I. PURPOSE
The purpose of this standard operating procedure is to describe IRB review processes, including pre-review, review, and post-review procedures.

II. POLICY STATEMENT
The CHOP IRB reviews research involving human subjects via full board review procedures, expedited review procedures, or exempt determinations. Any activity determined to be human subjects research must be reviewed and approved by the IRB prior to any intervention or interaction with human subjects, including recruitment procedures.

III. SCOPE
These policies and procedures apply to all IRB staff, members and alternates.

IV. DEFINITIONS

Full Board Review: Review of proposed research at a convened IRB meeting at which a majority of the membership of the IRB is present, including at least one member whose primary concerns are in non-scientific areas. For the research to be approved, it must receive the approval of a majority of those members present at the meeting.

Review Using Expedited Procedures: Review of proposed research by the Chair, CPHS or by other experienced IRB member(s)/alternate(s) designated by the Chair, rather than by the entire IRB.

Exempt Determinations: Federally funded research that qualifies as exempt from regulation under 45 CFR 46. This research does not require IRB oversight (45 CFR 46.101(b)). The exemption provision does not apply to clinical investigations of FDA regulated products.

Human Subjects’ Research: Research involving human subjects. Human subjects are individuals whose physiologic or behavioral characteristics and responses are the object of study in a research project. Under the federal regulations, human subjects are defined as: living individual(s) about whom an investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2) identifiable private information. Under FDA regulations human subject means an individual who is or becomes a participant in research, either as a recipient of the test article or as a control.

Research: A systematic investigation (e.g. the gathering and analysis of information) designed to develop or contribute to generalizable knowledge. Under FDA regulations, research (clinical investigation) means any experiment that involves a test article and one or more human subjects.
Primary and Secondary Reviewers: An IRB member/alternate selected for each full board protocol review (including Initial, Amendments and Continuing Review) who is responsible for providing an in depth review of all submitted materials (described in SOP 301) prior to the meeting, documenting the review on the appropriate evaluation form, presenting the review to the full board, highlighting potential issues for IRB consideration, and making a recommendation for action by the IRB.

Consultants: When the IRB determines that additional expertise is required for an IRB review, a consultant with the appropriate expertise is asked to assist with the review. Consultants are chosen based on education, training and experience with the research topic, the subject population to be recruited, the research test article and/or the research intervention. Consultants may not provide expertise or advise when they have a conflict of interest.

V. PROCEDURES

A. Determination of Need for Consultation

The Chair determines whether the review of the research requires expertise beyond that available on the IRB. For research that requires additional expertise, the Chair invites an individual with additional expertise to serve as a consultant and assist the IRB in its review as described in SOP 201.

1. Consultants are encouraged to attend IRB meetings; however, when attendance is not feasible, the consultant may participate via telephone conference or confer with the assigned Primary Reviewer(s) or Chair prior to the IRB meeting.

2. If the consultant presents at the meeting, the minutes will document key information provided by the consultant. If the consultant provides a written report, the report will be included in the IRB records.

3. Consultants who attend IRB meetings will not count toward a quorum.

4. Individuals with a Conflict of Interest may not serve as consultants to the IRB.

B. Review Processes

The IRB ensures that all research submissions receive substantive review.

1. The IRB Office will ensure that all submissions are complete and available to all IRB members, alternates and consultants no later than five (5) days prior to the scheduled convened meeting. The Chair or the Director, HSR may permit agenda items on shorter notice.

2. When the research will involve prisoners, it will be scheduled for a meeting in accordance with SOP 503.
3. IRB members and alternates are responsible for disclosing any conflicting interests they may have with any research under review in accordance with SOP 903.
   (a) Once disclosed, IRB members with a Conflict of Interest may remain in the IRB meeting to answer questions related to the research at the invitation of the Chair, but will recuse themselves for the deliberation and vote.
      (1) IRB meeting minutes will document the name of each recused IRB member, and will document that a Conflict of Interest is the reason for the absence.

4. Studies that must be reviewed by the convened IRB will be placed on the next available committee agenda for review.
   (a) The IRB Analyst, in consultation with the IRB Chair, selects primary reviewers for each submission based on the relevant expertise and availability of the members. New studies are usually assigned a primary and secondary reviewer. At least one reviewer has the appropriate scientific and scholarly expertise to review the research.
   (b) IRB members and alternates are expected to review the materials (described in SOP 301) in sufficient depth to be familiar with and prepared to discuss the information at the convened meeting. All IRB members have access to the complete submission; those who are not reviewers must review, at a minimum the application, protocol summary and consent documents(s).

5. Primary and secondary reviewer(s) responsibilities include:
   (a) Presenting their findings regarding the proposed research activities, including the scientific merit of the research, at the convened IRB meeting.
   (b) Reviewing and ensuring that the content and format of the informed consent document(s) (and assent document, when applicable) meet all regulatory requirements and are consistent with the information in the study protocol.
   (c) Completing and submitting all reviews in writing using the electronic IRB system.
      (1) The primary reviewer will be responsible for completing the written review of the protocol.
(2) The secondary reviewer will be responsible for completing the written review of the consent documents.

(3) When only a primary reviewer is assigned, they will be responsible for written reviews of all of the submitted documents.

6. Research is reviewed by the convened IRB to ensure that the Investigator has satisfied all of the requirements stated in SOPs 402: Criteria for Approval and 404: Criteria for Renewal.

7. After review and discussion of research, the IRB takes one of the actions described in SOP 406: Categories of Action based on the regulatory criteria for IRB approval as described in SOP 402.

8. For each submission, the IRB determines the frequency of continuing review, based on the risks of the research and experience of the Investigator.
   (a) Federally-funded and FDA-regulated research cannot be approved for more than 1 year.
   (b) Minimal risk research that is not FDA-regulated and is not supported by a federal grant may be approved for up to three years.
   (c) For other submissions, including amendments, the IRB will determine if the submission affects the risks of the research and if changes to the frequency of continuing review are necessary.

9. When applicable, the IRB also makes the following determinations at the time of initial review of the research and may change these determinations during subsequent reviews:
   (a) Pediatric Research Risk:Benefit Determination (described in SOP 504).
   (b) Assent Requirements (described in SOP 702).
   (c) Parental Permission (described in SOP 702).
   (d) Device Risk Determinations (described in SOP 409);
   (e) Waiver or alteration of the consent process and authorization (described in SOPs 706 and 707).
   (f) Determinations related to research involving pregnant women, human fetuses, and neonates (described in SOP 502).
   (g) Determinations related to research involving prisoners (described in SOP 503)
   (h) The IRB retains the authority to observe or have a third party observe
the consent process and the research.

(i) Determinations related to the need for verification from sources other than the investigators that no material changes have occurred since previous IRB review.

C. Post IRB Review

1. Following IRB review by the convened IRB, the IRB Analyst drafts the meeting minutes as described in SOP 303.

2. Once the meeting minutes have been reviewed and approved by the IRB Chair, the IRB Analyst provides documentation for the Investigator regarding the IRB’s determinations.

   (a) For IRB approvals the documentation includes the following information:

      (1) IRB Approval and Expiration Dates;

      (2) Type of submission reviewed (for example Initial, Amendments or Continuing Review);

      (3) The date or version number of the protocol; and

      (4) Any conditions of approval and additional determinations.

   (b) For IRB approvals made by the convened IRB with revisions required, the documentation includes a listing of the required changes and clarifications that must be submitted for IRB review. Refer to categories of action SOP 406.

      (1) The documentation will include the date of the IRB review (via convened IRB or expedited review) and the stipulations that must be addressed by the investigator.

      (2) Responses to approval with revisions required may be designated for either review by the Chair or designee or administrative confirmation.

      (3) Administrative confirmation may be performed by appropriately training IRB staff members. If the required confirmations or changes were not made exactly as specified by the IRB, the responses will be forwarded for expedited review.

      (4) When the responses do not comply with the IRB’s required changes
or do not confirm the IRB’s understanding, the responses will be forwarded to the convened IRB for review.

(c) When the research is disapproved, the documentation will include the date of review, reasons for disapproval, and a description of how the Investigators may respond (either in person or in writing). The responses require review by the convened IRB.

(d) When the research is deferred, the documentation will include the date of review, reasons for deferral, and a description of how the investigator may respond. The responses require review by the convened IRB unless the research was determined to be minimal risk.
VI. APPLICABLE REGULATIONS AND GUIDELINES

45 CFR 46.109, 46.111
21 CFR 56.109, 56.111

VII. REFERENCES TO OTHER APPLICABLE SOPS

SOP 201: Composition and Management of the IRB
SOP 401: Criteria for Renewal

SOP 402: Initial Review - Criteria For IRB Approval
SOP 406: Categories of Action

SOP 403: Continuing Review
SOP 503: Research Involving Prisoners

VIII. RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Title</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Director, HSR</td>
<td>Responsible for establishing and periodically reviewing and modifying (as appropriate) IRB standard operating policies and procedures.</td>
</tr>
<tr>
<td>Chair, CPHS</td>
<td>Responsible for establishing and periodically reviewing and modifying (as appropriate) IRB standard operating policies and procedures and for delegating reviews, as required to a designee.</td>
</tr>
<tr>
<td>Designee</td>
<td>Responsible for conducting reviews or determinations as assigned by the Chair.</td>
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IX. ATTACHMENTS

Reviewer Forms are available on the IRB website at https://intranet.research.chop.edu/display/cmtirb/IRB+Reviewers

XI. REVISIONS:
8-29-2006  Revision to section B(3)(b)(4)
2-14-2007  Revised to incorporate new IRB office staff responsibilities.
4-16-2008  Revised to incorporate AAHRPP recommendations, editorial and technical changes to document formatting, clarification that only a single, Primary Reviewer may be assigned for Continuing Review of Approved Research, listing of IRB reviewer forms available on the IRB’s website.
6-9-2010   Revision to reflect the change in review procedures due to transition to electronic IRB management system and updates to links to IRB Reviewer forms.
7-8-2010   Revisions to reflect AAHRPP’s recommendations.
9-4-2012   Revisions to reflect the consequences and new options from “unchecking the box” on the FWA.

X.  APPROVAL:

_________________________________________  __________________________
Director, Human Subjects Research  Date

_________________________________________  __________________________
Chair, Committees for the Protection of Human Subjects  Date