

IRB ACTION OPTIONS

A – Approved.

Acceptable as is. NO changes are required.

M – Minor changes required.

Specific, non-substantial revisions are required. Member comments must be directive requesting simple concurrences or specific, non-substantial changes. Upon receipt of the required changes, the IRB Chair or another member designated by the Chair will verify that the appropriate additions/corrections were made and will approve the study.

T – Tabled for re-review.

Substantial revisions and/or additional information (e.g., details, clarification, justifications) are required that are directly relevant to the Criteria for IRB approval. Tabling a protocol requires that the study with the inclusion of additional information or revisions be reviewed by the Board at a convened meeting.

D – Disapproved. The IRB may disapprove the study. This is only done after multiple attempts have been made to resolve the issues including, at the discretion of the IRB, inviting the Investigator to the Board meeting.

Criteria for IRB Approval & Related Belmont Principle

In order to approve research covered by these regulations (45 CFR 46.111 and 21 CFR 56.111) the IRB shall determine that all of the following requirements are satisfied:

1. *Risks to subjects are minimized* by using procedures which are consistent with sound research design and that do not unnecessarily expose subjects to risk, and whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes (**Beneficence**).
2. *Risks to subjects are reasonable in relation to anticipated benefits*, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research, as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research (**Beneficence**).
3. *Selection of subjects is equitable*. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted. The IRB should be particularly cognizant of the special problems of research that involves a category of subjects who are vulnerable to coercion or undue influence, such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons (**Justice**).¹
4. *Informed consent* will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by the Federal regulations (**Respect for Persons**).
5. Informed consent will be appropriately *documented* (or appropriately waived²) in accordance with, and to the extent required by the Federal regulations (**Respect for Persons**).
6. When appropriate, the research plan makes adequate provision for *monitoring* the data collected to assure the safety of subjects (**Beneficence**).
7. When appropriate, there are adequate provisions to protect the *privacy* of subjects and to maintain the *confidentiality* of data (**Respect for Persons and Beneficence**).
 - b) When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as *children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons*, additional safeguards have been included in the study to protect the rights and welfare of these subjects (**Respect for Persons and Beneficence**)³.

¹ January 21, 2019: The 2018 Common Rule removes pregnant women as 'vulnerable' however Subpart B still applies.

² OHRP 45 CFR 46.111 / FDA will allow waivers or alterations of consent for research no more than minimal risk as per [FDA guidance document](#) dated July 2017.

³ Per FDA 21 CFR 56.111 pregnant women are listed as part of vulnerable populations and individuals with impaired decision-making capacity are listed as mentally disabled persons.

IRB Assessment of Risk & Benefit for Research Involving Prisoners (Subpart C)

IRB Responsibilities:

1. Review the completed Appendix C when considering the following.
2. The IRB must assure that all of the seven criteria have been met per 45 CFR 46.305(a)(1-7). See Table 1.
 - a) The IRB may consider if research qualifies for epidemiologic research where prisoners are not a particular focus of the research [[FR Doc. 03-15580 6-19-03](#)].

Table 1. Federal Requirements for Prisoner Research

45CFR 46.305 (a)(1)	45 CFR 46.305 (a)(2)	45 CFR 46.305 (a)(3)	45 CFR 46.305 (a)(4)	45 CFR 46.305 (a)(5)	45 CFR 46.305 (a)(6)	45 CFR 46.305 (a)(7)
<p>The research under review represents one of the four following categories of research permissible under 45 CFR 46.306(a)(2) which are as follows:</p> <ol style="list-style-type: none"> i. Study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents <i>no more than minimal risk</i> and no more than inconvenience to the subjects; ii. Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents <i>no more than minimal risk</i> and no more than inconvenience to the subjects; iii. Research on conditions particularly affecting prisoners as a class (for example, vaccine trials and other research on hepatitis which is much more prevalent in prisons than elsewhere; and research on social and psychological problems such as alcoholism, drug addiction and sexual assaults) provided that <i>the study may proceed only after the Secretary has consulted with appropriate experts including experts in penology medicine and ethics, and published notice, in the FEDERAL REGISTER, of his intent to approve such research; or</i> iv. Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject. <i>In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after the Secretary has consulted with appropriate experts, including experts in penology medicine and ethics, and published notice, in the FEDERAL REGISTER, of his intent to approve such research.</i> 	<p>Any possible advantages accruing to the prisoner through his or her participation in the research, when compared to the general living conditions, medical care, quality of food, amenities and opportunity for earnings in the prison, 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;</p>	<p>The risks involved in the research are commensurate with risks that would be accepted by non prisoner volunteers;</p>	<p>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 the principal investigator provides to the Board justification in writing for following some other procedures, control subjects must be selected randomly from the group of available prisoners who meet the characteristics needed for that particular research project;</p>	<p>The information is presented in language which is understandable to the subject population;</p>	<p>Adequate assurance exists that parole boards will not take into account a prisoner's participation in the research in 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; and</p>	<p>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 individual prisoners' sentences, and for informing participants of this fact.</p>

IRB Assessment of Risk & Benefit for Research Involving Pregnant Women and Fetuses (Subpart B)

45 CFR 46.203 (HHS – Subpart B): The IRB must assure that all applicable criteria for this subpart have been met. The IRB must refer to and complete the Reviewer’s Supplemental Checklist “B” for Pregnant Women, Fetuses and Neonates. *Note: When neonates of uncertain viability and nonviable neonates are involved in research, 45 CFR 46.205 must be addressed.*

The IRB must decide which one of the regulatory categories listed below best represents the proposed research:

	<i>Benefit to mother only</i>	<i>Benefit to mother and fetus</i>	<i>Benefit to fetus only</i>	<i>No direct benefit or benefit to society only</i>
<i>Risk is no more than minimal</i>	45 CFR 46.204 (d) Mother's consent only	45 CFR 46.204 (d) Mother's consent only	45 CFR 46.204 (e) Mother <u>and</u> father's consent	45 CFR 46.204 (d) Not approvable unless*
<i>Risk is greater than minimal</i>	45 CFR 46.204 (d) Mother's consent only	45 CFR 46.204 (d) Mother's consent only	45 CFR 46.204 (e) Mother <u>and</u> father's consent	45 CFR 46.204 (d) Not approvable unless*

* The risk to the fetus is *not greater than minimal* and the purpose of the research is the development of important **biomedical** knowledge which cannot be obtained by any other means. Only Mother’s consent is required. NOTE: For DoD supported research, there are exceptions (e.g., the phrase “biomedical knowledge” in subpart B shall be replaced with “generalizable knowledge” throughout the subpart). Refer to DoDI 3216.02, version November 8, 2011.

IRB Assessment of Risk & Benefit for Research Involving Children (Subpart D)

45 CFR 46.403 (HHS- Subpart D) & 21 CFR 50.50 (FDA- Subpart D) *: The IRB must assure that all applicable criteria of this subpart have been met (refer to and complete the Reviewer’s Supplemental Checklist “D” for Children).

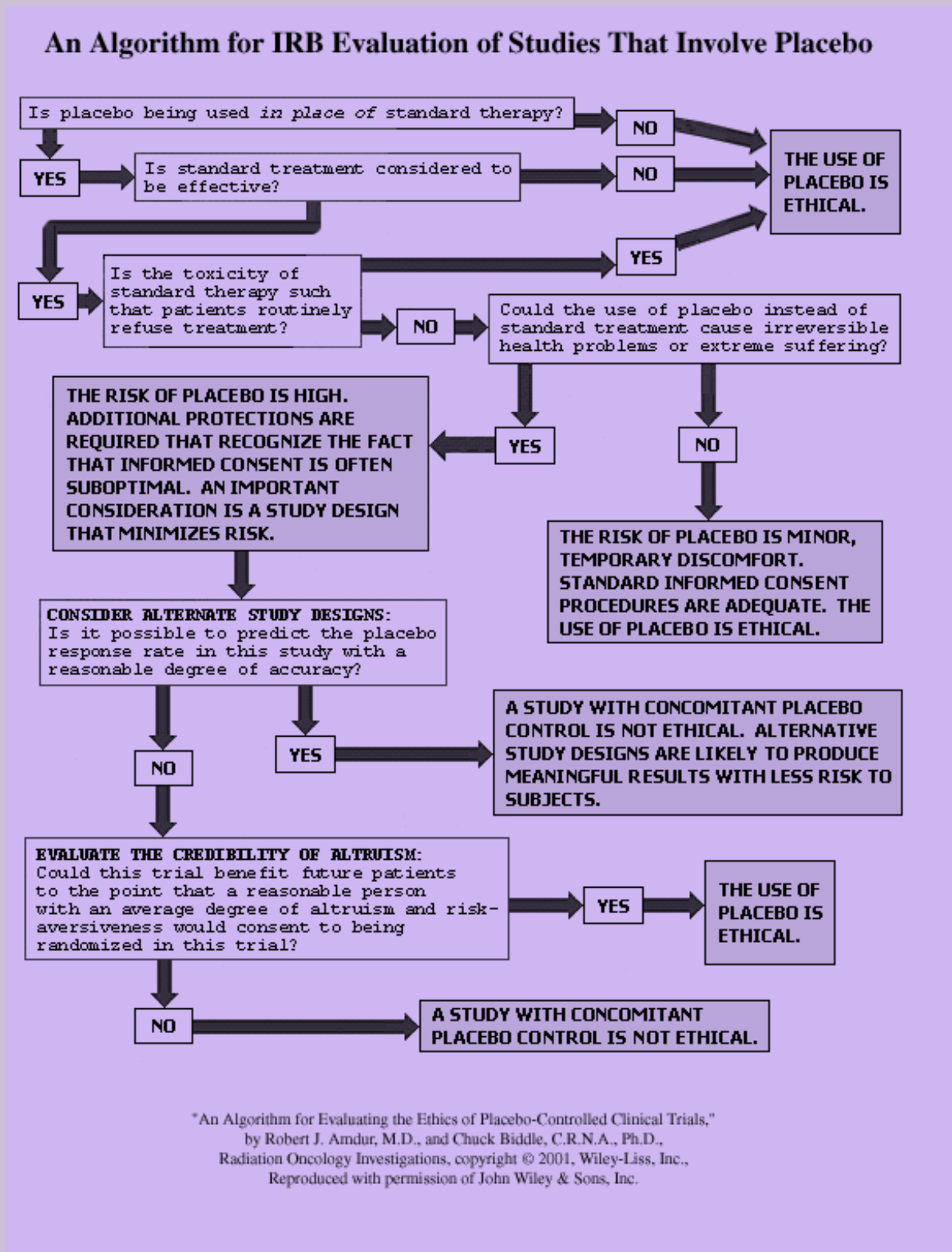
Risk

Benefit		<i>Minimal</i>	<i>>Minimal</i>
	<i>Direct</i>	45 CFR 46.404 & 21 CFR 50.51	45 CFR 46.405 & 21 CFR 50.52
	<i>Indirect</i>	45 CFR 46.404 & 21 CFR 50.51	45 CFR 46.406 & 21 CFR 50.53

Regulatory Category	IRB Requirement
45 CFR 46.404 & 21 CFR 50.51 No more than Minimal Risk (Expedited level research only)	<ul style="list-style-type: none"> Confirm provisions for child assent Confirm provisions for parental consent – If consent is required, determine whether it is acceptable for only one parent or guardian to sign the consent.
45 CFR 46.405 & 21 CFR 50.52 Greater than Minimal Risk: Direct benefit to subjects	<ul style="list-style-type: none"> Determine that risk is justified by anticipated benefit Benefit/risk relationship is at least as favorable as alternative approaches Determine whether it is acceptable for only one parent or guardian to sign the consent.
45 CFR 46.406 & 21 CFR 50.53 Greater than Minimal Risk: No direct benefit to subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition	<ul style="list-style-type: none"> Determine there is only a minor increase over minimal risk Determine intervention presents experiences relatively commensurate with alternative medical, dental, psychological or educational interventions Determine the procedure is likely to yield knowledge of vital importance to understanding or ameliorating the subject’s disorder Confirm adequate provisions for child’s assent and parental permission Permission of both parents is required
45 CFR 46.407 & 21 CFR 50.54 Not otherwise approved in categories above	<ul style="list-style-type: none"> Determine the research provides a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem If DHHS funded refer for review by HHS secretary after consultation with a panel of experts If non-DHHS funded not approvable by the IRB. If FDA applies study must be submitted to the Commissioner of Food and Drugs for approval Permission of both parents is required

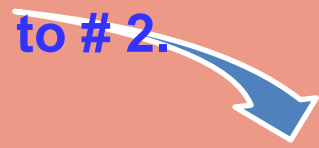
* Children who are wards of the state or any other agency, institution, or entity can be included in research approved under 45 CFR 46.405 & 21 CFR 50.52 and 45 CFR 46.406 & 21 CFR 50.53 only if such research is: (1) Related to their status as wards; or (2) Conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as subjects are not wards. If the research is approved, the IRB must require 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.

Placebo Algorithm




DEVICE ASSESSMENT GUIDANCE

If the device has already been evaluated by the FDA as part of an FDA-approved investigational device exemption (IDE) AND the device will be used as described in the IDE application, STOP HERE. DO NOT PROCEED TO STEP 1.


STEP	GUIDANCE
<p><u>1. Is the device a medical device?</u></p> <p>Per 21 U.S.C. 321(h), a medical device is an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, which is:</p> <ul style="list-style-type: none"> Recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them, Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or Intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes <p>If this study involves a medical device, regardless of the regulatory class, please proceed to # 2.</p> 	<p>Considerations for physiological research:</p> <ul style="list-style-type: none"> Are the investigators evaluating how well the device works? If so, the IRB should consider that this a medical device. Do the investigators understand that the device works and they are using the device to assess physiology or anatomy? If so, the IRB should consider that this is not a medical device. If not a medical device, IDE regulations do not apply. IRB approval and consent applies <p>Real IRB examples of non-medical devices: (data from these applications were not being used as part of treatment of patient or prevention of disease)</p> <ul style="list-style-type: none"> Fitbit My Fitness Pal

DEVICE ASSESSMENT GUIDANCE

STEP	GUIDANCE
<p><u>2. Does this study collect safety and/or effectiveness data for this particular device?</u></p> <p><u>21CFR 812</u> (IDE regulations) “<i>applies to all clinical investigations of devices to determine safety and effectiveness</i>”. Per Sec. 812.3 (g) Definitions, “<i>Investigational device means a device, including a transitional device that is the object of an investigation</i>”.</p> <p>If safety and/or effectiveness are not studied for a device in this study and that particular device is not the object of this investigation, a device risk determination under the FDA regulation 21CFR812 will not be required and the remaining instructions listed below do not apply.</p> <p>The IRB review should include a review of the risks associated with the use of the device as part of the 45CFR46.111 criteria for IRB approval.</p> <p>If this study determines the safety and/or effectiveness of the device, please proceed to # 3.</p> 	<p>21 CFR 50.3(c) <i>Clinical investigation</i> means any experiment that involves a test article and one or more human subjects and that either is subject to requirements for prior submission to the Food and Drug Administration under section 505(i) or 520(g) of the act, or is not subject to requirements for prior submission to the Food and Drug Administration under these sections of the act, but the results of which are intended to be submitted later to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit.</p> <p>When considering if the device is collecting safety and effectiveness:</p> <ul style="list-style-type: none"> Consider if the research involves basic physiological research (i.e., the investigation will not test for safety or effectiveness (check the study documents, including the Protocol Narrative for study objectives to confirm) <p>Examples of clinical investigations:</p> <ul style="list-style-type: none"> The Investigator wants to use a novel Band-Aid device on adult <i>subjects to determine if it is more effective at superficial wound closure than the standard suture</i>. In addition, the Investigator wants to use a novel Band-Aid device on adult subjects <i>to assess the level of comfort and monitor for any adverse reaction</i> in using the Band-Aid. The Investigator wants to use a novel laser <i>to treat adult acne</i>. Her intent is <i>to test the device for efficacy</i>. The Investigator will first test an affected skin patch versus control to see if the laser is effective in reducing acne. The Investigator <i>will monitor for adverse reactions</i>.


DEVICE ASSESSMENT GUIDANCE

If the study is using a marketed device, used according to its indication, **COMPLETE STEP 3 THEN STOP. DO NOT PROCEED TO STEP 4.**


STEP	GUIDANCE
<p><u>3. Is device approved for marketing in the US & used in accordance to the:</u></p> <ul style="list-style-type: none"> a. <u>510(k) Exempt</u> category (no FDA application needed) b. <u>De Novo Devices</u> (FDA application needed) c. <u>FDA 510(k) clearance</u> (cleared by FDA) d. <u>Pre-Market Approval</u> (new FDA approved devices) e. <u>Humanitarian Device Exemption</u> (HDE) f. <u>Marketed Device Product Label/ Brochure</u> <p>If the study is using a marketed device off label OR an investigational device with no FDA documentation of an IDE, proceed to # 4.</p> 	<p>A device studied for safety and effectiveness is exempt from the requirement for an IDE if (1) the device is approved by any FDA approval process (Class I/II exempt, 510(K), PMA, HDE, De Novo) and (2) the device is investigated in accordance with the indications in the approved labeling.</p> <p><u>510K Exempt:</u></p> <p>Class I or Class II Devices:</p> <p>The FDA has exempted almost all Class I devices.</p> <p>The FDA has published a list of Class II devices considered 510K exempt.</p> <p>In an effort to decrease regulatory burdens on the medical device industry and reduce private costs and expenditures required to comply with federal regulation, the FDA exempts or partially exempts (exempting with limitations) certain devices from the premarket notification [510(k)] requirements. These devices are believed to be sufficiently understood and do not present risks that require premarket notification review to provide a reasonable assurance of safety and effectiveness.</p> <p>De Novo Devices:</p> <p>The De Novo process provides a pathway to classify novel medical devices for which general controls alone, or general and special controls, provide reasonable assurance of safety and effectiveness for the intended use, but for which there is no legally marketed predicate device. De Novo classification is a risk-based classification process.</p> <p>Devices that are classified into class I or class II through a De Novo classification request (De Novo request) may be marketed and used as predicates for future premarket notification [510(k)] submissions.</p> <p><u>510K Clearance:</u></p> <p>A 510(k) is a premarket submission made to FDA to demonstrate that the device to be marketed is at least as safe and effective, that is, substantially equivalent, to a legally marketed device (21 CFR 807.92(a)(3)) that is not subject to PMA.</p> <p>Pre-Market Approval (PMA):</p> <p>PMA is the most stringent type of device marketing application required by FDA. A PMA is an application submitted to FDA to request approval to market. Unlike premarket notification, PMA approval is to be based on a determination by FDA that the PMA contains sufficient valid scientific evidence that provides reasonable assurance that the (Class III) device is safe and effective for its intended use or uses.</p> <p><u>Humanitarian Device Exemption (HDE):</u></p> <p>Clinical use where there is no evaluation of safety or effectiveness requires IRB review, but is not considered research. HUDs evaluated for safety or effectiveness are research.</p>

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DEVICE ASSESSMENT GUIDANCE

STEP	GUIDANCE	
<p><u>4. Is the device study Exempt from IDE regulations?</u></p> <p>An investigational device may be approved for use in one of the following ways as described in 21 CFR 812: <u>exempt, significant risk (SR) & non-significant risk (NSR).</u></p> <p>Exempt Studies: Investigations that are exempted from 21 CFR 812 are described in Sec. 812.2(c) (table to the right) and in the bolded text that follows.</p> <ul style="list-style-type: none"> May qualify for expedited review. Does <u>not</u> need an IDE application approved by FDA. <p style="color: blue; font-weight: bold; font-size: 1.2em;">If not exempt, proceed to # 5 and then # 6 on the following pages.</p> 	<p>812.2(c) <i>Exempted investigations for these devices</i></p>	<p>(c) Exempted investigations. This part, with the exception of Sec. 812.119 (disqualification of a clinical investigator), does not apply to investigations of the following categories of devices*: * Devices for veterinary use and used solely for research on animals have been omitted.</p>
	<p>812.2(c)(1) <i>A device in commercial distribution before May 28, 1976</i></p>	<p>(1) A device, other than a transitional device, in commercial distribution immediately before May 28, 1976, when used or investigated in accordance with the indications in labeling in effect at that time. (not used)</p>
	<p>812.2(c)(2) <i>Device substantially equivalent to one in distribution before that date</i></p>	<p>(2) A device, other than a transitional device, introduced into commercial distribution on or after May 28, 1976, that FDA has determined to be substantially equivalent to a device in commercial distribution immediately before May 28, 1976, and that is used or investigated in accordance with the indications in the labeling FDA reviewed under subpart E of part 807 in determining substantial equivalence.</p>
	<p>812.2(c)(3) <i>Noninvasive diagnostic device</i> (MOST COMMON EXEMPTION)</p>	<p>(3) A diagnostic device, if the sponsor complies with applicable requirements in Sec. 809.10(c) and if the testing: (i) Is noninvasive, (ii) Does not require an invasive sampling procedure that presents significant risk, (iii) Does not by design or intention introduce energy into a subject (light and sound = energy), and (iv) Is not used as a diagnostic procedure without confirmation of the diagnosis by another, medically established diagnostic product or procedure. Under 21 CFR 812.3(k) Noninvasive when applied to a diagnostic device or procedure, means one that does <u>not</u> by design or intention:</p> <p>A. Penetrate or pierce the skin or mucous membranes of the body, the ocular cavity, or the urethra, or enter the ear beyond the external auditory canal, the nose beyond the nares, the mouth beyond the pharynx, the anal canal beyond the rectum, or the vagina beyond the cervical.</p> <p>B. Blood sampling that involves simple venipuncture is considered noninvasive, and the use of surplus samples of body fluids or tissues that are left over from samples taken for non-investigational purposes is also considered noninvasive.</p>
	<p>812. (c)(4) <i>Device undergoing consumer preference testing</i></p>	<p>(4) A device undergoing consumer preference testing, testing of a modification, or testing of a combination of two or more devices in commercial distribution, if the testing is not for the purpose of determining safety or effectiveness and does not put subjects at risk.</p>
	<p>812.2(c)(7) <i>A custom device</i></p>	<p>(7) A custom device as defined in Sec. 812.3(b), unless the device is being used to determine safety or effectiveness for commercial distribution.</p>
<p>Unapproved devices being studied for safety and effectiveness are exempt from the IDE process such as mobile medical applications, low risk general wellness products (FDA Enforcement Discretion applies to both)*, companion / combination devices, real world evidence (practitioner use, data collection does not influence treatment), and clinical investigations performed outside the US (no intent to submit to FDA, GCP applies).</p> <p>*FDA Enforcement Discretion: For many software functions that meet the regulatory definition of a "device" but pose minimal risk to patients and consumers, the FDA will exercise enforcement discretion and will not expect manufacturers to submit premarket review applications or to register and list their software with the FDA. For a more detailed list of examples of these types of device software functions that are not the focus of FDA's oversight, please see examples of software functions for which the FDA will exercise enforcement discretion.</p>		

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STEP	GUIDANCE
<p>5. <u>Is the proposed use a Significant Risk (SR) device study?</u></p> <ul style="list-style-type: none"> • Full Committee review is always required. • IRBs should make the SR or NSR determination about a study by reviewing relevant information at a convened meeting. This information includes the description of the device, reports of prior investigations conducted with the device, the proposed investigational plan, and subject selection criteria. • <i>The sponsor should provide the IRB with a risk assessment and the rationale used in making its SR or NSR determination.</i> • The convened IRB can disagree with the sponsor’s determination. • If SR, must have an IDE application approved by FDA before they may proceed. • Must follow 21 CFR 812. • Researcher may include documentation of SR determination from the FDA, if on file. <p style="text-align: center;"><i>If SR, stop here. If not SR, proceed to # 6 below.</i></p> 	<p>SR determination must be based on seriousness of harm that may result from the use of the device in protocol related tests and procedures in addition to the harm that may be caused by the device alone.</p> <p>Under 21 CFR 812.3(m) a Significant risk device means an investigational device that:</p> <ol style="list-style-type: none"> (1) Is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject; (2) Is purported or represented to be for a use in supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject; (3) Is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or (4) Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject. <p><u>General Medical Use Examples:</u></p> <ul style="list-style-type: none"> • Catheters for General Hospital Use - except for conventional long-term percutaneous, implanted, subcutaneous and intravascular • Collagen Implant Material for use in ear, nose and throat, orthopedics, plastic surgery, urological and dental applications • Surgical Lasers for use in various medical specialties • Tissue Adhesives for use in neurosurgery, gastroenterology, ophthalmology, general and plastic surgery, and cardiology

DEVICE ASSESSMENT GUIDANCE

STEP	GUIDANCE
<p>6. <u>Non-significant Risk (NSR) device studies:</u></p> <ul style="list-style-type: none"> • A Non-Significant Risk (NSR) device is an investigational device that does not meet the definition of a significant risk device. • Initial Full Committee review required for NSR determination. <ul style="list-style-type: none"> ○ <i>If determined NSR, future reviews may be expedited via category 9 if the research involves no more than minimal risk and no additional risk are identified. This should be documented in the minutes at time of review.</i> • The sponsor does not need to submit an IDE to FDA before starting the study. • Must follow the abbreviated requirements at 21 CFR 812.2(b) (IRB approval, labeling, AE reporting, records). 	<p>Remember: The risk determination is based on the proposed use of a device in an investigation, and not on the device alone. For example, the study of an in-vitro test that requires the subject to undergo a brain biopsy would be a significant risk.</p>

IRB Member Conflict of Interest Disclosure

It is the expectation of the University that IRB members will voluntarily recuse themselves from review and discussion of research protocols by leaving the room if they have a conflict of interest. Members of the IRB must disclose to the IRB Chair or Administrator if a conflict of interest exists in the review of research or compliance matters for the IRB.

1. **Affiliation with research:** Members who are an investigator or faculty sponsor on the project under review, or whose spouse or child is an investigator or faculty sponsor, must recuse themselves from IRB action.
2. **Compromised Objectivity:** Members who believe existing circumstances may directly affect their objectivity should request that they be recused from IRB action. For example:
 - a. A member is involved in a potentially competing research program
 - b. A member has access to funding or intellectual information that may create an unfair competitive advantage
 - c. A member's personal biases may interfere with his or her impartial judgment
3. **Financial Interests:** Members who have any disclosable financial interests (i) that would reasonably appear to be affected by the research; or (ii) in entities whose financial interests would reasonably appear to be affected by the research must recuse themselves from IRB action.

Disclosable Financial Interests are anything of monetary value for an investigator, their spouse and dependent children, including:

- Ownership interest, stock, stock options, or other financial interest related to the research, unless it meets all four tests:
 - Less than \$10,000 when aggregated for the immediate family and
 - Publicly traded on a stock exchange and
 - Value will not be affected by the outcome of the research and
 - Less than 5% interest in any one single entity.
- Compensation related to the research, including salary, consultant payments, honoraria, royalty payments, dividends, loans, or any other payments or consideration with value, including payments made to the University Health Sciences Compensation Plan, unless it meets both of the following tests:
 - Less than \$10,000 in the past year when aggregated for the immediate family and the
 - Amount will not be affected by the outcome of the research.
- Proprietary interest related to the research including, but not limited to, a patent, trademark, copyright or licensing agreement.
- Board or executive relationship (e.g., director, officer, partner, or trustee) related to the research, regardless of compensation.

Researchers: Exempt Self-Determination may be done under specific exempt categories and with specific subject populations. Visit the [Levels of Review webpage](#) to learn more about what categories can be confirmed by the Lead Researcher, and those that require UCI IRB review.

1. Research, conducted in **established or commonly accepted educational settings** that specifically involves **normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction**. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
2. Research that includes only **interactions involving educational tests** (cognitive, diagnostic, aptitude, achievement), **survey procedures, interview procedures, or observation² of public behavior** (including visual or auditory recording) **if at least one of the following criteria are met:**
 - i. The information obtained is recorded by the investigator in such a manner that the **identity of the human subjects cannot readily be ascertained**, directly or through identifiers linked to the subjects;
 - ii. Any **disclosure** of the human subjects' responses outside the research **would not reasonably place the subjects at risk** of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; **OR**
 - iii. The information obtained is recorded by the investigator in such a manner that the **identity of human subjects can readily be ascertained**, directly or through identifiers linked to the subjects, **and an IRB conducts a limited review to make the determination required by 45 CFR 46.111(a)(7)**

Note: For Category 2iii, any disclosure of the human subjects' responses outside the research *would* reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.
- 3i. Research involving **benign behavioral interventions** in conjunction with the collection of information from an **adult subject** through verbal or written responses (including data entry) **or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:**
 - A. The information obtained is recorded by the investigator in such a manner that the **identity of the human subjects cannot readily be ascertained directly** or through identifiers linked to the subjects;
 - B. Any **disclosure** of the subjects' responses outside the research **would not reasonably place the subjects at risk** of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; **OR**
 - C. The information obtained is recorded by the investigator in such a manner that the **identity of the human subjects can readily be ascertained**, directly or through identifiers linked to the subject, **and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7)**

¹ Research funded/supported by the Department of Justice is not currently eligible for the 2018 Exempt Categories.

² Children may be included if procedures include educational tests or observation of public behavior only and the researcher does not participate in the activities being observed.

Note: For Category 3iC, any disclosure of the human subjects' responses outside the research *would* reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

- ii. For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.
- iii. If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

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

- i. The identifiable private information or identifiable biospecimens are **publicly available**;

Note: Category 4i applies to secondary research use of archives in a public library, for example, or to government or other institutional records where public access is provided on request, or from a commercial entity if the information is provided to members of the public on request or if the only requirement for obtaining the information is paying a user fee, registering or signing in as a visitor to an archive. It would also apply if a commercial entity made identifiable biospecimens publicly available to anyone on request or for a fee.

- ii. Information, which may include information about the biospecimens, is recorded by the investigator in such a manner that the **identity of human subjects cannot readily be ascertained** directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;

 **Note: Based on recent UC Office of the President guidance, due to HIPAA considerations, 4iii will no longer be used at UCI. Consider Exempt Category 4ii or Expedited 5 instead.**

- iv. The research is **conducted by, or on behalf of, a Federal department or agency** using government-generated or government-collected information obtained for nonresearch activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.

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

6. Taste and food quality evaluation and consumer acceptance studies:

- i. If wholesome foods without additives are consumed; **OR**
- ii. If a food is consumed that contains a food ingredient at or below the level and for a use found to be

safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U. S. Department of Agriculture.

7. **Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential secondary research use** if an IRB conducts a **limited IRB review** and makes the determinations required by 45 CFR 46.111(a)(8).

Note: UCI will not adopt the option for broad consent provided in Category 7. UCI's interpretation of Broad consent is that it is a system-wide program that allows institutions to track via a central system biospecimens and data for which individuals provide their broad consent, or decline, as well as the terms of the broad consent to determine which future research uses remain within scope. This interpretation aligns with the Health and Human Services (HHS) Secretary's Advisory Committee on Human Research Protections (SACHRP) interpretation. Consequently, UCI is taking the same position as all UC's, Children's Hospital Orange County, Harvard, and Johns Hopkins and is not implementing Category 7, because UCI currently lacks a system-wide program for collecting broad consent.

8. **Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met:**

- i. **Broad consent** for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens **was obtained** in accordance with 45 CFR 46.116(a)(1) through (4), (a)(6), and (d);
- ii. **Documentation of informed consent or waiver of documentation of consent was obtained** in accordance with 45 CFR 46.117;
- iii. An **IRB conducts a limited IRB review** and makes the determination required by 45 CFR 46.111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; **and**
- iv. The investigator **does not include returning individual research results** to subjects as part of the study plan. This provision does not prevent an investigator from abiding by any legal requirements to return individual results.

Note: UCI will consider Category 8 on a case by case basis. Researchers interested in Category 8 should contact HRP Staff for more information OR consider Expedited Review under Category 5.

1. **Clinical studies of drugs and medical devices** *only* when condition (a) or (b) is met.
 - a. Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
 - b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

2. **Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:**
 - a. from healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; **or**
 - b. from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

3. **Prospective collection of biological specimens for research purposes by noninvasive means.**

Examples:

 - hair and nail clippings in a non-disfiguring manner;
 - deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
 - permanent teeth if routine patient care indicates a need for extraction;
 - excreta and external secretions (including sweat);
 - uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
 - placenta removed at delivery;
 - amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
 - supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
 - mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
 - sputum collected after saline mist nebulization.

4. **Collection of data through noninvasive procedures** (not involving general anesthesia or sedation) **routinely employed in clinical practice**, *excluding procedures involving x-rays or microwaves*. Where **medical devices** are employed, they **must be cleared/approved for marketing**. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

Examples: (see next page)

- physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;
 - weighing or testing sensory acuity;
 - magnetic resonance imaging;
 - electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;
 - moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.
5. **Research involving materials** (data, documents, records, or specimens) **that have been collected, or will be collected solely for nonresearch purposes** (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(4\)](#). This listing refers only to research that is not exempt.)
6. **Collection of data from voice, video, digital, or image recordings made for research purposes.**
7. **Research on individual or group characteristics or behavior** (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) **or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.** (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\) and \(b\)\(3\)](#). This listing refers only to research that is not exempt.)
8. **Continuing review of research previously approved** by the convened IRB as follows:
- a. where
 - the research is **permanently closed to the enrollment** of new subjects;
 - all **subjects have completed all research-related interventions**; and
 - the **research remains active only for long-term follow-up of subjects**; or
 - b. where **no subjects have been enrolled** and **no additional risks** have been **identified**; or
 - c. where the remaining research activities are limited to **data analysis**.
9. **Continuing review of research**, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but **the IRB has determined** and documented at a convened meeting that the **research involves no greater than minimal risk** and **no additional risks** have been identified.

13. UCI Expanded Category of Minimal Risk Research Procedures: Skin Punch Biopsy for Children and Adults

- a. The following limitations apply to the use of this expanded expedited category:
 - i. **The research is not federally funded and not subject to FDA regulations.**
 - ii. **The biopsy must be no greater than 2 mm.**
 - iii. A biopsy greater than 2 mm requires full committee review.
 - iv. If multiple 2 mm skin punch biopsies are proposed, the IRB will consider whether the procedures in totality rise to a level greater than minimal risk on a case by case basis.
 - v. Placement of biopsy must be on the upper inner arm, upper inner thigh, or lower back/upper buttock below the pant line. The location must be agreed upon by the parent or legally authorized representative, the child subject or adult subject, in consultation with the lead researcher.
 - vi. Additional considerations for children:
 1. **If the child is not affected by the condition under study, s/he must be age 7 or above to allow for assent. Parental permission is required.**
 2. **If the child is affected by the condition under study, there is no age restriction. Parental permission is required.**
- b. Additional guidance for researchers (the following text may be included in the IRB submission when describing the procedure):
 - i. Use of EMLA or similar topical numbing cream should be used at least 2 hours in advance of the procedure for minors. Then, after selecting a biopsy site on the upper inner arm, upper inner thigh, or lower back/upper buttock the area will be cleansed with an antiseptic solution. Lidocaine or other local anesthetic will then be infiltrated into the biopsy area by injection to provide local anesthesia. A single 2 mm piece of skin will be removed via punch biopsy. A sterile gauze pad will be placed over the site to control bleeding, and the site will be bandaged. The biopsy site may be closed with a stitch if desired. The participant (and/or their parent) will be provided with post-biopsy care instructions.

Please note as a courtesy HRP Staff may notify the Lead Researcher (LR) / the Research Team if an ancillary partner may apply to the research.

Ancillary Partner	How Does This Ancillary Partner Impact Research?	When Does IRB Review Occur?	When Are IRB-Approved Documents Released?
Cannabis Research Review Committee (CRRC) Ms. Amy Green: acgreen1@uci.edu	Securing CRRC review for the use of cannabis in research is the responsibility of the LR. CRRC is recommended before clinical research procedures are initiated. CRRC review will assess the feasibility of study conduct and help to ensure compliance related to research involving cannabis.	Concurrent with CRRC	Upon IRB approval of the protocol.
Center for Clinical Research (CCR) UCclinicaltrials UCclinicaltrials@hs.uci.edu	In addition to serving those Departments that fall under the umbrella of CCR (School of Medicine), CCR review may be utilized by non-CCR, Non CFCCC, Non Alpha Stem Cell Researchers to initiate the requisite Qualified Clinical Trial (QCT) determination and subsequent Coverage Analysis (CA). <ul style="list-style-type: none"> QCT is needed for clinical trials using UCI Health items and services, as this will direct the requirement of completing a Coverage Analysis (CA) if a study is deemed qualified. Coverage Analysis is required as Medicare and most third-party payers cover the routine costs of qualifying clinical trials as well as reasonable and necessary items and services used to diagnose and treat complications arising from participation in all clinical trials. 	Concurrent with CCR	Upon IRB approval of the protocol.
Chao Family Comprehensive Cancer Center (CFCCC) Protocol Review and Monitoring Committee (PRMC) Cancer Center: CancerCenter_Committees@hs.uci.edu	Cancer Center review is required (with documentation of clearance) if the following criteria is met: <ul style="list-style-type: none"> The research is cancer-related* and hypothesis-driven. The research involves interaction with participants, including obtaining consent. Note the following submission timing requirements: <ul style="list-style-type: none"> Investigator-initiated studies that are greater than minimal risk require Cancer Center approval prior to IRB submission. NCI National Clinical Trial Network, industry-sponsored studies, and minimal risk studies may be submitted to the Cancer Center and the IRB concurrently. <p><i>* Studies involving participants with cancer, any active intervention (e.g., behavioral or pharmacological) involving cancer or pre-cancerous participants, or participants of a study involving a specific cancer focus (e.g., program evaluations, quality-of-life survey health education, etc.).</i></p>	Concurrent with Cancer Center Review except when research meets criteria <u>in red</u>	Upon IRB approval of the protocol.
Clinical Engineering (CE) 714-456-5366	UCI Clinical Engineering must approve the use of medical equipment in an area that operates under the hospital's license and/or equipment used on the hospital's patients and research subjects. Securing CE approval is the responsibility of the LR and is required before clinical research procedures can be initiated.	Concurrent with CE	Upon IRB approval of the protocol.
Conflict of Interest Oversight Committee (COIOC) Ms. Nadia Wong: nadiaw@uci.edu	COIOC review is required for new, renewals and amendments when researcher/s report a disclosable financial conflict of interest. Documentation of COIOC review, including the COIOC proposed management plan and consent language (as applicable) must be provided to the IRB / IRB Chair for final review and approval.	Concurrent with COIOC	The IRB may grant conditional approval (i.e., "M") of the protocol pending COIOC clearance. After reviewing the Associate Vice Chancellor's recommendations, the IRB Chair / Vice Chair (VC) may accept or recommend full board IRB (re)review. If the IRB Chair / VC accepts the COIOC recommendations and the IRB documentation includes the required statements, IRB approval may be released.
Dual Use Research Committee (DURC) Ms. Amy Green: acgreen1@uci.edu	Securing DURC review is the responsibility of the LR and is recommended before clinical research procedures are initiated.	Concurrent with DURC	Upon IRB approval of the protocol.
Environmental Health and Safety (EHS) occhlth@uci.edu	When using a controlled substance on the Irvine campus, securing EHS review for the security of the substance is the responsibility of the LR and is recommended before clinical research procedures are initiated. Note: For smoking or tobacco use in research, researchers should check in with the EHS Smoke and Tobacco Free Policy Task Force to confirm the research is appropriate.	Concurrent with EHS	Upon IRB approval of the protocol.

Please note as a courtesy HRP Staff may notify the Lead Researcher (LR) / the Research Team if an ancillary partner may apply to the research.

Ancillary Partner	How Does This Ancillary Partner Impact Research?	When Does IRB Review Occur?	When Are IRB-Approved Documents Released?
<p>Epidemiology and Infection Prevention (EIP) Health Epidemiology and Infection Prevention Program: 714-456-5221</p>	<p>Securing EIP Committee approval is the responsibility of the LR and is required before clinical research procedures can be initiated.</p> <p>EIP looks to identify research protocols involving humans that need further review by EIP for clearance due to trial of devices or biologic or infectious agents (e.g. live vaccine, probiotic) at UC Irvine Healthcare.</p>	<p>Concurrent with EIP</p>	<p>Upon IRB approval of the protocol.</p>
<p>Export Control Review Process (EXP CTRL) Ms. Amy Green: exportcontrol@uci.edu</p>	<p>Securing EXP CTRL review is the responsibility of the LR. EXP CTRL review is recommended as part of considering the feasibility of study conduct and prior to research initiated in countries subject to Office of Foreign Assets Control (OFAC) sanctions (e.g., Cuba, Iran, North Korea and Syria).</p>	<p>Concurrent with EXP CTRL</p>	<p>Upon IRB approval of the protocol.</p>
<p>Human Stem Cell Research Oversight Committee (hSCRO) Contact: hSCRO@uci.edu</p>	<ul style="list-style-type: none"> • Use* of the following human materials: gametes, embryos, adult pluripotent cells, fetal tissue, fetal stem cells, or embryonic stem cells. • Generation of new lines of human pluripotent stem cells • Introduction of human adult pluripotent cells, human fetal tissue, fetal stem cells, or human embryonic stem cells or their neural derivatives into a non-human animal • Transplantation of neural stem cells into humans <p>* (understood as procurement under an IRB-approved research protocol or from a different source, use in purely in-vitro experiments, use as part of genome editing technologies, or for transplantation into animals or humans)</p>	<p>Concurrent with hSCRO</p>	<p>The IRB may grant conditional approval (i.e., "M") of the protocol pending hSCRO approval. The IRB Chair/ Vice-Chair can review the hSCRO determination. If additional risks or significant consent form revisions are required/suggested, or the IRB Chair / VC have concerns, full board IRB re-review is required.</p> <p>Upon the IRB's acceptance of the hSCRO approval and the IRB documentation includes the required statements, IRB approval may be released.</p>
<p>Institutional Biosafety Committee (IBC) Ms. Alice Lee: 949-824-8024, ibc@uci.edu</p>	<p>Any research involving the deliberate transfer of recombinant and synthetic nucleic acids, materials or microorganisms modified using recombinant and synthetic nucleic acids into one or more human research participants must be approved by the UCI IBC. Securing IBC approval for biosafety issues (e.g., blood draws, specimens transferred from clinic to UCI lab, etc.) is the responsibility of the LR and is required before clinical research procedures are initiated. Note: The UC-Irvine Human Gene Transfer Institutional Biosafety Committee (HGT IBC) is being administered by Clinical Biosafety Services (CBS). Researchers should still submit through the UCI IBC, who will coordinate the CBS process.</p>	<p>Concurrent with IBC</p>	<p>The IRB may grant conditional approval (i.e., "M") of the protocol pending IBC clearance. The IRB Chair / VC can review the IBC determination. If additional risks or significant consent form revisions are required/suggested, or the IRB Chair / VC have concerns, full board IRB re-review is required.</p> <p>Upon the IRB's acceptance of the IBC approval and the IRB documentation includes the required statements, IRB approval may be released.</p>
<p>Investigational Drug Service (IDS) Dr. Alyssa Le: alyssal@uci.edu</p>	<p>The IDS is a division of the Pharmacy Department that must be consulted in advance of study initiation concerning the storage, handling, and dispensing of investigational drugs, agents, and biologics to assure compliance with all IDS policies and procedures, institutional, State, Federal (FDA) and Joint Commission on Accreditation of Hospital Organizations (JCAHO) requirements. The HRP staff sends the IDS a report bi-monthly to provide an update on the status of pending new and renewals involving clinical investigations.</p> <p>Note the following submission timing requirements:</p> <ul style="list-style-type: none"> • Securing IDS review or consult is the responsibility of the LR and is recommended before clinical research procedures are initiated. • If an Investigator Initiated Trial (IIT), evidence of IDS clearance is required in order to release IRB approval. In order to best facilitate this in Quali Research Protocols – an "M" determination should be made. 	<p>Concurrent with IDS except when research meets criteria in red</p>	<p>The IRB may grant conditional approval (i.e., "M") of the protocol pending IDS clearance. The IRB Chair / VC can review the IDS determination. If additional risks or significant consent form revisions are required/suggested, or the IRB Chair / VC have concerns, full board IRB re-review is required.</p> <p>Upon the IRB's acceptance of the IDS approval and the IRB documentation includes the required statements, IRB approval may be released.</p>
<p>Laser Safety Committee (LSC) For more info visit: http://www.ehs.uci.edu/radsafe.html</p>	<p>Securing LSC review or consult is the responsibility of the LR and is recommended before clinical research procedures are initiated.</p>	<p>Concurrent with LSC</p>	<p>Upon IRB approval of the protocol.</p>

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Ancillary Partner	How Does This Ancillary Partner Impact Research?	When Does IRB Review Occur?	When Are IRB-Approved Documents Released?
OR/Procedural Services Committee Ms. Laura Bruzzone: lbruzzon@uci.edu	Notifying the OR/Procedural Services Committee is the responsibility of the LR and is required before clinical research procedures can be initiated in the surgical units.	Concurrent with OR/ Procedural Services	Upon IRB approval of the protocol.
Pathology Clearance (PATH) Dr. Robert Edwards (redwards@uci.edu) or Delia Tifrea (dtifrea@hs.uci.edu).	Per HRP Policy 15 and the UCIMC Anatomical Pathology/Surgical Pathology - Procedure Number: S-23, all specimens removed from clinic or the operating room must be sent to UCI Health Pathology for review and documentation by a pathologist.	Concurrent with PATH	Upon IRB approval of the protocol.
Radiation Safety Committee (RSC) Barbara Hamrick: 714-456-5607, bhamrick@uci.edu	All protocols involving radiation exposure to normal subjects and/or clinical human subjects when the exposure is not considered standard-of-care must be referred to the RSC. (Use the flowchart on Page 5 of the Application for Human Subject Research Involving Radiation @ https://www.ehs.uci.edu/programs/radiation/RSCReviewAppGuide.doc to determine level of RSC review.	Concurrent with RSC	If protocol requires RSC subcommittee review, approval documents will be released upon IRB approval. The IRB may grant conditional approval (i.e., "M") of the protocol pending RSC full board review/approval. The IRB Chair/VC can review the RSC determination. If additional risks or significant consent form revisions are required/suggested, or the IRB Chair/VC have concerns, full board IRB re-review is required.
Radioactive Drug Research Committee (RDRC) Contact HRP Staff	When the research involves radioactive materials, documentation of RDRC review, including RDRC comments and approval is required before the IRB can grant approval. Alternatively, documentation of an IND from the FDA is required before final IRB approval. Sufficient documentation of an IND includes IND letter from FDA or IND number on Sponsor's Master Protocol, if externally sponsored.	N/A	Committee currently inactive
Research Revenue Integrity (RRI) ResearchRevenueIntegrityCRBCRFA@hs.uci.edu	RRI performs a sign-off on behalf of UC Irvine Health (study activation requirement), including review and approval of all coverage analysis. RRI is responsible for ensuring all technical and professional services provided under a clinical research study at any UC Irvine Health location are identified, coded, recharged and/or billed correctly. RRI maintains research rates and the research charge master.	Concurrent with RRI	Upon IRB approval of the protocol.
Scientific Review (Statistical Methods) (SR) Contact HRP Staff	Scientific review clearance for investigator-initiated full committee protocols is required before IRB review may proceed. Reviewer comments, including scientific review clearance must be provided to the IRB at the time of their review. Exempt and Expedited level protocols DO NOT require scientific review unless mandated by the IRB Subcommittee. The IRB Chair or VC may require SR review for significant study amendments. Patient care that does not qualify as "research" yet regulations require prospective IRB review and approval (e.g., expanded access, HUD) DO NOT require scientific review.	Initial hold IRB review for SR. If minor SR comments proceed with IRB review and include SR comments in memo to LR. If significant comments, LR must respond to memo and SR re-review prior to IRB review.	Upon IRB approval of the protocol.