

1. SCOPE AND APPLICABILITY

- 1.1.** The scope and purpose of this Standard Operating Procedure (SOP) is to describe the policies and procedures of the VA Central Institutional Review Board (IRB) for the reporting and review of adverse events and unanticipated problems involving risks to subjects or others. It includes reporting responsibilities of Principal Investigators/Study Chairs (PI/SCs), Local Site Investigators (LSIs), and coordinating centers. In addition, it includes review and actions considered by the VA Central IRB in the evaluation of submitted reports.
- 1.2.** This SOP applies to all research projects under the oversight of the VA Central IRB. It includes, but is not limited to, the following: Principal Investigators/Study Chairs (PI/SCs), Local Site Investigators, Coordinating Centers, VA Central IRB members and administrative staff, local site Research and Development (R&D) staff, local site Research Compliance Officers (RCOs), and Institutional Officials (IO).
- 1.3.** Other individuals or groups of individuals may have information that is applicable to this SOP and may also report unanticipated problems involving or suggesting risks to subjects or others. These individuals and groups include, but are not limited to the following: subjects, subjects' family members, the local site VA patient relations office, an affiliated university, sponsors, and regulatory and oversight agencies.
- 1.4.** The VA Central IRB requires reporting of all local unanticipated serious adverse events and unanticipated problems involving risks to participants or others that are related to research projects overseen by the VA Central IRB.
 - 1.4.1.** Immediate oral reporting of all research-related deaths is required, followed by written notification within 5 work days after being made aware of the death.
 - 1.4.2.** Written notification within 5 work days after being made aware of the occurrence is required for all qualifying incidents. Local site investigators are not required to report events and problems to the VA Central IRB that do not occur at their site.
 - 1.4.3.** Adverse events or problems that do not meet the criteria for reporting are to be reported in summary format by the investigator as part of the continuing review submission for a study or as part of a study or site closure report.
- 1.5.** The VA Central IRB reviews all reported unanticipated serious adverse events and serious unanticipated problems involving risks to participants or others and determines if they require further reporting. If the submitted report requires further reporting, the VA Central IRB will report the incident to the VA Central IRB Institutional Official and the applicable local VA Medical Facility Director and ACOS/R&D in accordance with VA Central IRB SOP 125, Reportable Action Reporting. SOP 125 also includes reporting requirements to the VA Office of Research Oversight (ORO), the Office for Human Research Protections (OHRP), and/or the U.S. Food and Drug Administration (FDA) as applicable.

2 DEFINITIONS

- 2.1 Adverse Event.** An Adverse Event is defined as any untoward physical or psychological occurrence in a human subject participating in research. An AE can be any unfavorable or unintended event including an abnormal laboratory finding, symptom, or disease associated with the research or the use of a medical investigational test article. In the context of a multi-center study, local or internal AEs are those AEs experienced by subjects, research staff, or others at the reporting individual's own facility or VA-approved research site.
- 2.2 Serious Adverse Event (SAE).** An SAE in human research is an AE that results in death, a life threatening experience, inpatient hospitalization, prolongation of hospitalization, persistent or significant disability or incapacity, or congenital anomaly or birth defect. An AE is also considered serious when medical, surgical, behavioral, social, or other intervention is needed to prevent such an outcome (VHA Handbook 1200.05).
- 2.3 Unexpected or Unanticipated Adverse Event (UAE).** An UAE is an AE that is new or greater than previously known, in terms of nature, severity, or frequency, given the procedures described in the protocol documents and the characteristics of the study population. *NOTE: For the purposes of this SOP, "unanticipated" is the same as "unexpected."*
- 2.4 Unanticipated Problem (UP).** A UP is an unanticipated problem that is new or greater than previously known in terms of nature, severity, or frequency, given the procedures described in the protocol documents and the characteristics of the study population.

Unanticipated problems, in general, include any incident, experience, or outcome that meets **all** of the following criteria (OHRP definition):

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

3 RESPONSIBILITY

3.1. The Local Site Investigators (LSIs) are responsible for:

- 3.1.1 Orally notifying the VA Central IRB immediately of any local research deaths that are both unanticipated and related to the research

- 3.1.2 Notifying the VA Central IRB in writing, of all local serious unanticipated (unexpected) adverse events that are related to the research, within 5 days of becoming aware of the occurrence and completing any follow-up reports as applicable.
- 3.1.3 Notifying the VA Central IRB in writing, of all unanticipated problems involving risks to participants or others within 5 workdays of becoming aware of the event or problem and completing any follow-up reports as applicable.
- 3.1.3 Submitting summary information about adverse events and unanticipated problems that did not require immediate reporting to the VA Central IRB at the time of continuing review and at the time of study closure at the site.
- 3.1.4 Submitting a copy of the VA Central IRB Form 119: Report of Unanticipated Serious Adverse Event (U-SAE), Unanticipated Adverse Device Effect (U-ADE), and/or Unanticipated Problem Involving Risks to Participants or Others (Attachment 1) to the PI/SC and to the VA Central IRB. The LSI may omit submitting a copy of this form to the PI/SC if contraindicated based on study design (e.g. the PI/SC is blinded).
- 3.2 The Principal Investigator/Study Chair (PI/SC) is responsible for the following:
- 3.2.1 Submitting to the VA Central IRB any follow-up reports requested by the VA Central IRB following a report of an unanticipated serious adverse event or an unanticipated problem involving risks to participants or others, if the PI/SC was asked to review and/or take part in any follow-up activities.
- 3.2.2 Submitting summary information about adverse events and other problems that did not require immediate reporting to the VA Central IRB at the time of continuing review and at the time of study closure.
- 3.2.3 If the research project does not involve Local Site Investigators working under the direction of the Principal Investigator/Study Chair (e.g. a multi-site research project involving three Co-PI/SCs with no LSIs), the PI/SC or Co-PI/SC is responsible for fulfilling both LSI and PI/SC responsibilities.
- 3.3 Coordinating Centers are responsible for the following:
- 3.3.1 In the event a Coordinating Center is the first to identify an unanticipated serious adverse event or an unanticipated problem involving risks to participants or others, it is responsible for reporting to the PI/SC. The PI/SC is then responsible for reporting to the VA Central IRB. In the interest of timely reporting, the Coordinating Center may also submit the report as long as the PI/SC has been notified and consulted.
- 3.3.2 Ensuring all sites are following the reporting requirements as outlined in the approved protocol and keeping the PI/SC and VA Central IRB informed as applicable.

3.4 The VA Central IRB is responsible for the following:

- 3.4.1 During the initial review of a new project, the VA Central IRB must evaluate the potential risks to participants, including the procedures for reporting of information relevant to participant protection. This includes the study team's plan for reporting of serious adverse events and unanticipated problems involving risks to subjects or others.
- 3.4.2 Within 2 work days after receiving an oral report of an unanticipated research-related death, alerting ORO; the ACOS/R&D; and the applicable Facility Director of the death by telephone or email.
- 3.4.3 Within 5 work days after receipt of a report of an unanticipated serious adverse event or an unanticipated problem involving risks to participants or others, a VA Central IRB Co-Chair, or a voting VA Central IRB member designated by a VA Central IRB Co-Chair, must determine whether any immediate action is required to safeguard the subject's rights or welfare. A preliminary determination as to whether the reported incident is serious, unanticipated and related to the research will also be made. If the convened IRB meets within the 5 work day timeframe, this determination can also be made at the convened meeting.
- 3.4.4 Reviewing the reported incident at the next available meeting of the convened IRB, documenting required determinations covered in paragraph 4.5.4 of this SOP, and reporting the results of the review according to the procedures outlined in VA Central IRB SOP 125, Reportable Action Reporting.
- 3.4.5 The VA Central IRB, or for expedited reviews, the VA Central IRB member designated by the Co-Chair to perform the review, is also responsible for determining at the time of continuing review whether any findings or new information could alter the VA Central IRB's previous determinations to approve the research. This review is to include review of the unanticipated SAEs that were related to the research, unanticipated problems involving risks to subjects or others, and adverse event summaries.
 - 3.4.5.1 If at the time of continuing review, an event is determined to be serious, unanticipated, and related to the research, the VA Central IRB must also determine and document whether a protocol or informed consent modification is warranted.
 - 3.4.5.2 If while performing continuing review using expedited review procedures, a Designated Reviewer determines that an event is serious, unanticipated, and related to the research, the IRB will follow the procedures outlined in this SOP.

3.6 The VA Central IRB Administrative Staff is responsible for:

- 3.6.1 Receiving reports via the VA Central IRB SharePoint reporting system or via encrypted e-mail, logging reports into the VA Central IRB tracking system, and forwarding reports to applicable Reviewers.
- 3.6.2 Tracking reports and obtaining additional information required by the Reviewer(s) to ensure they are completed.
- 3.6.3 Scheduling reports to be reviewed at a convened meeting of the VA Central IRB as applicable and preparing all correspondence based on the determinations made by Reviewers, the VA Central IRB Co-Chairs, and the VA Central IRB as applicable.
- 3.6.4 Ensuring all applicable forms and documents are filed in the applicable electronic project folders on the VA Central IRB shared drive, as well as hard copy folders for FDA-regulated studies.

4 PROCEDURES

4.1 Reporting Procedures. The following reporting procedures will be followed:

- 4.1.1 PI/SC, LSIs, Coordinating Centers, or others as applicable, are responsible for immediately alerting the VA Central IRB of any local unanticipated research-related death using the VA Central IRB toll free number (877) 354-3130.
- 4.1.2 The following must be reported to the VA Central IRB in writing within 5 work days of study teams being made aware of the event or problem:
 - 4.1.2.1 All local unanticipated SAEs that are related to the research as defined in VHA Handbook 1058.01, Research Compliance Reporting Requirements. LSIs do not report SAEs occurring at other participating sites.
 - 4.1.2.2 Unanticipated problems involving risks to participants or others that are related to the research. Refer to VA Central IRB Form 119, the VA Central IRB Table of Reporting Requirements, or VHA Handbook 1058.01 for more information on reporting criteria.
- 4.1.3 Notification will be made using the VA Central IRB Form 119. The VA Central IRB requires that all reportable event reports be uploaded to its secure SharePoint site under the "Reportable Events" folder. All PI/SCs, LSIs, Study Coordinators, and Coordinating Centers are given access to this site upon approval of a project. Others may be given access to the site for the purposes of loading a form by calling the phone number listed on the VA Central IRB Form 119. Reports may also be forwarded to the VA Central IRB Administrator or VA Central IRB Manager for the specified project via encrypted e-mail.

4.2 Receipt of Report by VA Central IRB Administrative Office:

- 4.2.1 Upon receiving oral notification of a research-related death, the VA Central IRB Administrator or Manager will follow procedures outlined in SOP 125 to alert ORO; the respective ACOS/R&D and

Facility Director of the incident by telephone and/or email within 2 work days of receiving the oral notification.

4.2.2 Upon receipt of a VA Central IRB Form 119, the VA Central IRB has five work days to complete a preliminary review. The report will be acknowledged and processed as follows:

4.2.2.1 The VA Central IRB administrative staff enters applicable information from the VA Central IRB Form 119 in the ACCESS database tracking system. Each report is assigned a tracking number by the ACCESS system based on calendar year and the order in which the report is received, i.e., P09-10. The "P" prefix indicates a "Problem" is being tracked. Once a tracking number is assigned, this is also entered on the report.

4.2.2.2 Once the system assigns a report number, this number and the date received is also entered on the report and a folder labeled with the tracking number is then created on the shared drive in the Reports folder for the study and applicable site.

4.2.2.3 An e-mail is sent to the reporting individual by a member of the VA Central IRB administrative staff through the ACCESS system acknowledging receipt of the VA Central IRB Form 119 and, if any information is incomplete, the missing information is requested to be sent immediately.

4.2.3 The VA Central IRB administrative staff then will prepare and send the report to a voting member of the IRB for review as follows:

4.2.3.1 The VA Central IRB administrative staff will prepare a VA Central IRB Form 125, Reviewer Checklist for Unanticipated Serious Adverse Events, Unanticipated Adverse Device Effects, and/or Unanticipated Problems Involving Risks to Subjects or Others (Attachment 2), for the Reviewer to complete.

4.2.3.2 The Forms 119 and 125, along with any other applicable documentation will then be loaded in the Reviewer study folder on the VA Central IRB SharePoint site. VA Central IRB administrative staff will send a task notice to the Reviewer using SharePoint Task Manager, including a link to the applicable folder.

4.3 Preliminary IRB Member Review: A voting VA Central IRB member, previously designated by the VA Central IRB Co-Chairs to conduct such reviews, makes the determinations in paragraph 4.3.1 within 5 work days after receipt of the report by the VA Central IRB. The Reviewer is generally the Primary Reviewer that had initially reviewed the project when it was submitted for approval. If the VA Central IRB Co-Chair or Reviewer has a conflict of interest, this must be noted on the applicable checklist, and another reviewer will be assigned.

4.3.1 Upon receipt of the VA Central IRB Form 119 for review, the Reviewer or VA Central IRB Co-Chair makes the following preliminary determinations for each reported unanticipated serious adverse event or unanticipated problem involving risks to subjects or others:

- Whether any immediate action is required to safeguard the subject's rights or welfare;
- The event is serious, unanticipated and related to the research; or
- There is insufficient information to determine whether the event is serious, unanticipated and related to the research; or
- The event is not serious; unanticipated and related to the research.

These preliminary determinations will be documented using the VA Central IRB Form 125.

4.3.2 In addition to the determinations required in paragraph 4.3.1, the designated VA Central IRB member may take or recommend to the convened IRB one or more of the following actions:

- Request additional information;
- Indicate apparent serious or continuing noncompliance (processed per VA Central IRB SOP 118, Serious and Continuing Noncompliance);
- Recommend Suspension or suspend approval of the research per VA Central IRB SOP 119, Suspension or Termination of Projects; this can be recommended by the designated reviewer but only acted upon immediately by the VA Central IRB Co-Chair for participant safety;
- Recommend one or more of the following to the convened IRB:
 - Termination of the project (referred to convened IRB);
 - Request additional information be provided to current participants (e.g., require the LSI to re-consent current participants; information letter);
 - Request additional information be provided to past participants;
 - Request modification of the protocol;
 - Request modification of information disclosed during the informed consent process;
 - Modify the continuing review schedule;
 - Require additional training of the PI/SC, LSI or other study team members;
 - Monitor the research, i.e., request that the RCO do a specific audit;
 - Monitor the consent process, i.e., ask RCO to audit or set up some other mechanism for monitoring, to include a site visit if necessary;
 - Refer to other organizational entities;
 - Indicate no further action is needed
 - Recommend other action as applicable

If a Reviewer determines that a study blind needs to be broken to make a determination, the concurrence of a VA Central IRB Co-Chair must be obtained prior to sending the request to the study team. In making the request, the procedures specified in the approved protocol for requesting the breaking of a blind must be followed.

- 4.3.3 If the Reviewer determines that additional information will be needed in order for the convened IRB to make its required determinations, the reviewer will note that “additional information is needed” on the VA Central IRB Form 125 and specify what is required in order to make a definitive determination.
- 4.3.4 If apparent serious or continuing noncompliance is also identified, the incident will also be reviewed by the convened IRB for apparent serious noncompliance per VA Central IRB SOP 118, Serious and Continuing Noncompliance.
- 4.4 Actions Taken By VA Central IRB Administrative Staff. The VA Central IRB Administrative staff will follow-up with the Reviewer to ensure that the preliminary determinations are made within the 5 work day review requirement.
- 4.4.1 If the Reviewer determines that immediate action is needed to prevent an immediate hazard to participants or others, the VA Central IRB Administrator will be immediately notified. The VA Central IRB Administrator will consult with the VA Central IRB Co-Chair and any required immediate action will then be taken. Further reporting will take place in accordance with VA Central IRB SOP 125, Reportable Action Reporting.
- 4.4.2 If a report is received for which the individual submitting the report had indicated “Relatedness Cannot be Determined” and the Reviewer determined the event was Not Related, VA Central IRB Administrative staff enter that designation in ACCESS and send an e-mail through ACCESS informing the study team, the VA Central IRB Manager, and VA Central IRB Liaison of the determination. The tracking number will then be closed out. A copy of the e-mail message is then filed in the electronic folder for the event and also in the paper folder if applicable.
- 4.5 VA Central IRB Review Procedures: All events that were reported as related or determined to be related by the IRB Reviewer must be scheduled for review at the next convened meeting of the VA Central IRB.
- 4.5.1 The VA Central IRB Manager for the applicable study will ensure the reported incident is added to the agenda of the next convened VA Central IRB meeting. The VA Central IRB administrative staff ensures that the following materials are made available to all the IRB members prior to the meeting either by encrypted e-mail or via the SharePoint site.
- VA Central IRB Form 125
 - VA Central IRB Form 119
 - Any included supplemental materials, and
 - Current IRB approved consent form, if applicable.
- 4.5.2. The VA Central IRB Co-Chair or the designated VA Central IRB member who initially reviewed the submitted report serves as the Primary Reviewer. If this designated individual is not the Primary Reviewer for the study, the Primary Reviewer will also be notified and have access to the above materials.

4.5.3 In addition, the Primary Reviewer will have access to the entire project file via SharePoint or the paper copy can be made available prior to the meeting. Other members besides the Primary Reviewer may have access to all the materials if they so choose to review them.

4.5.4 The convened VA Central IRB then reviews the event and determines and documents the following:

- The incident was serious and unanticipated and related to the research; or
- There is insufficient information to determine whether the incident was serious and unanticipated and related to the research; or
- The incident was not serious, and/or the incident was not unanticipated, and/or the incident was not related to the research
- If a change in the informed consent form or process is required.
 - In making this determination, the VA Central IRB can obtain additional information from the investigators to supplement the review.
 - If the VA Central IRB does determine that a modification of the informed consent form or process is required, the VA Central IRB must also determine and document in the IRB minutes whether or not currently enrolled subjects must be notified, and if so,
 - When the notification must take place, and
 - How the notification will be documented. This can include re-consenting of participants or the provision of an information sheet, and
 - Whether notification of past participants is required, such as the provision of an information sheet.

4.5.5 In addition to determining if a modification is required to the informed consent document or process if applicable, the VA Central IRB can also make any of the following determinations:

- Determine if noncompliance is involved (Noncompliance is reported and investigated per VA Central IRB SOP 118, Reporting and Investigating Protocol Deviations and Non-Compliance);
- Suspend or terminate VA Central IRB approval of the research in accordance with VA Central IRB SOP 119;
- Require modifications to the project. These modifications can include, but are not limited to, the following:
 - Request modification of the protocol;
 - Modify the continuing review schedule;
 - Require additional monitoring of the research;
 - Require monitoring of the consent process.
- Refer to other organizational entities;
- Require additional training of the PI/SC, LSI, or other study team members;
- Indicate no further action is needed;
- Other actions as required by the VA Central IRB.

4.5.6 If the event was determined to not be further reportable, the VA Central IRB Manager will prepare a memorandum with the results of the determination for signature by a VA Central IRB Co-Chair

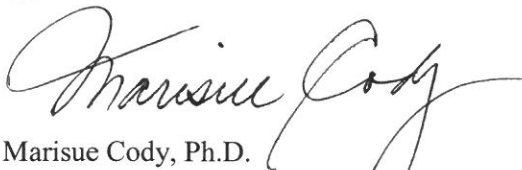
within 10 working days of the meeting. The signed memorandum will be forwarded to the reporting individual, the LSI, the PI/SC, applicable VA Central IRB Liaisons, and the Coordinating Center if applicable and filed in the applicable event folder on the shared drive and for FDA-regulated studies, also in the paper folder. If the event is further reportable, the procedures outlined in VA Central IRB SOP 125 will be followed.

4.5.7 The results of the review by the VA Central IRB will also be documented in the meeting minutes. minutes of the meeting.

5 REFERENCES

- 6.1 38 CFR 16, Department of Veterans Affairs, Protection of Human Subjects
- 6.2 VHA Handbook 1200.05, Requirements for the Protection of Human Subjects in Research
- 6.3 VHA Handbook 1058.01, Research Compliance Reporting Requirements
- 6.4 VHA Handbook 1108.04, Investigational Drugs and Supplies
- 6.5 Office for Human Research Protections Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events, dated January 15, 2007
- 6.6 21 CFR 56, U.S. Food and Drug Administration, Institutional Review Boards

As the responsible authority as delegated by the VHA Central Office Institutional Official, I have reviewed and approved the contents of this VA Central IRB Standard Operating Procedure.



Marisue Cody, Ph.D.
Director of Operations
VHA Human Protections Administrator
Office of Research and Development

2 Attachments

- 1. VA Central IRB Form 119, Report of Serious Adverse Event (U-SAE), Unanticipated Adverse Device Effect, and/or Unanticipated Problem Involving Risks to Participants or Others



VA Institutional Review Board for Multisite Studies

Reportable Adverse Events and Unanticipated Problems in Research

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2. VA Central IRB Form 125, Reviewer Checklist for Unanticipated Serious Adverse Events, Unanticipated Adverse Device Effects, and/or Unanticipated Problems Involving Risks to Participants or Others

Report of Unanticipated Serious Adverse Event (U-SAE), Unanticipated Adverse Device Effect (U-ADE), and/or Unanticipated Problem (UAP) Involving Risks to Participants or Others



What and When to Report on this Form

All Unanticipated Serious Adverse Events (U-SAEs), Unanticipated Adverse Device Effects (U-ADE), and all Unanticipated Serious Problems (UAPs) that are related to a research study overseen by the VA Central IRB must be reported, in writing, within **five** business days and in accordance with your IRB approved protocol.

***Additionally, all unanticipated deaths that are related to a research study overseen by the VA Central IRB must immediately be reported orally to the VA Central IRB via the toll free number (877) 354-3130**

Definitions

I. An Adverse Event (AE) is **Serious** when the event occurs in research and results in:

- Death
- A life-threatening experience
- Hospitalization (for a research participant not already hospitalized)
- Prolongation of Hospitalization (for a research participant already hospitalized)
- Persistent or significant disability or incapacity
- Congenital anomaly
- Birth defect, or
- Need for medical, surgical, behavioral, social, or other intervention to prevent outcomes such as the above

These events are reported to the VA Central IRB in writing within five business days when they are both Unanticipated or Unexpected and related to the research.

Unanticipated/unexpected is defined as new or greater than previously known in terms of nature, severity, or frequency given the procedures as described in protocol-related documents and the characteristics of the study population.

Related to the research is defined as to reasonably be regarded as caused by, or probably caused by, the research.

II. Serious Adverse Device Effects (ADEs) are any serious adverse effects on health or safety or any life-threatening problem or death caused by, or associated with, a device.

Serious ADEs are reported to the VA Central IRB when they are **Unanticipated or Unexpected and related to the research**.

Unanticipated/unexpected is defined as not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of participants

Related to the research is defined as to reasonably be regarded as caused by, or probably caused by, the research.

III. Problems Involving Risks to Participants or others are **Serious** when the problem:

- Involves substantive harm, or a genuine risk of substantive harm, to the safety, rights, or welfare of human research participants, research staff, or others, including their rights to privacy and confidentiality of identifiable private information; or
- Substantively compromises a facility's human research protection or human research oversight programs.

Serious Problems are reported to the VA Central IRB, in writing, within 5 business days when they are both Unanticipated and related to the research.

Unanticipated is defined as unexpected (in terms of nature, severity, or frequency) given the research procedures that are described in the protocol-related documents, such as the IRB-approved protocol and informed consent document; and the characteristics of the participant population being studied.

Related is defined as to reasonably be regarded as caused by, or probably caused by, the research.

Refer to VHA Handbooks 1058.01 and 1200.05, and VA Central IRB SOP 114, "Reportable Adverse Events and Unanticipated Problems in Research" for more information on event reporting.

Submission Procedures

Submit this form to the VA Central IRB SharePoint site under the folder labeled "Reportable Events-SAE, UAP, or PD." **DO NOT** upload these reports to the regular study submission folder on SharePoint as this folder may not be monitored on a daily basis.

If you need access to submit a report or have any questions and you do not have the contact information for the VA Central IRB SharePoint Administrator or the VA Central IRB Manager assigned to your project, you may contact the VA Central IRB at its toll free number 1-877-254-3130 or by e-mail at va.central.irb@va.gov.

Delete These Instructions Prior to Submission

Report of Unanticipated Serious Adverse Event (U-SAE), Unanticipated Adverse Device Effect (U-ADE), and/or Unanticipated Problem (UAP) Involving Risks to Participants or Others



This form is used to report local U-SAEs, U-ADE and UAPs involving risks to participants or others. Reports must be submitted to the VA Central IRB within 5 business days after the reporting individual becomes aware of the occurrence.

Check one:

New Report ☐

or

Follow-up ☐

*If follow-up, cite previous
VA Central IRB Report #:*

For VA Central IRB Use Only

VA Central IRB Report Number:

Date Received:

Assessment of the relationship of the incident to the research activity:

☐ Related ☐ Probably Related ☐ Relatedness Cannot be Determined

Only SAEs; UAPs; and ADE's that are serious and unanticipated and related to the research must be reported to the VA Central IRB (VHA Handbook 1058.01, version dated 6/15/15).

Note: "Related" is defined as an event or problem that may reasonably be regarded as caused by, or probably caused by, the research.

I. Project and Reporting Individual General Information:

VA Central IRB Project #:

Title of Project:

Name of Individual Submitting Report:

Name of LSI or PI if not individual submitting the report:

Location of Incident (Site):

Role of Individual Submitting Report: *(Please check one)*

☐ Principal Investigator/Study Chair ☐ Local Site Investigator ☐ Other (specify):

☐ National Program Manager or Study Coordinator ☐ Local Study Coordinator

Reporting Individual E-mail: @va.gov	Telephone:
VA Facility Name:	VA Facility City:

II. Type of Report and Location

1. Check all that apply to describe the reported event involving risks to participant or others:

- ☐ Unanticipated (Unexpected) Serious Adverse Event (U-SAE)
- ☐ Unanticipated Problem Involving Risks to Participants or Others (UAP)
- ☐ Unanticipated Adverse Device Effect (U-ADE)

2. Which of the following best describes the type of event being reported?

- ☐ Death
- ☐ A life-threatening experience
- ☐ Hospitalization (for a research participant not already hospitalized)
- ☐ Prolongation of Hospitalization (for a research participant already hospitalized)
- ☐ Persistent or significant disability or incapacity
- ☐ Need for medical, surgical, behavioral, social, or other intervention (to prevent outcomes such as the examples above)
- ☐ Privacy and/or security incident
- ☐ Other (specify):

3. Where did the reported event occur?

- ☐ Reporting individual's facility (local site)
- ☐ Other VA facility (Specify):
- ☐ Non-VA facility (Specify):
- ☐ Other (Specify):

4. Has a Data Safety and Monitoring Board (DSMB) or Data Monitoring Committee (DMC) reviewed the reported event? (Choose one):

- ☐ N/A; Project does not have a DSMB or DMC.
- ☐ No, a review has not yet been conducted by the DSMB or DMC.
- ☐ Yes, a review has been conducted by the DSMB or DMC.
- ☐ *Please check this box if the DSMB or DMC report is attached.*

5. Check this box if the report pertains to a CSP study and also attach a copy of the CSP Adverse Event Form, in addition to providing the requested description: ☐

III. Description

1. **Participant Information** ☐ N/A

a. Participant ID Number: Age: Sex:

b. Date the participant was enrolled:

2. **What is the date the reported event occurred?**

3. **What is the date the site became aware of the reported event?**

Please explain if the reporting date is more than five business days after the site became aware:

4. **Fully describe the event to include initial event, management, and outcome:**

5. **Does the project evaluate a drug or device?** ☐ Yes ☐ No

If **yes**, Drug/Device Name(s):

Start Date Stop Date or ☐ Continuing

6. **Is the study blinded?** ☐ Yes ☐ No

If **yes**, who is blinded? (select one): ☐ Participants ☐ PI ☐ LSI

☐ All study team members ☐ Other

If **no**, or if the subject was unblinded due to the event, to what arm of the study was the participant randomized? ☐ N/A

7. **What concomitant medications was the participant taking at the times indicated below?**

If any of these times are not applicable, please indicate N/A:

(1) Prior to study enrollment? ☐ N/A

(2) At the time of the event? ☐ N/A

Were concomitant medications changed due to the event? ☐ Yes ☐ No ☐ N/A

If yes, list changes

8. **Provide diagnostic test results relevant to the event:** ☐ N/A

9. Were any changes (e.g., protocol change) initiated without IRB approval to eliminate any apparent immediate hazard to a participant?

☐ Yes *If yes, describe the change and indicate in Section IV if an amendment to the approved study is also being submitted:*

☐ No

10. Is the reported event: (check one): ☐ Resolved, **or** ☐ Ongoing?

11. Was the participant withdrawn from the project? ☐ N/A

☐ Yes, on: (Date) ☐ No

IV. Actions Taken

1. What actions, if any, have already been taken to remedy the situation?

2. Will changes in the project be made (e.g., protocol, informed consent form)?

☐ Yes *If yes, please attach VA Central IRB Form 116, Request to Amend an Approved Project, with the modified documents.*

☐ No

3. Will changes to the site's procedures be made? ☐ N/A

☐ Yes If yes, what will change?

☐ No If no, why not?

4. Has the sponsor been notified of the reported event? ☐ N/A

☐ Yes

☐ No If no, why not?

5. If the individual making this report is not the Principal Investigator/Study Chair, has the Principal Investigator/Study Chair received a copy of this report?

☐ N/A (If this box is checked, ☐ PI/SC is making report **or** ☐ PI/SC is blinded.)

☐ Yes, on date

☐ No

Note: The PI/SC must receive a copy of this report unless it is not applicable or contraindicated by study design as described in the IRB-approved protocol (e.g., PI/SC is blinded).

V. Attestation of Reporting Individual

I certify that this report is accurate and complete to the best of my knowledge.

Print Name

Date

Reviewer Checklist for Unanticipated Serious Adverse Events, Unanticipated Adverse Device Effects and/or Unanticipated Problems Involving Risks to Participants or Others



Note: A determination as to whether any actions are warranted to eliminate apparent immediate hazards to subjects must be made within 5 working days of receipt of the report by the VA Central IRB Administration Office. If a determination cannot be made within 5 working days, the report and this checklist must be immediately forwarded to a VA Central IRB Co-Chair.

Date Received by VA Central IRB:

Report Number:

Date by Which a Preliminary Determination Must be Made:

I. Project Information (To be completed by VA Central IRB Coordinator)

VA Central IRB Study Number	
Title of Project	
Reporting Site (Include City)	
Reviewer	If the assigned reviewer has a Conflict of Interest, do not proceed. Go to Section III and check the applicable box.

II. Preliminary Report Evaluation

<i>The reviewer must answer each of the following questions.</i>	YES	NO
1. Is the reported event or problem serious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the reported event or problem unanticipated?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the reported event or problem related or probably related to participation in the research?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Note: Related means the event or problem may reasonably be regarded as caused by, or probably caused by the research. If a determination that it is related or probably related cannot be made at this time without additional information check the box below:</i></p> <p><input type="checkbox"/> Additional information required for the convened IRB to make a determination</p> <p><i>Specify the additional information required to make a determination in the Comment section below.</i></p>		
4. a. Does the reported event or problem place participants or others at a substantially greater risk of harm (including physical, psychological, economic, social, or legal harm) than was previously known or recognized?	<input type="checkbox"/>	<input type="checkbox"/>
b. Were actions taken in response to the reported event or problem? <i>Answer one of the following as applicable:</i> If yes, were the actions appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
c. If no, are any actions warranted to eliminate apparent immediate hazards to subjects? If yes, note actions in comment section.	<input type="checkbox"/>	<input type="checkbox"/>
5. Does this project continue to meet criteria for IRB approval?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:		
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III. Reviewer Recommendations to the Convened IRB

All reports submitted as "Related" by the study team, must be reviewed at the next meeting of the convened IRB. The reviewer must make one or more of the following recommendations for consideration by the IRB. (Check all that apply)

- ☐ No further action is required.
- ☐ The protocol needs to be modified per the comments indicated in the comment section below.
- ☐ Modify the information disclosed during the consent process. If this box is checked, also check one of the boxes below:
 - ☐ Previously enrolled participants do not require notification.
 - ☐ Previously enrolled participants must be notified. If this box is checked, please specify:
 - a. Method of notification (e.g., re-consent with modified informed consent, information letter):
 - b. Timeline for notification (enter suggested notification timeline: e.g., contact participant by phone and send information letter within 30 days):
 - c. Method for documentation of notification (e.g., copy of informed consent documents to IRB at continuing review, letter from PI/SC or LSI following completion of notification)?
- ☐ Provide additional information to current participants. If this box is checked, also check method of notification:
 - ☐ Reconsent with modified informed consent document.
 - ☐ Information letter.
 - ☐ Other:
- ☐ Modify the continuing review schedule as specified below.
- ☐ Monitor the research. *Provide comments below on how this should be done, i.e., request an RCO audit).*
- ☐ Monitor the consent process. *Provide comments below on how this should be done, i.e., request the local RCO monitor a sample of consent processes).*
- ☐ Refer to other organization entities as specified below.
- ☐ Require additional training of the PI/SC, LSI, or other members of the study team.
- ☐ Suspend VA Central IRB approval of the research. **A VA Central IRB Co-Chair must concur with**

this action and report it to the applicable Institutional Officials no later than 5 business days after it occurs.

- ☐ Terminate VA Central IRB approval of the research.
- ☐ Noncompliance may be involved as specified below.
- ☐ Other actions:

Comments:

- ☐ I have a conflict of interest and am returning this checklist without review.

Signature of Reviewer

Date: _____