

HUMAN SUBJECTS:

A Manual & Guide for Investigators

EFFECTIVE FEBRUARY 1, 2017

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This Guide is a reference for the requirements of working with Human Subjects.

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It is not source for forms.

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The Cayuse IRB module must be used for the completion of all portions of a Human Subjects protocol and consents.

Idaho State University
Human Subjects Committee
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Introduction

This Manual is a guide for Idaho State University (ISU) investigators planning to use human subjects in research. The Manual is provided to you by the ISU Human Subjects Committee (HSC). The HSC is also referred to as an Institutional Review Board, or “IRB,” the generic name for such oversight groups.

This edition is designed to complement mandatory on-line training for researchers using Human Subjects. You may get the most benefit if you take the training before reading this Manual: the training will cover many terms and concepts in greater depth than this document. ISU uses the Collaborative Institutional Training Initiative, better known as [CITI](#), for this on-line instruction. Further discussion of CITI is in the Manual’s first chapter.

This Manual addresses a variety of concerns, from federal rules and regulations, to less codified topics, such as ethics. The HSC always appreciates feedback from the people we serve: if you feel sections of the Manual are either too complicated or insufficient in coverage, please [contact](#) us with your suggestions.

I. Getting Started

ISU's Human Subjects Committee (HSC) is required by federal law to review *all* research which involves using human subjects and which takes place under the University's auspices. This is a broad scope responsibility, ranging from simple and informal opinion polls to highly controlled pharmaceutical studies. Determining if your research requires HSC review and what level of review is best handled by consulting with the HSC staff or HSC members. If it does, you must apply for (and receive) HSC approval of your project(s) **before starting** any research involving human subjects.

There are two important terms in the preceding paragraph: *research* and *human subjects*. The definitions of these two key terms are:

Research is a “systematic investigation, including research development, testing, and evaluation, [which is] designed to develop or contribute to generalizable knowledge.”

Human Subject means “a living individual about whom an investigator (whether professional or student) conducting research obtains either (1) data through intervention or interaction with the individual, or (2) identifiable private information.”

If your project meets the terms of these definitions, you *must* obtain approval from the HSC. Note such approval is required regardless of your intent to publish, or your research's funding (or lack thereof), also it does not matter whether the research is part of a course or degree requirements, or whether the research takes place on or off campus.

The HSC has different levels of review for applications. These will be discussed in a following chapter. If you have any doubts about whether or not your project requires HSC approval, please contact the Committee's offices by [e-mail](#) or phone (208-282-2179). HSC staff will be glad to provide clarification (and doing so may avoid complications for both you and the University). All IRB applications are submitted through [Cayuse](#). Please note that new faculty and students are not automatically added to this system. Please [contact the IRB office](#) and provide your MyISU Username, Department/Major, and campus location (i.e. Pocatello, Meridian, etc.).

CITI Training

If your project requires HSC oversight, you need to undergo training in the use of Human Subjects. The training covers a wide range of issues, including protecting subject's privacy, obtaining proper consent, ethics, and other concerns. ISU uses an on-line program called Collaborative Institutional Training Initiative, or "CITI". Ideally, you would have already taken this training before applying to the Human Subjects Committee. You *must* complete the training (titled Human Subjects Research) before the HSC will approve your project. If your research is supervised by a faculty sponsor, the sponsor must take the CITI training.

Note that you must register with CITI. The [CITI](#) website asks learners to register by leading the researcher through a series of questions to gather information about you. Once the information is collected you may begin by selecting a course. Since there are many courses to select from, be sure to pick one of the Human Subjects Research modules. The training consists of reading different selections of information of using humans as subjects and then taking a short quiz. The different aspects could be about informed consents or adverse events. When the quiz is done correctly (scoring at least 80%) the next unit can be done until the complete module is finished. The learner can stop at any time and leave the website and return to continue the learning process. Once you pass the training, you are "certified" as being "trained" for five years, and do not need to retake the training for that time period. After five years, however, you may have to retake the training. The HSC tracks your training record through CITI records accessed through their website (if you completed the training at another institution, it will still count as completed at ISU).

HSC Reviews

Investigators are required to obtain an HSC review and approval if any of the following apply:

- ☐ When research with human subjects is conducted by, or under the direction of, an employee, student, or agent of ISU.
- ☐ When the recruitment of subjects or conduct of research involves institutional resources (property), facilities, or funding (including intramural funding administered by ISU).
- ☐ Investigators who transfer research from their previous institution are required to submit the project to HSC for review and approval in order to continue the study. The HSC must review and approve research studies before any research activities (including recruiting subjects) begin. Federal law does not allow the HSC to approve studies after research activities have begun.

Student-Initiated Research Research conducted by students requires HSC review. Every study conducted by a student must have a faculty member as an advisor. By signing on as advisor/sponsor of a student project, the faculty member(s) agrees to take the responsibility for ensuring that the research procedures comply with federal/local regulations and university policies and to complete the research if the student cannot follow through to completion.

Classroom Research Some projects assigned to students in class may have a research component. These projects do not need HSC review if the objective is to teach research methodology and are confined to the students in the classroom, and data destroyed at the end of the course and not used outside the course.

For instance:

Classroom research does not need HSC review if it meets all of these conditions:

- The sole purpose of the research activity is to teach research methodology;
- Data is gathered only from those participating in the course;
- No sensitive information is collected;
- All data is destroyed at the end of the course and not used outside that course.

But projects intending to contribute to generalizable knowledge are subject to HSC regulations, review and approval. Some classroom projects are to research educational practices in a classroom setting such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. These projects are subject to HSC review and may be eligible for a Certificate of Exemption.

What Doesn't Require HSC Review

If the activity involves interaction with living humans or data from living humans, and the purpose or intent of the systematic scientific investigation is to gain generalizable knowledge the project warrants HSC review and approval. The activity must meet *all* the conditions of the two key definitions provided above. For example, if you are not working (directly or indirectly) with living humans or with data obtained from living humans, or the information is not generalizable, HSC approval is not required. Other examples of activities NOT requiring HSC review are studies involving: Quality Improvement, Quality Assessment, Quality Assurance, Case Reports, Outcomes Analyses, Resource Utilization Review, Education, etc. These types of research are specific to the data set for one particular circumstance and are not generalizable. Publishing results from these type projects do not define the project as research.

Important Definitions

Although some of the terms below may seem straightforward, they are basic to the understanding and proper use of this manual. If your project falls under the purview of the HSC, you will need to know how the Committee uses these terms. The HSC is responsible for evaluating projects in light of these definitions, a task which can be complicated both by subtle distinctions between therapeutic and research activities, as well as weighing the real-life impact the activities will have on the participating individuals (especially if they are vulnerable populations).

Risk: Risk is defined by the US Department of Health and Human Services (DHHS) as “the probability of harm (physical, psychological, social, legal, economic, or in terms of dignity) occurring because of participation in a research study. Both the probability and the magnitude of possible harm may vary from minimal to significant.” *Note: Federal Regulations only define “Minimal Risk.”*

Minimal Risk: Is defined as “the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”

Benefit: (as in *Risk/Benefit Assessment*) DHHS defines this broadly, as “a valued or desired outcome; an advantage.”

Vulnerable Populations: There are a variety of research populations that the federal regulations describe as vulnerable or as belonging to a “special” classification. If your project is targeting subjects from these populations, you are required to show greater care in designing and carrying out your activities, and the HSC will use greater scrutiny in its review. Projects working with “special” or vulnerable populations are not eligible for the “Exempt” review by the HSC (as per Chapter III). If your project involves these populations, the HSC recommends you contact the HSC office early, to work with the staff to develop your application. A list of the most commonly encountered special populations includes:

- ☐ Children
- ☐ Fetuses (and projects involving *in vitro* fertilization)
- ☐ Minorities
- ☐ Economically and/or Educationally Disadvantaged
- ☐ Mentally Disabled
- ☐ Prisoners
- ☐ Terminally Ill Patients
- ☐ Individuals in total institutional care
- ☐ Emergency Room Patients.

II. HSC Applications and Reporting

There are several *types* of applications to the HSC. These types include New Applications, Requests for Modifications to Approved Protocols, and Renewal Applications. ISU's application forms (with instructions) are available on the ISU Research Integrity Human Subjects web page.

New applications are just that: applications for research activities involving human subjects that have not previously been considered or approved by ISU's HSC. Once granted, the approval usually lasts for the *lesser* of either the dates specified in the application, or 12 months. In some cases, the committee may choose to set a shorter time for approval.

Renewal applications are used to extend HSC approval for a project beyond the original project dates (a maximum of 12 months).

Modification of Approved Protocol applications are to be filed whenever changes are made to the approved protocol. The modification must be approved by the HSC *before* the proposed changes can be implemented.

Regardless of the *type* of Application (New, Renewal, etc.), there are three different *levels* of review. These Review Levels are "Exempt," "Expedited," and "Full Committee Review." Each level of review follows a slightly different process. It is important to know "Exempt" and "Expedited" applications are reviewed by a) the HSC Chair, or b) individual members of the HSC chosen by the Chair on the basis of interests and/or expertise. Full Committee review is defined as a quorum of members review is conducted at a convened meeting that meets quorum requirements.

The Review

At ISU, the review of applications to the HSC is a process of negotiation between the Principal Investigator (PI) leading the research effort and the HSC. The process begins with the submission of an application (for any of the above types and levels) to the HSC. A particular topic of concern during HSC review is the consent process, including proper documentation.

Scheduling: The Committee meets every two weeks during the academic year and as needed during the summer. A calendar showing currently scheduled meetings is available on the Human Subjects web page. The time required to get approval of an application will vary, depending upon the nature and complexity of the research activity. *If timing is a critical factor in your application, you are well advised to discuss your project with an HSC representative to devise an appropriate timeline.* Applicants to the Full Committee Review category are likewise strongly encouraged to discuss their application with the HSC before submission, to minimize subsequent modifications. Committee members and staff are listed on the HSC web page.

To be included on a Full Committee agenda, an application must be received 10 days before the meeting (to allow for proper distribution and individual review). Deadlines for submission for a Full Committee Review are posted on the HSC website. For types of applications which only require review by a single individual, a response is typically provided within five business days. Please plan your submission accordingly.

Application Outcomes

Once the HSC has reviewed your application, you will be notified by e-mail of its status. Possible outcomes include:

- ☐ Approved, no additional information required (a signed letter will follow).
- ☐ Approved pending clarification or minor modification. Once the requested information is supplied, the HSC Chair is empowered to grant approval without additional review by the Committee.
- ☐ Major Modifications Requested. This Outcome is only seen as a response to a “Full Committee” review. The entire Committee must discuss and vote on the application again, after the PI’s clarification/modification.
- ☐ Remand to Researcher: material submitted for review is incomplete
- ☐ Disapproved

Modifying an Approved Protocol

Now that you’ve got your application approved, you may realize you have to make a change or two. When this happens, your next step is to request approval of a modification to your protocol. You may *not* implement any of your desired changes without getting HSC approval first, unless a change needs to be made immediately in order to protect participants. When that happens, inform the HSC chair as soon as possible.

Submit your request application with the modifications incorporated into the text, AND a cover letter detailing the modification(s). Use the criteria below when completing your request, or contact the HSC offices if further guidance is necessary. The level of review a modification receives is determined solely by the level of risk the change poses to the subjects:

- ☐ Minor changes are defined as those that do not increase the risk to the human subjects, and undergo an Expedited review.
- ☐ Changes which may or do increase the risk to human subjects will undergo review by the Full Committee. This is true irrespective of the level of review the original protocol underwent to obtain initial approval. The possible outcomes for modification applications are the same as those discussed above. Changes to recruitment material or strategies count as changes to the research protocol and must receive prior HSC approval. Note that if your modifications are approved, you must incorporate those modifications into any future *Renewal Application*.

Renewing an Approved Protocol

Federal regulations do not allow the HSC to approve a study for more than 12 months. If your project reaches this 12-month limit, you must submit an application for renewal. Note: if *any* research activity is occurring, a renewal must be applied for. For example, even if you are no longer recruiting subjects, you must seek renewal if you continue such activities as a) working with already-enrolled subjects, b) data analysis, c) writing a thesis or paper, etc.

It is the responsibility of the PI to submit a renewal application for any on-going, existing protocol BEFORE a current approval expires. If the PI fails to do so, any research activities involving human subjects are to be immediately suspended until continuation is approved by the HSC. When such suspension may put human subjects at risk (e.g., the interruption of a drug therapy), limited interim

Important Note:

If the protocol renewal date is missed, all research activity is to be immediately suspended (see above text for the sole possible exception). No new enrollment of human subjects is allowed. No new candidates for enrollment may be contacted or recruited. Contact with existing/enrolled human subjects is to be suspended, and no research data is to be collected. These conditions remain in force until HSC approval is in place.

approval *may* be granted by the HSC to allow vital services to continue until the formal renewal is in place. The PI must notify the HSC immediately when such a situation arises, and fully justify any such continuing activity.

Renewal applications should incorporate all addenda and modifications submitted to and approved by the HSC. Renewal applications should be submitted with a cover letter, indicating any modifications approved by the HSC for the project since the last “New” or “Renewal” application was approved. Renewal applications will normally undergo the same level of review as the preceding New or Renewal application. Outcomes for Renewal applications are the same as those for the initial submission, as above.

Reporting

Federal regulations require PIs to submit Periodic Reports to the HSC. The first of these is a progress report, due six (6) months after an application’s original renewal date. Additional reports are due six months after every subsequent renewal. **The PI is responsible for submitting the progress report.** Failure to submit a progress report in a timely fashion may result in the withdrawal of HSC approval for the project. Likewise, PIs are required to complete a Final Report when a study is terminated or completed. Forms for both of these reports may be found on the Human Subjects web page.

III. Review Levels

As discussed in Chapter II, there are different levels of review by the HSC: *Exempt*, *Expedited*, and *Full Committee Review*. This chapter provides a general explanation of these different levels. Again, if you have questions about which review level to apply for, contact the HSC via [e-mail](#) or by phone (x2179).

Exempt Review

Technically, this level is known as “Exemption from Review” or an application for a “Certificate of Exemption.” This is the simplest application to submit. Examples of Exempt activities include anonymous surveys, studies of existing data, food evaluations, and certain educational practices.

Exempt Reviews are usually conducted by the HSC Chair. Note that a PI may NOT “self-exempt” a project from review. Even if you believe a project is Exempt, only the Chair of the HSC may make that determination. Nor does obtaining approval of an Exempt project automatically mean you do not need to meet other requirements, such as obtaining informed consent from subjects. Applicants are encouraged to discuss the details of their application with the HSC staff to determine what procedures will be required.

To qualify for an Exempt Review, the research must fall entirely within one or more of the six “exempt” types of procedure under federal regulations ([45 CFR.46.101\[a\]](#)). Each of these procedures is briefly discussed below.

1. Normal Educational Practices and Settings. This covers research conducted in established or commonly accepted educational settings, involving normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

2. Anonymous Educational Tests, Surveys, Interviews, or Observations. Provided no data is collected that would allow identification of the human subjects, examples of this type of procedure include research involving educational tests (cognitive, diagnostic, aptitude, achievement, etc.), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

(ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, educational advancement, or reputation; or

(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and the IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

NOTE: educational tests that are purely designed to test knowledge, mastery, and/or skills (e.g., normal, non-research classroom testing) do NOT need to be submitted to, or approved by, the HSC.

3. Benign Behavioral Interventions

(i) Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:

(A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

(C) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review.

(ii). For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

(iii) If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

4. Secondary Research for which Consent is Not Required

Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

(i) The identifiable private information or identifiable biospecimens are publicly available;

(ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;

(iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or

(iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for non-research activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with applicable federal privacy standards found in the E-Government Act, Privacy Act and the Paperwork Reduction Act.

5. Public Benefit or Service Programs

Research and demonstration programs that are funded by a federal agency, and which are designed to study, evaluate, or improve:

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

6. Taste and Food Evaluation and Acceptance Studies

Taste and food quality evaluation and consumer acceptance studies,

- if wholesome foods without additives are consumed, or
- if a food is consumed that contains a food ingredient at or below the level for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

7. Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential secondary research use if an IRB conducts a limited IRB review and makes the determinations required by §46.111(a)(8).

8. Secondary Research for which Broad Consent is Required

Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met:

- (i) Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained in accordance with §46.116(a)(1) through (4), (a)(6), and (d);
- (ii) Documentation of informed consent or waiver of documentation of consent was obtained in accordance with §46.117;
- (iii) An IRB conducts a limited IRB review and makes the determination required by §46.111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; and
- (iv) The investigator does not include returning individual research results to subjects as part of the study plan. This provision does not prevent an investigator from abiding by any legal requirements to return individual research results.

Expedited Review

Expedited reviews are mid-level reviews. For *New* applications, Expedited Reviews are for research activities that present minimal risk to the human subjects, *and* must involve *only* the procedures listed below. Note, however, that qualifying as one of the listed procedures does NOT automatically qualify as being “minimal risk,” and you may therefore need to undergo a more in-depth review. Projects using subjects from “vulnerable populations” usually do not qualify for Expedited Review. Additional caveats are discussed in the CITI training, and also in [45 CFR 46.100](#), [21 CFR 56.110](#), and related materials. In other cases (marked in the list below by an asterisk), the activities *may* not require any HSC review. *Again: if you have doubts about the type of HSC application to submit, discuss your project with the HSC staff.*

Expedited Reviews are usually conducted by an individual member of the HSC. This reviewer is also responsible for determining if a different level of review is required. Applications may be submitted anytime, and are generally reviewed and responded to within five business days.

The list of activities eligible for Expedited Review follows. A slightly more-detailed discussion is also available by going to the Human Subjects web page.

1. Clinical studies of drugs and/or medical devices only when either:

- an investigational new drug application (21 CFR 312) is not require, or

- either an investigational device exemption application (21 CFR 812) is not required or the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

2. Collection of blood samples by finger stick, heel stick, ear stick or venipuncture as follows:

- from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week, or
- from other adults or children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount withdrawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more than 2 times per week.

3. Prospective collection of biological specimens for research purposes by noninvasive means. E.g., (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gum base or wax or by applying a dilute citric solution to the tongue; (f) placenta removal at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane before or during labor; (h) supragingival and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; and (j) sputum collected after saline mist nebulization.

4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are generally not eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or invasion or the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis).

NOTE: Some research in this category may be eligible for a Certificate of Exemption (see above). Select this category only if your research is not eligible for it.

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

NOTE: Some research in this category may be eligible for a Certificate of Exemption (see above). Select this category only if your research is not eligible for it.

If an accidental breach of confidentiality could put participants at risk (because the study deals with sensitive

issues or information), then the study does not qualify for Expedited Review. Select Full Board Review instead.

8. Continuing review of research previously approved by the Human Subjects Committee (using full board review) as follows:

- the research is permanently closed to enrollment of new subjects;
- all subjects have completed all research-related interventions;
- the research remains active only for the long-term follow-up of subjects; or where no subjects have been enrolled and no additional risks have been identified; or where the remaining research activities are limited to data analysis.

9. Continuing review of research not conducted under an investigational new drug application or investigational drug exemption where categories 2 through 8 (above) do not apply but the Human Subjects Committee has determined at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

Full Committee Review

Basically, a Full Committee Review is required anytime an application does not qualify for an Exempt or Expedited Review. Full Committee Review requires submission a minimum of 7 days before the next scheduled Committee meeting. See the [HSC web page](#) for meeting dates and submission deadlines.

For a Full Review, the Committee will conduct a detailed examination of the protocol, informed consent form, and all supporting documentation. Members will review the application prior to meeting; discuss the application; and vote at the meeting on the application's outcome.

IV. Selection and Recruitment

Selection and Recruitment

Recruitment of human subjects should be fair and equitable, so that the burden of research does not fall too heavily on any one group. Subjects should never be selected solely based on their easy availability. This is especially true when working with Vulnerable Populations, as defined in Chapter I. The National Commission for the Protection of Human Subjects has recommended a hierarchy of preference in selecting research subjects:

- ☐ Adults before children
- ☐ Competent individuals before incompetent individuals
- ☐ Non-institutionalized individuals before institutionalized individuals.

The above is a general rule only, and may be departed from when required by the nature of the research being performed.

Recruitment is a dialogue between the PI (or other research staff) and a potential subject, prior to subject's agreement to participate in the research. Respect should always been shown to the subject to ensure their voluntary participation. In some cases, there may be a pre-existing hierarchical relationship (e.g., teacher/student, doctor/patient, etc.) between the PI/staff and the subject. When this occurs, the options for participating should be laid out clearly and simply, without coercion, pressure, or prejudice. The HSC review process is designed to help identify and remove instances where there even appears to be an element of coercion during recruitment.

Ethical conduct of research requires ensuring and preserving the privacy and confidentiality of potential research subjects.

Other tools for recruiting subjects include (but aren't limited to) postcards, flyers, contact letters, press releases, brochures, Internet postings, etc. All recruitment materials have to be reviewed by the HSC prior to use. Such material such include:

- ☐ A brief description of the research. Misleading information must avoided unless intrinsic to the research, especially when vulnerable populations are involved.
- ☐ The name, affiliation and contact information of the investigator.
- ☐ Eligibility criteria for participation.
- ☐ An honest and forthright description of the study's risks and benefits.
- ☐ Whom to contact for further information.
- ☐ No claims regarding the superiority, safety, or effectiveness of any drugs or devices used in the research.

Initial review of any submission to the HSC must include review of any recruiting materials (posters, emails, letters, billboards, radio/TV/internet ads, etc.).

Once recruiting material has been reviewed and approved by the HSC, revisions of that material DO NOT require additional HSC review or approval provided:

- ☐ The study does not test any FDA-regulated drug, biologic, or device; and
- ☐ No content is added *or removed*; and

- ☐ Any information about payments or other recruiting incentives is not given additional emphasis (e.g., by changing font size or color, using italics/boldface/underscoring, etc.); and
- ☐ Any information about payments or other recruiting incentives is not moved to a different part of the material to give it greater emphasis; and
- ☐ Any artwork (including word art, images, sounds or music, video material, etc.) that is added or altered does not:
 - Give added emphasis to information about payments or other recruiting incentives, or
 - Give the impression that this is not research, or
 - Give the impression that the research interventions will benefit the participants (unless those benefits are clearly established in good quality, peer-reviewed studies and inclusion of this information was previously approved by the HSC).

Revisions of approved recruiting material DO require submission to and approval by the HSC if:

- ☐ The study is testing an FDA-regulated drug, biologic, or device; or
- ☐ The changes to the recruiting material add or remove information about the study; or
- ☐ The changes in any way increase the emphasis placed on payments or other recruiting incentives.

Payment

Neither the nature, amount, nor method of payment/compensation should constitute undue inducement for a subject to participate in the research. Payment should be based on the inconvenience posed to the subjects, as well as resulting costs, such as parking fees, babysitters, lost time from work, etc. The HSC must review any cash or alternative payments to potential participants. Since subjects have the right to withdraw from a project at any time without prejudice, it may be appropriate to schedule payments accordingly, using a sliding scale model, pro-rating, etc.

Payments whose total within 1 calendar year exceeds \$75, will require participants to fill out appropriate IRS paperwork.

Special precautions are required when payment is offered to a third party for recruiting participants. Such payments may result in coercion or undue influence upon the subjects by the third party. Remember also that subjects are entitled to opt out of the research project at any time, regardless of payments made to third parties. Making payments to third parties is likely to draw special scrutiny from the HSC.

Informed Consent is a process to ensure that the research participant is aware of all the potential risks and costs involved in participating in the research. The elements of informed consent include informing the subject of the nature of the activity, and of the potential risks and benefits of the research.

In order for informed consent to be considered valid, the participant must be competent to consent and the consent must be given voluntarily.

V. Informed Consent

ISU's HSC has over the years found Informed Consent to be a consistent source of both confusion for PIs, and for delays in getting protocols approved by the Committee. It might help to start by defining the term. A general definition appears in the box at right.

The Importance of Informed Consent

Informed Consent is a hallmark of ethical research. Investigators should pay very close attention to its requirements and execution. In many respects, the principle of "Informed Consent" is why the HSC (and IRBs in general) exist: to protect the welfare and rights of human subjects, including such basics as the subject's privacy. Informed Consent is one of the most important parts of your application to HSC.

The Process for Researchers

Researchers must not only obtain Informed Consent, but they must also *maintain* it. In any but the simplest of projects, thinking of Informed Consent as an on-going process is the best approach. When you present your application to the HSC, it must include a process for Informed Consent that is both well thought out and appropriate for the project.

This initial discussion describes a good Informed Consent process for a relatively simple example: a signed consent to participate in non-medical research, completed by competent adults. Discussion of more complex situations will follow.

The Informed Consent Process begins when you first contact potential human subjects, i.e., when you start recruiting them. You will have to spell out how you will Contact, Recruit, and Enroll your subjects in your application to the HSC.

- Contacting human subjects may be defined as your outreach efforts to your target population, to make them aware of the chance to participate. This might include how you are advertising or promoting your study: e.g., newspaper ads, direct mail to a list obtained from an agency, phone calls, random “man-on-the-street” interviews, etc. [Note: when completing your HSC application, you will need to detail how you will contact, recruit and enroll participants. It is *not* enough to simply say you will contact people by e-mail or phone; your application must include a sample copy(ies) of e-mail text or phone call script(s).]
- “Recruiting” is when they’ve given some indication of interest, and you start to move them from “target population” to potential participant.
- Enrollment is “closing the deal” – that is, obtaining a subject’s actual participation in your research study.

The Informed Consent *Form* is typically completed (i.e., signed by the human subject) at the end of the Recruitment activity and/or the start of Enrollment. The form has to provide the information the human subjects are entitled to have regarding the research, what the benefits and risks are, or other concerns. The HSC’s review is to ensure the adequacy of the consent form and process.

Continuing Consent Even though the Form is signed and the participant is enrolled in your study that does not necessarily mean the process of Informed Consent is finished. If the circumstances of the research change (e.g., a new information is available about the level of risk a subject is exposed to), the subjects must be apprised of it, in writing and in a timely fashion. In some cases, signing of a new or revised consent form may be required. Subjects are to be reminded their participation is voluntary, and that they need not continue.

New information, revised consent forms, etc., must be approved by the HSC before presenting them to past, current or prospective subjects.

In the same fashion, information may arise regarding a study that should be shared with previously enrolled subjects, after the completion of a study (or just their involvement in it), a specific treatment, or procedure. As an example: dysfunctional families may participate in a qualitative study examining parenting techniques. If the investigators data finds a specific technique is superior to the other study arms of the project, the PI is obligated both ethically and legally to share this result with the research participants.

The Informed Consent Form

At the HSC webpage, you will find four different sample consent forms, each with imbedded instructions. You may use any of these forms, but for most applicants, the HSC encourages PIs to use the Simplified Sample Consent Form. When obtaining Informed Consent, the document needs to be written for the *least* educated elements of your target population. Experience leads the HSC to encourage you that your Form is written at no higher than an eighth-grade reading level. (The simplified form, as downloaded, is written at a sixth-grade reading level.) Many word-processing programs, including Microsoft's Word, include a feature for checking the reading level of a document.

To check reading level in Word 2010: perform a spell/grammar check of your completed document. A dialog box will appear at each error found, and/or at the completion of the "check." The dialog box contains an "Options" menu. Open it, and select "Show Readability Statistics." The "Flesch-Kincaid Grade Level" line in the check's final summary corresponds to an estimated US school-grade reading level.

When writing your Consent Form, use a lay's version of your research project's title. Throughout the document, avoid using any technical terms, jargon, acronyms and abbreviations. Make the document as simple, clear and readable as possible, without sacrificing accuracy or completeness.

The following specific suggestions for crafting your Informed Consent Form are based on problems frequently encountered by the HSC during their review. As applicable, please make sure you:

- ☐ Explain the purpose of the research in *simple, clear, lay language*.
- ☐ Emphasize the voluntary nature of participation. People are free to refuse to participate, or change their minds and withdraw once they've enrolled. An example of text you might wish to include is: "Your participation is completely voluntary. Your decision on whether or not to participate will have no impact on your _____ [medical care, course status or grade especially when recruiting students from your class, etc.]."
- ☐ Summarize your inclusion and exclusion criteria in *clear lay language*.
- ☐ Provide a clear and simple step-by-step description of what will happen to participants, including:
 - Explaining when and where events will take place
 - Providing reasonable time estimates of how long it will take a participant to complete each major activity and/or entire project
 - When appropriate, use diagrams or other aids to increase understanding
 - Make clear any procedural differences for those in different groups (e.g., experimental vs. control)
 - Make clear whether participants will be randomly assigned to groups
 - Make clear whether participants will be blind/double blind studies (i.e., not know whether they are in experimental or control groups)
- ☐ List potential risks with likelihood and seriousness of each risk, including:
 - Breach of confidentiality
 - Plans for minimizing risks
 - That no funds are allocated to compensate those harmed as a result of participation in the research. *Exculpatory language is NOT PERMITTED*. Participants must not be asked to waive any rights, agree not to sue researchers, etc. Remind participants that, if injured, they are entitled to pursue compensation through the courts.
- ☐ List potential benefits to the individual participants, to society, etc.
 - Do NOT invent spurious benefits (e.g., "Participants will benefit by knowing they are helping to create a better future for everyone.") If participants will not directly benefit from participation, SAY SO.
 - Do NOT assume your experimental procedures will work (e.g., they will benefit because of their participation) – in many cases, this is precisely what the experiment is intended to determine.

- If participants will be paid or receive other compensation (e.g., merchandise, services, entered into a drawing for a gift card), explain the details:
 - Explain what participants will receive if they withdraw before completion. Pro-rated payments are encouraged and should be explained.
 - If participants will incur expenses for which they will be compensated (e.g., travel costs, parking fees, etc.), provide details. Explain any requirements for reimbursement (e.g., “Original receipts must be submitted within 30 days of expense in order to receive reimbursement.”)
 - Explain any anticipated delays in payment and/or reimbursement (e.g., “It may take up to six weeks for you to receive your check.”)
 - Explain what steps will be taken to protect participant’s privacy or confidentiality. Note any reporting obligations (e.g., for child or elder abuse), as well as the authority of any applicable sponsors, federal agencies, the HSC, or others to examine research records
- Include contact information regarding the Principal Investigator and other key personnel
- Include a signature line for participants, indicating they have read the document, that they have had the opportunity to ask questions and consider their choice, and agree to participate. Note that a signature line may not be necessary in minimal risk studies if consent is implicit by agreeing to participate in the research, or if including a signature would increase the risk to participants.

Specialized Circumstances

There is a variety of specialized circumstances which can affect your Informed Consent process, and the information you must supply to the HSC. This is typically due to the nature of the research and/or the human subjects.

In addition to the “Simplified” Sample of a consent form, the HSC website lists three other sample forms:

- [Sample Adult Consent](#)
- [Sample Parental Consent](#)
- [Sample Youth Assent](#)
- [Sample Child Assent](#)
- [Consent Form Checklist](#)
- [Sample Key Information Cover Sheet](#)

If your project falls into the areas the titles suggest, please make sure you review their instructions and content. The HSC still encourages you to use the Simplified Form as your template and model – just incorporate the added details from the other pertinent samples. Use simple lay-language.

Note, however, the list above does NOT cover all the additional Specialized Circumstances that may be of concern. Two additional circumstances that arise frequently are discussed below.

Photos, Video & Audio If your project involves making photos, videos, or audio recordings of human subjects, this must be clearly stated in the consent form. Explain how such materials will be used: who will see them, under what circumstances, how and how long they will be stored and protected, etc. Will they be used in presentations, publications, teaching, etc.? The Informed Consent Form should describe safeguards being used to protect subject confidentiality. If you wish to use these materials outside of the research setting (e.g., teaching, presentations, publications), provide a separate box where subjects may indicate their consent for such use with a check and initials.

Deception/Withholding Information There are times, especially in behavioral research, when investigators plan to withhold information about the real purpose of a study or purposely give subjects false information about some aspect of the research. The use of deception or incomplete disclosure imposes special responsibilities on the investigator:

- ☐ Studies involving deception or withholding of information *may not involve more than minimal risk to the participant.*
- ☐ You will need to supply the HSC with the justification for the deceptive or withheld information in your Consent Form. The waiver of elements of consent must not adversely affect the rights and welfare of subjects, AND it must be essential to the ability to carry out the research.
- ☐ When research involves deception or withholding of information, participants are typically debriefed afterwards. The debriefing explains the true nature of the research, filling in gaps or correcting misunderstandings. The HSC, in collaboration with the PI, will determine during the application process if a debriefing is necessary. *Prepare a debriefing script and include it in your submission to the HSC.* Also explain **when** and **where** the debriefing will take place, and **who** will conduct it.

Waivers and/or Altering the Consent Process

DHHS regulations provide clear criteria for when a waiver may be granted for using the Informed Consent Form and/or altering the consent process. If, after reading the criteria, you wish to apply for a waiver or permission to alter the process, contact the HSC office for further guidance. The criteria are:

- ☐ The research involves no more than minimal risk to the subject(s).
- ☐ The waiver or alteration will not adversely affect the rights and welfare of the subjects.
- ☐ The research could not practically be carried out without the waiver/alteration.
- ☐ Whenever appropriate, subjects will be provided additional pertinent information after their participation.

VI. Additional Requirements

The following describes key documents and processes for administering research involving human subjects.

The PI's Research File

PIs are required to maintain a research file. The file will act as the PI's documentation for proper performance of the study. The file is subject to review by the HSC, federal or state authorities, sponsors, and other authorized individuals to ensure proper conduct of the study.

For medically invasive research, the PI should also ensure that a copy of the signed HSC-approved Consent Form is inserted into each subject's medical record. The PI is responsible for ensuring the subject is provided a copy of the Consent Form.

Record Retention

Requirements for record retention vary with the type of research conducted, funding source, and requirements of the investigators discipline/professional association. The HSC strongly recommends that PIs clearly understand the pertinent retention requirements. In addition, ISU policy is that research records should be retained for at least three years after completion of the research, even if other requirements are more lax. All records must be accessible for inspection and copying by authorized representatives of the HSC, department, or agency supporting the research. The conditions for maintaining confidentiality of subjects and research records are required for the life of the data. These rules apply equally to faculty and student research.

Data Confidentiality

PIs are required to maintain and protect the privacy and confidentiality of all personally identifiable data of all human subjects participating in research, except as required by law or released with written permission of the subject. Subjects, including children, have the right to privacy, to expect that the confidentiality of private information will be preserved. The more personally sensitive the data, the greater the care required for obtaining, handling, and storing the data.

Information through which subjects may be identified include their name, student identification numbers, hospital ID numbers, social security numbers, driver's licenses, home addresses, photographs, video recordings, etc. Individuals may also be identified by description (e.g., the personnel manager of a particular company, the sixth-grade teacher in a certain school, or the pediatric nurse of a particular hospital). If information or data collected may be traced back to individual subjects, safeguards are to be provided to ensure confidentiality.

The following is a complete list of eighteen identifiers:

1. Patient names
2. Geographic subdivisions (smaller than state)
3. Telephone numbers
4. Fax numbers
5. Social Security numbers
6. Vehicle identifiers

7. E-mail addresses
8. Web URLs and IP addresses
9. Dates (except year)
10. Names of relatives
11. Full face photographs or images
12. Healthcare record numbers
13. Account numbers
14. Biometric identifiers (fingerprints or voiceprints)
15. Device identifiers
16. Health plan beneficiary numbers
17. Certificate/license numbers
18. Any other unique number, code, or characteristic that can be linked to an individual.

PIs are encouraged to adopt the following principles for protecting confidentiality of subjects:

- ☐ Limit recording of personal information to that which is essential to the research.
- ☐ Store personally identifiable data securely and limit access to the PI or authorized research assistants/associates.
- ☐ Code data as early as possible to de-identify, and plan for the ultimate disposition of the code used to link the data to individual subjects.
- ☐ Do not disclose personally identifiable information to anyone other than the research team without the written consent of the subjects or their legal representatives (exceptions may be made in case of an emergency or as required by regulatory agencies).

Un-Blinding of Blinded and Double-Blinded Research

If an un-blinding is to occur, the PI must notify the HSC of when and how (phone, letter, in person, etc.) it will take place. If written communication with the subjects is used, it must undergo prior HSC review and approval. Receipt is to be documented in the subject's file/record/chart. Reporting the results of the un-blinding is not required.

Closing Studies

PIs have the responsibility to inform the HSC when a study is completed. Studies are considered open and active until the PI submits a Closure in Cayuse IRB to the HSC. Closure Reports are required because of the potential that risks that may arise to the subject after the protocol is terminated. Faculty advisors for student projects have the obligation to ensure final reports are filed. When a PI terminates employment or other association with ISU, they are obligated to report to the HSC, and either submit a Final Report or formally transfer the protocol to another PI via an amendment. Sponsors or regulators of research may also require notification (and their subsequent approval) before a PI may be changed. The HSC may unilaterally close a study if it is determined the PI is no longer affiliated with ISU.

Reporting Adverse Events, Complications, Abuse & Complaints

All PIs are required to report in timely fashion any and all adverse events involving human subjects to the HSC. "Adverse Events" are defined as "an undesirable and unintended, although not necessarily

unexpected, result of research procedure, therapy, or other intervention” (e.g., muscle soreness and tenderness following physical therapy).

Because it is sometimes difficult to determine what constitutes a “serious” adverse result or an “unexpected” event, PIs should consider using the following procedures and criteria:

- ☐ Within five business days of becoming aware of the happening(s), the PI is to report in writing all problems related to the safety of subjects: injuries, incidents or serious problems involving the study’s conduct or subject participation (including recruitment, consent, etc.).
- ☐ ALL fatal or life-threatening events MUST be reported to the HSC within 48 hours of their discovery.
 - ☐ If an immediate change of protocol is required by the PI to relieve apparent immediate serious hazard or harm to the welfare of subjects, the PI may implement such change without prior approval by the HSC. The HSC must be notified within 72 hours of any such change, including a written description of the change and the circumstances and rationale behind the immediate implementation.
- ☐ Regardless of type of incident, each event or happening is to be reported separately, using the Adverse Event Reporting Form on the Division of Research Integrity Forms page. The PI is responsible for indicating their opinions (and rationale) as to whether a change in protocol and/or consent form is warranted, and whether the adverse event was related to the research activity.
- ☐ Sponsors or regulators (e.g., FDA) may require additional actions, especially for research involving drugs, devices, and/or biologics.

Researchers are also required to notify the HSC of any possible breach of human subject protection in research activities not under their personal direction.