

---

# Yale University Institutional Review Boards

---

## 100 PR.1 Review by a Convened Institutional Review Board (IRB)

---

Overview .....	1
Meeting Dates and Distribution of Materials.....	1
Materials Provided to Members for Review.....	1
Regulatory, Primary and Secondary Reviews .....	3
Other Review Committees and Consultants .....	4
Quorum Requirements.....	4
Review and Discussion by the Convened IRB .....	5
Review Outcomes and Response by the Investigator .....	6
Record Keeping and Notification Requirements .....	6

---

### Overview

This procedure describes the requirements and process for review of human subject research via a fully convened IRB and applies to initial and continuing review of research proposals, as well as amendments to research proposals that are not exempt, that do not qualify for expedited review procedures, or that may qualify for expedited review but present a controversial issue necessitating consensus to resolve. Additional requirements related to the review of research involving children, prisoners, individuals with impaired consent capacity or pregnant women are described in IRB Policies 310, 320, 340 and 330 respectively and should be referred to as appropriate.

---

### Meeting Dates and Distribution of Materials

The IRB meeting dates/times are determined by the respective IRBs. IRB members are informed of the meeting schedule as soon as it is set in order to reserve the dates and times on their calendars.

Approximately one week prior to the meeting, research-related documents required by members to conduct a thorough review are made available to all members expected to attend the meeting. (See below for a listing of required documents and information.) The IRB reserves the discretion to limit the number of protocol submissions scheduled for each meeting so that the IRB can give reasonable and due consideration to each protocol.

Primary, secondary, and regulatory reviewer systems may be used by an IRB, as determined by each Chair, but all IRB members will be provided access to the full information for each agenda item, either through electronic distribution, SharePoint website access, and having files available for review by IRB members in the IRB office. The primary, secondary and regulatory/administrative reviewers and IRB members should use the *Criteria for IRB Approval Checklist* (100 CH 3 (HSC) and 100 CH 13 (HIC)) and other checklists as appropriate as a guide while reviewing a project.

In the event that a full board determination must be made prior to the next regularly scheduled IRB meeting, a special IRB meeting may be convened, for which one or more members of the IRB may participate by teleconference, videoconference, or electronically and shall be counted toward meeting quorum. This process requires that all attendees receive all pertinent information and can actively and equally participate in the discussion of all protocols, and that meeting minutes state this for the record. (See OPRR memorandum dated March 28, 2000 at <http://www.hhs.gov/ohrp/policy/irbtel.pdf>.)

---

### Materials Provided to Members for Review

Before any meeting at which a protocol is to be reviewed, each Committee member should have or have ready access to regulatory information and review checklists and have an opportunity to review the following protocol-related information:

## **1. Initial Review**

- Application, including detailed protocol or project description
- Recruitment plan, including, if applicable, HIPAA authorization or request for waiver for recruitment
- Recruitment materials (letters, advertisements, postings, e-mail announcements, etc.)
- Consent form(s) or request for waiver of consent
- Health Insurance Portability and Accountability Act (HIPAA) authorization form(s), when appropriate
- Sponsor's protocol, if applicable
- Investigational Drug or Device Brochure (IDB) or explanation for exemption from Investigational New Drug (IND) or Investigational Device Exemption (IDE) regulations, and documentation of pharmacy oversight of investigational drug, if applicable
- Device Manual, if applicable
- Product labeling, if applicable for drugs
- Funding application (grant), when applicable, to primary or regulatory analyst member reviewer
- The DHHS-approved sample consent document (when one exists), to primary or regulatory analyst member reviewer
- The complete DHHS-approved protocol (when one exists), to primary or regulatory analyst member reviewer

## **2. Review of Substantive Revisions Required by IRB**

- Response from investigator addressing substantive revisions required by the IRB.
- Revised protocol in "track changes" format, or other document describing where in the protocol the change has been applied, as applicable
- Revised consent/authorization form(s) in both "track changes" and clean copy format, as applicable
- Any other documentation requested by the IRB at its prior review.

## **3. Continuing Review (Re-approval)**

- Request for Reapproval Form
- A summary of the protocol and any amendments, and access to the full protocol, including all modifications to date
- Any newly proposed consent document
- A status report on the progress of the research, including
  - i) the number of participants screened for the research project
  - ii) the number of participants found ineligible for the research
  - iii) the number of participants enrolled (accrued)
  - iv) a summary of anticipated adverse events that have occurred at a frequency or magnitude greater than anticipated

- v) a description of any unanticipated problems involving risks to participants or others and of any serious, unanticipated adverse events which have not previously been provided to the IRB
  - vi) a summary of any withdrawal of participants from or complaints about the research
  - vii) a summary of any lost-to-follow-up participants from the research
  - viii) a summary of any recent literature, findings, or other relevant information, especially information about risks associated with the research
  - ix) a copy of the current informed consent document(s)
  - x) a summary of protocol deviations
- Verification from sources other than the investigators that no material changes have occurred since previous IRB review, when appropriate
  - a progress report describing the research conducted to date
  - reports from data and safety monitoring committees, outside agencies or bodies (for example, any Food and Drug Administration (FDA) or cooperative group audit or monitoring visit) if applicable
  - reports from sponsor monitoring visits when they delineate major protocol violations, if applicable

#### **4. Adverse Events, Reports of Unanticipated Problems Involving Risks to Participants or Others, Protocol Deviations and Noncompliance**

- Completed adverse event, unanticipated problems involving risks to participants or others, protocol deviations or noncompliance report form(s)
- Proposed corrective action plan, if applicable
- Revised consent form and revised protocol (if applicable), with rationale for changes

#### **5. Proposed Changes to Protocol and/or Consent Form**

- Amendment request form
- Detailed description of proposed changes
- Rationale for the changes
- Revised protocol if applicable, in “track changes” and changes accepted (“clean”) format
- Revised consent/authorization form(s) in both “track changes” and clean copy format, if applicable.

---

### **Regulatory, Primary and Secondary Reviews**

Regulatory reviews of new protocols are conducted by regulatory analysts when the protocol is submitted to the IRB to ensure that all required elements are included and addressed in accordance with regulatory and University requirements using the appropriate review checklist(s). Missing elements will be brought to the attention of the principal investigator for inclusion in the final materials to be distributed to the IRB members. Regulatory or primary reviewers are also responsible for ensuring that any funding applications indicated in the application are congruent with the IRB protocol submitted and for coordination with the Office of Grant and Contract Administration.

Primary reviews are conducted by an IRB member assigned by the IRB regulatory analyst after the regulatory analyst review is complete and the protocol is assigned to a meeting agenda. When the project is deemed by the regulatory analyst to involve subjects likely to be vulnerable to coercion or undue influence, the IRB regulatory analyst ensures that at least one IRB member knowledgeable about

or experienced in working with such subjects will be present at the meeting. The IRB regulatory analyst selects a primary reviewer whose experience and background will afford a thorough scientific and ethical review of the protocol. Commonly, an IRB member in the same or similar academic discipline who is not involved in the research nor has a potential conflict of interest is appropriate to serve as the primary reviewer. Primary reviewers are responsible for presenting the study to the IRB and leading the IRB discussion of the protocol. Primary reviewers should review the protocol in accordance with the Protocol Review Criteria Checklist and any other applicable checklist or guidance material. Protocol deficiencies or issues requiring clarification may be brought to the principal investigator's attention for clarification prior to the IRB meeting so as to facilitate thorough discussion by the IRB. The primary reviewer may also seek consultation from individuals whose expertise will ensure thorough scientific review of the protocol.

Secondary reviews may be conducted by an IRB member assigned by the IRB regulatory analyst (as above) on new protocols to afford an in-depth review of ethical considerations raised by the research, in addition to the review provided by the primary reviewer.

The IRB regulatory analyst assigns primary reviewers to protocols submitted for continuing review or amendment in a similar manner as for initial review. The primary reviewer presents the study to the IRB, as described above. The regulatory review is conducted after the submission is assigned to a meeting agenda, but before the scheduled meeting. The regulatory analyst should work with the primary reviewer if protocol deficiencies or issues requiring clarification are identified prior to the meeting in order to allow opportunity for the principal investigator to clarify issues or correct problems so as to facilitate the IRB's review.

---

## Other Review Committees and Consultants

Research subject to review by other, additional oversight committees or authorities who share responsibility related to protection of research participants, including the Pediatric Protocol Review Committee (PPRC), Cancer Center Protocol Review Committee (CCPRC), Magnetic Resonance Review Committee (MRRC), and Positron Emission Tomography (PET) Center Review Committee (PET CRC) must occur prior to IRB review. For those committees that conduct scientific review of the proposed project, their review may serve to inform the IRB requirements for scientific review of the research. The IRB will not review studies, which are required to obtain approval from additional oversight bodies until documentation of approval from the additional committee is provided to the IRB. Note, however, that the Yale-New Haven Hospital Radiation Safety Committee (YNHH RSC) and the Psychology Subject Pool Committee may review studies contemporaneously with the IRB.

When the study is not subject to additional review committee oversight and the IRB members do not have adequate expertise, either in the judgment of the IRB regulatory analyst assigning the primary reviewer, the primary reviewer, or as determined by the IRB itself, the IRB or IRB regulatory analyst will identify a consultant who can review the project and provide an assessment to the IRB regarding the soundness of the science and adequacy of protection of participant rights and welfare.

Consultants are not members of the IRB and may not vote on protocols. Consultants may contribute to the discussion and deliberation in relationship to their contribution to the review of the research project.

---

## Quorum Requirements

An IRB is considered to be convened when a quorum of the membership is present. Quorum requires that a majority of members are present and must include at least one physician/scientist and at least one member whose primary activities are in nonscientific areas. Special quorum requirements are required for research involving prisoners as described in IRB Policy 320. For research funded by the National Institute on Disability and Rehabilitation Research, when the IRB reviews research that purposefully requires inclusion of children with disabilities or individuals with mental disabilities as research participants, the IRB must include at least one person (as a member or consultant) primarily concerned with the welfare of these research participants.

On occasion, teleconference or videoconferencing may be used by one or more members of the IRB, with the teleconferencing member still counted toward meeting quorum. Should the quorum fail to be

maintained during the course of a meeting (e.g., those with conflicts recuse themselves, early departures, loss of all non-scientists, etc.), the meeting is terminated from further votes unless the quorum can be restored. All unaddressed research projects will be listed as tabled and reviewed when quorum is re-established or at a meeting held at a later date. The group may, however, deal with other such issues as do not require a quorum such as providing comments on protocols or approving studies which would otherwise qualify for expedited review until such time as quorum is restored and full discussion or action can be taken.

The IRB Regulatory Analysts present at the meeting document member attendance on the Committee roster and, together with the IRB Chair, confirm that quorum is met.

---

## **Review and Discussion by the Convened IRB**

The primary reviewer should be present at the meeting to introduce the research and provide the first comments. At the discretion of the Chair, however, a written commentary may be submitted by the primary reviewer in his/her absence.

The discussion of each new research proposal, continuing review progress report, amendment or other agenda item is led by the Chair and any designated reviewer(s). Discussion should consider the adequacy with which the protocol conforms to the requirements for IRB approval described in IRB Policy 100 IRB Review of Research Proposals as well as any additional requirements for populations requiring additional protections (see IRB Policies 310, 320, 330, 340, and 350 as appropriate for a given population).

At the end of the discussion, a vote or number of votes depending on the actions noted by the Committee is taken to determine the status of the protocol submission (for, against, abstention) and recorded in the minutes. Note that if a consultant is present, the consultant may not vote, as he/she is not a member of the IRB. The interval for continuing review is determined with review intervals generally 364 days unless a consistent anniversary date can be maintained or the convened IRB considers a shorter interval to ensure protection of research participants. Actions of the IRB require agreement by the majority of members present (half the present voting members, plus 1). Note that abstentions have the same effect as a vote against as they do not contribute to the majority.

For federally funded or FDA-overseen research, the IRB may approve protocols for up to one year. Minimal risk research that is not federally funded and meets additional criteria described in Guidance 100 GD2: Approval and Expiration Dates may qualify to receive a two-year extended approval period. Shorter approval periods may be appropriate any time there is a concern by the IRB regarding possible risk to the subject(s), investigator compliance with IRB requirements, or when IRB oversight would be enhanced by review of more frequent progress reports. Initial protocols approved by the IRB for one year expire at the end of 364 days from the date of the convened IRB meeting (365 in the case of leap years). Protocols which require specific minor revisions but are otherwise approvable following confirmation of requested revisions also expire 364 days or less from the date of the last convened IRB meeting at which they were discussed irrespective of when the responses are reviewed and approved by an expedited review process. IRB approval for studies under continuing review expires on the anniversary of the expiration date previously assigned by the IRB unless the expiration date going forward is shortened or extended by the IRB for reasons as explained above. The IRB generally reviews renewal submissions within 30 days of expiration. Reviews done more than 30 days before expiration will generate a new expiration date 364 days from the date of review.

IRB members are reminded of IRB conflict of interest policies prior to the start of each meeting. Any member with a conflict of interest, including but not limited to involvement in the project, providing student supervision to a project, or financial interest in the outcome of the research (e.g. financial interest in the company sponsoring a proposed research project or competitor), must excuse him/herself from the room before the discussion unless the Chair determines their input into the discussion or deliberation is of value to the Committee decision. Similarly, the conflicted member may not vote on the research proposal but may remain long enough to answer any questions regarding the protocol. The absence of the member should be documented in the IRB minutes as recusal. See also IRB Policy 500.

---

## **Review Outcomes and Response by the Investigator**

### **1. Approval**

The IRB may determine that the protocol as reviewed meets the requirements for approval described in Policy 100. Approval expires as determined by the IRB but in no case is approval longer than 364 days (365 days for leap years) from the date of the convened IRB meeting.

### **2. Specific Minor Revisions**

The IRB may require specific minor revisions (e.g., editing provided in writing) to a protocol and/or consent form to secure approval. In this case the revised materials do not require review at another convened IRB meeting. The principal investigator is asked to submit a revised protocol and/or consent form, as indicated, in response to the IRB's request for specific revisions.

The revisions should be submitted in a timely manner and are reviewed by the Chair or the Chair's designee. Once the reviewer confirms that the investigator has satisfied all requested modifications or an IRB determined acceptable justification for not implementing the change(s) has been provided by the PI, the Chair or the Chair's designee affirms approval. The date of approval is the date of the determination by the Chair or his/her designee that all specific requirements have been satisfied. Expiration of approval cannot be later than one year from the date on which the protocol revisions were approved. When, in the opinion of the reviewer or chair, an investigator fails to respond adequately to the stipulated requirements of the IRB, the investigator's response is referred for reconsideration at a convened meeting.

### **3. Substantive Revisions Required**

The IRB may require substantive revisions to a protocol. Responses to a research proposal which requires substantive revisions are re-reviewed by the fully convened IRB that originally reviewed the study. The revised submission should be submitted in a timely manner and will be reviewed by the IRB following the submission of the required information to the IRB office. The investigator is afforded the opportunity to present information to the IRB in person during the convened meeting. If the IRB approves the revised protocol without requiring further response(s) from the principal investigator, the approval date is considered the date of the latest full IRB meeting.

### **4. Disapproval**

The IRB may determine that the study does not meet the requirements for IRB approval and does not expect that the project could be approved even with substantive revisions. In this case investigator responses, if any, to the disapproval will be reviewed at the next available convened IRB meeting. The investigator subsequently may resubmit the protocol should there be reason to believe that the concerns of the IRB can be addressed at that later time. The investigator is afforded the opportunity to meet with the IRB regulatory analyst, Chair, or board member reviewers prior to or at the next scheduled meeting to discuss the IRB disapproval outcome.

### **5. Formatting requirements**

Significant protocol amendments should be incorporated into the current written or electronic protocol to ensure that there is only one complete approved protocol.

---

## **Record Keeping and Notification Requirements**

IRB minutes will include a summary of the IRB's discussion and resolution of substantive issues as well as any specific determinations made with regard to risk level, review period, consent waivers or inclusion of participants requiring additional protections. Minutes must also include a tally of the votes by category

(for, against, and abstaining) as well as the names of individuals who recused themselves from the discussion and vote due to a potential conflict of interest.

The IRB's decisions regarding protocols will be documented and sent to the principal investigator and any indicated correspondent(s). Correspondence on protocols that have not been approved will provide a detailed description of the IRB's concerns and reasons for not approving the protocol. Correspondence related to approved studies will indicate the approval period and the investigator's responsibilities during the approval (e.g., adverse event reporting, amendment requests, etc.).

Protocols and associated correspondence between the IRB and the investigator will be maintained by the IRB for at least three years from the end of the study. Other regulations (if applicable) require the records to be held for greater than three (3) years, for example, HIPAA requires HIPAA authorizations and waiver determinations to be kept for six (6) years.

Minutes and protocol correspondence are available to the Institutional Official at all times. Summaries of IRB activities are provided periodically to the Institutional Official.

---

## Revision History

Modified 05/04/2010, 05/11/2009, 2/12/13, 5/10/13,  
11/4/14

---