The Christ Hospital IRB
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IRB REFERENCE MANUAL
SECTION 12
ALLEGATIONS OF NONCOMPLIANCE

Federal regulations related to Allegations of Noncompliance: 21 CFR 56.108(b)(2), 21 CFR 56.113, 21 CFR 56.120, 21 CFR 312.23(a)(8)(iii), 21 CFR 812.27(b)(3), 21 CFR 812.27(b)(4)(i), 21 CFR 812.140(a)(4), 21 CFR 812.150(a)(4), 45 CFR 46.108(a)(4)(i)

12.0 ALLEGATIONS OF NONCOMPLIANCE

The Principal Investigator (PI) bears the ultimate responsibility for conduct of a research project. The PI must comply with the requirements of The Christ Hospital's Federalwide Assurance (FWA), the FDA, state laws, and the determinations of The Christ Hospital (TCH) Institutional Review Board (IRB) as outlined in IRB minutes, guidelines and other correspondence.

12.1 Conceptualizing Noncompliance, Serious Noncompliance, and Continuing Noncompliance

12.1.1 Noncompliance

Significant failure by an investigator or institution to abide by federal or state regulations or institutional policy governing the protection of human participants in research, including the requirements or determinations of the IRB.

12.1.2 Serious Noncompliance

Serious Noncompliance occurs when instances pose an actual or potential increased risk to the safety, rights and welfare of human research subjects because investigators fail to comply with federal regulations, state laws, TCH policies related to the protection of human subjects, and/or the requirements or determinations of the IRB. Serious Noncompliance can also occur because of a systemic failure of the institution to follow or implement practices described in TCH policies and/or federal regulations or state laws related to the protection of human subjects in research.

12.1.3 Continuing Noncompliance

Continuing Noncompliance is repeated instances of noncompliance by the same investigator or by the institution. Repetition may be of the same

instance or different instances. Regarding a single investigator, this repetition may be in the same or different protocols by the investigator and, if unaddressed, such repetition may affect the protection of human research subjects. Regarding the institution, repetition may be of the same or different policies, procedures, regulations and/or laws.

12.2 Conceptualizing Protocol Deviations and Violations

12.2.1 Deviations

Protocol Deviations include, but are not limited to:

a. Any emergent deviation from the IRB protocol made without prior IRB review to eliminate apparent immediate hazard to a research subject.
b. Implementation of unapproved recruitment procedures
c. Use of an incorrect version of informed consent
d. Missing original signed and dated consent forms or missing pages from an executed consent form
e. Inappropriate documentation of consent
f. Subject visit/procedure falls outside of the window of time indicated by the protocol or is not done per protocol, and there is no increased potential for risk to the subject or any damage to the integrity or completeness of the data

12.2.2 Violations

Protocol Violations include, but are not limited to:

a. Intentional deviation from the protocol or regulations in a non-emergency setting
b. Any unintended or intended deviation from the IRB approved protocol that involves potential risks or has the potential to recur
c. Enrollment of subjects not meeting the inclusion/exclusion criteria of an IRB approved protocol
d. Failure to withdraw a subject meeting withdrawal criteria
e. Inadvertent loss of samples or data
f. Failure to obtain informed consent prior to initiation of study-related procedures
g. Improper consent procedure
h. Failure to follow federal and/or local regulations and policies
i. Working under an expired professional license/certification, debarred or disqualified status
j. Frequent minor deviations
k. Any medication error involving dosing, administration and/or preparation of the study drugs
l. Any lapse in study approval where there is a continuation of

Research activities (i.e., recruitment, enrollment, procedures, data analysis)

m. Failure to report unanticipated problems to the IRB and/or the sponsor, or
n. Any event that requires prompt reporting according to the protocol or the study sponsor

Note: Serious or Continuing Noncompliance may take the form of a protocol deviation or violation. However, some, but not all, protocol deviations and violations are not considered serious noncompliance. Contact the IRB office if there is uncertainty in reporting requirements.

12.3 Notifications of Noncompliance to the IRB

Information regarding noncompliance in human subject studies may come to the attention of the IRB through several pathways. These include information contained in application forms, IRB reporting forms, monitoring reports, or reports from collaborators, employees, subjects or others not directly involved in the research. (Ref. SOP 3.06, Compliance with Human Subjects Regulations/IRB Requirements/Determinations.)

In cases involving allegations of research misconduct, the IRB chair contacts the institutional official. This does not preclude the chair or any member of the IRB from independently contacting the institutional official about any allegation of scientific misconduct. Inquiries or investigations into research misconduct do not preclude IRB review and actions. Ref. SOP 3.10 Misconduct in Research.

12.3.1 Information Identified Outside a Full-Board Meeting

When information comes to the attention of the IRB apart from a convened full board meeting, the Chair of the IRB reviews the allegations of noncompliance and makes a determination as to whether the alleged practices appear to (1) cause injury or any other unanticipated problems involving risks to subjects or others, or (2) constitute serious or continuing noncompliance with IRB determinations or federal regulations. In such cases, the Chair may place a hold on the study procedures, taking into consideration the welfare of currently enrolled subjects, pending an investigation and review by the full IRB. If the Chair determines that the potential noncompliance did not involve any risk to subjects or others, and did not constitute serious or continuing noncompliance, the Chair may resolve the issue directly with the Principal Investigator and research team and render a report to the full IRB.

12.3.2 Information Identified During a Full-Board Review

When potential noncompliance is first identified during a full-board review, the full board makes a determination as to whether the alleged

practices appear to (1) cause injury or any other unanticipated problems involving risks to subjects or others, or (2) constitute serious or continuing noncompliance with IRB determinations or federal regulations. In such cases, the full board may place a hold on the study procedures, taking into consideration the welfare of currently enrolled subjects, and determine how further investigation will be conducted.