1 PURPOSE
1.1 This procedure establishes the process to manage information reported to the IRB to ensure that information that represents Non-Compliance, Unanticipated Problems Involving Risks to Subjects or Others, Suspensions of IRB Approval, and Terminations of IRB Approval are managed to protect the rights and welfare of subjects.
1.2 The process begins when the IRB receives an information item.
1.3 The process ends when the information item is determined not to represent a problem that requires management, is managed administratively, or referred to the convened IRB for review.

2 REVISIONS FROM PREVIOUS VERSION
2.1 Added Section 3.2 with additional DOD reporting information.
2.2 Revisions added to allow investigators who have additional information for the Committee to consider to request reconsideration.

3 POLICY
3.1 The Institution will promptly notify the federal department or agency funding the research of any for cause investigation of that research by another federal department or agency or national Institution.
3.2 The institution will require corrective and preventive action plans when reports of non-compliance are received.
3.3 The institution will determine whether actions need to be taken to mitigate risks when unanticipated problems involving risks to subjects or others are reported.
3.4 The Institution will promptly (no longer than within 30 days) notify the Department of Defense (DOD) human research protection officer:
   3.4.1 When significant changes to the research protocol are approved by the IRB.
   3.4.2 The results of the IRB continuing review.
   3.4.3 If the IRB of record changes.
   3.4.4 When the Institution is notified by any federal department, agency or national Institution that any part of the HRPP is under investigation for cause involving a DOD-supported research protocol.

4 RESPONSIBILITIES
4.1 The IRB staff members and IRB members carry out this procedure.

5 PROCEDURE
5.1 Review each item of information and answer the following questions and complete the “For IRB Use Only” section of “FORM: Reportable New Information (HRP-214)”: (See attached flowchart for a diagram of the flow of this procedure.)
   5.1.1 Is this an Allegation of Non-Compliance?
   5.1.2 Is this a Finding of Non-Compliance?
   5.1.3 Is this an Unanticipated Problem Involving Risks to Subjects or Others?
   5.1.4 Is this a Suspension or Termination of IRB Approval?
5.2 If you are unable to answer a question, consult the IRB chair or IRB director or designee.
5.3 If the IRB chair and IRB director or designee are unable to answer a question, follow “SOP: Investigations (HRP-025).”
5.4 If the answer is “no” to all questions, skip section 5.5 and continue with section 5.7.
5.5 If the answer is “yes” to one or more questions, then follow the corresponding sections below.
   5.5.1 Allegations of Non-Compliance: Determine whether each Allegation of Non-Compliance has any basis in fact.
      5.5.1.1 If yes, follow the procedures under Findings of Non-Compliance.
      5.5.1.2 If no, follow any other corresponding sections.
   5.5.2 Findings of Non-Compliance: Determine whether each Finding of Non-Compliance is Serious Non-Compliance or Continuing Non-Compliance.
      5.5.2.1 If no, follow the procedures under Non-Serious/Non-Continuing Non-Compliance.
      5.5.2.2 If yes, follow the procedures under Serious or Continuing Non-Compliance.
   5.5.3 Non-Serious/Non-Continuing Non-Compliance
5.5.3.1 Work with the individual or group responsible for the Non-Compliance to develop and implement a suitable corrective and preventive action plan (CAPA).

5.5.3.2 If unable to work with the individual or group responsible for the Non-Compliance to develop and implement a suitable CAPA, consider the Non-Compliance to be Continuing Non-Compliance and follow the procedures for Serious or Continuing Non-Compliance.

5.5.4 Serious Non-Compliance; Continuing Non-Compliance; Suspension of IRB Approval; Termination of IRB Approval; or Unanticipated Problem Involving Risks to Subjects or Others

5.5.4.1 Confirm your decision with the IRB chair or IRB director or designee.

5.5.4.2 If the issue involves non-compliance, work with the investigator or research staff to develop and adequate corrective and preventive action plan.

5.5.4.3 If the issue involves an unanticipated problem involving risk to subjects or others, work with the PI to develop a plan to mitigate the risk to subjects or others.

5.5.4.4 Place on the agenda for the next available convened IRB meeting in an IRB with appropriate scope as an item of Serious Non-Compliance; Continuing Non-Compliance; Suspension of IRB Approval; Termination of IRB Approval; or Unanticipated Problem Involving Risks to Subjects or Others.

5.6 If in your opinion the rights and welfare of subjects might be adversely affected before the convened IRB can review the information, contact the IRB chair or IRB director or designee to consider a Suspension of IRB Approval following the “SOP: Suspension or Termination of IRB Approval (HRP-026).”

5.7 If the notification involves a subject becoming a Prisoner in a study not approved by the IRB to involve Prisoners:

5.7.1 Confirm that the subject is currently a Prisoner.

5.7.2 Stop all research interactions and interventions with, and obtaining identifiable private information about, the now-incarcerated subject until the regulatory requirements for research involving Prisoners are met or until the subject is no longer a Prisoner would present risks to the subject.

5.7.3 For Department of Defense (DOD) research promptly report all decisions to the Department of Defense (DOD).

5.7.4 The Department of Defense (DOD) must concur with the IRB before the subject can continue to participate while a prisoner.

5.8 Take any additional actions required to resolve any concerns or complaints associated with the information.

5.9 If the information does not involve a Serious Non-Compliance; Continuing Non-Compliance; Suspension of IRB Approval; Termination of IRB Approval; or Unanticipated Problem Involving Risks to Subjects or Others and a response is expected, complete and send a “TEMPLATE LETTER: Review of Information Item (HRP-519)” or equivalent to the person submitting the information.

5.10 If the Committee makes a preliminary determination that the event involves Serious or Continuing Non-Compliance or that the study should be suspended, inform the Principal Investigator of the determination within three (3) business days by phone call or email. Include in the communication a statement that the investigator may address the Committee in writing or in person to request reconsideration and to provide additional information. Hold the TEMPLATE LETTER: Review of Information Item (HRP-519) until (1) three working days have lapsed and the PI does not request reconsideration: or (2) the Committee reconsiders the item and makes a determination.

5.11 When the Committee makes a preliminary determination to suspend the study, the Committee should determine whether concerns for subject safety requires a final determination of suspension.

6 MATERIALS
## SOP: New Information

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<td>L. Smith</td>
<td>C. Kiel</td>
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6.1 FORM: Reportable New Information (HRP-214)
6.2 SOP: Investigations (HRP-025)
6.3 SOP: Suspension or Termination of IRB Approval (HRP-026)
6.4 TEMPLATE LETTER: Review of Information Item (HRP-519)

### 7 REFERENCES

7.1 21 CFR §56.108(b)
7.2 45 CFR §46.103(b)(5), 45 CFR §46.108(a)