HUMAN RESEARCH PROTECTION

Relying on an external/single IRB

Number 112 Version date 09 AUG 2021
Resource type GUIDANCE

This document outlines the steps for the Hennepin Healthcare study team to follow for a study that relies on an external IRB/single IRB (sIRB) for IRB oversight.

The Hennepin Healthcare Human Research Protection Office (HRPO) will consider ceding oversight to an external IRB/sIRB on a case-by-case basis. Various factors are considered in determining a study's eligibility for reliance. For example, reliance on an sIRB may be appropriate where that institution's IRB has been designated as the sIRB for a NIH funded study, federally funded study, or other research network or consortia using an sIRB approach. Hennepin Healthcare does not rely on an external IRB if the study is determined to be exempt or if Hennepin Healthcare is not engaged in human research. Hennepin Healthcare also considers the accreditation status of the external IRB when making a decision about reliance.

If you have questions about whether your study is eligible for IRB reliance or an institutional reliance agreement, contact: IRBReliance@hhrinstitute.org

Visit the Hennepin Healthcare HRPO webpage for current forms and information:
https://www.hhrinstitute.org/researcher-resources/ohsr/

Steps for relying on an external IRB/sIRB

Hennepin Healthcare HRPO supports the requirement and process for sIRB reliance. The HRPO Reliance Manager is the primary point of contact to coordinate all requests for IRB reliance.

Reliance approval from HRPO

Step 1: Prepare your **Request for IRB Reliance** application	▪ Access Cayuse HE on the IRB website; see also the 903 FAQ - Using Cayuse HE ▪ Prepare the request in Cayuse HE ("IRB Reliance") ✓ Include required documentation prompted by Cayuse HE
Step 2: Confirm completion of **CITI program requirements** for all Hennepin Healthcare personnel involved in the study	▪ Completion of required CITI and other required education will be verified as part of the IRB reliance request administrative review ▪ A request for reliance will not be approved until all local study personnel complete ▪ required training and education You can contact the Office for Education & Quality in Clinical Research (EQCR) for question on training and education requirements
Step 3: Complete applicable **ancillary reviews** for the study	▪ Obtain all applicable ancillary reviews (e.g., COI, biosafety, radiation safety, pharmacy review); Cayuse HE will prompt you for any required documentation ✓ **EQ study start-up program/assessment**. Hennepin Healthcare investigator-initiated research requiring convened IRB **must** be reviewed by the Office of Education and Quality in Clinical Research (OEQCR) before submission for IRB approval/IRB reliance ✓ **If conflict of interest exists**, please contact the HHRI COI committee; see also: HHRI Conflict of Interest (COI) Policy HCMC Radiation Safety Committee approval is required for studies involving exposure to ionizing radiation ✓ **HCMC Biosafety Committee approval** is required for studies involving biosafety issues ✓ **If medication will be dispensed** to Hennepin Healthcare participants, contact the investigational pharmacist for registration: Tzivia.Leviton@hcmed.org or (612) 873 3103 ▪ All ancillary reviews must be completed prior to approval of the request for reliance

Step 4: Notify the PI to submit IRB Reliance request in Cayuse HE	▪ Submit the completed submission in Cayuse HE ▪ The Reliance Manager will review the reliance request and reach out to the study team with items requiring clarification or outstanding items via Cayuse HE ▪ The Reliance Manager will also coordinate documentation of the reliance agreement for the study and completion of the local context form (if applicable)

Step 5: Obtain notification of **reliance reached**	▪ You will receive **notification** from Cayuse HE when the request for IRB reliance is granted and you have approval to submit to the sIRB for site approval. ▪ **This decision to rely applies only to the determination of IRB reliance, and does not reflect IRB approval for the Hennepin Healthcare site.**

IRB approval from the sIRB

Step 6: Obtain sIRB approval	▪ You will need to work with the lead site, coordinating center or directly with the sIRB (e.g., Advarra) to submit the Hennepin Healthcare site for IRB approval ▪ You will receive notification from the lead site, coordinating center or directly from the sIRB when the Hennepin Healthcare site is approved, along with receipt of the Hennepin Healthcare approved patient-facing materials, such as consent/assent form(s)

Step 7: Notify HRPO of Hennepin Healthcare site approval	▪ Once you receive site approval from the sIRB, provide a copy of the sIRB site approval letter/notification and the approved site consent/assent(s) via a *Modification* submission in Cayuse HE ▪ You will receive correspondence via Cayuse HE acknowledging receipt of initial IRB approval for the Hennepin Healthcare site

Ongoing sIRB oversight

Your study is now under the oversight of the sIRB; you are responsible for compliance with that IRB's requirements.

- ✓ Familiarize yourself with the standard operating procedures and submission process of the sIRB
- ✓ Comply with the requirements and determinations of the sIRB
- ✓ Understand the reporting requirements to the sIRB, such as unanticipated problems that may involve risks to subjects or others, protocol deviations, noncompliance
- ✓ Comply with the roles and responsibilities as described in the reliance agreement and/or SOPs
- ✓ Comply with all applicable federal regulations and all applicable state and local laws

Ongoing obligations to Hennepin Healthcare HRPO

You remain responsible for complying with Hennepin Healthcare institutional requirements and policies for and relating to the research.

- Your study may be audited at any time
- Ongoing notifications must be submitted to HRPO: SEE below
- Keep current on all required HHRI training (e.g., CITI Human Subjects Protections and GCP, HIPAA, and COI). Failure to maintain an active status on required training may be reported to the sIRB and may impact the status of any active non- ceded study and approvals for new studies

Notification to Hennepin Healthcare HRPO for ceded studies

The table below describes the types of notifications that must be provided in Cayuse HE for a study relying on an external IRB.

IMPORTANT: Notification to HRPO is separate from and in addition to the external IRB/sIRB submission requirements. The Hennepin Healthcare study team is responsible reporting information to the external IRB as required, in accordance with their policies and process.

Notification type	When to notify HRPO	How to notify HRPO	Notes
Hennepin Healthcare study personnel changes (Includes change in PI, adding/removing personnel, change of status/role/responsibilities)	For adding new personnel or changing roles/responsibilities, notify HRPO, prior to the personnel assuming study responsibilities	Cayuse HE Modification	
New or changes to conflict of interest (COI) status for any Hennepin Healthcare study personnel engaged in this study that are in a position to influence the design of the research, its conduct, and/or reporting	Changes in a financial or business interest must be reported within 30 days of occurrence	Cayuse HE Modification	If potential conflict of interest exists, contact the HHRI COI committee; See HHRI Conflict of Interest (COI) Policy
Continuing review OR Annual status check-in	Upon receipt of continuing review approval from the sIRB If the sIRB does not require continuing review, notify HRPO annually (based on initial sIRB approval date for Hennepin Healthcare site)	Cayuse HE Renewal	Select **Administrative check-in** as the applicable type of submission on the Submission intro smart page in Cayuse Select **YES** for question: *Are you attaching any supplemental material with this administrative check-in submission that has not been previously submitted?* and attach the continuing approval letter from the sIRB where prompted.
Suspension of enrollment for safety (if Hennepin Healthcare site has enrolled participants)	Within three (3) working days of the investigator learning of enrollment of suspension for safety reasons	Cayuse HE Incident	Select **YES** for question: *Is this a ceded study?*
Unexpected death of a Hennepin Healthcare enrolled subject	Within three (3) working days of the investigator learning of death of Hennepin Healthcare enrolled participant	Cayuse HE Incident	**YES** for question: *Is this a ceded study?* Death is considered *expected* only if it is identified as caused by a possible risk of the study procedure as described in the protocol and/or consent form, and/or related documents such the Investigator's Brochure or if death is due to the natural progression of a subject's underlying disease or condition. Report the unexpected death of a locally enrolled participant whether considered related to the research or not.

Notification type	When to notify HRPO	How to notify HRPO	Notes
sIRB determination of serious or continuing noncompliance, suspension, termination, or an unanticipated problem involving risk to subject or others (UPIRTSO) for the Hennepin Healthcare site	Promptly upon receipt of sIRB determination	Cayuse HE Incident	**YES** for question: *Is this a ceded study?* When a report to a federal agency is required, Hennepin Healthcare will provide information and input as outlined in the sIRB reliance agreement.
Study modification for the Hennepin Healthcare site of prospective waiver of consent or exception from informed consent (EFIC – 21 CFR 50.24)	Prior to implementation at the Hennepin Healthcare site	Cayuse HE Modification	Provide a thorough description for the justification for the modification submission and edit the applicable section(s) in Cayuse HE Research that was not originally approved with prospective waiver of consent MUST be submitted to HRPO prior to implementation of that modification for the Hennepin Healthcare site to obtain required HHS/HHRI administrative approvals for waiver of consent research.
Study modification for the Hennepin Healthcare site if it may affect any of the following: ▪ Ancillary reviews or other required administrative reviews (e.g., changes to plans for radiation exposure, use of Hennepin Healthcare resources) ▪ Previous information submitted regarding inclusion of vulnerable populations (e.g., inclusion of children, inclusion of adults lacking capacity to consent) ▪ Compliance with institutional policy/state law requirement(s)	Promptly upon notification of modification to approved protocol	Cayuse HE Modification	Provide a thorough description for the modification submission and edit the applicable section(s) in Cayuse HE Also work with HHRI/HHS ancillary review committees and/or departmental administrators, as applicable (e.g., radiation safety committee, Grants Administration)
FDA, other federal agency, or other external for-cause audit, inspection, or inquiry of the Hennepin Healthcare site: ▪ Notice of FDA Audit ▪ Notice of other federal agency audit ▪ Notice of any external for-cause audit, inspection, or inquiry	Immediately upon the investigator learning of an audit, inspection, or inquiry, by the FDA, other federal agency, or other external for-cause audit	Cayuse HE Incident	Select **YES** for question: *Is this a ceded study?*
Report or follow-up from FDA, other federal agency, or other external for-cause audit, inspection or inquiry of the Hennepin Healthcare site	Within seven (7) working days of receipt of any written reports from the FDA, other federal agency, or other external for- cause audit (e.g., FDA Form 483)	Cayuse HE Incident	Select **YES** for question: *Is this a ceded study?*
sIRB closure of study/Hennepin Healthcare site	Upon sIRB notification of study/site closure	Cayuse HE Closure	Select **NO** for the question: *Is Hennepin Healthcare the IRB of record for this study?*

Hennepin Healthcare Investigator Responsibilities

The Hennepin Healthcare Investigator must:

- ✓ Keep current on all required HHRI training (e.g., CITI Human Subjects Protections and GCP, HIPAA, and COI). Failure to maintain an active status on required training may be reported to the Reviewing IRB and may impact the status of this project and eligibility to submit new IRB projects.
- ✓ Comply with the External IRB's requirement, the Reliance Agreement, and applicable Hennepin Healthcare institutional requirements and policies for and relating to the research.
- ✓ Not enroll individuals in research prior to review and approval by the External IRB, approval from applicable Hennepin Healthcare departments, and approval from applicable ancillary committees.
- ✓ Ensure the safe and appropriate performance of the research. This includes, but is not limited to ensuring the qualifications of research staff; monitoring protocol compliance; maintaining compliance with state, local or organizational requirements related to the protection of human subjects; providing a mechanism to receive and address concerns from local study subjects and others about the conduct of the research; and investigating, managing, and providing notification to the external IRB of any study-specific incidence, experience, or outcome that rises to the level of an unanticipated problem and/or serious or continuing non-compliance in accordance with the external IRB's reporting policy.
- ✓ Disclose financial conflicts of interest according to the agreed upon process and comply with any conflict management plans that may result. The RFR application and study personnel form provide a mechanism to submit disclosures to the HHRI IRB office Board, but the investigator is also responsible for sharing any resulting management plans with the external IRB.
- ✓ Promptly report to the external IRB any proposed changes in the research. The investigator must not initiate changes in the research (including changes in the consent document) without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
- ✓ Obtain, document, and maintain records of consent for each subject or subject's legally authorized representative as stipulated by the external IRB, when responsible for enrolling subjects.
- ✓ Provide to the external IRB any data and safety monitoring reports they receive, either at continuing review, upon request by the reviewing IRB, or on an emergent basis, if appropriate.
- ✓ Provide updates to the external IRB whenever the Hennepin Healthcare principal investigator is no longer the responsible party for a research project under the purview of the external IRB. This must also be reported to the Hennepin Healthcare IRB office.