.

Children

The IRB shall review research with children as participants and shall approve only research which satisfies the conditions set forth in [Subpart D of 45 CFR 46](#). The CFR provides that educational and social research with children as participants may be considered Exempt and may not require signed informed consent (see Exempt Review). Expedited and Full Review research studies involving children require signed informed consent from parents or legal guardians.

The IRB, in accordance with [45 CFR 46](#), may approve studies with children that involve greater than minimal risk if the risk is justified by the anticipated benefit to the subjects, the relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches, and adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians.

Research projects with children that involve greater than minimal risk but are likely to yield generalizable knowledge about the subject's disorder or condition may be approved by the IRB if the risk represents a minor increase over minimal risk; the intervention presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations; the intervention is likely to yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the subjects' disorder or condition; and adequate provisions are made for soliciting assent of the children and permission of their parents or guardians. These requirements are in accordance with [45 CFR 46](#).

The IRB shall determine that adequate provisions are made for soliciting the assent of the children when, in the judgment of the IRB, the children are capable of providing assent. In determining whether children are capable of assenting, the IRB will take into account the ages, maturity, and psychological states of the children involved. Even where the IRB determines that the participants are capable of assenting, the IRB may still waive the assent requirement under circumstances in which consent may be waived.

The IRB shall determine that adequate provisions are made for soliciting the permission of each child's parents or guardian in accordance with [45 CFR 46](#). The IRB may waive the consent requirements provided an appropriate mechanism for protecting the children who will participate as subjects in the research is substituted, and provided further that the waiver is consistent with federal, state, or local law. The choice of an appropriate mechanism would depend upon the nature and purpose of the activities described in the protocol, the risk and anticipated benefit to the research subjects, and their age, maturity, status, and condition.

The IRB shall require verification and appointment of an advocate for each child who is a ward of the state or any other agency, institution, or entity, in addition to any other individual acting on behalf of the child as guardian or in loco parentis. One individual may serve as an advocate for more than one child. The advocate shall be an individual who has the background and experience to act in, and agrees to act in, the best interests of the child for the duration of the child's participation in the research and who is not associated in any way (except in the role as advocate or member of the IRB) with the research, the investigator(s), or the guardian organization.

Prisoners

As prisoners may be under constraints due to their incarceration, which could impact their ability to make truly voluntary and un-coerced decisions whether or not to participate as participants in research, the IRB is obligated to provide additional safeguards for the protection of prisoners involved in research activities.

The CFR mandates that the majority of IRB members have no association with the prisons involved in research (apart from IRB membership) and that at least one member of the IRB must be a prisoner or have the appropriate background to serve as a prisoner representative when reviewing research on prisoners.

The selection of research participants must be fair to all prisoners and immune from arbitrary intervention by prison authorities, parole boards, or other prisoners. The risks involved in this research must be commensurate with risks that would be accepted by non-prisoner volunteers.

The information must be presented in language that is understandable to the prison population. The benefits of the research must not be of such a magnitude that they impair the ability of

prisoners to weigh the risks of the research given the limited choice environment of the prison. Adequate assurance must be provided to the IRB that parole boards will not consider prisoners' decisions about participation in research in making decisions regarding parole. All prisoners must be clearly informed, in advance, that participation in the research will have no effect on their parole. Where the IRB finds a need for any sort of follow-up procedures following participation, adequate provisions for prisoners must be made, taking into account varying lengths of prisoners' sentences, in order to inform prisoner participants of the follow-up. Biomedical and behavioral research involving prisoners as research participants may be conducted only if (a) the above requirements have been met; and (b) the proposed research is solely for the following purposes:

- Possible causes, effects, and processes of criminal behavior or incarceration, with no more than minimal risk and inconvenience to participants;
- Prisons, as institutional structures, or prisoners, as incarcerated persons, with no more than minimal risk and inconvenience to participants;
- Conditions particularly impacting prisoners as a group, in that certain conditions are more prevalent in prisons than elsewhere (e.g., hepatitis, alcohol/drug addiction, sexual assaults), following consultation with appropriate experts and published notice in the Federal Register;
- Practices with the intent and reasonable probability of improving the health or well-being of participants. Where prisoners are to be assigned to control groups in which they may not benefit from the research, consultation with appropriate experts and published notice in the Federal Register are required.

Except as provided above, biomedical or behavioral research will not involve prisoners as research participants.

Economically or Educationally Disadvantaged Persons

The revised common rule outlines additional considerations and concerns in the enrollment of economically or educationally disadvantaged persons. Economically or educationally disadvantaged persons may be subject to undue influence in participating in research due to limited understanding and/or unfair level of benefit in exchange for study participation. When reviewing the IRB must carefully consider the population and ensure a given study does not unduly influence this population to participate and is not exploitive.

The IRB shall ensure that selection of subjects will take a few concerns into account, such as: subjects may enroll in research without fully understanding the study risks, rewards /compensation /services may be unduly influential, and exploitation by promising unfair level of benefit in exchange for participation.

The IRB will determine if appropriate safeguards are in place to address these concerns. The consent documents must be written in language that is easily understandable and appropriate for the population with the possibility of illiteracy or limited reading ability accounted for.

Incentives/compensation for participation in research must be appropriate with risks, discomforts, burdens, and inconveniences involved. Where a potential participant's judgment is impaired by incentives or the hope of benefit and he/she does not appreciate potential risks, consent may not be valid. Finally, benefits should be appropriate for the risks involved and should not cause inequitable subject selection.

Participants with Limited or Impaired Decision-Making Ability

The revised common rule outlines additional considerations and concerns in the enrollment of subjects who may be unable to provide legally effective informed consent because of impairment in decision-making ability (i.e., consent capacity).

The phrase "decision making capacity" refers to an individual's ability to make a meaningful, informed decision. It is generally thought to include at least 4 components:

- Understanding: Understanding information relevant to the decision, such as nature and purpose of the study, potential risks and benefits.
- Appreciation: Applying the information to one's own situation and condition
- Reasoning: To incorporate the information with personal priorities, values, potential consequences, and alternatives
- Expression: Expressing a choice in a consistent fashion

In order for individuals with impaired consent capacity to be ethically enrolled in research, investigators and IRBs should consider ways to enhance subjects' understanding of information relevant to the consent process, in a manner consistent with the Common Rule and the ethical principles outlined in the [Belmont Report](#). As individuals with impaired capacity to consent may be vulnerable to coercion or undue influence, investigators and IRBs should be guided by ethical principles such as respect for persons and equitable selection of research subjects, and they should weigh the need for additional safeguards to ensure the voluntariness of study participation. In some cases, enrolling individuals with impaired consent capacity in research may necessitate the involvement of a legally authorized representative (LAR). When an LAR is acting on behalf of the prospective subject, IRBs should consider the most appropriate methods to present information to the LAR and the subject about the study and its risks and anticipated benefits. (<https://grants.nih.gov/grants/policy/questionablecapacity.htm>)

When the IRB reviews protocols involving subjects with limited or impaired decision-making ability, they are required to consider whether additional safeguards are needed. By considering proposed studies on a case by case basis, protections can be provided proportional to the expected severity of consent capacity impairment in prospective subjects, magnitude of experimental risk, anticipated benefits to the subject and/or society, complexity of the study design, and other relevant factors.

When required, the IRB will assess if additional methods are used to assess decisional capacity. The protocol summary should describe how decisional capacity will be evaluated, by whom it will be evaluated, and the criteria for evaluation.

In reviewing the studies, the IRB will consider whether the research involves subjects with cognitive impairment can be approved only if justified and appropriate additional safeguards are in place. IRB will also confirm that studies should not arbitrarily exclude subjects with cognitive impairment if they might be able to give informed, voluntary consent and there is a chance they could benefit from participation. The primary additional safeguard for this vulnerable subject population is assessment of decisional capacity; if adequate decisional capacity is not found upon assessment, protocol will either exclude the prospective subject from the study or seek surrogate consent for their participation.

Studies Involving Deception

Deception is the intentional misleading of subjects or the withholding of full information about the nature of the study. Deception increases ethical concerns because it interferes with the ability of the subject to give informed consent. Deception may be necessary in certain types of research so that results are not biased. The use of deception or incomplete disclosures can only be approved if the following conditions are met:

- Other than deception, other risks to the subjects are not more than minimal;
- The research could not practicably be carried out without the waiver or alteration;
- If the consent process must be altered or waived, the rights and welfare of the subjects will not be adversely affected; and
- Whenever appropriate, the subjects will be provided with additional pertinent information after participation. This debriefing may include:
 - a description of the deception,
 - the necessity of the deception as it relates to the purpose of the research, and
 - an option for participants to withdraw their data from the study after they learn the true nature of the research, particularly if it is of a sensitive nature.

Review of Research by Other Institutional Compliance Committees

Investigators must inform the IRB if, in addition to IRB approval, the research must be reviewed and approved by other institutional compliance.

Health Insurance Portability and Accountability Act OF 1996 (HIPAA)

The HIPAA Privacy Rule requires that either an IRB or a Privacy Board make determinations about the use of protected health information (PHI) in research. At OCU, the IRB is responsible for reviewing all human subjects research, including research that uses PHI. The IRB adheres to the Federal Policy for the Protection of Human Subjects (also known as Common Rule) in order

to protect the privacy of subjects and their confidential information. The Privacy Rule applies only to covered entities which are identified in the OCU HIPAA policy. Covered entities generally include 1) health insurers; 2) health care clearinghouses; and 3) health care providers who electronically transmit information for certain types of transactions such as billing and eligibility verification. If the research is subject to the Privacy Rule as a covered entity, the IRB will coordinate with the appropriate HIPAA designees to ensure that HIPAA guidance is also followed.

REVIEW OF RESEARCH

Submission of Application

All applications and materials will be submitted through the OCU IRB email (irb@okcu.edu) using the appropriate application form.

Applications submitted by faculty PIs require signed certification by the faculty PI and academic unit administrator. The faculty member certifies that he/she accepts primary responsibility for all aspects of the research project. The academic unit administrator certifies that he/she has read, reviewed, and approved the content of the application.

Applications submitted by students require certification from the faculty advisor and the academic unit administrator. In addition, the student certifies that he/she accepts primary responsibility for all aspects of the research project. The faculty advisor and academic unit administrator certify that they have read, reviewed, and approved the application. Incomplete applications or applications containing unclear information may delay the review and approval process.

IRB submission forms are revised as necessary to improve the process or to meet University and Federal regulations. Revisions are approved by the IRBs prior to implementation.

Criteria for Review

The IRB reviews each protocol to determine that the following requirements are met:

- Risks to participants are minimized.
- Risks to participants are reasonable in relation to anticipated benefits, if any, to participants and the importance of the knowledge that may reasonably be expected to result. The IRB considers only those risks and benefits that may result from the research, and not risks or benefits that would likely result even if persons did not participate in the research.
- Selection of participants is equitable. When considering the selection of participants, the IRB will be particularly cognizant of the purpose and setting of research involving vulnerable populations.

- Informed consent will be sought from all prospective participants or the participants' legally authorized representatives in accordance with and as required by [45 CFR 46](#).
- Informed consent will be appropriately documented in accordance with, and to the extent required by, [45 CFR 46](#).
- The research plan makes adequate provision for monitoring the data collected to ensure the safety of participants as deemed appropriate by the IRB.
- Adequate safeguards are provided to protect the privacy of participants and to maintain the confidentiality of data as deemed appropriate by the IRB.

Evaluation of Risk

The IRB shall evaluate potential risks on a case-by-case basis and be sensitive to possible harms. If a research activity will expose individuals to risk, the IRB must be assured that:

- The rights and welfare of the individuals are adequately protected;
- The methods used to obtain informed consent are adequate and appropriate;
- The risks to individuals are outweighed by the potential benefits to individuals or society or by the importance of the knowledge to be gained;
- Study personnel are qualified to conduct the study, including any specialized procedures or testing; and
- Adequate provisions for "debriefing" or post-investigation explanations are included in studies involving deception or incomplete disclosure.

The IRB may call qualified consultants to serve as non-voting members when participants will be recruited from vulnerable populations. The IRB may also refer investigators to consultants for assessment of the potential risks and benefits of the proposed research. The IRB Chair will contact the University's General Counsel when the IRB believes that a legal opinion is needed. Individuals are considered to be at risk if they may be exposed to physical, psychological, social, or economic harm.

Physical Harms

Research involving physical activities or medical interventions can expose participants to pain, discomfort, physical injury, injury from invasive medical procedures, or harm from possible side effects of drugs. These adverse effects are considered "risks" for purposes of IRB review.

Research designed to measure the effects of therapeutic or diagnostic procedures applied in the course of caring for an illness may not entail any significant risks beyond those presented by medically indicated interventions. Research designed to evaluate new drugs or procedures may present more than minimal risk, and, on occasion, can cause serious or disabling injuries.

Psychological Harms

Participation in research may result in undesired changes in thought processes and emotion (e.g., episodes of depression, confusion, or hallucination resulting from drugs, feelings of stress, guilt,

and loss of self-esteem). Stress, feelings of guilt, or embarrassment may arise from thinking or talking about one's own behavior or attitudes on sensitive topics such as drug use, sexuality, selfishness, or violence. Psychological harm can also occur when the environment of the participant is manipulated, when studies involve any form of deception, and when studies involve invasion of privacy.

Social Harms

Some invasions of privacy and breaches of confidentiality may result in embarrassment within one's business or social group, in loss of employment, or in criminal prosecution. Areas of particular sensitivity are information regarding alcohol or drug abuse, mental illness, illegal activities, and sexual behavior. Some social and behavioral research may yield information that could label or stigmatize participants. Confidentiality safeguards must be strong in these instances. Breaches of confidentiality can adversely affect present or future employment, eligibility for insurance, political campaigns, and standing in the community. A researcher's plans to contact such individuals for follow-up studies should be reviewed with care.

Economic Harms

Participation in research may also result in actual monetary losses to individuals such as transportation expenses, childcare expenses, and time off work. Any anticipated costs to research participants should be described in detail during the consent process.

Recruitment Materials

All materials aimed at recruiting participants into a research study (including the final copy of printed advertisements, scripts, audio or video tapes, emails, or web sites) must be reviewed and approved by the IRB prior to use.

Required elements:

- The PI's name and contact information
- A statement that the project is research
- A statement that participation is voluntary
- If using email or electronic means to recruit participants, the following statement is required, "There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions."

Recommended elements:

- A brief summary of the basic eligibility criteria
- Statement about whether or not participants will be compensated for their participation. The amount of payment may be included but should not be the most prominent element on the page
- Purpose of the study
- A brief summary of the study
- The time commitment

Elements That Are Not Allowed:

- Claims that state or imply a certainty of a favorable outcome or other benefits beyond what is outlined in the consent document and protocol
- Use of the term “free” in reference to treatment or procedures although participants can be told that there is no charge
- Use of bold or enlarged print or other means to emphasize payment or the amount to be paid

Informed Consent

Except as provided elsewhere in this policy, investigators may not involve a human being as a participant in research covered by this policy unless the investigator has obtained the legally effective informed consent of the participant or the participant's legally authorized representative. Investigators may seek such consent only under circumstances that provide the prospective participant or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence.

The information that is given to the participant or the representative shall be in language understandable to the participant or the representative. Thus, participants should be presented with consent documents and other research-related documents (such as questionnaires or cover letters) written in a language understandable to them. Any verbal explanation of the consent or research procedures should be presented in a language understandable to the participant. The IRB must receive all translated versions of the written documents as a prior to approval. PIs assure the IRB by submission of the application that any translated documents are accurate. The IRB, at their discretion, may request additional information regarding translated documents. Translators involved only in translation of written documents are not required to fulfill the training requirement.

The consent process may not involve the use of exculpatory language through which the participant or representative is made to waive or appear to waive any of the participant's legal rights, or releases or appears to release the investigator, sponsor, institution, or agents from liability for negligence.

Basic Elements of Informed Consent

When seeking informed consent, the informed consent must begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not want to participate in the research. This part of informed consent must be organized and presented in a way that facilitates comprehension.

This presentation should then be followed by the required elements below:

- A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;

- A description of any reasonably foreseeable risks or discomforts to the subject;
- A description of any benefits to the participant or to others which may reasonably be expected from the research;
- A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the participant;
- A statement describing the extent, if any, to which confidentiality of records identifying the participant will be maintained;
- For research collecting identifiable private information and/or identifiable biospecimens one of the following must be included: 1) a statement that collected samples/data may be de-identified and used for future research or be given to another investigator for future research without additional informed consent; 2) a statement that collected samples/data will not be used or distributed for future research, even if de-identified.
- 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;
- Contact information for answers to pertinent questions about the research and research participants' rights, and contact information in the event of a research-related injury to the participant; and
- A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and the participant may discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled.

When appropriate, any of the following additional elements of informed consent may be required by the IRB:

- A statement that the particular treatment or procedure may involve risks to the participant (or to the embryo or fetus, if the participant is or may become pregnant) which are currently unforeseeable;
- Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent;
- Any additional costs to the subject that may result from participation in the research;
- The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;
- A statement that biospecimens, even if de-identified, may be used for commercial profit and whether/if that profit will be shared;
- For research involving biospecimens, whether the research will or might include (specifically) whole genome or exome sequencing;
- A statement regarding whether clinically relevant research results will be given to the subject and under what conditions;

- A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject; and
- The approximate number of participants involved in the study.

Documentation of Informed Consent

Informed consent must be documented by the use of an IRB approved written consent form that contains all of the required elements of informed consent and has been signed by the participant or the participant's legally authorized representative. Participants must be provided with a copy of the consent forms. Investigators are prohibited from using any other form without the prior approval of the IRB.

The IRB may waive the requirement for investigators to obtain signed, written informed consent from participants, if the IRB makes one of the following determinations:

- The only record linking participants to the research would be the consent document and the primary risk would be potential harm resulting from a breach of confidentiality.
- The research presents no more than minimal risk of harm to participants and involves no procedures for which written consent is normally required outside of a research context.

Possible Actions

The IRB may take one of three actions regarding proposed protocols: approve, request changes, or disapprove.

- **Approval:** Permission has been granted to proceed with the research as proposed.
- **Request changes:** Specific changes must be made before the protocols can be approved. The IRB determines whether required changes will be reviewed by a full IRB meeting or the Chair and one other IRB member. Investigators are notified of required revisions immediately following the review of the study. The notification includes specific instructions for implementing and documenting the required changes. *Required revisions must be received by the IRB within six months of the notification or the protocol file will be closed.*
- **Disapproval:** The IRB has determined that the rights and welfare of research participants cannot be adequately protected as the protocol is designed. Decisions for disapproval go to the full IRB for consideration. The IRB shall notify investigators and the institution in writing of its decision to disapprove proposed research activity. The written notification shall include a statement of the reasons for its decision and give the investigator an opportunity to respond in person or in writing.

Approved Protocols

Notification letters are sent to PIs when protocols have been approved. Copies of the approval letter are sent to the PIs; and Faculty advisors when PIs are students.

Copies of IRB approval letters may be required with external funding proposals involving research with human subjects.

Original signed consent forms should be retained by the investigator for at least three years from the study's completion. The IRB committee may request that the researcher make available original signed copies of consent forms at any time during or within the three-year mark after the completion of the study.

Disapproved Protocols

PIs are notified in writing by the Chair when protocols have been disapproved by the IRB. The IRB will work closely with PIs to modify aspects of protocols that are cause for concern. PIs may resubmit protocols that incorporate the required changes. PIs may appeal decisions of the IRB by submitting a brief summary outlining the reasons for the appeal. PIs who appeal decisions must attend the convened IRB meeting in which the appeal is reviewed.

INTERIM REVIEW PROCEDURES

Review of Proposed Changes in Research Projects (Modifications)

Researchers are required to promptly report proposed changes in research activities to the IRB. Such changes during the period for which IRB approval has already been given may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the participant. The requirement for prompt reporting is stated in both the initial approval letter and the renewal letter, is included in IRB training, and is stated on the IRB website.

Researchers must complete a modification submission to propose changes in a research activity. Changes to previously approved and exempted research are reviewed by the IRB Chair or by one or more experienced reviewers designated by the Chair from among members of the IRB. Modifications for the sole purpose of adding or removing a research team member(s) may be reviewed and processed by the IRB chair or Provost appointee. The IRB chair or Provost appointee may also administratively approve modifications involving study title changes, as long as the change in title does not result in changes to the IRB protocol. In reviewing the request for modifications, the reviewers may exercise all of the authorities of the IRB except that the reviewers may not disapprove the research.

Researchers are required to promptly report proposed changes in research activities to the IRB. Such changes during the period for which IRB approval has already been given may not be initiated without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the participant [45 CFR 46.108\(a\)\(3\)\(iii\)](#). This requirement for prompt reporting is communicated through initial approval letters, renewal notices, mandatory IRB training, and the official IRB website.

Researchers must submit a modification request to propose changes to any research activity. Changes to previously approved research that meet the criteria for expedited review, as well as minor changes to exempted research, are reviewed by the IRB Chair or by one or more experienced reviewers designated by the Chair from among the members of the IRB [45 CFR 46.110\(b\)\(1\)\(ii\)](#). Modifications for the sole purpose of administrative updates—such as adding/removing research team members or study title changes that do not alter the protocol—may be processed by the IRB Chair or an IRB-appointed administrative designee. In reviewing modification requests, the designated reviewers may exercise all of the authorities of the IRB; however, they may not disapprove the research [45 CFR 46.110\(b\)\(2\)](#). Any modification involving more than minimal risk, or which does not meet expedited criteria, must be referred to a convened meeting of the IRB.

Continuing Review of Research

Continuing review of research is required for all full review studies and will be conducted at intervals appropriate to the degree of risk, but not less than once per year. Extension requests must be reviewed prior to the anniversary date of the last approval. Full review anniversaries are the date of the full IRB approval. The IRB may determine the frequency of continuing review of protocols based on an investigator's IRB history including past and current violations, the level of risk, the vulnerability of the participant population, the use of deception, the complexity of the project, or any other concern. The IRB may take the same actions on continuing reviews as those taken on initial applications. Investigators are notified of required revisions to a renewal request immediately following the review of the request.

Continuing review is not required annually for exempt and expedited studies. At the time of approval, the expiration date of the study will be determined based on the expected duration of the study and the IRB's consideration of risks.

PIs are notified of expiration dates and the requirement to submit a request to renew or close IRB files prior to the anniversary date of the last approval. Renewal submissions on full review studies are reviewed at fully convened IRB meetings and therefore should be submitted both prior to the expiration and prior to the next scheduled IRB meeting.

Renewal submissions for exempt studies, expedited studies, and full-review studies where subject enrollment and data collection are complete may be reviewed by the IRB chair or cochair. All renewal submissions must include the number of participants accrued, a summary of unanticipated problems and/or adverse events, participant complaints, withdrawals, and a summary of amendments and modifications since the last review.

Adverse Events or Unanticipated Problems

An adverse event is any untoward or unfavorable occurrence in a human subject, including any abnormal sign, symptom, or disease, temporally associated with the subject's participation in the

research, whether or not considered related to the subject's participation in the research. Adverse events encompass both physical and psychological harms (see *Definitions*).

An unanticipated problem is any incident, experience, adverse event, or outcome that meets all of the following criteria: unexpected given the described procedures, informed consent, and population characteristics; related or possibly related to participation in the research; suggests that subjects are placed at greater risk than previously known (see *Definitions*).

Adverse events and unanticipated problems are not mutually exclusive. An adverse event is not necessarily an unanticipated problem and vice versa. The IRB makes the final determination on categories of incidents.

- OCU investigators shall report adverse events or unanticipated problems to the IRB within two (2) working days of knowledge of the incident. Researchers must submit a completed Incident Report Form for Legacy Studies to the IRB Office within five (5) working days.
- The incident report shall include at a minimum: name of PI, title of research project, award information (if applicable), a detailed description of the incident, a detailed description of actions or plans to address the incident, and the outcome.
- When reviewing reports of unanticipated problems and adverse events, the IRB shall consider whether the affected research protocol continues to satisfy the requirements for IRB approval, whether risks to participants continue to be minimized and reasonable in relation to the anticipated benefits to the participants, and the importance of the knowledge that may be reasonably expected to result.
- The IRB Chair may call an emergency meeting of the IRB or suspend research activities if necessary to prevent immediate threat to the safety and well-being of research subjects. Notification of suspensions or terminations will include the rationale for the IRB's action and will be sent by the IRB to investigators, faculty advisors of student investigators, the academic unit administrator, appropriate institutional officials, and the funding agency head if applicable.
- The IRB is authorized to require additional information from the investigator and/or require any modifications necessary to ensure the safety and wellbeing of research subjects and ensure that such incidents will not happen again, either with the investigator or the protocol in question. Changes to a research study proposed by the investigator in response to an unanticipated problem must be reviewed and approved by the IRB Chair and another member before being implemented, except when necessary to eliminate apparent immediate hazards to participants. If the changes are determined to be more than minor, the changes must be reviewed and approved by the convened IRB.

Reporting Requirements

The IRB shall promptly report unanticipated problems or incidents to the provost. The time frame for reporting will be based on the nature and severity of the incident and be in accordance with applicable [45 CFR 46](#) regulations or the OHRP Guidance on Reporting Incidents to OHRP at <http://www.hhs.gov/ohrp/compliance/reports/>.

When required, reports to OHRP, supporting personnel, and the Provost on unanticipated problems shall include: name of the institution, name of PI, title of the research project, award information (if applicable), a detailed description of the incident, actions OCU is taking or plans to take to address the problem (e.g., protocol revision, suspension of participant enrollment, termination of research).

Noncompliance

Noncompliance is the failure to comply with federal or state regulations, OCU policies and procedures governing research with human subjects, or requirements of the IRB. Categories of noncompliance are *minor noncompliance*, *serious noncompliance*, and *continuing noncompliance*. The safety and wellbeing of research participants shall be the primary concern when addressing acts of noncompliance.

All institutional members, research participants, and others are encouraged to report observed or suspected noncompliance to the IRB or to the Provost's Office. Noncompliance may also be discovered through documents such as new applications, reviews, or adverse event reports as well as through processes such as internal audits, mass emails, or research presentations.

At this time, the IRB Chair, and/or another IRB committee member designated by the Chair, will review the report and associated information. If more information is needed, the IRB chair or IRB staff will communicate with the needed parties. If the reviewer determines that the report is unsubstantiated, no further action will be taken. If the reviewer determines that the report is substantiated and an investigation is needed, the IRB will notify the investigator, the investigator's direct supervisor (for faculty / staff research), and faculty advisor (for student research) of the initiation of an investigation. The procedures for the appropriate level of noncompliance should be followed.

Minor Noncompliance

Minor noncompliance is a deviation from procedures that does not increase risks to research participants, compromise participants' rights or welfare, or affect the integrity of the research/data or the IRB process. Examples may include but are not limited to:

- Lapses in continuing IRB approval for expedited and full-review studies *
- Failure to obtain exempt determination before exempt research is conducted;

- Initiation of research on protocols pending IRB approval;
- Minor changes in or deviations from an approved protocol;
- Deviations from an approved consent procedure; and
- Administrative errors.

**Protocols expire automatically when IRB approval lapses. Investigators will be notified of the approval lapse, given 30 days to submit a request for renewal, and informed that recruitment and data collection must cease immediately. If a request for renewal is not received within the 30-day period, the protocol will be closed, and a new IRB application must be submitted if the investigator wishes to continue with the study. Lapses in IRB approval are considered minor noncompliance providing that all research activities have ceased. Research activities conducted during a lapse in IRB approval are considered serious noncompliance and will be reported according to DHHS regulations.*

Minor noncompliance may be addressed by a notification from the IRB and/or IRB Chair to the investigator that includes the nature of the noncompliance, a corrective action plan, and a time frame for completion. Copies of notification letters may be sent to the Provost's office, faculty advisors, academic unit administrators, Deans, and other entities as deemed necessary by the IRB. Failure to respond to notification letters may be considered by the IRB to be either serious or continuing noncompliance.

Serious and Continuing Noncompliance

Serious noncompliance is an act or omission that has the potential to increase risk to research participants, compromise participants' rights or welfare, or affect the integrity of the research/data or IRB process. Examples may include but are not limited to:

- Failure to obtain IRB approval on expedited or full review studies before starting research;
- Continuing research activities after IRB notification that approval has expired;
- Failure to notify the IRB of changes in approved procedures, scope/intent of the study;
- Failure to monitor data to ensure safety of participants;
- Failure to report serious unanticipated problem involving risks to participants or others, including adverse events;
- Failure to adequately protect participant privacy and confidentiality of data;
- Failure to obtain informed consent;
- Failure to protect participants from coercion or undue influence;
- Failure to recruit participants according to IRB approved protocol;
- Failure to conduct research according to the IRB approved protocol; and
- Failure to maintain complete records of informed consent.

Continuing noncompliance is noncompliance that has been previously reported, or a pattern of ongoing activities that indicate a lack of understanding of human subjects' protection requirements that may affect research participants or the validity of the research and suggest the potential for future noncompliance without intervention. Examples may include but are not limited to:

- Repeated failure to provide or review progress reports resulting in lapses of IRB approval;
- Inadequate oversight of ongoing research; and
- Failure to respond to or resolve previous allegations or findings of noncompliance.

The IRB Chair or designee shall report findings and recommendations to the full IRB at a convened meeting. At that meeting, the IRB will make the final determination regarding noncompliance and the appropriate corrective actions required, if any. The investigator may be required to attend this IRB meeting. The following documents, as applicable, will be sent to IRB members prior to the meeting at which the report of noncompliance is reviewed:

- Initial report of noncompliance;
- Written reports of findings and recommendations by the reviewing members;
- Any other reports generated during the investigation;
- Copies of most recently approved documents including application, protocol, consent documents, and any other relevant documents;
- Minutes of meetings in which the protocol was discussed;
- Any correspondence from the investigator; and
- Reports of any interviews conducted

Actions and Notifications after Determination of Serious or Continuing Noncompliance

The IRB will review the information and decide if serious or continuing noncompliance has occurred. If it is determined that serious or continuing noncompliance has occurred, the IRB will list remedial actions to be taken to mitigate any possible harm or risks to subjects (past or future). These actions may include but are not limited to:

- Require modification of the research protocol;
- Require modification of the information that must be disclosed in a consent form;
- Require that current study participants be notified of the noncompliance when such information may affect willingness to continue participation;
- Require re-consent of all participants; ▪ Modify the continuing review schedule;
- Monitor research activities;
- Monitor the consent process;
- Suspend research activities until corrective actions are implemented;

- Terminate the research; and
- Other actions necessary to protect the study subjects.

If the IRB determines that serious or continuing noncompliance occurred, the IRB will notify the investigator and list any remedial actions and a timeframe for completion of such actions. A copy of this notification will be sent to the following:

- Provost
- Academic Unit Administrators;
- Investigator's Dean, and other Deans as applicable; and
- Other relevant parties as deemed necessary.

If the IRB determines that no serious or continuing noncompliance occurred, the IRB will notify the investigator, the investigator's direct supervisor (for faculty / staff research), and faculty advisor (for student research).

Reporting Requirements

The IRB committee shall prepare required reports to the Provost, OHRP and the supporting agency head. The time frame for reporting will be based on the nature and severity of the incident and be in accordance with applicable [45 CFR 46](#) regulations or the OHRP Guidance on Reporting Incidents to OHRP at <http://www.hhs.gov/ohrp/compliance/reports/>.

Reports to OHRP, supporting agency heads, and the Provost on serious or continuing noncompliance shall include: name of the institution, name of PI, title of the research project, federal award information (if applicable), a detailed description of the incident, actions OCU is taking or plans to take to address the problem (e.g., protocol revision, suspension of participant enrollment, termination of research). The Provost and/or Dean(s) may take disciplinary action against the investigator for violation of University policies and regulations.

Appeal of Noncompliance

PIs may appeal IRB decisions regarding noncompliance by submitting a brief summary and supporting documentation outlining the reasons for the appeal to IRB. Appeal for minor noncompliance will be reviewed by the chair or a delegate of the chair. If the appeal is upheld, the issue will be considered closed. However, if the reviewer upholds the initial determination of noncompliance, then the appeal will be reviewed by the IRB at a convened meeting. All appeals for serious or continuing noncompliance must be reviewed by the full IRB. PIs who appeal may be asked, or can request, to attend the convened IRB meeting in which the appeal is reviewed. The IRB may also request that the faculty advisor attend this meeting.

Suspension or Termination of Approval

The IRB has the authority to suspend or terminate approval of research that is not conducted in accordance with IRB requirements or is associated with unexpected serious harm to participants, adverse events, unanticipated problems, or serious or continuing noncompliance. Researchers must not recruit participants, enroll participants, or collect data in any form when research studies have been suspended or terminated. Data collected during periods of suspension or termination must be discarded and may not be used in any capacity for research projects.

Any suspension or termination of approval will include a statement of the reasons for the IRB's action and will be reported promptly to investigators, faculty advisors of student investigators, the academic unit administrators, the Provost, OHRP, and/or the funding agency head.

Any concerns regarding research should be submitted to the irb@okcu.edu email for IRB review.

Closeout of IRB Protocol

All studies approved or exempted by the IRB have an expiration date, and investigators must submit a request to close their file when the research project is completed. The request should be submitted prior to the expiration date of the study. A protocol file must also be closed when the investigator is no longer at the University unless a modification is approved to change the investigator on a study. Any exception allowing an investigator no longer affiliated with OCU to maintain an active IRB approval must be approved by the appropriate Dean and Provost.

Researchers must submit copies of signed consent forms to the IRB upon completion of projects or be granted an exception by the IRB for this requirement. Original signed consent forms should be retained by the investigator. Consent forms placed on file with the IRB will be handled with the confidentiality of the subjects in mind.

The IRB will administratively close any study that is not closed or extended by the PI within 30 days of the expiration date. Administrative closures on expedited and full-review studies constitute minor non-compliance. In addition, studies that have been reviewed and require more information or changes may also be administratively withdrawn if a response from the investigator is not received within six months.

Multi- Site Research and Single IRB Requirements

As of January 20, 2020, the revised Common Rule requires that a single IRB is used to review and approve any federally-funded, multi-site study conducted in the United States using the same research protocol. In these cases, the IRBs at each institution enter into a formal agreement, often referred to as an Institutional Authorization Agreement (IAA) or Reliance Agreement, allowing one IRB to serve as the IRB of record (see below). Exempt studies and studies not federally-

funded are not required to use a single IRB. For non federally-funded expedited and full review studies, the OCU recommends that a single IRB and an IAA be used to streamline the process. Generally, exempt studies involving multiple sites will not utilize the IAA process but would be submitted as an exempt study at each site.

Institutional Authorization Agreements (IAA)

An IRB IAA is a written agreement prescribed by OHRP that describes the obligations of both parties when one relies on the other for IRB review and continuing oversight of one or more human subjects research projects. IAAs must be signed by the signatory officials of each institution. IAAs involve two options:

1. OCU agrees to serve as the IRB of Record for the research activities conducted by OCU personnel and collaborating researchers at external sites. The entire project, including activities of the collaborating investigators, is reviewed by the OCU IRB. The OCU PI assumes responsibility for coordinating the IRB review.
2. OCU agrees to cede IRB review requirements to the collaborating institution and the collaborating institution serves as the IRB of Record. The research activities of OCU personnel fall under the oversight of the IRB of Record. The OCU PI is responsible for following the policies, procedures, submission requirements, etc. of the IRB of Record.

Each institution is responsible for safeguarding the rights and welfare of human subjects and for complying with this policy. An IAA must include descriptions of the regulatory requirements for each party and must be in compliance with the procedures of the OC IRB. Protocols using an IAA are entered in the OCU IRB database system and are tracked. The expiration date in the OCU IRB system is the same as the expiration of the IRB of record. If no expiration is provided by the IRB of record, then the OCU IRB will determine the administrative check-in date required. If the OCU investigator does not respond to the administrative check-in request, the IAA may be terminated.

Researchers will indicate in their IRB application that they wish to initiate an IAA with an external study site so that the IAA process may be initiated. The researcher will be required to provide information about the offsite IRB including but not limited to: application forms, consent form requirements and/or templates, review processes, and the institution's contact information.

In order for OCU to cede IRB review to another institution, the collaborating institution's IRB of record must be registered with OHRP. If the research project in question involves federal funding, the sponsoring agency must be informed of and approve the IAA. With or without the existence of an IAA, if federal funding is involved, the other institution needs to have or obtain a FWA. The designated (offsite) IRB will report serious or continuing noncompliance, unanticipated problems involving risks to subjects or others, and/or suspensions or terminations of IRB approved research related to the OCU FWA to OHRP and other oversight agencies as appropriate.

An IAA shall, at a minimum, include:

- Procedures for communication between OCU and the offsite IRB;
- Procedures for notification of findings, actions (terminations, suspensions), adverse events, or unanticipated problems to OCU;
- A provision stating that, if the offsite institution fails to notify OCU as stated above, OCU shall have the right to immediately terminate the agreement and request any study related documents associated with the OCU investigator's role in the study;
- A description of each institution's engagement in the research activity;
- Provisions that ensure that consent documents meet OCU requirements;
- The effective date and term of the agreement; and
- OCU shall retain ultimate authority and responsibility for the protection of human subjects enrolled in research conducted under its auspices regardless of the venue of IRB review.

Documents that must be provided to OCU if an IAA relying on another institution is executed:

- IRB approval letter;
- Application documents including the FWA number and the IRB number of the offsite institution;
- Approved consent documents;
- Reports including, but not limited to, progress reports, extension documentation, adverse event reports, and final reports;
- Protocol modifications; and
- Any correspondence between the researcher and the offsite IRB.

OCU may require additional review of research covered by an IAA and may impose additional administrative requirements as determined by OCU policy. The OCU IRB reserves the right to upgrade any review based on risk.

Regardless of the title of the document, any agreement allowing one institution to rely on another institution's IRB should follow the guidance in this section.

Research at OCU by Investigators from Other Institutions

Researchers who are not affiliated with OCU may recruit OCU faculty members, staff members, or students as participants if approval has been granted by another IRB. Although such studies do not require the involvement of the OCU IRB, approval by instructors, academic unit administrators, and/or deans may be necessary. Faculty members or administrators who approve such studies should verify that the research protocol has received IRB approval.

IRB Records

The IRB will prepare and maintain adequate documentation of IRB activities, including:

- Copies of all research protocols, approved informed consent documents, progress reports, and reports of adverse events / unanticipated problems;
- Minutes of IRB meetings in sufficient detail to show meeting attendance; actions taken; votes including the number of members voting for, against, and abstaining; the basis for required changes in or disapproval of research; and summaries of the discussion of controverted issues and their resolution;
- Records of continuing review activities;
- Copies of all correspondence between the IRB and the investigators;
- List of IRB members and copies of their human subject training and vitas;
- Written procedures for the IRB; and
- Statements of significant new findings provided to participants.

The records maintained by the IRB will be retained for at least three years from the file closed date.

IRB Policy and Procedures

These policies and procedures will be reviewed and updated every 3 years and as needed to ensure compliance with Federal guidelines and university policies.

Terms/Glossary

Adverse Event is any untoward or unfavorable occurrence in a human subject, including any abnormal sign, symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research. Adverse events encompass both physical and psychological harms.

- **External adverse events:** adverse events experienced by subjects enrolled by investigators at other institutions engaged in a multi-center study in which OCU is participating.
- **Internal adverse events:** adverse events experienced by subjects enrolled by an investigator at OCU whether as a part of a multi-center study or solely as a OCU study.

Coercion (Undue Influence) occurs when an overt or implicit threat causes the participant to act in a way that is contrary to their own interest.

Clinical Trial means a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes. These studies may include drugs, biologics, devices, or behavioral interventions.

Human Subject means a living individual about whom an investigator (whether professional or student) conducting research:

- Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens;
- Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.

Incident is an occurrence that may be considered an adverse event or unanticipated problem.

Intervention includes both physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.

Interaction includes communication or interpersonal contact between investigator and subject.

Informed Consent is defined as a person's voluntary agreement, based upon adequate knowledge and understanding of relevant information, to participate in research. In giving informed consent, subjects may not waive or appear to waive any of their legal rights, or release or appear to release the investigator, the sponsor, the institution or agents thereof from liability for negligence.

Minimal Risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Noncompliance is the failure to comply with federal or state regulations, OCU policies and/or procedures governing research with human subjects, or requirements of the IRB.

- ***Continuing Noncompliance*** is noncompliance that has been previously reported, or a pattern of ongoing activities that indicate a lack of understanding of human subjects' protection requirements that may affect research participants or the validity of the research and suggest the potential for future noncompliance without intervention.
- ***Minor Noncompliance*** is a deviation from procedures that does not increase risks to research participants, compromise participants' rights or welfare, or affect the integrity of the research/data or the IRB process.
- ***Serious Noncompliance*** is an act or omission that has the potential to increase risk to research participants, compromise participants' rights or welfare, or affect the integrity of the research/data or IRB process.

Multi-site means that the same research procedures (i.e., protocol) are being conducted at one or more domestic sites and that each site is under the control of a local participating investigator.

Principal Investigator (PI) has primary responsibility for the research project. The PI may be an OCU faculty member, staff member, or student, depending on the nature of the project. All research in which a student is the PI must be supervised by a OCU faculty member with a current appointment.

Prisoner means any individual involuntarily confined or detained in a penal institution. The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing. Individuals are prisoners if they are in any kind of penal institution, such as a prison, jail, or juvenile offender facility, and their ability to leave the institution is restricted. Prisoners may be convicted felons or may be untried persons who are detained pending judicial action, for example, arraignment or trial.

Private Information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information that has been provided for specific purposes by an individual and that the individual can reasonably expect will not be made public (e.g., a medical record).

- ***Identifiable private information*** is private information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information.

Protocol is the description of research or related projects presented to the IRB for review. Research projects may encompass several individual investigations using related techniques or common themes. The proposed projects must be presented in sufficient detail to enable the IRB to determine whether adequate provisions have been made for the protection of the subjects' rights and welfare.

Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet

this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes.

Risk is the probability of harm or injury occurring as a result of participation in a research study. Both the probability and magnitude of possible harm may vary from minimal to significant. The risks to which research subjects may be exposed have been classified as physical, psychological, social, and economic. The determination of such risk is a matter of sound professional judgment and responsibility by the IRB as well as the investigators (see Evaluation of Risk section).

Unanticipated Problem is any incident, experience, adverse event, or outcome that meets the following criteria: unexpected given the described procedures, informed consent, and population characteristics; related or possibly related to participation in the research; suggests that subjects are placed at greater risk than previously known.

Vulnerable Populations include special populations such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons for which special safeguards should be considered.

Written (or in writing) refers to writing on a tangible medium (e.g., paper) or in an electronic format.