Standard Operating Procedures for the VA Central IRB

1 Veterans Health Administration Central Office Human Research Protection Program

This standard operating procedure (SOP) describes the procedures, organizational structure, and roles and responsibilities in place to facilitate the mission of the Veterans Health Administration Central Office Human Research Protection Program (hereafter VACO HRPP), and the SOPs of the Veterans Affairs Central Institutional Review Board (hereafter VA CIRB). The VACO HRPP has established and maintains two multisite panels, and one single-site panel which is described in this SOP. This SOP delineates the authority and responsibilities of the VA CIRB and contains procedures for identifying and reporting any instances of individuals attempting to exert undue influence on the VA CIRB, its individual members, its administrative staff, or the VACO HRPP IO or HPA.

1.1 This SOP applies to research involving human participants that is reviewed by and overseen by the VA CIRB when the VA CIRB is the IRB of Record. It also includes the components of the VACO HRPP and the HRPPs of VA research facilities, as well as Non-Profit Corporations (NPCs) associated with the VA research facilities when they share responsibility for the approval, conduct, support and/or oversight of research that is overseen by the VA CIRB. This SOP applies to VA CIRB members and the VA CIRB administrative staff; VA facility Research and Development (R&D) Offices; the Institutional Official (IO) for the VACO HRPP and his or her delegates; local participating VA facility IOs and their delegates; local NPC IOs and their delegates; local Research Compliance Officers (RCOs); local Research Office staff including Associate Chief of Staff for Research (ACOS/R); R&D Committees and all research review committees who review human subjects research on behalf of the VA facility; and all individuals serving as Investigators or study team members in studies overseen by the VA CIRB. It also pertains to any other VA employees and/or students involved in the conduct and oversight of VA research involving human participants in studies overseen by the VA CIRB. This SOP also applies to employees of other agencies or organizations involved in the conduct or oversight of research for which the VA CIRB is the IRB of Record.

1.2 VA research conducted under the purview of the VA CIRB must be conducted in accordance with the ethical principles of the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978), relevant VA and other federal requirements (laws, regulations, and guidance) for the protection of human research participants. The VACO HRPP recognizes and promotes a culture of shared responsibility and accountability for: protecting the rights and welfare of human research participants; minimizing the risks and maximizing the benefits of participation in research whenever possible; and fair and equitable selection and treatment of the groups and individuals involved.

1.3 The VA is one of the 20 Federal departments and agencies that have agreed to follow the 2018 version of the Federal Policy for the Protection of Human Subjects (the Common Rule). This is incorporated in Title 38 Code of Federal Regulations (CFR) Part 16, Department of Veterans Affairs, Protection of Human Subjects.

- The procedures followed by the VACO HRPP for implementing 38 CFR Part 16 are described in part in policy within VHA Directive 1200.05, Requirements for the Protection of Human Subjects in Research. This policy incorporates provisions similar to those described in 45 CFR 46 Subparts B-D (which have not been adopted by the VA) for VA research involving special populations such as pregnant women and fetuses, prisoners, and children. This SOP is based on the procedures and definitions contained in the Directive 1200.05 without repeating them in detail. (The current version of this Directive can be found at: (https://vaww.va.gov/vhapublications/publications.cfm?pub=1&order=asc&orderby=pub_Number)

- VACO HRPP also follows requirements in 21 CFR 50 and 56 as applicable to FDA regulated research, including FDA regulations for use of investigational drugs and medical devices under 21 CFRs 312 and 812.

1.4 The VACO HRPP ensures that the VA CIRB's determinations are made autonomously, as long as those determinations are made within the required parameters of federal regulations and VA policy, and that any attempt to exert undue influence on the VA CIRB or any VA CIRB staff member individually or categorically is identified and reported to the VACO HRPP Human Protections Administrator (HPA) or IO. If there is a perceived need to escalate this notification above the HPA and/or IO, then the report can be made to the Assistant Under Secretary for Health for Discovery, Education and Affiliated Networks (14/DEAN). Upon notification to the IO, an individual or group will be asked to conduct an inquiry, and if need be, an investigation into the alleged attempt to influence and will provide findings and make recommendations to the IO who will act on behalf of the VACO HRPP.

1.5 VA CIRB Panels #1 and #2 oversee VA-funded or supported multi-site research, and VA CIRB Panel #3 oversees research (including multi-site studies), but only for the individual VA facilities approved by Office of Research and Development (ORD) and Office for Research Oversight (ORO) for inclusion of Panel #3 as an IRB of Record on the facilities' FWA. The VA CIRB may oversee research funded by ORD, or by other federal government entities such as but not limited to the Department of Defense, the Department of Energy (DOE), and the National Institutes of Health (NIH). In addition, the CIRB may review research funded by non-profit organizations, industry, and commercial sponsors if its resources permit. Currently the VA CIRB also provides Health Insurance Portability and Accountability Act (HIPAA) privacy review for waivers of authorization for the NIH "All of Us" study in addition to other studies submitted to the VA CIRB panels #1 and #2 requiring VA CIRB oversight for non-exempt research or exempt research requiring limited IRB review. VA CIRB Panels #1 and #2 are duly constituted to review prisoner research.

1.6 The VA CIRB may serve as an IRB of Record for any VA facility maintaining an FWA or an NPC affiliated with a VA facility, as well as for other federal agencies or non-federal institutions permitted under VHA Directive 1200.05. For the VA CIRB to serve as an IRB of record for a VA or other entity, a Memorandum of Understanding (MOU; a form of IRB Reliance Agreement) must be entered into with the applicable facility or agency. This MOU must be signed by both the VACO HRPP signatory official (or designee) as well as the signatory official for the other institution before any review for that entity can take place.

1.7 Additionally, the VACO HRPP ensures that the VA CIRB adheres to statutes and regulations pertaining to the release of research participant information through its requirement of VA Privacy Officer (PO) review in addition to an information security review. These privacy requirements are codified in VHA Directive 1605.01, Privacy and Release of Information, and VHA Directive 1605.02, Minimum Necessary Standards for Protected Health Information. For the purposes of these requirements, the CIRB Panels #1 and #2 receive input from the Central PO review and then may approve a waiver of authorization as required by HIPAA regarding the research provided all criteria are met and documented. The VA CIRB may also review and approve a waiver of HIPAA authorization if all criteria are met with the Central PO providing a privacy review for VA facilities even when it is not the IRB of Record for studies reviewed by other non-VA entities (such as for the NIH "All of Us" study). VA CIRB Panel #3 receives input from the local facility PO before reviewing the research.

1.8 The VACO HRPP ensures that VA CIRB adheres to the requirements in Directive 1200.05 when pregnant women or fetuses, prisoners, or children are included in the target population for the research that is supported by the NIH under the Department of Health and Human Services (DHHS).

1.9 The VACO HRPP ensures that the VA CIRB complies with the state and local laws of the appropriate jurisdiction of the VA facility where research is conducted if there is a requirement for the research to follow these laws as VA is a federal agency. This is accomplished in part by asking for local context input from the local facility in its initial review of each research project, and through interactions with the VA CIRB Liaisons.

2 VACO HRPP Responsibilities

2.1 Institutional Official (IO). The IO is designated by the Under Secretary for Health, under advisement of the 14/DEAN, and is advised by the Chief Research and Development Officer; the Executive Director, Office of Research Oversight (ORO), ORD's Director of Regulatory Affairs, the HPA, as well as by VA CIRB Co-Chairs. Quarterly meetings are held with the VA CIRB Co-Chairs and HPA to provide direct feedback about accomplishments and any issues needing to be addressed.

2.2 The following are the duties and responsibilities of the VACO HRPP IO:

- Fostering an institutional culture that supports the ethical conduct of human subjects research
- Serving as signatory authority for the VACO HRPP's FWA
- Appointing the VA CIRB Chair or Co-Chairs as well as other voting Members and suspending or terminating the appointment of any Chair or Co-Chair or Member who is not fulfilling the responsibilities and/or obligations of their position.
- Ensuring that the VA CIRB functions autonomously and that its Chair, or Co-Chairs, and members have direct access to the IO for appeal if they experience undue influence or if they have concerns about the operations of the VA CIRB.
- Ensuring that resources, including funds, space, and personnel are provided to support the operation of the VACO HRPP.
- Providing annual review of the VA CIRB Co-Chairs which is facilitated by the HPA.

2.3 Human Protections Administrator (HPA) for the VACO HRPP is responsible for ensuring that the VACO HRPP carries out all functions and responsibilities detailed in VHA Directive 1200.05. The VACO HRPP IO appoints the HPA in writing from among the senior management officials within the Office of Research Protections, Policy and Education (ORPP&E). Currently, the HPA has been delegated the following specific duties by the IO:

- The HPA is responsible for ensuring the FWA and IRB registrations on file with Office of Human Research Protections (OHRP)/FDA and the signed VA Addendum to the FWA are updated and a copy provided to ORO whenever there are any changes in the FWA other than phone or email addresses.
- Maintaining current IRB Registration through OHRP as required by VHA Directive 1058.03. Making the IRB Roster available to the participating VA facilities.
- Ensuring the timely completion and provision of IRB minutes to participating facilities.
- Managing and administering funds, personnel, space, and other resources allocated to the VACO HRPP in support of the VA CIRB.
- Reviewing and approving the SOPs for the VA CIRB to include a written procedure for determining when a research activity approved by the IRB, prior to January 21, 2019, can transition to the 2018 requirements, if applicable, and that lists what individuals or groups are designated to make the determinations.
- Supervising the VA CIRB Administrators who have immediate responsibility for the daily operations of the VA CIRB in accordance with this SOP.
- Recruiting qualified applicants for membership on the VA CIRB, to include regular and ad hoc non-member expert consultants.

- Reviewing and signing MOUs between the VACO HRPP, and local VA facilities, and other entities, concerning use of the VA CIRB as an IRB of record for those facilities.
- Being the point of contact for correspondence addressing human subjects research with OHRP, FDA, and ORO.
- Developing and implementing an educational plan for VA CIRB members, staff, and consultants that ensures they are appropriately knowledgeable to review and/or conduct research in accordance with ethical standards and applicable policies and regulations as well as this SOP and any modifications to those standards, policies, regulations, and this SOP.
- Oversees the collection of input from VA CIRB staff and from IRBNet data to facilitate the annual evaluation of the performance of the VA CIRB Co-Chairs by the IO.
- Oversees development of an annual evaluation of the VHCO HRPP and reporting the results to the IO and to local VA facilities that have an active MOU with the VCO HRPP for R&D Committee's annual review.
- Assisting local VA facilities with approved or new research programs and NPCs if they do not have an approved MOU in place, and/or have not designated the VA CIRB as an IRB of record on their respective FWA, in submitting and processing the required documents.
- Maintaining a listing of all local VA facilities and approved federal agencies or non-federal FWA institutions (as permitted in Directive 1200.05) with approved MOUs with the VA CIRB and their renewal dates. Collect and maintain MOU Amendments when the IO changes at a local facility or VA associated NPC.
- Initiate modifications to the VA CIRB MOUs when updates are needed because of regulatory changes or based on renewal requirements.

2.4 Local VA Facility IO. The local facility IO is the Signatory Official for the institution when entering an MOU with VHACO designating the VA CIRB as an IRB of record on its FWA. The local facility IO is responsible for ensuring that the facility meets all the obligations as set forth in the MOU and that no research submitted to the VA CIRB is approved or begun at the facility until it is approved by the VA CIRB and by the local facility in accordance with VHA Directive 1200.01. In VA facilities, the IO is the Medical Center Director (MCD) or equivalent.

2.5 Local R&D Committees. The local R&D Committees are responsible for fulfilling all responsibilities required in VHA Directive 1200.01, R&D Committee, for all research in which the local facility is engaged, and for all research within other VA facilities for which it serves as the R&D Committee of record. The local R&D Committees also includes the VA CIRB in the annual review of their facilities' HRPP if the VA CIRB is listed as one of their IRBs of record.

2.6 Local Research Administration. Initial applications to the VA CIRB are required to be submitted first to the local research administration to connect them to the project and receive a feasibility assessment and an analysis of the alignment of the research with the research mission of the local facility. This review is also included to assess compliance of the proposed research with state and local laws, as well as local SOPs, and to ensure the researchers are qualified and credentialed to conduct the research.

2.7 VA Central IRB. The VA CIRB panels are responsible for fulfilling all responsibilities and performing all functions of an IRB as specified in VHA Directive 1200.05 to include but not limited to the authority to perform the following activities:

- Conducting initial and continuing review of research, as well as proposed modifications to research and communicating with assigned VA CIRB Managers who will report the findings and actions to investigators, the R&D Committees, and the participating institutions for specific studies.
- When projects are approved at a convened meeting of the Board, or at continuing review, the committee members will engage in a discussion to determine whether the project should be required to be reviewed again more often than annually. In projects where the risks of study intervention(s) are not well known, and when there is a concern that risks may be substantial

in terms of magnitude or probability of harm, the Board will consider shorter periods of approval in order to re-evaluate the criteria for approval more often than annually. In cases where the VA CIRB members are aware of relevant events or issues with a study team or site, or there are other confounding events (e.g., pandemic), the panel will also consider shorter periods of approval and may require specific monitoring of the conduct of the study by the local RCO or another independent monitoring group.

- Approval letters from the VA CIRB remind Investigators of their responsibility for prompt reporting to the VA CIRB of proposed changes in any approved research activity and reminded they must conduct the research activity in accordance with the terms of VA CIRB approval until any proposed changes have been reviewed and approved by the VA CIRB, except when necessary to eliminate apparent immediate hazards to subjects.
- Approval letters from the VA CIRB also remind Investigators of their responsibility to promptly reporting to the VA CIRB: (1) any unanticipated problems involving risks to subjects or others, or any serious or continuing noncompliance with VA policies or the requirements or determinations of the VA CIRB. When the VA CIRB determines that the report constitutes an unanticipated problem involving risks to subjects or others, or that it constitutes serious or continuing non-compliance with VA policies or the requirements of the CIRB, or when the VA CIRB suspends or terminates approval of a project, prompt reporting will be made to the Investigator, the facility IO, to any relevant department or agency head, to ORO, and to OHRP.
- Determining whether a study meets the criteria for exemption from the requirements of the Common Rule and when a study requires limited IRB review.
- Observing or having a third party observe, research activities, including the informed consent process, when the CIRB determines this to be appropriate.
- Conducting expedited review and reporting findings and actions to the VA CIRB, R&D Committee, and the Investigator.
- Training and education of the VA CIRB Co-Chairs, voting members, and consultants in human subjects protections, ethics, and regulatory requirements.
- Completing an annual self-assessment of the VA CIRB performance to assist the facility R&D Committees in evaluating their programs.

2.8 VA CIRB Administrators and Managers. The VA CIRB Panel Administrators and Managers are responsible for ensuring the following:

- All projects submitted to the VA CIRB for review have an approved/current MOU on file and that the VA CIRB has been designated as an IRB of record on the VA facility FWA.
- Conducting the daily activities of the VA CIRB including, but not limited to, communication with Investigators/study teams and Local Site Liaisons, coordinating all project submission and review functions of the VA CIRB with the designated VA CIRB Reviewers, convened panels and the study teams in accordance with established policies and procedures.
- Coordinate PO and ISSO review of all new projects and amendments involving privacy or information security system changes (including exempt and non-exempt research) and publish documentation of those reviews.
- Maintenance of all required documentation, including but not limited to required documentation for actions taken by the VA CIRB (including communication between the IRB and the study team) within IRBNet. When email communications are used to facilitate communication, those emails are also saved and stored in IRBNet.
- Ensuring the VA CIRB exercises its responsibility for the ethical oversight of research in compliance with relevant federal regulations and VA policies.

2.9 VA Central IRB Administrators. VA CIRB Administrators are assigned responsibility for being the VA CIRB member point of contact for membership-related issues. These individuals may delegate tasks, but are responsible for the following:

2.9.1 Maintaining information about each VA CIRB member that includes:

- Copies of VA CIRB membership appointment letters with terms of appointment and expiration dates
- Membership applications for new Members
- Curriculum vitae or resumes
- Facility Reimbursement Requests, as applicable
- Member Hourly Tracking Logs (Annually, for those members whose departments want re-imbursement)

2.9.2 Maintaining up-to-date membership rosters to include relevant information as required by the Common Rule, and VHA Directive 1200.05, and update IRB Registration with OHRP when there are changes to the roster as well as informing ORO of roster changes.

2.9.3 Ensuring new members are given an orientation to the VA CIRB electronic platform (IRBNet) and completing access permissions.

2.9.4 Ensuring all members complete training requirements by tracking training expiration dates and requesting updated certificates of completion as applicable.

2.9.5 Assisting members in coordinating travel requirements in conjunction with the ORD travel specialist.

2.9.6 Coordinating reimbursement of member time with their local facilities and with the ORD Finance Office.

2.10 VA Investigators and research staff. All VA investigators, research staff and students (including VA employees or students from a VA-affiliated academic institution) engaged in research overseen by the VA CIRB are expected to adhere to the ethical standards required by the VA to conduct human subjects research and for meeting all the responsibilities for investigators as detailed in VHA Directive 1200.05 and VA CIRB SOPs, to include completing all forms and documents required by the VA CIRB in a timely manner and for promptly reporting any apparent serious noncompliance and apparent unanticipated problems involving risks to subjects or others (UPIRTSOs) for VA CIRB review per the requirements and timeframes in VHA Directive 1058.01.

2.10 VA-affiliated NPCs. NPCs that are affiliated with local VA facilities for the purpose of providing a flexible funding mechanism for the conduct of and/or to facilitate functions related to the conduct of approved VA research and education, must have, and keep up to date an FWA designating the VA CIRB as an IRB of record. The NPC is responsible for ensuring that its FWA is kept current. The NPC is also responsible for ensuring it enters an MOU with the local VA facility and the VACO HRPP. This MOU sets forth the respective authorities, roles, and responsibilities of these three entities. VA studies receiving federal funding administered by the VA-affiliated NPCs are only required to have VA CIRB approval when their respective VA Facilities require VA CIRB approval.

2.11 VA Central IRB Local Site Liaison. Facilities using VA CIRB Panels #1 and #2 will identify a Local Site Liaison. For Panel #3 the Local Site Liaison is the IRB Coordinator or Manager providing IRB Administrative services for the facility. Local Site Liaisons (LSL) are responsible for facilitating communication with the VA CIRB as needed and ensuring that all required VA CIRB documentation is made available for the site Research Office requirements. Liaisons also assist other designated site personnel in performing review functions and relaying the results to the VA CIRB. Liaisons ensure that the VA CIRB is promptly informed of all local site actions involving restriction, suspension, or termination of research privileges for research team members associated with a CIRB-approved project. Local Site Liaisons also keep the VA CIRB updated on changes in local Research Administration and Institutional personnel.

2.12 Facility Research Compliance Officers. The RCOs facilitate the VACO HRPP through their annual informed consent and triennial local VA HRPP regulatory audits, as well as other reporting of apparent serious or continuing non-compliance, UPIRTSOs or systematic deficiencies in the local

research facility. Ad hoc audits may be requested by the VA CIRB when the panel determines there is need to have verification from sources other than the investigator that no material changes have occurred, or to observe research activities, including the informed consent process when the VA CIRB has determined this to be appropriate.

RCO audit reports with no findings or findings not required to be reported within a specified timeframe may be submitted by the RCO directly to the VA Central IRB using the IRBNet RCO Audit Workspace or the RCO may provide the report to the Investigator who will in turn submit the audit report to the VA Central IRB as part of the study continuing review application or, if continuing review approval is not required for a project, as part of an annual status report, or at project closure.

RCO audits that have findings of Apparent Serious or Continuing Noncompliance or Unanticipated Problem Involving Risks to Subjects or Others will be submitted by the RCO to the Investigator who will in turn submit the audit report and Form 124 Reportable Events to the VA Central IRB as part of a Reportable Event Package in IRBNet. Alternatively, RCOs may submit findings of these reportable events by email to the Investigator with the VA Central IRB included using VACentralIRB@va.gov. In the email, the RCO is requested to remind the Investigator of the prompt reporting timeframe and to submit the findings as a Reportable Event Package in IRBNet with Form 124 Reportable Events.

2.13 VA Central IRB members. VA CIRB members are responsible for the following:

2.13.1 Tracking the time spent on VA CIRB activities and providing an accounting to the VA CIRB Administrative Office at least once per fiscal year when applicable.

2.13.2 Complying with all VA CIRB membership requirements to include:

- Adherence to conflict-of-interest policies
- Meeting attendance requirements for scheduled meetings
- Completion of required training in a timely manner
- Thorough and timely performance of reviewer duties as assigned
- Adherence to all VA privacy and information security requirements

2.13.3 Applying the ethical standards of the Belmont Report when reviewing and overseeing research and ensuring all research approved complies with all VA and other requirements.

3 VA Central IRB Membership and Responsibilities

3.1 Composition of the VA CIRB. To promote thorough ethical and scholarly review of research activities within the purview of the IRB, the VA CIRB panels are composed of voting members of varying backgrounds from throughout the VA system and from the community at large. Two of the voting members of each panel serve as Co-Chairs. Ad hoc consultants are used as necessary. VA CIRB panels #1 and #2 are constituted to review protocols involving prisoners as a vulnerable population should it become necessary. CIRB Panel #3 does not anticipate having any research involving prisoners.

3.1.1 Every non-discriminatory effort will be made to ensure the VA CIRB voting membership of each panel is sufficiently diverse relative to race/ethnicity, gender, cultural background, and sensitivity to community attitudes to promote respect for the advice and counsel of the VA CIRB in safeguarding the rights and welfare of human participants. In addition, the VA CIRB will consist of members, and will gain the input of VA CIRB Liaisons who are designated by the facility Research Office as individuals who can ascertain the acceptability of proposed research in terms of VA research goals and objectives, and the commitment and capability of

local VA facilities to perform the research. If a VA CIRB panel regularly reviews research that involves a vulnerable population of subjects, the voting membership will include one or more individuals who are knowledgeable about and experienced in working with those subjects. At a minimum, each VA CIRB panel will include one or more voting members from each of the following categories of membership:

- Scientific members are selected from biomedical and behavioral science disciplines who possess advanced degrees or advanced clinical experience.
- Nonscientific members are also included who have expertise in such areas as chaplaincy, regulatory affairs, medical ethics, civil rights, patient advocacy, community relations, or other areas that contribute to the complete and thorough review of human participant protections issues. At least one, and preferably more, nonscientific members will be appointed to each panel.
- Unaffiliated members who are not otherwise affiliated with the VA and who are not part of the immediate family of a person who is affiliated with the VA must also be included in each panel. An unaffiliated member may also be a nonscientific member.

3.1.2 The VA CIRB has consultants who are assigned by their services to advise the VA CIRB panels on their areas of expertise as follow:

- Information Systems Security Officers (ISSO) assigned by the National ISSO Research Center,
- POs assigned by VHA Central Privacy Office.
- For Panels #1 and #2, the ISSO and PO reviews are done centrally, and for Panel #3 those reviews are done by local ISSO and PO reviews at the facility submitting the study,
- Ethics consultants assigned by the National Center for Ethics in Health Care, and
- As needed, consultants on ORD or other VA policy and/or from VA Office of General Counsel.

3.1.3 The VA CIRB will consult ad hoc advisors as necessary to ensure the appropriate ethical, scientific, or other required expertise is available to the VA CIRB when reviewing VA research.

3.1.4 The IO will appoint primary members and alternates for any of the members. The appointments must be in writing and will include the member's qualifications for service on the VA CIRB and expertise which must be comparable to those of the primary member to enable them to adequately fulfill the role of the member to be replaced (e.g., physician-scientist, non-physician scientist or non-scientist). Alternate members may attend only VA CIRB panel meetings for which they are assigned as an alternate or they may choose to take part in all VA CIRB activities. An alternate member can only vote when entered voting status in the absence of a voting member of the panel, or when the regular voting member has temporarily removed themselves from voting status.

3.2 Recruitment of VA CIRB Members. The VACO HRPP HPA recruits members from local VA facilities, VHA Central Office, the community of Veterans, other community groups, and from pertinent scientific fields as needed for the research reviewed.

3.2.1 Individuals identified as potential voting members of the VA CIRB are required to complete an application form and are asked to be prepared to commit to a three-year appointment, regular attendance at scheduled meetings either in person (when applicable) or via video conference, completion of required training courses, and timely completion of assigned reviews.

3.2.2 The Co-Chairs of the VA CIRB are recruited from among current members of the VA CIRB, or from other individuals with experience in IRB service and/or administration, including but not limited to current and former Chairs of VA or university affiliate IRBs that serve as IRBs of record for VA facilities. Co-Chairs must be paid VA employees.

3.3 Appointment of Members. Member appointment requirements and the appointment process are as follows:

3.3.1 All new voting members are VA employees (except for affiliated or unaffiliated WOC employees receiving a WOC appointment solely because of their VA CIRB appointment) and must submit an endorsement from their facility/supervisor indicating the amount of duty time dedicated to fulfilling the obligations of a VA CIRB member.

3.3.5 All members are appointed for a period of three years and may be re-appointed to unlimited additional terms.

3.3.7 Upon receipt of the appointment letter, all new members, regardless of member category, are given a new member orientation by one of the VA CIRB Administrators. This orientation includes a review of the following as applicable depending upon the knowledge and experience of the new member:

- Belmont Report,
- Federal regulations
- VA CIRB SOPs,
- Meeting attendance standards and reviewer turnaround time expectations.

3.4 Ongoing Training Provided to Members. VA CIRB members will receive training about new or changes in regulations, policies or SOPs related to the VA CIRB as well as refresher training at convened meetings, and as applicable at ORD-sponsored in-person meetings. In addition, VA CIRB members are encouraged to attend the annual Public Responsibility in Medicine and Research (PRIM&R) Conference, as well as other conferences of relevance to their role as IRB members.

3.5 Evaluation of VA CIRB Member Performance. The VACO HRPP annually reviews the performance of the VA CIRB membership and re-evaluates its composition, as part of the VACO HRPP annual evaluation. The HPA recommends adjustments as needed to the IO to ensure that the VA CIRB continues to meet VA and other regulatory requirements.

Aggregated feedback will be provided to the VA CIRB annually by the HPA and/or the IO and will consist of an assessment of the overall performance of the VA CIRB over the past year. The individual performance of a VA CIRB members is evaluated by the CIRB Co-Chairs and the HPA. The performance of the VA CIRB Co-Chairs is evaluated by the IO. Beginning in 2023, CIRB Members will also be asked to evaluate the performance of CIRB Managers and Administrators. In that process they will also be asked to provide any feedback on training needs, support, or other concerns to the HPA and the IO.

Individual feedback for the VA CIRB members will be provided as necessary during the annual review or as needed for those members who require improvement in one or more of the evaluation criteria listed below. Based on the evaluation criteria below, the VA CIRB Co-Chairs can make recommendations for re-appointment, no offer of re-appointment, or termination of current appointment to the HPA. The HPA has responsibility for deciding, in consultation with the IO, CIRB Co-Chairs and CIRB Administrators whether to re-appoint, not re-appoint, or terminate members based on their performance as IRB Members.

3.5.1 All members are evaluated according to their attendance at convened IRB meetings, either in person or virtually, their active participation in meeting discussions and assigned reviews and their willingness to serve as a reviewer; utilization of the appropriate VA CIRB

checklists or certification forms, and documentation of determinations as required. Members will also be evaluate based on their apparent knowledge of regulatory and policy requirements, their apparent level of preparation for convened meetings, and working relationships with CIRB staff.

3.5.2 Co-Chairs are also evaluated in terms of the role they play in managing meetings, Membership completion of assigned reviews, and for their efforts at cultivating a culture of respect in convened meetings.

3.6 VA CIRB Administrative Staff. While VA CIRB administrative staff are not members of the VA CIRB, the VA CIRB Panel Administrators and VA CIRB Managers are expected to complete the same required training that is required of the VA CIRB members, as well as to take part in ongoing training that is provided to the members when they are present at convened meetings or ORD-sponsored in-person training.

- VA CIRB Administrative staff participate in providing feedback regarding the performance of CIRB Members.

4 Exempt Reviews (including those categories requiring limited IRB review)

4.1 The VA CIRB Panels #1 and #2 will review exemption determination requests and requests for limited IRB review for multisite studies and pilot studies that are intended to be multi-site projects. Exemption applications of multisite protocols that do not require limited IRB review may also be determined to not constitute human subjects research or be determined to be exempt by the VA CIRB or by trained members of the VA CIRB staff. The VA CIRB Panels #1 and #2 use the PI and LSI model for reviewing multisite projects for exemption and limited IRB review. VA CIRB Panel #3 will make exemption determinations for exemption applications including those protocols requiring limited IRB review for projects at their facility (which may or may not also involve other sites).

4.2 Designated VA CIRB members and designated VA CIRB staff with sufficient experience and training are designated to review requests for exemption determinations. Exemption requests requiring limited IRB review are reviewed by qualified voting members. Reviewers will review proposed research activities, and answers to questions on the relevant application form for exempt human subjects research and determine whether all the proposed research activities are included in one or more of the exempt categories. The determination is based on regulatory criteria and is documented in writing in a determination or approval letter. Reviewers use VA CIRB forms as a tool for reviewing and making determinations of exemption and limited IRB review. For limited IRB approvals, the VA CIRB reviewer must determine that the project meets the criterion for approval at 38 CFR 16.111.(a)(7).

4.3 **Investigators** – Investigators are responsible for completing all forms required by the VA CIRB when requesting an exemption of research and for providing adequate justification based on the requested category for which their exemption request is based. VA Investigators may not make their own exemption determinations.

4.4 **PO and ISSO Representatives** –The PO and ISSO Representatives of the VA Central IRB (Panels #1 and #2) will also review the Request for Exemption and site-specific ERDSP to ensure that all VA and VHA requirements are met for privacy, confidentiality, and data security. The PO and ISSO input will be coordinated by the assigned VA CIRB Manager or Administrator and included in the final determination or approval. For Panel #3, the facility PO and ISSO will review the protocols using the VA Form 10-250 and the ERDSP respectively. The reviews must be included with the IRB protocol application uploaded into VAIRRS.

4.5 **VA CIRB Manager** – The VA CIRB Manager organizes all documents for review by the VA CIRB Co-Chair, and/or a Reviewer designated by the Co-Chairs and prepares review documents for completion. If an exemption determination is made or an exemption with limited IRB approval, the CIRB Manager forwards the determination in writing to the investigator and maintains copies of all documentation in IRBNet.

4.6 The CIRB Administrators ensure that they are aware of the designated reviewer status given to new member when sufficiently experienced by the VA CIRB Co-Chairs and that all CIRB members receive training on reviewing exempt and limited IRB review applications and on any new guidance.

4.7 For exempt research activities involving the Investigator interacting with human subjects or obtaining information by educational tests, survey, or interview procedures, or behavioral interventions, the following information must be given to the prospective human subject as applicable in writing or orally:

- The activity is research.
- Participation is voluntary.
- Permission to participate can be withdrawn.
- Permission for use of data can be withdrawn for exempt research activities involving the collection and use of identifiable data; and
- Contact information for the VA Investigator.

4.8 For activities including photo, audio, or video recording solely for research purposes, the VA CIRB may not waive informed consent for the recording.

4.9 Exemption applications, including limited IRB review, are submitted by Investigators in IRBNet using the appropriate forms. All new projects are submitted through the local Research Office to allow them an opportunity to evaluate the project for a feasibility assessment for their local site as well as an assessment of alignment of the research to their local research mission and for compliance with any state or local laws which provide additional protections. It is also an opportunity for input relating to community attitudes and local context. VA CIRB staff conduct administrative pre-review of submitted materials, and when complete, prepare reviewer checklists (which are tools for reviewers) and forward the submissions in IRBNet to VA CIRB Primary Reviewers, or in the case of exemption applications not requiring limited IRB review may assign the project to a VA CIRB Administrator or Manager for review. Reviewers can attach checklists or written comments into IRBNet, and those are captured as documentation of approval, changes needed to obtain approval or disapproval. Final documentation of VA CIRB actions is included in IRBNet by VA CIRB Managers who then publish Board documents for access by the Investigators and study teams, Facility Research Office, and R&D Committees, and RCOs or other research monitors or auditors.

4.10 For Panels #1 and #2: Exemption applications involving exempt research not requiring limited IRB review will receive a determination of exemption, or clarification that the activity is not human subjects research or is non-exempt research that requires IRB review and approval. These determinations will be made by IRB Members or by members of the staff who are designated as having sufficient training and experience to conduct these reviews. For all three panels: Exemption applications requiring limited IRB review will be assigned to a VA CIRB member who has been designated as experienced and qualified to conduct limited IRB reviews through an expedited procedure. The reviewer will determine whether the research meets the criteria for exemption and whether limited IRB is required. The reviewer may recommend modifications to the research that would meet the criteria (and the reasons for those changes) or may defer the review to a convened IRB meeting if the recommendation is to disapprove the research.

4.11 Exempt human subjects research, including those projects requiring limited IRB review do not require continuing review by the VA CIRB and become the responsibility of the participating facility R&DC once the VA CIRB determination has been made. The VA CIRB Panels #1, #2, or #3 will conduct the limited IRB review for exempt studies as stated in the MOU.

4.12 For exempt research receiving limited IRB review, when there is need to modify the research in a way that affects privacy and confidentiality, or when there is a UPIRTSO or non-compliance to report which involve privacy or confidentiality, the appropriate submission must be sent to the CIRB for additional limited IRB review.

4.13 To notify the VA CIRB of all limited IRB approvals (using expedited review), an annual report of all Exemption determinations and Limited IRB Approvals will be provided to the panels by the VA Central IRB Staff at the beginning of the next calendar year. The notification will be made via a separate attachment at the convened meeting, which will be referenced in the agenda and minutes from the meeting, but the individual projects will not be listed on the VA CIRB agenda or VA CIRB meeting minutes.

5 Non-exempt Human Subjects Research Projects

5.1 The application requirements that must be met by Principal Investigators (PIs) and Local Site Investigators (LSIs) for submitting new projects involving multi-site human subject research to the VA CIRB Panels #1 and #2 for review, and for site-specific projects (may be single-site or multi-site) human subjects research to VA CIRB Panel #3 for review include the following:

- VA CIRB Panels #1 and #2 require a form documenting local facility support for the project.
- VA CIRB application forms and other supporting documentation that may include study team personnel information, documentation of conflict-of-interest requirements, and comments or requirements from local Research Office review for feasibility and alignment with local research mission. Instructions for which forms need to be completed is available in the VA CIRB IRBNet libraries for researchers.
- Required informed consent documents, scripts, and information sheets, a description of the process of obtaining informed consent, documentation of informed consent, and requirements for waiver or alteration of the informed consent process and/or a waiver of documentation of informed consent also need to be completed and submitted as appropriate for the study**.** The VA CIRB does not currently permit the use of broad consent.
- The VA CIRB application needs to provide detailed information about the recruitment plan for identifying potential subjects as well as ways in which their data will be used and stored. Any recruitment media, including documents, flyers, telephone scripts or advertisements need to be submitted with the application for VA CIRB review. The VA CIRB review process ensures that the rights and welfare of Veterans and others enrolled in the research are protected in line with federal requirements and VHA policy through careful examination of the plan, utilization of review guide tools and expert review by Panel consultants (PO, ISSO, ethics).
- When proposed research will target enrollment of defined populations requiring additional consideration, additional safeguards are required. These populations include pregnant women and fetuses, prisoners, and children. It also includes other special categories of participants that may require additional safeguards and protections including participants who are illiterate or non-English speaking; students and VA employees; the terminally ill; economically or educationally disadvantaged participants; individuals lacking or with altering decisional capacity, and patients of the investigators.

- The VA CIRB Panels #1 and #2 do not review activities constituting emergency use of test articles as described in FDA regulations and does not review any requests for the use of humanitarian devices. Panel #3 will only review these applications, including non-emergency expanded access protocols if the review is explicitly included in the MOU, and the facility does not have another local IRB.
- All new VA CIRB projects for Panels #1 and #2 are required to have consultative review by Central PO and Central ISSO.
- Panel #3 obtains local PO and ISSO reviews from the facility proposing the research prior to submission through receipt of the VA Form 10-250 and ERDSP. While VA CIRB approval can be given without PO or ISSO final review and approval, it is usually done with those reviews completed and documents those approvals in published documents using IRBNet. If the corollary approvals have not been completed, then the VA CIRB approval letter makes it clear that the research should not be granted final approval by the R&D Committee until PO and/or ISSO final review(s) are obtained.

5.2 Principal Investigators (PIs) and Local Site Investigators and designees among their study teams are responsible for submitting all the requisite documentation in 5.1 above, for completing forms accurately and completely, and for responding to administrative review comments, PO and ISSO questions and comments, as well as questions or suggested changes from the VA CIRB reviewers. Complex or controverted issues are often handled in writing with an invitation to engage in a video conference with the reviewers if there are complex issues that need resolution.

5.3 The PI of a VA CIRB-approved study assumes ultimate responsibility for the conduct of the study. Although the VA CIRB allows for more than one person to be designated as Co-PIs, IRBNet only allows for one individual's name to be entered into the PI field in an application, and LSI applications can only be linked to one "parent" PI project.

The VA CIRB currently recommends that the planned Co-PIs negotiate who will assume primary responsibility for the submission in IRBNet and then share the project with the other Co-PIs who can create their own IRBNet application for their local facility approvals required by and including R&D Committee approval. The forms, protocol, etc. should include them as Co-PIs, and VA CIRB understands they will share equally in the oversight of the study, including the oversight of all Local Site Investigators who are not Co-PIs.

5.4 For all ORD Cooperative Studies Program (CSP) projects and for all other studies that use a Coordinating Center to assist in the management of the multi-site study submitted to Panels #1 and #2, a VA CIRB Form108b, Coordinating Center PI New Project Application Supplement must be completed and submitted with the PI New Project Application when it is at the same facility as the PI, and as an LSI application when it is not, either in conjunction with the LSI application supporting the conduct of the research at that local site for enrolling subjects or, if no enrollment will happen at the site as a stand-alone LSI application in order to document VA CIRB approval of the research activity for the purpose of RDC review and approval of the research activity after VA CIRB approval.

5.5 Currently, the VA CIRB, Panels #1 and #2 accept for review funded multi-site studies involving two or more VA sites, projects utilizing a Decentralized Clinical Trial model, and studies involving national-level data. A single site pilot project that has the potential to expand to a multi-site project can also be accepted for review. Panel #3 accepts site-specific projects (may be single-site or multi-site).

5.6 Funding can be provided by sources within VA, such as the ORD or VHA Central Office; other government agencies such as a non-profit organization or consortium; or the project can be commercially sponsored. Due to resource constraints, the VA CIRB Panels #1 and #2 must at times

limit the studies they accept for review and recommend that investigators contact the VA CIRB administrators regarding a proposed submission prior to completing the submission paperwork to ensure the submission will be accepted (via email at: VACentralIRB@va.gov).

5.7 New project applications are submitted by Investigators in IRBNet using the appropriate forms. All new projects are submitted through the local Research Office to allow them an opportunity to evaluate the project for a feasibility assessment for their local site as well as an assessment of alignment of the research to their local research mission. It is also an opportunity for input relating to community attitudes and local context. VA CIRB staff conduct administrative pre-review of submitted materials, and when complete, prepare reviewer checklists (which are tools for reviewers) and forward the submissions in IRBNet to VA CIRB Primary Reviewers, or in the case of exemption applications not requiring limited IRB review may assign the project to a designated VA CIRB Administrator or Manager for review. Reviewers can attach checklists or written comments into IRBNet, and those are captured as documentation of approval, changes needed to obtain approval or disapproval. Final documentation of VA CIRB actions is included in IRBNet by VA CIRB Managers who then publish Board documents for access by the Investigators and study teams, Facility Research Office, and R&D Committees, and RCOs or other research monitors or auditors.

5.8 In its review of non-exempt human subjects research, whether by expedited review or convened Panel, the VA CIRB may approve the proposal, approve it contingent on minor modifications, defer the review to have major modifications made to the project and provide an explanation as to why those modifications are required, table the project pending receipt of additional information or documents, or disapprove a proposal (disapproval can only be done at a convened meeting). When there is not enough information to make one of the preceding determinations at a convened meeting, the VA CIRB may table its review and request additional information or consultation before re-considering the project or changes to a previously approved project.

5.9 In its initial review of FDA regulated device studies, the VA CIRB will determine whether there is an IDE or 510(k) clearance from FDA for the device. The VA CIRB will also determine whether FDA has made a risk determination for the study, and if not, whether the Sponsor in their manual or other documentation has made a risk determination. If FDA has not made the determination, the VA CIRB will use the form for evaluating whether the device study is a significant risk device study, or a non-significant risk device study, and that determination will apply to the study whether or not it is the same as the Sponsor's determination. The risk determination must be made at a convened meeting.

5.10 In its initial review of research involving a research proposal that might involve the use of an investigational drug which may require an IND or IND exemption, the VA CIRB will either review documentation provided with the application (or made available by the VA CIRB staff) or will request that investigators provide such documentation or submit their protocols to FDA and provide documentation back from FDA prior to VA CIRB approval. VA CIRB staff will assist the CIRB in reviewing these projects and ensuring that the requisite requirements are met.

5.11 In its review of non-exempt human subjects research which qualifies for expedited review, there is no requirement for continuing review unless the designated reviewer decides the research should provide a continuing review and provides written justification for this requirement. In its review of non-exempt human subjects research by convened Panel, the VA CIRB must make a determination whether the project requires continuing review more frequently than annually, or annually. When the risks of the research are uncertain and there is concern by the VA CIRB that risks may exceed those anticipated in the protocol, consent documents and in the deliberations by the Committee, then a shorter period of time should be set for continuing review. Shorter periods of approval can also incorporate number of subjects enrolled (e.g., continuing review should be

submitted in 6 months, or at the end of study treatment for every three subjects). The continuing review period is recorded in the VA CIRB Minutes and in the approval letter to the Investigator(s).

6 Investigator Qualifications and Conflict of Interest Requirements.

6.1 All study team members serving in an investigator role must submit a recent bio sketch (merit review or NIH format) or a curriculum vitae (CV) that indicates sufficient medical or behavioral science training and/or research experience for the role they will be serving in the study.

- If the investigator is new or does not have sufficient experience, a mentorship plan should also be submitted. This plan must include regular meetings with an experienced mentor and what these meetings will entail. If the mentor will have access to protected health information (PHI) the mentor should also be listed on the PI Application as a study team member.

6.2 All investigators or other personnel associated with a project to be reviewed by the VA CIRB must be in compliance with the process for reviewing possible financial conflicts of interest that are set by their local VA facility.

7 Requirements for Informed Consent, Consent and HIPAA Authorization

7.1 Obtaining Legally Effective Informed Consent involves compliance with federal regulations, VA policy, state, and local laws as well as local facility requirements. Most importantly the documents must be written in a manner that they are understandable to the research population targeted and use language that a "reasonable person" could comprehend and provide information to assist them in deciding whether to participate.

7.2 The VA CIRB provides an informed consent template which includes VA-specific language and should be used as the basis for informed consent documents submitted for review for non-exempt studies. Exempt studies are not required to obtain informed consent as required in non-exempt studies, but VA policy requires exempt protocols including an interaction with human subjects; or obtaining information from tests, surveys, or interviews; or behavioral interventions to obtain permission or agreement from subjects by providing information which must include the five elements listed in paragraphs 4.7 and 4.8 above.

7.3 If someone other than the investigator conducts the informed consent process or obtains the affirmative agreement of the person to participate or obtains this agreement from the participant's legally authorized representative (LAR), the investigator must formally delegate this responsibility in writing. The person delegated this responsibility must have appropriate qualifications and have received appropriate training to perform this activity. The VA CIRB does not require that the PI or LSI designate the individuals by name but can designate the position title in the protocol or other study documents.

7.4 Legally effective informed consent requires that the investigator only seeks consent under circumstances that provide the prospective participant, or the participant's LAR, sufficient opportunity to read the informed consent document and consider whether to participate. The investigator must also minimize the possibility of undue influence or coercion. If a participant's LAR provides consent, the investigator may wish to include the planned participant in the conversation in the event they have questions but does not need to obtain their agreement. The location of the informed consent process may also be considered for reason of ensuring privacy.

7.5 Informed consent documents, information sheets and consent scripts must all be in language that is understandable to the subject or LAR. Complex terms must be adequately explained, with the goal of rendering them understandable to the population being targeted for enrolment. If subjects are likely to have physical challenges to reading, or to signing these documents, the Investigator should consider modifications that would be appropriate to the provision of informed consent information and for obtaining documentation from that population. These plans should be articulated in the VA CIRB application materials.

7.6 The consent process and documents should provide the prospective subject or LAR with the information that a reasonable person would want to have to make an informed decision whether to participate and should provide an opportunity to discuss that information to clarify questions or concerns. Information must be presented in sufficient detail relating to the research and be organized and presented in such a way that does not merely provide lists of isolated facts, but rather facilitated the prospective subject or LAR's understanding of the reasons why they might want to or want not to participate.

7.7 Informed consent information should begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or LAR in deciding whether they want to participate in the research. The informed consent must be organized and presented in a way that facilitates that comprehension.

7.8 Except when an informed consent waiver or alteration of informed consent is requested and granted by the VA CIRB, the basic elements of informed consent that are listed in the VHA Directive 1200.05, and federal regulations at 38 CFR 16, and 21 CFR 50 must be included. The use of the VA CIRB Informed Consent Template should aid the study team in including this required information.

7.9 When appropriate, one or more of the additional elements of informed consent should also be provided to the participant as described in VHA Directive 1200.05, and federal regulations at 38 CFR 16, and 21 CFR 50.

7.10 VA research involving the use photography, video, and/or other audio recordings for research purposes requires permission, to include a statement that describes any photographs, videos, and/or audio recordings to be taken or obtained for research purposes; how the photographs, video, and/or audio recordings will be used for the research; and whether they will be disclosed outside the VA. For exempt studies, this same information is to be provided and written or oral permission obtained.

7.11 Unless a waiver of documentation is approved by the VA CIRB, informed consent must be documented using a written consent form approved by the VA CIRB and signed and dated by the subject or the subject's LAR. A physical or electronic copy (does not need their signature) must be provided or made available to the person who signed the form and the original kept in the project files or scanned and maintained in the study's electronic files.

7.12 The VA CIRB requires the use of one of two VA CIRB informed consent templates to ensure inclusion of all the required information and the use of VA-specific language. Depending upon study design, the Combined VA CIRB Informed Consent and HIPAA Authorization Template or the VA CIRB Informed Consent Only Template can be used. The use of the Combined CIRB Informed Consent and HIPAA Authorization template is acceptable only if both of the following conditions are met:

- No optional banking of identifiable data or biospecimens is involved, and
- The VA CIRB does not approve the use of subject's legally authorized representatives (LARs) to consent for the subject.

If either of the above conditions are not met, a VA Form 10-0493, Authorization for Use & Release of Individually Identifiable Health Information for VHA Research, must be used along with the VA CIRB Informed Consent Only Template.

The PI application develops and submits model informed consent documents, leaving blank the site-specific information to be filled in by local participating sites as part of the LSI Application process. Generally, only site-specific contact information should be left blank as the informed consent forms across all sites should be as uniform as possible.

7.13 If informed consent is being obtained from the participant's LAR, the LAR must be informed of his/her role and obligation to protect the participant and to act in what the LAR determines to be the participant's best interest. All information that would have ordinarily been provided to the subject must be provided to the LAR so that he/she can make a fully informed decision.

7.14 In cases where a potential subject appears to lack adequate reading skills to read the informed consent document, it should be read to him or her, and the Investigator needs to document that the informed consent document was read aloud. The subject can sign and date the document if they are able and choose to participate. If a potential subject is unable to write their name, they can indicate signature and date by making marks on the paper where required, and the Investigator should make a note on the form indicating the circumstances for and meaning of the marks and initial their notes. Additional caution should be taken to ensure there is an adequate understanding of the information being presented to the potential subject.

7.15 In rare cases where a potential subject is competent to make the decision whether to participate but is unable to physically sign due to a physical limitation or disability, the authorization will require two witnesses to authenticate the symbol or mark executed to indicate the individual's present intention to authenticate the authorization. If no symbol or mark can be made by the individual, the authorization form must briefly document the circumstances of the signature and two adult witnesses to authenticate the individual's intent to provide authorization. If this is a Sponsored study under FDA regulations, the Sponsor must be notified.

7.16 An investigator may request a waiver or alteration (omission of one or more elements) of informed consent by completing a VA CIRB waiver form. The form asks the Investigator to address the specific requirements that need to be met for the IRB to grant such a request. The specific parts of the study to which this request applies also needs to be specified. Waiver requests are only to be submitted at the PI level and are applicable to all participating local sites if they are approved.

7.17 Investigators wishing to request a waiver of documentation of informed consent need to submit VA CIRB waiver form as part of the PI application. The form requires the Investigator to consider the requirements for the IRB to grant such a waiver and to clarify what portion of the research the waiver request applies to (e.g., for screening only).

7.18 Subjects have the right to withdraw from a study if they choose to and, in some situations, may be terminated by the study without their consent (e.g., if non-compliant with requirements that make them ineligible for analysis). This should be considered in the informed consent document so that provisions can be made for orderly and safe withdraw, and conditions if anticipated for termination are evidence before the research begins. If a subject orally conveys that he or she wishes to withdraw consent, the withdrawal of consent is to be honored,

regardless of whether or not the subject has submitted a written revocation of HIPAA authorization for research.

There are circumstances when based on study actions or agreements with the sponsor or regulatory requirements data that have been collected up to the point of withdrawal cannot be removed, and this option cannot be offered. In those cases, this information should be clarified in the informed consent document. In addition, a subject withdrawing from an interventional study may be asked for permission to gather follow-up data through ongoing chart review or review of future laboratory or test results. If they agree, the VA CIRB needs to approve a modified and much shorter consent form to include this ongoing data collection only.

If a participant withdraws from the interventional portion of a study and does not consent to continued follow-up data collection, the investigator must not access the participant's medical record or other confidential records that require the participant's consent. However, an investigator may review study data related to the participant collected prior to the participant's withdrawal from the study, and may consult public records, such as those establishing survival status.

7.19 Research that creates or accesses individually identifiable information or records about research subjects usually requires a written HIPAA Authorization signed by the individual to whom the information or record pertains unless the criteria have been met and documented by the VA CIRB for a waiver of HIPAA Authorization for research purposes. The VA CIRB has standalone HIPAA Authorization and combined ICF/Authorization templates, which must be used as the starting point for VA CIRB submission. When a study team elects not to combine the informed consent and HIPAA authorization into one document, the VA CIRB requires use of VHA Form 10-0493, Authorization for Use and Release of Individually Identifiable Health Information for Veterans Health Administration (VHA) Research and the VA CIRB ICF template. The PI should prepare a model form with all, but the site-specific information completed and submit it as part of the PI Application. The use of VA Form 10-10116, Revocation of Authorization for Use and Release of Individually Identifiable Health Information for Veterans Health Administration (VHA) Research is optional but recommended.

7.20 In studies in which there are optional components, such as data or tissue banking, a separate HIPAA Authorization form and informed consent document must be used (cannot use the combined template) to ensure appropriate Authorizations have been made, particularly for any optional banking component of the study.

7.21 The PI may request a waiver of the requirement to obtain HIPAA Authorization by submitting a Request for Waiver of HIPAA Authorization Requirement. The PI needs to provide sufficient detail on the VA CIRB Form to ensure the IRB has the information it needs to decide whether the waiver meets the required approval criteria, which are found on the form for reference. Waivers may be submitted for the whole study or for only certain phases of the study (e.g., identifying eligible patients for screening, or recruitment). Waiver requests are submitted at the PI level and are applicable to LSIs.

8 Populations in Research requiring additional considerations

8.1 Pregnant women, human fetuses, children, and prisoners are all considered populations requiring additional considerations relating to human subject protections in VHA Directive 1200.05 and these additional safeguards are required before VA CIRB approval can be granted for their enrollment in research. Whenever the VA CIRB reviews proposed research involving pregnant women, the Investigator must submit clarifying information in the protocol and IRB Information Sheet. For

proposed research on prisoners, or populations likely to be detained for prolonged periods (e.g., half-way house), the Investigator needs to submit information addressing the enrollment of prisoners in research which contains the additional information the IRB needs to approve the research. The VA CIRB also will require additional safeguards to protect the rights and welfare of other subjects when they are deemed to constitute a population of subjects requiring additional considerations. Research involving these populations needs to meet the requirements in VHA Directive 1200.05 Section 19 (Pregnant Women), 20 (Prisoners), and 21 (Children).

8.2 When research involves one of the populations described in 8.1, and the research is funded by DHHS, such as the NIH, there are additional determinations from 45 CFR 46 Subparts B, C, and D that the VA CIRB must make and document. For FDA studies involving children, the additional determinations from 21 CFR 50, Subpart D must also be made and documented.

8.3 When research is proposed that would recruit VA students or employees, the VA CIRB may require that they be informed that their participation will not influence their employment, ratings, or subsequent recommendations in either direction (favorably or unfavorably). The involvement of students or employees in the project will usually require a disclosure in the informed consent form acknowledging that refusal to participate will have no influence on their academic progress or employment status, and additional protections in the protocol will likely be required to blind supervisors from the identities of those who choose to participate. The VA CIRB will also require documentation from Investigators of their consultation with Union representatives for employees who are in the bargaining unit when the subjects fall into those categories of employees.

8.4 Most VA research involves Veterans as subjects, who by the nature of their previous service are usually proficient in English but exceptions may apply and Investigators need to evaluate situations carefully when their proficiency might not be adequate to provide legally effective informed consent using the English language (e.g., older Veterans residing in Spanish-speaking areas, i.e., Puerto Rico). Care givers and family members participating in research may also not speak English or may not be proficient enough in English to give legally effective informed consent in English. If this occurs, and there are not translated informed consent documents in a language the subject or LAR can understand, a translated version of the consent document will need to be prepared by a certified translator and submitted for VA CIRB review. If this is a time-sensitive enrollment, please send an email to VACentralIRB@va.gov and let us know a translated version of the consent form has been submitted and that its review is urgent.

8.5 When a study proposes to use deception as part of the study design, the PI must submit a VA CIRB Form requesting an alteration or waiver to the informed consent process. In that form, the Investigator must provide a scientific justification for the use of the deception and an explanation as to why it is not feasible to conduct the research without deception. There needs to be a description of the steps that will be taken to debrief subjects at the conclusion of the study in order to fully explain the nature of the deception, and to allowing participants to withdraw their data, or provide a strong justification to the VA CIRB for withholding such information.

9 Changes in the Research

9.1 Initial approval letters for VA CIRB studies approved by convened meeting, or by expedited procedures, inform investigators that they are not to make any changes in the non-exempt approved research without prior VA CIRB approval except when necessary to eliminate apparent immediate hazards to human participants. Determination letters for exempt studies without limited IRB review include instructions that any changes that may impact the exemption determination need to be submitted to the local RDC or local exemption determination process for review, and that any other changes or concerns need to be communicated to the R&D Committee as the VA CIRB does not

maintain oversight of exempt human subjects research. Determination letters for exempt studies with limited IRB review include instructions that any changes that may impact the privacy and confidentiality safeguards or reports of UPIRTSOs or non-compliance involving the privacy or confidentiality safeguards require submission back to the VA CIRB for review (only changes to the privacy or confidentiality safeguards need to be submitted prior to implementation except when needed to remove immediate hazards to subjects).

9.2 Requests to amend, modify, or update an approved project (Amendments) may be submitted to the VA CIRB at any time during the current approval period or, for those studies not subject to continuing review, as long as the study or a site have not been closed. With the transition to IRBNet, Amendments can be submitted simultaneously with a continuing review if they are submitted in a separate package.

9.3 Modifications to projects previously approved by the convened VA CIRB panel may be reviewed via an expedited review process if the changes constitute a minor modification to the previously approved research. If the modifications are more than minor, the changes will be reviewed by the convened Board for approval, for requiring specified changes to secure approval, or for disapproval of the modifications.

9.4 Modifications to projects previously approved by expedited review may continue to be reviewed via expedited review, if the research continues to pose no more than minimal risk to human participants and the modifications continue to fall under expedited categories 1-7. If a proposed amendment increases risks beyond minimal or introduces procedures not qualifying for expedited review under categories 1-7, the amendment, along with all associated project documentation will be reviewed by the convened VA CIRB.

9.5 When there is an approved change to the CIRB-approved PI Application that requires changes also be made to approved local site documents for all participating sites, each site only needs to submit the modified documents and they will be processed as administrative updates in IRBNet. The assigned VA CIRB Manager will verify that the required changes were made in the local site documents and publish the approved new documents in IRBNet.

9.6 There are times when a VA Investigator has a potential subject who deviates from the inclusion and exclusion criteria in a minor or unexpected way, and when the subject's data would be evaluable for the aims of the study. When an Investigator requests such a single subject protocol exception (prospective) to or reports a deviation (retrospective) from an approved project, the VA CIRB will consider the request and approve it, require clarification for the request or disapprove the request based its judgment as to whether the modifications make the data unevaluable or whether inclusion of the subject increases the magnitude or probability of harm.

10 Continuing review of non-exempt human subjects research

10.1 Continuing review of non-exempt human subjects research is required for all research determined to be more than minimal risk and can be required by the IRB for an individual research protocol it has approved as no more than minimal risk. Continuing review and approval are required at intervals appropriate to the degree of risk as determined by the VA CIRB, but no less often than once per year (365 days), as required by 38 CFR 16.109e. For minimal risk studies not requiring a continuing review by the VA CIRB, an annual status update is required to document the current status of the project and study staff involved in the project. Only the PI is required to submit the annual status report, not the LSIs. The PI will receive automated notifications from IRBNet that the annual status report is due at 60 and 30 days prior to the due date and the day it is past due and 30 days past due.

10.2 Study teams will receive automated notifications from IRBNet that continuing review is due 90, 60, and 30 days prior to the end of the approval period and the day it expires. All documents for continuing review are submitted by study teams for Investigator and Coordinating Center activities in IRBNet. VA CIRB staff conduct administrative pre-review of submitted materials, and when complete, prepare reviewer checklists (which are tools for reviewers) and forward the submissions in IRBNet to VA CIRB Primary Reviewers. Reviewers can attach checklists or written comments into IRBNet, and those are captured for CIRB Managers to prepare documentation of approval, of changes required to obtain approval (and the reasons for the required changes) or for disapproval. Final documentation of VA CIRB actions is included in IRBNet by VA CIRB Managers who then publish Board documents for access by the Investigators and study teams, Facility Research Office, and R&D Committees, and RCOs or other research monitors or auditors.

10.3 When continuing review approval has not been obtained prior to the expiration of the current approval period, VA CIRB approval lapses. All research must stop unless the investigator contacts the VA CIRB, and a VA CIRB Co-Chair or Chair determines that it is in the best interest of individual participants to continue the research interventions or interactions. Automated messages from IRBNet should inform the Investigators of required next steps if there are subjects currently enrolled on a clinical trial. At the local facility level, the PI should inform ACOS/R and the facility Chief of Staff as it is a patient safety issue when some research interventions should not be stopped. There may be instances when the VA CIRB would want to consult with facility officials

10.4 Continuing review and VA CIRB re-approval are required for all non-exempt studies that are greater than minimal risk that were approved under the 2018 Common Rule requirements, and for all studies approved prior to January 21, 2019, that have not been transitioned to the 2018 requirements. Continuing review is also required for all FDA regulated research. Sufficient information must be submitted by investigators to allow the VA CIRB to perform a substantial and meaningful review to include a review of the ongoing study in meeting the criteria for approval at 38 CFR 16.111, which includes the adequacy of the informed consent documentation and process and HIPAA authorizations in light of any new information that has been developed by the research.

10.5 For studies approved prior to implementation of the 2018 Common Rule requirements, the study will be considered for transition to the 2018 requirements at the time the continuing review reports are submitted to the VA CIRB for review if it meets one of the following criteria: 1) the study is a data/specimen use and collection only study or 2) the study is closed to enrollment, has completed all interventions and follow-up activity, and is in the data analysis only stage. This does not apply to FDA-regulated studies.

- For those studies subject to possible transition to the 2018 Common Rule requirements that had been eligible for expedited review at the time of initial approval, but continuing review approval was mandated, the VA CIRB Reviewer must determine whether continuing review is still required. If it is still required, a justification for the continuing review and approval requirement must be provided by the Reviewer.

- For those studies subject to possible transition to the 2018 Common Rule requirements that were approved by the Convened VA CIRB, with a requirement for continuing review, consideration will be given to studies determined to be no more than minimal risk to determine whether continuing review is still required. If it is still required, a justification for the continuing review requirement must be made and documented by the Convened Panel.

10.6 For studies approved under the 2018 Common Rule requirements, with a requirement for continuing review, consideration will be given to studies to determine whether continuing review is still required when the research has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study: 1) data analysis, including analysis of

identifiable private information or identifiable biospecimens or 2) accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care. This does not apply to FDA-regulated studies.

10.7 VA Coordinating Center activities also require continuing VA CIRB approval when it is required for the PI. This approval is obtained and continued either as part of the PI project, along with the LSI if the Coordinating Center is not at the same facility as the PI and there is a Local Site Investigator who is conducting the study at that site, or as part of a separate project approved by the VA CIRB at a facility other than where the PI is located.

10.8 The VA CIRB is to be notified when a project is closed or terminated. The Investigator submits a closure report, along with a closure report for any site that has not been previously closed for studies under Panels #1 and #2. LSIs under Panels #1 and #2 submit a closure report at the time of site closure.

10.9 Annual Status Reports are reviewed administratively and acknowledged.

10.10 Study closure reports are reviewed administratively and communicated to the VA CIRB via the VA CIRB Minutes.

11 Reportable Events.

11.1 For non-exempt research approved by the VA CIRB, investigators and study teams are required to promptly report any unanticipated problems involving risks to subjects or others (UPIRTSO). Directive 1058.01 provides specific timeframes for this reporting.

- All apparent UPIRTSOs in nonexempt research, and UPIRTSOs potentially affecting privacy and confidentiality safeguards in research approved by limited IRB review must be reported by the Investigator to the VA CIRB within 5 business days of becoming aware of the occurrence. This includes privacy or information security events in which PHI may have been disclosed to unauthorized persons. Note, investigators must also comply with requirements of the VA Handbook 6500 for reporting, which are more stringent than Directive 1058.01.
- Immediate (within 1 hour) oral reporting to the IRB of all deaths that appear to be unexpected and related or possibly related to the research is required, followed by written notification to the IRB within 1 business day after being made aware of the death.
- Written notification to the VA CIRB within 5 business days after being made aware of the occurrence is required for all other qualifying incidents. Reporting is required by the LSI when reportable events and problems occur at their site (no duplicate reporting by PI or Coordinating Center is required). The PI is responsible for reporting any study-wide apparent serious and/or continuing non-compliance (this may be facilitated by the Coordinating Center if requested by the PI).
- Apparent serious or continuing noncompliance with the VA CIRB-approved protocol, or the requirements or determinations of the VACIRB must be reported no later than 5 business days after being made aware of the apparent noncompliance.

11.2 During its initial review of a new project, the VA CIRB must evaluate the potential risks to participants, and the plans for monitoring risks in the study. This includes the study team's plan for reporting of unanticipated problems involving risks to subjects or others.

11.3 Within 1 working day after receiving an oral report of an unanticipated research-related death, VA CIRB will ensure that IRB Chair or another qualified voting member review of the event has occurred

and that determinations have been made as to any warranted actions to eliminate apparent immediate hazards to subjects and initiate those actions.

11.4 Within 5 business days after receipt of a report of an apparent UPIRTSO, or apparent serious or continuing noncompliance, a VA CIRB Co-Chair, or a designated VA CIRB member must determine whether any immediate action is required to safeguard subjects' rights or welfare. If the report involves an apparent UPIRTSO, a preliminary determination as to whether the reported incident is an actual UPIRTSO will also be made. The report is placed on the next VA CIRB agenda, not to exceed 30 calendar days after the date of written notification and the convened panel is made aware of the report and the preliminary determination and then makes a final determination, which is documented by letter and published in IRBNet (within 30 days). In the event the VA CIRB determines the event was an actual UPIRTSO, the VA medical facility Director, the RCO, the ACOS/R&D, and the VHACO IO must be informed within 5 business days of making this determination.

11.5 In its review of the report, the VA CIRB will make determinations:

- Whether the event reported as an apparent UPIRTSO was anticipated or unanticipated (considering the presence or absence of the risk in the consent document and protocol), related or possibly related to the research, and whether any additional actions should be taken to safeguard the rights and welfare of subjects.
- Whether events reported as apparent serious or continuing non-compliance are in fact non-compliance with the requirements of the VA CIRB, whether they are serious or not serious, and whether they are continuing or not continuing.
- In its review of apparent UPIRTSO and apparent serious or continuing non-compliance reports, the VA CIRB is responsible to decide on the nature of the event reported and deliberate on the appropriate response to the event to safeguard the rights and welfare of subjects and to try and bring the research into compliance with federal regulations and VA policy. The VA CIRB may request additional information to make its determination, may elect to suspend or terminate IRB approval of the research or a specific portion of the research, such as recruitment, to require modifications to the project as a condition of ongoing approval, to require additional investigation into the events. The VA CIRB may also determine that no further actions are required. These determinations must be made and documented within 30 calendar days of the convened IRB's initial review. The VA CIRB will deliberate what if any protocol or informed consent modifications are warranted. If the modifications are warranted, the convened IRB must determine and document whether investigators must notify or solicit renewed or revised consent from previously enrolled subjects, and if so when such notification must take place and how it must be documented.
- For reports of apparent serious noncompliance and/or continuing noncompliance, the convened VA CIRB may request additional information before making a determination but must make at least a preliminary determination within 30 calendar days of the convened IRB's initial review.

11.6 A determination of serious or continuing non-compliance with the requirements of the VA CIRB will be communicated in writing within 5 business days of the determination to the VA MCD, the RCO and the ACOS/R&D, and the VACO HRPP IO. The VA medical facility Director, or designee, must report the IRB's determinations to the appropriate ORO workgroup within five (5) business days after receiving the IRB's written notification. The VA MCD will be reminded in writing of the responsibility for reporting these events to OHRP and/or FDA.

11.7 Any suspension or termination of VA CIRB approval will be communicated in writing to the PI, the VA MCD, the RCO, the ACOS/R&D, and the VHACO IO within 5 business days of the determination being made. The VA medical facility Director, or designee, must report the IRB's determinations to the appropriate ORO workgroup within five (5) business days after receiving the

IRB's written notification. The VA MCD will be reminded in writing of the responsibility for reporting these events to OHRP and/or FDA.

12 Communication and Documentation

12.1 The VA CIRB seeks to engage in open, frequent, and effective communications with investigators, study teams, and local participating sites, including local research administration. The VA CIRB staff ensure that communications by the VA CIRB are timely, accurate, and complete, and they are documented and stored in IRBNet. When communication is done by email, VA CIRB staff preserve the communication by inserting it into the appropriate package within IRBNet.

12.2 All official communications concerning determinations made by the VA CIRB are included in the published documents in IRBNet and available to the PI, the LSIs, and to the local facility research office which ensures they are also available to the R&D Committees and the facility in general (including RCO access). Study teams have been instructed not to send any documentation to the VA CIRB that contains PHI, and not to store PHI in IRBNet. If documents that need to be forwarded to the VA CIRB contain identifying information, the study team should redact all such information prior to uploading documents into IRBNet.

12.3 VA CIRB administrative staff communicate Reviewer comments requiring a response to study teams via internal notifications in IRBNet to facilitate prompt communication. If the action pertains to an amendment, no action may be initiated except to eliminate immediate hazards to participants, until the official written notice of approval from the VA CIRB is received.

12.4 For CSP studies and for other studies that use a Coordinating Center, the Coordinating Center should be given access to the IRBNet projects so that all written communications addressed to the PIs, and LSIs are also available to the Coordinating Center.

12.5 The VA CIRB also maintains the following to encourage timely and open communication between the VA Central IRB, the local sites, and study teams:

- VA Central IRB public website (www.research.va.gov/vacentralirb)
- VA Central IRB toll free number (877-254-3130)
- VA Central IRB general e-mail address (vacentralirb@va.gov)

12.6 RCOs and other individuals at local participating sites who perform routine compliance monitoring of VA CIRB-approved projects are responsible for reporting the results of their monitoring activities when there are findings of non-compliance to the VA CIRB in accordance with VA policy. RCOs are responsible for reporting all audit results to the IRB regardless of the findings of the audit. . UPIRTSOs and apparent serious or continuing non-compliance must be reported in accordance with the requirements of the VA CIRB. In addition, per the approved MOU, RCOs are responsible for performing for-cause audits at the request of the VA CIRB and for providing the results to the VA CIRB in a timely manner.

12.7 Within the VACO HRPP, communication is carried out in several different ways. These include, but are not limited to, the following:

- VA CIRB meeting minutes for Panels #1 and #2 are posted to SharePoint and a notification sent to the VA CIRB Liaisons or an individual identified local research administration via email, for forwarding to R&D Committees. Panel #3 minutes are sent by email to VA CIRB Liaisons for forwarding to R&D Committees.

- Formal (letters) and informal (e-mails) correspondence with investigators, study team coordinators, and local site points of contact are all attached to corresponding packages in IRBNet.
- Maintenance of a public reference website at: http://www.research.va.gov/vacentralirb/,
- Informing Local Site Liaisons via e-mail and regular webinars when VA CIRB procedures change that affect the local site or study teams,
- Provision of a toll-free number at 1-877-254-3130.
- Availability through a shared email address at vacentralirb@va.gov;
- In-person interaction using Teams meetings, and at local, regional, and national meetings, as well as other educational settings with local research office staff, compliance officers, and investigators as budgetary and VA travel restrictions and budget permit
- Conduct of periodic VA CIRB webinars and/or videoconferences to include the following:
  - For local VA facilities and associated NPCs regarding the MOU process and/or upcoming changes in MOU content
  - For VA CIRB Liaisons, for investigators and other study team members concerning topics such as the VA CIRB new project submission and review process, continuing review, and amendment submissions, and reporting unanticipated serious adverse events, and noncompliance.

12.8 Investigators, local sites, and other staff are encouraged to express any concerns and/or suggestions to the HPA, the VA CIRB Administrators and VA CIRB Managers as applicable. R&D Committees are welcome to communicate concerns or suggestions as well. VA CIRB staff will bring any issues that cannot be resolved at their level to the attention of the appropriate officials as we seek to continually improve VA CIRB processes for the VA human subjects research enterprise.

13 Maintenance of Records

13.1 IRBNet is compliant with FDA's 21 CFR Part 11 requirements and has been the VA CIRB system for new protocols as of March 15, 2021. All currently approved VA CIRB studies transitioned into IRBNet between March 15, 2021, and May 3, 2021.

13.2 All new projects, amendments, continuing review applications and reportable events are submitted to the VA CIRB in IRBNet. All new applications are submitted to the local research office before coming to VA CIRB in order to allow for the local assessment of feasibility and alignment with local facility's research mission. This allows for the incorporation of any relevant state laws in order to ensure the legally effective informed consent of subjects and allows for the incorporation of the local context into the review process.

13.3 VA CIRB staff are required to maintain project records according to internal workflow instructions, and to save and upload any communications that come from or go to the study team regarding a submission. Along with initial administrative review by VA CIRB staff, input from PO and ISSO reviews as well as review comments from the VA CIRB primary reviewer are all integrated and communicated by VA CIRB staff to the study team to facilitate compliance with VHA policies and VA CIRB approval of the research.

13.4 Records of VA CIRB submissions (exempt and non-exempt), reviewer input, including PO and ISSO reviews on projects submitted prior to March 15, 2021, are maintained in electronic files on the SharePoint site for long term storage. FDA regulated study documents remain in paper form and will be maintained until they can be destroyed based on the Record Control Schedule and FDA requirements.

13.5 Records of not-human-subjects research determinations are maintained in electronic form on the SharePoint site for storage.

13.6 Records pertaining to the recruitment and appointment of VA CIRB members is maintained in electronic format on the SharePoint site for storage. Records of VA CIRB member education, VA CIRB member CVs and resumes, WOC appointments and annual tracking logs and VACO HRPP annual reports are all maintained in a SharePoint site for storage.

13.7 VA CIRB minutes, SOPs, MOUs, FWA updates, and documentation of relevant appointments and designation of authority are also all maintained on the SharePoint site for storage.

13.8 A listing of VA CIRB Liaisons at each of the facilities using the VA CIRB as an IRB of Record will be maintained on a SharePoint site and will be reviewed and updated at least bi-annually.

13.10 The VA CIRB staff maintain an historical Access database on the shared drive with controlled access limited to VA CIRB staff. The database was updated with study information until such time as all the VA CIRB approved studies were in IRBNet. Some parts of the database continued to be updated until those functions were included in SharePoint sites.

14 Definitions

Definitions from the federal regulations and VHA Directives are not duplicated here (in particular 38 CFR 16, and Directives 1200.05, 1058.01 and 1058.03).

14.1 **Ad Hoc Consultant**. An individual with select competence in special areas invited by the VA CIRB to review certain protocols based on a specific or unique expertise and to render an opinion or make recommendations to the VA CIRB. These individuals may not vote on the project.

14.2 **Administrative Update.** An update is a minor administrative change to study documents that does not require review and approval by a voting member of the VA CIRB. These include but are not limited to such issues as changes in phone or room numbers; correction of formatting issues or typographical errors; or implementation of an approved PI amendment changes on LSI-specific documents with no further changes in those documents. Administrative Updates are delegated to the VA CIRB Managers.

14.3 **Alternate IRB Member.** For the VA CIRB an alternate IRB member is appointed in writing to serve as a substitute voting member who takes the place of a primary voting member. An alternate member may also serve as a primary member on another Panel. Alternates may serve as a Primary Reviewer on a study which has time-sensitive need for review, or who takes the place of a member who is unable to attend to preserve quorum or add to the Panel's voting membership. Versions of the roster are maintained that show qualifications as physician-scientist, non-physician scientist and non-scientist, and alternate Voting Members can be designated if the alternates have the same qualification as the primary voting member.

14.4 **Approval Period**. The time during which a greater than minimal risk and non-exempt study is approved by the VA CIRB before it requires another review. The VA CIRB may approve a study for up to 365 days (i.e., May 2, 2022, through May 1, 2023). If a study is not re-approved at the end of the approval period, it lapses in approval automatically at midnight on the last day of approval. If the VA CIRB has concerns that the risk related to a study are not well known or has other reasons to want an update on the progress of a study sooner than one year, the Board will give a shorter approval period.

14.5 **Designated Reviewer.** A qualified VA CIRB voting member who has been appointed in writing by the VA CIRB Co-Chairs to review specified project materials on behalf of the VA CIRB and provide expedited IRB review determinations. Qualified VA CIRB staff member may make exempt

determinations not requiring limited IRB review.

14.6 **Exempt Research**. Includes research activities in which the only involvement of human subjects is in one or more of the categories listed in 38 CFR 16.104(d).

14.7 **Local Site Investigator.** The Local Site Investigator (LSI) is an investigator at a site participating in a multi-site research project under the review or oversight of Panels #1 or #2. The LSI oversees scientific, technical, and day-to-day management of the research conducted at the local site. The Principal Investigator/Study Chair (PI) of a multi-site study can also be an LSI at their site or the site can have a different LSI for the same study. The LSI also refers to the application process for getting VA CIRB approval for the Investigator and the site where the study will be conducted, which is linked to the PI application, but distinct from it.

14.8 **Local Site Liaison.** An individual, designated by the local research office, who serves as the main point of contact between the VA CIRB and the local facility R&D Service regarding studies that are being reviewed and overseen by the VA CIRB (Panels #1 and #2). For Panel #3 the Local Site Liaison is the IRB Coordinator or Manager providing IRB Administrative services for the facility.

14.9 **Principal Investigator.** The PI is the Investigator with responsibility over the entire study. The PI oversees scientific, technical, and day-to-day management of the research conducted across engaged and non-engaged local sites. For a multi-site project, the PI can also be an LSI at their own site, or the site can have a different LSI for the same study. PI application also refers to the application process for getting VA CIRB approval for the protocol, the model consent document(s) and Authorization document(s), and applicable waiver applications or recruitment materials. The PI and LSI are only applicable to VA CIRB Panels #1 and #2 and are currently used for non-exempt and exempt multi-site research.

14.10 **Primary Reviewer**. An IRB voting member who provides a review of a submitted project action and/or, for study actions being reviewed under expedited review procedures, grants approval to the action. For studies reviewed at Convened Board, the Primary Reviewer leads the discussion for the Board and recommends a motion for Board action.

14.11 **Reportable Events.** The term reportable refers to an incident, event, or situation that must be reported to the IRB as required by the VHA Directive 1058.01, or by federal human subject protection regulations.

14.12 **Transition**. The process by which studies approved prior to January 21, 2019, that are subject to the pre-2018 Common Rule requirements are reviewed and approved to transition in compliance with the 2018 requirements.

14.13 **Unaffiliated IRB Member.** Unaffiliated members are not otherwise affiliated with the Department of Veterans Affairs (VA) and are not part of the immediate family of a person who is affiliated with the VA. A Veteran whose only relationship with VA is receiving care at a VA facility or receiving benefits from the Veterans Benefits Administration may be considered unaffiliated. However, any person serving in a VA Without Compensation (WOC) appointment in another role or who has an Intergovernmental Personnel Appointment (IPA), or who is retired from VA is otherwise affiliated and may not fulfill this role on a VA IRB.

14.14 **Voting Status.** When voting members are present at a convened meeting, they have voting status unless they are new members and have not been able to access their equipment to review meeting materials, or if they "step down" to allow an alternate member to enter "voting status" to be a Primary Reviewer for the panel.

References

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1978). The Belmont report: Ethical principles and guidelines for the protection of human subjects of research. [Bethesda, Md.]: The Commission.