IRB Policy 3: Roles and Responsibilities for the Protection of Human Research Participants

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I. PRINCIPAL INVESTIGATOR

1. Agree to maintain current contact information, education, compliance related education / certification and applicable experience;
2. Accurately identifies research site and team members. Assures all Investigators and study personnel complete initial and continuing education in human research protections to remain up-to-date on Federal regulations, ETSU policies and procedures, and compliance expectations.
3. Adheres to Federal regulations, state and local laws, Institutional policies, IRB policies and procedures regarding the safety and protection of human participants and Good Clinical Practice (GCP) guidelines (if applicable to the type of research).
4. Adheres to all Federal and ETSU policies regarding the responsible conduct of research as presented at https://www.etsu.edu/research/researchethics.php.
5. Ensure that the ETSU IRB and ETSU/VA IRB (registered and holding OHRP approved Federalwide Assurances (FWA) in compliance with the requirements of 45 CFR 46, 38 CFR 17, and 21 CFR Part 56) will be responsible for the initial and continuing review (as required) and approval of the research, unless reliance on an external IRB has been established in accordance with IRB Policy 21.
6. Reports adverse events and unanticipated problems involving risk to participants and others to the IRB according to IRB policies and procedures, sponsors and appropriate Federal agencies as required.
7. For studies that require continuing review (see policy 11), assures continuing review applications are submitted in a timely manner so that their review occurs prior to their expiration date. The Investigator acknowledges that the Federal regulations do not allow a grace period.
8. The Investigator is responsible for being aware of the current literature in his/her field of study to assure participants are no longer placed at risk if additional risks have been identified or no benefit has been proven. The Investigator should build off previously conducted research to decrease the potential for participants to be needlessly placed at risk.
9. Acts as a liaison between the IRB and the sponsor.
10. Supervises the research process, ensuring that research is conducted in a manner which will minimize risks to subjects. Takes responsibility for assuring study personnel are properly trained, qualified and have appropriate facilities and resources to conduct the research. Agrees to ensure that all students, faculty,

associates, colleagues, and employees assisting in the conduct of the study(ies) are informed about their obligations in meeting the above commitments. Assures adherence to the study protocol. Monitors the informed consent process. Communicates regularly and effectively with their research staff. Responsible for protection of the safety and welfare of research participants.

11. Oversees external performance sites, assuring adequate staff, resources, pharmacy practices and Federal assurances with appropriate IRB approvals.
12. Assures the IRB protocol is reflected in the grant proposal for extramural or intramural support, informs the IRB of any updates or modifications to the protocol prior to their implementation and in compliance with Federal and institutional regulations.
13. Assures proper performance of the informed consent process. Retains a copy of the signed and dated informed consent document in the study file and provides a copy to the research participant.
14. Promotes compliance and maintains documents in accordance with Federal and state regulations, and sponsor and institutional policies and procedures regarding the safety and welfare of human participants. Agrees to make those records available for inspection in accordance with 21 CFR 312.68.
15. Agree to promptly report to the IRB all changes in the research activity and all unanticipated problems involving risks to human subjects or others. Additionally, to not make any changes in the research without written IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.
16. Reviews and approves IRB applications, amendments and adverse events prior to their submission to the IRB, as documented by their signature on the IRB application. Submits applicable reports in a timely manner or according to published deadlines;
17. If applicable, read and understand the information in the investigator's brochure, including the potential risks and side effects of the drug.
18. Assures participant privacy (relates to person) and confidentiality (relates to data) according to HIPAA guidelines, Institutional and IRB policies and procedures.
19. Agrees to conduct the study in accordance with the relevant, current protocol and to only make changes in a protocol after notifying the IRB, and if funded, the sponsor, except when necessary to protect the immediate safety of subjects.
20. Agrees to inform the OPHRS, VA R&D, the ETSU or ETSU/VA IRB (as appropriate) at the time of research site or records audits conducted by study sponsor, monitor or other internal, external or regulatory entity, whether announced or unannounced, for-cause or not for-cause. The initial notification (auditors on site) will be followed by a copy of the written audit findings forwarded by the auditing body to the PI, within 30 days of the PI receiving the report. As available, a copy of the PI response, along with any corrective actions plans must additionally be forwarded.
21. Agrees to inform and identify to any subject, or any persons used as controls, those procedures or other interventions being used for research purposes and

ensure that the requirements related to obtaining informed consent and IRB review and approval found in 45 CFR 46 are met.

22. Be responsive to IRB request for information
23. Notify IRB in writing of completed study per policy
24. Retain records for six years from the end of the calendar year in which the study is closed
25. For VA investigators, investigators are required to prepare and maintain adequate and accurate case histories. A case history is a record of all observations and other data pertinent to the investigation on each research subject. Case histories include the case report forms and supporting data including signed and dated consent forms, any medical records including, but are not limited to: progress notes of the physician, the individual's hospital chart(s), and nurses' notes. The case history for each individual must document that informed consent was obtained prior to participation in the study.
26. For VA studies, if the PI will not personally obtain consent, the researcher must formally and prospectively designate to another research team member the responsibility of obtaining consent
27. For VA studies, students and trainees (including residents and fellows), including VA employees, from schools with an academic affiliation agreement consistent with current VHA policy, may serve as researchers within a VA facility, or use data, or human biological specimens, that have been collected within VA for clinical, administrative or research purposes. A researcher sufficiently experienced in the area of the trainee's research interest must serve as PI or co-PI and is responsible for oversight of the research and the trainee.
28. For VA studies, maintain a master list of enrolled subjects
29. For VA studies, if the investigator contracts with a firm (e.g., a survey research firm) to obtain consent from subjects, collect private individually identifiable information from human subjects, or be involved in activities that would institutionally engage the firm in human subjects research, ensure that the firm has its own IRB oversight of the activity and that the Privacy Officer (PO) has determined that there is appropriate authority to allow the disclosure of individual names and other information to the contracted firm;
30. For VA studies, if either the awardee of a clinical trial funded or supported by a Federal agency or department other than VA, or conducting a clinical trial funded or supported by a nonFederal agency or department (e.g., university, industry, nonprofit organization) or not funded, posting a copy of the IRB-approved informed consent form used to enroll subjects after the clinical trial is closed to recruitment and no later than 60 days after the last study visit by any subject as described in the IRB-approved protocol. For multi-site studies, it applies when all sites have closed subject recruitment. See Policy 13 for additional details.

Additionally, for studies with investigational drugs or devices,

31. (for investigational drug studies) Agree to inform any subject, patients, or any persons used as controls, that the drugs are being used for investigational

purposes and ensure that the requirements relating to obtaining informed consent in 21 CFR Part 50 and institutional review board (IRB) review and approval in 21 CFR Part 56 are met. Agree to protect the rights, safety and welfare of the participants under their care.

32. Administer the drug or device only to participants under their personal supervision or the supervision of a sub-investigator
33. Supply investigational drug or devices only to persons authorized to receive it under 21 CFR 312.61; 21 CFR 812.110
34. Maintain adequate records of the disposition of the drug, including dates, quantity and use by participants. Device records must include records of receipt, use or disposition of a device including the type and quantity of a device, the receipt date, the batch number or code mark, names of all persons who received, used, or disposed of each device, records of returns, repairs or disposals.
35. Return unused supplies of the drug to the sponsor or otherwise provide for disposition of the unused drug according to regulations at 21 CFR 312.59; 21 CFR 312.62; 21 CFR 812.110
36. Maintain adequate and accurate records recording all pertinent data including the obtaining of informed consent prior to study participation. Allow authorized persons to have access to, and copy and verify records or reports (21 CFR 312.62 and 21 CFR 812.145)
37. Maintain records to meet the standards of all applicable regulations, including federal guidance, institutional standards and sponsor requirements. FDA requires record retention for drug studies to be maintained for a period of 2 years following the date a marketing application is approved for the indication for which it is being investigated; or, if no application is to be filed or if the application is not approved for such indication, until 2 years after the investigation is discontinued and FDA is notified (21 CFR 312.62). FDA requires record retention for device studies to be maintained for 2 years after the latter of the following two dates: termination of completion or when records are no longer required (21 CFR 812.140). ETSU policy requires retention of records for six years from the end of the calendar year in which the study has been closed. Sponsor requirements may vary.
38. Furnish reports to the sponsor of the drug, including report shortly after completion of their participation
39. Promptly report to the sponsor any adverse effect that may reasonably be regarded as caused by, or probably caused by, the drug.
40. Provide sponsor with accurate disclosure statements as required at 21 CFR 312.64; 21 CFR 812.110; 21 CFR 54.4(b)
41. Assure that an IRB meeting the requirements of part 56 is responsible for initial and continuing approvals
42. For investigational drug subject to the Controlled Substances Act, take all required security precautions

43. Prepare and maintain adequate and accurate case histories that record all observations and other data pertinent to the investigation on each individual administered the investigational drug or employed as a control in the investigation. Case histories include the case report forms and supporting data including, for example, signed and dated consent forms and medical records including, for example, progress notes of the physician, the individual's hospital chart(s), and the nurses' notes. The case history for each individual shall document that informed consent was obtained prior to participation in the study.

Unaffiliated Investigators

Investigators and physicians in private practice settings who are not acting as employees or agents of the institutions under the approved Federalwide Assurances noted in this policy are subject to all of the usual human protection requirements and responsibilities. Such investigators must sign an Unaffiliated Investigator Agreement (UIA), agreeing to comply with all educational requirements and to be bound by the human protection policies of the institution and its designated IRB. A copy of the fully executed document will be returned to the investigator to be added to the research records. The original copy will be maintained in the IRB Administrative records, along with the curriculum vitae for the investigator.

II. Study Coordinator and Research Staff

All study personnel must complete initial and continuing education in human research protections to remain up-to-date on Federal regulations, ETSU (and VA if applicable) policies and procedures, and compliance expectations.

1. Adheres to Federal regulations, state and local laws, Institutional policies, IRB policies and procedures regarding the safety and protection of human participants and Good Clinical Practice (GCP) guidelines (if applicable to the type of research).
2. Reports adverse events and unanticipated problems involving risks to the participants and others to the IRB according to IRB policies and procedures, sponsors and appropriate Federal agencies as required.
3. Acts as a liaison between the IRB, the Investigator and the sponsor.
4. Promotes compliance and maintains documents in accordance with Federal and state regulations, and sponsor and institutional policies and procedures.
5. Assures participant privacy and confidentiality according to HIPAA guidelines, Institutional and IRB policies and procedures.

III. Department Chair, Dean or VA Service Chief (ETSU/VA applications) or Vice Provost for Research (MSHA or other investigators not employed by ETSU/VA)

1. Promotes compliance with Federal and state regulations, and sponsor and institutional policies and procedures regarding the safety and welfare of human participants involved in research studies initiated from their department.
2. Reviews and approves IRB applications prior to submission, as documented by their signature on the IRB application to assure the soundness of the research design, scientific and scholarly merit in relation to the departmental capacities, and adequate staff and resources to conduct the study.
   (Note: ETSU's Vice Provost for Research will provide attestation that the proposal has been reviewed for scientific merit for MSHA studies otherwise unaffiliated with ETSU.)

IV. Thesis/Dissertation Chair/ Non-Thesis Faculty Advisor Responsibilities

1) Agrees to meet with the student investigator on a regular basis to monitor study progress;
2) Agrees to be available, personally, to supervise the student investigator in solving problems, should problems arise during the course of the study
3) Advises the investigator that he/she and all study personnel must complete the ETSU human subjects training program;
4) Advises the student investigator that the project must be performed only by approved personnel according to the approved IRB application;
5) Advises the student investigator not to implement any changes to the approved IRB application before receiving IRB approval for the change(s); (see exception in Policy 10)
6) Advises the student investigator to only obtain legally effective informed consent form human participants or their legally responsible representative, (if IRB approved). Furthermore, advises the student investigator to only use the currently approved date stamped informed consent document for human participants; and that a copy of the informed consent is provided to the participant unless a Waiver or Alteration of Requirement to Obtain Informed Consent has been granted;
7) Advises the study investigator to promptly report any unanticipated problems involving risks to participants or others to the IRB in accordance with ETSU IRB Policies and Procedures;
8) Advises the student investigator that he/she must assume the responsibility for the accurate documentation, investigation, and follow-up of all possible study-related unanticipated problems involving risk to participants or others;
9) Advises the student investigator to promptly provide the IRB with any information requested relative to the project including a continuing review application as required;
10) Advises the student that regulations require that a change in study status, *including study completion*, be communicated to the IRB) per policy. Additional guidance must be obtained from the IRB, if the study is not closed prior to graduation.

11) For studies that require continuing review, ensures that the student investigator obtains continuing review approval prior to the expiration of the study Further, understands that if the student investigator fails to apply for continuing review, approval for the study will automatically expire; and advises the student that all study activity must cease until IRB approval is obtained.
12) Advises the student investigator that failure to comply with an IRB request of continuation review when required is non-compliance and that this is true even after graduation. Advises the student that failure to respond to IRB requests may constitute serious and/or continuing non-compliance which is reportable to the Office for Human Research Protection (OHRP) and other appropriate authorities, as applicable.

V. VA Privacy (PO) and Information System Security (ISSO) Officers

For VA Studies, the VA facility PO and ISSO are responsible for:

a. Ensuring that the proposed research complies with all applicable local, VA, and other Federal requirements for privacy and confidentiality, and for information security, by identifying and addressing potential concerns about proposed research studies.
b. Reviewing the proposed study protocol, study specific privacy and security information, and any other relevant materials submitted with the IRB application.
c. Identifying deficiencies in the provisions for privacy and confidentiality or information security, respectively, of the proposed research, and making recommendations to the investigator and/or the IRB of options available to correct the deficiencies.
d. Following up with the investigator and/or the IRB, in a timely manner, to ensure the proposed research is in compliance with relevant privacy and confidentiality and information security requirements, respectively, before the investigator initiates the study
e. Conducting a final review after the IRB has approved the study to ensure no further changes impact the privacy and security requirements of this study.

VI. ETSU Department of Internal Audit

1. Annually reviews IRB membership and composition for compliance with all applicable regulations

VII. IRB Performance Group

1. Annually review IRB Policies and Procedures for compliance with all applicable regulatory requirements
2. Recommend changes to IRB Policies and Procedures to the ETSU and ETSU/VA IRB

3. Semi-annually review results of quarterly review of IRB minutes and identify any needed improvements
4. Semi-annually review results of IRB Timeline report compiled by IRB Staff
5. Annually review the compliance education and other required records for IRB members and IRB staff
6. Annually review the results of the IRB Reporting Log
7. Annually review the ETSU and ETSU/VA IRB membership and composition for compliance with applicable policies and regulations
8. Annually reviews the community outreach program

VII. Human Subjects Research Protection Program Staff

The IRB shall be supported by an adequate number of staff personnel; generally, one staff member per 300 active studies. At a minimum this staff shall include the Director, IRB Coordinator and IRB Information Research Technician provided by East Tennessee State University and the James H. Quillen Veterans Affairs Medical Center.
The administrative staff for the IRB will be found in the Office for the Protection of Human Research Subjects at East Tennessee State University and will be supervised by the Vice Provost for Research at that Institution. The Vice Provost for Research will be the individual responsible to the Office for Human Research Protections for compliance with all federal regulations regarding research involving human subjects.

The IRB Staff responsibilities include the following:

1. The IRB Coordinators will receive, from the investigators, all research protocols which involve human subjects, and ensure that the protocol forms have been properly completed. The staff shall be responsible for checking all IRB protocol submissions for completeness and contents of the elements of proper informed consent as required by federal law and IRB policy. This must be done prior to submission of the protocol to the IRB for review. The staff is also responsible for confirming that the requirements for compliance education have been achieved by all investigators prior to issuance of study approvals.

2. The IRB Coordinator(s) keep the investigators informed of decisions and administrative processing. The Coordinator will inform non-VA investigator in writing of the approval/denial of a research project by the IRB and/or required modifications to the application. For VA studies, letters for initial approval of exempt, expedited and full studies will be posted as internal attachments only (visible to IRB staff and members only) in IRBManager until R&D approval is obtained. When VA R&D approval is verified by receipt of copy of VA approval letter, IRB Coordinator will remove the internal only restriction from approval letters and approved informed consent. Disapproved projects will be returned to

the investigator along with a statement of the reason(s) for the decision and the investigator will be offered an opportunity to respond in person or in writing [45CFR46.109(d)].

3. The staff will monitor requests for and responses to Project Status Update reports (Continuation Reviews).

4. The deadline for OPHRS to receive initial submissions and/or other articles intended for IRB review for approval shall be approximately 15 business days prior to each meeting. The staff shall prepare the items for meeting review for IRB members in a timely manner (no less than 10 days prior to meeting date) by ensuring that applicable studies are listed on the agenda and other required documentation is posted in IRBManager. All information for deliberation is considered confidential. The material made available to IRB members (including alternate members) for use in the meetings will include all items identified in applicable policies and procedures (for example, continuing review procedure, initial review policy and procedure, etc).

5. The Office for the Protection of Human Research Subjects at East Tennessee State University will maintain and arrange for inspection of all records of IRB activity in accord with 45 CFR 46.115

6. The Office for the Protection of Human Research Subjects and the Institutional Review Board Administration at East Tennessee State University in conjunction with the VA Office of Research and Development are responsible for ensuring constructive communication concerning IRB matters among the officials of the Institutions, investigators, clinical care staff, and human subjects as a means of maintaining a high level of awareness regarding the safeguarding of the rights and welfare of the subjects.

7. Upon written request, the Office for the Protection of Human Research Subjects at East Tennessee State University will make available to individuals who conduct or monitor human subject research a copy of the Federalwide Assurance filed with the Office for Human Research Protections (OHRP) and the Office of Research Oversight (ORO), a copy of 45 CFR 46, regulations of other federal departments or agencies as may apply, the Belmont Report, and all other pertinent federal policies and guidelines related to involvement of human subjects in research.

8. The OPHRS Director at East Tennessee State University will report promptly to the IRB Chair, appropriate institutional officials, OHRP, and if under FDA research, the FDA, unanticipated problems involving risks to subjects or others

and any serious or continuing noncompliance with the regulations or requirements of the IRB as required in Policy 34)

9. The OPHRS Director or IRB Coordinator at East Tennessee State University, or when appropriate, the Administrative Officer for Research and Development at the James H. Quillen Veterans Affairs Medical Center, will inform the appropriate Institution(s) of any suspension or termination of IRB approval for research. (Refer additionally to: *Policy 34*)

10. The Office for the Protection of Human Research Subjects at East Tennessee State University will ensure (a) solicitation, receipt, and management of all assurances of compliance (whatever the appropriate format), and certification of IRB review (where appropriate) and (b) subsequent submission of these documents to the proper authorities as a condition for involvement in human subject research activities sponsored by DHHS or any other Federal department or agency for which the Federalwide Assurance on file with OHRP applies.

11. When the IRB accepts responsibility for review of research conducted by any independent investigator not in the employ of either of the Institutions or not otherwise subject to the provisions of an agreements, the Office for the Protection of Human Research Subjects at East Tennessee State University will obtain and retain an Unaffiliated Investigator Agreement (UIA) to document the investigator's commitment to abide by: (a) the same requirements for the protection of human research subjects as do the Institutions; and (b) the determinations of the IRB. The IRB Staff will be responsible for returning a copy of the fully executed document to the investigator to be added to the research records and for maintaining the original document in the IRB administrative records, along with the curriculum vitae for the investigator.

12. The OPHRS staff shall be responsible for maintaining written procedures which the IRB shall follow and for informing investigators of those policies and procedures. Orientation for newly appointed members shall be provided by the Director within the first 30 days. A copy of the IRB Policies and Procedures shall be made available to new members of the IRB and the staff shall review the contents of these instruments with the new members prior to their first meeting.

13. The staff shall be responsible for the accurate application of various federal requirements, and for maintaining the security of the IRB files and record keeping systems at a level appropriate to successfully support an internal audit (Refer to the Policy 24) or VA audit. This includes maintaining a computer database, meeting minutes, correspondence, project files, VA records, copies of FDA, OHRP, ORO, AAHRPP and ORD standard and regulations, etc. Documentation

maintained by OPHRS must support successful FDA, OHRP, ORO, AAHRPP and ORD inspections.

14. Provides professional support for the functions of the IRBs

15. Monitors changes in Federal policies and procedures related to the protection of human subjects in research.

16. Attends professional development workshops/webinars (e.g. PRIMR/ AAHRPP) at least annually.

17. Provides education in human subjects research to faculty, staff and students through attending orientations, presenting to research classes, and offering workshops.

18. Conducts audits of ongoing studies to ensure compliance and reports findings to the IRB, the Vice Provost for Research and Sponsored Programs, and if applicable, the ACOS/R.

19. Develops and maintains manuals concerning human research subjects protection for Investigators, research staff and students.