pSite Investigator Manual

(For Single IRB Review of Multi-Site Research)

Revised December 1, 2018

Table of Contents

Scope 3
What is the purpose of this manual? 3
What is Human Research? 3
What is the Human Research Protection Program? 3
What training does my staff and I need to conduct Human Research? 3
What financial interests do my staff and I need to disclose conduct Human Research? 4
How do I submit new Human Research to the IRB? 4
How do I request to rely on an external IRB? 5
How do I request that this IRB serve as the IRB of record (sIRB) for my collaborative or multi-site research study? 5
How do I write an Investigator Protocol? 5
How do I create a consent document? 6
What are the different regulatory classifications that research activities may fall under? 6
What are the decisions the IRB can make when reviewing proposed research? 7
How does the IRB decide whether to approve Human Research? 7
What will happen after IRB review? 8
What are my obligations after IRB approval? 8
What are my obligations as the overall study PI for an sIRB study? 10
What are my obligations as investigator when relying on an external IRB? 11
How do I document consent? 11
How do I submit a modification? 12
How do I submit continuing review? 12
How do I close out a study? 13
How long do I keep records? 13
What if I need to use an unapproved drug, biologic, or device and there is no time for IRB review? 13
How do I get additional information and answers to questions? 14
Appendix A-1 Single IRB Studies 15

Scope

Throughout this document "institution" refers to Dartmouth-Hitchcock Clinic.

What is the purpose of this manual?

This document "INVESTIGATOR MANUAL (HRP-103)" is designed to guide you through policies and procedures related to the conduct of Human Research that are specific to this institution.

General information regarding Human Research protections and relevant federal regulations and guidance is incorporated into the required human protections training. For additional information see below: "What training does my staff and I need in order to conduct Human Research?"

What is Human Research?

The "HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)" defines the activities that this institution considers to be "Human Research." An algorithm for determining whether an activity is Human Research can be found in the "WORKSHEET: Human Research (HRP-310)," located in the IRB Policies & Procedures section of the IRB Web site. Use this document for guidance as to whether an activity meets either the DHHS or FDA definition of Human Research, keeping in mind that the IRB makes the ultimate determination in questionable cases as to whether an activity constitutes Human Research subject to IRB oversight.

You are responsible not to conduct Human Research without prior IRB review and approval (or an institutional review and approval of exempt Human Research). If you have questions about whether an activity is Human Research, contact the IRB Office who will provide you with a determination. If you wish to have a written determination, provide a written request to the IRB Office.

What is the Human Research Protection Program?

The document "HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)" describes this institution's overall plan to protect subjects in Human Research.

- The mission of the Human Research Protection Program.
- The ethical principles that the institution follows governing the conduct of Human Research.
- The applicable laws that govern Human Research.
- When the institution becomes "engaged in Human Research" and when someone is acting as an agent of the institution conducting Human Research.
- The types of Human Research that may not be conducted.
- The roles and responsibilities of individuals within the institution.

What training does my staff and I need to conduct Human Research?

This section describes the training requirements imposed by the IRB. You may have additional training imposed by other federal, state, or institutional policies.

Investigators and staff conducting research involving more than minimal risk to subjects must complete the Collaborative Institutional Training Initiative (CITI) human subjects online training program. Investigators and staff conducting research involving no more than minimal risk to subjects must complete either the online CITI program or the National Institutes of Health (NIH) Protection Human Research Participants Course (PHRP).

The CITI site can be accessed at http://www.citiprogram.org/.

The NIH PHRP site can be accessed at http://phrp.nihtraining.com/users/login.php.

Training is valid for a three-year period after which time the training must be repeated.

All members of the research team involved in the design, conduct, or reporting of the research must complete training. Members of the research team who have not completed human research protections training may not take part in aspects of the research that involve human subjects.

What financial interests do my staff and I need to disclose conduct Human Research?

Individuals involved in the design, conduct, or reporting of research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards are considered to have an institution responsibility.

- On submission of an initial review.
- At least annually as part of continuing review.
- Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.

Individuals with reimbursed or sponsored travel by an entity other than a federal, state, or local government agency, higher education institution or affiliated research institute, academic teaching hospital, or medical center are required to disclose the purpose of the trip, the identity of the sponsor or organizer, the destination, and the duration of the travel.

Individuals subject to this policy are required to complete financial conflicts of interest training initially, at least every four years, and immediately when:

- Joining the institution
- Financial conflicts policies are revised in a manner that changes investigator requirements
- Non-compliant with financial conflicts policies and procedures

Additional details can be found in "SOP: Financial Conflicts of Interests (HRP-055)."

How do I submit new Human Research to the IRB?

Complete the New Study SmartForm in the electronic IRB system and attach all requested supplements, have the SmartForm submitted by the PI by clicking the "Submit" activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Before submitting the research for initial review, you must:

- Obtain the financial interest status ("yes" or "no") of each research staff.
- Obtain the agreement of research staff to his/her role in the research.

How do I request to rely on an external IRB?

Complete the New Study SmartForm in the electronic IRB system, indicate that an External IRB will serve as the IRB of Record and attach all requested supplements. Once the study information is complete, select the "Site" link and select the "Edit Site" activity. Complete the Site SmartForm and attach all available supplements. Have the SmartForm submitted by the PI by clicking the "Submit" activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required.

How do I request that this IRB serve as the IRB of record (sIRB) for my collaborative or multi-site research study?

On the New Study SmartForm in the electronic IRB system, indicate if the study is a multi-site or collaborative research study, then select "Yes" to the question "Will your IRB act as the single IRB of record for other participating sites?" Complete the rest of the New Study SmartForm and attach all available supplements. Have the SmartForm submitted by the PI by clicking the "Submit" activity.

How do I write an Investigator Protocol?

Use the "TEMPLATE PROTOCOL (HRP-503)" as a starting point for drafting a new Investigator Protocol, and reference the instructions in italic text for the information the IRB looks for when reviewing research. Here are some key points to remember when developing an Investigator Protocol:

- The italicized bullet points in the "TEMPLATE PROTOCOL (HRP-503)"" serve as guidance to investigators when developing an Investigator Protocol for submission to the IRB. All italicized comments are meant to be deleted prior to submission.
- For any items described in the sponsor's protocol or other documents submitted with the application, investigators may simply reference the page numbers of these documents within the Investigator Protocol rather than repeat information.
- When writing an Investigator Protocol, always keep an electronic copy. You will need to modify this copy when making changes to the Investigator Protocol.
- If you believe your activity may not be Human Research, contact the IRB Office prior to developing your Investigator Protocol.
- Note that, depending on the nature of your research, certain sections of the template may not be applicable to your Investigator Protocol. Indicate this as appropriate.
- You may not involve any individuals who are members of the following populations as subjects in your research unless you indicate this in your inclusion criteria as the inclusion of subjects in these populations has regulatory implications.
    - Adults unable to provide legally effective consent

- Individuals who are not yet adults (infants, children, teenagers)
- Pregnant women
- Prisoners

- If you are conducting community-based participatory research, you may contact the IRB Office for information about:
  - Research studies using a community-based participatory research design
  - Use of community advisory boards
  - Use of participant advocates
  - Partnerships with community-based institutions or organizations

How do I create a consent document?

Use the "TEMPLATE CONSENT DOCUMENT (HRP-502)" to create a consent document.

Note that all long form consent documents and all summaries for short form consent documents must contain all of the required and all additional appropriate elements of informed consent disclosure. Review the "Long Form of Consent Documentation" section in the IRB's "WORKSHEET: Criteria for Approval (HRP-314)," to ensure that these elements are addressed. When using the short form of consent documentation the appropriate signature block from "TEMPLATE CONSENT DOCUMENT (HRP-502)" should be used on the short form.

We recommend that you date the revisions of your consent documents to ensure that you use the most recent version approved by the IRB.

What are the different regulatory classifications that research activities may fall under?

Submitted activities may fall under one of the following four regulatory classifications:

- Not "Human Research": Activities must meet the institutional definition of "Human Research" to fall under IRB oversight. Activities that do not meet this definition of are not subject to IRB oversight or review. Review the IRB Office's "WORKSHEET: Human Research (HRP-310)" for reference. Contact the IRB Office in cases where it is unclear whether an activity is Human Research.
- Exempt: Certain categories of Human Research may be exempt from regulation but require IRB review. It is the responsibility of the institution, not the investigator, to determine whether Human Research is exempt from IRB review. Review the IRB Office's "WORKSHEET: Exemption (HRP-312)" for reference on the categories of research that may be exempt.
- Review Using the Expedited Procedure: Certain categories of non-exempt Human Research may qualify for review using the expedited procedure, meaning that the project may be approved by a single designated IRB reviewer, rather than the convened board. Review the IRB Administration's "WORKSHEET: Eligibility for Review Using the

Expedited Procedure (HRP-313)" for reference on the categories of research that may be reviewed using the expedited procedure.

- Review by the Convened IRB: Non-Exempt Human Research that does not qualify for review using the expedited procedure must be reviewed by the convened IRB.

What are the decisions the IRB can make when reviewing proposed research?

The IRB may approve research, require modifications to the research to secure approval, table research, or disapprove research:

- Approval: Made when all criteria for approval are met. See "How does the IRB decide whether to approve Human Research?" below.
- Modifications Required to Secure Approval: Made when IRB members require specific modifications to the research before approval can be finalized.
- Tabled: Made when the IRB cannot approve the research at a meeting for reasons unrelated to the research, such as loss of quorum. When taking this action, the IRB automatically schedules the research for review at the next meeting.
- Deferred: Made when the IRB determines that the board is unable to approve research and the IRB suggests modifications the might make the research approvable. When making this motion, the IRB describes its reasons for this decision, describes modifications that might make the research approvable, and gives the investigator an opportunity to respond to the IRB in person or in writing.
- Disapproval: Made when the IRB determines that it is unable to approve research and the IRB cannot describe modifications the might make the research approvable. When making this motion, the IRB describes its reasons for this decision and gives the investigator an opportunity to respond to the IRB in person or in writing.

How does the IRB decide whether to approve Human Research?

The criteria for IRB approval can be found in the "WORKSHEET: Exemption (HRP-312)" for exempt Human Research and the "WORKSHEET: Criteria for Approval (HRP-314)" for non-exempt Human Research. The latter worksheet references other checklists that might be relevant. All checklists and worksheets can be found on the IRB Web site.

These checklists are used for initial review, continuing review, and review of modifications to previously approved Human Research.

You are encouraged to use the checklists to write your Investigator Protocol in a way that addresses the criteria for approval.

What will happen after IRB review?

The IRB will provide you with a written decision indicating that the IRB has approved the Human Research, requires modifications to secure approval, or has disapproved the Human Research.

- If the IRB has approved the Human Research: The Human Research may commence once all other institutional approvals have been met. IRB approval is usually good for a limited period of time which is noted in the approval letter.
- If the IRB requires modifications to secure approval and you accept the modifications: Make the requested modifications and submit them to the IRB. If all requested modifications are made, the IRB will issue a final approval. Research cannot commence until this final approval is received. If you do not accept the modifications, write up your response and submit it to the IRB.
- If the IRB defers the Human Research: The IRB will provide a statement of the reasons for deferral and suggestions to make the study approvable, and give you an opportunity to respond in writing. In most cases if the IRB's reasons for the deferral are addressed in a modification, the Human Research can be approved
- If the IRB disapproves the Human Research: The IRB will provide a statement of the reasons for disapproval and give you an opportunity to respond in writing.

In all cases, you have the right to address your concerns to the IRB directly at an IRB meeting.

What are my obligations after IRB approval?

1) Do not start Human Research activities until you have the final IRB approval letter.
2) Do not start Human Research activities until you have obtained all other required institutional approvals, including approvals of departments or divisions that require approval prior to commencing research that involves their resources.
3) Ensure that there are adequate resources to carry out the research safely. This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.
4) Ensure that Research Staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.
5) Update the IRB office with any changes to the list of study personnel.
6) Personally conduct or supervise the Human Research. Recognize that the investigator is accountable for the failures of any study team member.
   a) Conduct the Human Research in accordance with the relevant current protocol as approved by the IRB, and in accordance with applicable federal regulations and local laws.
   b) When required by the IRB ensure that consent or permission is obtained in accordance with the relevant current protocol as approved by the IRB.
   c) Do not modify the Human Research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects.

d) Protect the rights, safety, and welfare of subjects involved in the research.

7) Submit to the IRB:
   a) Proposed modifications as described in this manual. (See "How do I submit a modification?")
   b) A continuing review application as requested in the approval letter. (See "How do I submit continuing review?"
   c) A continuing review application when the Human Research is closed. (See "How Do I Close Out a Study?")
8) Complete the Report New Information SmartForm within five business days for any of the following information items:
   a) Information that indicates a new or increased risk, or a new safety issue. For example:
      i) New information (e.g., an interim analysis, safety monitoring report, publication in the literature, sponsor report, or investigator finding) indicates an increase in the frequency or magnitude of a previously known risk, or uncovers a new risk.
      ii) An investigator brochure, package insert, or device labeling is revised to indicate an increase in the frequency or magnitude of a previously known risk, or describe a new risk
      iii) Withdrawal, restriction, or modification of a marketed approval of a drug, device, or biologic used in a research protocol
      iv) Protocol violation that harmed subjects or others or that indicates subjects or others might be at increased risk of harm
      v) Complaint of a subject that indicates subjects or others might be at increased risk of harm or at risk of a new harm
      vi) Any changes significantly affecting the conduct of the research
   b) Harm experienced by a subject or other individual, which in the opinion of the investigator are **unexpected** and **probably related** to the research procedures.
      i) A harm is "unexpected" when its specificity or severity are inconsistent with risk information previously reviewed and approved by the IRB in terms of nature, severity, frequency, and characteristics of the study population.
      ii) A harm is "probably related" to the research procedures if in the opinion of the investigator, the research procedures more likely than not caused the harm.
   c) Non-compliance with the federal regulations governing human research or with the requirements or determinations of the IRB, or an allegation of such non-compliance.
   d) Audit, inspection, or inquiry by a federal agency and any resulting reports (e.g. FDA Form 483.)
   e) Written reports of study monitors.
   f) Failure to follow the protocol due to the action or inaction of the investigator or research staff.
   g) Breach of confidentiality.
   h) Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a subject.
   i) Incarceration of a subject in a study not approved by the IRB to involve prisoners.
   j) Complaint of a subject that cannot be resolved by the research team.
   k) Premature suspension or termination of the protocol by the sponsor, investigator, or institution.

l) Unanticipated adverse device effect (any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects).

9) Submit an updated disclosure of financial interests within thirty days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new financial interest.
10) Do not accept or provide payments to professionals in exchange for referrals of potential subjects ("finder's fees.")
11) Do not accept payments designed to accelerate recruitment that were tied to the rate or timing of enrollment ("bonus payments.")
12) See additional requirements of various federal agencies in Appendix A. These represent additional requirements and do no override the baseline requirements of this section.
13) If the study is a clinical trial and supported by a Common Rule agency, one IRB-approved version of a consent form that has been used to enroll participants must be posted on a public federal website designated for posting such consent forms. The form must be posted after recruitment closes, and no later than 60 days after the last study visit. Please contact the study sponsor with any questions.

What are my obligations as the overall study PI for an sIRB study?

1) Coordinating with HRPP personnel to determine whether this institution's IRB can act as the single IRB for all or some institutions participating in the study or if an external IRB will assume oversight.
2) Identifying all sites that will be engaged in the human research and requiring oversight by the IRB.
3) Ensure that all sites receive a request to rely on the reviewing IRB and that all institutional requirements are satisfied before a study is activated at a relying site.
4) Collaborate with the reviewing IRB to document roles and responsibilities for communicating and coordinating key information from study teams and the IRB or HRPP at relying sites.
5) Respond to questions or information requests from study teams or the IRB or HRPP staff at relying sites.
6) Provide relying site investigators with the policies of the reviewing IRB.
7) Provide relying site investigators with the IRB-approved versions of all study documents.
8) Preparation and submission of IRB applications on behalf of all sites. This includes initial review, modifications, personnel updates, reportable new information and continuing review information for all sites.
9) Establishing a process for obtaining and collating information from all sites and submitting this information to the reviewing IRB. This includes site-specific variations in study conduct, such as the local consent process and language, subject identification and recruitment processes and local variations in study conduct.
10) Ensuing that consent forms used by relying sites follow the consent template approved by the reviewing IRB and include required language as specified by the relying sites.

11) Providing site investigators with all determinations and communications from the reviewing IRB.
12) Submitting reportable new information from relying sites to the reviewing IRB in accordance with the terms outlined in the authorization agreement or communication plan.
13) Reporting the absence of continuing review information from relying sites if they do not provide the required information prior to submission of the continuing review materials to the reviewing IRB. Notifying the relying site of their lapse in approval and applicable corrective actions.
14) Providing study records to the relying institution, reviewing IRB or regulatory agencies upon request.

What are my obligations as investigator when relying on an external IRB?

1) Obtain appropriate approvals from this institution prior to seeking review by another IRB.
2) Comply with determinations and requirements of the reviewing IRB.
3) Provide the reviewing IRB with requested information about local requirements or local research context issues relevant to the IRB's determination prior to IRB review.
4) Notifying the reviewing IRB when local policies that impact IRB review are updated.
5) Cooperating in the reviewing IRB's responsibility for initial and continuing review, record keeping and reporting and providing all information requested by the reviewing IRB in a timely manner.
6) Disclosing conflicts of interest as required by the reviewing IRB and complying with management plans that may result.
7) Promptly reporting to the reviewing IRB any proposed changes to the research and not implementing those changes to the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to the participants.
8) When enrolling participants, obtain, document and maintain records of consent for each participant or each particpant's legally authorized representative.
9) Promptly reporting to the reviewing IRB any unanticipated problems involving risks to participants or others according to the requirements specified in the reliance agreement.
10) Proving the reviewing IRB with data safety monitoring reports in accordance with the reviewing IRB's reporting policy.
11) Reporting non-compliance, participant complaints, protocol deviations or other events according to the requirements specified in the reliance agreement.
12) Specifying the contact person and providing contact information for researchers and research staff to obtain answers to questions, express concerns, and convey suggestions regarding the use of the reviewing IRB.

How do I document consent?

Use the signature block approved by the IRB. Complete all items in the signature block, including dates and applicable checklists.

The following are the requirements for long form consent documents:

- The subject or representative signs and dates the consent document.

- The individual obtaining consent signs and dates the consent document.
- Whenever the IRB or the sponsor require a witness to the oral presentation, the witness signs and dates the consent document.
- For subjects or read who cannot read and whenever required by the IRB or the sponsor, a witness to the oral presentation signs and dates the consent document.
- A copy of the signed and dated consent document is to be provided to the subject.

The following are the requirements for short form consent documents:

- The subject or representative signs and dates the short form consent document.
- The individual obtaining consent signs and dates the summary.
- The witness to the oral presentation signs and dates the short form consent document and the summary.
- Copies of the signed and dated consent document and summary are provided to the person(s) signing those documents.

How do I submit a modification?

Complete the Modification SmartForm in the electronic IRB system and attach all requested supplements, have the SmartForm submitted by the PI by clicking the "Submit" activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Please note that research must continue to be conducted without inclusion of the modification until IRB approval is received. Updates to the list of study personnel will be acknowledged unless the update represents a modification to the research.

How do I submit continuing review?

Complete the Continuing Review SmartForm in the electronic IRB system and attach all requested supplements, and have the SmartForm submitted by the PI by clicking the "Submit" activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required. Before submitting the research for initial review, you must:

- Determine whether any member of the research staff has a financial interest related to the research. A "yes" or "no" answer is sufficient. There is no need to obtain additional details.

- Obtain the verbal or written agreement of each member of the research staff to his/her role in the research.

If the continuing review involves modifications to previously approved research, submit those modifications either as a combined Modification and Continuing Review or as a separate request for modification using the Modification SmartForm the electronic system.

If the continuing review application is not received by the date requested in the approval letter, you will be restricted from submitting new Human Research until the completed application has been received.

If the approval of Human Research expires all Human Research procedures related to the protocol under review must cease, including recruitment, advertisement, screening, enrollment, consent, interventions, interactions, and collection or analysis of private identifiable information. Continuing Human Research procedures is a violation of institutional policy. If current subjects will be harmed by stopping Human Research procedures that are available outside the Human Research context, provide these on a clinical basis as needed to protect current subjects. If current subjects will be harmed by stopping Human Research procedures that are not available outside the Human Research context, immediately contact the IRB chair and provide a written list of the currently enrolled subjects and why they will be harmed by stopping Human Research procedures.

How do I close out a study?

Complete the Continuing Review SmartForm in the electronic IRB system and attach all requested supplements, and have the SmartForm submitted by the PI by clicking the "Submit" activity. Maintain electronic copies of all information submitted to the IRB in case revisions are required.

If you fail to submit a continuing review form to close out Human Research, you will be restricted from submitting new Human Research until the completed application has been received.

If the continuing review application for closing out a Human Research study is not received by the date requested in the approval letter, you will be restricted from submitting new Human Research until the completed application is received.

How long do I keep records?

Maintain your Human Research records, including signed and dated consent documents for at least three years after completion of the research. Maintain signed and dated HIPAA authorizations and consent documents that include HIPAA authorizations for at least six years after completion of the research.

If your Human Research is sponsored contact the sponsor before disposing of Human Research records.

What if I need to use an unapproved drug, biologic, or device and there is no time for IRB review?

Contact the IRB Office or IRB chair immediately to discuss the situation. If there is no time to make this contact, see the "WORKSHEET: Emergency Use (HRP-322)" for the regulatory criteria allowing such a use and make sure these are followed. Use the "TEMPLATE EMERGENCY USE CONSENT DOCUMENT (HRP-506)" to prepare your consent document. You will need to submit a report of the use to the IRB within five days of the use and for drugs and biologics, submit an IRB application for initial review within 30 days.

If you fail to submit the report within five days or the IRB application for initial review within 30 days, you will be restricted from submitting new Human Research until the report and IRB application for initial review have been received.

Emergency use of an unapproved drug or biologic in a life-threatening situation without prior IRB review is "research" as defined by FDA, the individual getting the test article is a "subject" as defined by FDA, and therefore is governed by FDA regulations for IRB review and informed consent. Emergency use of an unapproved device without prior IRB review is not "research" as defined by FDA and the individual getting the test article is not a "subject" as defined by FDA. However, FDA guidance recommends following similar rules as for emergency use of an unapproved drug or biologic.

Individuals getting an unapproved drug, biologic, or device without prior IRB review cannot be considered a "subject" as defined by DHHS and their results cannot be included in prospective "research" as that term is defined by DHHS.

How do I get additional information and answers to questions?

This document and the policies and procedures for the Human Research Protection Program are available on the IRB Web Site at http://www.institution.org/IRB/SOP.

If you have any questions or concerns, about the Human Research Protection Program, contact the IRB Office at:

Dartmouth-Hitchcock Health (D-HH) Human Research Protection Program

Email: irb@hitchcock.org

(603) 650-1864

If you have questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program that cannot be addressed by contact the IRB Office, follow the directions in the "HUMAN RESEARCH PROTECTION PROGRAM PLAN (HRP-101)" under "Reporting and Management of Concerns."

Appendix A-1 *Single IRB Studies*

1. That National Institutes of Health expects that all sites participating in multi-site studies involving non-exempt human subjects research funded by the NIH will use a single Institutional Review Board (sIRB) to conduct the ethical review required by the Department of Health and Human Services regulations for the Protection of Human Subjects at 45 CFR Part 46.
    a. This policy applies to the domestic sites of NIH-funded multi-site studies where each site will conduct the same protocol involving non-exempt human subjects research, whether supported through grants, cooperative agreements, contracts, or the NIH Intramural Research Program. It does not apply to career development, research training or fellowship awards.
    b. This policy applies to domestic awardees and participating domestic sites. Foreign sites participating in NIH-funded, multi-site studies will not be expected to follow this policy.
    c. Exceptions to the NIH policy will be made where review by the proposed sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy. Requests for exceptions that are not based on a legal, regulatory, or policy requirement will be considered if there is a compelling justification for the exception. The NIH will determine whether to grant an exception following an assessment of the need.
2. [Reserved.]