

**Policy Number: 55**

**Title: Protocol Deviations and Violations**

**Date of Last Revision: 01/21/2007, 11/02/2016, 09/01/2017, 12/10/2019**

**Policy:**

**This policy applies for all events that occur at a UCI site (UCI Main Campus, UCIMC, including UCIMC satellite clinics) or occurs at a non-UCI site where the UCI IRB is the IRB of record:**

It is the policy of the UC Irvine (UCI) Institutional Review Board (IRB) that only those protocol deviations and violations that meet the definition of an unanticipated problem involving risk to participants or others must be reported as per HRPP Policy # 19 or that involve serious and/or continuing noncompliance be reported per HRPP Policy # 52. Protocol deviations and violations that do not constitute an unanticipated problem involving risk to participants or others or do not involve noncompliance are generally not reportable to the UCI IRB.

**I. Deviations**

- A. Per HRPP Policy # 57, a Protocol Deviation is defined as: *Accidental or unintentional changes to, or a planned deviation from the IRB-approved protocol that does not increase risk or decrease benefit or; does not have a significant effect on the subject's rights, safety or welfare; and/or on the integrity of the research. Deviations may result from the action of the participant, researcher, or research staff.*
- B. There are three types of deviations:
  - 1. Emergency deviations - involves a departure from the approved protocol to avoid an immediate hazard to the participant. In such instances there is often not time to seek IRB approval. The LR must notify the sponsor and IRB as soon as possible after the emergency situation occurred per HRPP Policy # 19.
  - 2. Major, non-emergency deviations - planned deviations that are non-emergent and represent a major change in the approved protocol. These deviations are changes that the IRB must approve via submission of a modification request or a prospective deviation request prior to implementation of the proposed change (See Policy # 17). NOTE: If a planned major, non-emergency deviation occurs without prior IRB approval, the event is non-compliance which must be reported promptly to the IRB. A LR's failure to report promptly any major, non-emergency deviation for which the LR did not obtain prior IRB approval is itself an incident of non-compliance.
  - 3. Minor or administrative deviations – deviations that do not effect the risk/benefits of the study or do not significantly effect the subject's rights, safety or welfare; and/or on the integrity of the data. LRs may choose to report these deviations at the time of continuing review, although this is not required. Examples of minor or administrative deviations

include: follow up visits occurring outside the protocol required time frame because of the participant's schedule, or blood samples being obtained at times close to but not precisely at the time points specified in the protocol. Minor deviations may occur due to an intentional change made by the LR, the subject's lack of adherence to the protocol or other external factors outside of the Investigator's control (e.g. weather conditions, holidays, etc.) that impact the conduct of the protocol.

- C. Should the Investigator need to deviate from the protocol for no more than 3 subjects, the Investigator may complete the "Prospective Deviation Request" prior to implementation of the deviation. The request will be reviewed by the IRB Chair for acceptance of the deviation.
- D. Protocol deviations that meet the definition of an unanticipated problem involving risk to participants or others must be reported to the UCI IRB as per HRPP Policy # 19, Investigators should therefore assess each deviation carefully.
- E. In instances where serious and/or continuing noncompliance may be involved, per HRPP Policy # 52 the "New Information Report" must be submitted within 5 business days of the occurrence or within 5 business days from the date in which the LR learned of the occurrence. The "New Information Report" must be submitted to the HRP Education and Quality Improvement Program (EQUIP) via [email for review](#). The form will be reviewed by the IRB Chair.
- F. Sponsored research agreements may require the PI to notify the sponsor of all unplanned deviations or departures from IRB approved protocol procedures. Sponsor reporting requirements for deviations may differ from UCI IRB reporting requirements. It is the LR's responsibility to comply with the reporting requirements outlined in the signed contract. If investigators have any questions regarding a sponsor's specific deviation reporting requirements, they should check with the sponsor and obtain clarification before the study enrollment begins.
- G. Many sponsors require investigators to follow Good Clinical Practice (GCP) guidelines. The GCP Guidance for Industry states:  
"The investigator should not implement any deviation from, or changes of the protocol without agreement by the sponsor and prior review and documented approval/favorable opinion from the IRB...of an amendment, except where necessary to eliminate an immediate hazard(s) to trial subjects, or when the change(s) involves only logistical or administrative aspects of the trial (e.g., change in monitor(s), change of telephone number(s))."

## II. Violations

- A. Per HRPP policy # 57, a Protocol Violation is defined as: *Accidental or unintentional changes to, or non-compliance with the IRB approved protocol without prior sponsor and IRB approval. Violations generally increase risk or decrease benefit, affect the subject's rights, safety, or welfare, and/or affect the integrity of the research.*
- B. Protocol violations that meet the definition of an unanticipated problem involving risk to participants or others must be reported to the UCI IRB as per HRPP Policy # 19 or as noncompliance. Accordingly, Investigators should assess each violation carefully.
- C. Instances of serious and/or continuing noncompliance, according to HRPP Policy # 52 must be reported using the "New Information Report" within 5

business days of the occurrence or within 5 business days from the date in which the LR learned of the occurrence. The “New Information Report” must be submitted to EQUIP via [email for review](#). The form will be reviewed by the IRB Chair.

**References:**

45 CFR 46.103

21 CFR 56.108

SACHRP’s Recommendations on Protocol Deviations, 2012

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**Procedure Number: 55.A**

**Title: Procedure for Protocol Deviations and Violations**

**Procedure:**

This procedure provides guidance in the reporting requirements and responsibilities of the Investigator and the UC Irvine (UCI) Institutional Review Board (IRB) regarding protocol deviations and/or violations.

- I. **Lead Researcher (LR) Responsibilities**
  - A. The LR submits any changes in the protocol prior to implementation to the IRB for review and approval as required by the Federal regulations using the "Modification Request."
  - B. The LR monitors research activities for adherence to the protocol and to determine if protocol deviations or violations have occurred.
  - C. The LR considers whether or not a deviation or violation meets the definition of an unanticipated problem involving risk to participants or others, as appropriate per HRPP Policy # 19.
  - D. The LR considers whether or not a deviation or violation involves serious and/or continuing noncompliance, per HRPP Policy # 52.
  - E. Should the Investigator need to deviate from the protocol for no more than 3 subjects, the Investigator may complete the "Prospective Deviation Request." The request will be reviewed by the IRB Chair for acceptance of the deviation.
  - F. Investigators may notify the IRB of deviations by submitting the "Deviation Tracking Log" at the time of continuing renewal. The form will be reviewed by the IRB Chair.
  - G. All deviations whether reportable to the UCI IRB or not are to be maintained by the LR.
  
- II. **IRB Committee Responsibilities**
  - A. The IRB will review the "Prospective Deviation Request" per current Policy or the "New Information Report" (per HRPP Policy # 52).
  - B. The IRB will review all unanticipated problems involving risk to participants or others, as appropriate per HRPP Policy # 19.
  
- III. **IRB Analyst or Higher Responsibilities**
  - A. The Analyst will receive deviations or violations submitted by the LR as a "Prospective Deviation Request", "Deviation Tracking Log", or "New Information Report."
    1. A copy of the document will be placed in the IRB file; except for the "New Information Report".
    2. The IRB will review the documentation.
  - B. If the IRB Chair agrees that the event/s detailed in the document meets the definition of an unanticipated problem involving risk to participants or others, the Analyst will promptly (within 3 business days) contact the LR and request the submission of an "UP Report."
  - C. Similarly, if the IRB Chair agrees that the event/s detailed involve serious and/or continuing noncompliance, the Analyst proceeds per HRPP Policy # 52.