Guidance for Implementing IRBchoice: A Guide for Investigators + Member IRBs and Institutions
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1.0 Introduction

This document is an implementation guide for using IRBchoice. It is a living document that will be modified over time as best practices are learned and shared among member institutions. This document is intended to supplement, not replace, existing local Human Research Protection Program (HRPP) policies and standard operating procedures (SOPs) for the review and approval of research.

1.1 IRBchoice Reliance Models

IRBchoice is a national IRB reliance platform for multi-site studies that provides two unique reliance models within a single IT platform and master reliance agreement. IRBchoice allows institutions to use a single IRB review model and either 1) transfer regulatory oversight from one institution to another (ceded reliance) or 2) maintain regulatory oversight (shared reliance) on a study-by-study basis. Both models involve a single IRB review for a single study resulting in the same IRB determination and the same expiration date for all sites.

In the Ceded Reliance Model, the Lead IRB is responsible for making the regulatory determination for all relying sites. Operationally, the Lead IRB collects relevant local context and institutional reviews prior to approving each Relying Site. The Lead IRB reviews relevant materials related to local context (e.g. site-specific consent form language related to compensation for research-related injury, contact information, costs of participation and any feedback from applicable ancillary reviews (See Table 1)) prior to granting final approval for the Relying Site. Going forward, the Lead IRB gives approval for all sites based on the information they now have about each Relying Sites’ local context, only consulting with the Relying Site as needed for more information regarding site-specific amendments or reportable events.

In the Shared Reliance Model, the Lead IRB is responsible for making the regulatory determination for their site and then making their approval available in the IRBchoice System (e.g., meeting minutes, determination letter, IRB application) for Relying Sites to use to give approval for their site via a subcommittee review of the Lead IRB’s determination and the local site’s institutional reviews (see Table 1) and local context.

1.2 Strengths and Challenges of Each Reliance Model

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<thead>
<tr>
<th></th>
<th>CEDED RELIANCE</th>
<th>SHARED RELIANCE</th>
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<tbody>
<tr>
<td><strong>Shared Strengths</strong></td>
<td>Single IRB determination for all sites</td>
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<td></td>
<td>Possibility of reduced time from IRB submission to approval at Relying Sites</td>
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<tr>
<td></td>
<td>Minimize start up time + define roles/responsibilities with master reliance agreements</td>
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<tr>
<td></td>
<td>Shared expertise across IRBs</td>
<td></td>
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<tr>
<td><strong>Unique Strengths</strong></td>
<td>• All sites approved using one review/approval at continuing review and for amendments</td>
<td>• No added burden for Lead IRB</td>
</tr>
<tr>
<td></td>
<td>• Sites without an IRB can cede regulatory review to an external IRB</td>
<td>• Investigators only submit and report to one IRB, their local IRB</td>
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<tr>
<td></td>
<td></td>
<td>• Local IRBs can streamline review and maintain their regulatory oversight</td>
</tr>
<tr>
<td><strong>Shared Challenges</strong></td>
<td>Each institution completes ancillary reviews (e.g., pharmacy, radiation safety, COI, researcher qualifications)</td>
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<td></td>
<td>Reliance requires increased study coordination, which is difficult but improves study quality</td>
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<td></td>
<td>Educating PIs and study teams about their responsibilities when using any reliance</td>
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<tr>
<td></td>
<td>Training IRB staff on reliance models</td>
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<tr>
<td><strong>Unique Challenges</strong></td>
<td>• Lead IRB burden in performing and documenting the review; understanding Relying Sites’ local context; and collecting, analyzing, and reporting issues back to Relying Sites</td>
<td>• Relying Sites approve continuing reviews and amendments via a local subcommittee after initial IRB approval</td>
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<tr>
<td></td>
<td></td>
<td>• Submission requirements may not be reduced for investigators at Relying Sites (usual submission)</td>
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Table 1. Institutional Reviews Not Conducted by the IRB

| Ancillary reviews (radiation safety, biosafety, pharmacy) |
| Conflict of interest                                      |
| HIPAA                                                    |
| Research billing/Medicare qualifying review              |
1.3 Considerations for Selecting a Reliance Model

Given the lack of empirical data regarding what models provide the most efficiency and effectiveness (protection for research participants) and how best to align studies and reliance models, a major competent of IRBchoice is evaluating the rationale for using one model over another, as well as the efficiency, satisfaction, and quality of each model. The table below provides preliminary considerations when selecting a model.

<table>
<thead>
<tr>
<th>USE OF CEDED MODEL</th>
<th>USE OF SHARED MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires resources to serve as Lead IRB</td>
<td>Yes</td>
</tr>
<tr>
<td>Requires IRB experience serving as Lead IRB for other sites</td>
<td>Strongly recommended</td>
</tr>
<tr>
<td>Study involves highly variable and/or restrictive local laws and regulations (e.g., stem cell, surrogate consent, exception from informed consent studies)</td>
<td>Increased burden for Lead IRB</td>
</tr>
<tr>
<td>Study requires non-IRB institutional reviews</td>
<td>No problem; Lead IRB incorporates Relying Site’s approvals before granting final approval</td>
</tr>
<tr>
<td>Relying Site lacks study-specific expertise</td>
<td>Beneficial</td>
</tr>
<tr>
<td>Site with investigator compliance issues</td>
<td>Not recommended</td>
</tr>
<tr>
<td>Study coordination to centrally handle event reporting and IRB submissions</td>
<td>Strongly recommended</td>
</tr>
<tr>
<td>Minimal risk Studies</td>
<td>Recommended to reduce the workload in the Relying Site’s IRB office and allow greater flexibility in reliance when sites are minimally ‘engaged’ (e.g., involved in analysis of identifiable data only)</td>
</tr>
<tr>
<td>Can result in consistent determinations and sharing best practices (e.g., using waiver of consent); time advantage may not be as significant</td>
<td></td>
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2.0 Roles and Responsibilities

As with any form of reliance, communication and a clear understanding of each stakeholder’s responsibilities is critical to optimizing efficiency and ensuring compliance. These stakeholders include the IRBchoice Liaison at each institution, all site investigators, and the entity coordinating the study (e.g., coordinating center, study sponsor or clinical research organization, or the study team at the Lead IRB institution) in the case of larger multicenter trials.

2.1 IRBchoice Liaisons

The IRBchoice Liaison is an IRB staff member or institutional designee who serves as the primary contact to the IRBchoice Steering Committee (ISC), all other IRBchoice institutions, and members of its own institution. The IRBchoice Liaison will be part of his/her institution’s oversight of human subjects research, and will be responsible for all communicating with other institutions. The IRBchoice Liaison will complete or help with the following:

1) Completing and maintaining the Institutional Profile (IP) (see 3.1), providing updates at least annually;
2) Providing access to the IRBchoice System for other individuals involved in the oversight of human subjects research at their institution;
3) Responding in a timely manner to requests to serve as the Lead IRB for a given study;
4) Responding in a timely manner to requests to rely upon another IRB for a given study;
5) Ensuring local policies and procedures are in place to support the use of IRBchoice, either as a Lead or Relying Site, including providing guidance on 1) any additional responsibilities investigators may have when their IRB is the Lead IRB (e.g., ensuring study documents are distributed to all study sites in a timely manner); 2) local submission requirements when relying on another institution’s review using the cede and shared models; and 3) when the use of IRBchoice, either as a Lead or Relying Site is appropriate and how to best support it.

6) As a **Lead IRB** for a study, the IRBchoice Liaison will ensure the following **in the IRBchoice System**:
   a. Projects are created for each study as soon as the decision to be the Lead IRB is made, regardless of whether IRB approval has been received as this will help with study coordination and efficiency for other IRBs.
   b. The reliance model(s) the Lead IRB is willing to use are indicated for the given study, and the rationale for selecting the reliance model (ceded, shared, or both) is provided.
   c. When using the Ceded Model, the preferred Customized Action Plan (CAP) is completed; any requests for reliance are either accepted or declined; and any requests for changes to the CAP are resolved by email and documented in the IRBchoice System once finalized.
   d. When using the Ceded Model, submission instructions are provided for relying investigators so they know how to get their local information to the Lead IRB for review. For example, IRBs may prefer to receive this information via a) direct submission to their IRB e-system/portal; b) email to the IRB; c) the coordinating center; or d) their local study team on behalf of the Relying Site.
   e. The review metrics (dates submitted, reviewed, and approved) and the expiration date are entered in the IRBchoice System.
   f. All study approval documents for initial and continuing reviews and ALL study-wide amendments are uploaded in a timely manner, as appropriate. Additionally, when using the ceded model, all local study amendments for Relying Sites must be uploaded. (Note: when using the shared model, local amendments are NOT required to be uploaded by the Lead IRB to IRBchoice.)

7) As a **Relying Site** for a study, the IRBchoice Liaison will ensure the following **in the IRBchoice System**:
   a. The reliance model is indicated for the given study. Additionally, if a choice of reliance models is available, the rationale for selecting one reliance model over another should be provided.
   b. The contact information is provided for the local study investigator and a study coordinator (if available/known) so the investigator’s study-specific responsibilities and submission instructions can be sent to the local investigator, as well as system notifications regarding the use of IRBchoice for a given study, any next steps, and—when using the ceded model—approval documents from the Lead IRB.
   c. When using the Ceded Model, the Lead IRB’s proposed Customized Action Plan (CAP) must be accepted or changes requested (by email). If changes are agreed upon, the Relying Site must indicate acceptance of the changes before the reliance is finalized.
   d. When using the Shared Model, after any study review (initial, continuing review, or study-wide amendment) is approved by the local subcommittee, the reliance is documented and study-related metrics are entered (dates submitted, reviewed, and approved) by the Relying Site.
   e. No documents are required to be uploaded by Relying Sites in either model. When using the Ceded Model, any documentation needed by the Lead IRB, will be sent to the Lead IRB based on 6.d. above.

2.2 **Lead IRB**

All sites must have a Federalwide Assurance to be in IRBchoice. Additionally, a duly constituted IRB is required in order to serve as the Lead IRB under either model, ceded or shared. When using the Ceded Model for a study, the Lead IRB can also be called the IRB of Record. When using the Shared Model for a study, the Lead IRB can also be called the Sharing IRB. See below for distinctions in roles and responsibilities.
2.2.1 IRB of Record
The role of the Lead IRB when serving as the IRB of Record is to perform initial and continuing reviews and reviews of amendments; reviews of unanticipated problems; and reviews of potential serious and continuing noncompliance for a study that may involve risks to subjects or others, and review of other documents or information related to the approval and continuing oversight of the given study, as applicable, for all Relying Sites.

2.2.2 Sharing IRB
The role of the Lead IRB when serving as the Sharing IRB is to perform, for their local site only, initial and continuing reviews and reviews of study-wide amendments for a given study, as well as upload those approvals to the IRBchoice System promptly after approval is granted. The process of relying upon the Sharing IRB’s approval is completed by a Relying Site’s IRB (see 2.3.2). Thus, the Sharing IRB does not become the IRB of Record for Relying Sites in the Shared Model and is not responsible for post approval monitoring at the Relying Sites. Site-specific amendments that do not apply to all institutions are not uploaded to IRBchoice by the Lead IRB.

2.3 Relying Sites
All sites must have a Federalwide Assurance to be in IRBchoice. However, an institution is not required to have a duly constituted IRB to cede review to another institution (a Lead IRB) using the Ceded Model. Thus, throughout this document, institutions that rely on another IRB using the Ceded Model are called “Relying Sites” in order to broadly cover relying institutions with and without an IRB. When using the Shared Model, institutions are required to have an IRB in order to rely on the review of another IRB. Thus, “Relying Site’s IRB” is used to describe that institution’s regulatory responsibilities.

2.3.1 Relying Sites using the Ceded Model
When using the Ceded Model, the role of the Relying Site is to identify, interpret, and communicate to the Lead IRB (aka IRB of Record) any local context issues relevant to the given study. This information may be communicated via the Relying Site’s Institutional Profile and/or via direct communication or submission to the Lead IRB, as applicable, by the Relying Site’s investigator or the Relying Site’s IRBchoice Liaison, as preferred by the Relying Site.

2.3.2 Relying Sites using the Shared Model
When using the Shared Model, the role of the Relying Site’s IRB is to assess, via IRB subcommittee (i.e., at least 1 IRB member), 1) the accuracy of a study determination from the Lead IRB, 2) the suitability of the Relying Site’s local context (e.g., in the consent form), and 3) to ensure any non-IRB institutional reviews are completed and incorporated appropriately (e.g., radiation safety, COI, biosafety review, etc.).

2.4 Coordinating Centers OR Lead Study Teams
For large, multicenter trials, it is recommended that studies using IRBchoice have either a coordinating center or a “Lead” study team or individual identified to manage the flow of documents between all study sites, regardless of the reliance model being used. This includes the following:

- Ensuring all study sites promptly receive the current, IRB-approved versions of all study documents (e.g., protocol, consent form(s), etc.) after initial study review, continuing review, and all study-wide amendments.
- Ensuring all study sites have the Lead IRB-approved consent form template so it can be modified to include all locally require language (e.g., subject injury, HIPAA, COI, etc.), as applicable. If a coordinating center is making the modifications to the consent form, it will still have to be sent to all local site investigators who will have to get acknowledgement from their local IRB that it is acceptable.
2.5 Relying Site Investigators
For every study, the responsibilities of investigators at Relying Site to their local IRB and the Lead IRB (when using the Ceded Model only) will be outlined in the Investigator Responsibilities and Submission Instructions Sheet. Investigators at Relying Sites are responsible for ensuring they adhere to their local IRB policies and procedures when using the Ceded Model or Shared Model.

3.0 Initiating Use of IRBchoice
3.1 Completing and Maintaining the Institutional Profile (IP)
Within 60 days of executing the IRBchoice Master Agreement, an institution’s IRBchoice Liaison should complete the Institutional Profile (IP) for their institution. The IP is a form in the IRBchoice System that captures information including but not limited to the institution’s FWA, whether or not the institution applies the federal regulations and its subparts to non-federal, non-exempt human subjects research (aka “has checked the box”); local context information to allow another IRB to assess its willingness to assume review responsibilities under the Ceded Model; and submission requirements for local investigators when relying on a Lead IRB using the Ceded and Shared Models, separately, so as to inform investigators of their submission responsibilities (see 2.5). In addition, the IP will contain the Lead IRB’s procedures when serving as the Lead IRB under the Ceded Model.

The IP should be updated yearly to reflect any relevant changes in regulatory standing or accreditation, structure, and/or process. As such, yearly reminders will be sent by the IRBchoice System to all IRBchoice Liaisons.

3.2 Identifying a Lead IRB for a Study
Utilization of IRBchoice for a given study may be initiated by an investigator, federal funder or industry sponsor, or another IRB.

Any IRBchoice member institution with an IRB may serve as the Lead IRB for a given study. The Lead IRB may be pre-determined by a study sponsor or grant award; established via prior arrangements such as existing reliance relationships or research networks; based on the lead study investigator’s local IRB; or selected based on the type of procedures to be performed or the subject population, if these will significantly vary among participating sites.

Determination of the appropriateness of the use of IRBchoice for a given research study is the decision of a Participating Institution. No member institution is obligated to participate as a Lead IRB or a Relying Site. Should a member decide to serve as the Lead IRB or a Relying Site, no individual authorization agreements are needed to complete the reliance.

Further, nothing precludes more than one IRB from serving as a Lead IRB for a given study. In these situations, two “Projects” will be created in IRBchoice so as not to confuse the document tracking, but the projects will be linked to ensure all study sites understand they have more than one Lead IRB from which to choose.

If a single Lead IRB cannot be established for a particular study, any potential unanticipated problems involving risks to subjects or others that result in a change to the consent and/or protocol may be communicated to all sites by the sponsor, data/clinical coordinating center, or a lead study team member as appropriate.

3.3 Investigator Requests to Serve as the Lead IRB
Investigators may make a direct inquiry to their local IRB about the use of IRBchoice, or the investigator may formally register their study with IRBchoice by providing basic study information (e.g., title, phase, funder, types of participants, etc.) the study protocol, and the participating sites via the study registration form on the IRBchoice
When a study is registered with IRBchoice, the investigator’s local IRB will be notified by the IRBchoice System by email about the request to serve as the Lead IRB for the given study. That IRB will make a determination about the appropriateness of the given research study for IRBchoice. If the IRB will serve as the Lead IRB, the study is created in the IRBchoice System and their local investigator is notified by the IRBchoice System by email. If the IRB will not serve as the Lead IRB, the Lead IRB should communicate this to their local investigator. The IRBchoice website prompts investigators to communicate with their IRB about the use of IRBchoice before registering a study.

3.4 IRB-to-IRB Requests to Collaborate

IRBs may also directly request that another IRBchoice institution use IRBchoice for a given study based on knowledge that both institutions are participating in a study and one either has or is in the process of receiving IRB approval. These requests may occur because of an established relationship between IRBs, IRB reputation, accreditation, and/or the acceptability of information on the Institutional Profile (e.g., a potential Lead IRB’s reliance preferences—section 5 of the Institutional Profile—are consistent with the preferences of the Relying Site). Each institution’s profile and IRB contact information can be accessed directly on each user’s Dashboard in the IRBchoice System.

3.5 Confirming a Lead IRB and the Study-specific Reliance Model in the IRBchoice System

Once a Lead IRB has been identified and confirmed their intention to serve as the Lead IRB, that institution’s IRBchoice Liaison should 1) notify it’s local investigator of their decision to be the Lead IRB and the model(s) they agree to use (see below), as this may impact the responsibilities of the local investigator and his/her study team (see 2.5 regarding investigator responsibilities), and 2) create the study in the IRBchoice System and indicate the type of review model that will be used.

The Lead IRB has the option of using the following models:

1) **Ceded**: The Lead IRB will serve as the “IRB of Record” for Relying Sites, as mutually accepted by the Lead IRB and Relying Site.

2) **Shared**: The Lead IRB will serve as the “Sharing IRB” for other Relying Sites (note: an IRB is required to use the Shared Model) by uploading their approval documents for a given study for their institution so the Relying Site can complete the review for their institution via subcommittee.

3) **Both**: The Lead IRB is willing to allow the Relying Site or IRB to select the reliance model they prefer, either the ceded or shared, for the given study.

3.6 Initiating the Study-specific Customized Action Plan (CAP) (Ceded Model only)

Utilization of the Ceded Model requires a partnership between institutions to share information and communicate effectively regarding studies that are reviewed using this model. For a given study, a Lead IRB and a Relying Site may negotiate and document a Customized Action Plan (CAP) for addressing specific regulatory responsibilities in the IRBchoice System. Specific areas where a study-specific plan may be warranted can include but are not limited to the following, as outlined in the IRBchoice Master Agreement:

a) Review of potential uses of protected health information, either under direct subject authorization, in accordance with an alteration or waiver of authorization or as a limited data set;

b) Handling of noncompliance including responsibilities such as external reporting, internal auditing, retraining and implementation of corrective action plans; and

c) Ongoing study oversight including provision of documentation related to ongoing approval to address institutional requirements for record-keeping.

When using the Ceded Model, the Lead IRB will propose a CAP for the given study before any other institution can cede review to that Lead IRB. The initial CAP is generated based on the information in the Lead IRB’s IP (see 3.1).
however, it can be edited, if determined to be necessary by the lead IRB, for the given study. After the Lead IRB confirms their proposed CAP for a given study, institutions wishing to cede review to the Lead IRB must either accepted the Lead IRB’s proposed CAP or request changes.

1) If the CAP is accepted by a Relying Site, the Lead IRB is notified by the IRBchoice System and must indicate whether it will allow the Relying Site to cede review for the given study.

2) If a Relying Site would like to request a change to the proposed CAP, the Relying Site is responsible for calling or emailing the Lead IRB to discuss the desired changes. Contact information is provided within the IRBchoice System. If an agreement is made, the Lead IRB can edit the proposed CAP for the institution that requested changes without making changes for any other Relying Sites. Thereafter, the CAP must be accepted in the IRBchoice System by the Relying Site.

Once the CAP is confirmed between a Lead IRB and a Relying Site, the Lead IRB can begin review of the protocol for the Relying Site (see 4.1).

As is typical when working with diverse institutions on a study, a Lead IRB may have different CAPs with different institutions for the same study. A Lead IRB may also have different CAPs with the same institution on different studies. The IRBchoice System allows the Lead IRB to track each of these decisions on a study-by-study basis.

3.7 Entering Instructions for Relying Site Investigators (Lead IRB, Ceded Model only)

When the Ceded Model is used, the IRBchoice System requests that the Lead IRB enter information regarding how investigators at Relying Sites should submit and/or communicate study-related information to the Lead IRB (e.g., via the Lead IRB’s site investigator, email, the coordinating center, etc.). Examples are provided within the IRBchoice System. This information will be combined with the submission requirements of their local institution, as provided in the Institutional Profile of their local institution, and used to generate an Investigator Responsibilities and Submission Instructions Sheet, which will be emailed to each Relying Site investigator.

4.0 The Ceded Model

IRBchoice allows institutions interested in using the Ceded Model to establish their own processes, whether serving as the Lead IRB or the Relying Site, for incorporating the use of the Ceded Model into their existing IRB review structures, if applicable. The guidance below is intended to supplement, not replace, existing Human Research Protection Program (HRPP) policies and SOPs for review of human subjects research.

4.1 Initial Review

The Lead IRB will review research involving human subjects in accordance with applicable federal regulations, the local context provided by each Relying Site, its own policies and procedures, and as defined in the Customized Action Plan (see 3.6). The Lead IRB will review all applicable documents, which may include but is not limited to the following:

- Protocol
- Documentation of the local context of each Relying Site
- Informed consent, parental permission, and assent forms for each site
- Investigator’s brochures, package insert, and device manual (as applicable)
- Recruitment procedures and materials
- Grant application for research supported by DHHS
- Participant materials including questionnaires, diaries and instructions
- Other documents as requested by the Lead IRB
The coordinating center or lead study team will discuss with the Lead IRB how information from Relying Sites is to be submitted or reported to the Lead IRB. For example, IRBs may prefer to receive this information via a) direct submission to the IRB e-system/portal; b) email to the IRB; c) the coordinating center, if applicable; or d) the Lead IRB’s study team on behalf of the relying site. In most cases it will be either c (coordinating center) or d (Lead IRB’s study team). This will also be described in the study-specific submission instruction section of the IRBchoice System by the Lead IRB and included on the Investigator Responsibilities and Submission Instructions Sheet.

The local context issues to be assessed by the Relying Site include the following:
1) Any item affecting research conducted at the Relying Site or its other performance sites including, but not limited to, state and local law, institutional policy, and requirements for the conduct of research at the Relying Site;
2) Whether the consent template includes all site-specific language required to address any applicable state or local laws, regulations and/or policies as relevant to the study prior to its submission to the Lead IRB for final approval;
3) Qualifications of its research personnel who are conducting research are consistent with the Relying Site’s standards for eligibility to conduct research; and
4) Any necessary institutional reviews that do not fall under IRB purview under federal regulations (e.g., pharmacy, COI, radiation safety, billing compliance, “ancillary reviews”) as applicable and required by its policies. Applicable information will be provided to the Lead IRB as appropriate for considerations.

The Lead IRB will review the local context considerations provided by a Relying Site via the site-specific consent form and local context information provided by the Relying Site or its local study investigator as required by the Lead IRB. All Relying Site modifications related to local context requirements will be subject to approval of the IRB of Record prior to implementation.

The Lead IRB will document approval for all Relying Sites in the IRBchoice System, which will automatically generate a system notification including the approval letter, approved consent form(s), as applicable, and any site-specific recruitment materials to all Relying Site IRBchoice Liaisons and the study investigator and coordinator as entered in the IRBchoice System.

Relying Sites will also communicate to the Lead IRB any potential unanticipated problems or incidents of serious or continuing noncompliance not otherwise reported by the research team that is applicable for any study in IRBchoice, as well as any suspension or restriction of any personnel at the Relying Site involved in the conduct of any study in IRBchoice.

### 4.2 Coordinating Center/Lead Study Team

When using the Ceded Model and prior to beginning the study, the coordinating center or lead study team should discuss with the Lead IRB how information from Relying Sites should be communicated to the Lead IRB. For example, IRBs may prefer to receive this information via a) direct submission to the IRB e-system/portal; b) email to the IRB; c) the coordinating center, if applicable; or d) the Lead IRB’s study team on behalf of the relying site. In most cases, it will be either c (coordinating center) or d (Lead IRB’s study team). In these cases, the coordinating center or Lead IRB’s study should:

- Collect any relevant local context information for review by the Lead IRB;
- Ensure any potential unanticipated problems or incidents of serious or continuing noncompliance, as well as any suspension or restriction of any personnel at the Relying Site, are communicated to the Lead IRB;
- Notify Relying Site investigators of any communications from the Lead IRB regarding initial review, continuing review, amendments, and reportable events.
• Respond to questions from Relying Site investigators and, when necessary, serve as a liaison between the Relying Site investigator and the Lead IRB's Liaison.

4.3 Informed Consent Documents (ICDs)
When informed consent documents (ICDs) are required for a study, the Lead IRB-approved ICD(s) will be used for all Relying Sites for that study. Relying Sites may modify areas of the ICD including, but not limited to the following: HIPAA authorizations, conflict of interest, payment for research related injury, differences in research costs to subjects and local study contacts. Any modifications will be subject to approval by the Lead IRB.

Short form ICDs used for enrolling non-targeted, non-English speaking subjects are considered local context and will be reviewed and approved by the Lead IRB. Relying Sites are responsible for ensuring their site-specific language is current, including providing as a part of their local context, any non-English short form used at their site(s). The Lead IRB is responsible for ensuring the required site-specific language is incorporated into the ICDs for use at that site.

If a Relying Site requires changes to its local language after the Lead IRB has approved the ICD(s) for that site, notification must be given to the Lead IRB so that an amendment can be reviewed.

4.4 Continuing Review
The Lead IRB will describe how they are to receive continuing review progress reports from each site in the Investigator Responsibilities and Submission Instruction Sheet (e.g., the coordinating center or lead study team). The Lead IRB is responsible for reviewing all relevant information at the Relying Sites until the research is closed. The Lead IRB will conduct continuing reviews in accordance with applicable federal regulations, the local context provided by each Relying site, and its own operating procedures.

The Lead IRB will, upon approval, upload all currently approved documents along with the approval letter to the IRBchoice System, which will disseminate the approval letter and approved consent form(s), as applicable, to the Relying Sites. If the Lead IRB determines it cannot reapprove a study for a given site(s), the Lead IRB will notify all relevant Relying Sites of its determination and the reasons for the determination.

If the Relying Site does not submit all documentation required by the Lead IRB in sufficient time to permit review and approval by the Lead IRB before the expiration date, the Lead IRB will notify the Relying Site of the expiration. If approval at a Relying Site expires, all research-related activity must cease at the Relying Site pending re-approval of the study unless the Lead IRB finds that it is in the best interests of individual subjects to continue participating in the research interventions or interactions.

4.5 Amendments (Modifications) to Approved Research
Amendments are submitted to the Lead IRB as described in the Investigator Instructions provided by the Lead IRB in the IRBchoice System for each study, and as described on the Investigator Responsibilities and Submission Instruction Sheet (see 3.7). The Lead IRB will conduct protocol amendment reviews in accordance with applicable federal regulations, the local context provided by each Relying Site, and its own operating procedures. Relying Site study teams will report changes in personnel and potential conflicts of interest as they change/occur to the Lead IRB after local review.

4.6 Reportable Events (Unanticipated problems, deviations, non-compliance)
Relying Sites are responsible for reporting potential unanticipated problems involving risk to human subjects or others and any other events that involve risks to subjects or others in accordance with the policies of the Lead IRB and as described in the Investigator Responsibilities and Submission Instruction Sheet. The Lead IRB will follow its
policy on reporting potential unanticipated problems involving risks to subjects or others, serious or continuing noncompliance, or suspension or termination of IRB approval, as appropriate, and as described in the Customized Action Plan for the study.

4.7 Suspensions and Termination of IRB Approval
The Lead IRB has the authority to suspend or terminate approval of all or part of a research study that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval will include a statement of the reasons for the IRB’s action and will be reported promptly to the Relying Sites, as applicable, appropriate institutional officials, department or agency head and regulatory agencies in compliance with all federal regulations.

4.8 Transfer of Oversight from Relying Institution to Designated IRB
If a study site has active IRB approval for the conduct of the research, but wishes to transfer IRB oversight to the Lead IRB, the Relying Site must accept or request changes to the Customized Action Plan (CAP) of the Lead IRB for the study. If agreement is reached on the CAP, the Relying Site’s investigator will submit to the Lead IRB as described in the Investigator Responsibilities and Submission Instruction Sheet. The Lead IRB will issue approval for the site to conduct the research before the IRB application is closed at the Relying Site.

4.9 IRB Determinations and Meeting Minutes
Determinations made by the Lead IRB will be uploaded to the IRBchoice System. The Lead IRB will maintain IRB records in accordance all applicable federal, state, and local regulations and will make records available when requested and as required by law. Relevant minutes of the Lead IRB’s meetings will be made available in the IRBchoice System for each approval or upon request, as indicated in the Customized Action Plan.

4.10 Investigator Conflicts of Interest (COI)
Relying Sites are responsible for assessing its Investigators’ significant financial interest in the research being conducted, and for instituting plans to manage any financial conflicts of interest, where applicable. The Relying Site will notify the Lead IRB of Investigator conflicts of interest, and will provide the Lead IRB with conflict of interest management plans, if applicable. The Lead IRB will have the authority to impose additional prohibitions or conflict management requirements more stringent or restrictive than what Relying Site has implemented that are necessary for the Lead IRB to approve the research.

4.11 HIPAA Privacy Board
The Lead IRB will indicate whether it will review and make determinations regarding authorizations for use of protected health information and requests for waivers or alterations of authorizations under the Federal Privacy Rule for Relying Sites that are Covered Entities in the Customized Action Plan (CAP). If the Lead IRB will make these determinations it may be responsible for ensuring there is: (1) appropriate authorization to use and disclose such information for the purposes of research, or; (2) an appropriate waiver of such authorization has been granted by the Lead IRB in accordance with the HIPAA Privacy Rule, or; (3) the information constitutes a Limited Data Set shared pursuant to a Data Use Agreement as those terms are defined in HIPAA.

4.11.1 Authorization Language
HIPAA authorization language will be incorporated into the informed consent document (ICD). The Relying Sites are responsible for providing to the Lead IRB their entity approved language as a part of their local context. The Lead IRB will ensure the appropriate authorization language is incorporated into the ICD for use at their site. If the Relying Site does not allow incorporation of HIPAA authorization language in the ICD,
a standalone authorization form must be provided to the Lead IRB to ensure it includes appropriate language for the study.

4.11.2 Waivers and Alterations of Authorization
The Lead IRB will review requests for waiver or alteration of authorization to the extent it is compliant with the Relying Site’s HIPAA policies and procedures. The Lead IRB will notify all affected Relying Sites of the rationale for the waiver.

4.11.3 Compliance with HIPAA requirements
All study sites are independently responsible for their own efforts to ensure compliance with HIPAA requirements including investigating and reporting breaches in accordance with institutional policies, and accounting of disclosures of PHI pursuant to any waiver of HIPAA authorization. All sites will remain responsible for making any breach notifications to appropriate authorities both internal and external to the institution, as required by applicable laws and institutional policies. The Relying Site must promptly notify the Lead IRB of any potential breaches of PHI that occur as well as report these incidents to any individuals or offices required by local institutional policy (e.g., their local Privacy Officer). The Lead IRB may evaluate the breach as a potential unanticipated problem. Additional reporting will occur, in follow-up to this evaluation, according to the Lead IRB’s reporting procedures.

5.0 The Shared Model
IRBchoice allows institutions interested in using the Shared Model to establish their own processes, whether serving as the Lead IRB or the Relying Site’s IRB, for incorporating the use of the Shared Model into their existing IRB review structures, if applicable. The guidance below is intended to supplement, not replace, existing Human Research Protection Program (HRPP) policies and SOPs for review of human subjects research.

5.1 Initial Review
For its own site, the Lead IRB will review research involving human subjects in accordance with applicable federal regulations, the local context provided by its local site investigator, and its own policies and procedures. The Lead IRB shall be responsible for clearly documenting compliance with the Federal Human Research Protections Regulations for each IRB-approved review provided within the IRBchoice System for a given study. The Lead IRB will review all applicable documents including but not limited to the following:

- Protocol
- Documentation of the local context of its local site
- Informed consent, parental permission, and assent forms for its local site
- Investigator’s brochures, package insert, and device manual (as applicable)
- Recruitment procedures
- Grant application for research supported by DHHS
- Participant materials including questionnaires, diaries and instructions

The Lead is responsible for making the regulatory determination for their site available in the IRBchoice System (e.g., meeting minutes, determination letter, IRB application) for Relying Sites’ IRBs.

Investigators at Relying Sites will submit to their IRB as indicated on the Investigator Responsibilities and Submission Instructions Sheet (e.g., via full or shortened applications). Investigators should contact their
IRBchoice Liaison to clarify anything that is not clear on the Investigator Responsibilities and Submission Instructions Sheet.

Thereafter, the Relying Site’s IRB will utilize the documents submitted by its investigator and the approval documents from the Lead IRB in IRBchoice to give approval for their site via a subcommittee (at least 1 IRB member) that verifies 1) the Lead IRB’s determination, 2) the local site’s local context. The Relying Site’s IRB will be responsible for indicating in the IRBchoice System their reliance on the Lead IRB’s approval, documenting this reliance in the IRBchoice System, and sending its determination letter to its local site investigator. It may be helpful to incorporate language like the following in the approval letter issued by the Relying Site’s IRB:

A sub-Committee of the Institutional Review Board reviewed the research application identified above. Based on the acceptance of the [Full Board/Expedited] Review conducted by [Lead IRB], the sub-Committee reviewed the submission for issues of local context and determined the study poses [Greater than Minimal Risk/Minimal Risk] to participants. Approval is extended for the documents listed below with an expiration date of [MM/DD/YYYY] in alignment with the Lead IRB expiration date

[list locally approved documents here]

The Relying Site’s IRB maintains regulatory oversight for the study; oversight is not transferred to the Lead IRB. Thus, the Relying Site’s IRB is responsible for all post-approval monitoring and ongoing oversight until the next study-wide amendment or annual review, when the process of relying on the review of the Lead IRB be repeated by a subcommittee. Site-specific amendments that do not apply to all institutions are not uploaded to IRBchoice by the Lead IRB and are reviewed by the Relying Site’s IRB according to its local policies and procedures.

If anything about the review and approval of the Lead IRB is not clearly documented or the Relying Site’s IRB subcommittee would like to discuss the Lead IRB’s review, the contact information for the IRBchoice Liaison of the Lead IRB is in the IRBchoice System. If the study cannot be approved by the subcommittee of the Relying Site’s IRB, it should be sent on to the full board or otherwise reviewed according to local policies and procedures.

5.2 Coordinating Center/Lead Study Team

When using the Shared Model, the lead study team only submits and reports to their local IRB (the Lead IRB) for their local study site. Information from Relying Sites is never submitted to the Lead IRB in the Shared Model. Nevertheless, the lead study team should do the following to ensure efficiency and consistency:

- Submit the study to the Lead IRB as soon as the protocol is finalized;
- Submit for continuing review at least 4-8 weeks prior to the expiration date to ensure the Lead IRB has time to review and upload approval to IRBshare + allow Relying Sites’ IRBs to use the streamlined review;
- Submit study-wide amendments to your local IRB (i.e., Lead IRB) as quickly as possible and disseminate the changed documents to Relying Site investigators and study teams as soon as approval is received. Changes involving patient safety may be reviewed by each IRB separately, outside of IRBshare, if it is more expedient.
- Submit local amendments (for the lead study site) following local IRB policy and procedures. Local amendments do not go into IRBchoice and should only be submitted to the local IRB where the change occurred.

5.3 Informed Consent Documents (ICDs)

When informed consent documents (ICDs) are required for a study, the Lead IRB-approved ICD(s) will be used for all Relying Sites for that study. Changes should not be made to the ICD approved by the Lead IRB except in the areas including, but not limited to, HIPAA authorizations, conflict of interest, payment for research related injury,
differences in research costs to subjects and local study contacts. Modifications to these sections will be subject to approval of the Relying Site’s IRB only. Outside of approving the ICD for its own site, the Lead IRB does not approve the local consent form of Relying Sites.

Short form ICDs used for enrolling non-targeted, non-English speaking subjects are considered local context and will be reviewed and approved by the Relying Site’s IRB. Relying Sites IRBs are responsible for ensuring their site-specific language is current, including any non-English short form used at their site(s).

After initial approval, any changes to a Relying Site’s local language in the ICD is reviewed by the Relying Site’s IRB only.

### 5.4 Continuing Review

The Lead IRB will review continuing review progress reports from their site only. The Lead IRB will conduct continuing reviews in accordance with applicable federal regulations, the local context provided by its local investigator, and its own operating procedures. The Lead IRB will, upon approval for its site, upload all currently approved documents along with the approval letter to the IRBchoice System. The IRBchoice System will notify Relying Sites’ IRBs when the Lead IRB has the continuing review approval for the Lead Site.

After the Lead IRB has approval, Relying Sites’ investigators will submit to their local IRB for continuing review approval. At this time, Relying Sites’ IRBs will utilize the documents provided in the IRBchoice System in addition to the continuing review progress report from their site to grant approval for their site via subcommittee. The Relying Site’s IRB will be responsible for documenting reliance on the review and approval of a Lead IRB in the IRBchoice System, as well as sending the determination letter to its local site investigator.

If the Lead IRB determines it cannot reapprove a study, the Lead IRB will notify all relevant Relying Sites of its determination and the reasons for the determination in the IRBchoice System. Relying Sites can make their own determination as to whether they agree with the decision to not reapprove the study or they can review the study according to their local policies and procedures.

If any review and approval of a study that a Lead IRB has provided to the IRBchoice System lapses, expires, or the Lead IRB otherwise decides not to continue to provide IRB documents to the IRBchoice System, then the Lead IRB will provide notice to all Relying Sites’ IRBs via the IRBchoice System within 10 business days.

### 5.5 Amendments (Modifications) to Approved Research

Study-wide amendments are first submitted by the lead study team to the Lead IRB for review approval. The Lead IRB will conduct protocol amendment reviews in accordance with applicable federal regulations, the local context provided by its local investigator, and its own operating procedures. The Lead IRB will, upon approval for its site, upload all currently approved documents along with the approval letter to the IRBchoice System. The IRBchoice System will notify Relying Sites’ IRBs when the Lead IRB has approved the study-wide amendment for the Lead IRB site.

After the Lead IRB has approval, Relying Sites’ investigators will submit to their local IRB for approval of the study-wide amendment. At this time, Relying Sites’ IRBs will utilize the documents provided in the IRBchoice System in addition to any locally submitted documents to grant approval for their site via subcommittee. The Relying Site’s IRB will be responsible for documenting reliance on the review and approval of a Lead IRB in the IRBchoice System, as well as sending the determination letter to its local site investigator.
Site-specific amendments that do not apply to all institutions are independently reviewed by the IRB of the institution where the change is occurring and are not uploaded to the IRBchoice System.

5.6 Reportable Events (unanticipated problems, deviations, non-compliance)
Investigators should follow their local policies and procedures for reporting events to their local IRB in addition to the procedure listed in the study protocol for reporting to other study sites via a coordinating center or sponsor.

5.7 Suspensions and Terminations of IRB Approval
If any review and approval of a study that a Lead IRB has provided to the IRBchoice System is suspended or terminated due to any study-related event or safety monitoring finding that increases risk to human subjects greater than was previously known, the Lead IRB will notify all Relying Sites’ IRBs via the IRBchoice and provide the review and approval documents related to the suspension or termination to all Relying Sites’ IRBs within 72 hours. All Relying Sites’ IRBs must either (a) accept the decision to suspend or terminate the study or (b) stop using the Shared Model for the study and promptly complete and obtain a review and approval of the study by its own IRB, resuming all review and approval activities at its own site going forward for the remainder of the study.

If any review and approval of a study that a Lead IRB has provided to the IRBchoice System is suspended or terminated due to any other reason, the Lead IRB will notify all Relying Sites’ IRBs via the IRBchoice System and provide the review and approval documents related to the suspension or termination to all Relying Sites’ IRBs within 10 business days. All Relying Sites’ IRBs must either (a) accept the decision to terminate the study, (b) choose another Lead IRB approval in the IRBchoice System, if available, prior to the next scheduled continuing review date for the study, or (c) stop using the Shared Model for the study and complete and obtain a review and approval of the study by its own IRB sometime prior to the next scheduled continuing review date for the study, resuming all review and approval activities at its own site going forward for the remainder of the study.

5.8 IRB Determinations and Meeting Minutes
A Lead IRB’s determination/approval letter, including meeting notes (if the protocol was subject to full board review), will be available in the IRBchoice System for all studies using the Shared Model.

5.9 Investigator Conflicts of Interest
All sites are responsible for assessing its Investigators’ significant financial interest in the research being conducted, and for instituting plans to manage those conflicts. Significant financial interest do not have to be reported to the Lead IRB by the Relying Site’s IRB.

5.10 HIPAA Privacy Board
All sites that are Covered Entities are independently responsible for make determinations regarding authorizations for use of protected health information and requests for waivers or alterations of authorizations under the Federal Privacy Rule.