1 PURPOSE

1.1 This procedure establishes the process for communicating findings of Serious Non-Compliance, Continuing Non-Compliance, Unanticipated Problems Involving Risks to Subjects or Others (UPIRSOs), Suspension of IRB Approval or Termination of IRB Approval to applicable external agencies and institutional officials.

1.2 The process begins when a convened IRB panel determines that a reportable new information report meets the findings in 1.1, or the Vice President for Research, Institutional Official (IO), IRB Chair, IRB Office Executive Director, or designee institutes a Suspension of IRB Approval or a Termination of IRB Approval, outside of a convened IRB meeting.

1.3 The process ends when the applicable external agencies and institutional officials have been notified.

1.4 This procedure also establishes the process for reporting significant events or circumstances to the Association for the Accreditation of Human Research Protection Programs (AAHRPP).

2 PREVIOUS VERSION

2.1 Revised from previous version dated 02/25/2022.

3 POLICY

3.1 Northwestern University will notify institutional officials and applicable federal agencies such as the Office of Human Research Protections (OHRP), the Food and Drug Administration (FDA), or other federal agencies within 30 business days of any IRB determinations that constitute Serious Non-Compliance, Continuing Non-Compliance, Unanticipated Problems Involving Risks to Subjects or Others, Suspension of IRB Approval or Termination of IRB Approval of that research.

3.1.1 For US Department of Defense (USDOD) research:

3.1.1.1 The report will be sent to the USDOD human research protection officer.

3.1.1.2 The institution will promptly notify the USDOD if the IRB of record changes.

3.2 Voluntary holds are not considered suspensions or terminations and do not meet reporting requirements to OHRP, FDA, and other federal agencies.

3.3 Northwestern University will not report Unanticipated Problems Involving Risks to Subjects or Others (UPIRSOs) determinations made for events that did not occur at or involve participants at Northwestern University, its affiliates, or sites where the Northwestern University IRB serves as the IRB of record.

4 RESPONSIBILITIES

4.1 The IRB Office Compliance Team carries out this procedure.

5 PROCEDURE

Reporting to applicable federal agencies and institutional officials:

5.1 Within 5 business days of the Northwestern IRB panel meeting, the Compliance Analyst will review the meeting determinations.

5.1.1 The Compliance Analyst will review the meeting determinations for the following or a combination of the following:

5.1.1.1 Serious Non-Compliance

5.1.1.2 Continuing Non-Compliance

5.1.1.3 Unanticipated Problems Involving Risks to Subjects or Others

5.1.1.4 Suspension of a research study

5.1.1.5 Termination of a research study

5.1.2 For studies that meet at least one of the determinations noted above, the Compliance Analyst will assess the following:

5.1.2.1 Whether the report originated from Northwestern University or involved a participant at Northwestern University, a Northwestern University Affiliate, or if Northwestern University serves as the IRB of record.

5.1.2.1.1 If no, no further action is required, and the procedure is complete.

5.1.2.1.2 If yes to any of the criteria noted in 5.1.2.1, continue to 5.1.3.

5.1.3 The Compliance Analyst will review the IRB Compliance Team email inbox for an email from the Principal Investigator within 5 business days from the date of the Reportable New Information outcome letter, either confirming the accuracy of the funding sources list in eIRB+ or providing the current list of sources of funding. If the PI did not provide the information via email, the Compliance Analyst will email the PI and Primary Contact to determine the current funding sources for the impacted study(ies).

5.1.3.1 If the Principal Investigator or Primary Contact responds within 5 business days to indicate that the funding in the IRB application is inaccurate:

5.1.3.1.1 The Compliance Analyst will direct the Principal Investigator to submit a modification to correct the application within 5 business days.

5.1.3.1.2 The Compliance Analyst will generate the external report(s) following the information provided by Principal Investigator but will hold submission of the report(s) until the IRB approves the modification to update the funding in the application.

5.1.3.1.3 If the IRB has not approved the modification within 5 business days of reporting deadline outlined in 5.4.1 and 5.5, the Compliance Analyst will notify the IRB Compliance Manager.

5.1.3.2 If the Principal Investigator or Primary Contact does not respond within 5 business days, the Compliance Analyst continues the procedure following the funding sources in the IRB application.

5.1.4 If the study is NOT federally funded, regulated by the FDA, nor supported by the USDOD or any other federal agency, but involves a participant at Northwestern University or a Northwestern University Affiliate site, then it is only reportable to institutional officials at the University. Proceed to 5.2.8 below.

5.2 Prepare the reports for the reportable items.

5.2.1 If the study is subject to DHHS regulation only (DHHS federal funding), prepare the draft report using the OHRP Report template (HRP-720).

5.2.2 If the study is subject to FDA regulations (involving drugs, devices, or biologics) or is subject to another agency, excluding DHHS, address the letter to the appropriate agencies using the letter template (HRP-719).

5.2.3 If the study is USDOD funded, address the letter to the USDOD using the letter template (HRP-719).

5.2.3.1 Submit a copy of the IRB meeting minutes for **only** the submission with the reviewer's name redacted with the USDOD external report letter.

5.2.4 If the study is subject to DHHS regulations and any other agency, prepare the draft report using the OHRP Report template HRP-720 and generate a letter using HRP-719 for all other agencies.

5.2.4.1 Initially, generate one letter using HRP-719. Send the draft letter to the IRB Compliance Manager, Associate Director of Compliance and Reliance, and IRB Executive Director or designee for review.

5.2.4.2 Add applicable contents of letter HRP-719 to the OHRP Report template HRP-720.

5.2.4.3 Complete the remainder of the OHRP Report template HRP-720. Send the OHRP Report template to the IRB Compliance manager for review.

5.2.4.4 Send the HRP-719 External Report to the non-OHRP agency per 5.5 below.

5.2.5 If the study is USDOD funded and reportable to another agency, excluding DHHS, then report to the USDOD and the other agency using the letter template (HRP-719), but save two versions of the report (one addressed to DoD and the other addressed to the other agency) and send by separate emails to the USDOD and the other agency.

5.2.5.1 Submit a copy of the IRB meeting minutes for **only** the submission with the reviewer's name redacted with only the USDOD external report letter.

5.2.6 If the study is USDOD funded and subject to DHHS regulations (DHHS federal funding) and reportable to another agency, then report to the USDOD and the other agency using the letter template (HRP-719), but send by separate emails to the USDOD and other agency. Prepare the DHHS draft report using the OHRP Report template (HRP-720). Refer to 5.2.4 above.

5.2.6.1 Submit a copy of the IRB meeting minutes for **only** the submission with the reviewer's name redacted with only the USDOD external report letter.

5.2.7 If the study is reportable to an external department or agency not listed above, report to the appropriate agency using the letter template (HRP-719), but refer to WORKSHEET: Additional Federal Agency Criteria (HRP-318) for the appropriate agency contact information.

5.2.8 If the study is reportable to the University only (per 5.1.3 above), inform the Principal Investigator's supervisor (such as Department Chair or Division Chief) by email using the letter template (HRP-1716) as the email's text.

5.2.8.1 Include the RNI acknowledgment letter with the correspondence.

5.2.9 If the study involves a Northwestern University affiliate site, copy the appropriate institutional officials on the letter.

5.2.10 If the Northwestern IRB serves as the IRB of record for external participating sites, and the IRB determination impacts the participating site, include the site(s) details in the letter, where appropriate, and copy the relevant site principal investigator(s), site reliance contact(s), and site Institutional Official (IO) or designee on the correspondence.

5.2.10.1 Serious Non-Compliance and Continuing Non-Compliance determinations specific to individual sites, including Northwestern, may only need to be reported to impacted sites.

5.2.10.2 Suspensions and Terminations of IRB approval must be reported to all sites.

5.2.10.3 Unanticipated Problems Involving Risks to Subjects or Others must be reported to all sites.

5.2.11 If the study relies on another IRB to serve as the IRB of record, the executed IRB Authorization Agreement (i.e., Reliance Agreement) must be reviewed to assess the Northwestern University IRB's responsibilities and reporting requirements. Proceed following the terms in the signed Reliance Agreement.

5.2.11.1 If an external IRB makes a reportable determination and provides the Northwestern IRB Office with the draft letter for review, the IRB Compliance Analyst will:

5.2.11.1.1 Record the event in the appropriate compliance tracking mechanism.

5.2.11.1.2 Save correspondence and the draft letter in the appropriate folder.

5.2.11.1.3 Review the eIRB+ system to determine whether the Principal Investigator submitted a Reportable New Information Item corresponding to the event.

5.2.11.1.3.1 If not, contact the Principal Investigator, instruct them to submit an RNI, and confirm that they have submitted the RNI.

5.3 Send draft letters to the IRB Executive Director or designee for review.

5.3.1 In the case of a draft letter from an external IRB, send the IRB Compliance Manager, Associate Director of Compliance and Reliance, and the IRB Office Executive Director the draft external report and the timeframe for review.

5.3.2 Return the draft letter to the external IRB with Northwestern IRB Office feedback and ensure the external IRB will copy the IRBCompliance@Northwestern.edu email on the federal agency notification email.

5.4 If the event occurred at a site relying on the Northwestern IRB, send the draft letters to the site reliance contact and site Institutional Official (IO) or designee for notification and consultation within 25 business days of the IRB Panel meeting/determination date.

5.5 Send the final version to the applicable federal agencies within 30 business days of the IRB Panel meeting/determination date. When a report requires consultation with an external participating site's official, send the final version to the applicable federal agencies within 45 business days of the IRB Panel meeting/determination date.

5.5.1 Report to OHRP by transferring the information from the OHRP Report template HRP-720 into OHRP's Incident Report Online Form. Once received, save each of OHRP's Incident Report Acknowledgment of Receipt emails as .PDFs. Send an email to the PI, submission preparer/primary contact, and Institutional Officials with the .PDF version of the OHRP email containing the information submitted in the incident report attached to inform them of the report.

5.5.2 When an external IRB reports an event that occurred at Northwestern for a study under external IRB purview, the IRB Compliance Analyst will forward the report to the appropriate institutional officials whom the Northwestern IRB would normally notify when sending an external report.

5.6 Provide follow-up information or IRB determinations to the applicable external agency (e.g., FDA, OHRP, USDOD) as needed.

5.7 Update the appropriate compliance tracking mechanism.

5.8 Save the correspondence and email notification(s) in the appropriate folder.

5.9 Any deviations from the reporting process will be documented with a note to file saved in the external reports folder. Report the post-review activity at the IRB Chairs' meeting.

Reporting to AAHRPP, if applicable:

5.10 Within 2 business days or as soon as possible [after the IRB Office Compliance unit becomes aware], the IRB Compliance staff will prepare a notification letter to AAHRPP of:

5.10.1 Any negative actions by a government oversight office, including, but not limited to, OHRP Determination Letters, FDA Warning Letters, and FDA actions taken under non-US authorities related to human research protections that involve Northwestern University's HRPP.

5.10.2 Any litigation, arbitration, or settlements initiated related to human research protections that involve Northwestern University's HRPP.

5.10.3 Any negative press coverage (including, but not limited to, radio, TV, newspaper, and online publications) regarding Northwestern University's HRPP.

6 MATERIALS

6.1 TEMPLATE: External Reporting Template for federal agencies, excluding OHRP (HRP-719)
6.2 TEMPLATE: External Reporting Template for OHRP (HRP-720)
6.3 TEMPLATE: External Report Email Text - University Only Reports (HRP-1716)
6.4 SOP: Reportable New Information (HRP-024)
6.5 SOP: Post-Review (HRP-052)
6.6 WORKSHEET: Additional Federal Agency Criteria (HRP-318)
6.7 GENERAL DOCUMENT: External and University Reporting Flow Chart for Compliance (HRP-1101)

7 REFERENCES

7.1 45CFR46.103(b)(5), 45 CFR §46.108(a), 45CFR46.113
7.2 21CFR56.113
7.3 32 CFR §219.103(b)(5), 32 CFR §219.113, 32 CFR §219.108(a)