# TABLE OF CONTENTS

I. OVERVIEW AND AUTHORITY ........................................................................................................... 1

II. ORGANIZATION AND MEMBERSHIP .......................................................................................... 2
   A. General Organizational Requirements .................................................................................. 2
   B. Primary Membership ......................................................................................................... 2
   C. Alternate Membership ....................................................................................................... 2
   D. Removal from IRB .............................................................................................................. 2
   E. Liability and Training ......................................................................................................... 3
   F. Member Conflict of Interest .............................................................................................. 3

III. CONDUCT OF BUSINESS ......................................................................................................... 3
   A. Meetings ............................................................................................................................ 3
   B. Quorum .............................................................................................................................. 4
   C. Investigator Responsibilities ............................................................................................. 4
   D. Committee Review of Protocols and Post Review Actions .............................................. 4
   E. Conference Call Review of Protocols ................................................................................ 6
   F. Expedited Review/Exempt Protocols ................................................................................. 6
   G. Confidentiality .................................................................................................................. 6
   H. Waiver of Responsibility to an Outside IRB ..................................................................... 7
   I. Fees for Initial & Annual Review ....................................................................................... 7
   J. Signatory Officials ............................................................................................................. 7
   K. Reporting to the Food and Drug Administration .............................................................. 7

IV. COMPASSIONATE USE OF A TEST ARTICLE ................................................................. 8

V. EMERGENCY USE OF A TEST ARTICLE ............................................................................ 8

VI. HUMANITARIAN DEVICE EXEMPTIONS (HDE) ................................................................. 8

VII. INVESTIGATIONAL AND OFF-LABEL USE OF MARKETED DRUGS ......................... 9

VIII. MEDICAL DEVICE STUDIES AND RISK DETERMINATION ...................................... 9

IX. TREATMENT USE OF INVESTIGATIONAL DRUGS ......................................................... 10

1/11/2016
# TABLE OF CONTENTS (Cont.)

X. INVESTIGATOR RESEARCH PACKET SUBMISSIONS TO THE IRB ..........10

A. Research Packet ......................................................................................10
B. Investigator Financial Conflict of Interest .............................................12

XI. INFORMED CONSENT/ASSENT ..................................................................12

A. Responsibilities ..........................................................................................12
B. Providing Basic Elements of Informed Consent .......................................13
C. Documentation of Informed Consent ..........................................................14
D. Exceptions From Informed Consent ...........................................................14
E. Surrogate Consent .......................................................................................15
F. Risk Determination in Research involving Children; Parental Consent ....15
G. Documentation of Assent by a Minor ........................................................15
H. Primary Language Other Than English ...................................................16
I. HIPAA Privacy Rule, Use and Review of PHI ..........................................17

XII. PATIENT REIMBURSEMENT AND ADVERTISING ..................................18

A. Reimbursement .........................................................................................18
B. Advertising ................................................................................................18

XIII. ADVERSE REACTIONS/UNEXPECTED OUTCOMES ..............................18

XIV. AMENDMENTS/PROTOCOL COMPLIANCE, CONTINUING REVIEW, AND PROGRESS REPORTS .................................................................19

A. Amendments/Protocol Compliance ..........................................................19
B. Continuing Review ....................................................................................19
C. Progress Reports .......................................................................................20

XV. NON-COMPLIANCE, SUSPENSION OR TERMINATION OF RESEARCH; FRAUD AND MISCONDUCT IN RESEARCH ...........................................21

A. Non-Compliance .......................................................................................21
B. Suspension or Termination of IRB Approval of Research .........................21
C. Fraud and Misconduct .............................................................................21
# TABLE OF CONTENTS (Cont.)

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>XVI. PROTOCOL COMPLIANCE AND AUDIT PROGRAM</td>
<td>21</td>
</tr>
<tr>
<td>XVII. RESEARCH PROTECTION EDUCATION PROGRAM</td>
<td>22</td>
</tr>
<tr>
<td>XVIII. RETENTION OF DOCUMENTS</td>
<td>22</td>
</tr>
<tr>
<td>XIX. CLOSING STATEMENTS</td>
<td>23</td>
</tr>
<tr>
<td>XX. APPENDICES</td>
<td>24</td>
</tr>
<tr>
<td>Appendix 1</td>
<td></td>
</tr>
<tr>
<td>1. Basic Elements of Informed Consent</td>
<td>25</td>
</tr>
<tr>
<td>2. Model Document</td>
<td>26</td>
</tr>
<tr>
<td>3. Genetic Studies</td>
<td>31</td>
</tr>
<tr>
<td>4. HIPAA</td>
<td>32</td>
</tr>
<tr>
<td>5. Research Subject ID Card</td>
<td>33</td>
</tr>
<tr>
<td>Appendix 2</td>
<td></td>
</tr>
<tr>
<td>1. Model of a Child’s Assent (13 – 17 years old)</td>
<td>35</td>
</tr>
<tr>
<td>2. Model of a Child’s Assent (7 – 12 years old)</td>
<td>37</td>
</tr>
<tr>
<td>Appendix 3</td>
<td></td>
</tr>
<tr>
<td>1. Submission Requirements for Continuing Review</td>
<td>40</td>
</tr>
<tr>
<td>2. Institutional Review Board Progress Report Form</td>
<td>41</td>
</tr>
<tr>
<td>Appendix 4</td>
<td></td>
</tr>
<tr>
<td>1. Guidelines for Admitting Research Patients into Medical City Dallas Hospital</td>
<td>43</td>
</tr>
</tbody>
</table>
INSTITUTIONAL REVIEW BOARD
POLICIES AND PROCEDURES

I. OVERVIEW AND AUTHORITY

An Institutional Review Board (IRB) has been established [45 CFR 46; 21 CFR 56] to review the scientific merit, medical necessity, educational value, and moral, ethical, legal and fiscal aspects of all clinical research at Medical City Dallas Hospital (MCDH) and Medical City Children’s Hospital (MCCH). It also provides the same research oversight and protocol review for clinical research at Las Colinas Medical Center (LCMC), Medical Center of Arlington (MCA), Medical Center of Lewisville (MCL), Medical City Dallas Ambulatory Surgery Center (MCD ASC) and Green Oaks Hospital.

The Office for Human Research Protection (OHRP) and the Food and Drug Administration (FDA) are charged with and provide federal oversight of research involving human subjects. The MCD IRB is registered with the OHRP (IRB00000852) and has received Federal wide Assurance Number FWA00000220.

Administratively supported by the Department of Clinical Research (DCR), the mission of the IRB is to ensure that research is conducted ethically, in compliance with federal regulations and institutional policies, and that the rights and welfare of human subjects in the research are protected. The IRB has the authority to approve, require modifications in, or disapprove research protocols within MCD, MCCH, LCMC, MCA, MCL, MCD ASC and Green Oaks Hospital. The determination of disapproval by the IRB is final. It is possible, however, that research approved by the IRB might not be conducted at MCD, LCMC, MCA, MCL, MCD ASC or Green Oaks Hospital for reasons regarding sufficiency of resources, scientific expertise, risk to the institution, or moral or religious reasons.

The IRB accomplishes its mission of subject protection by prospectively reviewing proposed research and the informed consent process to be used to enroll human subjects. This review includes, among other items, examination of the risk level/potential benefits to the volunteer subject, adequate informed consent/assent, provision for subject privacy and confidentiality, equity of subject recruitment, and safeguarding of subject rights. It further ensures the protection of subjects by conducting ongoing review and oversight of approved research. Research not conducted in accordance with the IRB’s original approval or its policies and procedures is subject to suspension or termination. In addition, the IRB may suspend or terminate research that has resulted in unexpected harm to subjects. The IRB's purview includes products regulated by the FDA, such as: clinical investigations that support applications for marketing permits of
electronic devices, drugs and biologics designed for human use; and, any product approved for marketing by the FDA that is being used in an investigational study. It can also include such items as surveys, new equipment evaluations, chart reviews for publication, etc.

The Research IRB Coordinator provides all necessary IRB coordination. The IRB Coordinator reports to the Director of Clinical Research, MCDH.

II. ORGANIZATION AND MEMBERSHIP

A. General Organizational Requirements. To comply with 21 CFR 56 and 45 CFR 46, the IRB shall be sufficiently qualified through the experience, expertise, and diversity of the members' backgrounds to safeguard the rights and welfare of human subjects. This includes consideration of racial and cultural backgrounds, sensitivity to community attitudes, and the ability to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. The IRB will consist of both men and women, lay and professional individuals. The Chair of the IRB will normally be a physician, and will be appointed by the President of the Medical Staff.

B. Primary Membership. The IRB shall be composed of no fewer than five members, including at least: a physician; a research scientist; a nursing representative; one member whose primary concerns are nonscientific (e.g., lawyer, ethicist, clergy); and one member who is not otherwise directly affiliated with the institution and who is not part of the immediate family of a person who is directly affiliated with the institution. The research scientist, nursing representative, nonscientific and non-institutional members are standing appointments, approved by the MCD IRB Chair. Physician appointments are made by the MCD Medical Staff President, with the term of office being for one year. All nursing appointments must receive approval from the MCD CNO. Reappointment of physician members for subsequent years is at the discretion of the MCD President of the Medical Staff. The Presidents/CEOs and Medical Staff Presidents of LCMC, MCA, MCL, MCD ASC and Green Oaks Hospital are eligible to and encouraged to appoint physician and non-physician members to serve on the MCD IRB as they desire. Final approval of appointments will be determined by the IRB Chair & the Director of Clinical Research. A current IRB membership roster can be obtained from the IRB Coordinator. IRB members and/or the IRB Chair may be reimbursed if and as necessary.

C. Alternate Membership. To help assure a quorum of members is present at each meeting of the IRB, there shall be an alternate Chairperson and two alternate members appointed. If the IRB Chairperson is going to be absent from a particular meeting, he/she will temporarily appoint a replacement Chairperson from among the members who will be present at that specific meeting.

D. Removal from IRB. The President of the Medical Staff, in cooperation with the MCD President/Chief Executive Officer, shall have the authority to remove the Chairperson of the IRB after consultation with the Executive Committee of the Medical Staff. Other IRB members are subject to removal from the IRB at the discretion of the President of the Medical
Staff, the IRB Chairman or the MCD President/Chief Executive Officer for one or more of the following reasons: unauthorized absence from three (3) consecutive meetings; non-compliance with ethical principles; direct violation of IRB policies and procedures; or direct violation of appropriate FDA rules, regulations and/or requirements.

E. Liability and Training. MCD recognizes that quality patient care is a goal that can only be achieved if individuals who serve on boards, committees and in medical director and department head roles do so in an atmosphere as free as possible from the fear of personal liability. Accordingly, the MCD insurance program provides that assurance. Claims brought against the members of the IRB acting in good faith and within the scope of their duties are covered. To assure members are aware of their roles on the IRB, training is required on an annual and on-going basis. In particular, each member is expected to annually take the NIH/OER IRB computer-based training program (http://phrp.nihtraining.com) or complete the MCD research-training booklet “Education in the Responsible Conduct of Research” and the written test. All research investigators are also required to complete biennial training in the Protection of Human Research Subjects.

F. Member Conflict of Interest. A member of the IRB may not participate as a voting member in the initial or continuing review of any project if the member has a conflicting interest (e.g., financial interest in the study, status as an investigator on the study, etc.). The member must notify the Chair of any conflicts before voting begins and recluse him/herself. The Chair also must recluse him/herself in case of a similar conflict of interest.

III. CONDUCT OF BUSINESS

The IRB shall conduct business according to the requirements stated in Roberts Rules of Order, Revised.

A. Meetings. The committee will meet a minimum of 12 scheduled meetings per year (once every month), with any additional meetings called by the chairperson. (The date, time and place of the each scheduled meeting can be obtained from the DCR Research IRB Coordinator at Ext. 6060 or at the following URL; medicalcityhospital.com/research/irb/meeting-schedule.dot.) Completed, properly submitted protocols will be reviewed by the IRB on a first come, first served basis, and as the volume of work permits. If the Chair feels there would not be time to adequately review each project as is required by federal law, he/she may set a limit on the number to be reviewed each month and postpone review of any additional protocols until the following month. Protocol reviews generally take place within 30 days of receipt.
B. Quorum. A quorum must be present (or participating via teleconference) to conduct business requiring a vote. The presence of a majority (50% plus 1) of the voting members of the IRB will constitute a quorum (e.g., if there are 10 or 11 voting members on the IRB, a quorum shall be six members). It is preferred that the quorum at each meeting would ideally contain at least an unaffiliated member, a member with scientific background, a member with non-scientific background, and a physician.

C. Investigator Responsibilities. Before the IRB can review a research project, the investigator must provide the committee the following items: the protocol (see Section on Investigator Submission to the IRB for a complete description of required protocol contents), the proposed informed consent document (see Appendix 1 for a description of the basic elements of informed consent, a template informed consent document, additional considerations for genetic research, a model HIPPA authorization document, and an example of a research subject identification card), proposed assent document, if applicable (see Appendix 2 for a sample document), information regarding any potential conflict of interest, and the curriculum vitae of the investigator and any co-investigators. The MCDH is now using an electronic submission process. Further details for document submission can be obtained from the IRB coordinator at extension 6060. In addition, each investigator, co-investigator, and other members of the research team must periodically complete either the NIH or the MCD Protection from Research Risks training program and provide proof of that training to the IRB. (Contact the Research IRB Coordinator in the DCR for the deadline for submission to meet the next scheduled IRB) The investigator or designee will be expected to attend the IRB meeting to discuss the proposed project. Once the project is approved, the research investigator shall be responsible for complying with all IRB decisions, conditions, and requirements for obtaining informed consent/assent; and for insuring that no human subject will be involved in the research prior to obtaining that consent/assent.

D. Committee Review of Protocols and Post Review Actions

1. Basic Ethical Principles. The IRB shall review human research protocols in accordance with the basic ethical principles set forth in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research entitled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" (Belmont Report). The three basic principles which are particularly relevant to the ethics of research involving human subjects include: RESPECT FOR PERSONS (Individuals should be treated as autonomous agents and persons with diminished autonomy are entitled to protection. Respect for persons demands that subjects enter into the research voluntarily and with adequate information), BENEFICENCE (Do no harm; maximize possible benefits and minimize possible harms), and JUSTICE (An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly).
2. **Informed Consent/Assent.** Ethical principles take into consideration elements of informed consent/assent, sufficient information about the nature and effect of the research, and comprehension of the subject. Assent/Consent always have to be on a voluntary basis. The committee must look at and assess both the risks and benefits and possible alternative ways of obtaining the benefits sought in the research. Risks to subjects should be outweighed by the sum of both the anticipated benefit to the subject and the anticipated benefit to society. In its review process, the IRB shall review and approve informed consent/assent form(s) and make certain that all elements of an informed consent/assent are complied with in accordance with 21 CFR 50, "Protection of Human Subjects," 21 CFR 56, "Institutional Review Boards," and 45 CFR 46, “Protection of Human Subjects.” However, the IRB may require information in addition to that specifically mentioned in these regulations, and that information be given to the subject when, in the IRB's judgement, the information would be meaningful.

3. **Committee Decisions.** Copies of the investigator packet will be electronically distributed to the members of the committee for their individual review at least 5 days prior to the meeting of the committee as a whole for final review and discussion. In cases of detailed and lengthy protocol applications, the chairperson may decide to appoint subcommittees to more closely review the individual components. These subcommittees will report their findings in summary and make recommendations to the IRB committee as a whole. The committee as a whole will review and discuss the protocol and vote accordingly for one of the following:

- **FULL APPROVAL** as written;
- **APPROVAL WITH REQUIRED REVISIONS** (if the changes required are minor, the IRB Chair or designee may approve the revisions by expedited review; if the changes required are major or substantive, the approval will require full IRB review at a later convened meeting);
- **DEFERRAL/TABLED** (may be called by a member if discussion has exceeded 10 minutes, if the committee feels it does not have sufficient expertise to assess the protocol and needs to call on a consultant, if there are differences of opinion requiring a subcommittee evaluation, if the investigator does not show up for presentation, or if the investigator requests a delay in the protocol’s evaluation); or
- **DISAPPROVAL**

Final decisions on all proposals will be made with full committee involvement, except that any committee member with a conflict of interest (financial involvement in the study, status as an investigator on the study, etc.) will not vote on that study. Once the protocol meets all of the requirements of the federal regulations and the IRB, the investigator shall be informed of the minimum frequency at which he/she is to make progress reports to committee. In those investigations where it seems indicated, a monitor from the IRB may be appointed to oversee the research project. The IRB shall also determine which projects need verification from sources other than the investigators so that no material changes occur during the research project.
4. **Protocol Changes.** Minor changes in the research protocol or informed consent/assent document(s) (e.g., editorial/administrative changes) may be approved by expedited review by the chairperson or designee. Expedited review must be presented for full committee approval at the next scheduled IRB meeting. When a proposed change in a research study is major, then the full committee must review and approve the proposed change at a convened meeting before the change can be implemented. The only exception is a change necessary to eliminate apparent immediate hazards to the research subject. In this case the IRB shall be promptly informed of the change following its implementation and should review the change in the study to determine that it is, in fact, consistent with ensuring the continued welfare of the research subjects.

E. **Conference Call Review of Protocols.** A conference call telephone review process may be used for urgent research requests which fall between normally scheduled committee meetings (OHRP and FDA Policy 46 FR 8967). For this process, each committee member must review the protocol with the same diligence as is common at a scheduled IRB meeting. Committee members shall discuss the protocol during a conference call, and a majority of the participating members must approve such a protocol. This review must be denoted in the next set of IRB minutes, along with any comments by the members.

F. **Expedited Review/Exempt Protocols.** Expedited review is a procedure through which the Chairperson of the IRB, or a designee of the Chairperson, may individually review and approve certain kinds of research without convening the full IRB. The expedited review procedure may be used to review Exempt Protocols (Studies as defined in 45 CFR 46.101, such as surveys, records reviews, biological specimen collection, study of existing data, etc.) and any minor changes (such as adding or deleting sub-PI's) to previously approved clinical research during the periods for which approval is authorized. Expedited review can only be used on research involving no more than minimal risk. If expedited review is used, it will be formally brought to the full committee's attention at the next IRB meeting.

G. **Confidentiality.**

1. **Research Subject.** The IRB's primary responsibility with respect to protecting confidentiality is to the research subject. The sponsor's need to maintain the confidentiality of certain information about products under development should also be considered. IRB members and staff should be aware that information submitted for review may be confidential, proprietary, and of commercial interest and should recognize the need for maintaining a sponsor's confidentiality. The IRB should review minutes of a meeting prior to their distribution to ascertain that confidential information about a product of protocol submitted to the IRB by a sponsor is not inadvertently released. Any IRB members who are in violation of the confidentiality clause may be asked by the chairperson, after consultation with the President of the Medical Staff and the MCDH President/Chief Executive Officer to resign their position on the committee.
2. **FDA.** The Food and Drug Administration (FDA) may inspect records containing the identity of the subjects. As an element of informed consent the subject should be made aware of the FDA's access to confidential material including the release of patient identity and medical record information.

**H. Waiver of Responsibility to an Outside IRB.** In many instances researchers from MCDH, MCCH, LCMC, MCA, MCL, MCD ASC and Green Oaks Hospital will be involved in outpatient multi-center clinical trials. The Food and Drug Administration and Department of Health and Human Services regulations permit institutions involved in multi-institutional studies to use reasonable methods of joint or cooperative review in the Institutional Review Board (IRB) review of such studies (21 CFR 56.114; 45 CFR 46.114). This provision is intended to eliminate the requirement for duplicate reviews by each IRB responsible for the same research project. If an investigator associated with MCDH, MCCH, LCMC, MCA, MCL, MCD ASC or Green Oaks Hospital wishes to use a central IRB for an outpatient multi-center research study rather than the MCDH IRB, a waiver may be granted. The investigator must submit a request for waiver to the MCDH IRB Chairperson, along with a copy of the research protocol. If the Chairperson approves the waiver request, the protocol shall be given a number and filed for historical purposes. The full IRB will be notified of the waiver at the next scheduled meeting. Although a study’s oversight may be waived to a central IRB, it does not eliminate the requirement for submission of adverse event/serious adverse event reporting to the MCDH IRB for subjects/patients enrolled at MCDH and the other facilities under the purview of the MCDH IRB. The only other documentation required from the investigator is notification when the protocol has been closed. Waivers of responsibility for inpatient research studies are normally not given.

**I. Fees for Initial & Annual Review.** Protocols which have outside (e.g., pharmaceutical or equipment company) sponsorship and a dedicated budget will be reviewed by the IRB for a fee in the amount of $2000. This fee will be waived for the review of exempt, NIH, or non-sponsored studies. The PI will be billed by the DCR for the review after the protocol has been presented at the monthly meeting of the IRB. The PI will also be billed $500 for review of annual continuation for their protocol. If the DCR receives excessive request of copies for lost paperwork, the PI will be billed .14 per page by the DCR.

**J. Signatory Officials.** Either the IRB Chair or the Research IRB Supervisor/Coordinator shall sign all formal paperwork relating to each research project and any IRB activities. The MCDH President/CEO, LCMC President/CEO, MCA President/CEO, MCL President/CEO, MCD ASC President/CEO and Green Oaks Hospital President/CEO shall be the signatory officials for their respective institutions.

**K. Reporting to the Food and Drug Administration.** As required by 21 CFR 56.108(b), the IRB shall promptly report to appropriate institutional officials and to the FDA: (1) any unanticipated problems involving research risks to human subjects or others, (2) any instance of serious or continuing noncompliance by an investigator or others with the regulations or with the requirements or determinations of the IRB, or (3) any suspension or termination of IRB approval of a clinical research project.
IV. COMPASSIONATE USE OF A TEST ARTICLE

The term “Compassionate Use” has been used to describe a situation where an investigational drug is being used outside the setting of a clinical trial. The use is in a small number of extremely ill patients for whom standard therapy is unlikely to be effective. From the standpoint of research regulation, there is no such thing as “compassionate use”. The term “compassionate use” does not appear in either the Department of Health and Human Services (DHHS) or the Food and Drug Administration (FDA) regulations. Therefore the correct terminology should be “Emergency Use” or “Emergency Exemption” of a test article. The procedures for securing an emergency use exemption for a test article are fully described below.

V. EMERGENCY USE OF A TEST ARTICLE

The FDA definition of emergency use of a test article on a human subject makes reference to two essential components: (1) a life-threatening situation in which standard, acceptable treatment is not available, and (2) in which there is not sufficient time to obtain prospective full IRB approval. A single emergency use (or single course of treatment) of an investigational drug, device, or biological product may be exempt from FDA requirement for prospective IRB review provided that such emergency use is reported to the IRB Chairperson either prior to use or at least within five (5) working days after use and a copy of the protocol and informed consent provided for the IRB records. When requesting emergency exemption, the investigator should generate a letter to the IRB Chair describing the emergency use situation. The letter must document compliance with the specific FDA requirements for emergency use specified above. The IRB Chair or appropriate designee (IRB member with appropriate medical knowledge) will review the investigator’s letter and confirm that (1) an emergency situation exists, and (2) there is not sufficient time to convene a full board IRB meeting. The IRB office will then generate a letter to be signed by the IRB Chair acknowledging notification of emergency use of the test article. The Emergency Use request will be reviewed by the entire IRB at the next scheduled meeting. Any subsequent use of the investigational product at the institution is subject to full IRB review and approval. The investigator is required to obtain informed consent/assent of the subject or the subject's legally authorized representative. This shall apply unless the patient or guardian is unable to provide timely consent/assent. In those cases, the Exception from General Requirements [21 CFR 50.23(a)] will apply. (See also Section XI.D. Exceptions from Informed Consent)

VI. HUMANITARIAN DEVICE EXEMPTIONS (HDE)

As part of the Safe Medical Devices Act, the FDA in 1996 developed rules for humanitarian use devices (HUDs) to provide incentive for manufacturers to develop devices to diagnose or treat conditions that affect fewer than 4000 people in the US per year. To receive a HUD designation for a device, a manufacturer must submit to the FDA a humanitarian device exemption (HDE)
application. A thorough summary of safety and probable benefit is required in this application. This summary must give the FDA enough information to determine that the benefits of the device outweigh the risks, that no other comparable devices are available to treat or diagnose this condition, that the HDE process is the only process by which this device may be brought to market, and must provide labeling for the device clearly defining its humanitarian use status.

As HUDs may only be used in medical facilities that have established a local IRB, that local board is responsible for both the initial approval for the use of the HUD in that facility (e.g., an HUD cannot be approved by the IRB Chair as an Exempt project) and for continuing review of the use of the HUD. Patient informed consent is NOT required for HUDs, provided that no research information is being gathered to support a premarket application. While this does not mean that a local IRB cannot require informed consent for use of an HUD, a lengthy consent process may violate the spirit of humanitarian use, especially in emergent situations where obtaining prior written informed consent may not be possible.

VII. INVESTIGATIONAL AND OFF-LABEL USE OF MARKETED DRUGS

Good medical practice and patient interest require that physicians use commercially available drugs and biologics according to their best knowledge and judgment. If physicians use a product for an indication not in the approved labeling, they have the responsibility to be well informed about the product and to base its use on firm scientific rationale and on sound medical evidence.

Use of a product in this manner as a part of the practice of medicine does not require review by the IRB or an informed consent document.

However, the investigational use of approved, marketed products differs from the situation described above. Investigational use suggests the use of an approved product in the context of a clinical study protocol and requires prospective review and approval by the IRB, and the use of an informed consent document. Generally, submission of an Investigational New Drug application to the FDA is also required.

VIII. MEDICAL DEVICE STUDIES AND RISK DETERMINATION

A medical device is defined, in part, as any health care product that does not achieve its primary intended purposes by chemical action or by being metabolized (e.g., surgical lasers, sutures, pacemakers, vascular grafts, intraocular lens, orthopedic pins, diagnostic aids such as reagents and test kits for \textit{in vitro} diagnosis of disease). An investigational device is a medical device which is the subject of a clinical study designed to evaluate the effectiveness and/or safety of the device. Clinical investigations undertaken to develop safety and effectiveness data for medical devices must be conducted according to the requirements of the Investigational Device Exemption (IDE) regulations [21 CFR part 812], and must comply with the FDA informed consent and IRB regulations [21 CFR parts 50 and 56].
Unless exempt from the IDE regulations, an investigational device must be categorized as either significant risk (SR) or nonsignificant risk (NSR). A SR device study is defined [21 CFR 812.3] as a study of a device that presents a potential for serious risk to the health, safety, or welfare of a subject; a NSR device study is one that does not meet the definition for a significant risk study. The determination that a device presents a NSR or a SR is initially made by the sponsor. The proposed study is then submitted either to the FDA as an IDE application (for SR studies) or to an IRB (for NSR studies). If the IRB agrees that the device study is NSR and approves the study, the investigation may begin at that institution immediately, without submission of an IDE application to FDA. If the IRB disagrees and believes based on the nature of the harm that may result from the use of the device that the study is really SR, the sponsor must notify the FDA and submit an IDE. The study may not commence until 30 days following the sponsor’s submission of an IDE application.

**IX. TREATMENT USE OF INVESTIGATIONAL DRUGS**

Investigational products are sometimes used for treatment of serious or life-threatening conditions either for a single subject or for a group of subjects. These are usually uncontrolled studies, carried out to obtain additional safety data. They are typically used when the controlled trial has ended and treatment is continued so that the subjects may continue to receive the benefits of the investigational drug until marketing approval is obtained. These studies require informed consent and prospective IRB review and approval. A sponsor may apply for a waiver of local IRB review under a treatment IND if it can be shown to be in the best interest of the subjects, and if a satisfactory alternate mechanism for assuring the protection of the human outpatient subjects is available, e.g., review by a central IRB. Even if the FDA approves the waiver, this IRB may still opt to review the study.

**X. INVESTIGATOR SUBMISSIONS TO THE IRB**

**A. Research Packet.** Along with the IRB submission application (Appendix 1), the investigator shall submit his/her protocol, informed consent/assent document(s) and the summarized items listed below to the IRB. The preferred method of submission is electronic. All documents should be submitted as *.doc or as PDF (preferred) to Erica.Lusk@hcahealthcare.com. The research packet should include the following information:

1. Title of study.

2. Purpose of the study (Short statement of the research question or problem to be addressed, and the benefit expected from the study).

3. Description of the Sponsor of the study (if any), sponsor funding, any potential conflict of interest (e.g., financial), and any associated sponsor research brochures.
4. Background (Justify the need for the project and explain the rationale for the approach; provide detailed background information and extensive references describing background research).

5. Detailed subject selection criteria and subject exclusion criteria.

6. Justification for the inclusion or exclusion of a special subject population (e.g., male or female only, minorities, children or neonates, mentally infirm, etc.).

7. Study design (including the proposed number of subjects, and a discussion of the appropriate research methods, data collection forms, data management plans, statistical analysis, and proposed investigation schedule). The investigator must also assure that the study has been coordinated with all appropriate in-house hospital personnel (e.g., department managers, administration, ancillary services) and other committees (e.g., Radiation Safety Committee), as needed.

8. Description of procedures to be performed; use of any investigational drugs or devices; and any special requirements.


10. Appropriate informed consent/assent documents; circumstances surrounding a consent/assent procedure; reasons for informed consent/assent waivers, if any.

11. Methodologies for education of staff, if applicable as well as documentation of completion of required NIH computer-based research training, CITI training, or completion of the MCDH research training booklet.

12. Reimbursement of subjects for participation in the research project; and any payments for investigational devices, drugs and related treatment.

13. Any advertising documents for patient recruitment, if applicable.

14. Indemnification or Confidentiality Agreement

15. Drug brochure, when appropriate

16. FDA Form 1572, plus IND/IDE numbers and documents, when appropriate.

17. A Curriculum Vitae (CV) which denotes the professional qualifications of the principle investigator; a CV describing the qualifications of any co-investigators or associate investigators; and delineation of necessary support personnel, services and facilities.
18. Example of a patient identification card that indicates the subject is participating in a medical research study and the name and number of the individual to be contacted before any medical treatment is initiated.

B. Investigator Financial Conflict of Interest. In accordance with the requirements established by the FDA, the investigator shall disclose to the IRB any potential financial conflict of interest. The investigator must disclose to the IRB if he or she:

- is compensated based on the study outcome
- has a proprietary interest in the test product
- has an equity interest in the sponsor that is greater than $5,000
- has received payments that exceed $25,000 from the sponsor (includes grants, equipment, etc.)

These limits do not disqualify an investigator from participating in the research, but disclosure must be made and steps to minimize the potential for bias must be taken. A statement regarding investigator financial interest in the study, if any, shall also be included in the informed consent document.

XI. INFORMED CONSENT/ASSENT

A. Responsibilities. A master dated copy of each informed consent and assent document shall be maintained on file in the Department of Clinical Research for the IRB. Unless otherwise authorized by the IRB, research investigators are responsible for ensuring that legally effective consent/assent shall:

1. Be obtained from the subject or the subject's legally authorized representative, depending on the age and mental/physical condition of the subject;

2. Be in language understandable to the subject or the representative, written in non-technical terms; the terminology needs to be understandable to an individual with no more than a 7th grade education;

3. Be obtained under circumstances that offer to the subject or to the representative sufficient opportunity to consider whether the subject should or should not participate; and

4. Not include exculpatory language through which the subject or the representative is made to waive or limit, or appear to waive or limit any of the subject's legal rights, or releases or appears to release the research investigator, the sponsor, the institution or its agent from liability for negligence.

5. Be re-obtained from the subject if the change significantly impacts future risks or benefits for having entered the trial, or if the sponsor requires formal re-consent.
Otherwise, letters of information to the subject suffice since they can be informed without having to return to the clinic.

**B. Providing Basic Elements of Informed Consent.** Unless otherwise authorized by the IRB, research investigators at a minimum shall provide the following information to each subject (see also Appendix 1 for a sample document):

1. a statement that the study involves research, identification of the department(s) and any sponsoring agencies (use of Departmental letterhead stationery will be helpful in this regard), and explanation of the purpose(s) of the research, the approximate number of subjects involved in the study, the expected duration of the subject's participation, a statement of whether the process will require hospitalization, an easy-to-understand lay description (at the 7th-grade level) of the procedures to be followed, identification of any procedures which are experimental, and a statement regarding investigator financial interest in the study, if any;

2. a description of any reasonably foreseeable risks or discomforts to the subject; a statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable;

3. a description of any benefits to the subject or to others which may be reasonably expected from the research and a notation as to whether the subject will be told the results of the research at the end of the study;

4. a disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject; it is possible that no treatment may be a viable option;

5. for research involving more than minimal risks, an explanation as to whether any individual compensation and/or any special medical treatments are available if injury occurs; and, if so, what they consist of, or where further information may be obtained; and a description of any additional cost to the subject that may result from participation in the research;

6. an explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject;

7. a statement that participation is voluntary, refusal to participate will not jeopardize subject's medical care, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled; the consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject; and any anticipated circumstances under which the subject's participation may be terminated by the research investigators without regard to the subject's consent;
8. a statement that significant new findings developed during the course of the research which may be related to the subject's willingness to continue participation will be provided to the subject;

9. notification that all patient information shall remain confidential; but the patient shall also be informed that his/her records may be fully examined by the FDA and other entities; describe health information usage through a HIPAA privacy statement.

10. in the case of genetic research studies or studies that involve obtaining tissue samples, there are additional elements of informed consent that must be included (see end of Appendix 1 for a sample).

C. Documentation of Informed Consent

1. Research investigators shall be responsible for ensuring that informed consent is documented by the use of a written consent form approved by the IRB and signed by the subject or the subject's legally authorized representative, unless this requirement is specifically waived by the IRB. The informed consent document should be prepared using the IRB "Checklist" (See attached in Appendix 1).

2. Research investigators must use a consent form which is a written document that embodies the elements of informed consent. The form may be read to the subject or subject's legally authorized representative, but in any event, the research investigator shall give either the subject or representative adequate opportunity to read the form before signing it.

3. Research investigators shall ensure that each person signing the written consent form is given a copy of that form. The investigator also shall maintain a copy of each signed form in his/her records and shall place a copy of the signed form in the patient’s medical records.

4. A member of the IRB may be designated to periodically audit the informed consent process, as long as the patient approves, and/or review patient records for the presence and use of an appropriate consent form.

D. Exceptions from Informed Consent. The investigator is required to obtain informed consent from the subject or the subject's legally authorized representative unless both the investigator and a physician who is not otherwise participating in the clinical investigation certify in writing all of the following:

1. The subject is confronted by a life-threatening situation necessitating the use of the test article.

2. Informed consent cannot be obtained because of an inability to communicate with or obtain legally effective consent from the subject.
3. Time is not sufficient to obtain consent from the subject's legal representative.

4. No alternative method of approved or generally recognized therapy is available that provides an equal or greater likelihood of saving the life of the subject.

If, in the investigator's opinion, immediate use of the test article is required to preserve the life of the subject and if time is not sufficient to obtain the independent determination required, the determination of the clinical investigator shall be made and within three (3) working days after the use of the article, be reviewed and evaluated in writing by a physician who is not participating in the clinical investigation. The IRB will be notified within five (5) working days after the use of the test article.

E. Surrogate Consent by Legal Representative. If circumstances prevail which render a patient a suitable candidate for the study, but the patient is unable to communicate due to the physical condition (infirmed elderly, minors or patients in an unconscious state), surrogate consent may be obtained for studies which will have expected benefit to the patient. If the study uses a placebo for one group of patients, surrogate consent is not appropriate, since no benefit is expected for those patients randomized into a placebo arm. Texas law states that if the patient is comatose, incapacitated or otherwise mentally or physically incapable of communication and there is no Power of Attorney for Healthcare or guardianship, the following people, in order of priority, may consent to treatment:

- The patient’s spouse;
- The patient’s reasonably available adult children;
- The patient's parents; or
- The patient's nearest living relative.

If the patient does have a notarized Power of Attorney for Healthcare or court-appointed guardian, the terms of that particular document must be followed and a copy of the Power of Attorney or court appointment must be attached to every copy of the informed consent document.

F. Risk Determination in Research Involving Children; Parental Consent. Minors (exact age will depend on the definition mandated by the State of Texas) may be used as subjects only when the clinical investigation is intended to be of direct benefit to the subject and when no greater than minimal risk to the minor subject is presented; or, when greater than minimal risk is presented, but the proposed procedures hold out a prospect of direct benefit to the individual subject.

1. The IRB must determine whether the research: a) involves no greater than minimal risk to any children participating, b) involves greater than minimal risk but presents the prospect of direct benefit to children participating, or c) involves greater than minimal risk and no prospect of direct benefit to individual children participating.

2. If either of the first two conditions is present, the IRB may determine that the permission of one parent or guardian is sufficient for the child to participate in the research.
Where the third condition is present, permission must be obtained from both parents or guardians if possible.

3. The IRB must also determine that the anticipated benefit compared to the risk is at least as favorable to the children as that presented by available alternative approaches or that the risk represents only a minor increase over minimal risk.

4. The traditional requirement of securing the consent of parents or guardians before performing a medical procedure on a minor should be viewed as protective rather than coercive. Therefore, in addition to securing the required third-party consent, the IRB must also insure that adequate provisions are made for soliciting the assent of minor subjects who are capable of providing such assent.

G. Documentation of Assent by a Minor. Assent means the affirmative agreement of a minor to participate in research (see attached Model Documents in Appendix 2). The mere failure to object should not, in the absence of an actual affirmative agreement, be construed as assent. Following are assent requirements by age groups:

1. Assent by Teens. In addition to the signed consent of their guardian, the consent form should also contain a section for adolescents, thirteen (13) years of age and older, to acknowledge their assent to participate in the study.

2. Assent by Pre-teens. A separate, age-appropriate assent form should be provided to children under thirteen (13) and over seven (7) years of age to acknowledge their assent to participate in the study.

3. Waivers to Informed Assent. The IRB will consider waiving the requirement of informed assent upon request of the investigator. A waiver may be granted for those studies in which the investigator can demonstrate that requesting assent is not in the best interest of the minor.

H. Primary Language Other Than English. If the potential patient population of a research investigator primarily speaks a language other than English, the investigator must prepare informed consent/assent documents in that primary language as well as in English. The investigator should notify the IRB during the approval process of the different language requirement and provide the IRB with both the English and the other language version documents.

I. HIPAA Privacy Rule, Use and Review of PHI. The Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as codified at 42 U.S.C. Section 1320d, establishes the conditions under which protected health information (PHI) can be used or disclosed for research purposes. The Privacy Rule protects the privacy of individually identifiable health information, while at the same time ensures that researchers continue to have access to medical information necessary to conduct vital research. In the course of conducting
research, researchers may create, use and/or disclose individually identifiable health information either with individual authorization (informed consent) or with an IRB waiver.

1. **Research Use/Disclosure of PHI with Individual Authorization.** A researcher may use and disclose PHI for research purposes when the research protocol has received IRB review and approval, and the research participant authorizes the use or disclosure of the information through a signed informed consent document (see Appendix 1 for an example of a HIPPA authorization document for disclosure of health information).

2. **Research Use/Disclosure of PHI without Authorization.** To use or disclose PHI without authorization by the research participant, the researcher must obtain a waiver from the IRB. To authorize the waiver, the IRB must determine that the use or disclosure of PHI involves no more than minimal risk to the individuals; the privacy rights and welfare of the individuals will not be adversely affected; the research could not practicably be conducted without the waiver; the research could not practicably be conducted without access to and use of the PHI; the privacy risks to the individuals are reasonable in relation to the anticipated benefits; there is an adequate plan to protect the identifiers from improper use and disclosure; there is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research; and there are adequate written assurances that the PHI will not be reused or disclosed to any other person or entity except as required by law.

3. **Review of PHI Preparatory to Research.** When an investigator wishes to review a patient’s medical records in order to be able to recruit study subjects in preparation for research, the investigator first must obtain IRB approval for the protocol. Then, the investigator completes a Request to Review PHI form, which can be obtained from the IRB Coordinator. This form is coordinated with and maintained by the Health Information Management Department. The investigator also has to sign an Agreement for Review of Hospital Records Preparatory to Research (also, can be obtained from the IRB Coordinator) to pay a fee to have the medical records pulled for PHI review.

---

XII. PATIENT REIMBURSEMENT AND ADVERTISING

A. **Reimbursement.** Decisions concerning reimbursement for investigational products should be guided by professional ethics, institutional policies and federal regulations.

1. **Individual Costs or Reimbursements.** The IRB must ensure that subjects are fully informed when they are to bear the costs of investigational products and/or associated treatments and ensure that any such costs are appropriate and equitable. Also, subjects may be reimbursed for their time and effort as a volunteer subject in a research project -- as long as the reimbursement is not of such magnitude as to be the only reason the subject volunteered. The reimbursement must be made known to the IRB.
2. **Product Costs.** The IRB needs to know whether payment for the investigational product is permitted by FDA. The Investigational Device Exemption (IDE) regulations allow sponsors to charge for investigational devices; however, the charge should not exceed an amount that is necessary to recover the costs of the manufacture, research, development or handling of the investigational device. In addition, the sponsor may provide reimbursement to the investigator. This information should also be made available to the IRB.

**B. Advertising to Physicians/Prospective Subjects.** The IRB must receive copies of any advertising used to provide information to physicians regarding the study and/or to attract potential patients into the study. This information will be maintained in the protocol files.

**XIII. ADVERSE REACTIONS/UNEXPECTED OUTCOMES**

The investigator is responsible for providing the IRB with **written** notification within **2 business days** of any **serious** adverse reactions (deaths or hospital admissions) or unexpected outcomes (long-lasting or irreversible damage to human health, partial or complete impairment of bodily functions, impairment of normal activity by all/most persons exposed at one time/each time an individual is exposed) occurring to enrolled subjects at MCD during the course of the research study. For all adverse events it is recommended that these be reported to the IRB within 25 business days if felt to be related or possibly related to the device, medication, or experimental procedure. If this is a study being performed at multiple sites (e.g., major pharmaceutical or equipment company study), the investigator should within 25 business days provide the IRB with copies of any notification received regarding significant adverse events at other sites. All other adverse events must be reported at the time of the annual continuing review of the research study. In cases of sponsor reported death, the investigator should notify the IRB within 2 business days. The IRB shall review all reports of adverse reactions and unexpected events involving risks to subjects or others. The Investigator shall be responsible for:

1. Ensuring prompt reporting to the IRB of changes in a research activity.

2. Ensuring that changes in approved research during the period for which IRB approval has been given may not be initiated without IRB review and approval except where necessary to eliminate apparent, immediate hazards to human subjects.

3. Ensuring an investigator assessment of the event is provided with the report.

Unanticipated risks are sometimes discovered during the course of an investigation and new information may come to light showing that the risks in a study are not justified. Unanticipated risks or new information that may impact on the risk/benefit ratio must promptly be reported by the Investigator to the IRB to ensure adequate protection of the welfare of the subjects. Based on such information, the IRB may need to reconsider its approval of the study and the arrangements for continuing review.
XIV. AMENDMENTS/PROTOCOL COMPLIANCE, CONTINUING REVIEW, AND PROGRESS REPORTS

A. Amendments/Protocol Compliance. The investigator must conduct the research study in compliance with the protocol, and should not implement deviations from or changes to the protocol without prior approval. The Investigator must notify the IRB in writing of any major deviations (defined as a deviation that places the research subject at greater than minimal risk) from the approved protocol, or amendments or changes to the protocol or to the informed consent document within 25 business days of their occurrence. All submissions regarding amendments or informed consent revisions are required to include a summary of changes and a document with the changes tracked. These changes must be reviewed and approved by the IRB prior to their being instituted in the study, except where necessary to eliminate an immediate hazard to trial subjects or where those changes are purely administrative. However, the IRB should be notified of the deviation or change as soon as possible thereafter for review and approval. Minor deviations should be reported at year’s end with the progress report/continuing review.

B. Continuing Review. Approximately 2 months prior to study expiration, the investigator will receive a letter from the IRB office notifying him/her of the pending requirement for a continuation request. The principal investigator should submit a letter to the IRB chairman requesting continuation of the study for another year and include a completed progress report/continuation form found in Appendix 3. This review is required to ensure the continued protection of the rights and welfare of research subjects. If the investigator fails to provide the continuing review report when requested, the IRB will administratively close the protocol within 25 business days after the expiration date. **Note:** Although the IRB attempts to notify each principal investigator 2 months prior to the due date of the continuing review, there are no federal requirements dictating that the IRB must do so. The final responsibility for submission of a timely continuing review request must be the principal investigator’s responsibility.

The IRB shall conduct continuing review of research in intervals appropriate to the degree of risk, but not less frequently than once per year. If the IRB determines the protocol is high risk (based on such factors as the nature of the study, vulnerability of the study subject population, the inexperience of the investigator, concern that the risks cannot be minimized, etc.), it may require continuing review at intervals more frequent than once a year.

In conducting a continuing review, the IRB shall use the same criteria used in approval of the research. Special attention will be paid to determine whether new information or unanticipated risks were discovered during the research. The previously approved consent/assent document(s) should be re-reviewed to ensure that the information contained is still accurate and complete, and to determine whether new information that may have been obtained during the course of the study needs to be added. Any significant new findings that affect the subject's willingness to continue participation should be provided to the subject.
C. **Progress Reports.** The IRB will conduct routine continuing review by requiring written status or progress reports from the clinical investigator. Status or progress reports from the clinical investigator shall include but not be limited to:

1. Number of subjects in the investigation

2. Summary of any significant new findings that may relate to a patient’s willingness to participate in the study

3. Any adverse reaction(s) during the study; documented evidence of adverse events; reported dates, outcomes

4. Unanticipated problems, events, or outcomes

5. Withdrawal of patients from research

6. Future plans for enrollment

7. Documentation of approved amendments to the protocol and/or to the informed consent/assent document(s).

**XV. NON-COMPLIANCE, SUSPENSION OR TERMINATION OF RESEARCH; FRAUD AND MISCONDUCT IN RESEARCH**

**A. Non-Compliance.** The IRB shall report any serious or continuing non-compliance by investigators to the MCD President/CEO, LCMC President/CEO, MCA President/CEO, MCL President/CEO, MCD ASC President/CEO or Green Oaks Hospital President/CEO, as appropriate, and to the FDA.

**B. Suspension orTermination of IRB Approval of Research.** The IRB shall have the authority to suspend or terminate approval of research that is not being conducted in accordance with the IRB’s requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval shall include a statement of the reasons for the IRB’s action and shall be reported promptly to the investigator, appropriate institutional officials (MCD President/CEO, LCMC President/CEO, MCA President/CEO, MCL President/CEO, MCD ASC President/CEO or Green Oaks Hospital President/CEO, as appropriate), and the FDA. In light of the size of the committee, diversity of membership, range of expertise of members, its staff of consultants and dedication of the members for protection of the patient's rights, there shall be no appeal of the decisions of this committee.

**C. Fraud and Misconduct.** MCD is committed to the advancement of clinical medicine and dentistry in support of its patient care mission. The rights and welfare of volunteer research subjects will be fully safeguarded throughout the study in accordance with all state, federal, and
national standards and regulations. In addition, MCD is fundamentally determined that all
research will be performed and all data will be reported ethically and with integrity, and that
scientific fraud and misconduct will not be tolerated. If an allegation of possible fraud or
misconduct is received by the IRB or by an official of MCD, then the procedures listed in the
MCD Scientific Fraud and Misconduct Policy (Policy #RI.1.250) will immediately be
implemented.

XVI. PROTOCOL COMPLIANCE AND AUDIT PROGRAM

The focus of this program is to assess protocol compliance with and adherence to the Federal
regulations and guidelines. Periodically, the IRB records for the selected protocols may be
reviewed to capture the initial IRB approval date, dates of renewal, occurrences of adverse events
and, if applicable, lapses of IRB approval. The content of the IRB-approved protocols is
compared to the content of the informed consents to ensure that both documents are consistent.
The informed consent documents are reviewed to ensure that they contain all the basic and
pertinent additional elements of informed consent.

In addition, one of the non-scientific members of the IRB may periodically, with the volunteer
patient’s approval, monitor an actual consent process to assure all activities are proceeding
correctly. The IRB member will then report what was determined regarding the process at the
next IRB meeting.

XVII. RESEARCH PROTECTION EDUCATION PROGRAM

It is the policy of this institution that all researchers and research staff be aware of the standards,
ethics, and integrity of the research process that are necessary to both ensure the rights and
welfare of human subjects be protected and to discourage misconduct in research. In that light,
researchers and research staff shall be required to complete a basic program of instruction in the
responsible conduct of research. This training should increase individual knowledge of, and
sensitivity to, issues surrounding the responsible conduct of research; improve the ability of the
participants to make ethical and legal choices in the face of conflicts involving scientific
research; and provide information about the federal regulations, policies, statutes, and guidelines
that govern the conduct of research.

This education may be obtained in one of several manners. First, the researchers and research
staff may take and complete the NIH/NCI IRB computer-based training course (at the World
Wide Web address: http://phrp.nihtraining.com. Once the course has been completed, the
individual should provide a copy of the NIH completion certificate to the IRB. A second option
is to take the CITI Program training in the responsible conduct of research. This on-line training
can be found at www.citiprogram.org/index.cfm?pageID=265. Investigators should take the
Biomed module when using this format. As an alternative, the DCR has an educational booklet,
“Education in the Responsible Conduct of Research,” which can be read to provide the
researchers and research staff with similar information. Once the booklet is completed and the test taken, the individual will be awarded a certificate of completion.

In addition, the members of the IRB are expected to complete similar training programs on an annual basis, and will be provided Continuing Education material periodically in conjunction with the scheduled monthly meetings.

XVIII. RETENTION OF DOCUMENTS

The Committee shall maintain and prepare adequate documentation of its activities including the following:

1. Copies of all research proposals reviewed, final approved proposals, and amendments to proposals, scientific evaluations, if any, that accompany the proposals, initial and final approved sample consent/assent forms, progress reports submitted by investigators, and reports of injuries to subjects.

2. Minutes of IRB meeting shall be in sufficient detail to show attendance at the meetings, actions taken by the IRB, the vote on these actions including the number of members voting for, against, and abstaining, the basis for requiring changes in or disapproving research, and a written summary of the discussion of controversial issues and their resolution.

3. Records of continuing review activities.

4. Copies of all correspondence between the IRB and the investigators.

5. A list of IRB members identified by name, earned degrees, representative capacities, indications of experience such as board certifications, licenses, etc., sufficient to describe each member's chief anticipated contribution to IRB deliberations, and any employment or other relationship between each member and the institution (for example, full-time employee, part-time employee, a member of governing panel or board, stockholder, paid or unpaid consultant).

6. Statement of significant new findings provided to subject.

The records required by regulation shall be retained for at least (3) years after completion of the research and the records shall be accessible for inspection and copying by authorized representatives of the Food and Drug Administration at reasonable times and in a reasonable manner.
XIX. CLOSING STATEMENTS

The IRB will notify the Food and Drug Administration and/or sponsor if any investigation is administratively discontinued and the reason therefore.

The investigator shall not commence clinical studies in humans prior to thirty (30) days after the date of receipt of an application by the Food and Drug Administration. The IRB shall withhold or restrict clinical studies if requested to do so by the Food and Drug Administration prior to the expiration of this thirty day period.

The Institutional Review Committee will make timely reviews of patient selection and progress of the investigation. No investigator will be allowed to have any role in the selection of the Committee members.

Note: Changes in these policies and procedures can be made at any time by the DCR and IRB in order to comply with any applicable changes in local, State, or federal guidelines.
## APPENDIX 1

A. Study submission form link……………………………………………………………25

B. Basic Elements of Informed Consent.................................................................25

C. A Model Informed Consent………………………………………………………27

D. Additional Elements of Consent: Genetic/Tissue Sample Studies……………31

E. HIPPA Authorization Document……………………………………………………32

F. Model Research Subject ID Card…………………………………………………33
The initial submission should consist of all documents mentioned above and, in addition, the “Initial Review of Human Subjects Research” submission form found at the following link:

http://medicalcityhospital.com/research/irb/forms.dot
BASIC ELEMENTS OF INFORMED CONSENT

An informed consent document must contain the following information and a copy must be provided to each subject.

___ 1. A statement that the study involves research. Note whether or not the patient will be informed about the results of the research study.

___ 2. Identify any sponsor of the project. (Use of Organizational letterhead stationery will be helpful in this regard). Explain the relationship (if any) between the study doctor and the sponsor of the study (e.g., Potential Financial Conflict of Interest).

___ 3. A lay language (7th-grade level) description of the research purpose; in the event that randomization is used, a lay explanation of that term should be included.

___ 4. An understandable (7th-grade level) description of procedures to be used.

___ 5. The approximate number of subjects involved in the study; justification for the exclusion of any particular group of subjects (e.g., minorities, women).

___ 6. The expected time and duration of the subject's participation.

___ 7. A description of any reasonably foreseeable risks or discomforts to the subject (or to the embryo or fetus, if subject is or may become pregnant); any requirement for contraceptive use to prevent pregnancy. In the case of drug use, a full and fair exposition of side effects must be given.

___ 8. Identification of any experimental procedures.

___ 9. A statement that there may be risks to participation in the study that are currently unknown (This may be eliminated in appropriate protocols).

___ 10. Any additional costs to the subject that may result from participation in the research.

___ 11. A statement of whether the process will require hospitalization.

___ 12. For research involving more than minimal risk, an explanation as to whether any compensation is involved and an explanation whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.

___ 13. A disclosure of appropriate alternative procedures or courses of treatment, if any,
that might be available to the subject or whether not treating the subject is an option.

___ 14. A description of any benefits to the subject or to others which may reasonably be expected from the research.

___ 15. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. The subject should be made aware that the FDA may inspect records pertaining to their research. Include a HIPAA Health Information Authorization statement.

___ 16. A statement that participation is voluntary and refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

___ 17. Indication that the subject may discontinue participation at any time without penalty or loss of benefits to which that subject is otherwise entitled; The consequences of the subject's decision to withdraw from the research (these cannot involve penalties for withdrawing) and procedures for orderly termination of participation by the subject; and A discussion of circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.

___ 18. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.

___ 19. An explanation of whom to contact for answers to pertinent questions about the research and research subjects rights, and whom to contact in the event of a research-related injury to the subject. A telephone number for the contact is to be provided.


___ 21. Additional elements for genetic studies and/or studies where tissue samples are collected.

When abbreviations are to be used for brevity (e.g., CBC, EEG, EKG), the first use of the abbreviation should be accompanied by the spelled out term in brackets or parentheses.
One possible arrangement of the preceding information is as follows:

**A MODEL INFORMED CONSENT**

Title:
Sponsor:
Investigator:
Phone:
Co-investigators:

Participant: ______________________________________________________ (Last) (First) (Mi)
Address: ______________________________________________________
Phone #: ______________________________________________________

This consent form may contain words that you do not understand. Please ask Dr. ___________ to explain any words or information that you do not understand.

**Introduction**

You are being invited to participate in a research study. This study is being sponsored by _________________________________. The study doctor (is/is not) being compensated by the study sponsor to conduct this research trial (insert as appropriate). The purpose of this research is to _________________________________. (give a clear and complete statement of the purpose). The study sponsor makes/sells _________________________________. You may or may not be informed of the results of this study.

**Procedures and Drugs**

The following procedures or drugs will be used in this study. (Give a clear statement in lay terms of procedures or drug utilization).

The proposed length of your participation in this study is (give the length of involvement in the study); you will probably spend (time involved) receiving treatment or being monitored. Approximately (give number) other patients will also be involved in this research study. (Mention whether the study is single – or multi-institutional, local or nationwide.)
The following procedures or drugs which will be used are experimental, (list).

**Side Effects, Toxicities and Risks**

The following risks, side effects or toxicities are possible (explain in lay terms the risks which may occur to the patient, or to an embryo or fetus if patient becomes pregnant).

In addition, these procedures (or the use of drugs) may involve risks to you which are currently unforeseeable.

**Extraordinary Costs**

The following additional charges will be made because of your participation in the study (list, if any, otherwise remove this sentence). (Address the issue of compensation to the patient in this section.) You (will/will not) be paid for participating in this study.

Your participation in this study will (require, not require) hospitalization. Unforeseen consequences of the experiment may require your hospitalization.

No funds for compensation for injuries associated with participation in this study have been set aside. (Of, if treatment will be provided, explain instead of using the above sentence). You are free to contact the below listed investigator if you have questions and you may report research related injury to that investigator or to the Institutional Review Board which reviewed this study.

**Alternatives**

The following procedures or courses of treatment are available as alternates to the research procedure. (List any alternative procedures or treatments. If there are not any, so state in this area.)

**Benefits**

The following are the direct and indirect benefits which you may derive from participation in this study (list the benefits).

**Confidentiality**

Your records will be held confidential by all parties involved in this research study and you will not be identified in any publication. However, the Food and Drug Administration has the right to access your medical/research records and identity, and may have the need to release this information. (List any other entities that may have access to research-related records.) In addition, personal information may be disclosed if required by state or federal law.

**Participation**

Your being in this study is voluntary. You may refuse to be in the study without penalty to you or without loss of any treatment rights.
You may also leave the study at any time without penalty, loss of benefits or legal rights.

Under the following circumstances the investigator may need to end your being in this study. *(describe those circumstances)*

**New Findings**

You will be told of anything new learned during this study which could affect your willingness to continue being in the study. Your physician, the sponsor or the Institutional Review Board has the right to terminate the study based on this information.

**Questions**

You have a right to have all questions about the study answered in away that you clearly understand the answer.

*If you have any questions about the research or if you have any research related injuries, you may contact* *(specify the Name of the Investigator and the Telephone Number). If you have any questions about your rights as a research patient, you may contact Erica Lusk, IRB Coordinator, and North Texas Institutional Review Board at Medical City at (972) 566-6060.*

**Where Can I Get More Information?** *(Do not include this section in phase 1 or device feasibility trials)*

A description of this clinical trial will be available on [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov), as required by U.S. Law. This Web site will not include information that can identify you. At most the Web site will include a summary of the results. You can search this Web site at any time.

You will receive a signed copy of this consent form.

I understand and am satisfied with the above information, and I acknowledge having received a copy of this consent form.

__________________________________________  ______________
Patient Printed Name and Signature   Date

__________________________________________  ______________
Witness Printed Name and Signature (if appropriate) Date

__________________________________________  ______________
Guardian Printed Name and Signature (if appropriate) Date

__________________________________________  ______________
Printed Name/Signature of Person Conducting Consent Date
ADDITIONAL ELEMENTS OF CONSENT: GENETIC/TISSUE SAMPLE STUDIES

**Procedure**
Information about you (your child) resulting from the tests on your (your child’s) tissue will NOT be provided either to the study doctor or to you. This includes genetic information that may be relevant to your (your child’s) prognosis or to treatment for your (your child’s) cancer and any incidental findings regarding other disorders, risks of disease, or other characteristics that may be detected by genetic analysis.

**Voluntary Participation (adult consent for child)**
If your child reaches 18 years of age during this study, his/her consent will be sought to continue participation in this study.

**Withdrawal**
If you (your child) chose to withdraw from the study, your (your child’s) tissue samples that are already in the tissue bank will stay there. No additional tissue samples or clinical information about you (your child) will be sent to the tissue bank. If you request it, the link between the data and you (your child) will be removed.

**Risks**
The only risk in this study is the potential loss of privacy with respect to your (your child’s) genetic characteristics. We will try to protect your (your child’s) privacy by using a code to identify all information that is sent to the tissue bank. We will retain information that links your (your child’s) name to the code in the local doctor’s office, so that follow-up data can be sent later and linked to earlier data.

In addition, a Certificate of Confidentiality has been obtained from the National Cancer Institute. This Certificate prevents information gathered in this study from being disclosed in almost any case, such as a court subpoena or requests for information by an insurer. Information about you (your child) may still be reviewed by officials at the National Cancer Institute or other Federal agency for legally allowed reviews of federally funded studies.
AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION

You have a right to privacy. This means all information obtained as a part of this study will only be used as described below. The results of this study may be published in a scientific book or journal. If this is done, your name will not be used without your specific written permission. In addition, if photographs, audiotapes or videotapes are taken during the study, then you must give special written permission for their use. All information about you from this research project will be kept in a locked space.

By signing this Agreement you agree to allow (put name of investigator here) and his/her staff (Researchers) and the study sponsor, (put name of sponsor here) (Sponsor), to use and disclose health information that identifies you for the purposes described below. You also agree to permit Medical City Dallas Hospital, its staff, your doctors and other health care providers to disclose health information in your medical records to the Researchers and Sponsor for the purposes described below.

The Researchers and the Sponsor may use and share your health information to conduct the research. They may use your health information as described in the informed consent. They may disclose your health information as required by law and to representatives of government organizations, review boards, and other persons who are required to watch over the safety and effectiveness of medical products and therapies and the conduct of research.

If information that could be used to identify you has been removed, then the information that remains is no longer subject to this Authorization and may be used and disclosed by the Researchers and Sponsor as permitted by law. Once your health information has been disclosed to another party as indicated above, federal privacy laws may no longer protect it from further disclosure. However, the Researchers and Sponsor agree to protect your health information by using and disclosing it only as permitted by you in this Authorization. These limitations will continue even if you revoke (take back) your Authorization.

You do not have to give this permission and it is all right to refuse to sign this section of the consent form. Your doctor will still treat you even if you do not give your permission for this release of information. Your insurance will still pay your medical bills if you do not give your permission. However, since it is important for the people listed above to have access to your information, if you do not sign this Agreement, you cannot be in the research study.

While the research is in progress, you will not be allowed to see any health information that is created or collected. After the research is finished, you may see the information if you wish. Unless permission is specifically withdrawn, this permission will NOT expire at the end of the research study.

You will be given a copy of this Authorization after you have signed it.

__________________________________   _____________________  
Signature of Patient      Date

________________________________
Printed Name of Patient
Example of a Research Subject ID Card

Research Study Participant ID Card
This is to inform you that patient’s name is participating in a research study entitled full title of research study. Before administering any medication, please contact Dr. physician’s name at telephone number to insure the patient’s continued safe participation in the study.
APPENDIX 2

Model of a Child’s Assent (13 – 17 years old)……………………………………………..35

Model of a Child’s Assent (7 – 12 years old)………………………………………………37
MODEL CHILD’S ASSENT TO BE IN STUDY (For teens 13 – 17 years old)

Study title: [insert here]

Doctor in charge of study: Dr. __[full name]_________

We are asking you to be in a research study. You must decide if you agree to be in this study. We are doing this study to [describe what study is about in 7th grade language, e.g., find out if a new medicine works, find out if taking xyzdrug in a different amount works, find out if a new device helps you hear better]. We want you to be in this study because [specify reason for approaching patient, e.g., you have bone cancer, your heart beats differently, you have high blood pressure].

If you agree to be in this study, the following will happen to you: [complete all that apply and add more if needed and specify from child’s point of view, e.g.,]

1. We will do a physical exam to make sure you should be in the study. We will take some blood from your arm with a needle.

2. You will take a pill/medicine xx times a day, every day for xx months.

3. You will visit the doctor's office xx times.

4. You will to the hospital xx times.

5. Each time you go to the doctor’s office/hospital, we will take a little blood. (or describe other testing, e.g., Each time you go to the hospital, you will have a needle stuck in your spine to take out a fluid sample/ You will have 2 MRIs, in which you lie on a table inside a large tube that takes pictures of the inside of your body.)

6. The study should last about xx [days/weeks/months/years].

If you are in this study, you will help us learn more about how to treat your disorder. This might help other kids. The treatment we are studying also might help you, but we do not promise this.

The treatment or tests in this study might have side effects. (Describe in age appropriate language, e.g., You might get a headache, have a rash, or throw up.) You might have no side effects. We do not know. If you do experience side effects, we will try to make you feel better as soon as possible.

You do not have to be in this study. If you decide to participate, you can change your mind later. You can get out of the study at any time.

If you decide not to be in the study, there is no penalty. We will treat you the same way as if we never asked.
Discuss this study with your parents. They also have to decide whether you can be in it. Ask your parents or the doctor any questions you have about this study. If you have any questions later, you will have a chance to ask then also.

We will give you a copy of this form to keep.

If you agree to participate, sign your name on the line below.

_________________________  ________________
Printed Name and Signature     Date

I believe my child understands what will happen in this study and his/her signature shows that he/she agrees to be in the study.

_________________________  ________________
Parent Printed Name and Signature     Date
CHILD’S ASSENT TO BE IN STUDY (For children 7 – 12 years old)

Study title: [insert here]

Doctor in charge of study: Dr. __[full name]_________

We are asking you to be in a research study. You have to decide if this is OK. We want to know if a new way of treating your illness will work. We want you to be in this study because [specify, e.g., you are sick, you have cancer, your heart pushes your blood too hard, your heart beats differently].

If you are in this study: [edit/add text to complete description from child’s point of view if needed].

1. We will check your health to make sure you can be in the study. We will take a little blood from your arm with a needle. We will give you a cream to put on your arm, so it will not hurt as much.
2. You will take a pill/medicine xx times a day, every day for xx months.
3. You will come to the doctor's office xx times.
4. You will go to the hospital xx times.
5. Each time you go to the doctor’s office/hospital, we will take a little blood the same way as before [or describe other testing, e.g., Each time you go to the hospital, you will have a needle stuck in your back to take out some fluid./ You will have a test where you lie on a table inside a big machine that takes pictures of your head.]
6. The study will last about xx [days/weeks/months/years].

If you are in this study, you will help us learn more about how to treat your illness. This might help other kids. Also, you might get better. But, we do not promise this.

Being in this study might make you feel worse. [Specify in age-appropriate language, e.g., You might get a headache, have a rash, or throw up.] You might have no bad effects. We do not know. If you do feel worse, we will try to help you as soon as possible.

You do not have to be in this study. If you do not want to be in the study, it is OK. We will treat you the same way as if we never asked.

If you decide to be in the study, you can change your mind later. You can quit any time.

Talk to your parents about the study. They also have to decide if it is OK for you to be in it. Ask all the questions you can think of. You can ask the doctor or your parents. You can ask questions at any time.

We will give you a copy of this form to keep.
If you want to be in the study, write your name on the line.

________________________________________
Patient Printed Name and Signature

I believe my child understands what will happen in this study and his/her signature shows that he/she agrees to be in the study.

_________________________________________  ________________
Parent Printed Name and Signature    Date
APPENDIX 3

A. Submission Requirements for Continuing Review........................................41

B. Institutional Review Board Progress Report Form.....................................42
Submission Requirements for Continuing Review of an IRB-Approved Protocol

At the time of initial approval, the IRB will indicate how often continuing review will occur. Federal regulations require that this review occur at least annually, and it may occur more frequently, depending on the IRB's assessment of risk to patients. You will receive a notice from the IRB reminding you of the due date for the Continuing Review report.

Submit a packet containing the following:

1. The Continuing Review Report form (see next page)
2. The current Patient Informed Consent* and Assent of a Minor* form(s), as applicable
3. The current patient research study subject ID card (See Appendix 1)

*These documents must be submitted on letterhead.
Progress Report Form  
(Annual Review, Quarterly Report and Final Report) 

NORTH TEXAS INSTITUTIONAL REVIEW BOARD AT MEDICAL CITY 
(This form MUST be completed in its entirety even if enrollment is closed, you are waiting to publish, or submission for publication is pending). 

Protocol Number and Title: 

Principal Investigator: 

Reporting Period: 

1) Subject Experience 
   a) Number of subjects entered this period _____ Total number subjects entered into study to date _____ 
   b) Number of subjects continuing in treatment or follow-up _____ 
   c) Number of subject withdrawals _____ 
   d) Do you plan to continue enrolling new subjects? YES      NO 
   e) When do you expect the study to be completed?  ________________ 
   f) Do you wish to close this study?    YES    NO 

2) Have any unanticipated risks been discovered since the last IRB review?  YES  NO 
   If yes, please describe (use additional sheets as necessary). 

3) Have there been any significant new findings which may relate to the subjects’ willingness to continue participation?    YES     NO 
   If yes, please describe (use additional sheets as necessary). 

4) Have there been any adverse events in the past year with any patients in this study?     YES    NO 
   If yes, were these reported to the IRB?   YES   NO   If not, please explain why not & provide descriptions of the adverse event (use additional sheets as necessary) 

5) Are you having any problems with this study?            YES   NO 
   If yes, please explain (use additional sheets as necessary). 

6) Have you been audited for this study in any way (sponsor, FDA, etc.)?      YES   NO 

7) Have any changes been made to the study since it was approved?     YES   NO 
   If yes, have those changes been approved by the IRB?   YES   NO   If not, please explain in detail the changes and why they were not submitted (use additional sheets as necessary). 

8) Have you submitted/presented any abstracts, publications or presentations?   YES   NO IN PUBLICATION  
   If yes, please provide a copy of all abstracts, publications and/or presentations (use additional sheets as necessary). 

Principal Investigator/Coordinator Signature  ___________________________   __________________ 

Date 

RETURN TO:  erica.lusk@hcahealthcare.com 

41  

1/11/2016
APPENDIX 4

Guidelines for Admitting Research Study patients into the Hospital...................... 43
Guidelines for Admitting Research Study Patients into the Hospital

In order to improve and simplify the process of getting patients admitted into Medical City Dallas Hospital for Institutional Review Committee-approved research projects, a standardized process has been developed in conjunction between the IRB and the MCD Admitting Department.

This process, which involves the use of a specially developed Admitting Department Clinical Project Authorization form, has been established to reduce any inconvenience for the patient in going through the process of admission, and should preclude the patient from being billed inadvertently at the completion of the study. The process should be used especially when there may be something unusual about the billing procedure involved with a specific research project (e.g., bills paid by a pharmaceutical or equipment company, rather than an insurance company or HMO).

A current copy of the Guidelines and the Admission form can be obtained by contacting the Central Admitting Department at Medical City Dallas Hospital.