

	Institutional Review Board	
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Responsibility: OIRB		Page 1 of 15

## Initial Review of Research Policy and Procedure

### Table of Contents

[Policy](#)

[Procedures](#)

[Submission and Screening](#)

[Assigning Reviewers](#)

[Convened IRB review](#)

[Expedited IRB review](#)

[Review Outcome\(s\)](#)

[Review of Responsive Materials](#)

[References](#)

## I. Policy

### A. Convened IRB

1. The IRB conducts initial review for non-exempt human subjects research at convened meetings unless a designated member of the Board determines the research may be eligible for expedited initial review. Review by the convened IRB will be referred to as either “full review” or “full board review”. See the procedures for conducting a convened meeting, the definition of quorum, and the requirements for conducting a full review meeting in the [Conduct of IRB Meetings Policy and Procedure](#).
2. The Office of the IRB (OIRB) and the IRB members perform a review of submission packages prior to the scheduled meeting. The OIRB staff performs a screening to identify errors or omissions in the application and an identification of the regulatory issues as part of “Administrative Pre-review”. IRB members may perform a targeted review to identify significant scientific and ethical issues during the “Scientific/Ethical Pre-review”. The findings of both pre-review processes are communicated to the investigator to allow corrections, clarifications and communication. The application is corrected/revised as necessary and scheduled for review by the full board.

### B. Expedited Review

1. The Institutional Review Board (IRB) uses an expedited review process to review studies that meet the categories adopted by the Department of Health and Human Services (DHHS), the Food and Drug Administration (FDA), or the Department of Veteran Affairs (VA) and that involve no greater than “minimal risk”. The expedited applicability criteria, including the definition of “minimal risk”, and federally mandated categories are attached. Expedited review procedures allow the IRB Chair, IRB Director or Associate Director(s), Expedited Reviewer or one or more experienced reviewers from among the IRB voting membership (regular and alternate members designated by the Chair) to review and approve studies that meet the criteria in the attached document without convening a meeting of the full IRB. Collectively, these individuals will be referred to as “expedited reviewers” in this document.
2. The expedited reviewers do not participate in the review of research where the reviewer has a conflict of interest (see IRB policy on [IRB Member and Consultant Conflict of Interest Policy and Procedure](#)). The reviewers only approve research that meets the federal criteria for approval as specified in the common rule (e.g., 45 CFR 46.111, 21 CFR 56.111, and 38 CFR 16.111 (when research involves only procedures listed in one or more of the specific nine categories published in the [Federal Register](#))) and further explained in the [IRB Approval of Research Policy and Procedure](#). In addition, the expedited reviewers ensure that the informed consent process and documentation as specified in 45 CFR 46.116 and 117, 21 CFR 50.25, and 38 CFR 16.116 and 117 are carried out unless the IRB can waive the requirements in accord with federal regulations. (See Informed Consent SOP.)

3. The expedited reviewers exercise all of the authority of the IRB except that the reviewers may not disapprove the research. If an expedited reviewer is unable to approve a study, the issue may be forwarded to the convened IRB for review. For research which meets expedited review categories but involves more than minimal risk, the expedited reviewer documents the justification for convened IRB review. Only the convened IRB may disapprove a research study as provided in the DHHS, FDA, and VA regulations.
4. The IRB agenda report for convened meetings advises the IRB of research studies approved using expedited review procedures. Any member can request to review the entire IRB file for an expedited study.

## II. Procedures

### A. Submission and Screening

1. The PI or designee completes the "Human Use Application" for initial IRB review (details available on the IRB website).
2. The PI indicates on the application whether expedited review is requested. The IRB makes the final determination regarding whether a protocol is eligible for expedited review.
3. The PI submits a completed application to the OIRB. Instructions for preparing the application are available on the OIRB website. The investigator may contact the OIRB staff with questions.
4. Upon receipt of the application, the OIRB staff screen for completeness and accuracy and make a preliminary determination as to whether the application meets the applicability criteria for expedited review including minimal risk and the expedited review categories. If the application was submitted for expedited review but does not meet the criteria for expedited review, the OIRB staff consult with one of the OIRB expedited reviewers or IRB Chair to make the final determination whether the study is eligible for expedited review. If appropriate, the OIRB staff will advise the PI to submit the revised application materials for full or exempt review.
5. The OIRB conducts a comprehensive Administrative Pre-review (see [Receiving, Routing, and Administrative Review of Submissions Policy and Procedure](#)).
6. After completing application screening, the OIRB staff forwards the application to the appropriate reviewer(s).

### B. Assigning Reviewers

1. Convened IRB Reviewers
  - a) The comprehensive Administrative Pre-review allows the OIRB staff to make

reviewer assignments based on study's scientific or clinical focus area, significant ethical or regulatory issues, or issues related to local context of research (e.g., cultural issues). The OIRB staff assigns a primary and secondary reviewer to each new study based on the IRB member's educational background, experience and expertise. For research requiring expertise in multiple areas of science or ethics, additional reviewers may be assigned as determined by the OIRB staff, Director or Chair. Reviewers may request the OIRB provide additional expertise as well.

- b) Information on each IRB member's earned degrees, scientific status, representative capacity (e.g., knowledge related to children, pregnant women, prisoners, economically disadvantaged, educationally disadvantaged, cognitively impaired adults or students), and indicators of experience (e.g., scientific and clinical experience, certifications, licensure, etc.) are maintained in the OIRB membership spreadsheet.
- c) In selecting reviewers (for either scientific/ethical pre-review or final review), at least one person must have appropriate scientific or scholarly expertise.
- d) If a reviewer with appropriate expertise is not available, the research will be scheduled for a future meeting when a reviewer is available. This determination may be made by the IRB Chair/Alternate Chair or the IRB Director/Associate Director.
- e) STVHCS IRB members serve as primary/secondary reviewers for any studies under review if they have the appropriate expertise.
- f) If additional expertise is needed, the IRB reviewer may request the assistance of an ad hoc or cultural consultant as described below.

## 2. Expedited Reviewers

- a) OIRB Expedited Reviewers - The Office of the IRB staff includes several experienced IRB members that serve on all HSC IRBs in the Regulatory Specialist position. These individuals include the IRB Director, IRB Associate Director, Institutional Regulatory Reviewer. These OIRB staff/IRB members by their education and experience are designated as expedited reviewers by the Chair.
- b) IRB Chair and IRB member expedited reviewers - The IRB Chairs and other experienced board members may also serve as expedited reviewers. The Chair or other experienced members are often called on to perform expedited initial review when the OIRB expedited reviewers have a conflict of interest, do not have the expertise to complete the review, or when the OIRB reviewer requests assistance or another opinion on the research. Members must have served on an IRB for six months to qualify as an experienced member.
- c) In reviewing new research applications, the expedited reviewer considers

whether he/she has the appropriate scientific or scholarly expertise. Given that all research eligible for expedited review must be minimal risk, the nature of the typical type of research can be adequately understood by most experienced reviewers.

- d) The reviewer assigned to a specific study will consult with other expedited reviewers in the OIRB, the IRB Chairs or experience IRB members to ensure the protocol receives an appropriate scientific and scholarly review. In addition, the expedited reviewer(s) may consult with members of other research related committees, HSC schools or affiliated institutions.
  - e) If a reviewer with appropriate expertise is not available, the research will not be approved until one is available or the study can be scheduled for a future convened meeting of the IRB.
  - f) If additional expertise is needed, the IRB reviewer may request the assistance of an ad hoc or cultural consultant as described below.
3. Ad hoc scientific or cultural consultants
- a) Ad hoc scientific or cultural consultants with appropriate expertise may be asked to participate in the pre-review and/or IRB review process (expedited or convened). Ad hoc scientific or cultural consultants are generally recruited from the membership of other HSC IRBs, HSC schools or affiliated institutions.
  - b) OIRB staff may ask an ad hoc or cultural consultant who has appropriate expertise in the discipline or with non-English speaking populations or locations to participate in the review.
  - c) The OIRB maintains a list of potential cultural consultants qualified by cultural and/or linguistic knowledge or training to assist the IRB, as appropriate, and may also contact IRB members, UTHSCSA faculty, or department chairs for advice in identifying appropriate scientific/clinical consultants.
  - d) The PI may also recommend cultural consultants provided that they are not directly involved in the study. These consultants may review consent forms, provide verifications of translated documents; provide guidance on the impact of the research on subjects and the impact of the culture on the research to be conducted.
  - e) When initially contacting the potential ad hoc or cultural consultants, the OIRB staff query the individual about possible sources of conflict of interest in accordance with the [IRB Member and Consultant Conflict of Interest Policy and Procedure](#).

### c. IRB Review Process

1. Documents available to review: IRB reviewers (Convened IRB Reviewers and Expedited Reviewers) receive access to all application documents such as:
  - a) Core application with General Information Sheet and research description;
  - b) Informed consent/assent process and forms, including waiver requests, NIH sponsored sample consent documents (if applicable), translated consent document for non-English speaking subjects;
  - c) HIPAA forms;
  - d) Additional materials, including advertisements, proposal data instruments, materials/letters for off-site research, Use of Investigational New Drug (IND) Form, Use of Approved Drugs for Unapproved Use Form, Use of Radioactive Materials Form;
  - e) Vulnerable populations, including forms for research involving decisionally impaired individuals, fetuses and/or neonates, prisoners, or children;
  - f) Miscellaneous forms (as applicable) including grant application, conflict of interest form, lead PI monitoring plan, and completed Form Z (Scientific/Ethical Pre-review form).
  - g) Other Required Committee/Review Approvals (as applicable) – Radiation Safety Committee approval, Institutional Biosafety committee approval, etc.
2. Convened IRB Review – all studies requiring convened IRB review may go through a two step IRB review process. The first step is the scientific and ethical pre-review which occurs at the same time as the administrative pre-review. The purpose of this review is to identify scientific or ethical issues prior to review by the convened IRB. The second step is the convened IRB review.
  - a) Targeted Scientific and Ethical Pre-Review
    - (1) The OIRB staff make a copy of the Initial application available to one or more IRB member or consultant reviewers (when applicable) to complete the Targeted Scientific/Ethical Pre-review.
    - (2) The Scientific/Ethical Pre-review is a joint effort by all assigned reviewers. The review is limited to specific concerns identified during the initial administrative pre-review related to substantive scientific and ethical/human subject protection issues, including those in both the protocol and informed consent document. Substantive issues are those directly relevant to the seven determinations required for IRB approval (45CFR46.111, e.g., risks to subjects are minimized).

- (3) The reviewers are encouraged to communicate comments, questions or clarifications to the PI during the pre-review period. Once the review and communication process has been completed, a summary of the substantive issues identified by the reviewers is documented in an email from the primary reviewer to the IRB Office.
- (4) The substantive issues should be addressed prior to convened IRB review by making appropriate corrections/additions or clarifications to the submission package. The targeted scientific and ethical pre-review comments and responses are included in the package reviewed at the convened meeting.

b) Review by the Convened IRB

- (1) The HSC has designated four IRBs operated by the HSC to review non-exempt human research conducted under its Federalwide Assurance (FWA). Initial review of research may be performed by any of the designated IRBs.
- (2) The IRB reviews each initial full review application. The IRB may contact the PI or sub-investigator by phone during the convened meeting or ask the individual to attend the meeting if additional information is needed. After those with declared conflicts of interest (members, ex officio members, ad hoc and cultural consultants or others) have left the room, the IRB reviews the application and discusses any controverted issues and their resolution prior to voting.
- (3) During discussion, the IRB members raise only those issues that the committee determines do not meet the federal criteria for approval as specified in 45 CFR 46.111, 21 CFR 56.111, and 38 CFR 16.111 further discussed in [IRB Approval of Research Policy and Procedure](#). In addition, the IRB determines the overall risk level for the study. Also, the IRB considers whether the PI's preliminary assessment of federally mandated specific findings requirements (e.g., request for waiver of informed consent) is acceptable with respect to meeting federal requirements.
- (4) For research involving a new drug or new device where the PI has not obtained an IND or IDE, the committee determines what action(s) is needed (whether the PI needs to get an IND/IDE or whether PI needs to contact the Food and Drug Administration [FDA] for guidance).
- (5) In conducting the initial review of the proposed research, the IRB utilizes the Human Full Board Reviewer Worksheet. For VA research, the reviewer uses the VA Research section of the Human Full Board Reviewer Worksheet. The reviewer prompts the convened IRB to make determinations as required by VA regulations, using the checklist as a guide.
- (6) A member or consultant with a conflict of interest must leave the room during the vote and only participate in the review by providing information in

accordance with the [IRB Member and Consultant Conflict of Interest Policy and Procedure](#).

- (7) Primary Reviewer System - review of research at a convened meeting of the IRB relies on a primary reviewer system. A primary and secondary reviewer from the membership is assigned to each business item. Generally, the same reviewers who performed the scientific\ethical pre-review of the research also conduct the final review at the convened meeting. The primary reviewer system does not prohibit any member of the Board from obtaining, reviewing and providing input on any business item scheduled for a convened meeting.

(a) The primary reviewer is responsible for:

- (i) Comparing the industry protocol or detailed grant application (if one provided) with the IRB application;
- (ii) Informing the full IRB of any discrepancies between the detailed protocol and the summary application materials;
- (iii) Determining whether the project involves a NIH multi-center clinical trial (e.g., cooperative group trial) and, if so, comparing the "Risks" and "Alternatives" section of the NIH-approved sample informed consent document with the HSC proposed form to ensure that the NIH and HSC sections of the consent are consistent;
- (iv) Reviewing the protocol related conflict of interest disclosure form and recommended management plan from the Conflict of Interest Committee. If a disclosure is made, the review will summarize the conflict and proposed management plan to the IRB (if a management plan is not provided from the COIC, the reviewer will provide recommendations to manage the conflict to the IRB);
- (v) Reviewing the other committee review/final approvals for consistency in human subjects protection measure (as available)
- (vi) Conducting an in-depth review to ensure the protocol meets the required regulatory determinations for approval (see [IRB Approval of Research Policy and Procedure](#) for details).
- (vii) Present the study to the convened Board during the meeting including any concerns and comments they have,
- (viii) Consider the secondary reviewer's comments and concerns and make the motion for IRB determination using the Full Board Reviewer Worksheet,



(ix) If, during the meeting, the Primary reviewer is absent and neither the secondary reviewer nor any other member is present with the appropriate scientific or scholarly expertise who conducted an in-depth review, the research will be deferred to the next convened IRB meeting. This determination will be made by the IRB Chair/Alternate Chair with the input of the members present at the time the primary reviewer is marked as absent.

(b) Secondary Reviewer is responsible for:

- (i) Conducting an in-depth review to ensure the protocol meets the required regulatory determinations for approval (see [IRB Approval of Research Policy and Procedure](#) for details).
- (ii) Present the study to the convened Board during the meeting including any concerns and comments they have,
- (iii) If the Primary reviewer is absent and the secondary reviewer is present and has the appropriate scientific or scholarly expertise, the secondary reviewer may present the study and make the motion for IRB determination using the Full Board Reviewer Worksheet.

(8) All IRB members receive access to submission documents being presented at the meeting (including those protocols for which the IRB member is not the primary reviewer).

(9) All IRB members are expected to review all documents in enough depth to be familiar with the protocol, to be prepared to discuss the protocol at the meeting, and to be prepared to determine whether the research meets the regulatory criteria for approval.

(10) Ad hoc scientific or cultural consultants may provide comments or recommendations in writing to the OIRB prior to the meeting or attend the convened meeting to participate in the review. In cases where the consultant participates in the meeting, the minutes of the meeting document the information provided by the consultant. (See [IRB Minutes Policy and Procedure](#).)

### 3. Expedited IRB Review

- a) Expedited reviewers review all information in the expedited review packet in enough depth to be familiar with the protocol, to determine whether the research is eligible for expedited review, and to be prepared to determine whether the research meets the regulatory criteria for approval.
- b) The expedited reviewer(s) can determine that the research is eligible for a less stringent mechanism of review (i.e., the project is exempt from requirements for

review or the activities do not fall under the purview of the IRB). In these cases, the IRB does not require a new application provided the IRB, with assistance from the OIRB staff, documents the exempt categories or the rationale for determining that the activities do not meet the federal definitions of *research*, *clinical investigation*, or *human subject*.

- c) The expedited reviewer contacts the PI for any clarification needed and documents the issues discussed on the expedited reviewer worksheet. The expedited reviewer may also use the Expedited Reviewer Checklist to confirm that the research meets the federal criteria for IRB approval.
  - d) The reviewers determine whether the research meets the federal criteria for approval as outlined in 45 CFR 46.111, 21 CFR 56.111, and 38 CFR 16.111.
  - e) Expedited reviewers also ensure that the investigator will conduct the informed consent process and obtain documentation of informed consent, as specified in 45 CFR 46.116 and 117, 21 CFR 50.25, and 38 CFR 16.116 and 117, unless the IRB waives the requirements in accord with federal regulations. (See Informed Consent Policy)
  - f) The expedited reviewers only raise those controverted issues or request changes that they have determined do not meet the federal criteria for approval or HSC IRB policies.
  - g) All research involving prisoners is sent for review by an appropriate IRB prisoner representative.
  - h) The expedited reviewer documents on the Expedited Approval/Administrative Review Documentation Form his/her determinations regarding expedited eligibility, applicable expedited category, whether the research meets the federal criteria for approval, and one of the three outcome determinations as described below.
4. Review of Research Documentation in the Medical Record
- a) If flagging of the medical record is standard for a specific institution, the IRB may:
    - (1) With input from the PI, alter the study title to eliminate any content that may represent an increased risk beyond that ordinarily present in the medical record.
    - (2) Waive the requirement if identification as a participant in the study would place the participant at a greater risk of harm.

D. IRB Review Determinations – The convened IRB or IRB expedited reviewer(s) make one of the following determinations in regard to the protocol and consent forms:

1. Approval status

- a) **Approved** – (Convened IRB and Expedited Review) IRB approval indicates that the IRB (or IRB expedited reviewer(s)) has concluded that the application (including the research plan and consent forms) meets the federal criteria for approval. IRB approval verifies that the IRB agrees with the assessment of the protocol and/or specific findings as described by the PI in the application. The investigator will receive an approval letter documenting the IRB decision. After Office of Clinical Research has issued institutional approval, the investigator will receive all approved documents including the informed consent document (if applicable) with the affixed "IRB Approval" validation stamp, which includes valid date of IRB approval. If the IRB approved a HIPAA Waiver of Authorization Request, the OIRB staff sends a separate approval document for the waiver as well. (See [Reporting Policy and Procedure](#))
- b) **Conditional Approval** – (Convened IRB and Expedited Review) IRB conditional approval indicates that the IRB (or IRB expedited reviewer(s)) has approved the protocol pending submission of minor revisions and that the IRB has given the individual chairing the meeting (in the case of convened review) or designee the authority to approve the minor revisions which do not involve substantive issues. The OIRB staff sends the investigator a letter describing the revisions requested by the IRB. The PI responds to revisions requested by the IRB and sends the response to the OIRB. The Chair or designee may forward the responses to the entire IRB for additional review (return to the convened Board), request additional information from the investigator, or approve the response (see Review of Responsive Materials below).
- c) **Full Board Review Required** - (Expedited Review) The IRB expedited reviewer may determine that the protocol requires full review by the convened IRB.
- d) **Tabled/Deferred** - (Convened IRB only) A vote of tabled or deferred indicates that the IRB withholds approval pending submission of major revisions/additional information. The OIRB staff sends the investigator a letter listing the reasons for tabling and includes a description of the revisions or clarifications requested. For some studies, the IRB may appoint one or more members of the IRB to discuss the reasons with the investigator.
- e) **Disapproved** – (Convened IRB only) A vote to disapprove research indicates that the IRB will not allow the research to be conducted. Disapproval of a protocol usually occurs when the IRB determines that the risk of the procedures outweighs any benefit to be gained or if the proposed research does not meet the federal criteria for IRB approval. Disapproval generally indicates that even with major revisions to the application the issues preventing approval will not be resolved. [Examples: part or all of the research is prohibited by a law, regulation or institutional policy; there is insufficient preliminary research to justify the

proposed study; there is insufficient expertise or resources locally to safely conduct the study; the nature of the research will adversely affect the rights or welfare of the subjects]. The OIRB staff sends the investigator a letter describing the reasons for disapproving the protocol. Investigator responses to the IRB decision to disapprove research are reviewed at a subsequent convened meeting of the IRB.

2. Length of approval: For studies approved or conditionally approved by the IRB, the IRB determines the length of approval, as appropriate to the degree of risk but not longer than one year from the meeting date that the study was approved or conditionally approved, unless as noted below:
  - a) Non-FDA regulated research eligible for expedited review do not require a length of approval, unless the IRB determines and provides a justification for the requirement of continuing review. For research that does not require IRB continuing review, an institutional expiration date will be set per [Institutional Review Policy](#).
  - b) The IRB may set a shorter approval period for: 1) high risk protocols; 2) protocols with high risk/low potential benefit ratios; 3) studies involving the first use of an experimental drug or device in humans where safety data is limited; 4) studies involving research procedures not normally reviewed by the IRB; or 5) any other study the Board determines a shorter approval period and the resultant continuing review are appropriate.
  - c) The date of the meeting (convened IRB review) or date of determination (expedited IRB review) becomes the first day (start) of the approval period with the expiration date being the first date that the protocol is no longer approved. However, studies conditionally approved by the IRB may not begin until the IRB's conditions of approval (revisions) are approved by the designated IRB reviewer (final approval).
  - d) If the research is approved for one year, the expiration date is determined to be the same date one year from the date which the IRB (or IRB expedited Reviewer) approved the protocol or conditionally approved the protocol. For example: the IRB reviews and approves a protocol without any conditions or approves a protocol with minor conditions for one year at a convened meeting on October 1, 2002. September 30, 2003 is the last day that research may be conducted under this approval. October 1, 2003 is the first day that the study approval is expired.
  - e) The expiration date is the first day that research is not approved and must stop unless the study has been re-approved (see [Continuation Review Policy and Procedure](#)).
  - f) For studies that are tabled/deferred due to substantive issues identified during the review at one convened meeting and subsequently reviewed and approved by another convened meeting, the approval period starts with the date of the subsequent convened IRB meeting.

3. Appeals – If the PI has concerns regarding the IRB decision/recommendations for changes in the study, he/she may submit his/her justification for changing the IRB decision to the IRB (or IRB reviewer(s)). The PI sends the request to the expedited reviewer and/or to the IRB Chair or Vice Chair for final resolution. If the investigator is still dissatisfied with the IRB decision, OIRB staff send the protocol to the convened IRB for review.

#### E. Review of Responsive Materials

1. When the convened IRB requires modifications to the proposal in order to secure approval (conditional approval), the following procedures are followed:
  - a) The PI submits a response to stipulations to the OIRB that includes the following response materials: 1) a point-by-point response detailing how each IRB stipulation was addressed; 2) an electronic copy of each document that was revised with the changes tracked; 3) electronic copies of additional documents requested
  - b) The OIRB staff review the responsive materials to confirm the package is complete. The materials are provided to the stipulation reviewer. The stipulation reviewer may be an Expedited Reviewer (IRB Director, IRB Associate Director, IRB Chair, other IRB member designated by the IRB), or an Administrative Reviewer (OIRB staff member who need not be IRB members and can review responsive materials so long as all of the modifications for the protocol are limited to minor changes eligible for administrative review). See tables [1](#) and [2](#) below for examples of each review type.
  - c) The stipulation reviewers verify that all of the modifications to the proposal have been completed. Since the modifications to secure approval are limited to minor changes that require a simple concurrence by the investigator, the responses received are generally affirming the modification was made.
  - d) If a response is contrary to the IRB's stipulation, the stipulation reviewer may: 1) accept the investigator's alternative explanation/solution; 2) require the original modification be followed; 3) or make no determination of approval and forward the response materials to the convened IRB that originally reviewed the study following the scheduling procedures listed in this policy.

### III. References

- A. Definitions (see [Glossary](#))
- B. Regulatory (see [Policy on Policies Policy and Procedure](#))

## IV. Table 1

v. Examples of stipulation responses that may be approved by Administrative reviewer (a qualified OIRB staff member who need not be an IRB member)

VI. Examples of acceptable responses	VII. Examples of unacceptable responses
<p>VIII. -- Additional changes to documents (after IRB review) to correct typographical errors noted by the investigator, provided that such a change does not alter the content or intent of the statement;</p> <p>IX. -- Additional administrative changes (after IRB review) from the study sponsor, provided that such a change does not alter the content or intent of the statement; (e.g., updated mailing addresses for shipping samples, revised information in the sponsor protocol that does not affect the conduct of research locally);</p> <p>X. -- Clarification from the investigator that items of omission were actually present in the application documents reviewed by the IRB;</p> <p>XI. -- Submission of documentation of endorsement or committee approval letter</p> <p>XII. -- Addition of language specified by the IRB to the consent document or other protocol forms (i.e., add "history of seizures" to the exclusion criteria).</p>	<p>XIII. -- Addition of new study staff, study locations, or off-site research locations;</p> <p>XIV. -- Addition of new risks or safety information that will directly affect the subjects willingness to participate (e.g., new unanticipated problems involving risks);</p> <p>XV. -- Addition of new information from another institutional committee (e.g., Radiation Safety Committee) or official that changes the information originally reviewed by the IRB or may affect the subjects' willingness to participate;</p> <p>XVI. -- Modification stipulated by the IRB is not addressed in the responsive materials;</p> <p>XVII. Modification was based on an incorrect assumption/conclusion that is disproved in the application documents reviewed by the IRB and completely addresses the issue; (e.g., a modification to include a permission for tissue banking to the consent, when the study will not include banking)</p> <p>XVIII. --addition of language to the consent form or other protocol documents that was not specified by the IRB and is not a minor typographical or clarification change</p>

## XIX. Table 2

XX. Examples of stipulation responses that may be approved by the expedited reviewer (IRB Director, IRB Associate Director, IRB Chair, other IRB member designated by the IRB)

XXI. Examples of acceptable responses	XXII. Examples of unacceptable responses
<p>XXIII. -- Clarification from the investigator that items of omission were actually present in the application documents reviewed by the IRB;</p> <p>XXIV. -- Modification was based on an incorrect assumption/conclusion that is disproved in the application documents reviewed by the IRB and completely addresses the issue; (e.g., a modification to include a permission for tissue banking to the consent, when the study will not include banking)</p> <p>XXV. -- An alternative modification than requested by the IRB that will correct the problem completely;</p> <p>XXVI.</p>	<p>XXVII. -- Addition of new study staff, study locations, or off-site research locations;</p> <p>XXVIII. -- Addition of new safety information that will directly affect the subjects willingness to participate (e.g., new unanticipated problems involving risks);</p> <p>XXIX. -- Addition of new information from another institutional committee (e.g., Radiation Safety Committee) or official that changes the information originally reviewed by the IRB or may affect the subjects' willingness to participate</p> <p>XXX. -- Modification stipulated by the IRB is not addressed in the responsive materials;</p> <p>XXXI. -- Modifications stipulated by another institutional committee (e.g., Radiation Safety Committee) or official that changes the information originally reviewed by the IRB or may affect the subjects willingness to participate;</p> <p>XXXII. -- An alternative modification that fails to address the IRB issue or could worsen the acceptability of the risks in relation to the harms;</p> <p>XXXIII. -- Removal of a direct benefit to the subjects enrolled;</p> <p>XXXIV. -- An alternative modification based on stipulations from another institutional committee (e.g., Radiation Safety Committee) or official that changes the information originally reviewed by the IRB or may affect the subjects willingness to participate;</p>