



Institutional Review Board (IRB) Protocol Review Procedures

1. PURPOSE

- 1.1. The purpose of this policy is to describe the procedures the IRB office follows when determining if a research study is regulated under Title 45 Code of Federal Regulations Part 46 (45 CFR 46), Protection of Human Subjects and Clemson University (CU) policies.
- 1.2. Study applications are screened by the IRB office upon receipt, first-come first-served basis, and must be complete to qualify for review. Review timelines are determined by the level of review and complexity of the research study.

2. SCOPE

- 2.1. All research studies proposing to involve human subjects as defined by 45 CFR 46 and conducted by CU affiliated personnel must be submitted to the IRB office for review.
- 2.2. CU students must arrange for an authorized CU principal investigator (PI), usually a faculty or staff member, to supervise them in their research activities and share responsibility for the study and welfare of the participants.
- 2.3. Studies under the jurisdiction of the CU IRB must be supervised by a CU personnel as designated by the Division of Research's [Assignment of PI Policy](#).

3. POLICY STATEMENT

- 3.1. CU applies the federal regulations 45 CFR 46, Subpart A, also known as “the Common Rule,” when research is sponsored or overseen by a federal agency. When studies do not receive funding from, or are not otherwise regulated by, a federal agency/department, CU has adopted policies and procedures to accommodate difference in types of research and to reduce unnecessary administrative burdens. In these instances, CU adopted equivalent protections for participants.
- 3.2. Based on the IRB's review of information provided by the study team, and in accordance with appropriate regulations and CU policies and procedures, the IRB may grant approval of research, including initial review, continuing review, and modifications to previously approved research, if the IRB determines that all the requirements are satisfied.
- 3.3. Approvals may be granted to studies meeting the following requirements:
 - a. Risks to human subjects are minimized by using procedures that (1) are consistent with sound research design and that do not unnecessarily expose subjects to risk, and (2) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.
 - b. This includes assessing the adequacy of the setting or facilities where the research will take place.
 - c. Risks to subjects are reasonable in relation to anticipated benefits, if any, to participants, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies/procedures/activities subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (e.g., the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
 - d. Selection of subjects is equitable. In making this assessment, the IRB should consider the purposes of the research and the setting in which the research will be conducted. The IRB should be particularly cognizant of the special problems that involves a category of subjects who are vulnerable to coercion or undue influence, such as children, prisoners, adult individuals lacking consent capacity, or economically or educationally disadvantaged persons.



- e. Informed consent will be sought from each prospective participant or the participant's legally authorized representative in accordance with and to the extent required by relevant regulations and CU policies and procedures.
 - f. Informed consent will be appropriately documented, or appropriately waived, in accordance with relevant regulations and CU policies and procedures.
 - g. When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of participants.
 - h. When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.
 - i. When some or all the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, adult individuals lacking consent capacity, or economically or educationally disadvantaged persons, additional safeguards have been included in the research proposal to protect the rights and welfare of these participants.
- 3.4. Individuals found to be in violation of this policy may be subject to sanctions relating to their participation in research with human participants, up to and including permanent suspension or debarment from engaging in research with human subjects at CU.

4. **IRB REVIEW LEVELS**

4.1. There are four levels of IRB review at CU:

- a. Administrative;
- b. Exempt;
- c. Expedited; and
- d. Full Board

4.2. At CU, the IRB or IRB program administrator, not the researcher, determines the review level.

- a. Studies determined to qualify for Administrative, Exempt or Expedited review are reviewed upon receipt;
- b. Studies determined to qualify for Full Board review that are received by the published deadline are placed on the agenda for review at the next scheduled IRB meeting. Applications received after the published deadline may be placed on the agenda for review at the next scheduled IRB meeting if it is determined there is adequate time for review. The submission deadlines for Full Board reviews are published on the IRB office webpage.

5. **ADMINISTRATIVE REVIEW LEVEL PROCEDURES**

5.1. According to 45 CFR 46.118, certain types of applications for grants, cooperative agreements, or contracts are submitted to Federal departments or agencies with the knowledge that human subjects may be involved within the period of support, but definite plans would not normally be set forth in the application or proposal. These include activities such as institutional type grants when selection of specific projects is the institution's responsibility; research training grants in which the activities involving subjects remain to be selected; and projects in which human subjects' involvement will depend upon completion of instruments, prior animal studies, or purification of compounds.

- a. Administrative reviews under 45 CFR 46.118 (118 designation) are conducted through the Developmental Approval (DA) application.
- b. The temporary designation is granted for up to one (1) year.

5.2. According to 45 CFR 46.114, cooperative research projects are those projects covered by this policy that involve more than one institution. In the conduct of cooperative research projects, each institution is responsible for safeguarding the rights and welfare of human subjects and for complying with this policy.



- a. Any institution located in the United States that is engaged in cooperative research must rely upon approval by a single IRB for that portion of the research that is conducted in the United States. The reviewing IRB will be identified by the Federal department or agency supporting or conducting the research or proposed by the lead institution subject to the acceptance of the Federal department or agency supporting the research.
 - b. An institution participating in a cooperative project may enter into a joint review arrangement, rely on the review of another IRB, or make similar arrangements for avoiding duplication of effort.
- 5.3. Administrative reviews are conducted by the IRB program administrator or designee. The review may not be conducted by anyone who has a conflicting interest. Conflicting interests include:
- a. Participation in the protocol;
 - b. PI of the protocol is an immediate family member;
 - c. Significant financial interest as defined by the CU [Conflicts of Interest Policy](#);
 - d. Certain non-financial interests, including having supervision over the PI of the project or participating in a project that is in direct competition with the project;
 - e. Any other real or perceived conflict.

6. EXEMPT REVIEW LEVEL PROCEDURES

- 6.1. According to 45 CFR 46.104, certain human research activities may be eligible for determination of Exempt review. The Exempt review process may be appropriate for research involving no more than minimal risk.
- 6.2. Exemption may be granted by the IRB chair, IRB program administrator, or designee. Researchers may not self-exempt their studies nor may an exemption be granted by anyone who has a conflicting interest. Conflicting interests include:
- a. Participation in the protocol;
 - b. PI of the protocol is an immediate family member;
 - c. Significant financial interest as defined by the CU [Conflicts of Interest Policy](#);
 - d. Certain non-financial interests, including having supervision over the PI of the project or participating in a project that is in direct competition with the project;
 - e. Any other real or perceived conflict.
- 6.3. When the exemption requires the IRB conduct a limited IRB review under 45 CFR 46.104, the IRB chair or designated IRB member must review and grant the exemption and determine whether there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data. If the IRB reviewer determines that the research is greater than minimal risk, the reviewer must document the rationale for this determination and the rationale for review by the convened IRB. An IRB member may not disapprove the research; instead, the research must be submitted to the convened IRB for review.
- 6.4. If the research is subject to HIPAA and research personnel requests a waiver of authorization, the covered entity's Privacy Officer or Privacy Board will determine whether a waiver is required for the study.
- 6.5. If the researcher will interact with participants (either in-person, online, or remotely), the participant must prospectively agree to participate in the study. The agreement must disclose adequate information for participants to make a voluntary decision about participating in the research and include the consent elements outlined in the Exempt informed consent templates published on the IRB office webpage.
- 6.6. Ongoing review:
- a. Exempt determinations are valid for three (3) years from the initial determination and not required to undergo continue review (annual review).
 - b. An Amendment is required for substantial changes to the study. Substantial changes are modifications that may affect the Exempt determination (i.e., changing from Exempt to Expedited or Full Board



- review level, changing exempt category) or that may change the focus of the study, such as a change in hypothesis or study design. All changes must be reviewed by the IRB office prior to implementation.
- c. If the modifications do not affect the Exempt determination, research personnel will be notified. If the changes result in the research no longer qualifying for exemption, research personnel will be notified accordingly and instructed to submit an appropriate new Expedited or Full Board IRB application.
 - d. Exempt determinations may not be extended, and a new Exempt application is required if enrollment will continue after the initial 3 years approval period.
 - e. A Progress Report is required to close the IRB record. An IRB record may be closed by the IRB office if a Progress Report is not submitted, and the approval period expired or if there is no response by research personnel to the IRB office requests for an update of the study.
- 6.7. The Exempt determination letter lists the specific category(ies) under which exemption is granted, approval period, and any IRB determinations, as applicable.

7. EXPEDITED REVIEW LEVEL PROCEDURES

- 7.1. According to 45 CFR 46.110 and 46.111, certain human research activities may be reviewed by the IRB through an Expedited review procedure.
- 7.2. The review may be conducted by the IRB chair or designated IRB member(s). The review may not be conducted by anyone who has a conflicting interest. Conflicting interests include:
 - a. Participation in the protocol;
 - b. PI of the protocol is an immediate family member;
 - c. Significant financial interest as defined by the CU [Conflicts of Interest Policy](#);
 - d. Certain non-financial interests, including having supervision over the PI of the project or participating in a project that is in direct competition with the project;
 - e. Any other real or perceived conflict.
- 7.3. The IRB may use an Expedited review procedure to review any of the following:
 - a. Research which involves only procedures listed in one or more of the Expedited research categories established by the Secretary of HHS and published in the Notice in the Federal Register, and which the reviewer determines involves no greater than minimal risk.
 - b. Renewals or modifications to research previously approved under expedited procedures provided the research continues to meet the Expedited research categories and any modifications do not substantially increase risk to subjects.
 - c. Minor changes in research previously approved by the convened IRB
- 7.4. The IRB may not use an expedited review procedure to review any of the following:
 - a. Research in which identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal
 - b. Classified research involving human subjects
 - c. Studies involving randomized use of drugs, devices, or biologics. All such studies are reviewed by a convened IRB.
- 7.5. Research involving prisoners may be reviewed via expedited procedures, unless subject to Department of Defense requirements, if:
 - a. For research involving interaction with prisoners, the primary IRB reviewer and the prisoner representative determine the research is minimal risk for the prison population being studied or included.
 - b. For research that does not involve interaction with prisoners, the primary IRB reviewer determines the research poses minimal risk for the prison population being studied or included.



- 7.6. The initial approval period may be granted for up to three (3) years and the determination extended, by request, for another two (2) years. A new Expedited application is required if enrollment will continue after the initial 5 years approval period.
- 7.7. If the research is subject to HIPAA and research personnel requests a waiver of authorization, the covered entity's Privacy Officer or Privacy Board will determine whether a waiver is required for the study.
- 7.8. If the researcher will interact with participants (either in-person, online, or remotely), the participant must prospectively agree to participate in the study. The agreement must disclose adequate information for participants to make a voluntary decision about participating in the research and include the consent elements outlined in the Expedited informed consent templates published on the IRB office webpage.
- 7.9. Ongoing review:
 - a. Expedited determinations are not required to undergo continue review (annual review) but a Progress Report to update the status of the study is required at least thirty (30) days before the end of the approval period.
 - b. Amendments to research previously approved under expedited procedures are reviewed under expedited procedures provided the changes continue to meet the expedited category(ies). If the proposed changes to the research involve addition of procedures which are not described by the expedited category(ies) or involve greater than minimal risk, the research must be reviewed by the convened IRB.
 - c. An Amendment is required for substantial changes to the study. Substantial changes are modifications that may affect the Expedited determination (i.e., changing from Expedited to Full Board review level, changing Expedited category(ies)) or that may change the focus of the study, such as a change in hypothesis or study design. All changes must be reviewed by the IRB prior to implementation.
 - d. If the modifications do not affect the Expedited determination, research personnel will be notified. If the changes result in the research no longer qualifying under the Expedited review, research personnel will be notified accordingly and instructed to submit an appropriate new Full Board IRB application.
 - e. A Progress Report is required to extend the Expedited determination. An IRB record may be closed by the IRB office if a Progress Report is not submitted, and the approval period expired or if there is no response by research personnel to the IRB office requests for an update of the study.
- 7.10. The Expedited determination letter lists the specific category(ies), approval period, and any IRB determinations, as applicable.
- 7.11. A list of studies determined to be Expedited since the IRB's last convened meeting is provided to the IRB members for review and discussion at the next convened meeting, or upon request thereafter.

8. FULL BOARD REVIEW LEVEL PROCEDURES

- 8.1. According to 45 CFR 46.109, certain human research activities may be reviewed by the IRB through a Full Board (convened IRB) review procedure, complying with quorum requirements.
- 8.2. The review may be conducted by IRB voting members who do not have a conflict of interest. Conflicting interests include:
 - a. Participation in the protocol;
 - b. PI of the protocol is an immediate family member;
 - c. Significant financial interest as defined by the [CU Conflicts of Interest Policy](#);
 - d. Certain non-financial interests, including having supervision over the PI of the project or participating in a project that is in direct competition with the project;
 - e. Any other real or perceived conflict.



- 8.3. The initial application will be assigned to two IRB members, a primary and secondary reviewer, to review the study's research protocol and present their findings and recommendations to the convened IRB.
 - 8.4. The convened IRB will review the study's research protocol and vote on the study.
 - a. The convened IRB will determine risk level of the protocol and determine if the protocol may be:
 1. Approved as is, without any modifications;
 2. Approved with specified non-substantive modifications;
 3. Table the review until the next IRB meeting due to the need for substantive modifications to the protocol;
 4. Disapprove the protocol
 - b. One of the assigned reviewers (primary or secondary reviewer) will make a motion for the convened IRB to vote on the protocol.
 - c. The determination of the protocol will be approved by majority vote.
 - 8.5. The initial approval period may be granted for up to one (1) year and the approval extended, by request, annually. A new Full Board application is required if enrollment will continue after the initial 5 years approval period.
 - 8.6. If the research is subject to HIPAA and research personnel requests a waiver of authorization, the covered entity's Privacy Officer or Privacy Board will determine whether a waiver is required for the study.
 - 8.7. If the researcher will interact with participants (either in-person, online, or remotely), the participant must prospectively agree to participate in the study. The agreement must disclose adequate information for participants to make a voluntary decision about participating in the research and include the consent elements outlined in the Full Board informed consent templates published on the IRB office webpage.
 - 8.8. Ongoing review:
 - a. An IRB shall conduct continuing review (annual review) of research requiring review by the convened IRB at intervals appropriate to the degree of risk, not less than once per year, except as described in 45 CFR 46.109(f).
 - b. The continuing review is conducted by submitting a Progress Report to update the status of the study and is required at least forty-five (45) days before the end of the approval period. A Progress Report may be reviewed under Full Board procedures, unless the convened IRB determined that the report may be reviewed under Expedited review procedures.
 - c. Amendments to research previously approved under Full Board procedures are reviewed under Full Board procedures, unless the convened IRB determined that changes to the study may be reviewed under Expedited review procedures.
 - d. An Amendment is required for all changes to the study. All changes must be reviewed by the IRB prior to implementation.
 - e. A Progress Report is required to extend the Full Board approval. An IRB record may be closed by the IRB office if a Progress Report is not submitted, and the approval period expired or if there is no response by research personnel to the IRB office requests for an update of the study.
 - 8.9. The Full Board determination letter lists the approval period and any IRB determinations, as applicable.
- 9. STUDIES NOT REGULATED BY A FEDERAL AGENCY/DEPARTMENT**
- 9.1. The IRB program administrator, not the researcher, determines the review level.
 - a. Studies determined to qualify for Administrative, Exempt or Expedited review are reviewed upon receipt;
 - b. Studies determined to qualify for Full Board review that are received by the published deadline are placed on the agenda for review at the next scheduled IRB meeting. Applications received after the published deadline may be placed on the agenda for review at the next scheduled IRB meeting if it is



determined there is adequate time for review. The submission deadlines for Full Board reviews are published on the IRB office webpage.

- c. All reviews will follow institutional policies and the ethical guidelines established by the Belmont Report.
- 9.2. The review may not be conducted by anyone who has a conflicting interest. Conflicting interests include:
 - a. Participation in the protocol;
 - b. PI of the protocol is an immediate family member;
 - c. Significant financial interest as defined by the CU [Conflicts of Interest Policy](#);
 - d. Certain non-financial interests, including having supervision over the PI of the project or participating in a project that is in direct competition with the project;
 - e. Any other real or perceived conflict.
- 9.3. If the research is subject to HIPAA and research personnel requests a waiver of authorization, the covered entity's Privacy Officer or Privacy Board will determine whether a waiver is required for the study.
- 9.4. If the researcher will interact with participants (either in-person, online, or remotely), the participant must prospectively agree to participate in the study. The agreement must disclose adequate information for participants to make a voluntary decision about participating in the research and include the consent elements outlined in the Exempt informed consent templates published on the IRB office webpage.
- 9.5. Ongoing review:
 - a. Determinations will follow the approval timeline for the designated review level.
 - b. An Amendment is required for substantial changes to the study. Substantial changes are modifications that may affect the designated review level (i.e., changing from Exempt to Expedited or Full Board review level, changing exempt category) or that may change the focus of the study, such as a change in hypothesis or study design. All changes must be reviewed by the IRB office prior to implementation.
 - c. If the modifications do not affect the designated review level, research personnel will be notified. If the changes result in the research no longer meeting the criteria for the designated review level, research personnel will be notified accordingly and instructed to submit a new RB application.
 - d. A Progress Report is required to close the IRB record. An IRB record may be closed by the IRB office if a Progress Report is not submitted, and the approval period expired or if there is no response by research personnel to the IRB office requests for an update of the study.
10. The determination letter lists the designated review level, applicable review category(ies), approval period, and any IRB determinations, as applicable.

11. RESPONSIBLE DEPARTMENT/DIVISION:

- 11.1. The day-to-day operations of the IRB are administered and supported by the IRB office.
 - a. The IRB staff conducts preliminary review of all research submitted to the IRB to ensure that all supplemental materials are provided and the research design and methods are described clearly. In addition, IRB staff ensures required research personnel training is completed at initial review.
 - b. The IRB office certifies the review and approval of human subjects research to external funding agencies, as required.
 - c. The IRB staff provides guidance to research personnel as to whether an activity requires IRB review; however, IRB staff may consult with members of the IRB with any questions.
 - d. IRB staff notifies the PI and research personnel in writing of IRB actions taken on research. These notifications may take the form of email notifications, minutes and/or correspondence generated by and maintained in the ORC online submission system, which may be downloaded by the researcher for their records.



11.2. The IRB program administrator should be contacted regarding questions or issues with this policy.

12. ADDITIONAL RELATED RESOURCES

- a. CU:
 1. Conflict of Interest (COI), <https://www.clemson.edu/human-resources/coi/>
 2. Division of Research policies, <https://www.clemson.edu/research/division-of-research/research-policies.html>
 3. Office of Institutional Assessment, <https://www.clemson.edu/assessment/surveys/>
 4. IRB policies, <https://www.clemson.edu/research/division-of-research/offices/orc/irb/resources/index.html>
- b. Department of Defense (DoD) Instruction 3216.02 – Protection of Human Subjects and Adherence to Ethical Standards in DOD-Supported Research, <https://ahrpo.amedd.army.mil/Regulations/dodregs.html>
- c. Department of Justice (DOJ) human subjects regulations, <https://nij.ojp.gov/funding/human-subjects-protection>
- d. Food and Drug Administration (FDA) guidance documents, <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>
- e. U.S. Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP) Guidance:
 1. Approval of Research with Conditions, <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/guidance-on-irb-approval-of-research-with-conditions-2010/index.html>
 2. Continuing Review, <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/guidance-on-continuing-review-2010/index.html>
 3. Expedited Review Procedures, <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/guidance-on-expedited-review-procedures/index.html>
 4. Institutional Review Board Written Procedures (2018), <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/institutional-issues/institutional-review-board-written-procedures/index.html>
- f. Veterans Health Administration (VHA) Directive 1200.05 Requirements for the Protection of Human Subjects in Research, <https://www.va.gov/vhapublications/publications.cfm?pub=1>

13. **PUBLISHED LOCATION:** This policy may be accessed on the IRB webpage, <https://www.clemson.edu/research/compliance/irb/>.

14. APPROVAL & REVISION HISTORY

14.1. Last Date of Revision: 6/2023

15. REFERENCES

- 15.1. Title 45 Code of Federal Regulations Part 46 (45 CFR 46), Protection of Human Subjects
- 15.2. The Belmont Report, <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>
- 15.3. Policy adapted, with permission, from the Indiana University Human Research Protection Program (HRPP) and the University of New Hampshire Research Integrity Services