CAMPBELL UNIVERSITY	**IRB SOP:** Requirements for Reporting to the IRB		
	NUMBER	APPROVED BY	EFFECTIVE DATE
	HSR-590	Miranda van Tilburg, PhD IRB Chair, IRB Office Campbell University	07/21/2021

Applies to Campbell faculty, faculty advisors, students and staff conducting or overseeing human subjects research.

Purpose

This procedure establishes the process for Principal Investigators (PIs) to submit reportable events that occur while conducting their IRB Approved protocol. The purpose of *prompt* reporting is to ensure that appropriate steps are taken in a timely manner to protect subjects from avoidable harm.

Background

Federal regulations, requires written procedures for ensuring prompt reporting of unanticipated problems to the IRB, appropriate institutional officials, and any supporting department or agency head (or designee), and OHRP.

Events that meet the prompt reporting criteria must be reported to the Campbell IRB within 5 calendar days.

Events which do not meet the prompt reporting criteria may be reported to the Campbell IRB with the Continuing Review (CR) or Progress Report (RP), if required, or as soon as they are recognized.

Definitions

Prompt Reporting: Within 5 calendar days of when the Principal Investigator learns of the event.

Unanticipated Problem Involving Risks to Subjects or Others (UPIRSO): Any incident, experience, or outcome that meets **all** of the following criteria:

1. Unanticipated (in terms of nature, severity, or frequency) given:
    a. the research procedures described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document, Instructions for Use/Device Manual and/or Investigator's Brochure; and
    b. the characteristics of the subject population being studied;
2. Related or possibly related to participation in the research (in this guidance document, 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) or test article; and
3. 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.

Adverse Event: Any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the research or the use of a medical

investigational test article. An AE in research may occur even in the absence of any error or protocol deviation and does not necessarily have to be caused by any identifiable aspect of the research.

Serious adverse event: An adverse event that (1) results in death, (2) is life-threatening, (3) requires inpatient hospitalization or prolongation of existing hospitalization, (4) results in persistent or significant disability/incapacity, (5) results in a congenital anomaly/birth defect, or (6) is an important medical event that jeopardizes the subject or requires medical intervention to prevent one of outcomes listed above.

Unanticipated adverse event: An adverse event that is not consistent in nature, frequency, or severity with the current IRB protocol, investigator's brochure, device manual/instructions for use, or consent form. Unanticipated adverse device effect: An unanticipated adverse device effect means any serious adverse event caused by or associated with a device, if that event was not previously identified in nature, severity, or degree of incidence in the project protocol, or consent form, or the investigational plan or investigational device exemption (IDE) application or any unanticipated serious problem associated with a device and related to the rights, safety or welfare of research subjects.

External serious adverse event: An adverse event that occurs at any outside location and does not involve an Campbell University research subject that (1) results in death, (2) is life-threatening, (3) requires inpatient hospitalization or prolongation of existing hospitalization, (4) results in persistent or significant disability/incapacity, (5) results in a congenital anomaly/birth defect, or (6) is an important medical event that jeopardizes the subject or requires medical intervention to prevent one of outcomes listed above.

Protocol deviation: A protocol deviation involves changes to the project design/procedures that are considered to be an exception to the approved protocol.

Significant protocol deviation: Significant protocol deviations are those that increase the risk to participants or others, decrease potential benefits of the project, undermine the scientific integrity of the project, or occur more than once.

Planned protocol deviation: Any temporary protocol deviation acknowledged by the IRB prior to its initiation. Any permanent change to the protocol constitutes an amendment that must be submitted to the IRB for approval prior to initiation.

Non-Compliance with IRB Policies and Procedures: Non-compliance with the federal regulations or Institutional policies governing human research or with the requirements or determinations of the IRB that causes harm, increases the risk of harm, adversely affects the rights or welfare of participants or undermines the scientific integrity of the data, or an allegation of such non-compliance. Non-compliance with the federal regulations governing human research or with the requirements or determinations of the IRB that causes harm, increases the risk of harm, adversely affects the rights or welfare of participants or undermines the scientific integrity of the data, or an allegation of such non-compliance.

Principal Investigator Responsibilities

Events which meet Campbell University's IRB Prompt Reporting Criteria:

1. With respect to each research project a Principal Investigator (PI) is conducting, he or she must ensure that the following problems, events and/or information involving risk to research participants or others are reported to the IRB not later than 5 calendar days after becoming aware of the problem, event or information. The Campbell IRB has categorized these events as follows:
    a. Any Adverse Events (internal or external) that meet all of these criteria:
        i. Unexpected
        ii. Possibly, probably, or definitely related to the research
        iii. Suggests the research places research participants or others at a greater risk of physical or psychological harm than was previously known or recognized.

        Examples include but are not limited to the following:
        - Unanticipated adverse events (either occurring internally or at an external site) which meet the criteria above;
        - Unanticipated adverse device effect;
        - External Serious Adverse Events that meet the criteria above;
        - A series of adverse events that meet the criteria above;
        - New information that might affect adversely the safety of the participants or the conduct of the project;
        - Any change significantly affecting the conduct of the project or increasing the risk to participants;
        - New findings that result in premature closure of a project or are related to an unanticipated problem involving risks to subjects or others.

    b. Follow-up reports to initially reported Adverse Events which meet all of the above criteria.
    c. Unanticipated Problems or any incident, experience, or outcome that meets all of the following criteria:
        i. unexpected with reference to procedure/risks defined in initial IRB application;
        ii. possibly, probably, or definitely related to participation in the research project, and
        iii. Suggests the research places subjects or others at greater risk of harm than was previously known or recognized.

        Examples include but are not limited to the following:
        - Breach of privacy or confidentiality including lost or stolen project records that contain private identifiable subject information;
        - Any other problem that the investigator considers to be unanticipated and indicates that subjects or others are at increased risk of harm.

- Incarceration of a subject in a protocol not approved to enroll prisoners.
- Complaint of a subject when the complaint indicates unexpected risks or cannot be resolved by the research team.

d. Safety Notice/Report from Sponsor or Central Site if report describes new information regarding risks or unanticipated problems involving risks.

Examples include but are not limited to the following:

- Sponsor imposed suspension for risk.
- Change in FDA labeling or withdrawal from marketing of a drug, device, or biologic used in a research protocol.
- Any safety reporting requirements specified by the IRB as a condition of approval.
- A paper is published from another project that shows that the risks or potential benefits of the research might be different from those initially presented to the IRB.
- Suspension or Termination of the project by the Sponsor

e. Report from a Data Safety Monitoring Board (DSMB) or Equivalent if the report describes new information regarding risks or unanticipated problems involving risks.

Examples include but are not limited to the following:

- An interim analysis or safety monitoring report indicates that the frequency or magnitude of harms or benefits might be different from those initially presented to the IRB.

f. External Audit Reports which identify activities that increases risk to subjects or others, compromises the integrity of the research or is out of compliance with Campbell University HRPP policies and procedures.

Examples include, but are not limited to the following:

- FDA Inspection reports
- FDA 483 Citation
- HHS audits
- Sponsor & CRO Monitoring Reports

g. Internal Routine Review or Audit Reports which identify activities that increases risk to subjects or others, compromises the integrity of the research or is out of compliance with Campbell IRB policies and procedures.

Examples include but not limited to the following:

- HRPP/IRB Post-Approval Monitoring Review and Education (PAM&Ed) Review Summary
- HRPP/IRB Direct Review Reports
- Campbell University Research Integrity Office (RIO) Investigation Reports
- Campbell University Research Compliance Audits

h. Significant Protocol Deviation

Examples include but are not limited to the following:

- Any departure from the protocol (deviation or violation) that harmed subjects or others; that indicates subjects or others might be at increased risk of harm; or that compromises the integrity of the research data.
- Any change made to the research without prior IRB approval in order to eliminate apparent immediate harm

i. Planned Protocol Deviation which increases the risk to participants or others, decrease potential benefits of the project, or undermines the scientific integrity of the project.

Examples include but are not limited to the following:

- Enrolling a subject who does not meet eligibility criteria
- Not performing a specific screening procedure for a patient as indicated in the protocol

j. Non-Compliance with IRB Policies and/or Procedures

Examples include but are not limited to the following:

- Any allegation of non-compliance with protocol requirements (including protocol deviations or violations) or IRB policies.

Procedures

If a PI determines the event, problem or information meets the immediate reporting criteria:

1. They should complete and submit the appropriate Reportable Event Submission Form to the IRB Office for the project. If the event applies to several projects, the appropriate Reportable Event Submission Form should be submitted for each project which is affected.
    - If a PI does not have enough information to determine if the event met all of the above criteria, it is recommended to report the event to the IRB and if possible, update the reportable event with additional information later.
2. A corrective action and prevention plan (CAPA) should be attached to the submission. The CAPA should include the following information:
    - IRB Protocol Number;
    - The reportable event;
    - Description of the corrective action(s) that have been or will be implemented to prevent reoccurrence of the reportable event;
    - Date the corrective action(s) take place;
    - Include the PI signature and date.

If an event occurs when a PI is unreachable or unavailable to submit the Reportable Event Submission Form, the project team should complete and submit the form.

References

45 CFR 46.108(3)(i); 45 CFR 46.104(d)(2)(iii), (d)(3)(i)(c), and (d)(7) and (8);
45 CFR 46.109(e)(f)

45 CFR 46.110(b)(iii