1 PURPOSE
1.1 This procedure establishes the process to complete daily tasks required to monitor the research review process.
1.2 The process begins each day.
1.3 The process ends when the tasks have been completed.

2 REVISIONS FROM PREVIOUS VERSION
2.1 None

3 POLICY
3.1 None

4 RESPONSIBILITIES
4.1 IRB staff members are responsible for carrying out this procedure.

5 PROCEDURE
5.1 Check for individuals whose CITI training will lapse in the next 30 calendar days. The CITI Program will automatically send a reminder to those individuals.
5.2 Check for protocols whose continuing review progress report is due in 30 calendar days and complete and send “TEMPLATE LETTER: Continuing Review Reminder (HRP-530)” or equivalent.
5.3 Check for emergency uses where the IRB is expecting and has not received a standing protocol within 30 calendar days:
   5.3.1 Complete and send “TEMPLATE LETTER: Failure to Submit Emergency Use Protocol (HRP-553)” or equivalent.
   5.3.2 Place the principal investigator on the Restricted list.
   5.3.3 Process the failure to submit as a Finding of Non-Compliance under “SOP: New Information (HRP-024).”
5.4 Check for emergency uses where the IRB has not received a report, within 5 days:
   5.4.1 Complete and send “TEMPLATE LETTER: Failure to Submit Emergency Use Report (HRP-551)” or equivalent.
   5.4.2 Place the principal investigator on the Restricted list.
   5.4.3 Process the failure to submit as a Finding of Non-Compliance under “SOP: New Information (HRP-024).”
5.5 Check for continuing review progress reports that have not been submitted 30 calendar days prior to protocol expiration:
   5.5.1 Complete and send “TEMPLATE LETTER: Failure to Submit Continuing Review (HRP-550)” or equivalent.
   5.5.2 If no response has been received in 30 days, place the principal investigator on the Restricted list.
   5.5.3 Process the failure to submit as a Finding of Non-Compliance under “SOP: New Information (HRP-024).”
5.6 Check for individuals whose training has lapsed:
   5.6.1 Complete and send the “TEMPLATE LETTER: Failure to Undergo Training (HRP-554)” or equivalent.
   5.6.2 If the principal investigator’s training has lapsed, complete and send the “TEMPLATE LETTER: Failure to Undergo Training (HRP-554)” or equivalent. If no response has been received in 30 days, place the principal investigator on the Restricted list.
   5.6.3 Process the failure to submit as a Finding of Non-Compliance under “SOP: New Information (HRP-024).”
   5.6.4 If the individual is an IRB member, complete and send the “TEMPLATE LETTER: Failure to Undergo Training (HRP-554)” or equivalent. If no response has been received in 30 days, follow “SOP: IRB Membership Removal (HRP-083).”
5.7 Check for protocols that have expired due to lack of continuing review:
5.7.1 Complete and send the "TEMPLATE LETTER: Expiration of IRB Approval (HRP-533)" or equivalent.

5.7.2 If no response has been received in 30 days, follow “SOP: Expiration of IRB Approval (HRP-063)”

6 MATERIALS
6.1 SOP: New Information (HRP-024)
6.2 SOP: Expiration of IRB Approval (HRP-063)
6.3 SOP: IRB Membership Removal (HRP-083)
6.4 TEMPLATE LETTER: Continuing Review Reminder (HRP-530)
6.5 TEMPLATE LETTER: Expiration of IRB Approval (HRP-533)
6.6 TEMPLATE LETTER: Training Reminder (HRP-531)
6.7 TEMPLATE LETTER: Failure to Submit Emergency Use Protocol (HRP-553)
6.8 TEMPLATE LETTER: Failure to Submit Emergency Use Report (HRP-551)
6.9 TEMPLATE LETTER: Failure to Undergo Training (HRP-554)
6.10 TEMPLATE LETTER: Failure to Submit Continuing Review (HRP-550)

7 REFERENCES
7.1 None