Investigator Manual

Preparing Studies for IRB Review

Vail Health IRB

VERSION 7 10.30.2023

Submission Checklist

Use this checklist to ensure you have all your supporting documents ready before submitting a **new study** to the IRB

	All study team members have an account in IRB manager
	All study team members have current IPS and Biomed CITI training
	All study team members have a current CV/Resume on file in their IRB Manager account
	All study team members have filled out a COI disclosure xForm
	Informed Consent and HIPAA authorization (if applicable)**
	Recruitment materials – flyers, phone/email scripts, advertisements (if applicable)**
	Questionnaires/Surveys (if applicable)**
	Data collection Sheets**
	Screening Logs/Eligibility Checklists (if applicable)**
	Subject Diaries/Medication Logs (if applicable)**
	Study Schema/other participant facing instructions (if applicable)**
	Letters of Support have been obtained (if applicable)
	Study Grant application (if applicable)
	FDA correspondence/approval documentation (if applicable)
	Data sharing agreements (if applicable)
	Device manuals/Drug pamphlet for drug or device being investigated (if applicable)
	Lab SOP for specimen processing (if applicable)
	IRB approval letters for collaborating study sites (if applicable)
	Language checklist for funded research (if applicable) **checklist can be found on your dashboard on the right under Notices

*if you are unsure if a specific document applies to your project, please contact the IRB office at irboffice@vailhealth.org

**when submitting an amendment any revised supporting documents need to have both a clean version and a track change version submitted that show where changes have been made.

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Setting Up an Account in IRB Manager

To create an account for a new researcher first contact the IRB office by email at irboffice@vailhealth.org and provide the following information:

- first and last name of the researcher
- their work email address
- the email used for their CITI training account (if it is different than their work email)

The IRB office then will build the account.

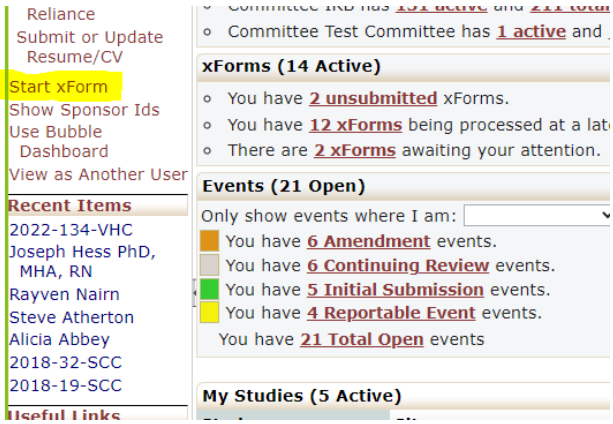
All researchers will have full access to IRB Manager to manage studies. Once their account is built, they will receive an automated email requesting them to change their password.

Click on the link from the email. Follow instructions to change password. Then they will be prompted to log in. https://vailhealth.my.irbmanager.com/

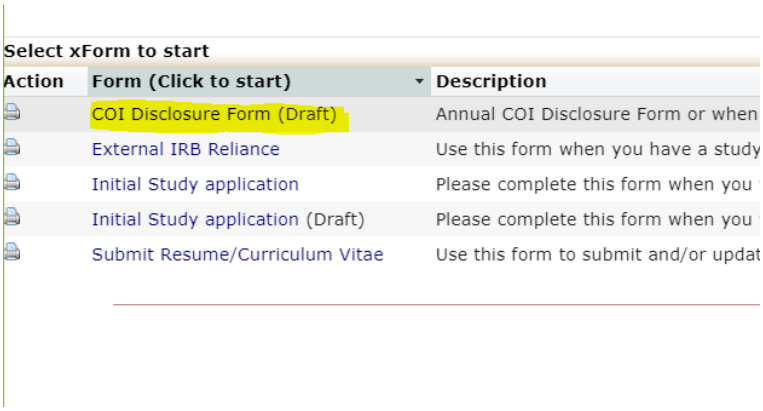
All researchers are required to submit an annual conflict of interest disclosure xForm in IRB Manager. If an investigator's financial interests change during the course of a year, the investigator is required to submit a revised COI Disclosure xForm in IRB Manager prior to acquiring such new financial interests (i.e. acquiring a new significant financial interest).

Completing a Research COI xForm

From your dashboard, click on "Start xForm"



Then click on the Research COI Disclosure Form to complete the form, click "next", then click "submit" to submit the form for review.

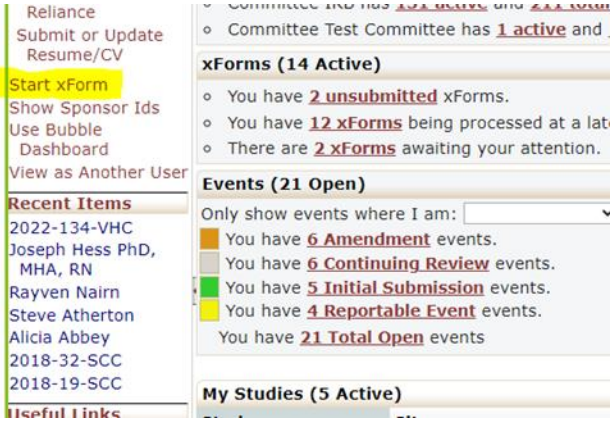


Completing the RCOI Policy Training xForm

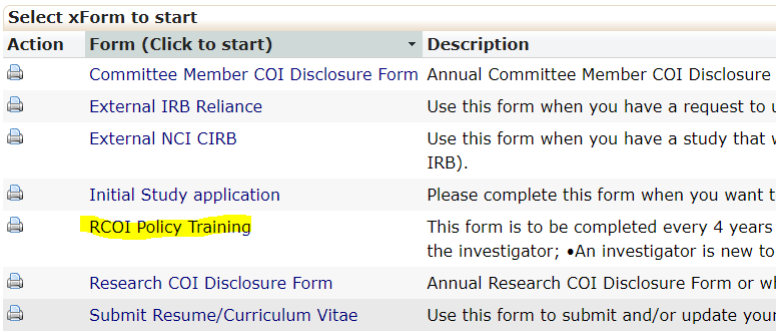
All researchers must complete RCOI policy training at least every 4 years and/or the following instances:

- An investigator is new to the institution,
- The institution revises their RCOI policy or procedures in any manner that affects the requirements of the researcher; or
- The institution finds that a researcher is not in compliance with the RCOI policy or management plan.

From your dashboard, click on “Start xForm”

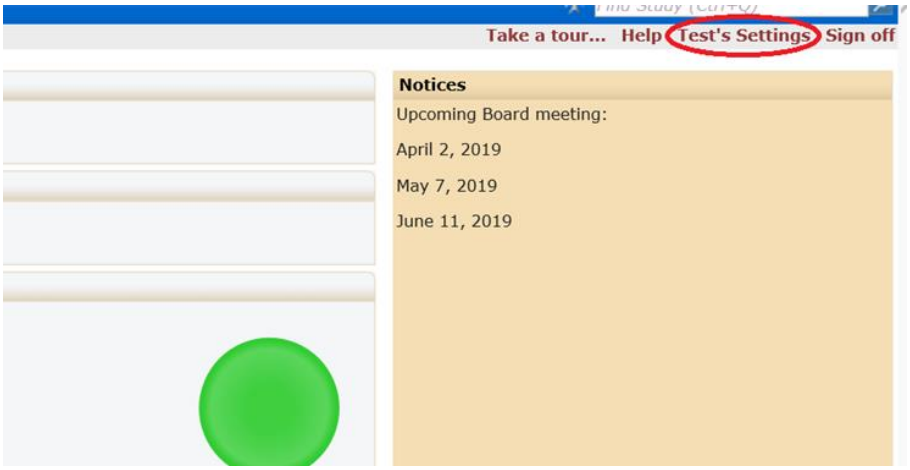


Then click on the RCOI Policy Training Form to complete the form.

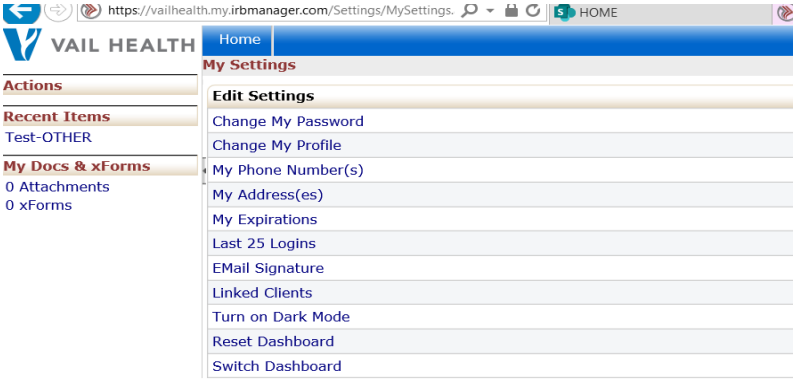


You will be asked to download the training pdf from the embedded hyperlink, add your password for attestation, then click “next”, then click “submit” to submit the form.

To update your profile: Upper right-hand corner there will be a link that says “your name settings” click this

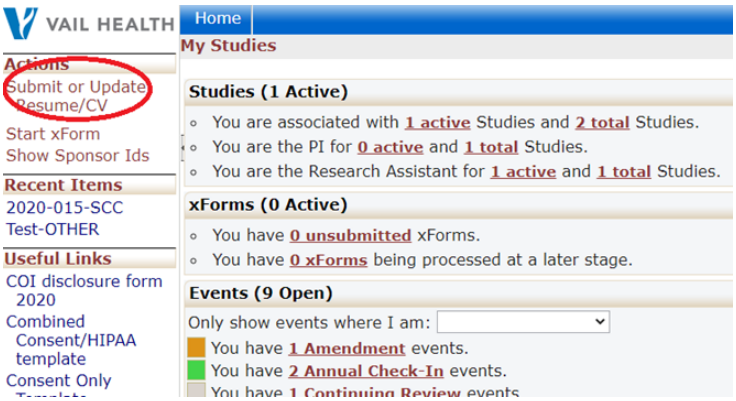


Click on “Change My Profile” or the other links to make changes

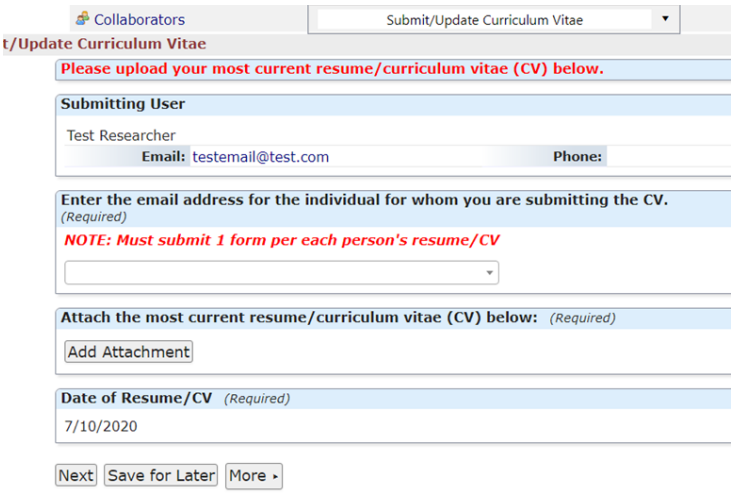


Every researcher added to IRB Manager requires an updated CV or resume be on file. Follow the instructions below to upload the CV or resume.

Add your CV- On your dashboard page, on the left-hand side under xForms, click on “Submit or Update resume or CV”.



Complete the form, upload your CV, click "next" at the bottom of the page then click submit on the next page.



*Please note that you can submit CV's on behalf of other study team members so long as they have an account in IRB Manager. If you are unsure if an individual has an account, please contact the IRB office at irboffice@vailhealth.org and we can check the system.

Setting Up and Completing CITI Training

*Note: Human Subjects Research Education is required for all researchers participating on a research study. A researcher can not be added to a study until they have completed the required training.

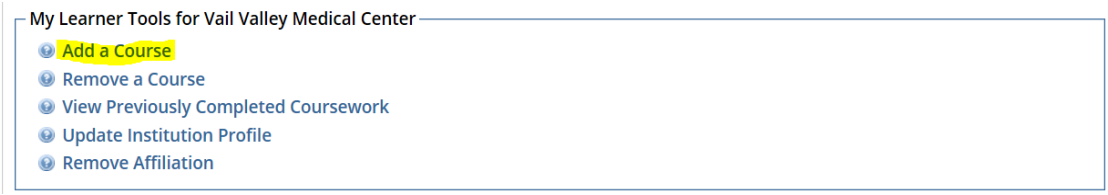
Go to www.citiprogram.org and click Register

OR

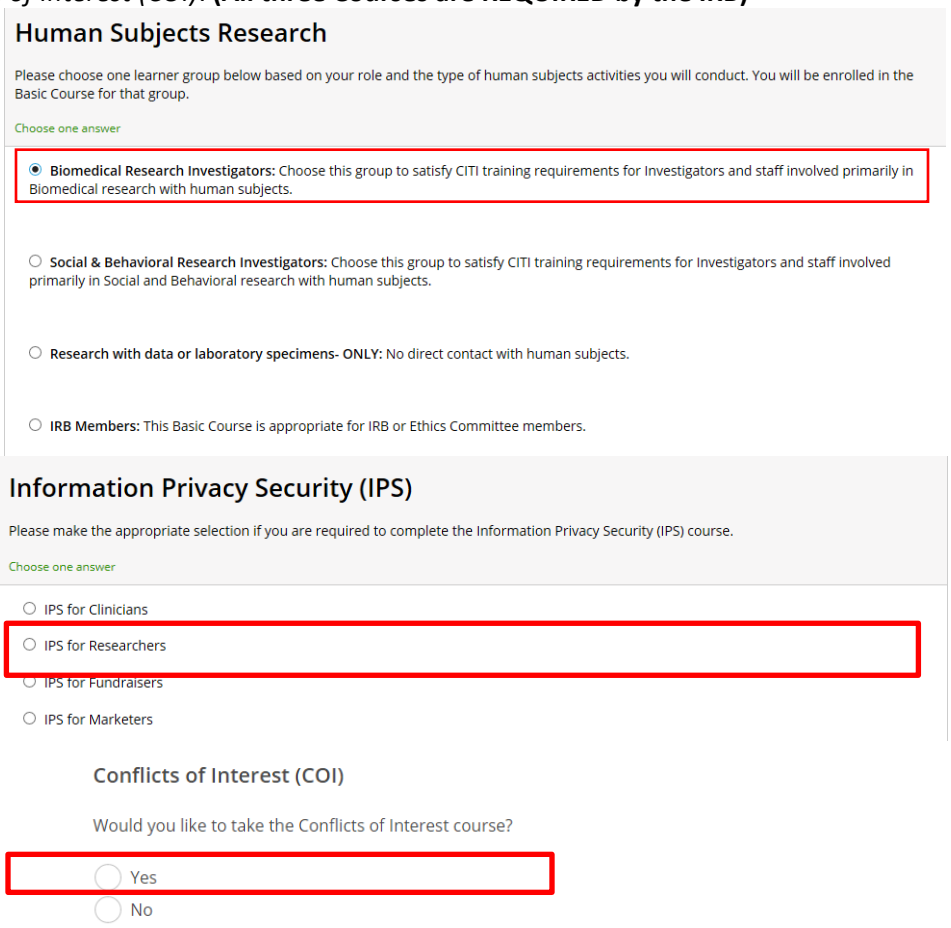
If you already have a CITI account, click: Log In

*If you are registering for the first time, please use the same email address that you use for IRB Manager. The two systems are linked via a user's email address and will pull completed CITI training into IRB Manager automatically

Select *Vail Valley Medical Center* as your affiliation. Continue through the registration process. Click "Add a Course"

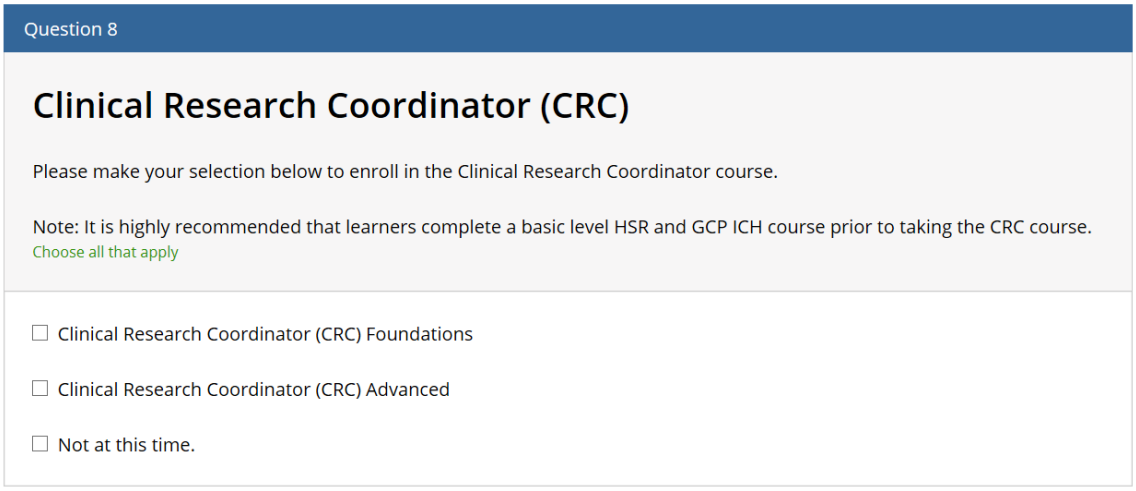


Choose *Biomedical Research Investigators*, *Information Privacy Security for Researchers,* and *Conflicts of Interest (COI)*. **(All three Courses are REQUIRED by the IRB)**



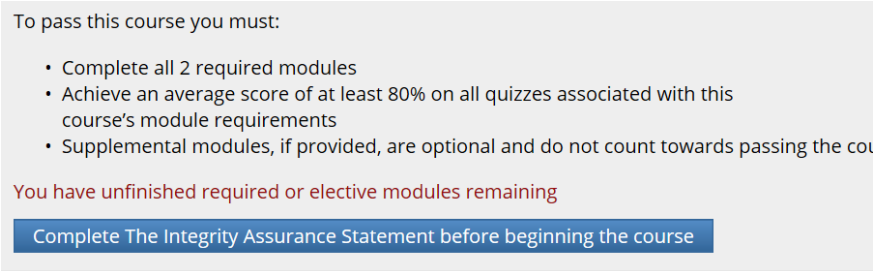
The *Clinical Research Coordinator (CRC) course* is ***strongly recommended*** for anyone who is in a research coordinator role on a human subjects research project. You can take either or

both the fundamental and advanced courses. **(CRC is recommended, not required at this time)**



For all other course options listed; choose “Not at this time”, “No”, or skip completely. Click “Submit” once selections have been made.

To begin the course, first click on the “Complete the Integrity Assurance Statement”. You will then be able to access the modules.



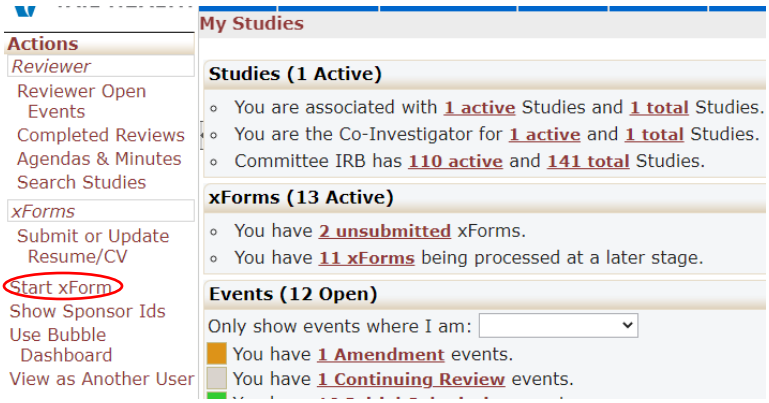
Please note, **CITI training reports expire 3 years after the completion date**. At that time a refresher course will need to be completed.

Submitting a New Study -Initial Submission in IRB Manager

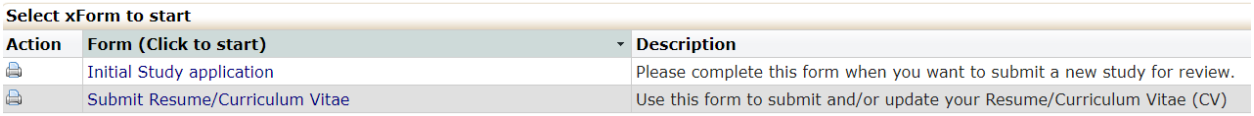
Start a new study submission

Go to “view dashboard” or click the “Home” tab at the top of the page

Click on *Start xForm* on the left under “Actions”



Click on the *initial study application* and begin completing the application.

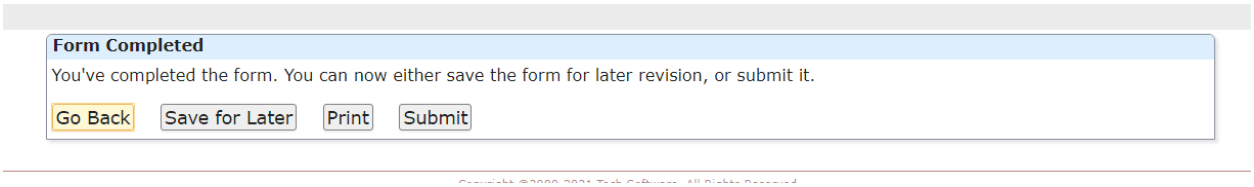


As you fill out the form you will be prompted to upload supporting documents as they pertain to your study, please use the submission checklist at the start of this guidance to ensure you have the necessary documentation for your study ready to upload.

Some questions within the form will prompt you to select multiple activities, in order to select multiples please hold down the **"ctrl"** button as you make your selections. If you continue to have issues in selecting multiples, try using a different browser. IRB Manager works best in Chrome or Firefox. IRB Manager is no longer compatible with Internet Explorer beginning February 1, 2021.

If your study has industry funding or you are working with an outside site/organization and their name is not provided in the drop down list, please contact the IRB Office so that we can add the new organization to the system for you to select.

Once you have completed the form you will click "submit"



If you choose to save the form for later to continue working on it, please see the instructions below on how to find an application that is unsubmitted.

Finding an open form that has not been submitted

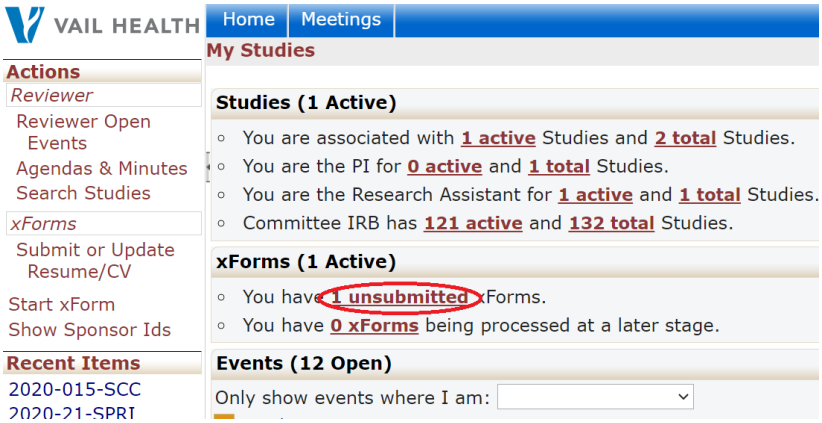
If you have started an initial study or other xForm and have not yet submitted and need to return to it to continuing working on it.

Go to "view dashboard" or click the "Home" tab at the top of the page

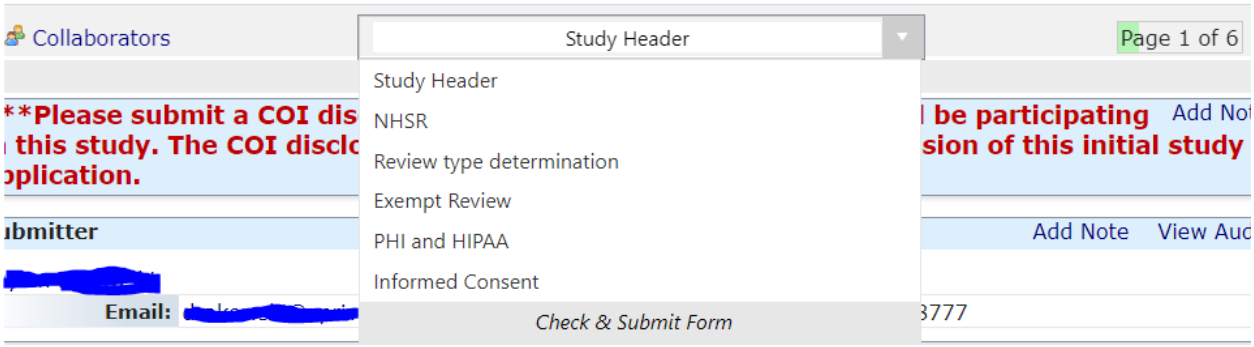
Scroll down to the "xForms" title

Click on the “unsubmitted” forms

Then select which unsubmitted form you want to continue working on.



If you need to jump to a specific section of the application, use the drop-down box at the top of the page to select the section you would like to work on.



Once an initial study xForm is submitted, it is then sent to the Principle Investigator to sign off on the study, and then sent to the Department Reviewer to sign off before going to the IRB office for pre-review.

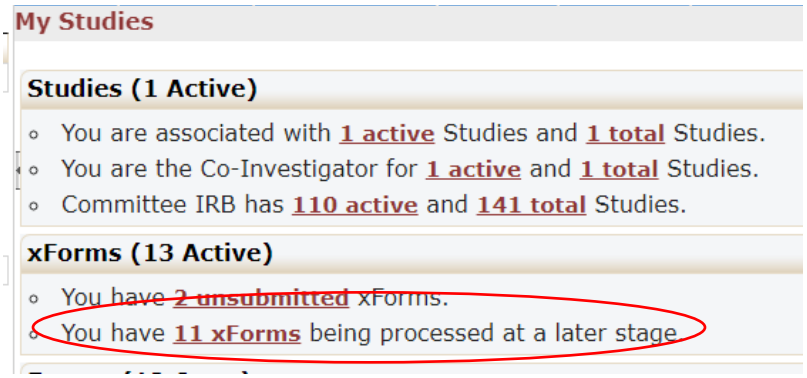
Seeing what stage an open form is in once submitted

Once you have submitted a form, to see what stage your submission is in

Go to “view dashboard” or click the “Home” tab at the top of the page

Scroll down to the “xForms” title

Click on the “forms being processed at a later stage” forms



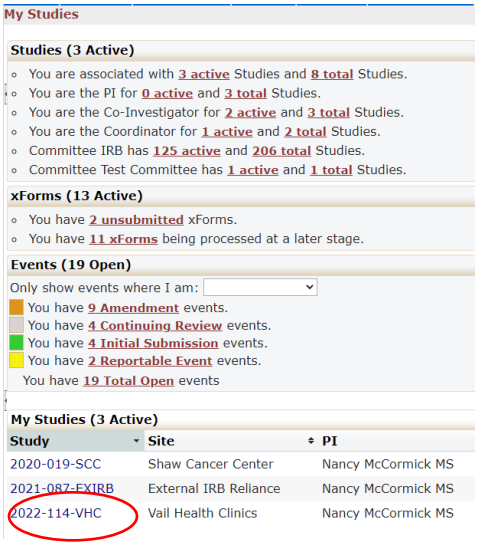
The Red highlighted box below shows the various stages of processing for each xForm you have open.

Form	Identifier	Owner	Stage
Initial Study application *(Draft)*		Initial Submission 2019-067-OTHER	IRB Full Board Outcome Letter *(2nd time)*
Initial Study application *(Draft)*		Initial Submission 2019-032-OTHER	Set up for Expedited Review
Initial Study application *(Draft)*		Initial Submission 2019-031-OTHER	IRB Approval Letter set up
Initial Study application *(Draft)*		Initial Submission 2019-030-OTHER	IRB Approval Letter set up
Initial Study application *(Draft)*		Initial Submission 2019-029-OTHER	Expedited review
Initial Study application *(Draft)*		Initial Submission 2019-009-OTHER	IRB pre-review *(2nd time)*
Continuing Review		Continuing Review Test-19001-HHSM	IRB pre-review *(4th time)*
Continuing Review		Continuing Review Test-19001-HHSM	IRB Full Board Outcome Letter
Continuing Review		Continuing Review Test-19001-HHSM	IRB pre-review *(5th time)*
Continuing Review		Continuing Review Test-19001-HHSM	Full Board Review
Continuing Review		Continuing Review Test-19001-HHSM	Under expedited review (with Reviewer) *(2nd time)*

Submitting Amendments

Submitting an amendment for a new study in IRB manager

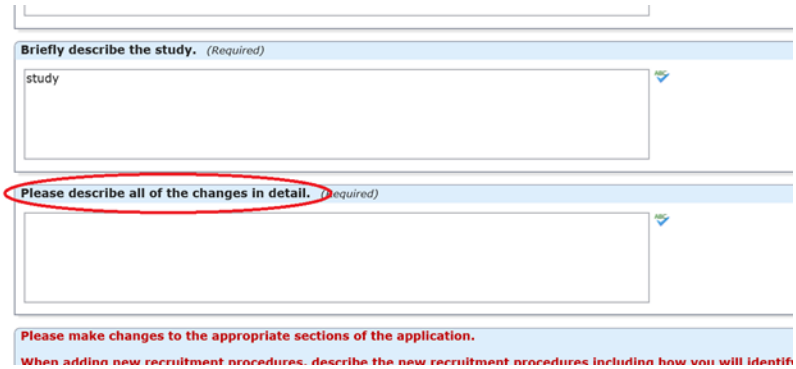
From your dashboard, scroll down to “my studies” and click on the study you want to amend.



Scroll down under “Reference xForm” and click on the “copy” icon under actions

The last approved version of the application will open up for you to revise.

There will be some questions on the first page that ask about the purpose for the amendment and what you plan to change. Then you will proceed through a copy of the initial application and edit the document accordingly.

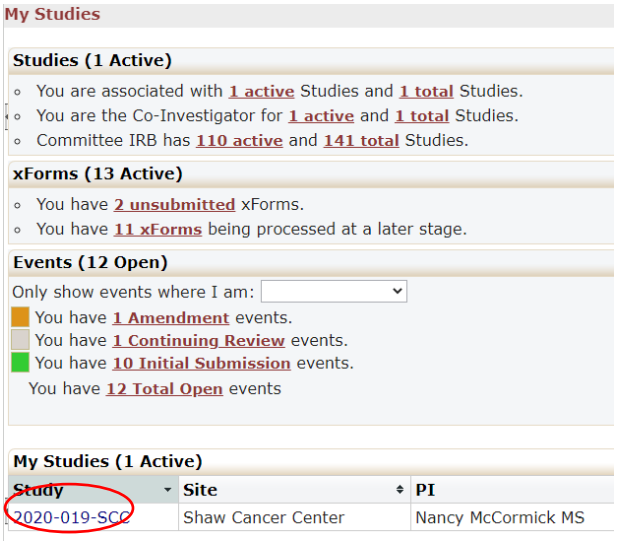


Once you get to the end of the application, you will submit it the same way the initial application was submitted.

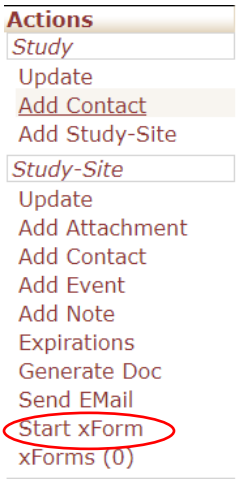
Submitting an amendment for a study converted into IRB Manager

For studies that were approved by the IRB before IRB Manager launched in August 2020, the process of submitting an amendment is slightly different.

From your dashboard, scroll down to “my studies” and click on the study you want to amend.



Then under the Actions tab on the left side of the screen, click “start xform”

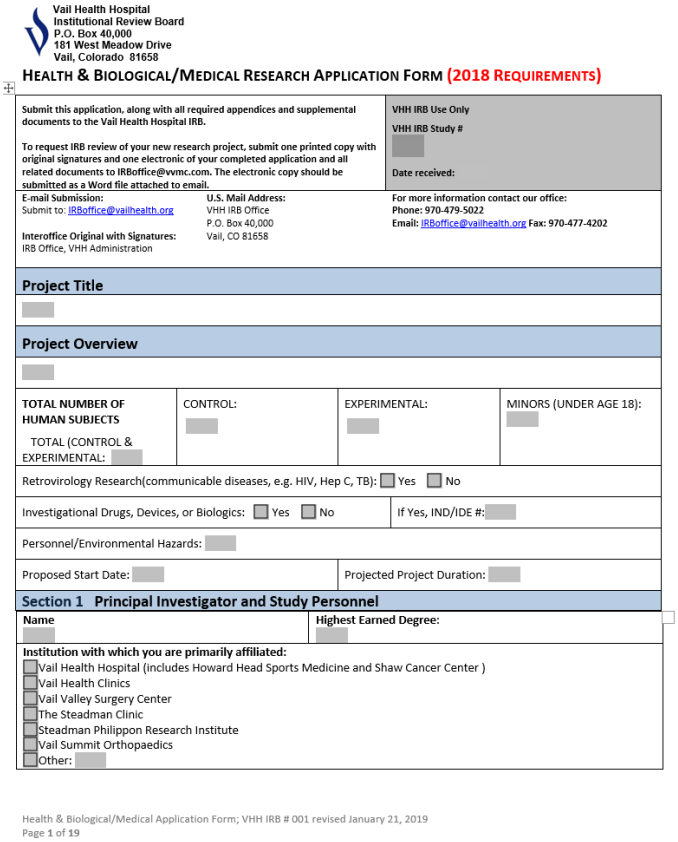


Then click on the "amendment" xform

Select xForm to start

Action	Form (Click to start)	Description
	Amendment	Please use this form when you would like to make revisions to an already approved study.
	Annual Check-In	Annual Check-In-Complete this form is your study requires an Annual Check-In
	Closure Request	Use this form when closing (completed/withdrawn/canceled) a protocol.
	Continuing Review	Continuing Review
	Personnel Change Request	Please use this form when you would like to add or remove study team members. If a PI change is required, please submit an amendment.
	Reportable Event	Complete this form when you have an event that needs to be reported to the VHH IRB.

You will answer the questions in the amendment form and then upload a clean and track change version of each document you are revising for the amendment. In this case, if you are revising the original study application, you will need to upload a clean and track change version of the HBMRA.



Vail Health Hospital
Institutional Review Board
P.O. Box 40,000
181 West Meadow Drive
Vail, Colorado 81658

HEALTH & BIOLOGICAL/MEDICAL RESEARCH APPLICATION FORM (2018 REQUIREMENTS)

Submit this application, along with all required appendices and supplemental documents to the Vail Health Hospital IRB.

To request IRB review of your new research project, submit one printed copy with original signatures and one electronic of your completed application and all related documents to IRBoffice@vvmc.com. The electronic copy should be submitted as a Word file attached to email.

VHH IRB Use Only
VHH IRB Study #
Date received:

E-mail Submission:
Submit to: IRBoffice@vailhealth.org

Interoffice Original with Signatures:
IRB Office, VHH Administration

U.S. Mail Address:
VHH IRB Office
P.O. Box 40,000
Vail, CO 81658

For more information contact our office:
Phone: 970-479-5022
Email: IRBoffice@vailhealth.org Fax: 970-477-4202

Project Title

Project Overview

TOTAL NUMBER OF HUMAN SUBJECTS TOTAL (CONTROL & EXPERIMENTAL):	CONTROL:	EXPERIMENTAL:	MINORS (UNDER AGE 18):

Retrovirology Research(communicable diseases, e.g. HIV, Hep C, TB): Yes No

Investigational Drugs, Devices, or Biologics: Yes No | If Yes, IND/IDE #:

Personnel/Environmental Hazards:

Proposed Start Date: | Projected Project Duration:

Section 1 Principal Investigator and Study Personnel

Name | Highest Earned Degree:

Institution with which you are primarily affiliated:
- Vail Health Hospital (includes Howard Head Sports Medicine and Shaw Cancer Center)
- Vail Health Clinics
- Vail Valley Surgery Center
- The Steadman Clinic
- Steadman Philippon Research Institute
- Vail Summit Orthopaedics
- Other:

Health & Biological/Medical Application Form; VHH IRB # 001 revised January 21, 2019
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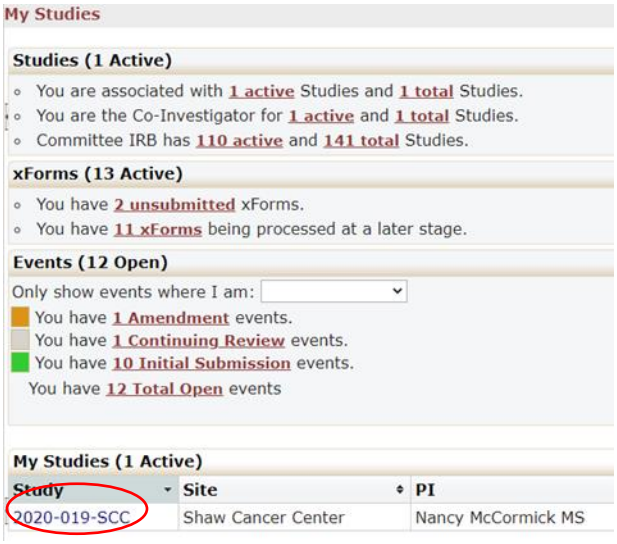
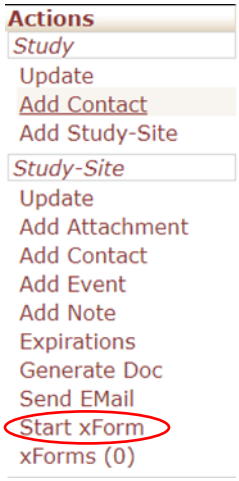
Submitting Other xForms – Personnel Changes, Reportable Events, Annual Check-Ins, Continuing Reviews, Closures

All other submission types are straight forward once the initial study has been approved.

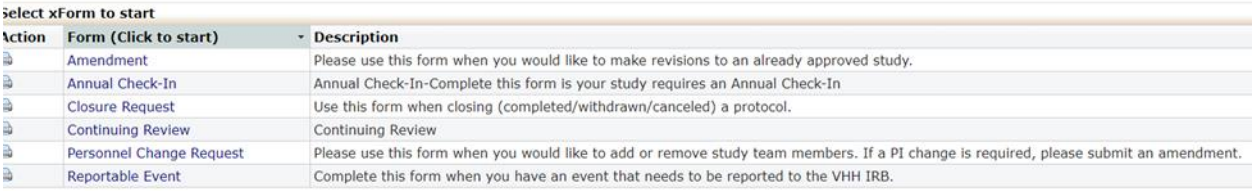
To submit any of these forms you will first locate the study of interest on your dashboard



Then under the Actions tab on the left side of the screen, click “start xform”



And then click on the xform you would like to submit for the study.

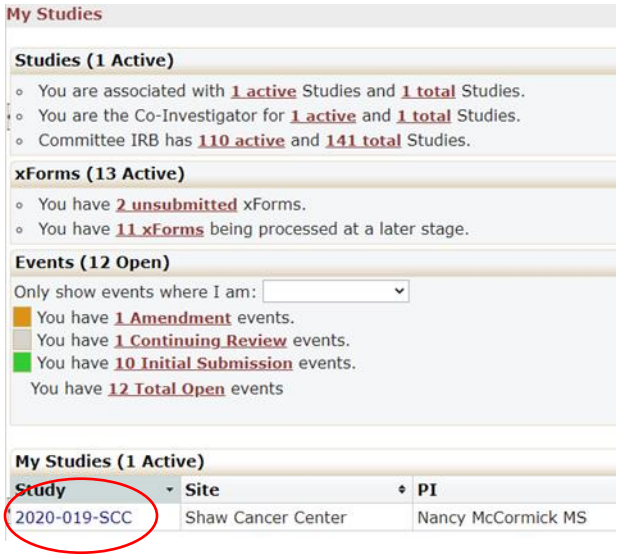


Once the form is complete make sure to click the “submit” button in order to move it to the next stage for review.

Accessing Completed xForms

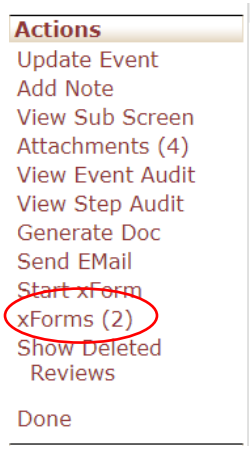
Some study teams prefer to have a pdf copy of their completed initial application or other submission forms. *Please note that only the submitter of the form and the Principle Investigator have the ability to create the pdf of the desired xform.*

First locate the study of interest on your dashboard

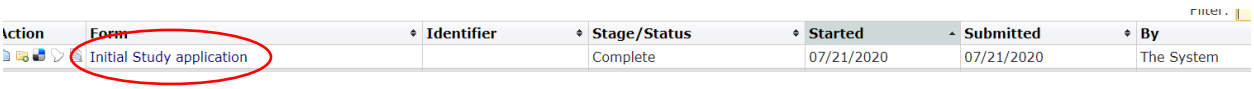


Scroll down under "Events" and click on the event of interest, e.g. initial submission

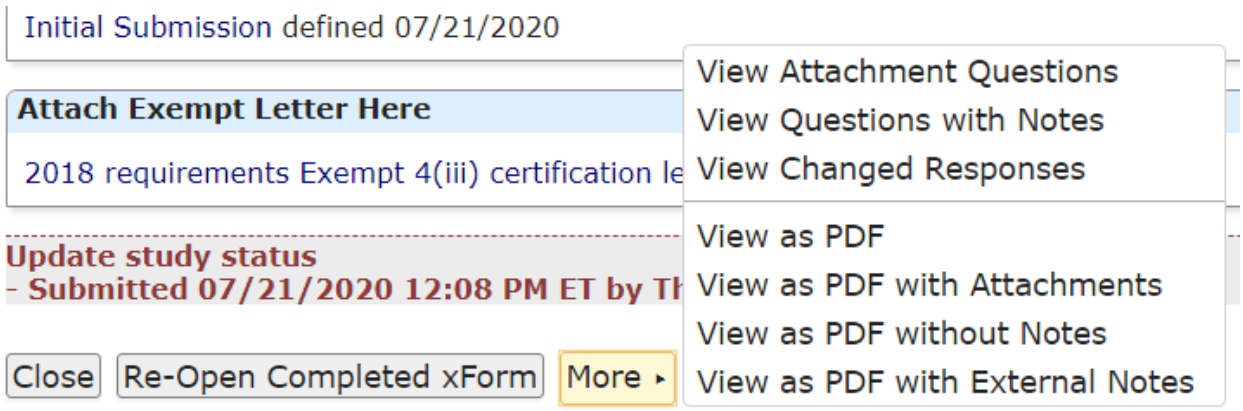
On the left side of the screen under actions, click on xForms



Then click on the xform of interest



Once the form is open, scroll all the way to the bottom and click the “more” button, and then select the pdf format you would like to have.



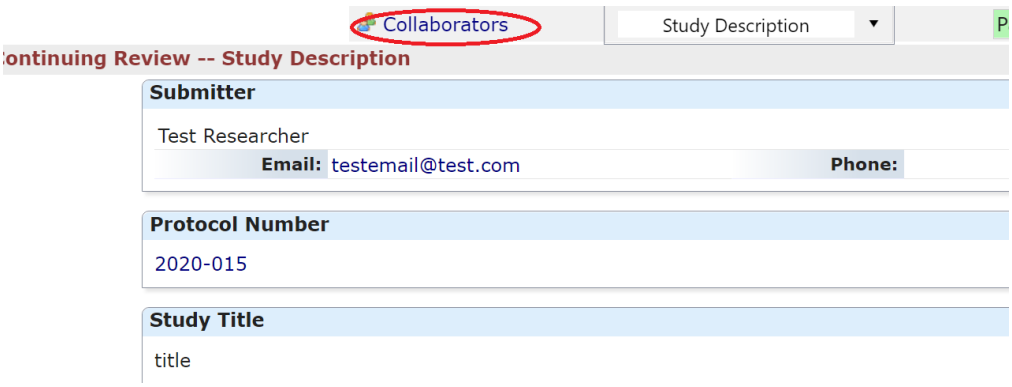
The pdf will then save to the download section of your computer and you can save and re-name it however you would like.

Adding Collaborators to an xForm

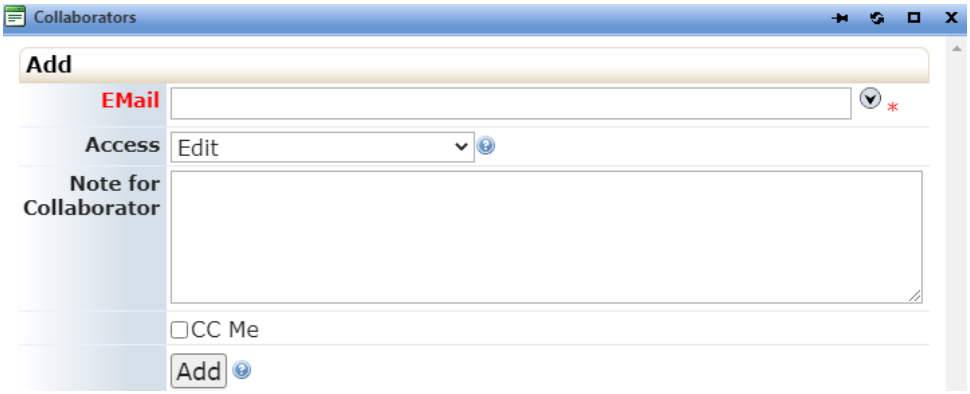
Some study teams prefer to have different team members work on different sections of an xForm. Otherwise only the person that opens the form can edit that form. The PI can only sign the form, they won’t be able to edit the form unless you add them as a Collaborator too.

To add a collaborator to a form the submitter of the form must do the following:

Collaborators Link- click on the “collaborators” link at the top of any form



Enter the email of the researcher you would like to add, grant them access to edit, manage, submit, or view the form. You can add a specific note that will be included in the email notification they receive. And then click add.



*Please note that just because you add them to the study under study staff contacts on the initial xForm, this does not allow them editing privileges you have to add them as a Collaborator.

** The form will show up for the collaborator in "awaiting my attention" on their dashboard.

Conducting Research Guidance

Determination of Human Subjects Research

In order for a project to fall under the purview of the IRB and require review and approval by the IRB both definitions (involve human subjects and be defined as research) have to be met. If you are uncertain whether your project requires review and approval by the IRB, please contact the IRB office to discuss your project irboffice@vailhealth.org or you can submit your project in IRB Manager to receive a formal determination letter.

Definitions:

Human Subject

(as defined by DHHS regulations 45CFR46.102(e)) a living individual about whom an investigator (whether professional or student) conducting research:

- obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimen; or
- obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimen.

Human Subject as defined by FDA regulations:

> An individual who is or becomes a subject in research, either as a recipient of the test article or as a control. A subject may be either a healthy human or a patient. In the case of a medical device, a human subject/participant is also means a human on whose specimen an investigational device is used.

Research

As defined by DHHS regulations 45CFR46.102(l)—a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

The following activities are deemed not to be research:

(1) Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, leagal research and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.

(2) Public health surveillance activities.
(3) Collection and analysis of information, biospecimens, or records by or for a criminal justice agency.
(4) Authorized activities in support of homeland security.

Clinical Investigation

Any experiment that involves a test article and one or more human subjects, and that either must meet the requirements for prior submission to the FDA, or need not meet the requirements for prior submission to the FDA, but the results of which are intended to be later submitted to, or held for inspection by, the FDA as part of an application for a research or marketing permit.

Conflicts of Interest

All investigators participating in research have a primary obligation to conduct the research free of the appearance of conflict. A conflict of interest (COI) occurs when any financial arrangement, situation or action affects or is perceived to exert inappropriate influence on the design, review, conduct, results or reporting of research activities or findings.

Please refer to section 14.11 of the VH HRPP Policies and Procedures for more detailed information regarding conflicts of interest.

Appropriate Resources to Conduct Research

Researchers should have the resources required to conduct research in a way that will protect the rights and welfare of participants and ensure the integrity of the research. The following are necessary resources:

- Ensure there is adequate time to conduct and complete the research
- Ensure there is an adequate number of qualified staff to conduct the research (i.e. appropriate training, education, expertise, credentials, etc.)
- Ensure you have adequate facilities
- Ensure you have access to a population that will allow recruitment of the necessary of participants
- Confirm the availability of medical resources that participants may requires as a consequence of the research.
- Make sure you have a process to ensure that all study team personnel are adequately informed about het protocol and their research related duties

Please note that each study that is submitted in IRB Manager will undergo a department review prior to being received for review by the IRB.

Principal Investigator Oversight

The Principle Investigator is ultimately responsible for the conduct of research. Although PIs may delegate certain responsibilities and functions of the research to other study team members, they must maintain oversight and retain ultimate responsibility for the conduct of those to whom they delegate responsibility. The PI should delegate research activities to those with sufficient experience or expertise in that area. All delegations should be included on the delegation log. The PI should be available to the study team when needed.

The PI should ensure that:

- They and the research staff follow the IRB approved protocol and be knowledgeable about the VH HRPP policies and procedures
- Review each determination letter for IRB required actions (i.e. the letter may contain information about reconsenting subjects)
- Submit amendments prior to implementing changes
- Submit Continuing Reviews in a timely manner to avoid lapses in approvals

Consent

No investigator may involve a human being as a subject in research without obtaining the legally effective informed consent of the subject or the subject's legally authorized representative unless a waiver of consent has been approved by the IRB in accordance with 45CFR46.116 (f)(1) & (2) and 45CFR46.117 (c)(1). Investigators must obtain consent prior to entering a subject into a study and/or conducting any procedures required by the protocol, unless consent is waived by the IRB. *Waivers can be requested in IRB Manager on the Initial xForm or the Amendment xForm.*

Consent tips:

- Always use the currently approved stamped version of the consent form to obtain consent from subjects. *You can access this approved version under the reference documents section in IRB Manager.*
- Remember that consent is an ongoing process
- Make sure you identify who will obtain consent and add this to the study delegation log. If the PI does not plan to obtain consent himself/herself, the PI must delegate this research activity to another study team member.
- Always use the Vail Health consent template, this can be found under the "useful links" tab in IRB Manager
- Use private settings for obtaining consent
- Store consents in a confidential manner
- Utilize the *Informed Consent Process Checklist* to document your consent process with each participant. This form can be found under "useful links" in IRBManager or on your dashboard on the right under notices

Provide sufficient opportunity for the participant to consider whether to participate

Posting of Clinical Trail Consent Forms

For each clinical trial conducted or supported by a Federal department or agency, on IRB-approved informed consent form used to enroll subjects must be posted by the awardee or the Federal department or agency component conducting the trial on a publicly available Federal website (.i.e., clinicaltrial.gov).

- Some parts of the consent form may be redacted
- Consent must be posted to the federal website after the clinical trial is closed to enrollment
- Consent must be posted no later than 60 days after the last study visit by any subject, as required by the protocol

Reporting Requirements

As part of its commitment to protecting the rights and welfare of human subjects in research, the IRB reviews all complaints, allegations of non-compliance, Unanticipated Problems,

Suspensions/Terminations, and Protocol Deviations/Exceptions and takes any necessary action to ensure the ethical conduct of research.

All members of the Research community involved in human subject research are expected to comply with the highest standards of ethical and professional conduct in accordance with federal and state regulations and institutional and IRB policies governing the conduct of research involving human subjects.

Investigators and their study staff are required to report instances of possible non-compliance, complaints, UAPs, Suspensions/Terminations of research by outside entities, and Protocol Deviations/Exceptions.

Below are the reporting requirements:

Non-compliance: Failure to comply with any of the regulations, state and/or local laws, or VHH HRPP policies described in this document and failure to follow the determinations of the IRB. Non-compliance may be minor, serious, or continuing.

- **Reporting:** Submit to the IRB Office within 10 working days of discovery of the noncompliance via the *Reportable Event xForm in IRB Manager.* Refer to section 11.2 of the IRB HRPP policy for additional information
- **Examples of Non-compliance*:*** Use incorrect version of the consent form to consent subjects, failure to submit a continuing review application

Unanticipated Problems: Any event, any incident, experience, outcome, or new information that (1) was unforeseen and (2) indicates that the research procedures caused harm to participants or others or indicates that participants or others are at increased risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

Office of Human Research Protections Definition of UAP

OHRP considers *unanticipated problems*, in general, to include any incident, experience, or outcome that meets **all** of the following criteria:

1. unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied;
2. related or possibly related to participation in the research (in this guidance document, *possibly related* means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
3. suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

FDA Definition of UAP

The FDA defines a UAP as an event that is unexpected, serious, and has implications for the conduct of the study (e.g. requiring significant, and usually safety-related, changes in the protocol such as revisions to inclusion/exclusion criteria or including a new monitoring requirement, informed consent, or investigator's brochure).

UAP Reporting*:* Principal investigators must report to the IRB as soon as possible, but in all cases within 5 working days of any:

- adverse events which in the opinion of the principal investigator are both unexpected and related to the research
- an unanticipated event related to the research that exposes individuals other than the research participants (e.g., investigators, research assistants, students, the public, etc.) to potential risk
- information that indicates a change to the risks or potential benefits of the research. For example:
    - an interim analysis or safety monitoring report indicates that frequency or magnitude of harms or benefits may be different than initially presented to the IRB
    - a paper is published from another study that shows that the risks or potential benefits of your research may be different than initially presented to the IRB
- a breach of confidentiality, including the loss of digital storage devices
- incarceration of a participant in a protocol not approved to enroll prisoners
- change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a research participant
- complaint of a participant when the complaint indicates unexpected risks or cannot be resolved by the research team
- protocol violation (meaning an accidental or unintentional change to the IRB approved protocol) that harmed participants or others or that indicates participants or others may be at increased risk of harm
- event that requires prompt reporting to the sponsor
- sponsor imposed suspension for risk

The IRB will accept other reports when the investigator is unsure whether the event should be reported. The investigator should first contact the IRB Office by email or telephone to determine if the reporting is necessary.

Principal investigators should report the above events using the *Reportable Event Form*. Reports may be accepted by other means such as e-mail, or phone.

Suspensions/Terminations: If the suspension or termination was issued by the Sponsor or other agency please notify the IRB as soon as possible.

Complaints: Investigators must report all complaints and concerns from subjects to the IRB within ten (10) working days.

Protocol Deviations: a departure or inadvertent action in study activity from the currently-approved protocol. Examples of deviations that may be considered non-serious include failure to complete a Quality of Life survey, failure of subjects to return unused study drug, or study visits/procedures conducted outside of protocol-defined window. All deviations should be captured on the Protocol deviation log for the study. The log should be comprehensive.

Reporting*:* Submitted at the time of Continuing review or Annual Check-In

- **Serious protocol deviation:** a departure or inadvertent action in study activity from the currently approved protocol that affects the rights, safety and welfare of the research subject, or adversely affects the scientific integrity of the study. (I.e. missed study treatments or safety labs, etc.).
- **Reporting*:*** Serious protocol deviations must be reported to the IRB within five (5) business days of the study team's knowledge of the deviation. All other protocol deviations can be submitted at the time of Continuing Review or Annual Check-In.

Protocol Exceptions: Protocol exceptions are defined as circumstances in which the specific procedures called for in a protocol are not in the best interests of a specific patient/subject (example: patient/subject is allergic to one of the medications provided as supportive care). Usually it is a violation that is anticipated and happens with prior agreement from the sponsor.

These exceptions must be approved by the sponsor and IRB before being implemented. Please submit the protocol exception by using the *Reportable Event xForm* in IRB Manager.

Investigator Concerns

Investigators who have concerns or suggestions regarding VH's human research protection program should convey them to the Institutional Official or other non-conflicted responsible parties regarding the issue, when appropriate. The Institutional Official or other non-conflicted responsible party will research the issue, and when deemed necessary, convene the parties involved to form a response for the investigator or make necessary procedural or policy modifications, as warranted. In addition, the Chair of the IRB or his or her designee will be available to address investigators' questions, concerns and suggestions. The HRPP Quality Program creates quarterly researcher satisfaction surveys on various topics. These surveys are sent to researchers upon completion of an xForm in IRBManager. The HRPP Quality Specialist compiles the data from the surveys at the end of the quarter and this information is used for quality improvement of the VH HRPP.

Useful Links

On the left side of the screen in IRB Manager is a section called "useful links". Here you will find the Vail Health IRB's consent templates, quick reference guidance's, Vail Health IRB policies and procedures, the investigator manual and other tip sheets that are added when relevant. We also utilize the notices section on your dashboard to provide links to important documents.

Data and Safety Monitoring Plans

Some studies (i.e. greater than minimal risk studies) require a data safety and monitoring plan, below contains some guidance for how to establish the plan. Your plan will be added to the DSMP section of the Initial Review xForm.

A data and safety monitoring plan has two purposes. 1. Ensure that the integrity of the information being obtained is upheld and managed appropriately and 2. That the safety of the participants is being continually monitored and managed appropriately.

When is a Data and Safety Monitoring Plan required?

- The IRB must determine that the research plan make provisions for data and safety monitoring that are sufficient to protect the rights and welfare of research participants.
- The plan must be in place before the study starts.
- Low and moderate risk research is usually monitored by the Principal Investigator or the project sponsor (e.g. in pharmaceutical or device trials.)
- An ***independent*** Data Safety Monitoring Board is typically used for higher risk research, vulnerable patient populations, blinded studies and/or research with numerous sites, for example:
    - Phase III clinical trials
    - New, unfamiliar interventions not otherwise categorized as phase III clinical trials
    - Multi-site research where the Principal Investigator named above is the coordinating site
    - Research that is blinded, multi-site, enrolls vulnerable populations, or employs high-risk Interventions
    - Studies with an NIH or FDA requirement for a plan

Data and Safety Monitoring Plans must be *specific to the study and appropriate to the risks, size, and complexity of the study* and must be developed for *all Greater than minimal risk studies*.

What information should be included in a DSMP?

1) **Types of data or events** captured, for example:
    a) ***What*** safety information will be collected (including serious adverse events)
    b) ***How*** safety information will be collected (e.g., via case report forms, at study visits, by telephone calls with participants)
    c) ***When*** data will be collected (e.g., frequency; when collection starts)
2) **Roles and responsibilities for gathering, evaluating and monitoring the data**
    a) Roles of investigators, research staff, sponsor, and monitoring committee/entity
    b) Who will verify data accuracy, by what method
    c) Who will verify compliance with the protocol
3) **Information about the monitoring entity**
    a) Description (e.g., individual Medical Monitor, Data Monitoring Committee (DMC) consisting of <*number*> members)
    b) Information about each member's expertise
    c) Mechanisms to assure independence of judgment
4) **Timeframes for reporting adverse events and unanticipated problems to the monitoring entity**
5) **Frequency of monitoring entity's assessment of data or events**

6) **Specific triggers or stopping rules:**
   Conditions that would trigger an immediate suspension of the research.
   If not using a data monitoring committee, the plan should describe statistical tests for analyzing the safety data to determine whether harm is occurring.
7) **Procedures for communicating** the outcome of the reviews by the Monitoring Entity to the IRB, the study sponsor, and other appropriate entities.

Tips for the DSMP section on the Initial Review xForm:

Within the initial application Xform the first DSMP question is "Describe your plan for ensuring the integrity of the data you collect, including how often you plan to monitor the data."

The IRB Board is looking for your plan on how frequently you will review the information being collected to ensure things such as: that information/data is being collected within the timeframes outlined within the study, that the analysis' are generating data that are reasonably within the parameters anticipated, etc. Outliers and some variance are expected, but if through monitoring the data, the study team finds that information is grossly inaccurate, or there are consistent anomalies in assays that could put the subject at risk or change their mind on participation for example. The study team needs to have a plan on how they will handle such a situation.

The second question within the Xform is "How will participant safety be monitored?"

For this question the IRB Board is looking for the study team's plan on how they will monitor the wellbeing of the participant. How will the study team track the participants well being throughout the study duration? This will vary depending on what the study activities entail. Examples of actions taken by the study team could include regular phone calls checking for adverse side effects, medication logs, physical exams/skin checks, etc.

Note: Please have DSMP's developed prior to submitting to the IRB, an incomplete DSMP will result in the study being tabled upon review by the IRB Board.

Letters of Support

When obtaining letters of support for your project, please ensure the following criteria have been met within the letter.

Letters of support must be printed on the facility's letterhead, signed by the site's administrator, and include the following:

• A statement that the site administrator has reviewed the research and has found it appropriate for the population of that facility;

• A statement allowing the investigator to conduct the research activities on site and if applicable, indicating there are appropriate resources available to conduct the research;

• Contact information for an individual who will represent the facility in matters related to the conduct of human subjects research; and

• A statement that based on the risks associated with the research, there are adequate provisions to effectively manage unanticipated problems and/or adverse events to minimize potential harm to research subjects.

Advertisement and Recruitment Materials

When creating your recruitment materials please take the following into consideration:

The IRB reviews advertising to ensure that advertisements do not:

- state or imply a certainty of favorable outcome or other benefits beyond what is outlined in the consent document and the protocol
- make claims, either explicitly or implicitly, that the drug, biologic or device is safe or effective for the purposes under investigation
- make claims, either explicitly or implicitly, about the drug, biologic, or device under investigation that are inconsistent with FDA labeling.
- make claims, either explicitly or implicitly, that the test article is known to be equivalent or superior to any other drug, biologic or device
- use terms, such as “new treatment,” “new medication” or “new drug” without explaining that the test article is investigational
- promise “free medical treatment,” when the intent is only to say subjects would not be charged for taking part in the investigation
- include exculpatory language
- emphasize the payment or the amount to be paid, by such means as larger or bold type

The IRB determines that advertisements are limited to the information prospective subjects need to determine their eligibility and interest, such as:

- name and address of the clinical investigator or research facility
- condition under study or the purpose of the research
- criteria that would be used to determine eligibility for the study in summary form
- brief list of participation benefits (if any)
- time or other commitment required of the subjects
- location of the research and the person or office to contact for further information
- clear statement that this is research and not treatment
- brief list of potential benefits (e.g. no cost of health exam)
- advertisements will not include reimbursement/compensation for participation in a trial offered by a sponsor to involve a coupon good for a discount on the purchase price of the product once it has been approved for marketing

The IRB reviews the material to assure that the material is accurate and is not coercive or unduly optimistic, creating undue influence to the subject to participate.

Any advertisement to recruit subjects should be limited to the information the prospective subjects need to determine their eligibility and interest.

Once approved by the IRB, an advertisement cannot be altered or manipulated in any way without prior IRB approval.

IRB Fees for Industry Sponsored Research

Vail Health Institutional IRB charges a processing/administrative fee for the review of all industry sponsored human subject research. Charging industry sponsors for their share of the cost associated with the IRB review process allows the IRB to continue to provide the level of service required by our researchers.

IRB fees will be invoiced to the contact person indicated in the budget section of the research application.

Fee Structure:

Type of Review	**Type of Review Process**	
	Full Board Review	***Expedited Review***
Initial Review	$2750	$1500
Continuing Review (Annually)	$1500	$750
Amendment	$1000	$500
Final Report	$250	$250

Quality Program Audits

All protocols reviewed and approved by Vail Health IRB are eligible for the quality audits which will be performed quarterly.

Appeal Process

Investigators may appeal decisions made by IRB Board that are in contention, including VH IRB's decisions to disapprove, suspend, terminate, or stipulate modifications to submitted protocols and associated submission materials, including informed consent forms. Once VH IRB disapproves, suspends, terminates, or stipulates modifications to submitted documentation, IRB Staff will notify the investigator of the action and rationale of the decision by written correspondence through IRB Manager. Investigators who disagree with the decision of the VH IRB will be informed about the VH IRB appeal process (email request for appeal or dispute to Chair) and available options for further consideration.

Once the investigator has decided to enter into an appeal process, VH IRB staff will instruct the investigator to email the Chair regarding their appeal or dispute. IRB staff will create a "discussion item" event for the study in IRB Manager to attach the email, the rationale and supporting information/material that will aid the IRB in the review of the appeal. All appeals will be taken to the Full Board for review. The IRB staff will assign the appeal as a discussion item to the next full board agenda and assign the Chair, Vice Chair, or Chairs designee to present the appeal.

Investigators will be given the opportunity to attend the next scheduled convened meeting to discuss their appeal and answer any questions posed by VH IRB Board regarding the IRB submission and any supporting documentation.

The VH IRB Staff will notify the investigator in writing of the Board's final decision regarding the current appeal. In this notification, investigators will be informed that they can direct additional unresolved questions, express concerns, and convey suggestions to the Institutional Official. The decision of the VH IRB to disapprove, suspend, terminate, or modify submitted materials cannot be overruled by the Institutional Official.

All letters to investigators must be filed in the protocol files maintained by the IRB.

The IRB reports its findings and actions to VHH in the form of its minutes, which are distributed to the VHH IO upon request. Such findings are stored permanently and securely in the IRB Office.

IRB Coordinator Meetings

IRB coordinator meetings are hosted by the IRB administration the second Thursday of each month from 12-1pm. This meeting provides education on various research compliance topics, updates on changes within the Vail Health IRB, and provides a platform for the research community to ask questions on study specific issues.

To be added to the meeting invitations, please send an email to the IRB office. You will then receive an email invitation to the next IRB coordinator meeting. Currently all meetings are held through Zoom.

IRB Office Contact Information

IRB Office email: irboffice@vailhealth.org

Nancy McCormick, HRPP Director: nancy.mccormick@vailhealth.org

Claire Wilson, IRB Specialist: claire.wilson@vailhealth.org

If you have any concerns, or suggestions regarding the VH HRPP, please direct those questions to Nancy McCormick at nancy.mccormick@vailhealth.org

Appendices

Appendix A: Additional Requirements for Clinical Trials (ICH-GCP)

1) Investigator's Qualifications and Agreements
    a. The clinical trial should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with good clinical practice and the applicable regulatory requirements.
    b. The Investigator should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirements, and should provide evidence of such qualifications through up-to-date curriculum vitae and/or other relevant documentation requested by the sponsor, the IRB, and/or the regulatory authorities.
    c. The Investigator should be thoroughly familiar with the appropriate use of the investigational product, as described in the protocol, in the current Investigator's Brochure, in the product information and in other information sources provided by the sponsor.
    d. The Investigator should be aware of, and should comply with, GCP and the applicable regulatory requirements.
    e. The Investigator/institution should permit monitoring and auditing by the sponsor, and inspection by the appropriate regulatory authorities.
    f. The Investigator should maintain a list of appropriately qualified persons to whom the Investigator has delegated significant trial-related duties.
2) Adequate Resources
    a. The Investigator should be able to demonstrate (e.g. based on retrospective data) a potential for recruiting the required number of suitable subjects within the agreed recruitment period.
    b. The Investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period.
    c. The Investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct the trial properly and safely.
    d. The Investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product, and their trial-related duties and functions.
3) Medical Care of Trial Subjects
    a. A qualified physician (or dentist, when appropriate), who is an investigator or a sub-investigator for the trial, should be responsible for all trial-related medical (or dental) decisions.
    b. During and following a subject's participation in a trial, the Investigator/institution should ensure that adequate medical care is provided to a subject for any adverse events, including clinically significant laboratory values, related to the trial. The Investigator/institution should inform a subject when medical care is needed for intercurrent illnesses of which the Investigator becomes aware.
    c. It is recommended that the Investigator inform the subject's primary physician about the subject's participation in the trial if the subject has a primary physician and if the subject agrees to the primary physician being informed.

d. Although a subject is not obliged to give his/her reasons for withdrawing prematurely from a trial, the Investigator should make a reasonable effort to ascertain the reasons, while fully respecting the subject's rights.

4) Communication with IRB
    a. Before initiating a trial, the Investigator/institution should have written and dated approval opinion from the IRB for the trial protocol, written informed consent form, consent form updates, subject recruitment procedures (e.g. advertisements), and any other written information to be provided to subjects.
    b. As part of the Investigator's/institution's written application to the IRB, the Investigator/institution should provide the IRB with a current copy of the Investigator's Brochure. If the Investigator's Brochure is updated during the trial, the Investigator/institution should supply a copy of the updated Investigator's Brochure to the IRB.
    c. During the trial the Investigator/institution should provide to the IRB all documents subject to review.
5) Compliance with Protocol
    a. The Investigator/institution should conduct the trial in compliance with the protocol agreed to by the sponsor and, if required, by the regulatory authorities and which was given approval opinion by the IRB. The Investigator/institution and the sponsor should sign the protocol, or an alternative contract, to confirm agreement.
    b. The Investigator should not implement any deviation from, or changes of the protocol without agreement by the sponsor and prior review and documented approval opinion from the IRB of an amendment, except where necessary to eliminate an immediate hazards to trial subjects, or when the changes involves only logistical or administrative aspects of the trial (e.g. change in monitors, change of telephone numbers).
    c. The Investigator, or person designated by the Investigator, should document and explain any deviation from the approved protocol.
    d. The Investigator may implement a deviation from, or a change of, the protocol to eliminate an immediate hazard to trial subjects without prior IRB approval opinion. As soon as possible, the implemented deviation or change, the reasons for it, and, if appropriate, the proposed protocol amendments should be submitted: a) to the IRB for review and approval opinion, b) to the sponsor for agreement and, if required, c) to the regulatory authorities.
6) Investigational Product
    a. Responsibility for investigational product accountability at the trial site rests with the Investigator/institution.
    b. Where allowed/required, the Investigator/institution may/should assign some or all of the Investigator's/institution's duties for investigational product accountability at the trial site to an appropriate pharmacist or another appropriate individual who is under the supervision of the Investigator/institution.
    c. The Investigator/institution and/or a pharmacist or other appropriate individual, who is designated by the Investigator/institution, should maintain records of the product's delivery to the trial site, the inventory at the site, the use by each subject, and the return to the sponsor or alternative disposition of unused product. These records should include dates, quantities, batch/serial numbers, expiration dates (if applicable), and the unique code numbers assigned to the investigational product and trial subjects. Investigators should maintain records that document adequately that the subjects were

provided the doses specified by the protocol and reconcile all investigational product received from the sponsor.

d. The investigational product should be stored as specified by the sponsor and in accordance with applicable regulatory requirements.
e. The Investigator should ensure that the investigational product is used only in accordance with the approved protocol.
f. The Investigator, or a person designated by the Investigator/institution, should explain the correct use of the investigational product to each subject and should check, at intervals appropriate for the trial, that each subject is following the instructions properly.
g. Randomization Procedures and Unblinding: The Investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the Investigator should promptly document and explain to the sponsor any premature unblinding (e.g. accidental unblinding, unblinding due to a serious adverse event) of the investigational product.

7) Informed Consent of Trial Subjects
   a. In obtaining and documenting informed consent, the Investigator should comply with the applicable regulatory requirements, and should adhere to GCP and to the ethical principles that have their origin in the Declaration of Helsinki. Prior to the beginning of the trial, the Investigator should have the IRB's written approval opinion of the written informed consent form and any other written information to be provided to subjects.
   b. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject's consent. Any revised written informed consent form, and written information should receive the IRB's approval opinion in advance of use. The subject or the subject's legally acceptable representative should be informed in a timely manner if new information becomes available that may be relevant to the subject's willingness to continue participation in the trial. The communication of this information should be documented.
   c. Neither the Investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
   d. None of the oral and written information concerning the trial, including the written informed consent form, should contain any language that causes the subject or the subject's legally acceptable representative to waive or to appear to waive any legal rights, or that releases or appears to release the Investigator, the institution, the sponsor, or their agents from liability for negligence.
   e. The Investigator, or a person designated by the Investigator, should fully inform the subject or, if the subject is unable to provide informed consent, the subject's legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval opinion by the IRB.
   f. The language used in the oral and written information about the trial, including the written informed consent form, should be as non-technical as practical and should be understandable to the subject or the subject's legally acceptable representative and the impartial witness, where applicable.
   g. Before informed consent may be obtained, the Investigator, or a person designated by the Investigator, should provide the subject or the subject's legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to participate in the trial. All questions about the trial should be

answered to the satisfaction of the subject or the subject's legally acceptable representative.

h. Prior to a subject's participation in the trial, the written informed consent form should be signed and personally dated by the subject or by the subject's legally acceptable representative, and by the person who conducted the informed consent discussion.
i. If a subject is unable to read or if a legally acceptable representative is unable to read, an impartial witness should be present during the entire informed consent discussion. After the written informed consent form and any other written information to be provided to subjects, is read and explained to the subject or the subject's legally acceptable representative, and after the subject or the subject's legally acceptable representative has orally consented to the subject's participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject or the subject's legally acceptable representative, and that informed consent was freely given by the subject or the subject's legally acceptable representative.
j. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following:
    i. That the trial involves research.
    ii. The purpose of the trial.
    iii. The trial treatments and the probability for random assignment to each treatment.
    iv. The trial procedures to be followed, including all invasive procedures.
    v. The subject's responsibilities.
    vi. Those aspects of the trial that are experimental.
    vii. The reasonably foreseeable risks or inconveniences to the subject and, when applicable, to an embryo, fetus, or nursing infant.
    viii. The reasonably expected benefits. When there is no intended clinical benefit to the subject, the subject should be made aware of this.
    ix. The alternative procedures or courses of treatment that may be available to the subject, and their important potential benefits and risks.
    x. The compensation and/or treatment available to the subject in the event of trial related injury.
    xi. The anticipated prorated payment, if any, to the subject for participating in the trial.
    xii. The anticipated expenses, if any, to the subject for participating in the trial.
    xiii. That the subject's participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial, at any time, without penalty or loss of benefits to which the subject is otherwise entitled.
    xiv. That the monitors, the auditors, the IRB, and the regulatory authorities will be granted direct access to the subject's original medical records for verification of clinical trial procedures and/or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written informed consent form, the subject or the subject's legally acceptable representative is authorizing such access.

xv. That records identifying the subject will be kept confidential and, to the extent permitted by the applicable laws and/or regulations, will not be made publicly available. If the results of the trial are published, the subject's identity will remain confidential.
xvi. That the subject or the subject's legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to the subject's willingness to continue participation in the trial.
xvii. The persons to contact for further information regarding the trial and the rights of trial subjects, and whom to contact in the event of trial-related injury.
xviii. The foreseeable circumstances and/or reasons under which the subject's participation in the trial may be terminated.
xix. The expected duration of the subject's participation in the trial.
xx. The approximate number of subjects involved in the trial.

k. Prior to participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated written informed consent form and any other written information provided to the subjects. During a subject's participation in the trial, the subject or the subject's legally acceptable representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to subjects.
l. When a clinical trial (therapeutic or non-therapeutic) includes subjects who can only be enrolled in the trial with the consent of the subject's legally acceptable representative (e.g. minors, or patients with severe dementia), the subject should be informed about the trial to the extent compatible with the subject's understanding and, if capable, the subject should sign and personally date the written informed consent.
m. Except as described above, a non-therapeutic trial (i.e. a trial in which there is no anticipated direct clinical benefit to the subject), should be conducted in subjects who personally give consent and who sign and date the written informed consent form.
n. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled: a) The objectives of the trial cannot be met by means of a trial in subjects who can give informed consent personally. b) The foreseeable risks to the subjects are low. c) The negative impact on the subject's well-being is minimized and low. d) The trial is not prohibited by law. e) The approval opinion of the IRB is expressly sought on the inclusion of such subjects, and the written approval opinion covers this aspect. Such trials, unless an exception is justified, should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.
o. In emergency situations, when prior consent of the subject is not possible, the consent of the subject's legally acceptable representative, if present, should be requested. When prior consent of the subject is not possible, and the subject's legally acceptable representative is not available, enrolment of the subject should require measures described in the protocol and/or elsewhere, with documented approval opinion by the IRB, to protect the rights, safety and well-being of the subject and to ensure compliance with applicable regulatory requirements. The subject or the subject's legally acceptable representative should be informed about the trial as soon as possible and consent to continue and other consent as appropriate should be requested.

8) Records and Reports

a. The Investigator should ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor in the CRFs and in all required reports.
b. Data reported on the CRF, that are derived from source documents, should be consistent with the source documents or the discrepancies should be explained.
c. Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections. Sponsors should provide guidance to investigators and/or the Investigator's designated representatives on making such corrections. Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the Investigator. The Investigator should retain records of the changes and corrections.
d. The Investigator/institution should maintain the trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the applicable regulatory requirements. The Investigator/institution should take measures to prevent accidental or premature destruction of these documents.
e. Essential documents should be retained until at least two (2) years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least two (2) years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents should be retained for a longer period however if required by the applicable regulatory requirements or by an agreement with the sponsor. It is the responsibility of the sponsor to inform the Investigator/institution as to when these documents no longer need to be retained.
f. The financial aspects of the trial should be documented in an agreement between the sponsor and the Investigator/institution.
g. Upon request of the monitor, auditor, IRB, or regulatory authority, the Investigator/institution should make available for direct access all requested trial-related records.
h. Investigators of clinical trials are responsible for registering on clinicaltrials.gov as required by federal regulation. For additional information on registering studies on clinicaltrials.gov, please see the link below.

9) Progress Reports
    a. The Investigator should submit written summaries of the trial status to the IRB annually, or more frequently, if requested by the IRB.
    b. The investigator should promptly provide written reports to the sponsor, the IRB and, where applicable, the institution on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.
10) Safety Reporting
    a. All serious adverse events (SAEs) should be reported immediately to the sponsor except for those SAEs that the protocol or other document (e.g. Investigator's Brochure) identifies as not needing immediate reporting. The immediate reports should be followed promptly by detailed, written reports. The immediate and follow-up reports should identify subjects by unique code numbers assigned to the trial subjects rather than by the subjects' names, personal identification numbers, and/or addresses. The Investigator must comply with the applicable regulatory requirements related to the reporting of unexpected SAEs to the regulatory authorities and the IRB. SAEs that are expected or unrelated are to be submitted during continuing review.

b. Adverse events and/or laboratory abnormalities identified in the protocol as critical to safety evaluations should be reported to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol.
c. For reported deaths, the Investigator should supply the sponsor and the IRB with any additional requested information (e.g. autopsy reports and terminal medical reports).
d. Premature Termination or Suspension of a Trial If the trial is prematurely terminated or suspended for any reason, the Investigator/institution should promptly inform the trial subjects, should assure appropriate therapy and follow-up for the subjects, and, where required by the applicable regulatory requirements, should inform the regulatory authorities. In addition:
    i. If the Investigator terminates or suspends a trial without prior agreement of the sponsor, the Investigator should inform the institution where applicable, and the Investigator/institution should promptly inform the sponsor and the IRB, and should provide the sponsor and the IRB a detailed written explanation of the termination or suspension.
    ii. If the sponsor terminates or suspends a trial, the Investigator should promptly inform the institution where applicable and the Investigator/institution should promptly inform the IRB and provide the IRB a detailed written explanation of the termination or suspension.
    iii. If the IRB terminates or suspends its approval opinion of a trial, the Investigator should inform the institution where applicable and the Investigator/institution should promptly notify the sponsor and provide the sponsor with a detailed written explanation of the termination or suspension.

11) Final Reports by Investigator: Upon completion of the trial, the Investigator, where applicable, should inform the institution; the Investigator/institution should provide the IRB with a summary of the trial's outcome, and the regulatory authorities with any reports required.

ICH Good Clinical Practice (GCP) Rev 2:
https://www.ich.org/products/guidelines/efficacy/efficacy-single/article/integrated-addendum-good-clinical-practice.html

ICH Efficacy Guidelines to which all researchers should be aware:
https://www.ich.org/products/guidelines/efficacy/article/efficacy-guidelines.html

ClinicalTrials.gov Registration requirements:
https://www.clinicaltrials.gov/ct2/manage-recs/how-register