IRB Procedure 21b: ETSU as Reviewing IRB
Version September 15, 2020

I. Summary

The IRB policy is to make guidelines and procedure for investigators, IRB staff, and IRB members understandable and available to all involved in the process, including this information about procedures for submitting research where ETSU IRB will be asked to serve as the reviewing IRB for collaborative research.

ETSU may choose to serve as the IRB of record for human subject research studies conducted in collaboration with external institutions. ETSU has procedures in place to determine whether ETSU IRB serving as the IRB of record for external sites is appropriate on a study-by-study basis. If reliance is deemed appropriate by Human Research Protection Program Administration, the procedures in this document will guide the process.

Generally, the ETSU IRB will first approve a research protocol at our site prior to reviewing and approving relying sites. The addition of a relying site may occur through the review and approval of a Modification xform that sufficiently details the changes and incorporates the required study materials. Adding a site will be considered a minor change to approved research as long as all study procedures occurring at the new site are commensurate with procedures approved by the IRB during the initial review.

II. Responsibilities

The ETSU HRPP is responsible for ensuring the ethical review and regulatory oversight of human subjects research in which ETSU or its employees or agents are engaged. ETSU retains ultimate responsibility for safeguarding the rights and welfare of human research participants involved at its performance site or conducted under the direction of an ETSU investigator.

A. Responsibilities of PI:

When an ETSU investigator decides to assume responsibility for a multi-site collaborative study, the investigator responsibilities increase. The ETSU PI remains responsible for complying with ETSU Policies including ETSU IRB Policies and Procedures. Not only is the ETSU PI responsible for the oversight and reporting of research activities conducted at ETSU and by ETSU study staff, but also for all research activities which occur at each relying site. The responsibilities listed below are in addition to those in IRB Policy 3:

1. Ensure appropriate resources, facilities, and infrastructure are available to support the proposed research and ETSU PI's responsibilities as lead investigator. Ensure adequate oversight and communication plan is in place to assure compliance with applicable regulations, policies, and requirements.

2. Provide ETSU IRB with the required documents from each relying site, which may include the local context information, legal opinions, site-specific protocols, informed consent documents, participant documents (i.e., advertisements, surveys, data collection tools), documentation regarding HIPAA, and any other documentation deemed necessary for review by the IRB in the approval determination.
3. Disclose financial conflicts of interest according to the agreed upon process and complying with any conflict management plans that may result.
4. Ensure that any ancillary reviews (e.g., Biosafety) required by ETSU or relying site(s) are obtained and provided to the ETSU IRB for consideration.
5. Ensure that no individuals will be enrolled in research prior to review and approval by the IRB and receipt of any other required institutional approvals.
6. Cooperate with the ETSU IRB's responsibility for initial and continuing review, record keeping, and reporting. Submit all information requested by the ETSU IRB in a timely manner.
7. When any relying site is responsible for enrolling participants, obtain, document, and maintain documentation of informed consent for each participant, or each participant's legally authorized representative, using the process approved by the IRB.
8. Submit copies of results of the ETSU IRB reviews to each relying site in accordance with their policies and procedures and ensure each relying site study team receives all IRB-approved study documentation pertinent to their site, including study documents related to their conduct of the study.
9. Report non-compliance, unresolved participant complaints, protocol deviations, adverse events, unanticipated problems (UPIRTSOs) or other events that occur at any relying site according to the requirements specified in the reliance agreement and in accordance with ETSU IRB Policies and Procedures.
10. Submit copies of monitoring reports, interim reports, audit results, and other pertinent information for each site to ETSU IRB in a timely manner.
11. At study closure, submit a final report to the ETSU IRB to request study closure, and provide the closure approval letter to each relying site.
12. Maintain research study documentation in accordance with ETSU Policy and retain the records for a period of six years after the calendar year in which the study is closed.

B. <u>Responsibilities of Relying Site Study Team:</u>

1. Follow all requirements of their institution with regard to relying on the ETSU IRB review and achieve appropriate local review before study activation.
2. Promptly respond to ETSU study team and IRB requests to facilitate review requirements.
3. Report any conflicts of interest and associated management plans to both their home institution and the ETSU IRB.
4. Promptly report to the ETSU study team any changes, reportable events, progress reports, or other pertinent information for submission to the ETSU IRB in accordance with their policies and procedures for timing and content of such

submissions. Reportable events include unresolved subject complaints, unanticipated problems (UPIRTSOs), adverse events, protocol deviations, allegations of or apparent noncompliance, audits or compliance reviews, monitoring reports, sponsor memos, interim reports, or other pertinent new information.

5. Provide, upon request, access to study records for audit by the ETSU HRPP and other regulatory or monitoring entities.
6. Maintain copies of study records for a period of six years after the calendar year in which the study is closed with the IRB.

C. Responsibilities of ETSU as Lead Site:

7. Maintain approved federal-wide assurance (FWA) and ensure that the arrangement with the relying site is documented by a written IRB Authorization Agreement.
8. Maintain policies and procedures for the conduct of human subjects research.
9. Maintain program for education of investigators and research staff and training in human subjects research.
10. Conduct monitoring in addition to, and in cooperation with the relying IRB, as appropriate, to the degree of risk for each protocol.
11. In coordination with the relying site, review and coordinate the investigation of potential serious or continuing noncompliance, unanticipated problems, or research misconduct as appropriate.
12. Report IRB determinations of serious or continuing noncompliance, UPIRTSOs, or suspension or terminations to federal agencies, collaborating sites, and sponsors as appropriate.

D. Responsibilities of the HRPP Director and Vice Provost for Research:

1. Administratively review initial reliance requests to determine whether reliance is appropriate and acceptable on a study-by-study basis.
2. Communicate with external sites as needed to obtain local context information and facilitate IRB review.
3. Communicate with relying institution and IRB as appropriate to ensure oversight and compliance of human subjects research.
4. Confirm or establish any necessary reliance agreements.
5. Ensure roles and responsibilities are satisfactorily defined in the terms of the reliance agreement.
6. Confirm compliance with local laws, standards, and institutional requirements as appropriate on a study-by-study basis.
7. Ensure all appropriate local ancillary reviews are completed.
8. Coordinate with relying sites as appropriate to conduct monitoring or compliance reviews and satisfy reporting requirements.

E. Responsibilities of IRB Coordinator:

1. When conducting pre-review of initial submissions involving reliance requests or

modifications to add a site, ensure such requests are reported to the HRPP Director.
2. Assure a copy of the executed reliance agreement is on file for each relying site.
3. Prepare letters using the appropriate templates.
4. Assure all appropriate database entries are completed in IRBManager.
5. Assure the PI is sent an IRB Determination Letter which specifies reliance arrangements, and copy relying sites in accordance with IAA terms.
6. Facilitate the education of investigators and study staff in regards to their responsibilities, submission requirements, and the review process.

F. Responsibilities of ETSU IRB as reviewing IRB:

1. When conducting IRB review of initial submissions involving relying sites or modifications to add a site, ensure adequate consideration for local context for each site.
2. Conduct IRB review in accordance with applicable federal regulations, ethical standards, and ETSU IRB Policies and Procedures.
3. Review and approve appropriate management plans for any conflicts of interest disclosed by study staff at any relying site.
4. Consider results of ancillary reviews (i.e., Biosafety review, radiation safety review, etc.) performed by ETSU or external institutions.

III. Requirements

The ETSU Principal Investigator must prepare an electronic submission in IRBManager and submit the xforms with attachments to the IRB for review. The xform will route through the IRB Coordinator and HRPP Director for administrative review and will be assigned to the IRB Chair following usual IRB review procedures.

The following documentation must be submitted for consideration:

1. New Protocol Submission xform or Modification xform describing the multi-site collaborative study in sufficient detail.
2. Documents relevant to each participating site, which may include site-specific protocols, informed consent documents, and participant documents (i.e., advertisements, surveys, questionnaires, phone script).
3. Reliance Agreement signed by the each institution's Signatory Official.
4. Any other documentation deemed necessary by the ETSU IRB in the approval determination.

IV. ETSU IRB Approval

Upon completion of all requirements, the IRB Coordinator will issue an IRB determination letter to the ETSU PI in accordance with ETSU IRB Policies and Procedures for the level of review. The local PI is responsible for sharing this documentation with each participating

site.

If the request to rely is not accepted, notification will be forwarded to the PI indicating the reasons for the decision and offering the PI an opportunity to respond in writing. The external site PI(s) may choose to submit the proposed protocol for review by their local IRB. However, relying sites may not approve a study that was disapproved by the ETSU IRBs.

V. Continuing Review

Continuing review of approved research will be determined by the IRB of Record, who shall remain responsible for determining the frequency and extent of continuing review for each study to ensure the continued protection of the rights and welfare of research subjects. The period of continuing review shall not exceed twelve months from the date of IRB approval. The ETSU PI must submit documentation to the ETSU IRB to facilitate substantive review for each participating site. ETSU IRB will conduct continuing review in accordance with ETSU IRB Policy 11.

VI. Modifications or Amendments

During the conduct of the study, the ETSU PI remains responsible for reporting all proposed study modifications to the ETSU IRB prior to implementing the changes at any participating site, unless necessary to eliminate apparent immediate hazards to study subjects. Study modifications will be reviewed in accordance with ETSU IRB Policy 10.

VII. Other reportable events

During the conduct of the study, the ETSU PI is responsible for reporting to the ETSU IRB any safety events, including monitoring reports, serious adverse events, protocol deviations, or unanticipated problems (UPIRTSOs) that involve ETSU personnel or research participants or relying sites within 10 days of the event. The ETSU investigator must notify ETSU immediately if there is an allegation of noncompliance that may rise to the level of serious or continuing noncompliance. If any relying site makes a determination of serious or continuing non-compliance, or suspension or termination of the study, that determination must be reported to ETSU immediately.

The ETSU PI must notify the ETSU HRPP immediately if any relying site receives a notification of audit, and ETSU will coordinate with relying sites as appropriate to facilitate audit or compliance reviews. The ETSU IRB has the authority to request an audit of the research protocol conducted at any site under its oversight in accordance with terms of the reliance agreement. The ETSU PI and relying site investigators must cooperate with the entities conducting audit or compliance review and provide access to requested study records in a timely manner.

As soon as documentation is available in regards to the ETSU IRB's resolution of any such reportable event, the ETSU PI must provide each relying site a copy of the documentation

and corrective action plans, as applicable.

The ETSU IRB will follow ETSU IRB Policies and Procedures when reviewing and reporting such events. The VPR has the ultimate authority in determining whether or not reliance continues to be appropriate for a particular study with consideration for any compliance issues that arise during the conduct of the research.