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Definitions

Assent
Means a child’s affirmative agreement to participate in research.

Children
Means persons who have not attained the legal age for consent to treatments or procedures involved in research under the applicable State or local law or jurisdiction in which the research will be conducted.

Cooperative Research:
Means research conducted in cooperation with one or more institutions.

FDA
Means the Federal Drug Administration, which is an agency within the Department of Health and Human Services.

DHHS
Means the Federal Department of Health and Human Services.

Guardian
Means an individual who is authorized under applicable State or local law to consent on behalf of a child or adult to general medical care.

Human Subject:
Means an individual who is or becomes a participant in research, either as a recipient of the test article or as the control, or as a part of the research study.

Informed Consent:
A statement signed by the human subject and/or their legal guardian explaining the purpose of the research, the expected duration of the subject’s participation, a description of the procedures to be followed, a description of foreseeable risks and benefits to the subject, a disclosure of alternative procedures, a statement describing subjects confidentiality, and other related information provided to subjects as required by Federal regulations described in this manual.

Institutional Review Board (IRB):
Means any board, committee, or other group (consisting of no less than 5 members) formally designated by an institution for the purpose of reviewing, approving, requiring modification in, or disapproving research activities involving the use of humans as subjects. The primary purpose of such review is to assure the protection of the rights and welfare of human subjects.

Institution/University:
Means The University of Alabama.

Institutional Official:
Means the Institutional official who has ultimate administrative and legal authority for the IRB (Vice President for Research).
Investigator:
An individual who conducts a clinical or research investigation, ie. under whose immediate
direction the research or test article is administered or dispensed to, or used involving, a subject,
or in the event of an investigation conducted by a team of individuals, is the responsible leader of
that team

IRB Approval:
Means the determination of the IRB that the research study or clinical investigation has been
reviewed and may be conducted at an institution within the constraints set forth by the IRB and
by other institutional and Federal Requirements.

Minimal Risk:
Means the probability and magnitude of physical or psychological 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 medical, dental, physical, or psychological
examinations or tests.

OR:
Means The University of Alabama’s Office for Research.

Parent
Means a child’s biological or adoptive parent having legal custody of the minor child.

Permission
Means the agreement of parent(s) or guardian to the participation of their child or ward in
research.

Prisoner
Means any individual involuntarily confined or detained in a penal institution. The term is
intended to encompass individuals sentenced 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.

Protocol:
Means the research study or clinical trial conducted with the use of human subjects.

Research
Means a systematic investigation, including research development, testing and evaluation,
designed to develop or contribute to generalized knowledge.

RCO
Research Compliance Officer

Secretary:
Means the Secretary of Health and Human Services and or designated representative.
**Sponsor:**
An individual, institution, or company who initiates a research or clinical study but who does not actually conduct the investigation.
INTRODUCTION

Statement of Principles
The purpose The University of Alabama's Institutional Review Board (IRB) is to ensure the use of humans as subjects in research, public service, and training programs is conducted ethically taking into consideration the physical and moral rights of the subject as defined by Federal law and International guidelines. The University of Alabama's IRB has a moral duty and obligation to protect human subjects prior to the commencement of any research study and to discontinue any protocol upon notification of irregular activity warranting such action.

The University of Alabama adheres to the ethical principals regarding humans as research subjects, as set forth in the Nuremberg Code, the Declaration of Helsinki, and the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (Ethical Principles and Guidelines for the Protection of Human Subjects of Research [the “Belmont Report”]).

The University of Alabama adheres to all Federal regulations applied to human subject research to include:

b.) Title 21, CFR, Parts 50, 54, 56, and 312, Food and Drug Administration, Department of Health and Human Services

Application of Policy
All faculty, research associates, staff, students, and other personnel conducting research with the use of humans as subjects must adhere to the policies set forth in this manual in accordance with the requirements of 45 CFR 46(DHHS) and 21 CFR 56 (FDA). The policies in this manual apply to research sponsored by the University, by individual faculty conducting research without a sponsor, students performing University related research projects and assignments, and/or other institutions, or anyone performing sponsored research, public service, and training studies at or through the University.

Authority of the Institutional Review Board
All academic and administrative personnel will adhere to the guidelines and authority established in this manual. IRB member’s academic and administrative relationships to other committees, to their Department or College supervisors, and/or other University authorities will not impair or impede their functional responsibilities to the Board. The Board has the authority to disapprove, modify, or approve studies based upon consideration of human subject protection aspects as outlined under 21 CFR 56.109(a) and 45 CFR Part 46. The Board has the authority to require progress reports from the investigators and oversee the conduct of the study. The Board has the authority to suspend or terminate approval of a study and the authority to place restrictions on a study.

Institutional Organization/IRB Relationship
The Institutional Review Board (IRB) reports directly to the Vice President for Research. The Vice President for Research has appointed the Office for Research (OR) through the Research Compliance Officer (RCO) to prepare and maintain The University of Alabama’s Federal Wide Assurance (formally called multiple project assurance). OR maintains and tracks all human
subject protocols, assists the IRB with meeting preparation, meeting minutes, Federal compliance, conflict of interest, training, and other related issues involving IRB administration. The Vice President for Research, and or his /her designee, may require additional review of protocols approved by the IRB, however University officials may not authorize the research if it has not been approved by the IRB. The Vice President for Research may approve the use of more than one IRB when it is in the best interest of the University.

**IRB Membership**
The Vice President for Research will appoint faculty, administrative staff, and non-University personnel to the IRB Committee(s). IRB members must have varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. Members must be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. Every non-discriminatory effort will be made to ensure that no IRB(s) consist entirely of men or entirely of women. Each IRB must include one member whose primary concerns are in the scientific areas and at least one member whose primary concerns are in non-scientific areas. Each IRB must include at least one member who is not otherwise affiliated with the University. Alternate members may be appointed as conditions require.

**Management of the IRB**
The Vice President for Research will appoint an IRB Chair, and at his/her discretion an Assistant Chair, to lead and preside over the IRB meetings and responsibilities. The IRB Chair will preside over meetings according to the policies outlined in this manual and the cited Federal regulations. The IRB Chair will: ensure members have received adequate research protocol information and reports prior to the meeting, ensure meeting minutes are being taken, ensure meeting results and findings are properly reported to investigators, maintain a proper quorum for each meeting, and work with OR to administer the required IRB reports, protocols, and file maintenance.

The Vice President for Research will select and appoint IRB members. Appointments are for no less than 1 year but no more than 2 years unless the member agrees to serve for a longer term. The terms and conditions of appointment are determined by the Office for Research and will be consistent with 45 CFR Part 46.107 and 21 CFR Part 56.107. IRB member appointments are staggered to maintain continuity and provide a mix of experienced members to serve with new members. In no instance shall an IRB consist of less than 5 members. The Vice President for Research may remove any appointed member if he/she is not carrying out their duties as outlined in 21 CFR Parts 56.108 and 56.111 and 45 CFR Parts 46.108 and 46.111. IRB members are asked to serve at every meeting, unless emergencies or conditions beyond the control of the member prohibit them from attending. IRB members shall perform their duties and obligations as outlined throughout this manual and as delineated in 21 CFR Part 56.111 and 45 CFR Part 46.111.

**IRB Training**
Orientation:
Each new IRB member is given a packet of Federal regulatory documents pertaining to the role of the IRB and the IRB’s functions and operational requirements (21 CFR Parts 56 and 312 and 45 CFR Part 46). Copies of the Food and Drug Administration’s “Information Sheets” are provided as well as the Belmont Report, Nuremberg Code, and the principles established in the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. In addition each new IRB member is required to review and pass (receipt of
certification) the Office of Human Research Protections on-line training module for IRB members. New members are briefed by the IRB Chair on: meeting procedures, protocol review and routing procedures, expedited and full board procedures, University and Federal human consent requirements, and special state statutory and Federal requirements as they apply to the University.

Continuing Education
IRB Members are encouraged to attend human subject training conferences sponsored through local hospitals, sister/regional institutions, and the Office for Human Research Protections. The OR provides Federal policy up-dates as they are published through the Federal Register or other on-line communication channels.

Investigator Training
Each investigator is and/or key personnel are required to review and pass (receipt of certification) the Office of Human Research Protections on-line training module for investigators before initiating their research study. A copy of the training certification is kept on file at the Office for Sponsored Programs.

Reference Materials
The University has established an internet web page that provides the IRB, faculty, and staff with Federal human subject guidelines and compliance regulations, certified training modules, internal procedures and forms, frequently asked questions, contact names and telephone numbers, related Federal internet sites, and other general human subject reference information. The University library also provides hard-copy and on-line human subject reference materials such as: periodicals, case studies, Federal regulations and related regulatory documents, and easily obtained management material from national associations.

Member Compensation
IRB Members serve the University as a part of their regular academic duties. Under the discretion of the Provost, Vice President for Research and or Dean, IRB members may receive academic release time and or supplemental compensation.

Liability Coverage
IRB Members are covered by the University’s self insurance plan and/or purchased insurance plans. Each IRB Member should review the University insurance plan through the Department of Risk Management. All Claims will be processed under the State of Alabama’s Board of Adjustment as outlined under the Constitution and Code of Alabama.

Use of Consultants
The IRB is authorized to use consultants to assist in the review process and overall management of the IRB to ensure compliance or assistant the IRB in special circumstances where specific expertise is required. The compensation for consultants or any related out side assistance must be approved by OR under the direction of the Vice President for Research.

Administrative Support and Resources
OR through the Research Compliance Officer provides administrative support and assistance to the IRB. OR facilitates meeting locations, keeps meeting minutes, manages and maintains the IRB University web page, and facilitates the overall activities of the IRB. The OR is the official
filing site for IRB protocols. The IRB members utilize departmental and college copying equipment to process expedited and exempt protocols.

Conflict of Interest Policy
The University adheres to the conflict of interest policy outlined in The University of Alabama Faculty Handbook and the conflict of interest policies as delineated under the National Science Foundation policy as well as the Department of Health and Human Services/Institutes of Health. A copy of the University conflict of interest policy can be found in the University Faculty Handbook which is located on the IRB, OR, and/or University web pages.

Joint IRB Review/Cooperative Research
The University of Alabama may use joint review with another qualified IRB, and/or reliance upon the review of another qualified IRB, or similar arrangements aimed at avoidance of duplication of effort. The University of Alabama may enter into an agreement for joint IRB review of cooperative research, which may be documented under a Letter Agreement or Memorandum of Understanding. Investigators must provide a copy of the approved protocol (to include the research proposal when applicable) submitted to the qualifying IRB to The University of Alabama’s IRB when they are relying upon joint review or another IRB. In cases of joint review or reliance upon another IRB the University IRB must indicate in the meeting minutes whether to review the joint research activity or to rely upon the review of another qualified IRB.

Institutional Review Board Functions
Conducting Initial and Continuing Review:
The University of Alabama’s IRB(s) will review and have authority to approve, require modification in, to place restrictions in, to secure approval of, to suspend or terminate, and disapprove all research activities that use humans as subjects. The IRB has the authority to require progress reports from investigators and oversee the conduct of studies. Under no condition shall research using human subjects as outlined in 45 CFR Part 103 and 21 CFR Part 56.103 be performed prior to receipt of the certification that the research has been reviewed and approved by the IRB.

The University of Alabama has created a Human Subject Protocol form (Appendix I) that must be completed by the investigator for expedited and full board protocols. Human subject protocols are provided to IRB members for initial and continuation reviews. Each IRB member determines whether the protocol qualifies as exempt, expedited, or full board review.

Findings and Reports
The IRB members will draft comments to the protocols requiring full board review. The comments are posted on a secure web page for review by all IRB members prior to the IRB meeting. Meeting minutes are taken, summarized, distributed, and filed by OR. The minutes must reveal actions of the board along with discussions and comments for each protocol reviewed. If a protocol is incomplete and/or needs changes or corrections before approval, the Chair will summarize comments of the Board to the investigator in writing to delineate specific changes and/or conditions and the reasons for such changes and/or conditions.
Review Determination
All full board reviewed protocols continuing for a period longer than 12 months must be re-reviewed on an annual basis. Projects approved on an expedited basis that are continuing for a period longer than 12 months must be re-submitted through the Office for Research prior to continuing the study.

Material Change Verification
Material change reports provided by the investigator will be verified by the designated IRB representative and the Chair. The Chair is authorized to establish a subcommittee and/or external evaluators to verify the material change.

Modifications and/or Material Changes
All material changes to a full-board approved protocol must be reviewed and approved by the IRB prior to commencement. Any material changes submitted to an approved expedited protocol may be approved on an expedited basis if the material change meets the conditions for expedited approval as outlined under CFR 21 Part 56.110 and 45 CFR Part 46.110. The IRB must determine on a case-by-case basis at the time of continuation review or other significant reason, which protocols require verification from sources other than investigators that no material changes have occurred since the previous IRB review. The IRB will take into consideration continuation proposals to sponsors, technical reports submitted to sponsors, continuation review protocols, amendments to protocols, and material change notifications submitted to the IRB.

Change approval
No investigator may continue a study with a material change until such change has been reviewed and approved by the Board and/or the OR as applicable. If the material change is significant the Board will immediately take the necessary action to: (1) terminate or suspend the study until there is significant evidence the material change poses no threat or danger to the subject(s), (2) continue the study noting the material change has been reviewed and approved by the IRB and/or the designated IRB Representative.

Adverse Reaction or Unexpected Events
The IRB will review each case by taking into consideration the investigator’s required report detailing the events and conditions that created the reaction or event, and reports filed through private companies and other institutions. The IRB will evaluate the actual or potential risks and expected benefits to subjects, any changes to the consent form required due to the adverse reaction or unexpected event, and the overall rights and welfare of the enrolled subjects. The IRB will promptly notify the investigator if the study requires any procedural changes before the study can continue and if the study should be temporarily suspended or terminated. OR will work with the Investigator to promptly notify subjects of all adverse reactions, unexpected events, and statements of significant new findings. The Institutional Official will promptly notify the FDA of any adverse reaction or unexpected event as outlined in 21 CFR Part 56.108.

Clinical Device Risk
The IRB will determine which device studies pose significant or non-significant risk. The IRB may use the Clinical Trial subcommittee and/or any external source to determine the appropriate risk.
Institutional Review Board Operations

Scheduling of Meetings:
The IRB Chair is responsible for setting and coordinating the meeting dates and location. Under normal circumstances the Board will meet monthly except for specific months during the summer as agreed by the IRB members. Special meeting may be held as determined by the Chair to meet emergency and/or significant protocol requirements.

Pre-meeting Requirements
The Chair will establish the meeting date and location and will distribute a meeting agenda at least one week prior to the meeting date. OR will distribute submitted protocols (requiring full board review) to members two weeks prior to the meeting date. The protocol documents will include:

a. A copy of the completed UA Protocol form
b. A copy of the study proposal when required
c. A copy of the consent form
d. Copies of materials and documents referenced in the protocol
e. Other institutional human subject approval documents
f. Other pertinent data and/or documents as required

The Review Process:

1. Initial Review

The principal investigator is responsible for preparation and submission of the “Human Subjects Protocol Form” for all categories of research. A copy of all pertinent documents including the project proposal (including proposed surveys), thesis or dissertation proposal, must be attached. All protocols are submitted to the RCO who determines if the protocol is complete and contains the necessary information needed for IRB review. THE RCO determines if the protocol is exempt or is to be reviewed under expedited review. The RCO then assigns a protocol number and disseminates the protocol to the appropriate reviewers. If a protocol is determined by any member of the IRB or the RCO to need full board review it is placed on the agenda for full review and placed on the IRB website for initial discussion.

a. Exempt Review

Investigators must file an “Application for Exemption from IRB Review” form (Appendix II) with the OR describing the proposed research activity. Informed consent documentation, copies of survey instruments, and other documentation, as appropriate, must accompany the application. Emergency use of a test article is exempt from review provided that such emergency use is reported to the IRB within five (5) working days. Any subsequent use of the test article is subject to IRB review. Protocols determined to be exempt as outlined in 21 CFR Part 56.104 and 45 CFR Part 46.101 by the OR through the RCO will be certified by the Chair or Vice-Chair of the IRB, assigned a protocol number, and issued a letter of approval by the OR. Protocols determined not to be exempt will be considered as under expedited or full board review.

The OR will provide a monthly report to all IRB members delineating the previous month’s protocols that were exempted from IRB review. The OR will maintain records of all exemptions claims for a minimum of three years.
b. Expedited Review

Investigators must submit a completed “Human Subject Protocol Form” for review through the OR. Expedited protocols are reviewed by an IRB sub-committee designated by the Chair of the IRB. Protocols determined to meet expedited conditions as outlined in 21 CFR Part 56.104 and 45 CFR Part 46.101 will be certified by the Chair or Vice-Chair of the IRB, assigned a protocol number, and issued a letter of approval by the OR. The OR will provide a monthly report to all IRB members delineating the previous month’s expedited review actions. Expedited conditions are outlined in Appendix III. The report will also include protocol revisions and supplemental materials that have been approved on an expedited basis as authorized under 21CFR 56.110(b) and 45 CFR 46.110(c).

c. Full Board Review

Protocols meeting the regulatory conditions in 21 CFR Part 56.103 and 45 CFR Part 46.109 (full IRB review) are sent to OR for tracking, IRB member distribution, and record keeping.

1. A discussion by the IRB of the protocol with the Investigator takes place on the IRB website prior to the full board meeting. During this interaction the Investigator is told by IRB members of changes or clarifications they need in order to approve the protocol. The Investigator refines the protocol to meet the changes requested by the IRB.

2. The IRB meets monthly in a pre-designated location to review protocols requiring full board review. IRB members are notified of the meeting date and time, the meeting agenda, and study material to be reviewed.

3. The IRB will review and have authority to approve, require modifications in (to secure approval), suspend, or disapprove all research activities at The University of Alabama. The IRB must meet the criteria in 45 CFR Part 46.111 and 21 CFR Part 56.111 for the approval of research protocols.

4. The IRB will require documentation of informed consent in accordance with 45 CFR Part 46.116 – 46.117 and 21 CFR Part 56.111. A sample informed consent is provided as Appendix IV.

5. The IRB will notify investigators in writing of its decision to approve or disapprove the proposed research activity or if modifications are required to secure IRB approval of the research activity.

6. The IRB will notify investigators and the Vice President for Research when human subject research studies are suspended or terminated.

7. An IRB quorum is required to vote on whether to approve or disapprove protocols. A majority of the quorum is needed to approve or disapprove a study.
7. The IRB is required to vote on whether a protocol should be suspended or terminated. A majority of the quorum is needed to suspend or terminate an active protocol.

d. Continuing Review and Renewal Applications

The IRB must conduct continuing review of ongoing approved research at intervals appropriate to the degree of risk, but no less than once per year [21 CFR 56.103(a)]. It is the responsibility of all investigators to submit a Renewal Application in sufficient time to permit the IRB to complete a meaningful continuing review of the research. The OR maintains a tracking database to identify protocols that are due to terminate and or require annual review. The identified protocol will prompt a formal “Protocol close-out” document requiring the investigator to indicate the study status, and provide a renewal application if required. The IRB may determine on a case-by-case basis at either the initial review, or if cause is presented during continuation review, if a protocol requires review more often than annually. Failure of an Investigator to not submit continuing review documentation before the expiration of the protocol will automatically terminate the research.

e. Suspension and/or Termination of a Protocol

The IRB has the authority to temporarily suspend or terminate any research activity involving human subjects when it has been notified of an unforeseen emergency, an adverse reaction, and/or an unexpected event. Any suspension or termination or approval shall include a statement of the reasons for the IRB’s action and shall be reported promptly to the investigator and the Vice President for Research.

2. Clinical Trials Sub-Committee

The Office for Research has appointed a Clinical Trial sub-committee to assist the IRB in reviewing and discussing clinical trial protocols conducted by faculty, staff and students. The IRB Clinical Trial sub-committee provides technical analysis and review through medical counsel and guidance for those protocols using new drugs or devices for humans. The IRB Clinical Trial sub-committee consists of no less than three medical members with a doctorate in medicine or doctorate of pharmacy.

Criteria for IRB Approval

The IRB is authorized to approve research as outlined under 21 CFR 56.111 as highlighted herein:

1. Risks to subjects are minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and whenever appropriate, by using approved standards and procedures.

2. Risks to subjects are reasonable in relation to anticipated benefits.

3. Selection of subjects is equitable.

4. Informed consent will be sought from each prospective subject or the subject’s legally authorized representative as outlined in 21 CFR Part 50.

5. Informed consent will be appropriately documented in accordance with 21 CFR Part 50.27.
6. Where appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of the subjects.

7. Where appropriate there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of the data.

8. The IRB will ensure that pertinent safeguards and the protection of rights are in place when the study involves: children, prisoners, pregnant women, handicapped or mentally disabled persons, or economically disadvantaged persons.

9. The IRB is responsible for screening clinical procedures that determine human subject research eligibility. Such oversight would include human subject selection and the process of recruiting human subjects.

**Voting Requirements**

The IRB will review research protocols, except expedited protocols, at convened meetings at which a majority of the members are present, including at least one member whose primary concerns are in nonscientific areas. In order for the research to be approved, it must receive the approval of a majority of those members present at the meeting. When IRB members are unable to be at the meeting site but are present through telephone conferencing, such member(s) will be considered a part of the official meeting.

**Informed Consent**

No investigator may involve a human as a subject in research at or through The University of Alabama unless the investigator has obtained informed consent by the subject or the subject’s legally authorized representative. No informed consent, whether oral or written, may include any exculpatory language through which the subject or the representative is made to waive or appear to waive any of the subject’s legal rights or releases or appears to release the investigator, the sponsor, The University of Alabama, or its agents from liability for negligence. All informed consent, unless approved by the IRB, must be in written form.

All informed consent must meet the “Basic Elements” as outlined in 21CFR Part 50.25(a)(b) and 45 CFR Part 46.116(a)(b). The IRB may approve a consent procedure which does not include, or which alters, some or all of the “basic elements” of informed consent as delineated in 45 CFR Part 46.116(c) and (d). The IRB may waive the requirement for informed consent if the conditions delineated in 45 CFR Part 46.117(c), 21 CFR Part 50.23-24, and 21 CFR Part 56.109 are met.

DHHS provides for waiving or altering elements of informed consent under certain conditions. FDA has no such provision because the types of studies which would qualify for such waivers are either not regulated by FDA or are covered by the emergency treatment provisions (21 CFR Part 50.23). FDA explicitly requires that subjects be informed that FDA may inspect the records of the study because FDA may occasionally examine a subject's medical records when they pertain to the study[21 CFR Part 50.25(a)(5)]. While DHHS has the right to inspect records of studies it funds, it does not impose that same informed consent requirement[45 CFR Part 46.116(a)(5)]. FDA explicitly requires that consent forms be dated as well as signed by the
subject or the subject's legally authorized representative. The DHHS regulations do not explicitly require consent forms to be dated.

Unless waived by the IRB, all investigators must document informed consent by the use of a written form approved by the IRB and signed by the subject or the subject’s legally authorized representative. A copy must be given to the person signing the form. A written consent document must embody the “basic elements” outlined in 45 CFR Part 46.116(a), (b) and 21 CFR Part 50.25(a), (b) and may be either of the following:
   a. a written consent document signed, or
   b. a short form written consent document stating that the elements of informed consent required by 45 CFR Part 46.116 and/or 21 CFR Part 50.25 have been presented orally to the subject or the subject’s legally authorized representative. When this method is used, there must be a witness to the oral presentation. The witness must sign both the short form and a copy of the summary. A copy of the short form and summary will be provided to the subject or subject’s representative. The IRB must approve the written summary of what is to be said to the subject or subject’s representative.

A sample Informed Consent form (Appendix IV) is provided as a general template for faculty, staff, and students.

**Emergency Research Consent Exceptions:**
The IRB may approve clinical research without informed consent if the conditions in 21 CFR Part 50.24(a)-(e), and 56.109(c)(2) are met. The IRB must provide a written statement with the reasons for the IRB’s decision.

**IRB Records and Notification**
The Vice President for Research is the Institutional Official responsible for maintaining and tracking all IRB records. The Office of the Provost has appointed OR to maintain appropriate IRB files and records as delineated in 45 CFR Part 46.115 and 21 CFR part 56.115. The OR is charged with notifying investigators and preparing and maintaining adequate documentation of IRB activities to include:

1. Copies of human subject protocols submitted to the IRB, sponsored research proposals (when applicable), scientific evaluations, approved sample consent documents, progress reports submitted by investigators, reports of injuries to subjects, and amendments to protocols.
2. Minutes of IRB meetings with sufficient detail to show attendance, actions taken by the IRB; the vote on these actions including the number of members voting for, against, and abstaining, the basis for requiring changes in or disapproving research; and a written summary of the discussion of issues and their resolution.
3. Records of continuing review and material changes activities.
4. Copies of all correspondence between the IRB and the Investigators.
5. A list of IRB members identified by name; earned degrees; representative capacity; indications of experience such as board certifications, licenses, etc., sufficient to describe each member’s chief anticipated contributions to IRB deliberations; and any employment or other relationship between each member and the institution, as outlined in 45 CFR Part 46.103(b)(3)
6. Written procedures for The University of Alabama IRB(s) as delineated in 45 CFR Part 46.103(b)(4-5) and 21 CFR Part 56.108(a) & (b).
7. Statements of significant new findings as outlined in 45 CFR 46.116(b)(5).
8. Promptly report to the IRB, Institutional (University) Official, and Federal Agency (when required):
   a. Any unanticipated problems involving risks to human subjects or others.
   b. Report any instance of serious or non-compliance with Federal regulations.
   c. Report any suspension or termination of IRB approval.
   d. Report “significant risks” or “significant findings” to the IRB Chair and Members for immediate action.
   e. Report adverse reactions and unexpected events to the IRB Chair.
9. Provide a list of expedited approved human subject protocols to each IRB member on a monthly basis.
10. Ensure that the University maintains financial records of clinical studies when required as outlined in 21 CFR Part 54.6.
11. Retain IRB activity records for a period of 3 years beginning with the completion of the research.
12. Notify investigators of IRB decisions regarding: protocol approval/disapproval, continuations, protocol amendments, significant risks, material changes, adverse reactions or unexpected events, and the suspension and/or termination of the study.

Material Changes, Adverse Reactions, and Unexpected Event Reporting Requirements:
It is the responsibility of the Investigator to promptly report material changes to the IRB. The investigator may notify their IRB representative or any member on the Board, the IRB Chair, and/or OR. The IRB member and/or the IRB Chair will promptly notify OR who must promptly notify the appropriate Institutional officials and Federal agency(s) as required when one or both of the following occur: (1) unanticipated problems involving risks and subjects as outlined under 21 CFR 56.108(b)(1) and 56.115(a)(1); and/or (2) serious or continuing noncompliance with 21 CFR Parts 50 and 56 or the requirements of this manual. The IRB will take appropriate action to mitigate the hazards to include: (1) terminate or suspend the study until there is significant evidence the noncompliance or unanticipated problem poses no threat or danger to the subject(s), (2) continue the study noting the unanticipated problem has been reviewed and approved by the IRB.

Investigator Responsibilities
Each investigator must have appropriate written IRB approval (either expedited or full board) prior to initiating their research. All investigators will provide the following information and documents as a part of their protocol or any other information the IRB Board deems necessary to protect the welfare of the human subject:
1. Professional qualifications to do the research (including a description of necessary support services and facilities).
2. A completed Human Subjects Protocol Form (Attachment I) that includes:
   a. title of the study
   b. purpose of the study (including the expected benefits obtained by doing the study)
   c. sponsor of the study
   d. results of previous related research
e. human subject inclusion/exclusion criteria
f. justification for use of any special/vulnerable subject populations (e.g., the
decisionally impaired or children)
g. study design (including as needed, a discussion of the appropriateness of research
methods)
h. description of procedures to be preformed
i. provisions for managing adverse reactions
j. the circumstances surrounding consent procedures, including setting, subject
autonomy concerns, language difficulties, vulnerable populations
k. the procedures for documentation of informed consent, including any procedures
for obtaining assent from minors, using witnesses, translators, and document
storage
l. compensation to subjects for their participation to include injured research
subjects and extra costs to subjects for their participation
m. extra costs to third party payers because of subject’s participation
n. provisions for protection of subject’s privacy
3. Investigator’s brochure (when one exists)
4. The case report form (when one exists)
5. The proposed informed consent document as required under 45 CFR Part 46.116 and 21
CFR Parts 50.20 and 50.25(a)(b), and 21 CFR Parts 56.111(a)(1-5).
6. Requests for changes in study after initiation (as outlined in 21 CFR Part 56.108(a)(4)
and 56.115(a)(3-4)).
7. Reports of unexpected adverse events (as outlined in 21 CFR Part 56.108(b)(1),
56.115(a)(3-4), 56.115(b)(1) and 56.113)
8. Progress Reports 21 CFR 56.108 (a)(1) and 56.115(a)(1,3&4)
9. Final Reports
10. All institutional form/reports required by the IRB
11. For Investigational New Drug Application protocols the investigator shall retain records
for a period of 2 years following the University of Alabama sponsor’s marketing
application approval date for the indication for which the drug 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 the FDA is notified (through the
University of Alabama’s sponsor).
12. All other IRB records must be retained for at least three years; records pertaining to
research that is conducted must be retained for three years after completion of the
research. All records must be accessible for inspection and copying by authorized
representatives of the IRB or agency supporting or conducting the research at reasonable
times and in a reasonable manner.

Adverse Reaction or Unexpected Events
Investigators must promptly notify the IRB Chair and OR when they experience a material
change in research activities, an adverse reaction and/or an unexpected event as outlined under
21 CFR 56.108.(a)(3). Investigators must complete the Adverse Reaction and Unexpected Event
form (see Appendix V).

IRB Reports
The investigator must prepare a written progress report to the IRB Chair when they experience a
material change, adverse reaction, or unexpected event as outlined in Appendix V. The
investigator reports should include: the number of subjects entered into the research study, a summary description of subject experiences (benefits, adverse reactions), number of withdrawals and reasons for withdrawals, the research results obtained so far, a current risk benefit assessment based on study results, any new information, and the most recent consent document.

**Human Subject Protections Pertaining to Activities Involving Fetuses, Pregnant Women, and Human In Vitro Fertilization**

The IRB must provide appropriate safeguards when reviewing activities pertaining to research, development, and related activities involving fetuses, pregnant women, and human in vitro fertilization as outlined in Subpart B of 45 CFR Part 46.201 through 46.211.

**Human Subject Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects**

A. Applicability and Purpose

Any activity undertaken by an Investigator must be approved by the IRB and must be allowable under all Alabama State and local laws. Inasmuch as prisoners may be under constraints because of their incarceration which could affect their ability to make a truly voluntary and uncoerced decision whether or not to participate as subjects in research, it is the intention of this manual to provide additional safeguards for the protection of prisoners involved in research and development activities.

B. Composition of the Institutional Review Board When Prisoners Are Involved

C. A majority of the Board shall have no association with the prison(s) involved, apart from their membership on the Board.

1. At least one member of the Board must be a prisoner, or a prisoner representative, with appropriate background and experience to serve in that capacity.

2. The IRB may engage a prisoner representative for prisoner related studies to satisfy this requirement on an as needed basis. The prisoner representative will serve as an ex-officio member with full voting rights on protocol’s dealing with prisons and prisoner(s) research and development activities.

D. Additional Duties of the IRB where Prisoners are Involved

1. The research represents one of the categories permissible under 45 CFR Part 46.306(a)(2)

2. Any possible advantages accruing to the prisoner through his or her participation in the research are not of such a magnitude that his or her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison is impaired.

3. The risks involved in the research are commensurate with risks that would be accepted by non-prisoner volunteers.

4. Procedures for the selection of subjects within the prison are fair to all prisoners and immune from arbitrary intervention by prison authorities or prisoners. Unless otherwise approved by the Board, control subjects must be selected randomly from the group of available prisoners who meet the characteristics needed for that particular project.

5. The information is presented in language which is understandable to the subject population.

6. Adequate assurance exists that parole boards will not take into account a prisoner’s participation in the research making decisions regarding parole, and each prisoner is clearly informed in advance that participation in the research will have no effect on his or her parole.
7. Where the Board finds there may be a need for follow-up examination or care of participants after the end of their participation, adequate provision has been made for such examination or care, taking into account the varying lengths of prison sentences, and for informing participants of this fact.

E. Permitted Research Involving Prisoners:
1. Study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects;
2. Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects;
3. Research on conditions particularly affecting prisoners as a class provided that the study has been approved by the Secretary of Health and Human Services and as outlined under 45 CFR Part 46, Subpart C.
4. Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or wellbeing of the subject.
5. Except as provided under paragraph D.1 of this part, biomedical or behavioral research conducted or supported by the Department of Health and Human Services must not involve prisoners as subjects.

Protections for Children Involved as Subjects in Research
The University will take great care in assessing the types of risk involved when conducting research for children involved as subjects and will ensure adequate provisions are made for soliciting the assent of the children and the permission of their parents or guardians as set forth in 45 CFR Part 46.408.

A. Research Involving Greater than Minimal Risk But Presenting the Prospect Of Direct Benefit to the Individual Subjects:
The University of Alabama will conduct research in which the IRB finds that more than minimal risk to children is presented by an intervention or procedure that holds out the prospect of direct benefit for the individual subject, or by a monitoring procedure that is likely to contribute to the subject’s wellbeing, only if the IRB finds:
   a. the risk is justified by the anticipated benefit to the subjects;
   b. the relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by alternative approaches; and
   c. adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians as set forth in 45 CFR Part 46.408.

B. Research Involving Greater than Minimal Risk and No Prospect of Direct Benefit to Individual Subjects:
The University of Alabama will conduct research in which the IRB finds that more than minimal risk to children is presented by an intervention or procedure that does not hold out the prospect of direct benefit for the individual subject, or by a monitoring procedure which is not likely to contribute to the well-being of the subject, only if the IRB finds that:
   a. the risk represents a minor increase over minimal risk.
b. the intervention or procedure presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations;
c. the intervention or procedure present is likely to yield generalized knowledge about the subjects’ disorder or condition which is of vital importance for understanding or amelioration of the subjects’ disorder or condition; and
d. adequate provisions are made for soliciting assent of the children and permission of their parents or guardians, as set forth in 45 CFR Part 46.408.

C. Research not Otherwise Approvable which Presents an Opportunity to Understand, Prevent, or Alleviate a Serious Problem Affecting the Health or Welfare Of Children:
The University of Alabama may conduct research on children not otherwise approvable in this manual if:
a. the IRB finds that the research presents reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children; and
b. the Department of Health and Human Services Secretary has determined either (1) that the research satisfies the conditions of 45 CFR Part’s 46.404, 405, and 406 respectively, or (2) the following:
   (i) the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children;
   (ii) the research will be conducted in accordance with sound ethical principles;
   (iii) adequate provisions are made for soliciting the assent of children and the permission of their parents or guardians as set forth in 45 CFR Part 46.408.

D. Wards
Children who are wards of the State or any other agency, institution, or entity can be included in research approved under 45 CFR Parts 46.406 and 407 only if such research is:
a. related to their status as wards; or
b. conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children as subjects are not wards.

The IRB will require the appointment of an advocate for each child who is a ward in addition to any other individual acting on behalf of the child as guardian or in loco parentis as outlined under 45 CFR Part 46.409.
IRB Project Number: _______________

UNIVERSITY OF ALABAMA
INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS

REQUEST FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS

I. Identifying information (to be completed by Principal Investigator):
   Principal Investigator(s):
   If PI is a student, Faculty Advisor:
   Department/College:
   Address:
   Telephone:
   FAX:
   E-mail:
   Title of Research Project:
   Date Submitted:
   Funding Source:

   Type of Proposal: _____New _____Revision or _____Renewal _____supplemental material (attach Renewal Application)

II. NOTIFICATION OF IRB ACTION (to be completed by IRB):

   Type of Review: _____Exempt _____Expedited _____-Full Board

   IRB Action:
   ______Approved—this proposal complies with University and federal regulations for the protection of human subjects.

   Approval is effective until the following date:
   Items approved:
   _____ Research protocol (dated__________)
   _____ Informed consent (dated__________)
   _____ Recruitment materials:
   _____ Other:
   _____ Revisions requested—see attached pages for needed revisions.
   _____ Disapproved—see attached paged for reasons for disapproval.

   Approval signature:__________________________________________________________ Date

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### Expedited Files For the Month of __________

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Appendix IV
Informed Consent Example
Appendix V
Changes to On-Going Research
Adverse Reaction and Unexpected Event Form

University of Alabama
Office for Sponsored Programs
Institutional Review Board (IRB)
January 2001

Investigator Name: ____________________________________________

Investigator College/Center: ____________________________________

Institutional Review Board (IRB) Protocol NO: _____________________

Project Title: __________________________________________________

______________________________________________________________

Completed By: _________________________________________________

Date: _________________________________________________________

Important: Mail this form to the Office for Sponsored Programs:
152 Rose Administration Building, Tuscaloosa, Alabama; Attention: Carol Hollyhand,
Senior Sponsored Programs Associate (205) 348-5152.

Describe the Change to the on-going research or Unanticipated Problem/Serious Adverse Event
(SAE) below:
(Attach separate sheet if required)
Appendix VII
21 CFR, Part 54 – Financial Disclosure by Clinical Investigators
Food and Drug Administration
Appendix IX
21 CFR, Part 312 –Investigational New Drug Application
Food and Drug Administration

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Appendix X
45 CFR, Part 46 – Protection of Human Subjects
Department of Health and Human Services