



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS

Instructions: Please consider the following when deciding whether the criteria for approval have been met. Use appendices (as needed) for additional considerations (e.g., consent waiver, inclusion of children, etc.). Document your recommendations on the appropriate reviewer's sheets. For more information, see [OSU Human Research Protection Program Policies](#).

A. Criteria for Approval

<p>1. The proposed research design is scientifically sound and will not unnecessarily expose subjects to risk.</p> <p>[21 CFR 56.111(a)(1); 45 CFR 46.111(a)(1)]</p>
<p>a) Is the research question relevant? Is the use of human subjects necessary to answer the question(s) being asked?</p> <p>b) Is the research adequately described? Does the research use procedures consistent with sound research design?</p> <p>c) Are the objectives clearly stated, with valid measurements and analysis proposed? Can the research be reasonably expected to answer its proposed questions?</p> <p>d) Does the investigator have access to a population that will allow recruitment of the necessary number of participants?</p>
<p>2. The investigator is qualified by education, training, and expertise to assume responsibility for the proper conduct of the study.</p> <p>[FDA GCP Guidelines]</p>
<p>a) Is the investigator's expertise appropriate for the procedures to be performed? Is the investigator appropriately credentialed (as applicable)?</p> <p>b) Have all research staff members received adequate training? Are research staff members qualified to conduct the procedures?</p> <p>c) Does the investigator have a process to ensure that persons assisting with the research are informed about the protocol and their research-related duties and functions?</p> <p>d) Are sufficient resources (personnel, space, equipment, and time) available to conduct the research in a way that will protect the rights and welfare of participants? Does the investigator have sufficient time to conduct and complete the research?</p>
<p>3. Risks to subjects are minimized.</p> <p>[21 CFR 56.111(a)(1); 45 CFR 46.111(a)(1)]</p>
<p>a) What are the risks of the research? Consider physical, psychological, social, economic, and legal risks.</p> <p>b) Is the study designed to minimize risk? If not, would an alternative scientific design reduce the likelihood or magnitude of harm but still answer the scientific question?</p> <p>c) Is the proposed participant population the most appropriate to minimize risk? If not, would an alternative population reduce the likelihood or magnitude of harm but still answer the scientific question? Would the use of fewer subjects answer the scientific question?</p> <p>d) Whenever possible, are procedures proposed that are already being performed for diagnostic or treatment purposes?</p> <p>e) Would alternative procedures reduce the likelihood or magnitude of harm but still answer the scientific question? Would the use of fewer procedures answer the scientific question?</p> <p>f) Are medical or psychological resources available that participants might require as a consequence of the research?</p>

A. Criteria for Approval

4. Risks to subjects are reasonable in relation to anticipated benefits to subjects, if any, and the importance of knowledge that may be reasonably expected to result.

[21 CFR 56.111(a)(2); 45 CFR 46.111(a)(2)]

- a) What are the risks of the research? (Consider physical, psychological, social, economic, and legal risks.)
- b) What are the anticipated benefits of the research? Are there any benefits to participants?
- c) What is the importance of the knowledge expected to result from this research? Does it justify exposing participants to risk?

5. Selection of subjects is equitable.

[21 CFR 56.111(a)(3); 45 CFR 46.111(a)(3)]

- a) Who is to be enrolled? Is the rationale for inclusion/exclusion clear?
- b) Is the proposed participant population appropriate, considering the purposes and setting of the research?
- c) Will proposed recruitment processes, advertisements, or participation arrangements result in the equitable selection of participants? Will payments or other incentives inappropriately influence equitable selection?
- d) Are proposed recruitment processes, advertisements, and participation arrangements free from misleading, inaccurate, exculpatory, coercive, or unduly influential methods and language?
- e) Are the burdens and benefits of research equitably distributed?
- f) Are any potential participants vulnerable to coercion or undue influence? If so, are recruitment processes, advertisements, and participation arrangements designed to minimize the possibility of coercion or undue influence?

6. Additional safeguards have been included to protect subjects likely to be vulnerable to coercion or undue influence.

[21 CFR 56.111(b); 45 CFR 46.111(b)]

- a) Are some or all potential participants likely to be vulnerable to coercion or undue influence? If so, have additional safeguards been included to eliminate or minimize coercion and/or undue influence?
- b) Are appropriate protections in place for vulnerable participants, such as children, prisoners, pregnant women, fetuses, neonates, educationally- or economically-disadvantaged persons, or adults unable to consent?
- c) For adults unable to consent is assent a requirement? If so, is the plan for assent adequate? For greater than minimal risk research presenting the prospect of direct benefit, is comparison of the risk to the benefit at least as favorable as that presented by the alternatives? For greater than minimal risk research *without* the prospect of direct benefit but likely to yield generalizable knowledge about the individual's disorder or condition, is the risk no more than a minor increase over minimal risk?
- d) Are safeguards in place for other potentially vulnerable populations (e.g., students, employees, terminally ill persons, or homeless persons)?
- e) Are students recruited by investigator(s) from whom they receive direct instruction? If so, are procedures in place to ensure voluntary participation? For greater than minimal risk research, is the prospect of direct benefit possible? For "student pools" are incentives and alternatives to participation reasonable?
- f) Are employees recruited by investigator(s) to whom they directly report? If so, are procedures in place to ensure voluntary participation? For greater than minimal risk research, is the prospect of direct benefit possible?

****If inclusion of children, prisoners, pregnant women, fetuses, or neonates is requested, refer to Appendices.***

A. Criteria for Approval

7. Legally effective informed consent is obtained from subjects or their legally authorized representatives.

[21 CFR 50.20; 21 CFR 50.25; 21 CFR 56.109(f); 21 CFR 56.111(a)(4); 45 CFR 46.109(e); 45 CFR 46.111(a)(4); 45 CFR 46.116]

- a) Have the nature and circumstances of the consent process been adequately described? Who will conduct the consent interview? What is the timing of obtaining informed consent?
- b) Who will provide consent? Will the participant be able to understand the facts, appreciate the implications, and be able to communicate a decision? If there are questions regarding the participants' capacity to make a decision, is the plan for assessment of capacity to consent adequate? For greater than minimal risk research, is an independent assessment of capacity proposed?
- c) If a legally authorized representative will provide consent, is it clear who can serve as a legally authorized representative for the research?
- d) Is the process culturally and linguistically appropriate to the research population? What language(s) do potential participants or representatives speak? Is the consent discussion in language understandable to the participant or representative? Can the research team communicate directly with participants? If not, are translation arrangements appropriate?
- e) How much time will be devoted to the consent discussion? Does the consent process provide sufficient opportunity for participants to consider whether to participate? Is there any waiting period between informing participants and obtaining consent?
- f) Does the consent process minimize the possibility of coercion or undue influence? Is there a power differential to be considered? Is the process free from excessive motivating factors? Are recruitment processes, advertisements, and payment arrangements acceptable?
- g) Is the discussion free of exculpatory language? Is information provided to participants in a way that does not waive or appear to waive any of the participants' legal rights or release or appear to release the investigator, sponsor, or institution from liability for negligence?
- h) Should a subject advocate or observation or monitoring of the consent process be considered?

**If waiver (or alteration) is requested, skip sections B and C and refer to Appendix 1.*

8. Informed consent will be documented by a written consent form signed by subjects or their legally authorized representatives.

[21 CFR 50.27; 21 CFR 56.111(a)(5); 45 CFR 46.111(a)(5); 45 CFR 46.117]

- a) Does the consent document include the basic and appropriate additional elements of consent?
- b) Who will sign the consent document? Will a copy of the consent document be given to the person signing? If the research is FDA-regulated, will the participant or representative sign and date the consent form?
- c) Is the consent document written in language understandable to the participant or representative?
- d) How much time is allotted for signing the consent document? Is adequate opportunity provided for participants or their legally authorized representatives to read consent forms before they are signed?
- e) Is the consent form free of exculpatory language? Is the consent document free of language that waives or appears to waive any of the participants' legal rights or releases or appears to release the investigator, sponsor, or institution from liability for negligence?
- f) When using the short form, does the consent document state that the elements of disclosure required by regulations have been presented orally to the participant? Does the written summary include the basic and appropriate additional elements of consent?
- g) When using the short form, will there be a witness to the oral presentation? Is the witness conversant in both English and the language of the participant? Will the witness sign both the short form and a copy of the summary?
- h) When using the short form, will the participant or representative sign the consent document? Will a copy of the consent form be given to the person signing? If the research is FDA-regulated, will the participant or representative sign and date the consent form?
- i) When using the short form, will the person obtaining consent sign a copy of the summary? Will a copy of the summary be given to the participant or legally authorized representative?

**If waiver of documentation is requested, refer to Appendix 2.*

A. Criteria for Approval

9. The research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects (for greater than minimal risk research).

[21 CFR 56.111(a)(6); 45 CFR 46.111(a)(6)]

- a) Is an appropriate data and safety monitoring plan included? Does the plan specify what information will be evaluated, study endpoints, timing of monitoring, and decisions to be made by the monitoring process?
- b) What will monitoring include – comparison of actual harms (nature, incidence, and severity) and benefits to those expected, causality of unexpected harms, etc.?
- c) When will monitoring occur – at specific points in time, after a specific number of participants have been enrolled, or upon recognition of harm?
- d) Who will perform the monitoring – the investigator, sponsor (e.g., medical monitor, safety monitoring committee), or independent monitor or monitoring board?
- e) Would use of a data and safety monitoring board or other research oversight process enhance participant safety?

10. There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

[21 CFR 56.111(a)(7); 45 CFR 46.111(a)(7)]

- a) Will participants have an expectation of privacy?
- b) How will the investigator access private information from or about participants? Will participants think that the information sought is any of the researcher's business?
- c) Will participants be comfortable in the research setting? Will participants be comfortable with the research procedures?
- d) Will confidentiality be pledged? Are there legal/ethical requirements affecting confidentiality? Will data release cause risk of harm?
- e) How will confidentiality of identifiable data be protected? Are there adequate controls on storage, access, handling, and sharing of data?
- f) Are any special privacy and confidentiality issues properly addressed (e.g., access to and use of genetic information)?
- g) Is a certificate of confidentiality needed to maintain the confidentiality of identifiable data?
- h) Will personally identifiable protected health information be accessed or used? Has the investigator provided a HIPAA research authorization form or waiver request?

11. There is an adequate plan to manage information obtained in multi-center research that is relevant to the protection of subjects.

[AAHRPP Standard]

- a) Is the investigator the lead investigator of a multi-center study or is the organization the lead site in a multi-center study? If so, is there an adequate plan proposed to manage relevant study information?
- b) How are unanticipated problems involving risks to subjects or others reported? To whom are these reported?
- c) How will amendments be handled? How will sites be informed when approval has been obtained? How will the investigator be informed of other sites' approval?
- d) Are there plans for sharing interim results? How will sites be informed of study suspension or premature closure?
- e) How will participating sites be informed of study completion?

12. Other questions or concerns regarding the proposed research.

[The Belmont Report]

- a) Are there any ethical issues posed by the proposed study design or methods?
- b) Does the research uphold the Belmont principles of respect for persons, beneficence, and justice?
- c) Are there any other questions or concerns regarding the proposed research?

B. Required Elements of Consent (unless consent is altered or waived)

1. A statement that the study involves research; an explanation of the purposes of the research and the expected duration of the subject's participation; a description of the procedures to be followed; and identification of any procedures that are experimental.

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Is it clear to subjects that they are being asked to participate in research?
- b) Is the hypothesis or purpose of the research stated? Has the reason for participant selection as it relates to the study purpose been explained?
- c) Is the length of participation explicitly stated, including frequency of re-contact or follow-up? Is the proposed duration realistic for the procedures to be performed?
- d) Is the description of the procedures to be followed clear and complete?
- e) Have any experimental procedures or procedures being performed specifically for study purposes been distinguished from other treatments, procedures, or activities?

2. A description of any reasonably foreseeable risks or discomforts to the subject.

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Have all physical, psychological, social, legal, financial, or other risks been included?
- b) Has an assessment of the probability of occurrence and seriousness of the risks been included?
- c) Have any precautions that can be taken to minimize risks been described? Should measures to prevent pregnancy be taken by participants while in the study?
- d) If drugs or devices are being studied, are the risks described based on information from the protocol, investigator's brochure, package labeling, or previous research reports?

3. A description of any benefits to the subject or to others that may reasonably be expected from the research.

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Are potential benefits described without being overstated? Is assessment of the likelihood of benefits based on the protocol and realistic for the research?
- b) Are the benefits identified those that may result from the research, as distinct from benefits participants may receive even if not participating?
- c) If there are no direct benefits to participants is this explicitly stated?
- d) Have any potential benefits that may accrue to science or society in general as a result of the planned work been considered?
- e) Are any potential benefits that may accrue to the investigator or sponsor relevant, and if so, disclosed?

4. Disclosures of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Have alternatives to participation been satisfactorily described? Are the alternatives that have been presented reasonable?
- b) Has the full range of available options been included? Has the option of choosing not to participate been included?

B. Required Elements of Consent (unless consent is altered or waived)

5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.

[21 CFR 50.25(a)(c); 45 CFR 46.116(a)]

- a) Are the methods to be used to protect participants' records adequately described?
- b) Are the terms confidential, anonymous, and de-identified used appropriately?
- c) Have all those who will have access to and may inspect records (including DHHS where applicable) been identified? For FDA-regulated research, has a statement been included that notes the possibility that FDA might inspect the records?
- d) Has the disposition of participants' records following conclusion of the research been discussed?
- e) For FDA-regulated research, has the required statement been included that the results will be posted on ClinicalTrials.gov?
- f) For research involving PHI, has a HIPAA research authorization form or request for waiver been provided?

6. An explanation as to whether any compensation and any medical treatments are available if injury occurs, and, if so, what they consist of or where further information may be obtained (for greater than minimal risk research).

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Have alternatives to participation been satisfactorily described? Are the alternatives that have been presented reasonable?
- b) Has the full range of available options been included? Has the option of choosing not to participate been included?

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

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Has a contact for questions about the research been identified? Is the contact likely to be knowledgeable about the research?
- b) Has a contact for information regarding participants' rights been identified? Is the contact an unbiased third party unassociated with the research?
- c) Has a contact in the event of research-related injury been identified? Have provisions for emergency or after-hours contact been provided, as appropriate?
- d) Does all contact information include area codes for phone or fax numbers?

8. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits.

[21 CFR 50.25(a); 45 CFR 46.116(a)]

- a) Is it clear that potential participants may choose not to participate without penalty or prejudice? Has non-coercive language been used to describe this option?
- b) Is it clear that participants may choose to discontinue participation without penalty or prejudice?
- c) Have the amount and schedule of any payments or other incentives to participate been described and appropriately pro-rated?

C. Additional Elements of Consent (when applicable)

<p>1. A statement that the treatment or procedure may involve risks (to the subject and/or embryo or fetus if the subject is pregnant) that are currently unforeseeable.</p> <p>[21 CFR 50.25(b); 45 CFR 46.116(b)]</p>
<p>a) Does the research involve investigational drugs or devices?</p> <p>b) Is the treatment or procedure being performed in a way or for a period of time for which the consequences are not fully known?</p>
<p>2. Anticipated circumstances under which the subject's participation may be terminated by the investigator without subject consent.</p> <p>[21 CFR 50.25(b); 45 CFR 46.116(b)]</p>
<p>a) Are there reasons, such as currently unknown or increased risk, that a subject's participation should be terminated?</p> <p>b) Are the reasons given justifiable? If so, has an adequate explanation of these circumstances been provided?</p>
<p>3. Any additional costs to the subject that may result from participation.</p> <p>[21 CFR 50.25(b); 45 CFR 46.116(b)]</p>
<p>a) Have the costs of participation been fully explained?</p> <p>b) For research involving medical procedures, has insurance coverage or other reimbursement been discussed?</p>
<p>4. Consequences of a subject's decision to withdraw from the research and procedures for orderly termination from participation.</p> <p>[21 CFR 50.25(b); 45 CFR 46.116(b); FDA Guidance]</p>
<p>a) Have any procedures required for orderly withdrawal been described? Has it been made clear why these are important for participants' safety?</p> <p>b) For FDA-regulated clinical trials, have the requirements for data retention and continued access been explained? Have options for continued follow-up and data collection been provided?</p>
<p>5. A statement that significant new findings developed during the course of the research that may relate to the subject's willingness to continue participation will be provided.</p> <p>[21 CFR 50.25(b); 45 CFR 46.116(b)]</p>
<p>Are significant new findings that would be pertinent to the subject's continued participation likely to occur during study participation? If so, has a reasonable plan for providing new information to participants been proposed?</p>
<p>6. The approximate number of subjects involved in the study.</p> <p>[21 CFR 50.25(b); 45 CFR 46.116(b)]</p>
<p>Will the number of participants to be involved in the study be important to a subject's decision to participate?</p>
<p>7. Additional information that will meaningfully add to the protection of the rights and welfare of participants.</p> <p>[21 CFR 56.109(b); 45 CFR 46.109(b)]</p>
<p>Is there any other additional information (not previously considered) that would be helpful for participants to know before agreeing to participate?</p>
<p>8. Other questions or concerns regarding consent disclosures or the consent form.</p>
<p>Are there any other additional questions or concerns regarding the consent process or form (e.g., length, reading level)?</p>

D. Additional Regulatory Requirements (as applicable)

<p>1. An IRB may approve a consent procedure that does not include or alters some or all of the elements of informed consent or may waive the requirement to obtain consent (except FDA-regulated research).</p> <p>[45 CFR 46.116(c)(d)]</p>
<p>Appendix 1 – Waiver or Alteration of Informed Consent</p>
<p>2. An IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects.</p> <p>[21 CFR 56.109(c)(1)(d); 45 CFR 46.117(c)]</p>
<p>Appendix 2 – Waiver of Consent Documentation</p>
<p>3. An IRB will review studies involving children and approve only research that satisfies the applicable conditions of Subpart D.</p> <p>[21 CFR 50, Subpart D; 45 CFR 46, Subpart D]</p>
<p>Appendix 3 – Research Involving Children</p>
<p>4. An IRB will review studies involving pregnant women, fetuses, or neonates and approve only research that satisfies the applicable conditions of Subpart B.</p> <p>[45 CFR 46, Subpart B]</p>
<p>Appendix 4 – Research Involving Pregnant Women, Fetuses, or Neonates</p>
<p>5. An IRB will review studies involving prisoners and approve only research that satisfies the applicable conditions of Subpart C.</p> <p>[45 CFR 46, Subpart C]</p>
<p>Appendix 5 – Research Involving Prisoners</p>
<p>6. An IRB will review proposed changes in research; such changes may not be initiated without IRB approval except when necessary to eliminate apparent immediate hazards to subjects.</p> <p>[21 CFR 56.108(a)(4); 45 CFR 46.103(b)(4)]</p>
<p>Appendix 6 – Amendments</p>
<p>7. An IRB will conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year.</p> <p>[21 CFR 56.109(f); 45 CFR 46.109(e)]</p>
<p>Appendix 7 – Continuing Review</p>
<p>8. An IRB may use the expedited review procedure to review certain categories of research and minor changes in previously approved research.</p> <p>[21 CFR 56.110(b); 45 CFR 46.110(b)]</p>
<p>Appendix 8 – Expedited Review</p>
<p>9. An IRB will review international studies and only approve research that provides required federal protections (if applicable) or equivalent protections, taking into account local laws and cultural, political, religious, and other local context.</p> <p>[45 CFR 46]</p>

Appendix 9 – International Research

E. Degree of Risk

Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (except prisoners; see Appendix 5).

[21 CFR 55.102(f); 45 CFR 46.102(f)]

- a) How do possible harms or discomforts that will be faced by subjects as a consequence of research participation compare to those experienced in normal daily life or during routine physical or psychological examinations or tests?
- b) What is the nature of the harms or discomforts (e.g., physical, social, economic, psychological, or legal) and their potential seriousness? What are the chances that they will occur and the effect on participants or their families if these were to happen?
- c) Are measures included to prevent or decrease the likelihood of harm or discomfort?

F. Approval Period

An IRB will conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year. An IRB will determine which projects require review more often than annually.

[21 CFR 56.109(f); 45 CFR 46.109(e)] [21 CFR 56.108(a)(4); 45 CFR 46.103(b)(4)]

- a) Does the research involve greater than minimal risk? How much is known about the potential risks of the research?
- b) Is there any reason to expect a change in the risk-benefit assessment?
- c) Does the investigator have previous relevant experience? Has the investigator's site ever been monitored?

G. IRB Actions

An IRB will review and have authority to approve, require modifications in (to secure approval), or disapprove all research activities.

[21 CFR 56.109(a); 45 CFR 46.109(a)]

Approved – All conditions for approval are satisfied; no changes are required.

Modifications Required – One or more of the following clarifications or modifications are needed to secure approval: confirmation of specific understandings regarding how the research will be conducted, submission of additional documents, precise language changes to the protocol or consent document, and/or substantive changes with specific parameters the changes must satisfy.

Referred to Convened IRB – One of the actions above cannot be taken (expedited review only).

Deferred – The required determinations (elements A1 – 10) cannot be made; and prior to reconsidering the research, modifications to the protocol or consent document, and/or clarifications or submission of additional materials are required (convened review only).

Disapproved – One or more criterion for approval cannot be met; research cannot be approved in its current form (convened review only).



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 1 – WAIVER OR ALTERATION OF INFORMED CONSENT

Instructions: Please consider the following when deciding whether the criteria for waiver or alteration of informed consent (or parental permission) have been met. *Note: Except for emergency research, these are not applicable to FDA-regulated research.* Document your recommendations on the appropriate reviewer's sheets. For more information, see HRPP policies [Informed Consent Process and the Elements of Informed Consent](#), [Assent and Parental Permission](#) and [Planned Emergency Research](#).

A. Minimal Risk Research

1. The research involves no more than minimal risk to the subjects.
a) What are the risks of the research? (Consider physical, psychological, social, economic, and legal risks.) b) Do risks meet the regulatory definition of minimal?
2. The waiver or alteration will not adversely affect the rights and welfare of the subjects.
a) Do any federal, state, or local laws or other requirements pertaining to consent (or parental permission) apply (e.g., HIPAA, FERPA)? b) Is the waiver consistent with the norms of the community from which participants will be recruited? Would participants (or their parents) feel that they should have been given the opportunity to consider research participation? c) Is deception or incomplete disclosure proposed? If so, are participants otherwise informed about study procedures, risks, etc., as possible, given the study design?
3. The research could not practicably be carried out without the waiver or alteration.
a) Are the practical circumstances of the research such that the research would not be feasible if informed consent (or parental permission) must be obtained? Would scientific validity be compromised if consent were required? b) Could the research be performed in a different population from whom informed consent (or parental permission) could reasonably be obtained? c) Is deception or incomplete disclosure proposed? If so, would an alternative study design eliminate the need for deception or incomplete disclosure but still answer the scientific question?
4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.
a) Will subjects (or their parents) be given more information after research participation is completed? Would participants benefit from receiving information about the research? b) Is deception or incomplete disclosure proposed? If so, would the information to be withheld be something prospective subjects (or their parents) might reasonably want to know in making their decision about participation? c) Should the investigator's contact information or information about appropriate services (e.g., counseling) be made available if subjects experience stress or anxiety about their research participation?

B. Research on Public Benefit or Service Programs

1. The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine any of the following:

- **Public benefit or service programs,**
- **Procedures for obtaining benefits or services under those programs,**
- **Possible changes in or alternatives to those programs or procedures, or**
- **Possible changes in methods or levels of payment for benefits or services under those programs.**

Is the research conducted under (or subject to the approval of) state or local (i.e., not federal or private) authority?

2. The research could not practicably be carried out without the waiver or alteration.

- a) Are the practical circumstances of the research such that the research would not be feasible if informed consent (or parental permission) must be obtained? Would scientific validity be compromised if consent were required?
- b) Could the research be performed in a different population from whom informed consent (or parental permission) could reasonably be obtained?
- c) Is deception or incomplete disclosure proposed? If so, would an alternative study design eliminate the need for deception or incomplete disclosure but still answer the scientific question?

C. Research Designed to Study Conditions in Children

1. Parental or guardian permission is not a reasonable requirement to protect the subjects.

- a) Does the study involve neglected or abused children? Is there evidence that serious physical, social, or psychological harm might come to the child participant if parents were informed of the reasons for the study or of their child's participation?
- b) Are parents in a position to make decisions regarding research participation that are in the best interest of the child?

2. An appropriate mechanism is in place to protect the children.

- a) Will assent be obtained, when appropriate? Will child participants be able to provide assent, considering their ages, maturity, condition, and psychological/emotional states? Is assent language appropriate for children, based on the nature of the study and the expected capacity of child participants to understand the purpose and procedures involved in the research?
- b) Should an IRB member or child advocate be present during the assent process to verify the child's understanding and to support the child's preferences? Are provisions in place for respecting the developing rights of children, including honoring their dissent?

3. The waiver is not inconsistent with federal, state, or local law.

Do any federal, state, or local laws or other requirements pertaining to consent (or parental permission) apply (e.g., HIPAA, FERPA)?

D. Planned Emergency Research

Research in life-threatening situations in which it is not possible to obtain informed consent from subjects or their legally authorized representatives.

- a) Are proposed participants in a life-threatening situation for which available treatments are unproven or unsatisfactory, and obtaining informed consent is not feasible?
- b) Does the research need to meet the requirements of DHHS or FDA regulations?

Additional requirements (including consultation and opportunity for public review and comment) apply. See HRPP policy [Planned Emergency Research](#).

E. IRB Actions

An IRB may approve a consent procedure that does not include or that alters some or all of the elements of informed consent, or may waive the requirements to obtain consent, provided the IRB finds and documents that all of the criteria [in any one section above] are met.

[21 CFR 50.24; 45 CFR 46.116(c)(d); 45 CFR 46.408(c); Federal Register Vol. 61 No. 92 p. 51531-51533 (10/02/96)]

Waiver Approved – All criteria are met; informed consent is not required.

Waiver Disapproved – One or more criterion are not met; informed consent is required.

Alteration Approved – All criteria are met; one or more elements of informed consent may be omitted or modified.

Alteration Disapproved – One or more criterion are not met; informed consent is required.



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APPENDIX 2 – WAIVER OF CONSENT DOCUMENTATION

Instructions: Please consider the following when deciding whether the criteria for waiver of documentation of informed consent (or parental permission) have been met. *Note: Only the documentation waiver for minimal risk research is applicable to FDA-regulated research.* Document your recommendations on the appropriate reviewer's sheets. For more information, see HRPP policy [Documentation of the Informed Consent Process](#).

A. Risk of Breach of Confidentiality

1. The only record linking the participant and the research would be the consent document.
Are study data collected without identifiers? Is there any other record (e.g., enrollment list) linking participants with the study?
2. The principal risk would be potential harm resulting from a breach of confidentiality.
a) What are the risks of the research? (Consider physical, psychological, social, economic, and legal risks.) b) Does the study collect information on sensitive topics or are participants being selected because of a sensitive, stigmatizing, or illegal characteristic (e.g., persons who have sought treatment in a drug abuse program, tested positive for HIV, or have engaged in underage alcohol use)? Could disclosure of the information be embarrassing or damaging to the participants' reputation, financial standing, employability or insurability, or place participants at risk of criminal or civil liability?
3. Each participant will be asked whether the participant wants documentation linking the participant with the research, and the participant's wishes will govern.
Has the investigator made provisions to satisfy this requirement? Is a written consent form or other type of documentation available?

B. Minimal Risk Research

A. The research involves no more than minimal risk to the subjects.
a) What are the risks of the research? (Consider physical, psychological, social, economic, and legal risks.) b) Do risks meet the regulatory definition of minimal?
B. The research involves no procedures for which written consent is normally required outside of the research context.
a) Are the study activities similar to those performed in other settings by non-research personnel (e.g., routine blood drawing, surveying shoppers in a grocery store about brand preferences)? b) Is the research consistent with the norms of the community from which participants will be recruited? Would participants (or their parents) feel that they should have been given the opportunity to sign a written consent form?

C. IRB Actions

1. An IRB may waive the requirement for an investigator to obtain a signed consent form for some or all subjects, if the IRB finds all of the criteria [in either section above] are met.

[21 CFR 56.109(c)(1); 45 CFR 46.117(c)]

Waiver of Documentation Approved – All criteria are met; a signed consent form is not required.

Waiver of Documentation Disapproved – One or more criterion are not met; a signed consent form is required.

2. When the requirement for written documentation of consent is waived, the IRB may also require that an investigator provide participants with a written statement regarding the research.

[21 CFR 56.109(d); 45 CFR 46.117(c)]

Written Statement Required – A signed consent form is not required, but a written statement should be provided to participants (e.g., an approved consent form without signature lines, card containing researcher and/or third party contact information, information sheet outlining study procedures, etc.).

Written Statement Not Required – Neither a signed consent form nor a written statement is required.



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 3 – RESEARCH INVOLVING CHILDREN

Instructions: Please consider the following when reviewing research involving children. *Note: This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval.* Document your recommendations on the appropriate reviewer's sheets. For more information, see HRPP policies [Research Involving Children](#) and [Assent and Parental Permission](#).

A. General

[21 CFR 50.56; 45 CFR 46.409]

- a) Are research personnel knowledgeable and experienced in studying the pediatric population?
- b) Have effects on the child participants' physical, cognitive, behavioral, sexual, and immune growth and development been considered when assessing risks and benefits?
- c) Should the parent(s) or a close family member be present during the research? Will children will be exposed to significant discomfort or inconvenience or be required to spend time in an unfamiliar place?
- d) Are provisions made that show respect for the developing rights of children, such as protecting their need for privacy and the confidentiality of information regarding them? Will sensitive or private information (e.g., questionnaires, test results) be shared with parents/guardians?
- e) Will incentives be offered for research participation? To whom will incentives be offered – child, parent, or both? If offered to children, are incentives reasonable, given the ages and maturity of the children?
- f) When applicable, have FERPA and/or PPRA requirements been considered?

B. Assent and Parental Permission

[21 CFR 50.55; 21 CFR 50.56; 45 CFR 46.408; 45 CFR 46.409]

- a) Is assent from some or all of the children proposed? Will child participants be able to provide assent, considering their ages, maturity, condition, and psychological/emotional states? If so, are adequate provisions made for soliciting their assent? Are the children who are capable of assent included (where possible) before children less able to assent?
- b) Is assent language appropriate for children, based on the nature of the study and the expected capacity of child participants to understand the purpose and procedures involved in the research? Will assent be documented? If so, how? Is an assent form appropriate? Is more than one form needed, based on the maturity and condition of the children? If verbal assent will be obtained, is a script provided?
- c) If assent will not be obtained from some or all of the children, can one of the following be documented?
 - Child participants are not capable of providing assent based on age, maturity, or psychological state
 - The participants' capability is so limited that they cannot reasonably be consulted
 - The research intervention or procedure offers the prospect of direct benefit to the children and is available only in the context of the research
 - Assent can be waived using the criteria for waiver of informed consent.
- d) Should permission be obtained from both parents (required for Category 3 and 4, unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child)? Is permission of one parent/guardian (Category 1 and 2 only) sufficient? Are adequate provisions made for soliciting the permission of parents or guardians? If parental permission is not reasonable, has an appropriate mechanism for protecting the children been provided?
- e) Should an IRB member or child advocate be present during the assent and permission processes to verify the child's understanding and to support the child's preferences? Are provisions in place for respecting the developing rights of children, including honoring their dissent?
- f) If children who are wards of the state (or any other agency, institution, or entity) may be included, will a guardian provide permission for the ward to participate in research, in lieu of a child's biological or adoptive parents?
- g) Will any children reach the legal age of consent during research participation? If so, are provisions for obtaining their consent proposed?

C. Category 1 - Research not involving greater than minimal risk.

[21 CFR 50.51; 45 CFR 46.404]

Does the research present (not greater than) minimal risk to child participants? (Consider physical, psychological, social, economic, and legal risks.)

D. Category 2 - Research involving greater than minimal risk, but presenting the prospect of direct benefit to the individual subjects.

[21 CFR 50.52; 45 CFR 46.405]

- a) Is the risk justified by the anticipated benefit to the individual child? If procedures without direct benefit are also included, is there an “opt out” provision?
- b) Is the relation of the anticipated benefit to the risk at least as favorable as that presented by available alternatives (i.e., other treatments or procedures)?

E. Category 3 - Research involving greater than minimal risk without the prospect of direct benefit, but likely to yield generalizable knowledge about the subject’s disorder or condition.

[21 CFR 50.53; 45 CFR 46.406]

- a) Does the risk represent a minor increase over minimal risk, considering what is known about the magnitude, probability, duration, cumulative effect, and reversibility of risk?
- b) Does the intervention/procedure present experiences to child participants that are reasonably commensurate with those inherent in actual or expected medical, dental, psychological, social, or educational situations?
- c) Is the intervention/procedure likely to yield generalizable knowledge about the child’s disorder or condition that is of vital importance for understanding or ameliorating the disorder/condition? If a healthy control group is included, is the research designed to collect data critical to the understanding of healthy children’s conditions?
- d) If children who are wards of the state (or any other agency, institution, or entity) may be included can one of the following be documented?
 - The research is related to their status as wards
 - The research will be conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as participants are not wards.
- e) If children who are wards of the state may be included, has an advocate been appointed?

F. Category 4 – Research not otherwise approvable presenting an opportunity to understand, prevent, or alleviate a serious problem affecting the health of welfare of the children.

[21 CFR 50.54; 45 CFR 46.407]

- a) Does the research present a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health of welfare of the children?
- b) Is the research subject to DHHS and/or FDA regulations?

Additional requirements (including consultation and opportunity for public review and comment) apply. See HRPP policy [Research Involving Children](#).



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS

APPENDIX 4 – RESEARCH INVOLVING PREGNANT WOMEN, FETUSES, OR NEONATES

Instructions: Please consider the following when reviewing research involving pregnant women, fetuses, or neonates.
Note: *This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval. Document your recommendations on the appropriate reviewer’s sheets. For more information, see HRPP policy [Research Involving Pregnant Women, Fetuses, or Neonates](#).*

A. Additional Protections for Pregnant Women and Fetuses

[45 CFR 46.204]

- a) Where scientifically appropriate (e.g., research involving investigational drugs or medical devices), have preclinical studies (including studies on pregnant animals) and clinical studies (including studies on non-pregnant women) been conducted? Is data available for assessing potential risks to pregnant women and fetuses (e.g., incidence of fetal loss, deformities, birth weight, survival, or mutagenicity)?
- b) Is any risk the least possible (e.g., intervention later in pregnancy, as applicable) for achieving the objectives of the research? Is either of the following conditions also met?
 - The risk to the fetus is caused solely by interventions or procedures that offer the prospect of direct benefit for the woman or fetus.
 - If there is no expectation of benefit(s), the risk to the fetus is not greater than minimal and the purpose of the research is the development of important knowledge that cannot be obtained by any other means.
- c) Are assurances provided that no inducements (monetary or otherwise) will be offered to terminate a pregnancy?
- d) Is it clear that individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy?
- e) Is it clear that individuals engaged in the research will have no part in determining the viability of a neonate?

B. Definitions (Neonates)

[45 CFR 46.202]

- a) Do any of the proposed participants meet the definition of “nonviable neonate” below? If so, have the additional protections for involving nonviable neonates in research been provided?
Nonviable Neonate: A neonate that (although alive following delivery) is not capable of surviving to the point of sustaining life independently, even with the support of available medical treatment, as determined by a physician who is not engaged in the research.
- b) Are any of the proposed participants neonates of “uncertain viability”? (See the definition of a “viable neonate” below.) If so, have the additional protections for involving neonates of uncertain viability in research been provided?

Viable Neonate: A neonate able to survive, given the benefit of available medical treatment, to the point of independently maintaining heartbeat and respiration as determined by a physician who is not engaged in the research.

C. Additional Protections for Nonviable Neonates

[45 CFR 46.205(a)(c)]

- a) Where scientifically appropriate, have preclinical and clinical studies have been conducted? Is data available for assessing potential risks to neonates?
- b) Are assurances provided that vital functions of the neonate will not be artificially maintained? Is the research designed so as not to terminate the heartbeat or respiration of the neonate?
- c) Will there be no added risk to the neonate resulting from the research?
- d) Is the purpose of the research development of important knowledge that cannot be obtained by other means?
- e) Is it clear that individuals engaged in the research will have no part in determining the viability of a neonate?

D. Additional Protections for Neonates of Uncertain Viability

[45 CFR 46.205(a)(b)]

- a) Where scientifically appropriate, have preclinical and clinical studies have been conducted? Is data available for assessing potential risks to neonates?
- b) Does the research offer the prospect of enhancing the probability of survival of the neonate (to the point of viability) and any risk to the neonate is the least possible for achieving that objective?
- c) If the research does not offer the prospect of enhancing the probability of survival, is the purpose of the research development of important knowledge that cannot be obtained by other means? If so, will there be no added risk to the neonate resulting from the research?
- d) Is it clear that individuals engaged in the research will have no part in determining the viability of a neonate?

E. Informed Consent

[45 CFR 46.204; 45 CFR 46.205]

- a) For research involving pregnant women and fetuses, is obtaining and documenting the consent of the pregnant woman sufficient? Does the research meet one of the following conditions?
 - The research offers the prospect of direct benefit to the pregnant woman
 - The research offers the prospect of direct benefit to both the pregnant woman and the fetus
 - The research does not offer the prospect of benefit for either the woman or the fetus, but the risk to the fetus is not greater than minimal and the purpose of the research is the development of important knowledge that cannot be obtained by any other means.
- b) For research involving pregnant women and fetuses, should the consent of both parents be obtained and documented (required for research that holds out the prospect of direct benefit solely to the fetus), unless the father is unable to consent because of unavailability, incompetence, temporary incapacity, or if the pregnancy resulted from rape or incest?
- c) For research involving nonviable neonates, will the consent of both parents be obtained and documented, unless either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, or the pregnancy resulted from rape or incest? Note: The consent of a legally authorized representative (for either or both of the parents of a nonviable neonate) is not sufficient.
- d) For research involving neonates of uncertain viability, is obtaining and documenting the consent of one parent sufficient? Note: If neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of either parent's legally authorized representative can be obtained.
- e) Has each individual providing consent been fully informed regarding the reasonably foreseeable influence of the research on the fetus or neonate?

F. Research Conducted or Supported by DHHS

[45 CFR 46.204(b), 45 CFR 46.205(b)(c), 45 CFR 46.207]

Is the research subject to DHHS regulations?

Additional requirements (including consultation and opportunity for public review and comment in certain cases) apply. For more information, see HRPP policy [Research Involving Pregnant Women, Fetuses, or Neonates](#).

G. Maternal-Fetal Welfare (MFW) Committee Review

Is MFW Committee review required?

Additional institutional requirements for MFW Committee review and approval of research involving pregnant women and fetuses apply in certain cases. For more information, see [Maternal-Fetal Welfare Committee](#) or HRPP policy [Research Involving Pregnant Women, Fetuses, or Neonates](#).

H. IRB Actions

An IRB will review studies involving pregnant women, fetuses, or neonates and approve only research that satisfies the applicable conditions of Subpart B.

[45 CFR 46, Subpart B]

Research Involving Pregnant Women, Fetuses, or Neonates Approved – Requirements of Subpart B satisfied.

Research Involving Pregnant Women, Fetuses, or Neonates Disapproved – Requirements of Subpart B are not satisfied.

Consent of the Pregnant Woman/One Parent is Sufficient – For research meeting certain conditions, as described above.

Consent of Both Parents is Required – Required for research involving pregnant women and fetuses that holds out the prospect of direct benefit solely to the fetus and research involving nonviable neonates, unless either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, or the pregnancy resulted from rape or incest.

G. IRB Actions

1. An IRB will review studies involving children and approve only research that satisfies the applicable conditions of Subpart D.

[21 CFR 50, Subpart D; 45 CFR 46, Subpart D]

Research Involving Children Approved – Requirements of Subpart D satisfied; one of the categories above is specified.

Research Involving Children Disapproved – Requirements of Subpart D are not satisfied.

2. The IRB will determine that adequate provisions are made for soliciting the assent of the children, when in the judgment of the IRB the children are capable of providing assent, and that adequate provisions are made for soliciting the permission of each child's parents or guardian.

[21 CFR 50.55; 45 CFR 46.408]

Permission of One Parent is Sufficient – May be approved for Category 1 or 2 only.

Permission of Both Parents is Required – Required for Category 3 and 4 unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child.

Assent Required – Some or all of the child participants are capable of providing assent.

Assent Not Required – Some or all of the child participants are not capable of providing assent, and one of the following can be documented: Child participants are not capable of providing assent based on age, maturity, or psychological state; the participants' capability is so limited that they cannot reasonably be consulted; the research intervention or procedure offers the prospect of direct benefit to the children and is available only in the context of the research; or assent can be waived using the criteria for waiver of informed consent.



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 5 – RESEARCH INVOLVING PRISONERS

Instructions: Please consider the following when reviewing research involving prisoners. *Note: This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval.* Document your recommendations on the appropriate reviewer’s sheets. For more information, see HRPP policy [Research Involving Prisoners](#).

A. Definitions

[45 CFR 46.303]

- a) Do any of the proposed participants meet the definition of a “prisoner” (below)? Are any of the participants likely to be or become prisoners during the course of the study? If so, is sufficient information available to make the required findings (e.g., is the specific institution where participants will be prisoners needed to evaluate the local research context?), or should the review for prisoner involvement be delayed until more specific information is available?

Prisoner: *An individual involuntarily confined or detained in a penal institution (e.g., prison, jail, or juvenile offender facility), with restricted ability to leave the institution. The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures that provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing.*

- b) Was the definition of “minimal risk” for research involving prisoners (below) used?

Minimal Risk: *The probability and magnitude of physical or psychological harm that is normally encountered in the daily lives or in the routine medical, dental, or psychological examination of healthy persons. Note: The regulatory definition of “minimal risk” for research involving prisoners differs from the definition of minimal risk for research involving participants who are not prisoners.*

B. Permissible Categories of Research

[45 CFR 46.306(a)(2); Federal Register, Vol. 68, No. 119, 06/20/03]

- a) Is this a study of the possible causes, effects, and processes of incarceration, and of criminal behavior, presenting no more than minimal risk and no more than inconvenience to the participants?
- b) Is this a study of prisons as institutional structures or of prisoners as incarcerated persons, presenting no more than minimal risk and no more than inconvenience to the participants?
- c) Is this a study of conditions particularly affecting prisoners as a class (e.g., research on diseases that are much more prevalent in prisons than elsewhere, such as hepatitis; research on social and psychological problems, such as alcoholism, drug addiction, and sexual assaults)? Note: For research conducted or sponsored by DHHS, the study may proceed only after the DHHS Secretary has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice in the Federal Register of his/her intent to approve the research.
- d) Is this a study of practices (both innovative and accepted) that have the intent and reasonable probability of improving the health or well-being of the participants? Note: In studies that require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups that may not benefit from the research, for research conducted or sponsored by DHHS the study may proceed only after the DHHS Secretary has consulted with appropriate experts including experts in penology, medicine, and ethics, and published notice in the Federal Register of his/her intent to approve the research.
- e) Is this an epidemiologic study (e.g., related to chronic diseases, injuries, or environmental health) that meets all of the following conditions?
- The research presents no more than minimal risk for prisoners (e.g., interviews, collection of biological specimens, etc.) and no more than inconvenience to the prisoner-participants
 - Prisoners are not a particular focus of the research
 - The sole purpose of the research is either to describe the prevalence or incidence of a disease by identifying all cases or to study potential risk factor associations for a disease.

C. Required Findings

[45 CFR 46.305(a)]

- a) Does the research represent one of the permissible categories described above?
- b) When compared to general living conditions, medical care, quality of food, amenities, and opportunity for earnings in prison, are any possible advantages resulting from study participation of such magnitude that the prisoner's ability to weigh the risks of the research against the value of these advantages (in the limited choice environment of the prison) may be impaired? If so, have additional steps been taken to avoid this potential undue influence?
- c) Are procedures for the selection of participants within the prison fair to all prisoners and immune from arbitrary intervention by prison authorities or other prisoners? Will control subjects be selected randomly from the group of available prisoners who meet the inclusion criteria for the research, or has justification been provided in writing for selection by other procedures (as applicable)?
- d) Are the potential risks commensurate with risks that would be accepted by non-prisoner volunteers?
- e) Is the information presented to potential participants in language that is understandable to the population?
- f) Is there adequate assurance that parole boards will not take into account a prisoner's research participation in making decisions regarding parole? Will prisoners be clearly informed in advance that participation in the research will have no effect on parole?
- g) Will follow-up exams or care be needed by subjects at the end of their participation? If so, has adequate provision been made for this examination/care, taking into account the varying lengths of individual prisoners' sentences? Have participants been informed of this possibility?

D. Research Conducted or Supported by DHHS

[45 CFR 46.305(c)]

Certification that the IRB reviewed the research and made the required regulatory findings must be provided to the Secretary (DHHS) through OHRP. For more information, see HRPP policy [Research Involving Prisoners](#).

E. IRB Actions

An IRB will review studies involving prisoners and approve only research that satisfies the applicable conditions of Subpart C.

[45 CFR 46, Subpart C]

Research Involving Prisoners Approved – Requirements of Subpart C satisfied.

Research Involving Prisoners Disapproved – Requirements of Subpart C are not satisfied.



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 6 – AMENDMENTS

Instructions: Please consider the following when reviewing amendments. *Note: This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval.* Document your recommendations on the appropriate reviewer's sheets. For more information, see HRPP policies [Review of Research by the Convened IRB](#) and [Expedited Review Procedures](#).

A. Definitions

[21 CFR 56.102; 45 CFR 46.102]

a) Do proposed change(s) meet the definition of “minor changes” (below)? (Note: If not, convened review is required.)

Minor Changes: *Changes to research that in the judgment of the IRB do not affect assessment of the risks and benefits of the study by substantially altering any of the following: research aims or methodology, nature of subject participation, level of risk, proposed benefits, participant population, qualifications of the research team, or the facilities available to support the safe conduct of the research. Note: A minor change does not increase risk more than minimally or add procedures in research categories other than those that qualify for expedited initial review.*

b) Was the definition of “minimal risk” (below) used when considering whether the proposed change(s) are minor?

Minimal risk: *The probability and magnitude of physical or psychological harm that is normally encountered in the daily lives or in the routine medical, dental, or psychological examination of healthy persons. Note: The regulatory definition of “minimal risk” for research involving prisoners differs from the definition of minimal risk for research involving participants who are not prisoners.*

B. Examples of Minor Changes

Examples of changes to previously approved research that may be considered minor (and may be reviewed using expedited procedures) when they do not alter the risk/benefit ratio include:

- Changes in study documents, such as recruitment materials, consent forms, questionnaires, etc. that do not materially affect participation of the subject in the study or alter the meaning of the text (e.g., formatting, phone or room numbers, etc.).
- Clarifications of the study protocol, procedures, or consent language that do not introduce new procedures or information.
- Changes in wording or deletions of a question(s) on a survey or in the material properties of a stimulus, where the change or deletion does not alter the fundamental meaning of the item for the research or change the nature of the subject's participation in the study.
- Addition of a standardized survey instrument that does not substantially increase risk to participants or the duration of their study participation.
- Addition of advertisements or recruitment materials that are not considered coercive and are easily compared to the approved informed consent document.
- Increases in numbers of participants, who are identified and recruited by approved methods from currently approved populations, or increases in local site enrollment in multi-site studies where the increase does not exceed the approved total number of participants across all sites.
- Decreases in number or frequency of data collection points that do not compromise study integrity or decrease safeguards for participants.
- Changes in data handling, storage, or security that maintain a similar or increased level of confidentiality protections for the study data.
- Changes in incentives for adult participants that are not considered coercive, do not present undue influence, and are not contingent upon completion of the entire study.
- Changes in investigators or research staff with similar or greater qualifications to perform or assist in the research.
- Addition of new study sites that are not substantially different (e.g., qualifications of study personnel, research environment, etc.) than those already approved for the research and that do not require collaborative agreements.
- Addition of translations of previously approved materials.

C. Required Findings

- a) Have proposed changes been adequately explained? Has a rationale for changes been provided? Is an amendment to the ongoing research appropriate, or should a new proposal be submitted?
- b) Have all modified documents been provided for review?
- c) Have changes in procedures been appropriately reflected in the consent process and documents, advertisements, and other materials seen or heard by participants?
- d) Will changes and/or significant new findings that may relate to a participant's willingness to continue taking part in the research be provided (as applicable)? How and when will such information be communicated? Is the investigator's plan for providing new information to participants appropriate and timely?
- e) Do proposed changes affect one or more of the regulatory criterion for approval? If so, are the criteria for approval met?
- f) If expedited review procedures are being used, are proposed changes "minor" as defined above?

D. IRB Actions

An IRB will review proposed changes in research; such changes may not be initiated without IRB approval except when necessary to eliminate apparent immediate hazards to subjects.

[21 CFR 56.108(a)(4); 45 CFR 46.103(b)(4)]

Approved – All conditions for approval are satisfied; no changes are required.

Modifications Required – One or more of the following clarifications or modifications are needed to secure approval: confirmation of specific understandings regarding how the research will be conducted, submission of additional documents, precise language changes to the protocol or consent document, and/or substantive changes with specific parameters the changes must satisfy.

Referred to Convened IRB – One of the actions above cannot be taken (expedited review only).

Deferred – The required determinations (elements A1 – 10) cannot be made; and prior to reconsidering the research, modifications to the protocol or consent document, and/or clarifications or submission of additional materials are required (convened review only).

Disapproved – One or more criterion for approval cannot be met; research cannot be approved in its current form (convened review only).



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 7 – CONTINUING REVIEW

Instructions: Please consider the following when performing continuing review. *Note: This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval. Document your recommendations on the appropriate reviewer's sheets. For more information, see HRPP policies [Review of Research by the Convened IRB](#) and [Expedited Review Procedures](#).*

A. General

[OHRP Guidance]

- a) Is the study still active, with human subjects involved? Note: This includes the following:
 - Research that is open only for long-term follow-up of research participants, even when the research is permanently closed to the enrollment of new participants and all participants have completed all research-related interventions
 - Research activities that are limited to collection or analysis of private, identifiable or coded data.
- b) Have all documents been provided for review? Note: This includes the following:
 - Application for Continuing Review of Human Subjects Research, including:
 - Protocol summary
 - Status report on the progress of the research
 - Current informed consent document
 - Any newly proposed consent documents
 - Recruitment materials (if still in use), including advertisements intended to be seen or heard by potential participants
 - Study instruments (if still in use) such as questionnaires, surveys, etc.
 - Relevant multi-center trial reports
 - Data and safety monitoring reports (as applicable)
 - Any interim findings
 - Any other relevant information or recent literature, especially information about risks associated with the research
 - Summary of participant benefits
 - Current risk-benefit assessment based upon study results.
- c) For primary reviewers, in addition to the materials above have all other appropriate documents been provided? Note: This includes the following:
 - Complete research protocol (including any amendments previously approved)
 - Investigator's brochure, as applicable
 - Questionnaires, when longer or more detailed than those normally reviewed by all IRB members
 - Relevant grant application or funding proposal, as applicable
 - DHHS-approved sample informed consent document (when one exists)
 - Complete DHHS-approved protocol (when one exists)
 - All other information provided by the investigator.
- d) Are any changes to the research being requested in conjunction with the continuing review? (Note: If so, see Amendment Reviewer Sheet Appendix 6.)
- e) Has adequate information been provided to assess research progress?
- f) Have any adverse events and/or unanticipated problems involving risks to subjects or others been reported? Is the investigator's assessment of the risks and potential benefits based on study results since last IRB review reasonable? Are proposed methods to monitor the data collected to ensure participant safety still appropriate (as applicable)?
- g) Have any participant complaints and/or withdrawals been appropriately reported and resolved?

B. Required Findings

- a) Is the informed consent document still accurate and complete?
- b) Will significant new findings that may relate to a participant's willingness to continue taking part in the research be provided (as applicable)? How and when will such information be communicated? Is the investigator's plan for providing new information to participants appropriate and timely?
- c) Have material changes occurred since the previous IRB review? If so, is the explanation provided reasonable? Do changes represent investigator noncompliance requiring additional follow-up? Is verification from sources other than the investigator(s) needed? Note: This should be considered in the following situations:
 - Numerous protocol deviations or violations reported
 - Inconsistent information/documentation submitted for continuing review
 - Previous investigator noncompliance involving changes without IRB approval
 - Complaint from research personnel or participant(s).
- d) Are the regulatory criteria for approval met?
- e) If expedited review procedures are being used, does the research satisfy the applicability criteria and fall into one or more of the approvable categories (1 – 9)?
- h) Is sufficient time available to review the research and any modifications that may be required to allow re-approval prior to the expiration date? If not, should the investigator request that the IRB consider whether there is an overriding safety concern or ethical issue that would justify individual (currently enrolled) participants continuing in the research? Would a lapse in approval represent investigator noncompliance requiring additional follow-up?

C. IRB Actions

An IRB will conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year.

[21 CFR 56.109(f); 45 CFR 46.109(e)]

Approved – All conditions for approval are satisfied; no changes are required.

Modifications Required – One or more of the following clarifications or modifications are needed to secure approval: confirmation of specific understandings regarding how the research will be conducted, submission of additional documents, precise language changes to the protocol or consent document, and/or substantive changes with specific parameters the changes must satisfy.

Referred to Convened IRB – One of the actions above cannot be taken (expedited review only).

Deferred – The required determinations (elements A1 – 10) cannot be made; and prior to reconsidering the research, modifications to the protocol or consent document, and/or clarifications or submission of additional materials are required (convened review only).

Disapproved – One or more criterion for approval cannot be met; research cannot be approved in its current form (convened review only).



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 8 – EXPEDITED REVIEW

Instructions: Please consider the following when performing expedited review. *Note: This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval.* Document your recommendations on the appropriate reviewer's sheets. For more information, see HRPP policy [Expedited Review Procedures](#).

A. Applicability Criteria

[Federal Register, Vol. 63, No. 216, 11/09/98]

Does the research meet the applicability criteria below?

- A. Research activities that present no more than minimal risk to human subjects and involve only procedures listed in one or more of the following categories may be reviewed by the IRB through the expedited review procedure. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.
- B. The categories in this list apply regardless of the age of subjects, except as noted.
- C. The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
- D. The expedited review procedure may not be used for classified research involving human subjects.
- E. Standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review – expedited or convened – utilized by the IRB.

Note: Categories 1 through 7 (below) pertain to both initial and continuing IRB review.

B. Research Categories

[Federal Register, Vol. 63, No. 216, 11/09/98]

For initial or continuing review, does the research fall into one or more of the categories below? For amendments, do all procedures to be added fall into one or more of the categories below? (Note: If not, convened review is required.)

- 1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
 - a) Research on drugs for which an investigational new drug application (21 CFR 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
 - b) Research on medical devices for which an investigational device exemption application (21 CFR 812) is not required, or the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
- 2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:
 - a) Samples from healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or
 - b) Samples from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml/kg in an 8-week period and collection may not occur more frequently than 2 times per week.

B. Research Categories (continued)

[Federal Register, Vol. 63, No. 216, 11/09/98]

3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples:
 - a) Hair and nail clippings in a non-disfiguring manner
 - b) Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction
 - c) Permanent teeth if routine patient care indicates a need for extraction
 - d) Excreta and external secretions (including sweat)
 - e) Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue
 - f) Placenta removed at delivery
 - g) Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor
 - h) Supra- and sub-gingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques
 - i) Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings
 - j) Sputum collected after saline mist nebulization.
4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples:
 - a) Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy
 - b) Weighing or testing sensory acuity
 - c) Magnetic resonance imaging
 - d) Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and echocardiography
 - e) Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.
5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes, such as medical treatment or diagnosis. (Note: Some research in this category may be exempt from the DHHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.)
6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (Note: Some research in this category may be exempt from the DHHS regulations for the protection of human subjects. This listing refers only to research that is not exempt.)
8. Continuing review of research previously approved by the convened IRB as follows:
 - a) Where the research is permanently closed to the enrollment of new subjects, all subjects have completed all research-related interventions, and the research remains active only for long-term follow-up of subjects; or
 - b) Where no subjects have been enrolled and no additional risks have been identified; or
 - c) Where the remaining research activities are limited to data analysis.
9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories 2 through 8 do not apply, but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

C. IRB Actions

1. An IRB may use the expedited review procedure to review certain categories of research and minor changes in previously approved research.

[21 CFR 56.110(b); 45 CFR 46.110(b)]

Approved – All conditions for approval are satisfied; no changes are required.

Modifications Required – One or more of the following clarifications or modifications are needed to secure approval: confirmation of specific understandings regarding how the research will be conducted, submission of additional documents, precise language changes to the protocol or consent document, and/or substantive changes with specific parameters the changes must satisfy.

Referred to Convened IRB – One of the actions above cannot be taken.

2. Documentation for initial and continuing reviews conducted under an expedited review procedure should include the specific permissible category or categories justifying the expedited review.

[OHRP Guidance]

Initial Review – Categories 1 – 7 above.

Continuing Review – Categories 1 – 9 above; categories 8 & 9 for research previously approved by the convened IRB.



THE OHIO STATE UNIVERSITY INSTITUTIONAL REVIEW BOARDS
REVIEWER REFERENCE SHEETS
APPENDIX 9 – INTERNATIONAL RESEARCH

Instructions: Please consider the following when reviewing international research. *Note: This appendix should be used in conjunction with the Reviewer Reference Sheets containing the criteria for approval.* Document your recommendations on the appropriate reviewer's sheets.

A. The investigator(s) is qualified to perform research in the international location.

[National Bioethics Advisory Commission. Ethical and political issues in international research (09/03/01)]

- a) What is the principal investigator's experience (e.g., living, studying, previous research) in the location where the research will be performed? Does anyone on the research team have a relationship with the community from which participants will be recruited?
- b) Is the investigator(s) knowledgeable about applicable international and/or local laws and other requirements of the research site?
- c) Are sufficient resources available to conduct the research? Will the principal investigator personally conduct/oversee the research at the international site? If not, who will be responsible locally? Will the investigator(s) and key personnel (if any) have appropriate training for the international location?
- d) In what language(s) will the research be conducted? Is the principal investigator or another member of the research team fluent in the language(s)? If not, have appropriate arrangements been made for translations and/or interpreters throughout the study?

B. The research plan adequately addresses local conditions that may affect the design, implementation, and conduct of the study.

[National Bioethics Advisory Commission. Ethical and political issues in international research (09/03/01)]

- a) Has sufficient information been provided to consider the local context? Are local standards for health care described (if applicable)?
- b) Are any cultural, political, religious, or other local influences present that could affect the proposed research? If so, have these been adequately described and addressed? Are additional protections required for any participants?
- c) Is the research responsive to the social, educational, and/or health needs of the local site (as applicable)?
- d) Will local research and/or ethics review be performed? Have local letters of support or other evidence of invitation from host or participating organizations or the local community been provided?
- e) Are the risks acceptable in the social/cultural context of the international location and population to be studied? Have local norms and/or requirements for privacy and confidentiality been considered? If the research involves medical procedures, are provisions for emergency treatment appropriate and available in the location?
- f) Does the proposed consent process take local customs (as applicable) into consideration? Have any exceptions to the informed consent process been explained? Is the process for participants to contact investigator(s) or others with questions reasonable?
- g) Will children be enrolled? If so, have local laws been used to determine who is a "child"? Are there any exceptions to the requirements for parental permission and child assent in the local setting? If so, are additional protections for child participants proposed?
- h) Is compensation being offered? If so, is it appropriate for the location? Are arrangements for receiving compensation reasonable?
- i) Will the study provide any benefits to participants or the local community? If so, will these be available once the research is completed (e.g., are provisions in place to continue the health care intervention if it proves to be effective)? Will research results be made available to participants and/or the local community?

C. Effective communication and oversight plans are in place, as appropriate for the proposed research.

[National Bioethics Advisory Commission. Ethical and political issues in international research (09/03/01)]

- a) Has local contact information for the investigator(s) been provided?
- b) If the principal investigator will not be present at the international site, is the communication plan between the PI and the researchers(s) on site described and appropriate?
- c) Are sufficient resources proposed to monitor the research? If the principal investigator will not be present at the international site, is the plan for oversight of the research described and appropriate?
- d) Has the communication plan between the IRB and investigator(s) been adequately described? Is an event reporting plan in place so that appropriate local entities and the IRB receive required information in a timely manner?
- e) Are procedures for data collection and storage in the local setting described and appropriate? Will proposed methods comply with local requirements? How will research data be transferred to Ohio State? Are any special procedures or precautions warranted?

D. IRB Actions

An IRB will review international studies and only approve research that provides required federal protections (if applicable) or equivalent protections, taking into account local laws and cultural, political, religious, and other local context.

[45 CFR 46]

Requirements Met – Required federal protections and/or equivalent protections are provided.

Requirements Not Fully Met – Required federal protections and/or equivalent protections are not fully provided.

Consultation Required – Further input is needed from an expert knowledgeable about the location and/or participants to be studied.