

**HRPP STANDARD OPERATING PROCEDURE/POLICY APPROVAL &  
IMPLEMENTATION**

**OFFICE OF HUMAN SUBJECTS RESEARCH PROTECTIONS**

SOP Number: 4

SOP Title: HUMAN RESEARCH PROTECTION PROGRAM (HRPP)  
DOCUMENTATION AND RECORDS

Distribution: Scientific Directors; Clinical Directors; Clinical Investigators, IRB  
Chairs, IRB Administrators, Protocol Navigators

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**SOP 4 – HUMAN RESEARCH PROTECTION PROGRAM (HRPP) DOCUMENTATION AND RECORDS**

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## **SOP 4 – HUMAN RESEARCH PROTECTION PROGRAM (HRPP) DOCUMENTATION AND RECORDS**

### **4.1 PURPOSE**

This policy describes requirements and procedures for recordkeeping by National Institutes of Health (NIH) Institutional Review Boards (IRBs) and the Office of Human Subjects Research Protections (OHSRP). It is consistent with, but does not supersede, other applicable government record policies.

### **4.2 POLICY**

The NIH keeps adequate records of its IRBs' and the OHSRP's activities. These records may be on paper or in electronic format and are stored in the IRB administrative office or on NIH servers. IRB documents will be accessible for inspection and reproduction by the OHSRP, authorized representatives of the U.S. Food and Drug Administration (FDA), the Office for Human Research Protections (OHRP), sponsors, and other NIH authorized entities. For FDA requirements regarding documentation and records, see SOP 15 - Research Regulated by the Food and Drug Administration (FDA): General Procedures for Both IND and IDE Applications.

### **4.3 RECORDS KEPT BY NIH IRBs**

#### **4.3.1 RECORDS KEPT BY THE IRB ADMINISTRATIVE OFFICE**

Records kept by the IRB administrative office include, but are not limited to:

- A. IRB membership rosters (see **4.3.2**, below)
- B. IRB Research Protocol Files – All Protocols (see **4.3.3**, below)
- C. IRB Research Protocol Files –Additional documentation requirements for expedited reviews as specified by SOP 7A - Requirements for Expedited Review of Research by NIH Institutional Review Boards, including:
  - a. Documentation of IRB determinations for expedited actions in the IRB system (see **4.3.3.B**, below)
  - b. Copies of IRB meeting agendas including the written lists of all actions approved by the expedited procedure
- D. Copies of convened IRB meeting minutes (see **4.4**, below, IRB Minutes)

- E. Training records for IRB members and IRB administrative staff (see SOP 25 - Training Requirements for the NIH Human Research Protection Program (HRPP))
- F. Records of IRB quality assurance and quality improvement (QA/QI) activities including QA/QI reports from internal and external site monitors/auditors and documentation related to non-compliance matters investigated by the IRB (see SOPs 16A - Allegations of Non-compliance with Requirements of the NIH Human Research Protection Program (HRPP) and 23 - Quality Management System for the NIH Human Research Protection Program (HRPP))
- G. Institute-specific IRB operating procedures, if any, approved by OHSRP

#### 4.3.2 IRB MEMBERSHIP ROSTER

Consistent with requirements set forth in SOP 2 - IRB Membership and Structure, NIH IRBs will maintain current membership rosters, report membership changes as they occur to OHSRP and verify roster information annually.

#### 4.3.3 IRB RESEARCH PROTOCOL FILES

- A. All Protocols: The IRB will keep a separate file for each research study that is received for review. Each research protocol will be assigned a unique identification number and entered into an IRB tracking system. Each research study file must include the following minimum information, if applicable:
  - 1. Initial Review (IR) application and all related documents (including informed consent forms), for more information see SOP 8 - Procedures and Required Documentation for Submission and Initial Review of Protocols
  - 2. All IRB-approved, dated versions of the protocol
  - 3. Documentation of scientific review or deferral of this requirement by designated Institute officials
  - 4. For research involving FDA regulated drugs, the Investigator's Brochure is kept per 4.7 below
  - 5. For research involving FDA regulated devices, required documentation is provided and kept (see SOP 15 - Research Regulated by the Food and Drug Administration (FDA): General Procedures for Both IND and IDE Applications)

6. Continuing review (CR) application and all related documents (see SOP 9 - Continuing Review by the Convened IRB)
  7. Amendments to the research protocol and all related documents (see SOP 10 - Amendment to IRB-approved Research. Reports of Unanticipated Problems, Adverse Events and Protocol Deviations)
  8. Problem Report Forms including reports of unanticipated problems (UPs), protocol deviations and non-compliance (see SOP 16 - Reporting Requirements for Unanticipated Problems, Adverse Events, and Protocol Deviations)
  9. Fully executed Authorization/Reliance agreements that rely upon the NIH IRB
  10. Material Transfer Agreements (MTAs), including human Material Transfer Agreements (h-MTAs); Cooperative Research and Development Agreements (CRADAs); or other human subjects agreements if provided by the PI
  11. Advertisements or recruiting materials
  12. IRB-approved PI communications that convey significant new findings or other information to subjects
  13. Documentation of all IRB review actions (See 4.4 IRB Minutes) including the approval period
  14. Documentation pertaining to Data Safety and Monitoring Board reports
  15. Documentation pertaining to audits, investigations, reports of monitoring visits relating to specific protocols, if provided by the PI
  16. All other IRB correspondence with the investigators, and with any other relevant entities associated with the research (See SOP 7 - Requirements for the Conduct of Research Review at a Convened NIH Institutional Review Board (IRB) Meeting for more details). Examples include the IRB approval letter with any attachments or requests to the PI for more information and including copies of stipulations describing what is required of Principal Investigators in order to conduct the study.
- B. Documentation for Expedited Reviews: IRB actions through expedited procedures must be consistent with requirements set forth in SOP 7A - Requirements for Expedited Review of Research by NIH Institutional Review Boards (IRBs).

## 4.4 IRB MINUTES

### 4.4.1 FEDERAL REQUIREMENTS FOR THE CONTENT OF IRB MINUTES

45 CFR 46.115(a)(2) provides minimal requirements for the content of IRB minutes:

- A. Minutes of the IRB meetings shall be in sufficient detail to show attendance at the meeting
- B. Actions taken by the IRB
- C. Any determinations required by the regulations including protocol-specific findings supporting those determinations
- D. The record of IRB votes on all voting actions (e.g., IRs, CRs or UPs) including the number of members voting for, against and abstaining; the basis for requiring changes in or disapproving research; and a written summary of the discussion of controverted issues and their resolution

### 4.4.2 PREPARATION OF IRB MINUTES

The minutes may be prepared by the IRB office staff or by a contractor hired for the purpose. The draft minutes must be reviewed by the IRB Chair/designee prior to the distribution of stipulations to investigators. Final approval of the minutes will be voted up on by the IRB.

Proceedings from the IRB meeting will be documented in the meeting minutes and available for review at the next regularly scheduled IRB meeting. Once approved by the IRB, the minutes can no longer be revised or altered. Any subsequent corrections may be done through a documented IRB action and the information appended to the minutes. A copy of the IRB-approved minutes will be provided to the Institutional Official (IO) and other authorized officials upon request.

### 4.4.3 FORMAT FOR IRB MINUTES

The recommended NIH format for minutes (see **Appendix A**) may be downloaded from OHSRP's website (see List of **References** below).

Note: This format is recommended for use by all NIH IRBs, but an NIH IRB may develop its own format as long as the required core elements contained in **Appendix A** are included.

#### 4.4.4 CONTENT OF IRB MINUTES

Minutes of IRB meetings must include the following:

- A. Meeting date, location, Chair presiding, time meeting convened with a quorum, time adjourned
- B. Attendance
  - 1. Names of the primary and alternate members who are present and absent at the beginning of the meeting identifying their status (as scientists, non-scientists, unaffiliated, etc. consistent with requirements set forth in SOP 2 - IRB Membership and Structure. When alternates attend, the minutes will state the name of the primary member for whom they are substituting and the reason for their attendance (e.g., the primary member is absent, or is recused).
  - 2. The minutes should document the name and status of members who attended any part of the IRB meeting, in-person or by videoconference or teleconference.
  - 3. Names of primary and alternate members who are participating through videoconference or teleconference. Documentation that they received all pertinent material prior to the meeting and were able to participate actively in all discussions. For more information see SOP 3 - Management and Administrative Operations of the IRB and SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs)
  - 4. Name(s) of IRB administrative staff, OHSRP staff, and any consultants and/or guests present
  - 5. Name(s) of investigators present
- C. Review and vote on the minutes from the previous meeting
- D. Announcements and informational items
- E. Documentation of the quorum and voting: The presence of a quorum throughout the meeting must be reflected in the minutes, including the presence of one member whose primary concern is in a non-scientific area. The minutes will indicate, by name, those members who are absent, abstaining or recused for each vote during the meeting. There will be a notation in the minutes that a member's recusal occurs because of a conflict

of interest. Also see **Appendix A** -Recommended Format for All NIH IRB Minutes, re: Conflict(s) of Interest.

- F. In order to document the continued presence of a quorum, each research study reviewed must have a record of the number of votes including which members were present, absent, abstained or recused for conflict of interest, as follows:

Total #: For (#), Against (#), Abstained (#)  
Recused (#; name), Absent (#; name)

- G. Review of interim reports, e.g. unanticipated problems: protocol violations/deviations; serious or continuing non-compliance (see SOP 16 - Reporting Requirements for Unanticipated Problems, Adverse Events, and Protocol Deviations, and SOP 16A - Allegations of Non-compliance with Requirements of the NIH Human Research Protection Program (HRPP)); suspensions/terminations, etc.(see SOP 11 - Suspensions and Terminations of IRB Approval and Administrative Holds) and corresponding IRB determinations
- H. For the review of previously deferred protocols, new protocols, amendments and continuing reviews, the following must be recorded:
1. PI name, protocol number, and complete protocol title
  2. Determinations of whether or not the IRB Protocol Review Standards are met (see SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs))
  3. Discussion and deliberations of controverted issues and how they are resolved
  4. Evaluation by the IRB of the required elements of 45 CFR 46.111
  5. Actions taken by the IRB, including separate deliberations and votes on each action including the basis or justification for these actions
  6. Designating who will review and approve the PI's response to stipulations (e.g., the full committee, a subcommittee, or by the Chair)
  7. Approval period for initial and continuing approved protocols, including identification of research that warrants review more often than annually and the basis for that determination



- I. Documentation of Specific Findings: Findings of the IRB, and the protocol-specific information justifying these findings, must be recorded in the minutes. These may include, but are not limited to, the following:
  1. Alteration or waiver of requirements for informed consent: When approving a consent procedure that does not include or that alters some or all of the required elements of informed consent, or when waiving the requirement to obtain informed consent, protocol-specific documentation that the research meets the required criteria (45 CFR 46.116(d))
  2. Waiver of requirements for written documentation of informed consent: When the requirements for written documentation of consent are waived, protocol-specific documentation that the research meets the required criteria (45 CFR 46.117(c))
  3. Research involving vulnerable subjects: When approving research that involves populations covered by 45 CFR 46 Subparts B (pregnant women), C (prisoners), or D (children), the minutes will document the IRB's justifications and findings that regulatory requirements are met or its agreement with information and justifications as provided by the investigator (e.g., whether the signature of one parent is sufficient to enroll a child in research). When the research may involve other groups that are likely vulnerable to coercion or undue influence such as mentally disabled persons or economically or educationally disadvantaged persons, the IRB should document additional safeguards have been included in the study to protect the rights and welfare of these subjects.
  4. Research involving adults who are or may be unable to consent: Document that NIH requirements are satisfied (see SOP 14E - Research Involving Adults Who Are or May be Unable to Consent)
- J. The rationale for significant risk/non-significant risk device determinations (See SOP 15B - Research Regulated by the Food and Drug Administration (FDA): Information and Policies for Investigational Device Exemptions (IDE) Applications)
- K. Identification of any research for which there is need for verification from sources other than the investigator that no material changes are made in the research, see **SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs)**.
- L. Documentation that the IRB went into executive session (when applicable), see SOP 7 - Requirements for the Conduct of Research Review at a Convened NIH Institutional Review Board (IRB) Meeting.

## 4.5 RECORDS MAINTAINED BY OHSRP

### 4.5.1 RECORDS MAINTAINED BY THE OHSRP

Records maintained by the OHSRP include, but are not limited to:

- A. The NIH Federalwide Assurance (FWA)
- B. The NIH Human Research Protection Program (HRPP) Standard Operating Procedures
- C. Copies of authorization/reliance agreements
- D. Master file of current membership rosters for all NIH IRBs
- E. Copies of approved exemption determinations made by OHSRP (or designees) (see SOP 5 - Research Activities with Human Data/Specimens and SOP 6 - Procedures For Activities Not Requiring IRB Review)
- F. Records of HRPP personnel who have taken required training (see SOP 25 - Training Requirements for the NIH Human Research Protection Program (HRPP)).
- G. Agendas and attachments, minutes and other official records of the Human Subjects Research Advisory Committee (HSRAC)
- H. Records of the HRPP's investigations of subject complaints received by OHSRP and non-compliance (see SOP 22 - Research Subject Information and Services and Research-related Complaints from Research Subjects and SOP 16A - Allegations of Non-compliance with Requirements of the NIH Human Research Protection Program (HRPP))
- I. Formal written communications with OHRP, FDA and other regulatory bodies as appropriate (see SOP 24 - OHSRP Reporting to the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) Regarding Unanticipated Problems, Serious or Continuing Non-compliance or Terminations or Suspensions)

### 4.5.2 DOCUMENTATION OF EXEMPTIONS AND DETERMINATIONS OF RESEARCH EXCLUDED FROM IRB REVIEW

Only OHSRP (or its designees) is authorized to grant exemptions or make determinations of research activities excluded from IRB review. OHSRP's documentation of verified exemptions includes the regulatory citation and documentation that supports the determination (see SOP 6 - Procedures for Activities Not Requiring IRB Review).

#### **4.6 RESEARCH PROTOCOL RECORDS MAINTAINED BY THE CC**

- A. Office of Protocol Services. The Clinical Center Office of Protocol Services maintains files of NIH IRB-approved protocols. Each file normally contains a copy of the protocol, notations and records of approval actions including approval by the Director of the Clinical Center as necessary, names of Principal Investigators, and related correspondences and memoranda.
- B. Medical Record Department: The Clinical Center Medical Record Department maintains signed protocol-related informed consent document(s).

#### **4.7 PROTECTION OF AND ACCESS TO IRB RECORDS**

NIH IRBs must protect the confidentiality of research information:

- A. All IRB paper records are kept secure in locked filing cabinets or locked storage rooms. Doors to offices where IRB records are kept must be closed and locked when the rooms are unattended.
- B. Electronic IRB records are maintained according to applicable laws, regulations and NIH policies and procedures for computer and electronic record security.
- C. Subject to applicable law and Federal policy, access to IRB records is limited to the Institute Clinical Director, the IRB Chair, IRB members, the IRB staff, authorized NIH and OHSRP officials, and officials of Federal regulatory agencies (OHRP, FDA, etc...). Appropriate accreditation bodies may be provided access to IRB records as needed.
- D. Research investigators may be provided reasonable access to IRB files related to their protocol(s). The IRB Chair or Institutional Official will determine if research investigators should be allowed to view IRB records (and to what extent). This determination will be based on documentation of a legitimate need and made in accordance with applicable laws and regulations.
- E. Records may not be removed from the IRB office; however, the IRB staff will provide copies of records or access for inspection if copying is not permitted by authorized personnel (see a description of authorized personnel in paragraph **4.7.C**).

#### **4.8 RECORD RETENTION**

IRB records will be retained for at least three (3) years after completion of the research. IRB records not associated with research or protocols cancelled without participant enrollment will be retained at least 3 years after closure. After that time, IRB offices and

OHSRP will comply with NIH Manual Chapter 1743 - Keeping and Destroying Records (see **References** below).

## REFERENCES

- A. DHHS regulations at 45 CFR 46:  
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>
- B. FDA regulations at 21 CFR 56:  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=56>
- C. NIH Manual Chapter 1743 --- Keeping and Destroying Records (see <http://oma.od.nih.gov/manualchapters/management/1743/>)
- D. OHSRP website <https://federation.nih.gov/ohsr/nih>

## LIST OF APPENDICES

Appendix A - Recommended format for NIH IRB Minutes.

**APPENDIX A RECOMMENDED FORMAT FOR NIH IRB MINUTES**

**RECOMMENDED FORMAT FOR ALL NIH IRB MINUTES**

*The order in which agenda items are reviewed is at the discretion of IRB Chairs. Instructional language is italicized and should be removed from the template before use. Bracketed language should be replaced with the applicable terminology. Any changes to this template must be approved by the Office of Human Subjects Research Protections (OHSRP)*

**Minutes of the [Institute] IRB Meeting Held on [date]**

<b>Members Present:</b>	_____ (Chair)	_____ (Vice Chair)
<i>(List name and role:</i>	_____	_____
<i>indicate who is</i>	_____	_____
<i>a non-scientist,</i>	_____	_____
<i>non-NIH affiliated,</i>	_____	_____
<i>who is an alternate</i>	_____	_____
<i>covering for a</i>	_____	_____
<i>member and who</i>	_____	_____
<i>is attending by phone <b>or videoconference</b>)</i>		

**The members listed above received all pertinent material before the meeting and were able to actively and equally participate in all discussions.**

<u>Members Absent:</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____

*(NOTE: As per SOP 4 - Human Research Protection Program (HRPP) Documentation and Records, this list should include, "Names of the primary and alternate members who are present and absent at the beginning of the meeting... The minutes should document the name and status of members who attended any part of the IRB meeting." Entrances and departures of IRB members should be noted at the point at which they occur below.)*

<b>Guests:</b>	_____	_____
<i>(Include Affiliation</i>	_____	_____
<i>and indicate if</i>	_____	_____
<i>a consultant)</i>		

The meeting convened at --:-- [a.m./p.m.] with a quorum of [#] members present. The quorum for this IRB is [#] members. *(Note: the Chair counts towards the quorum, unless recused)*

**CONFLICT(S) OF INTEREST** *(list any members with known conflicts of interest and the action where the conflict exists)*

### **MINUTES OF THE MEETING HELD ON (DATE)**

*(The minutes must be voted on and any changes documented.)*

### **ANNOUNCEMENTS**

### **INITIAL REVIEWS**

#### **1. Initial Review**

Principal Investigator:

Protocol Title:

Protocol Number:

Protocol Précis: (optional)

(a) Discussion:

*Include the general discussion, including informal discussions with consultants and determinations of the Board. Also include the length of the period of approval; and whether the IRB made determinations as required by FDA regulations (i.e. device exemption, Significant Risk (SR) or Non-significant Risk (NSR) risk determinations, etc...) See SOP 2 - IRB Membership and Structure regarding consultants and whether more information is needed from independent sources.*

Specific discussions: *(include the following headings)*

Scientific design: *(discuss and note that Institute pre-scientific review has been done)*

Subject selection including equitability (45 CFR 46.111(a)(3)):  
*(discuss populations to be studied & recruitment plan)*

Additional Safeguards for Vulnerable Subjects (45 CFR 46.111(B))

Risks are reasonable in relationship to anticipated benefits, if any (45 CFR 46.111(a)(2): *(Assign a level of risk at the time of the IRB decision and vote, in item (d) below consistent with the NIH IRB Protocol Review Standards (See SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs)). If vulnerable populations (e.g. children or prisoners are to be enrolled, cite the regulatory reference, e.g., 45 CFR 46.404, etc... See HRPP SOP series 14 regarding vulnerable subjects, e.g., SOP 14C- Research Involving Prisoners for special circumstances such as enrollment of prisoners.)*

Minimization of risks to subjects (45 CFR 46.111(a)(1)):

Monitoring data to ensure the safety of subjects (45 CFR 46.111(a)(6)):

Privacy and confidentiality (45 CFR 46.111(a)(7)):

Informed Consent process is adequate and is appropriately documented (46 CFR 46.111(a)(4), 46.116 and 46.117): *(document that all required elements are present, or waiver of consent or documentation is permitted, in accordance with 45 CFR 46.116 and 46.117, for example*

i. Alteration or waiver of requirements for informed consent (*when applicable*):

1. The research involves no more than minimal risk to the subjects.
2. The waiver or alteration will not adversely affect the rights and welfare of the subjects.
3. The research could not practicably be carried out without the waiver or alteration, and
4. Whenever appropriate, the subjects must be provided with additional pertinent information after participation.

ii. Waiver of requirements for written documentation of informed consent: (*when applicable*)

*(Note that alteration or waiver of requirements for informed consent or waiver of written documentation of informed consent may not be permitted for research including certain vulnerable populations).*

Period of Approval: *(state the length of the approval period)*

Additional considerations: *(when appropriate)*

*(List any other considerations related to the type of research to be conducted (e.g., IND, ionizing radiation; collaborative research, other...; state if these*

*considerations do not apply. For more information about special considerations, see SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs)). For example, document the rationale for significant risk/non-significant risk device determinations (See SOP 15B - Research Regulated by the FDA: Information and Policies for IDE Applications).*

- (b) Stipulations/Conditions: *(stipulations are the conditions for approval, number the stipulations)*
- (c) Recommendations *(recommendations are suggested but not required for approval, number the recommendations)*
- (d) IRB Decision and Vote (Executive Session):

The IRB moved and seconded the motion that this [ACTION] be [Approved, Deferred, etc...] [with stipulation responses] to the [Chair, Board, etc...] *(Terminology for IRB actions include: "Approved", "Approved with Stipulations/Conditions", "Deferred" or "Tabled, or "Disapproved", for more information, see SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs). If the protocol is approved with stipulations/conditions and/or recommendations, the minutes must state whether the IRB votes that the stipulations and/or recommendations are to be reviewed by the Chair (designee), by a subcommittee of the IRB, or by the full IRB)*

Risk Assessment:

*(Assign a level of risk consistent with the NIH IRB Protocol Review Standards Form (see SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs)). If vulnerable populations, e.g. children or prisoners are to be enrolled, cite the regulatory reference, e.g., 45 CFR 46.404. See HRPP SOPs series 14, e.g., SOP 14C- Research Involving Prisoners for special circumstances such as enrollment of prisoners.)*

Benefit Assessment:

*(See the IRB Review Standards in SOP 7 - Requirements for the Ethical and Regulatory Review of Research by NIH Institutional Review Boards (IRBs))*

Vote: Total #: For [#], Against [#], Abstained [#] Absent [#; name]

Recused [#; name]

*(Include a written summary of the discussion of controverted issues and their resolution.*

*Movement of members must also be noted, for example if a member came late it should be noted when they arrived, their name and role so that the quorum at time of vote makes sense.*



*The minutes will indicate, by name, those members who are absent or recused for each vote during the meeting, for more information, see SOP 4 - Human Research Protection Program (HRPP) Documentation and Records.*

2., 3. etc...(Follow the same format as above for additional problems)

*Guidance provided above applies below as applicable for each action type.*

### **EXPEDITED INITIAL REVIEWS, EXPEDITED CONTINUING REVIEWS OR EXPEDITED AMENDMENTS, OR EXPEDITED STUDY CLOSURE**

1. Expedited [Initial, Continuing Review, etc...]

Principal Investigator:

Protocol Title:

Protocol Number:

Protocol Précis: *(optional)*

(a) Date approved by IRB Chair or designee: *(Optional if captured on the Expedited Reviewer Form in the IRB Member Packet)*

(b) Description of expedited action: *(Expedited actions must be listed separately in the minutes. The Chair should provide a brief explanation of any expedited actions. A vote is not required but the IRB has the prerogative to discuss, rescind or amend expedited actions.)*

2., 3. etc...(Follow the same format as above for additional problems)

### **CONTINUING REVIEWS OR CONTINUING REVIEWS WITH AMENDMENT** *(as applicable)*

*The entire protocol file should be available for reference at the meeting. When a Continuing Review is accompanied by an Amendment, each action must be voted upon separately.*

1. Continuing Review (or) Continuing Review with Amendment

Principal Investigator:

Protocol Title:

Protocol Number:

Expiration Date:

Protocol Précis: *(optional)*

(a) Discussion: *(including a discussion of PI continuing review reports required by SOP 16 - Reporting Requirements for Unanticipated Problems, Adverse Events and Protocol Deviations and SOP 9 - Continuing Review by the Convened IRB)*

Specific discussions: *(include the following headings)*

Research progress and rationale for continuation of the study: *(discuss whether the research is progressing as expected and whether the study may continue)*

Changes in previously approved research: *(specify if material changes have occurred or not; if they have changed, indicate the appropriate regulatory citation as applicable, see Initial Review above for regulatory citations)*

Significant new findings: *(discuss if any information has appeared in the literature or evolved from this or similar research that might affect the IRB's evaluation of the risk/benefit assessment for this protocol or the subjects' willingness to continue participation in the research)*

Protocol recruitment: *(discuss whether the protocol is meeting its recruitment goals)*

Summary of Adverse Events, Protocol Violations, Serious or Continuing Non-compliance and Unanticipated Problems: *(discuss events that have occurred on the study in this review period and whether the protocol or consents must be amended)*

Scientific design: *(when appropriate)*

Informed consent process is adequate and is appropriately documented (45 CFR 46.111(a)(4), 46.116 and 46.117): *(when appropriate)*

Additional safeguards for vulnerable subjects (45 CFR 46.111(a)(1)): *(when appropriate)*

Monitoring of data to ensure safety of subjects (45 CFR 46.111(a)(6)): *(when appropriate)*

Privacy & confidentiality (45 CFR 46.111(a)(7)): *(when appropriate)*

Risks are reasonable in relationship to anticipated benefits/benefits, if any (45 CFR 46.111(a)(2): *(discuss if any information has appeared in the literature or evolved from this or similar research that might affect the IRB's evaluation of the risk/benefit assessment for this protocol.)*

Period of Approval:

Additional considerations: *(when appropriate)*

(b) Stipulations/Conditions:

(c) Recommendations:

(d) IRB Decision and Vote (Executive Session):

The IRB moved and seconded the motion that this [ACTION] be [Approved, Deferred, etc...] with stipulation responses to the [Chair, Board, etc...]

Risk Assessment:

Benefit Assessment:

Continuing Review Vote:

Total #: For [#], Against [#], Abstained [#] Absent [#; name] Recused [#; name]  
*(list members who have a conflict of interest)*

Amendment Vote: (when applicable)

Total #: For [#], Against [#], Abstained [#] Absent [#; name] Recused [#; name]

2., 3. etc...*(Follow the same format as above for additional problems)*

### **AMENDMENTS** *(The entire protocol file should be available at the meeting)*

#### 1. Amendment

Principal Investigator:

Protocol Title:

Protocol Number:

Protocol précis: (optional)

Expiration Date:

Description of the amendment:

(a) Discussion:

Specific discussions: *(include the following headings)*

Changes to previously approved research:

Scientific design: *(when appropriate)*

Subject selection including equitability (45 CFR 46.111(a)(3)): *(when appropriate)*

Additional safeguards for vulnerable subjects (45 CFR 46.111(a)(1)): *(when appropriate)*

Minimization of risks to subjects (45 CFR 46.111(a)(1)): *(when appropriate)*

Monitoring of data to ensure safety of subjects (45 CFR 46.111(a)(6)): *(when appropriate)*

Privacy & confidentiality (45 CFR 46.111(a)(7)): *(when appropriate)*

Informed consent process is adequate and is appropriately documented (45 CFR 46.111(a)(4), 46.116 and 46.117): *(when appropriate)*

Risks are reasonable in relationship to anticipated benefits/benefits, if any (45 CFR 46.111(a)(2)):

Additional considerations: *(when appropriate)*

(b) Stipulations/Conditions:

(c) Recommendations:

(d) IRB Decision and Vote (Executive Session):

The IRB moved and seconded the motion that this [ACTION] be [Approved, Deferred, etc...] with stipulation responses to the [Chair, Board, etc...]

Risk Assessment:

Benefit Assessment:

Vote: Total #: For [#], Against [#], Abstained [#] Absent [#; name]  
 Recused [#; name]

2., 3. etc...(Follow the same format as above for additional problems)

## **REPORT OF UNANTICIPATED PROBLEMS (UPs), - PROTOCOL DEVIATIONS (PDs) AND SERIOUS OR CONTINUING NON-COMPLIANCE**

*(See SOPs 16 - Reporting Requirements for Unanticipated Problems, Adverse Events and Protocol Deviations and 16A - Allegations of Non-compliance with Requirements of the NIH Human Research Protection Program (HRPP) for more information)*

### 1. UPs, PDs and Serious or Continuing Non-compliance

Principal Investigator:

Protocol Title:

Protocol Number:

Date of the problem:

Description of the problem(s):

(a) Discussion: *(Document the IRB's discussion, include PI actions taken as a result of the event; IRB stipulations/conditions for further actions, if any, (e.g., suspension of subject accrual, etc...)) and any necessary recommendations for further reporting to NIH officials, the Director CC, FDA, etc...)*

(b) Determination: *(Document the IRB's determination regarding the nature of the event including UP, serious or continuing non-compliance, suspension or termination of approval)*

(c) Stipulations/Conditions *(stipulations are the conditions for approval, number the stipulations)*

(d) Recommendations *(recommendations are suggested but not required for approval, number the recommendations)*

**(e) IRB Decision and Vote (Executive Session):**

**The IRB moved and seconded the motion that this [ACTION] be [Approved, Deferred, etc...]** with stipulation responses to the [Chair, Board, etc...]

**Vote: Total #: For [#], Against [#], Abstained [#] Absent [#; name]  
 Recused [#; name]**

2., 3. etc...(Follow the same format as above for additional problems)

**EMERGENCY INDS (EINDs) or EXPANDED ACCESS INDS** *(when applicable)*  
*(If Expanded Access IND specify the type: Single-patient IND, Intermediate-size Population IND, or Treatment IND. For more information see SOP 15A - Research Regulated by the Food and Drug Administration (FDA): Information and Policies Specific to Research Involving Investigational New Drugs (Including Biological Products))*

1. Emergency IND or [Expanded Access] IND

Principal Investigator:

Protocol Title:

Protocol Number:

(a) Discussion: *(For Emergency INDS, document the IRB's discussion and specify the period of approval, while the IRB does not vote to approve this action it is required to review the EIND at least yearly if still open consistent with 21 CFR 56.109(f).*

*Expanded Access INDS are reviewed and approved consistent with 21 CFR Parts 50 and 56 and may not be implemented prior to meeting these requirements in addition to those specified in 21 CFR 312 Subpart I.)*

Period of Approval:

(b) Stipulations/Conditions:

(c) Recommendations:

2., 3. etc...(Follow the same format as above for EINDs or Treatment INDS)

**INFORMATION ITEMS** *(when applicable)*

1. Informational Item

Principal Investigator:

Protocol Title:

Protocol Number:

(a) Discussion: *(Document the IRB's discussion. Include PI actions taken as a result of the event; IRB recommendations for further actions, if any, (e.g., suspension of subject accrual, etc.), and any necessary recommendations for further reporting to NIH officials, OHSRP, Director CC, or FDA, etc...)*

(b) Stipulations/Conditions:

(c) Recommendations:

2., 3. etc...(Follow the same format as above for additional problems)

**ADJOURNMENT:** The meeting adjourned at --:-- (a.m./p.m.).