HUMAN RESEARCH PROTECTION

New information/Incident reporting

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Resource type GUIDANCE

Visit the Hennepin Healthcare HRPO website for additional information:

https://www.hhrinstitute.org/researcher-resources/ohsr/

If you have additional questions, please contact HRPO@hhrinstitute.org

Studies with an external IRB of record

For studies that have been ceded to another IRB, review the 113 GUIDANCE Notification to HRPO for ceded studies to understand what needs to be reported to the Hennepin Healthcare IRB; also Hennepin Healthcare researchers must understand the reporting requirements of the external IRB overseeing the study.

Hennepin Healthcare Human Research Protection Office (HRPO) reporting requirements

The table below describes the following information that must be reported:

- Unexpected death
- Unanticipated adverse device effect
- Serious adverse event (SAE)
- External new information
- Noncompliance
- Unanticipated problem involving risks to subjects or others (UPIRTSO)
- External for-case audits – notifications and follow-up/reports
- Use of a short form for informed consent

New information/Incident type	When to notify HRPO
Unexpected death of a Hennepin Healthcare enrolled subject 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 subject whether considered related to the research or not.	**within 3 working days of awareness**
Unanticipated adverse device effect Report unanticipated adverse device effect only if the principal investigator assesses **ALL** the following criteria to be true for a Hennepin Healthcare subject: An unanticipated adverse device effect is any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects. [21 CFR 812.3(s)]	**within 7 working days of awareness**

Serious Adverse Event (SAE)

Report a serious adverse event only if the principal investigator assesses **ALL** the following criteria to be true for a Hennepin Healthcare subject:

1. It is **serious (**e.g., requires hospitalization, significantly disrupts normal life functions, or jeopardizes health)
2. It is **unexpected** (in terms of nature, severity, or frequency) given:
   - the procedures described in the research protocol documents (e.g., the IRB-approved research protocol and informed consent document) AND
   - the characteristics of the human subject population being studied
3. It is **related or possibly related** to the research
   Possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research

within 7 working days of awareness

FDA - What is a Serious Adverse Event?

External new information

Do not submit Investigational New Drug (IND) safety reports, Medwatch reports, CIOMS reports, or other such individual reports **unless**, in the opinion of the Hennepin Healthcare investigator, the event or information in the report constitutes an unanticipated problem (see UPIRTSO) and/or the report requires a change to the protocol and/or the consent form.

Examples of external new information that require reporting

See UPIRTSO

- Interim analysis or safety monitoring report indicates that the frequency or magnitude of harms or benefits might be different from those initially presented for Hennepin Healthcare subjects
- A paper is published from another study that shows that the risks or potential benefits of the research might be different from those initially presented
- Change in FDA labeling or withdrawals from marketing
- Sponsor imposed suspension for risk

Noncompliance

Noncompliance is any apparent failure to follow:

- Applicable federal regulations, state and local laws, or institutional policies governing human subject protections
- Requirements or determinations of the IRB, including the requirements of the approved investigational plan (e.g., significant protocol violation)

Noncompliance can result from action or inaction
Anyone may report noncompliance

within 7 working days of awareness

Report noncompliance **ONLY** if you consider **AT LEAST ONE** of the following to be true:

- It resulted in an increased risk to subjects or others
- It adversely affected the rights, safety, or welfare of study subjects
- It affected the integrity of the study

Examples of apparent serious or continuing noncompliance that require reporting

(These events may constitute serious noncompliance as well as unanticipated problems.)

- Conducting non-exempt human subjects research without IRB approval (including lapsed IRB approval)
- Conducting human subjects research without obtaining informed consent, when a waiver of informed consent was not approved by an IRB
- Implementing a significant modification to IRB-approved research not needed to eliminate an immediate hazard without prior IRB approval
- Failing to adhere to eligibility criteria, such that subjects were placed at increased risk of harm or their rights or welfare were adversely affected
- Failing to perform safety assessments within protocol-specific time frames, such that subjects were placed at increased risk of harm or their rights or welfare were adversely affected

- Failing to communicate new information to research subjects about study participation relevant to subject rights or welfare, such as new risks that could affect subjects' willingness to participate in the study
- Violating any conditions of IRB approval that could adversely affect subject rights or welfare
- An event leading to a finding, such as from an audit, inspection, or inquiry by an inspector, that subjects were placed at increased risk of harm or that the subjects' rights or welfare were adversely affected
- A study team repeating the same mistakes on a specific protocol, after the initial mistakes were discovered, reported, and a corrective action plan implemented
- A study team making mistakes on multiple protocols, after the initial mistakes were discovered, reported, and a corrective action plan implemented

Unanticipated problem involving risks to subjects or others (UPIRSTO)

Report an incident, experience, or outcome as an unanticipated problem involving risks to subjects or others (UPIRTSO) when it meets **ALL** of the following criteria:

- **Unexpected** (in terms of nature, severity, or frequency) given the research procedures that are described in the protocol-related documents; and the characteristics of the subject population being studied;
- **Related** or **possibly related** to participation in the research: there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research; and
- Suggests that the research places subjects or others at a **greater risk of harm** (including physical, psychological, economic, or social harm) than was previously known or recognized.

within 7 working days of awareness

Examples that likely constitute UPIRTSOs that require reporting

(Some of these events may also constitute serious or continuing noncompliance)

- Identification of a new or increased risk, which could include:
  - An event occurs adversely affecting subject safety, which results in premature study closure.
  - Identification of a new risk (e.g., one not described in the protocol, consent documents, package inserts, investigational drug brochure, or device information).
  - Identification of an increased risk, including a known risk that is occurring more frequently or with greater severity than previously expected.
  - Occurrence of an event within the study that indicates an increased risk of harm and requires a change to the protocol or consent document.
  - Event that results in a withdrawal, restriction, or modification for safety reasons of a marketed approval of a drug, device, or biologic that is used in a research protocol.
  - An event leading to a finding, such as from an audit, inspection, or inquiry by a federal agency that subjects were placed at increased risk of harm.
- Malfunction of a device used as part of the research that increases risks or resulted in harm to subject(s).
- Protocol deviation that harmed a subject or placed subject at risk of actual harm or significantly increased the risk of actual harm, which could include:
  - Missed study tests or study visit(s) that could affect subject safety
  - Enrollment of a subject who did not meet all eligibility criteria
  - Failure to follow the study monitoring plan
  - Prescribing, dispensing, or administration error that results in a subject receiving an incorrect drug or dose
- An event that leads to a protocol deviation to eliminate an immediate hazard to a subject made without prior IRB approval
- Breach of confidentiality, where one or more research records containing private identifiable information about a subject was disclosed to persons not authorized to have access to the information
- A lost/stolen laptop or thumb drive with private identifiable information, if the device is not encrypted or password protected
- Suspension of an investigator's privileges to conduct research by the researcher's institution or suspension of a physician researcher's medical license

- Research-related complaints concerning the safety or welfare of the participant
- Unexpected pregnancy on a study that could expose a fetus to harm
- Incarceration of a subject in a research study not approved to involve prisoners
- Incorrect imaging scan performed for research purposes that results in increased exposure of subject(s) to radiation or radiopharmaceuticals that would not have otherwise occurred
- Errors in research-related laboratory reports that increased risks to participants
- Instances in which subject(s) experienced physical abuse as a result of others becoming aware of their participation in the research
- Unexpected violence by research subjects in a group counseling session

External for-cause audits - notifications Any communication from the FDA, other federal agency, or other external entity regarding a for-cause audit, inspection, or inquiry of the Hennepin Healthcare site	**Immediately upon awareness**
External for-cause audits – follow-up/reports Any report or follow-up communication from the FDA (e.g., FDA Form 483), other federal agency, or other external entity regarding a for-cause audit, inspection or inquiry of the Hennepin Healthcare site	**within 7 working days of receipt**

Use of a short form for informed consent

The *short form*, for a non-English speaking potential research subject, is a consent form that is provided in a language understandable to the subject; it provides the basic requirements for informed consent (see **Informed Consent Short Form** section on the Hennepin Healthcare HRPO webpage for available translations).

The short form informed consent process may be used ONLY **three times** for a particular language in a study. After the second use of a short form, the full informed consent document must be translated into that particular language, certified, and submitted to the IRB as part of the study's informed consent records.

Signatures required when using a short form: — **within 7 working days of use**

On the short form in subject's language:
- Signature of subject or legally authorized representative
- Signature of witness (interpreter or bilingual family member)

On the English informed consent document:
- Signature of person obtaining consent
- Signature of witness (interpreter or bilingual family member)

If the subject is enrolled, you must submit the following, as applicable:
- Certified translations of all documents the subject will be required to complete (such as surveys and questionnaires)
- The plan for ensuring that ongoing communication with the subject is in a language understandable to the subject

IMPORTANT: When the IRB requires that modified consent document(s) must be administered to previously consented subjects, certified translated modified consent document(s) must be administered as well.