# Single IRB (SIRB) Submission Tip Sheet for Lead Study Teams/Coordinating Centers when Vanderbilt is the SIRB: Vanderbilt as the Lead Site

This guidance pertains to SIRB submission forms when **Vanderbilt is the lead site**. Separate SIRB Tip Sheet guidance is forthcoming for External lead sites (i.e. the lead site is NOT VUMC but VUMC is the Reviewing IRB).

New Study Submission

With the initial review of a New Study Application, the VUMC SIRB reviews and approves the **Lead Site only**. Proposed Relying Sites will be added with a Site Addition Form after the New Study is approved.

The New Study Application for VUMC Lead Site approval should include the following:

* **Key Study Personnel tab:** Only include the lead site study team. This list usually includes Vanderbilt investigators only unless a special arrangement has been made.
  + Note that Human Subjects training requirements must be met per HRPP policy. If the study is a clinical trial, GCP Training must be current. The study team must indicate whether they are viewing or removing PHI in VUMC’s medical record for research purposes.
  + Single IRB Training: The PI and study coordinator must have completed the one-time Single IRB Training on the Learning Exchange.
* **Funding tab:** Federal funding must be added, as VUMC HRPP uses the Single IRB review model for studies with federal funding from an agency or department that is a signatory to the Common Rule.
* **Performance Sites:** 
  + In the “Vanderbilt Serving as a Single IRB” table, add “Vanderbilt University Medical Center” and select that it is the lead site. Then, add the proposed Relying Sites that will be engaged in the research.
  + Proposed Relying Sites will show an incomplete Reliance Decision and accompanying details in the table on the Performance Sites tab. This will be updated after the New Study submission is approved.
  + If you are unable to add a site to the Vanderbilt Serving as Single IRB table, please add the site to the Requested Sites table below it.

*Note: These sites will not be approved to conduct research with the initial approval of the New Study. However, a study must have non-VUMC sites added to this section in order for the study to qualify for Single IRB review.*

* **Application tab:** Only include information that pertains to VUMC.
  + Type of Study: Standard or Expedited.
  + International Sites: If the study involves international sites, VUMC IRB will not serve as the Single IRB for these sites. VUMC IRB will serve as the Single IRB for institutions located in the United States for the portion of the research that is conducted in the United States.
* **Documents tab:** Attach the following documents to the New Study Application, as applicable:
  + **REQUIRED: Protocol:** Written to describe all study activities to be performed by each engaged institution listed on the performance sites tab. If all engaged institutions are not conducting the same research activities, it is important that the Protocol clearly delineates what activities are performed by/at each institution.
  + **Part 1 Master Consent and Assent Documents**
  + **Part 2 Site Specific Consent and Assent Documents** for **lead site only**
  + **E-Consent Forms**
    - These should be submitted in the same Part 1/Part 2 format as the “paper” ICDs but should display how the e-consent form is displayed to the participant.
  + **Short form ICDs** 
    - These should be uploaded to the global bucket for potential use at all enrolling sites. Note that each site must submit their own short form with their investigator’s name and contact information on it when the site submits their enrolling site documents for approval.
  + **Investigator’s brochure or package inserts**
  + **Device Manual**
  + **Recruitment materials and study measures** (questionnaires, surveys, interview scripts, etc.)
    - All global, study-wide documents that may pertain to the conduct of the study at all sites are reviewed with this initial review. These documents can be templated to include [PI name], [study coordinator name], and [contact details] in brackets so sites can change only bracketed information prior to use.
    - Even if it is only anticipated that one site will use a specific recruitment material, it is recommended that the material but submitted as a global document so that other sites may use it and insert their site=specific information in the future
  + **Grant face page/cover page**

**After the New Study submission is approved:**

* The **lead site** may conduct research activities per the IRB-approved protocol.
* The Relying Site(s) should begin working with their local HRPP Offices to obtain local review and acknowledgement of their proposed activities.
* After the Relying Site(s) local HRPPs have completed their review, the lead site can submit the Site Addition Form to obtain IRB approval for the Relying Site.

**Single IRB New Study and Relying Site Submission Process:**

Relying Site study team & Relying Site HRPP

Lead study team

Lead study team

Site Additions

Site Additions are forms that allow Relying Sites to be approved to conduct study activities per the IRB-approved protocol. Site Additions are submitted for IRB approval after the New Study submission is approved and after the Relying Site study team has obtained local review from their Relying Site HRPP Office.

Only one Site Addition Form can be submitted at a time. However, up to five sites from the performance sites tab can be added to a Site Addition Form for IRB approval. *All IREx surveys for the Relying Site must be completed for DISCOVR-e to allow a site to be added to this form. The lead study team will receive an email informing them when a site is ready.*

The following documentation should be imported from IREx into the Documents tab in DISCOVR-e for each site:

* **Institutional Profile (IREx)**
  + This is an institutional-specific document completed and updated by the Relying Site’s HRPP Office.
* **Human Research Protection (HRP) Survey (IREx)**
  + This is a study-specific survey completed by the Relying Site’s HRPP Office to document local policies, state laws, ancillary reviews, and other local factors that may impact how the protocol is conducted at the Relying Site. All information documented in the HRP Survey is subject to VUMC IRB approval.
  + All questions answered and accurate based proposed local study activities
  + All local considerations applicable to the Relying Site’s participation in the study must be documented in this survey.
* **Principal Investigator (PI) Survey (IREx)**
  + This is a study-specific survey completed by the Relying Site Investigator to document the study activities they will undertake at the Relying Site. If any study activities will differ from that documented in the IRB-approved protocol, the Relying Site Investigator documents their plans here. The Site-Specific (Part 2) consent form(s) are attached to this survey. All information documented in the PI Survey is subject to VUMC IRB approval.
  + All questions answered and accurate based on proposed local study activities
  + The Part 2 ICD with the Relying Site’s local language should be attached to the PI Survey. It is the VUMC HRPP’s expectation that the version of the Part 2 ICD attached to the PI Survey is the version reviewed and acknowledged by the Relying Site HRPP Office.
* **Study-specific Reliance Plan (SSRP) (IREx)**
  + This is a study-specific document that itemizes the flexibilities in the reliance agreement and defines whether the Reviewing Institution or Relying Institution is responsible for items such as HIPAA determinations, analyses of conflicts of interest, and IRB-initiated external reporting.
* **Part 2 ICDs/Site-Specific ICDs**
  + These are attached to the PI Survey in IREx. They should be the same version uploaded to the PI Survey that the Relying Site HRPP acknowledged.
  + If Relying Site template language is added to the Part 2 ICD but not documented in the Relying Site’s HRP Survey (as an attachment or in a text field), *the VUMC HRPP will request for the template language and rationale to be documented in the HRP Survey.* ***Most pre-review comments from the VUMC HRPP for Site Add Forms concern site specific ICD template language changes that are unsupported by the Relying Site’s provided template language attached to the HRP Survey or the Institutional Profile. Please ensure that the Relying Site provides documented rationale in the HRP Survey, Institutional Profile, or template language documents that support local language added to the Part 2 ICD.***
* **Site-specific Assent Form**
  + These are attached to the PI Survey in IREx. When agreeable, the Relying Site can use the Assent Form submitted by the lead site and approved in the global bucket in DISCOVR-e.
  + If a Relying Site requires use of their own assent form templates, they can be used and attached to the PI Survey. *Documentation of this requirement must be included in the HRP Survey.*
* **Standalone HIPAA forms**, when required as a standalone document by the Relying Site
  + These are accepted with the Site Addition Form and saved in the Relying Site’s consent bucket in DISCOVR-e so VUMC as the Single IRB has record of the current study documents used by each site in the event of an audit. However, VUMC will not serve as the Privacy Board for Relying Sites and VUMC IRB does not stamp Relying Site’s HIPAA forms. The Relying Site will approve this standalone HIPAA document.

**The most common set of pre-review comments for Site Addition Forms are associated with the Part 2 ICD. Helpful guidance referring to the VUMC Part 2 ICD Template:**

* Relying Sites should amend the blue italicized instructional text only.
* The VUMC HRPP expects the black text in the Part 2 template to remain.
* Headers should remain as displayed and in the same order.
* The Part 2 ICD pagination must start with page 1 in the upper right corner.
* All Relying Site template language added to the Part 2 ICD must be verified in the HRP Survey or Institutional Profile to ensure that the language is acknowledged by the Relying Site’s HRPP.
* Information displayed in the Part 1 ICD should not be repeated in the Part 2 ICD (or vice versa).
* Part 2 ICD information should not be moved to the Part 1 ICD, even if it is the same for all sites.
* The site name, PI name, and study coordinator name listed in the header of the Part 2 ICD must match the site name associated with the IREx record, the HRP Survey, and PI Survey.
* Pagination should not be altered

Global Amendments

Global amendments , or study-wide amendments, are changes or new information that applies to the conduct of the study at all sites. Changes to any of the following documents constitute a global amendment:

* Protocol
* IRB Application
* Part 1 Master ICD
* Recruitment Materials

Note: Updating core components of the study submission (Lead Site PI or Lead Site Study Coordinator change, the funding tab) requires a global amendment.

Site-Specific Amendments

Site-specific amendments are amendments that pertain to specific sites and not the overall study.

**Examples of site-specific amendments that require Single IRB review and will be accepted by the VUMC SIRB:**

* Relying Site PI or study coordinator changes (if Vanderbilt is the lead site and a PI/study coordinator change is required for Vanderbilt, submit a global amendment to update the Vanderbilt PI)
  + The Relying Site’s PI and HRP Surveys should be re-completed in IREx when there is a site PI change. HRP and PI Surveys must be attached to the site specific amendment form in DISCOVR-e.
* Rare changes to the Part 2 ICDs (e.g., compensation, subject injury, HIPAA language)
* Site closures that are closed outside of the Continuing Review Form.

**Examples of site-specific amendments that do not require Single IRB review and will not be accepted by the VUMC SIRB.** *Note: these may still require local review at the respective site:*

* Adding barcode and/or logo to Master ICD
* Adding barcode and/or logo to Part 2 ICD after Site Addition form has been approved
* Site-specific ads/recruitment materials to add local contact information only
* Adding page numbers and consent labels in the footer per site request
* Short forms in languages that are already approved globally

Note: While VUMC IRB will not stamp a relying site’s HIPAA forms, the currently-approved HIPAA form approved by the Relying Site’s Privacy Board should be submitted with Site Add Forms or provided as updated with a Site-Specific Amendment so VUMC as the Single IRB can verify whether currently-approved study documents are utilized in the event of an audit.

In accordance with the above guidance:

* Global or study-wide amendments are submitted as a single submission for all sites.
* Site-specific amendments are submitted as single submissions for each site. Several site-specific amendments can be submitted simultaneously so long as only one site is updated at a time. E.g., Site-specific amendments for University Hospital, Community Hospital, and General Hospital can be submitted at one time but two site-specific amendments for University Hospital cannot be submitted at one time.

Continuing Reviews

The annual review information for Single IRB studies should be submitted to the VUMC Single IRB NO LATER than 8 weeks prior to the study’s expiration date to allow time for review and dissemination of approval to all sites. This is 4 weeks sooner than noted in the policy to accommodate study teams’ need to disseminate approval to multiple sites.

**The Continuing Review Form should include, but is not limited to, the following information, as applicable:**

* **Continuing review or study closure application completed in DISCOVR-e**
* **Currently approved Part 1 ICD, Part 2 ICDs, and Assent Forms:** When still open to enrollment or when consent forms are needed for re-consenting purposes, the currently approved Part 1 ICD, Part 2 ICDs, and Assent Forms in Word format must be provided for restamping.
* **The current HIPAA Authorization Form(s)**
  + **For Relying Sites:** HIPAA Forms are saved in the Relying Site’s consent bucket in DISCOVR-e so VUMC as the Single IRB has record of the current study documents used by each site in the event of an audit. However, VUMC does not generally serve as the Privacy Board for Relying Sites and VUMC IRB does not stamp Relying Site’s HIPAA forms. The Relying Site will approve this standalone HIPAA document.
* **Progress report of the research that includes:**
  + Any adverse events and a profile of what different from initially expected including causality
  + Any Data and Safety Monitoring reports
    - If the application notes that the DSMB will meet every 6 months and the VUMC IRB expects to review two DSMB reports at the time of CR, provide rationale with the CR submission if both reports are not yet available.
  + Any events requiring reporting to the IRB (e.g., serious adverse events)
  + Any unanticipated problems involving risks to participants or others and reports of non-compliance, even at sites in which the investigator is not responsible for the conduct of the research
  + Any participant withdrawals
  + Any participant complaints
  + Any recent relevant literature
  + Any interim findings
  + Any multicenter reports
  + Any other relevant information, especially that may impact risk/benefit ratio
  + Any problems recruiting potential participants
  + Any benefits of the research

Adverse Event (AE) Reports

Serious adverse events that occur at the Lead Site or a Relying Site that are unanticipated, involve risk to participants or others, and are possibly related to the research must be **reported within 7 calendar days** of the investigator’s knowledge with an Adverse Event Report per VUMC HRPP [Policy III.L Reporting of Adverse Events](https://vanderbilt.policytech.com/dotNet/documents/?app=pt&source=unspecified&docid=37689&public=true).

All adverse events that occur at each site should be logged per VUMC HRPP policy and reporting to the VUMC IRB per the IRB-approved protocol.

**Adverse Event Reports vs. Site-Specific Adverse Event Reports:**

If the serious adverse event has occurred at more than one site, submit a global or general Adverse Event Report. If the adverse event occurred at only one site, submit a Site-Specific Adverse Event Report.

**This is the information that is asked in the Adverse Event Report:**

* The date of the event
* Participant information, including the participant identifier and participant age
* A description of the event, including the timing of the study treatment, dosing, or intervention with start and stop dates of relevant research interventions
* Whether the event requires prompt reporting to the sponsor in accordance with the protocol and if the event has been reported to the sponsor
* Whether the event meets the following criteria:
  + Unanticipated at the time of its occurrence
  + Serious (As [defined by the FDA](https://www.fda.gov/safety/reporting-serious-problems-fda/what-serious-adverse-event))
  + Related or likely to have been caused by the research procedures
* Classification of the event
  + Accidental or unintentional change to the IRB-approved protocol that involves risks or has the potential to recur
  + Deviation from the protocol taken without prior IRB review to eliminate apparent immediate hazard to a research participant
  + Publication in the literature-safety monitoring report including DSMB or interim result or other finding that indicates an unexpected change to the risk-potential benefit profile of the research
  + Breach in confidentiality that may involve risk to that individual or others
  + Complaint of a participant that indicates an unanticipated risk or which cannot be resolved by the research
  + Other event that is unanticipated- involved risk to participants or others and was possibly related
* Whether the event is described as a risk in the informed consent document
* Whether the study has a Data Safety Monitoring Board and, if so, a description of the DSMB
* Whether the PI has been notified of the event and received a copy of the Adverse Event Report Form
* Additional information to support the IRB’s understanding of the event and subsequent action taken by the study team.

The Document Upload tab should include supporting documentation, such as MedWatch Reports, DSMB reports, or communication from the sponsor.

Non-Compliance Reports (NC)

Per HRPP Policy following events that occur at the Lead Site or Relying Sites are submitted on a Non-Compliance Report:

1. **Non-compliance with the IRB-approved protocol that increases the risk of the affected participant’s rights, safety, or welfare**
2. **An event that may constitute serious or continuing non-compliance**
   * **Serious non-compliance:** An action or omission taken by an Investigator that shows serious disregard or violation of federal regulations or institutional policies applicable to human subject research that demonstrably increases the risks to human subjects, adversely affects the rights and welfare of human participants, or compromises the integrity/validity of the research.
   * **Continuing non-compliance:** A pattern of repeated actions or omissions taken by an Investigator that indicates a deficiency in the ability or willingness of an Investigator to comply with the federal regulations, HRPP Policy, or determinations or requirements of the IRB.
3. **The event is a potential HIPAA breach** 
   * **For VUMC Sites:** VUMC IRB serves as the Privacy Board for VUMC Investigators and potentially HIPAA breaches must be submitted directly to the VUMC IRB within 7 calendar days of the Investigator’s knowledge.
   * **For Non-VUMC Sites:** Unless otherwise noted in an agreement, a Relying Site will obtain their own Privacy Board review. Submit the Non-Compliance Form to the VUMC IRB within 7 calendar days of the Investigator’s knowledge. VUMC IRB will CAL the Non-Compliance Form to request documentation of review from the Relying Site’s Privacy Board.

**Non-Compliance Form vs. Site-Specific Non-Compliance Form:**

If the event has occurred at more than one site, submit a global or general Non-Compliance Form. If the event occurred at only one site, submit a Site-Specific Non-Compliance Form.

This is the information that is asked in the Non-Compliance Form:

* An explanation describing why or how the event occurred
* The outcome of the event
* Whether a participant’s rights, safety, or welfare were violated because of the event
* Whether the event affected the integrity of the study
* The plan for prevent the event in the future
* Whether the PI has been notified of the event and received a copy of the report
* Whether the event has been reported to the sponsor and the sponsor’s response

The Document Upload tab should include supporting documentation, including additional details related to the event or communication from the sponsor. If applicable, a separate amendment form should be submitted to revise the IRB application, protocol, or applicable study documents based on the documented plan to present the event in the future.

**Quick Reference: Items to Report to VUMC as the Single IRB within X Calendar Days per** [**VUMC HRPP Policy**](https://www.vumc.org/irb/policies-and-procedures)

*This information is subject to change as investigators should reference current policies for up-to-date requirements*

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| --- | --- | --- | --- |
| Event | Actions | Days | Policy Reference |
| Sponsor-Imposed Suspension for Potential Risk | As soon as possible, but no later than 7 calendar days after the Investigator learns of the notice of suspension or its removal.  Research activities cease as specified in the suspension until the study is re-opened by the sponsor and the full IRB Committee has reviewed and approved the study. The IRB may determine additional criteria for suspension or for re-opening the study.  AEs and UPs are still reported to the IRB. | 7 calendar days | II.B.1 |
| Sponsor-Imposed Suspension UNRELATED to Potential Risk | The notice of suspension or removal of suspension is forwarded to the IRB as soon as possible, but no later than 10 working days after the investigator first learns of the notice of suspension or its removal.  Research activities cease as specified in the sponsor’s suspension until notified by the sponsor that the study is re-opened and the URB acknowledges this notification.  AEs and UPs are still reported to the IRB. | 10 working days | II.B.1 |
| Study Expiration | Submit the Continuing Review Form as soon as possible. Respond to the Study Expiration Form as soon as possible.  Research activities cease until the IRB has determined continuing review requirements are met at each site and approval is granted.  The Investigator may provide justification in writing to the IRB for continuing treatment of participants to avoid additional risk or if the drug is available outside of the research study.  AEs and UPs are still reported to the IRB. | As soon as possible | II.B.1 |
| Implementing changes without IRB approval | The Investigator must not initiate any changes or amendments to the protocol prior to IRB review and approval of the amendment, ***unless there is an apparent need to minimize risk to the participants***.  In such cases, the Investigator must notify the IRB within 7 calendar days of the amendment. | 7 calendar days | II.C.1 |
| Complaints that involve potential risks to participants or result in a potential change in the risk/benefit ratio | The Investigator must report complaints that involve potential risks to participants or others or result in a potential change in the risk/benefit ratio as an unanticipated problem as soon as possible, but no later than 7 calendar days after the Investigator first learns about the complaint.  Example: The school where the research is conducted complains that the research assistant has not maintained her research notes in a confidential manner which may have potentially breached confidentiality.  Complaints that do not meet this criteria should be logged and reported at the time of continuing review. | 7 calendar days | II.E.1 |
| Non-compliance with the IRB-approved protocol that increases risk or affect participants’ rights, safety, or welfare | The Investigator must report the event on a Non-Compliance Form within 7 calendar days of the Investigator’s knowledge of the event. |  |  |
| SAEs that are unanticipated, involved risk to participants or others, and are possibly related to the research | The Investigator must report the event on an Adverse Event Form within 7 calendar days of the Investigator’s knowledge of the event.  This includes devices that may have an unanticipated adverse device effect to participants or others. | 7 calendar days | III.L, XI.C, XI.C.1, XII.D.2 |
| AEs and/or UPs involving radioactive drugs | It is the responsibility of the Investigator to report all AEs or UPs involving risks to participants or others determined to be “probably attributable” to the use of the radioactive drug in a research study to the Radioactive Drug Research Committee as soon as possible, but no later than 7 calendar days after the Investigator first learns of the problem. | 7 calendar days | XII.D.2 |
| AEs and/or UPs involving biologics governed by the Institutional Biosafety Committee for Human Subjects (IBC-HS) | It is the responsibility of the Investigator to report all AEs and/or UPs involving risks to participants or others determined to be “probably attributable” to the IBC-HS as soon as possible, but no later than 7 calendar days after the Investigator first learns of the event or problem. | 7 calendar days | XIV.A.2 |

1. For reporting expectations for DoD-supported research, see [VUMC HRPP I.H: Additional Requirements for Research Supported by Other Federal Departments – Department of Defense](https://www.vumc.org/irb/policies-and-procedures)