Quick Reference Manual
For
New DUHS IRB Members

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I. Organization, Purpose, and Function of the IRB

What is an Institutional Review Board (IRB)?
An IRB is an independent committee that conducts scientific and ethical review of research involving human subjects. The Code of Federal Regulations (CFR) sets specific requirements governing the composition, conduct, and review processes of an IRB.

What does IRB review and approval mean?
IRB review and approval mean that a study involving research with human subjects can proceed for the amount of time specified in the approval notice. As per the federal regulations, IRB approval can be issued for a maximum of one year. A research study must be reviewed by the IRB at least annually for the life of the study.

Regulations and Guidance that Govern IRB Composition and Review

DHHS Regulations:  
45 CFR 46 (The Common Rule)

FDA Regulations:  
21 CFR 50/56
21 CFR 312 (for IND studies)
21 CFR 812 (for IDE studies)

Office for Civil Rights Regulations:  
45 CFR 160/162/164 (HIPAA)

- IRB composition, review, and activity are also governed by DUHS institutional policies and NC State Law.
- Direct on-line links to the federal regulations and guidance can be found on the IRB’s website: irb.duhs.duke.edu
- When consulting the federal regulations and guidance, always utilize on-line resources to ensure that you are using the most recent versions of documents.

IRB Authority as Defined in the Federal Regulations
The IRB has the authority to take the following actions regarding research studies involving human subjects:

- Approve
- Suspend approval
- Disapprove
- Terminate approval
- Require modification

The IRB may also recommend suspension or termination of the research privileges of individual study personnel. The Institutional Official makes the final determination regarding an individual’s research privileges.

Research studies approved by the IRB may be further reviewed by institutional officials who may decide that the study cannot be conducted at the institution. However, institutional officials cannot approve research that has not been approved by the IRB. (45 CFR 46.112)

Basic Facts about the DUHS IRB
The DUHS IRB is the IRB-of-Record for:

- Duke University School of Medicine
- Duke University School of Nursing
- Duke University Hospital
- Duke Primary Care (formerly Duke University Affiliated Physicians)
- Duke Regional Hospital
- Duke Raleigh Hospital
• All other Duke employees and students who are conducting biomedical research with human subjects.

There is a separate IRB for non-biomedical behavioral and social research. This IRB is located on the Duke University campus and has a different reporting structure.

The DUHS IRB is part of the Duke University School of Medicine. The IRB Chairs and the Executive Director report directly to the Vice Dean for Clinical Research, School of Medicine.

The DUHS IRB maintains 9 IRBs, 8 of which meet monthly. The 9th IRB is a Rapid Response IRB capable of meeting on 24 hours’ notice. This IRB is comprised of IRB Chairs, Directors, staff, and experienced IRB members. It generally convenes 3-4 times per year.

At any given time, the DUHS IRB oversees over 7,000 active protocols, including those studies that the IRB has determined to be exempt from IRB review. The IRB receives over 21,000 separate submissions (annual reviews, amendments, safety events) each year.

IRB members are drawn from Duke University, Duke Medicine, and the surrounding Triangle community. There are approximately 200 IRB members on the DUHS IRB rosters which are on file with OHRP and updated monthly.

**Organization of an IRB Meeting**

Four members of the IRB office comprise an IRB meeting team:

• Chair  
• Vice Chair  
• Board Specialist  
• Writer

The Meeting Chair is an IRB Chair who makes Primary Reviewer assignments 7-10 days prior to a meeting and presides over the meeting. The Chair completes an in-depth review of all agenda items before the meeting. Post-meeting, the Chair issues the modifications and approvals as prepared by the Writer.

The Meeting Vice Chair (sometimes referred to as Co-Chair) is an IRB Chair who is the back-up for the Chair and is prepared to run the meeting at any time. The Vice Chair also completes an in-depth review of all agenda items.

The Board Specialist builds the agenda 10-14 days prior to the meeting and ensures that the attending members have appropriate disciplinary expertise to review the protocols on the agenda. During the meeting, the Board Specialist maintains quorum and records the vote counts. You should contact the Board Specialist with any questions you have about the agenda.

The Writer records the meeting minutes, and after the meeting, she/he processes all modifications required by the IRB.

**Non-Scientist Members**

At least one non-scientist must be present for the duration of the IRB meeting, as required by the regulations. Most IRB meetings at Duke have 2-3 non-scientists. Non-scientist members contribute an essential perspective at IRB meetings.
Scientist Members
Most members present at the IRB meetings are scientists representing a variety of scientific disciplines and providing the scientific and clinical expertise necessary for the review of studies on that day.

Conduct of an IRB Meeting
Once the four-member IRB team is present, at least one non-scientist is present, and a quorum of members has been confirmed by the Board Specialist, the following actions occur:
• Chair calls the meeting to order
• Educational presentation of 10-15 minutes occurs
• Visitors are introduced and sign a confidentiality agreement
• Vote to accept business reports (if any) and past minutes
• Chair calls for Conflicts-of-Interest to be declared
• Presentation of agenda items begins
  a. Primary Reviewer presentation
  b. Discussion and questions
  c. Motion by Primary Reviewer
  d. Board vote

When the Chair calls for the vote, you may vote IN FAVOR, you may vote TO OPPOSE, or you may vote TO ABSTAIN. Generally IRB members abstain when they have not been present for all of the presentation and discussion about a study. Members also abstain when they feel uncomfortable voting. You may be asked to state your reason for abstaining. A vote IN FAVOR means that you believe the study satisfies – or will satisfy, given the Board’s required modifications – all of the criteria for IRB approval of research, detailed at 45 CFR 46.111 (DHHS regulations) and/or 21 CFR 56.111 (FDA regulations). The criteria for IRB approval of research also can be found on your Primary Reviewer Checklist.

Total vote count for each protocol is recorded and the voting log is attached to each set of meeting minutes. The voting log records when you abstain or leave the room but does not specify whether you oppose or vote in favor.

After voting is complete for the last agenda item, the Chair closes the meeting. Please feel free to stay after the meeting ends if you have questions or would like to talk with the Chair.

II. IRB Member Responsibilities
It is your responsibility as an IRB Member to attend the monthly meeting of the IRB to which you are assigned. If you are unable to attend, then you must arrange for a substitute (another IRB Member from your Department) to attend the meeting in your place, and let the Board Specialist know immediately. Each IRB meeting agenda has approximately 20 – 25 items on the agenda. You are expected to be familiar with each study submission in the eIRB before the meeting. At a minimum, please review each study's research summary, consent form(s), and advertisements before you come to an IRB meeting. After you have attended your first two IRB meetings, you will be assigned 1-2 protocols to present as a Primary Reviewer at the 3rd meeting you attend.

There are checklists for Primary Reviewers to use to prepare their reviews and upload into the eIRB. At the meeting you will make a brief summary presentation of your assigned submission along with your recommendations for any changes you feel are needed to satisfy the requirements of 45 CFR 46.111 and/or 21 CFR 56.111. Primary Reviewer Checklists for you to use can be found on the eIRB web site (click on the “Download Forms” tab), or on the Forms page of the IRB web site, irb.duhs.duke.edu. As a
Primary Reviewer, you are required to complete and upload your Primary Reviewer Checklist into the eIRB study record prior to the start of the IRB meeting.

You will find it helpful as a Primary Reviewer to communicate with the PI and the study team before the meeting to resolve any questions or concerns. You may also contact the Chair, Vice Chair, or IRB Specialist with any issues.

You may also be asked to serve as the additional expertise for various protocols on the meeting agenda that are in your area of expertise. If that is the case, this will be noted on the agenda sent to all attending members several days before the meeting. The Federal Regulations state that the IRB must have the appropriate expertise at the meeting to review the studies on the agenda. Your role is to bring to the IRB any concerns you have about the study based on your expertise and experience in the area, and you may be asked to provide your perspective should questions arise during discussion about the risk of study elements or about the disease or condition being studied.

(i) Ethics Credentialing
All IRB Members must complete the same ethics training required of Duke researchers, which is a set of online CITI modules. Information and instructions about this requirement can be found at on the Duke website in the Training and Education section.

Additionally, IRB Members and staff are required to complete 3 additional modules on research involving vulnerable populations: 1) children, 2) prisoners, and 3) pregnant women. These must be completed before you can be granted access to the eIRB as an IRB member.

(ii) Confidentiality Agreement
You will be required to sign a Confidentiality Agreement when you become an IRB member. The materials presented and all discussions at an IRB meeting are considered confidential. What happens in an IRB meeting stays in an IRB meeting!

(iii) Preparing a Review
You will only be assigned new studies once you have gained experience with renewals and amendments. Below are guidelines for their review.

Suggested Process for Review of Renewals (Continuing Reviews)
1. In the eIRB, go to the Continuing Review (CR) Workspace for the particular CR you are reviewing, and select “View Continuing Review” or “Printer Friendly Version”.
   i. Check section 2 (study enrollment status). If the study is permanently closed to enrollment, the consent form does not need to be reviewed.
   ii. Review sections 4 and 5 for any significant findings that affect study design, data integrity, or subject safety. If the study is federally funded, check section 6 for a grant progress report.
   iii. Review section 7 (progress report) for accurate enrollment totals, equitable enrollment by race and gender, progress to date, conflict of interest (COI) disclosures, reportable adverse events, protocol deviations, complaints or other significant events that merit reporting to the board.

2. Select “Study Workspace”
   i. Select “History” and “Review History” to review any comments made by DTMI or other reviewers related to the study.
ii. Compare enrollment totals from this year’s renewal vs. last year’s renewal (if available) for consistency. Check to see that the study team has accounted for every enrolled study participant.

iii. Select the “Safety Events” tab and review Safety Events filed since the last renewal and compare to section 5c of the current progress report for consistency.

iv. Select the tab “Study Documents”. Review and track revisions, as necessary, the following documents: Consent forms (only if enrollment is open), research summary, protocol, waivers (only if enrollment is open), advertisements (only if enrollment is open).

v. Select “Printer Friendly Version” and review all sections of the submission form for consistency and completeness.

3. Complete the Primary Reviewer Checklist. List any changes needed to the Submission Form under the “Modifications” section at the end of the Checklist. Please remember changes to the study documents can be made during the renewal review. However, changes to the submission form can only be made via amendment. To that end, remember to state under the “Modifications” that a change to the submission form must be made via submission of an amendment within 30 days of receipt of notice from the IRB.

4. In the Primary Reviewer Workspace, upload the Primary Reviewer Checklist, any tracked study documents and any email correspondence you have had with the study team before the start of the IRB meeting.

Please remember to review the consent form (only if enrollment is open) for the presence of required elements and for significant errors. Please do not make minor grammatical changes to the consent form that do not change the meaning (“wordsmithing”).

Suggested Process for Review of Amendments

1. In the eIRB, go to the Amendment Workspace for the particular Amendment you are reviewing, and select “View Amendment” or “Printer Friendly Version”.
   i. Review the brief description of the proposed change(s).
   ii. Review any uploaded documents directly below the description. This section contains documents that have been uploaded in support of the proposed change(s).
   iii. Review the risk and re-consent sections.

2. Select the back arrow at the top of the screen and return to the amendment workspace.
   i. Select “Modified Study Workspace” to view study documents that have been revised as a result of the amendment.
   ii. On the “Modified Study Workspace” page, each activity will appear as two lines. Review each activity by selecting the lower line bearing the tiny pencil and paper icon. A split screen will appear. [NOTE: if you find multiple entries for a component, the one nearest the top of the list with the latest date stamp is the one you should open. The other entries are earlier draft versions.]
   iii. Compare the documents on the left screen (Approved Protocol) to the tracked documents on the right screen (Proposed Modifications). If tracked documents have not been uploaded, contact the study team to request they be sent to you via email.
3. In the “Modified Study Workspace”, click on the “Study Documents” tab to review any documents not affected by the amendment.

4. Complete the Primary Reviewer Checklist for Amendments. Go back to the amendment workspace and select “Add or Edit Primary Reviewer Information”. In this workspace, upload the Primary Reviewer Checklist, any tracked study documents, and any email correspondence you have had with the study team.

**Please remember to review consent forms for inclusion of the proposed changes and for significant errors. Please do not make minor grammatical changes to the consent form that do not change the meaning (“wordsmithing”).**

**Completing Your Review**

Your review preparation will be complete once you have uploaded the following documentation into the study record in eIRB prior to your IRB meeting:

- Primary Reviewer Checklist
- Revised (tracked) Study Documents (summary, consent form(s), ads, protocol, waivers, etc.)
- Relevant email correspondence between the study team and you
- Checklist for vulnerable populations, if applicable (prisoners, children, pregnant women, neonates, adults unable to consent)
- Checklist for IND or IDE, if applicable
- Checklist for Dept. of Defense-supported research, if applicable

**(iv) Presenting a Review at a Convened IRB Meeting**

**General Tips**

Keep presentations to a discussion of essential points; spend your time on issues involving study design, safety, ethics, etc. Do not spend time on describing grammatical corrections or insertion of standard language. These revisions are marked already on your uploaded documents.

It is recommended that you utilize the study design section of the Primary Reviewer Checklist to list all the issues you wish to cover in your presentation. This strategy will prevent you from having to page through the checklist to find what you wish to discuss and will result in a more effective and efficient presentation.

**Continuing Review (Renewals)**

When reviewing a renewal, describe the study design in the first 2-3 minutes, and then clearly describe the past year’s conduct as reflected in the submitted annual progress report. Clearly state any significant safety events in the past year and any substantial amendments. If enrollment is open, the consent form should be reviewed thoroughly, but please avoid “wordsmithing” (minor grammatical corrections) and please do not use meeting time to describe minor changes to study documents. Simply direct board members to the tracked documents you have uploaded with your completed checklist.

**Amendment Review**

When reviewing an amendment, summarize the overall study in 2-3 minutes, then clearly state the proposed changes involved in the amendment. Spend the majority of your allotted time on the proposed changes and effect(s) on study design and subject safety. Discuss whether the study team
plans to re-consent those subjects already enrolled on the study, or if not, whether the IRB should require re-consent of previously enrolled subjects.

**New Study Review**
These are the most lengthy and involved reviews and are usually reserved for very experienced reviewers. Most often, the consent form, summary, waivers and ads will require revisions, some extensive. Try to resolve major issues with the study team prior to the meeting, via phone or email, and keep the Chair apprised of major problems. Your presentation should involve thorough explanations of study design (including rationale), recruitment, subject safety (including risks), and data collection, monitoring, and analysis.

**(v) Review of Other Agenda Items**
An IRB meeting may also include the review of other kinds of items, such as Deferrals, Safety Events, Discussion Items, Noncompliance Determinations, and Reports of Investigations conducted by the School of Medicine Compliance Office.

**(vi) Review of the Minutes**
- Within 21 days after an IRB meeting, the IRB Writer will send the draft minutes to the Chair and attending IRB members for review and comment. Attending members and the Chair will have 1 week to return comments to the Writer. Comments must be received by the Writer by 5pm on Monday for a Wednesday IRB meeting, and by 5pm on Tuesday for a Thursday IRB meeting.
- PLEASE REVIEW the minutes sent to you by the IRB Writer. It is especially important for you to review the parts of the minutes pertaining to the protocols you presented at the meeting.
- Review the minutes for completeness and accuracy, and to verify that the Writer captured the Board’s discussion, including any controverted issues discussed. Remember, the minutes are strengthened by your additions and comments!
- The Writer will incorporate the relevant comments and upload the final version of the minutes, placing it on the meeting agenda in eIRB at least 2 days prior to the meeting at which they will be presented for a vote. In the eIRB, click on the “Agenda” tab for a Meeting, and then scroll to the bottom of the screen to see minutes posted there.
- The final version of the minutes will be presented for a vote of acceptance at the same Board at its next scheduled meeting.

**(vii) Conflict of Interest for an IRB Member**
DUHS IRB Members are responsible for making known any potential or perceived conflict of interest (COI) concerning protocols reviewed by the IRB. If you hold any of the following roles or relationships to a study undergoing IRB review, then you are considered to have a potential or perceived conflict:
- Principal Investigator
- Co-Principal Investigator or other key personnel
- Investigator receiving funding from the study, as listed in the study budget
- In a supervisory role over the PI of the study,
- Involved in research utilizing a competing technology such that the ability to render an objective assessment is compromised; or
- Family member of PI (spouse or child) or otherwise involved in a close personal relationship with a member of the study team.
- You have a relationship, financial or otherwise, with the sponsor of the study.
You are also considered to have a conflict when you or a member of your immediate family has any of the following:

- **Involvement in the design, conduct, or reporting of the research** with the following exception:
  
  An IRB member who is listed on an IRB protocol as a member of the study's Key Personnel but whose study activities are limited to (i) the performance of commercial services for the investigator (or performing other genuinely non-collaborative services meriting neither professional recognition nor publication privileges), while (ii) adhering to commonly recognized professional standards for maintaining privacy and confidentiality, is not considered to have a conflicting interest on this basis.

- **Ownership interest, stock options, or other financial interest related to the research** unless it meets four tests:
  
  - The value of the interest does not exceed $5,000 when aggregated for the immediate family.
  - The interest is publicly traded on a stock exchange.
  - The value of the interest does not exceed 5% interest in any one single entity when aggregated for the immediate family.
  - No arrangement has been entered into where the value of the ownership interests will be affected by the outcome of the research.

- **Compensation related to the research** unless it meets two tests:
  
  - The value of the compensation does not exceed $5,000 in the past year when aggregated for the immediate family.
  - No arrangement has been entered into where the amount of compensation will be affected by the outcome of the research.

- **Proprietary interest related to the research** including, but not limited to, a patent, trademark, copyright or licensing agreement.

- **Board or executive relationship related to the research**, regardless of compensation.

- **Any other reason for which you believe that you cannot provide an independent review.**

**What To Do If You Think You Have a Conflict**

- If you are assigned a protocol to review and you have a potential conflict with the protocol, tell your Board Specialist immediately. As you are reviewing the agenda before the meeting, please tell your Board Specialist if you have a conflict with an item on the agenda, so the conflict can be noted on the agenda and the Board Specialist will know ahead of time that you will need to leave the room during the deliberation and vote on that item.

- At the start of an IRB meeting, and prior to the beginning of the Board’s discussion of the protocol under review, if you realize then that you have a conflict, please identify any conflicting interests relating to any protocol on that day’s agenda. You may remain in the room for the general discussion of the protocol, but must leave the meeting room before the Board’s deliberation and vote. Your absence from the room will be recorded in the minutes of the meeting.

**(viii) Housekeeping Notes**

1. Communicate with your IRB Chair prior to the IRB meeting if you find that a protocol has significant problems that could cause the protocol to be deferred at the IRB meeting.
2. Communicate with the PI and study team prior to the IRB meeting to answer questions you have about the study, clarify issues, ask about study enrollment and progress, or ask for documentation you may be missing.

3. Upload into the eIRB by 1:00 PM on the day of the IRB meeting:
   - your completed Primary Reviewer Checklist,
   - any tracked consent forms, research summaries, or other documents,
   - any additional Checklists,
   - and all your email correspondence with the study team

4. If you find you cannot attend a meeting, please find a replacement from your Department (another IRB Member) to attend the meeting in your place. Notify the IRB Board Specialist for your meeting immediately, so protocol assignments can be sent to another reviewer. NOTE: If no one from your department attends the IRB meeting, then all protocols from your department may have to be pulled from the agenda. Federal Regulations require the appropriate expertise present at the meeting in order to review the items on the agenda.

5. Parking: Parking is provided free of charge for you at the Hock Building. The Board Specialist will give you a parking code to use when you enter the parking garage. Please press the buzzer at the parking gate and tell the attendant your parking code, and that you have come for the IRB meeting.

6. Lunch: Please tell your Board Specialist if you have special dietary needs.

7. The Board Specialist maintains quorum in the room and records the vote count for each vote. If you have to leave an IRB meeting temporarily to respond to a page, make a phone call, or visit the restroom, please catch the eye of the Board Specialist so she/he knows you are leaving.

8. Tell your Board Specialist if you have to leave an IRB meeting early, or if you have to arrive late.

9. Visitors: Visitors are welcome at our IRB meetings. If you would like to bring a visitor with you to observe the meeting, please tell the Board Specialist as soon as possible, so that she/he can make appropriate arrangements for a visitor. All visitors must sign a confidentiality agreement prior to the start of the IRB meeting.

10. If you are having trouble uploading your Primary Reviewer documents into eIRB, can’t find something in eIRB, or need help navigating through eIRB, call your Board Specialist.

III. Tools Available to IRB Members
The Duke IRB website contains Duke HRPP policies, links to the federal regulations and guidance, standard language for consent forms, checklists for IRB reviewers, and more: http://irb.duhs.duke.edu

Useful Definitions
Absention
An abstention is neither a ‘yes’ nor a ‘no’ vote and is cast when a member is not comfortable in voting either way. Any member is free to abstain at any time. An abstention counts toward quorum but does not count toward a super majority.

Assent
A minor, unless emancipated, cannot consent to participate in research but may ‘assent’ to participation. A child 6-11 yrs. of age may give verbal assent. A child 12-18 yrs. of age may give written assent. If a child refuses to give assent after parental consent, the IRB may overrule the child’s objections when the study holds the possibility of direct benefit, the benefit is important to the health and well-being of the minor, and there is no way to obtain the potential benefit other than through participation in the study. Failure of a minor to object to study participation cannot be construed as assent.

Business Item (also known as an Amendment)
A business item (BI), or amendment, is a revision to a previously approved study. A BI may involve a protocol change, consent form change, or addition of other new or revised study documents.

Concordance
For research with humans that is Federally funded or funded by the American Heart Association, prior to approving the research the IRB must compare the IRB protocol submission to the grant application and
declare them to be concordant (consistent with each other). To declare concordance, the IRB requires a copy of the entire grant, without appendices, submitted by the Duke Principal Investigator (PI).

**Conflict of Interest (COI) Management Plan**
Management plans are issued by Duke’s COI committee and describe the limits of a researcher’s ability to serve as PI or a member of a study team. Management plans define a relationship between a researcher and a company. The management plan also describes the disclosures required in consent forms and publications that result from the study. One researcher may have multiple management plans.

**Continuing Review (or Renewal)**
Any annual review (except the initial review) of a study can be referred to as a renewal or continuing review (CR). The federal regulations require that studies be reviewed at intervals of no greater than 1 year until study closure. While an IRB can review a study more frequently than annually, it cannot review a study at intervals greater than 1 year.

**CRU**
The Clinical Research Unit (CRU) is the departmental unit to which a PI belongs. The CRU is responsible for the initial scientific, feasibility, financial, and IT reviews of a new study prior to its arrival in the IRB.

**Office Of Audit, Risk and Compliance**
The Office Of Audit, Risk and Compliance (OARC) is an arm of the School of Medicine’s Compliance Office. The DUHS IRB does not conduct audits of research studies; however, it can request that OARC conduct the audit and issue a report to the IRB. When an OARC audit report is presented to a convened IRB, OARC auditors frequently attend to answer the IRB members’ questions.

**Deferral**
Submissions to the IRB that: (1) require substantial revisions (e.g., specific wording cannot be provided by the convened IRB); or (2) prompt questions that cannot be answered within the context of the IRB meeting, will be deferred for further review by the convened IRB at a later date.

**DOCR**
The Duke Office of Clinical Research (DOCR) is a department within the School of Medicine that provides support to researchers in the form of education and training, IT support, help with IRB submissions, and help with billing grids.

**Emancipated Minor**
An emancipated minor is an individual under the age of 18 yrs. who has the rights and privileges of an adult, including the right to consent to participate in a research study. In North Carolina, a minor may become emancipated in 1 of 2 ways: (i) marriage; or (ii) court order. Childbirth does not result in emancipation for a minor parent.

**Expedited Review**
Submissions to the IRB (initial reviews, annual reviews, amendments, safety events) that meet the federal definition of ‘minimal risk’ can be reviewed in the IRB office by a Chair or designee. The convened IRB is informed of these reviews via a report each month at a convened meeting. Expedited reviews constitute approximately two-thirds of the DUHS IRB’s total workload.
FDA
Along with the Office for Human Research Protections (OHRP), the Food and Drug Administration (FDA) is the other regulatory body with oversight authority over research with human subjects. FDA oversight extends to all research with human subjects involving investigational drugs, devices and biologics, regardless of funding source. Like OHRP, the FDA is a division of the U.S. Department of Health and Human Services (DHHS), and FDA auditors can inspect the Duke IRB’s records involving FDA-regulated studies at any time.

Full Board Review
Submissions to the IRB (initial reviews, annual reviews, amendments, safety events) that do not meet the federal definition of ‘minimal risk’ must be reviewed by a convened IRB.

FWA
A Federal Wide Assurance (FWA) is a document on file with OHRP/FDA. It states that an institution conducting research with human subjects will conduct that research in accordance with applicable federal regulations. An FWA is required for any institution that accepts federal funding. The Duke University Health System’s FWA number is 00009025.

HRPP
The Human Research Protection Program (HRPP) is the total of all departments and individuals responsible for the protection of human research subjects. At Duke, the HRPP consists not only of the IRB, but also the CRUs, OCRC, DOCR, CTQA, and the entire research community. The HRPP is headed by the Institutional Official (IO).

IAA
An IRB Authorization Agreement (IAA) is a written document between Duke and an external site or individual. It allows the DUHS IRB to extend its IRB oversight to the site/individual for the conduct of a specific study.

IDE
An Investigational Device Exemption (IDE) is a status granted by the FDA to a device that has not been granted approval by the FDA for marketing in the U.S. An IDE allows the investigational device to be transported across state lines and used in humans for specified research purposes.

IND
An Investigational New Drug (IND) is a status granted by the FDA for a drug, combination of drugs, or a biologic that is not yet approved by the FDA for marketing. An IND allows the investigational drug, drug combination, or biologic to be transported across state lines and used in humans for specified research purposes.

IO
The Institutional Official (IO) for an institution is an individual who is held responsible by OHRP and the FDA for the institution’s entire HRPP. This individual is named on the institution’s FWA. Duke Medicine’s IO is Dean Nancy Andrews, MD, PhD.

Key Personnel
Key Personnel are the individuals who have access to Protected Health Information (PHI) and generate data either through direct interactions with subjects or through access to their medical records. Key Personnel and their study roles must be listed on an IRB submission.
LAR
A Legally Authorized Representative (LAR) is an adult who is able to make decisions concerning study participation for another adult who has been determined to be incapable of making those decisions independently. Utilization of an LAR must be specifically approved by the IRB.

Membership Rosters
Rosters for all IRB committees (boards) must be on file and current with OHRP/FDA. A typical roster contains a listing of the Chair, Vice Chair, Primary Members and Alternate Members. Each member will be listed by name, degree(s), Duke affiliation, and area(s) of expertise. IRB rosters at Duke are updated each month with OHRP/FDA and can be found on the IRB website.

Minimal Risk
A study is considered ‘minimal risk’ if the probability and magnitude of harm anticipated in the research is no greater than the risk encountered in daily life, including routine physical exams. For the exact definition, see 45 CFR 46.102(i). IRB submissions (initial reviews, CRs, amendments, safety events) that meet this definition are eligible for the expedited review process.

Minor
A minor is defined under NC state law as an individual under the age of 18 yrs. A minor cannot consent to a research study unless emancipated under NC state law. See “Assent” and “Emancipated Minor” for further explanations.

OCRC
The Office of Corporate Research Collaborations (OCRC) is the group responsible for review of contracts with study sponsors. OCRC compares the study-related injury language in a consent form to the same language in the legal contract with the sponsor to ensure consistency. They also authorize data use agreements and material transfer agreements. A member of OCRC usually attends IRB meetings as a non-voting member.

OHRP
The Office for Human Research Protections (OHRP) is the federal agency that is responsible for oversight of all federally-funded research involving human subjects. Duke applies OHRP’s regulations to all research involving human subjects, regardless of funding source. OHRP is a division of the U.S. Department of Health and Human Services. OHRP auditors may inspect the Duke IRB’s records pertaining to the review of federally-funded research studies at any time.

Pediatric Risk Assessment
All initial submissions for studies that include pediatric populations must include a pediatric risk assessment by an experienced physician member of the Duke Department of Pediatrics. This assessment will include a risk level determination as described below:

<table>
<thead>
<tr>
<th>Level</th>
<th>Risk Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>minimal risk</td>
</tr>
<tr>
<td>Level 2</td>
<td>greater than minimal risk with the possibility of direct benefit</td>
</tr>
<tr>
<td>Level 3</td>
<td>greater than minimal risk with no possibility of direct benefit</td>
</tr>
<tr>
<td>Level 4</td>
<td>not otherwise approvable but could provide important information about a health problem affecting minors</td>
</tr>
</tbody>
</table>

Duke’s current pediatric risk assessor from the Dept. of Pediatrics is Dr. Robert Drucker. During its review of a study utilizing pediatric populations, the IRB must complete its own independent pediatric
risk assessment. At the time of the vote, the IRB will determine whether 1 parental signature is sufficient (permissible for levels 1 & 2) or 2 parental signatures are required (levels 3 and 4).

PI
The Principal Investigator (PI) is the researcher who is responsible for all aspects of the conduct of a study at Duke.

PHI
Protected Health Information (PHI) is the combination of private medical information plus information that would permit, with reasonable effort, identification of an individual.

Quorum
A quorum is a defined majority of attendees which must be attained in order for a convened IRB to proceed. At Duke, a quorum consists of one integer over 50% of a primary member roster. For example, if a primary member roster for an IRB contains 17 members, a quorum of 9 members must be in attendance for the meeting to proceed.

Research with Human Subjects
Research with human subjects is a systematic investigation using data or samples derived from identifiable living humans that is designed to contribute to generalizable knowledge. Research with human subjects requires IRB review and approval.

RPR
A Review Preparatory to Research (RPR) is a notice from the study team to the IRB that the team will review, but not record, private health information (PHI) of potential subjects prior to consent. Like the waiver, it is commonly used to identify potential subjects.

Study Phase
Clinical research studies can be classified in four distinct phases:

<table>
<thead>
<tr>
<th>Phase #</th>
<th>Main Objectives</th>
<th>Population Studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Safety</td>
<td>safety, toxicity, metabolism, healthy volunteers (usually)</td>
</tr>
<tr>
<td>Phase II</td>
<td>Dosage</td>
<td>optimal dosing, patients</td>
</tr>
<tr>
<td>Phase III</td>
<td>Efficacy</td>
<td>effectiveness, safety, patients</td>
</tr>
<tr>
<td>Phase IV</td>
<td>Post-market</td>
<td>long term safety, patients</td>
</tr>
</tbody>
</table>

In addition, a pilot study is a small scale feasibility study. Its results will be used to design the larger phase I study.

Super Majority
For a protocol to be approved via a convened IRB at Duke, a super majority of 75% must be achieved. For example, if 12 members vote either ‘yes’ or ‘no’ (abstentions do not count), 9 members must vote ‘yes’ for the study to be approved at Duke.

UPIRTSO
An Unanticipated Problem Involving Risk to Subjects or Others (UPIRTSO) is an event that has the possibility of increased harm to subjects or others. A UPIRTSO can be thought of as a previously unexpected “new risk”. UPIRTSOs can be adverse events, protocol deviations/violations, or noncompliance issues. A UPIRTSO may be determined by a convened IRB or by an IRB Chair or designee by the expedited review process, depending on the risk level of the event.
Waiver
A waiver or alteration of consent and/or HIPAA authorization is a document approved by the IRB that allows an investigator to forego certain requirements for obtaining consent or HIPAA authorization. It is commonly used to ascertain (identify) potential research subjects by reviewing their private health information prior to their consent.

IV. Navigating the eIRB
eIRB Basic Terminology
Workspace
"Workspace" is the term used to describe various views in the eIRB system. For example, you'll have a personal workspace where you can view all of the projects waiting for your action. Clicking on a project's name then takes you to the project's workspace.

“Activities” or “Actions Available”
"Activities" are what you use to perform actions on a specific project. These take the form of colorful "buttons" which are always located on the left side of the page when you are looking at a project's workspace. The activities there will change depending on where the project is in the review process. Click the activity button to open up a small form containing options and instructions for completing the activity.

Form
"Forms" are web pages in the eIRB system that have fields on them which allow a user to enter information. For example, when a researcher creates a new protocol submission in the eIRB, the researcher enters information on the submission form.

State
A "State" refers to the current status of a project. "In Expedited Review" or "Awaiting Department Chair Approval" are examples of states. You can always see the current state of a project by opening its workspace and looking at the Protocol Status box in the upper left corner of the page.

Safety Event
A "Safety Event" is a general term given to a protocol event which is related to subject safety. These currently include Adverse Events (reportable and non-reportable), Protocol Deviations and Violations, and Safety Correspondence Letters.

eIRB Tips for IRB Primary Reviewers (Q & A)
Where do I Find the Primary Reviewer Checklist?
Primary Reviewer Checklists for New Protocols, Continuing Reviews, or Amendments can be found on the Forms page of the IRB website: http://irb.duhs.duke.edu/forms
OR on the eIRB website: https://eirb.mc.duke.edu/eirb/ (Click on the Download Forms tab on left)

How do I Attach my Primary Reviewer Checklist and Other Documents?
Study documents, checklists and reviewed documents are attached in a way that is similar to adding attachments to e-mail.
Most reviewers use “Track Changes” in Microsoft Word to indicate required changes to study documents. Please attach the Research Summary, Consent Forms, and Waivers as Microsoft Word documents that are editable. Do not attach them as PDF files.
To attach your Primary Reviewer Checklist:
• Log in to eIRB with your netID and password and verify that you are using the Committee Member role.
• Click the My Home link in the top blue banner. The Committee Member role displays at the top, left column.
• Click the study name link in the Primary Reviews section of your Tasklist.
• The study workspace displays. The study title appears at the top of the workspace.
• From the study workspace, click the Add or Edit Primary Reviewer Information activity. Click the Add button. Click the Browse button. Navigate to the file that you want to attach, select it, and click Open.
• Attach the Primary Review Checklist and any other documents that are part of your review, and type a brief comment if applicable.
• Click OK. When attaching documents, be sure to click OK on both the Submit a Document and the Add or Edit Primary Reviewer Information window, or your documents will not be attached.
• The information displays under the dark gray Primary Review Information heading in the middle of the page.
• You can repeat this activity as needed, to attach additional documents.
  ○ If you remove an attached document, click Add or Edit Primary Reviewer Information and click the checkbox in front of the document (before the [Edit] link).
  ○ Then click the Delete button to delete a document.
• After you attach your Primary Review Checklist to the study file in the eIRB, you do not need to email it separately to the IRB Writer.
• For changes that need to be addressed prior to the IRB meeting, you will need to send your tracked document to the study staff “outside the eIRB”. They, in turn, can send you a revised document that you will attach with your review.

**How do I Find Attached Documents?**
Documents attached by Study Staff can be found under the Study Documents tab of the study workspace, or on the individual pages in the IRB application form.
Documents attached by Reviewers can be found under the History tab (Full History or Review History) of the study workspace.

**How do I View an Attached Document?**
Click the title link of the attached document.

I have had some email correspondence with the study team/PI prior to the meeting of the Board. **How do I upload this email correspondence (email string) into the eIRB?**
The easiest way to do this is to print your email string as a PDF file, save it to your computer Desktop, then upload it as you would any other file along with your completed Primary Reviewer Checklist. To print something as a PDF file, you must first have Adobe PDF software on your computer. If you are using Outlook, open up the email you want to capture, click on File, then Print, then under “Printer”, choose Adobe PDF, then save the PDF file to your Desktop.

An alternative way to upload a string of email correspondence is to copy and paste the email string into a Word document, and then upload the Word document as you would any other file along with your completed Primary Reviewer Checklist.

A good rule of thumb: After you have uploaded any file to the eIRB, click on it to be sure it opens successfully.

**How do I Use “Compare Documents” in MS Word?**
1. In MS Word choose “Tools” menu choice and select “Compare/Merge Documents”.
2. Open the first document in MS Word.
3. Open the second document.
4. Changes will be noted between the two documents.
5. Note: You cannot compare password-protected documents; for consent forms, if they are protected, use the Draft set to do comparisons.

**How do I Use “Track Changes” in MS Word?**
1. Save the document to the hard drive of your computer and open it in MS Word.
2. Open the Tools menu and choose Track Changes. In MS Word 2010, click on Review, and then click on Track Changes.
3. Put your cursor where you want to make a change.
4. Save the document and add Primary Reviewer edits to the title.
5. Upload this document to the study workspace in eIRB or email this document to the study staff if the revisions are significant and cannot wait till after the meeting to be done.

Please DO NOT use the “Insert Comment” feature. Comments must be manually deleted from the document when the consent form is finalized and watermarked.

How do I open up the main IRB submission form (also called the application form)?
Go to the main Study Workspace and click on Printer Friendly Version on the left side of the screen. If you are viewing a Continuing Review or an Amendment, click on Study Workspace on the left side of the screen, and this takes you to the main Study Workspace.

How do I find the Primary Reviewer Checklist that the Primary Reviewer completed last year for this protocol?
If you are reviewing a CR1: Go to the main Study Workspace, click on the tab “Review History” and the previous Primary Reviewer’s Checklist will be attached there under the heading “IRB Primary Reviewer’s Attachments”.
If you are reviewing a CR2 or a CR3, CR4, etc.: Go to the main Study Workspace, click on the tab “Continuing Reviews”, click on the previous year’s Continuing Review, then click on the “Review History” tab, and you should see the Primary Reviewer Checklist under “Primary Reviewer’s Attachments”.

How do I find the minutes from last year’s review of this protocol?
If you are reviewing a CR1, look to the left side of the screen and click on “Study Workspace”. This takes you to the main Study Workspace. Look just above all the History tabs to find the “IRB Review Date”. This is the date the study went to a convened board for its initial review. Note the number of the Board that reviewed the study, and then recall that the minutes for that convened board meeting would have been voted on by that same board a month later. So, for example, if you are looking for the IRB #5 minutes from their 2/16/2011 meeting, click on MEETINGS near the top of your screen, click on the tab for IRB #5, then scroll down to find the meeting date that is a month later than the 2/16/2011 meeting. This happens to be 3/16/2011. (To find the date you want, you may have to click on the small arrows to navigate to the right page.) Click on that date, then click on the tab called “Agenda”, and scroll all the way to the bottom to see the attached minutes from the IRB #5 meeting that occurred on 2/16/2011. Then you can use the “Find” function in Word to quickly locate the Pro# of the study.
If you are reviewing a CR2 or a CR3, CR4, etc.: Go to the main Study Workspace, click on the tab “Continuing Reviews”, click on the previous year’s Continuing Review, then look toward the top of that screen to see the “Review Date”. This is the date the study last went to a convened board for Continuing Review. Note the number of the Board that reviewed the study, and then recall that the minutes for that convened board meeting would have been voted on by that same board a month later. Repeat the steps described in the paragraph above to find the minutes for the study’s last Continuing Review.

How do I find the exact changes in an Amendment, using the Modified Study Workspace in the Amendment?
When you are viewing the Amendment Workspace, click on “Modified Study Workspace” (on the left side of your screen) to see the exact changes proposed as a result of the Amendment. If you see multiple logged entries all pertaining to the same thing, for example, multiple entries that all say “Full Protocol” or “Research Summary”, you need only look at the most recent entry pertaining to each part they have modified. When there are multiple entries for some part of a study, for example the Research Summary, you can tell which is the most recent entry by looking at the Activity Date and time. In the Modified Study Workspace, the list of changes appears chronologically, with the study team’s oldest changes at the bottom of the listing and their most recent change at the top.

In the Modified Study Workspace, each logged entry has two lines in it. The first says “Change Log”. While you can click on the “Change Log” line, it is more helpful for you as a reviewer to click on the second line (the one with the little picture of a pad and pencil). After you do that, you will see the old documents and information on the left, and the new documents and information on the right.

Where can I get help with questions about using the eIRB, navigating the eIRB, and finding what I need?
2. Minna Pak is the eIRB trainer, call (919-668-0463) or email (minna.pak@duke.edu) to set a time to meet in person or via telephone for any training or assistance you need.
3. If you have software questions, you can email eIRB technical support: eIRB@mc.duke.edu.

How do I View the Meeting Agenda?
- Log in and verify that you are using the Committee Member role on the left side of screen.
- Click the My Home link in the top blue banner. The Committee Member banner displays at the top of the leftmost column. Click the white Meetings link in the top blue banner.

If you did this correctly, this is an example of what you will see:

- Upcoming Meetings display, in date order.
• Click the meeting date.
• All items scheduled for the meeting will then display.

Here is an example of what you will see:

To view a formatted agenda, click the Agenda tab. Here is an example of what you will see:
When you are in the Agenda folder tab, you can view other IRB members’ primary reviewer checklists by clicking on the “view” button in the “Agenda Items” section. Here is an example of what you will see:

Study Workspace
In the Study Workspace, Members and IRB Staff can view the Primary Reviewer Notes and the Meeting Agendas. Study Staff cannot. Once a study is scheduled for an IRB meeting, it is locked for editing by Study Staff unless and until Modifications are requested.

Study Workspace for IRB Committee Members
Study Workspace for Study Staff

Navigating Through Amendments and Renewals

Amendments
What are the changes proposed in this amendment?
In the Amendment workspace, click on “View Amendment Form” to view the description.

Amendment Workspace for Committee Members
View Amendment Form (the way it looks after you click “View Amendment Form”)

Back to Amendment Workspace (just click the “back” button to go back to amendment workspace)

What changes did the Study Staff make? Click on the “Modified Study Workspace” button on the left side of your screen to see the exact changes proposed as a result of the amendment. The “Change Log” button highlights the changes to the Approved study, outlined in red. The “View Modified Study” button shows the study as it will be when the Amendment is approved.
To Modified Study Workspace

Be Sure to Click on the Paper/Pencil link in Change Log (not the icon). After you do that, you will see the old documents and information on the left (approved documents), and the new documents and information on the right (modified documents).
Change Log with Multiple Entries

If you see multiple logged entries all pertaining to the same thing, for example, multiple entries that all say “Full Protocol” or “Research Summary” or “Consent Form”, you need only look at the most recent entry pertaining to each part they have modified. When there are multiple entries for some part of a
study, for example the Research Summary, you can tell which is the most recent entry by looking at the Activity Date and time. In the Modified Study Workspace, the list of changes appears chronologically, with the study team’s oldest changes at the bottom of the listing and their most recent change at the top.

“Study Documents” Tab of Approved Amendment: For Approved Amendments, the Study Documents folder is a quick view of the study documents as approved in that amendment. This tab is available in the “Modified Study Workspace” section.
Renewals

What has happened since the last review? Use the “Printer Friendly Version” button to view a scrollable version of what the Study Staff have described in the Continuing Review pages and the attached documents, including the Progress Report. The button “View Continuing Review” is a page-by-page view.

Continuing Review Workspace for Committee Members

Example of a Printer Friendly Version of the Continuing Review

01. Progress Report Type

Type:
- Continuing Review
- Final Progress Report

02. Study Enrollment Status

Describe the current study enrollment status:
- Study initiation is pending (not yet open for enrollment of new subjects)
- Open for enrollment of new subjects
- Closed to enrollment of new subjects but some enrolled subjects are still receiving study drug or other interventions that are more than minimal risk
- Closed to enrollment of new subjects; all enrolled subjects have completed the study but some subjects continue for observation or follow-up
- All study enrollment and subject involvement is complete but data analysis is ongoing
- Ongoing retrospective research with no direct subject contact

03. Changes to Study Documents
Click “Close” to Return to the Continuing Review Workspace

To Original Study Workspace

What has happened to the study historically in the eIRB? View the Original Study and its History, Amendments, Safety Events, and Continuing Reviews:

History Tab
Amendments Tab

Study: NICOTINE DEPENDENCE IN ADULTS WITH ADHD

Protocol ID: Pro00006166
Full Study Title: Mechanisms of Nicotine Dependence in Adults with Attention Deficit Hyperactivity Disorder (ADHD)
Principal Investigator: Scott Kalline
Study Coordinator: Joseph English
Original Approval Date: Data not stored in eIRB database
Expiration Date: 3/15/2009
Primary Reviewer: Data not stored in eIRB database
Original Approval Letter: Data not stored in eIRB database
Old Registry Number: 9301-07-380

Approved & Watermarked Consent Forms:
Date Created: 2/3/2008 1:48 PM
Last Modified: 2/3/2008 1:48 PM

Safety Events Tab

Study: NICOTINE DEPENDENCE IN ADULTS WITH ADHD

Protocol ID: Pro00006166
Full Study Title: Mechanisms of Nicotine Dependence in Adults with Attention Deficit Hyperactivity Disorder (ADHD)
Principal Investigator: Scott Kalline
Study Coordinator: Joseph English
Original Approval Date: Data not stored in eIRB database
Expiration Date: 3/15/2009
Primary Reviewer: Data not stored in eIRB database
Original Approval Letter: Data not stored in eIRB database
Old Registry Number: 9301-07-380

Approved & Watermarked Consent Forms:
Date Created: 2/3/2008 1:48 PM
Last Modified: 2/3/2008 1:48 PM

Protocol Deviation for IRB Study: Pro00006166
Completes: 4/18/2008 6:22 AM
# Continuing Reviews Tab

![Image of continuing reviews tab interface]

**Study: NICOTINE DEPENDENCE IN ADULTS WITH ADHD**

- **Protocol ID:** Pro00006166
- **Full Study Title:** Mechanisms of Nicotine Dependence in Adults with Attention Deficit Hyperactivity Disorder (ADHD)
- **Principal Investigator:** Scott Kollins
- **Study Coordinator:** Joseph English
- **Original Approval Date:** Data not stored in eIRB database
- **Expiration Date:** 3/1/2009
- **Primary Reviewer:** Data not stored in eIRB database
- **Old Registry Number:** 95101-7-3R
- **Approved & Watermarked Consent Forms:**
  - Date Created: 3/25/2008 1:48 PM
  - Last Modified: 3/25/2008 1:48 PM
  - Original: 616.R21.ADM.DREC.1.11.08.doc
  - Revised: 0.01

- **Continuing Reviews Log:**
  - CR1_Pro00006166: CR1 - NICOTINE DEPENDENCE IN ADULTS WITH ADHD Approved 3/11/2008
  - CR2_Pro00006166: CR2 - NICOTINE DEPENDENCE IN ADULTS WITH ADHD Full Committee Review - Scheduled for Meeting 2/13/2009