Department: **UAMS Institutional Review Board**
Policy Number: **10.2**
Section: **Principal Investigator Responsibilities**
Effective Date: **July 31, 2002**
Revision Date: **July 7, 2004**

SUBJECT: Principal Investigator Reporting Requirements

Human Subject Protections. The principal investigator is the front-line protector of the subject's rights and safety. Each investigator is personally responsible for ensuring that each subject is adequately informed by providing a well designed and easily understood consent form. The investigator is also responsible for providing a research environment that encourages free consent to participate in the investigator's research without coercion or un-needed encouragement. The investigator must personally assure that every reasonable precaution is taken to minimize any risk to the subject. The investigator also assumes responsibility for compliance with all federal, state and institutional rules and regulations related to research involving human subjects and human subject-derived information and materials. All investigators sign a statement of assurance with the IRB and may not initiate any research involving human subjects without IRB review and approval (see IRB policy 16.1).

The table below describes what investigators must report, and the time frame allowed for reporting:

Investigator Must Report:	Time Frame for Reporting:
• Serious and unanticipated adverse events	Within 7 days of the event
• Deaths	Within 3 days; if subject currently is in the protocol. Otherwise, within 60 days of investigator's notification of death.
• Protocol deviations	Immediately if it represents a significant alteration in the approved protocol and /or if it affects the safety or welfare of the subject. Otherwise, report during continuing review.
• Protocol violations	Immediately, if it represents a significant alteration in the approved protocol and /or if it affects the safety or welfare of the subject. Otherwise report during continuing review.

• Changes in approved research procedures or protocols (amendments)	Prompt notification within 30 days
• Noncompliance with conducting of research protocols	Immediately upon discovery of noncompliance
• Restrictions, suspension or termination of study by the sponsor or principal investigator	Within 3 days
• Any activity which involves a potential or actual unanticipated risk to subjects or others	Within 7 days

The Use of Investigational Devices and/or Investigational Drugs. Prior to the initiation of any research involving an investigational device or drug, it is the responsibility of the individual investigator to provide the IRB with proof of an Investigational New Drug (IND) or Investigational Device Exemption (IDE) from the FDA in accordance with federal regulations. The IRB requires information such as the IND number or date of issuance of an IND or IDE for IRB review.

Additional Committee Approvals. Prior to the initiation of any research that requires additional review and approval from other University committee(s) and/or institution(s), it is the responsibility of the individual investigator to obtain the necessary approval from that committee and/or institution.

The IRB requires written approval from the following committees and/or institutions at the time of submission of the IRB application:

1. Arkansas Cancer Research Center (ACRC) Protocol Review and Monitoring Committee (PRMC)
2. General Clinical Research Center (GCRC)
3. Office of Research and Sponsored Programs (ORSP)
4. CAVHS R & D Committee (for studies done at CAVHS)
5. Pharmacy of the institution where research is conducted (UAMS, ACH, or CAVHS)

The IRB application will include the documentation of required external committee approvals. The IRB will document in the Final Approval Letter that IRB approval has been deferred until the investigator supplies documentation of approval from any other required committees before

initiating the research. The IRB requires a copy of written approval, when required by the scope of the proposed investigation, from the following safety committees:

1. Institutional Biosafety Committee
2. Radiation Safety Committee
3. Arkansas Children's Hospital Research Institute
4. VA Radiation Safety Committee

Investigator/Sponsor Additional Reporting Requirements: Investigators who initiate their own research may also act as the sponsor of the research. These investigators may hold the IND for a drug or IDE for a device. These investigators must also satisfy the federal regulatory and reporting requirements of a sponsor to the appropriate regulatory agency. Reporting to the IRB does not substitute for the investigator/sponsor responsibility of reporting to these bodies [21CFR312.3(b)].

Supervision and Monitoring of Research Process. It is the responsibility of each investigator to assure that all procedures in a study are performed, with the appropriate level of supervision, only by individuals who are licensed or otherwise qualified to perform them under the laws of Arkansas and the policies of the University of Arkansas for Medical Sciences. Persons involved in the research should be trained to the protocol by the principal investigator or his/her designee (21 CFR). Investigators are also responsible for assuring that all staffers are compliant with requirements for Human Subject Protection and Education. Further, it is the responsibility of the investigator to regularly review their research process and address any deficiencies identified (see IRB policy 12.2). Sponsor/Investigators must have their FDA required monitoring plans approved by ORC before full IRB approval will be granted.

Congruence with Funding Proposals. It is the responsibility of the investigator to ensure that the IRB protocol is consistent with the proposal for funding for extramural or intramural support. Further, the investigator should act as a liaison between the IRB and the sponsor.

Amendments/Requests for Change in IRB Application. Except for safety reasons, it is the responsibility of the investigator to not deviate in any way from the IRB-approved protocol until the investigator has received written approval from the IRB (see IRB policy 8.3).

Investigator's Records. At a minimum, investigators must maintain research records for at least three (3) years from the date of completion of the research. All records must be accessible for inspection and copying by authorized representatives of the IRB, the department or agency supporting the research, and federal regulatory oversight bodies. Beyond three (3) years, requirements for record retention vary with the type of research conducted and provisions of the investigator's funding source. It is the investigator's responsibility to clearly understand the retention requirements of the sponsor or funding source. Drug studies require that the principal investigator retain research records for a minimum of 2 years after the marketing application is approved or denied by the FDA [21CFR.62(c)].

Notifying IRB of Pending Audits or Inquiries. Investigators conducting research involving human subjects are required to report any communication from a federal or state department or agency or sponsor that questions the conduct of research or suggests an impending inquiry

audit or investigation. The Principal Investigator (PI) **MUST** inform the IRB and the Office of Research Compliance (ORC) by phone or electronic mail upon notification of inquiry. A formal written notice to the IRB committee that includes a detailed description of the proposed inquiry is required within 3 days from the notification of the investigator.

Confidentiality. The conditions for maintaining confidentiality of the subjects and the research records are required for the life of the data, samples, or other research materials. These rules apply equally to any and all research conducted or assisted by students, staff, and faculty. Protocols conducted with FDA regulated articles must be kept in accordance with current FDA regulations.

Adverse Events. The investigator must promptly report to the IRB any serious adverse experiences or unanticipated problems involving risks to human subjects or others that occur in the course of the research [45CFR46.103(b)(5); 21CFR108.(b)(1)]. Reporting to the IRB does not substitute for the investigator's responsibility of reporting to a sponsor. Serious adverse events must be reported within 7 days of the event. Deaths must be reported within 3 days if the subject is currently on protocol, otherwise within 60 days of the investigator's notification of death.

Additional Requirements for Activities Involving Fetuses, Pregnant Women, or Human *In Vitro* Fertilization. For activities involving fetuses, pregnant women, or human *in vitro* fertilization, the investigator must ensure that adequate provision has been made for monitoring the actual informed consent process. For example, the investigator may, when appropriate, require participation of subject advocates in (a) overseeing the actual process by which individual consents are secured, or (b) monitoring the progress of the activity and intervening as necessary. (See IRB policy 17.8). Investigators and the research team may have no role in determination of fetal viability.

Prisoner Research. Should prisoners become the subject of human research, this IRB shall follow the provisions of 45 CFR 46, Subpart C at 46.301-46-306: **Additional DHHS Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects** If a subject becomes a prisoner after enrollment in research, the investigator is responsible for immediately reporting this situation in writing to the IRB. (See IRB policy 17.9).

Continuing Review (CR). All approved research proposals, must receive continuing review at intervals appropriate to the degree of risk as determined by the IRB or chair when the expedited and exempt review is used. Continuing review must be conducted not less than once *per* year. It is the responsibility of the investigator to provide the IRB with all of the information requested on the Continuing Review Application in a timely manner such that Continuing Review approval does not expire. (See IRB policy 7.6). Failure to submit the Continuing Review in sufficient time to permit review will result in a suspension of the protocol.

Study Closure. At the conclusion of any study, the Principal Investigator (PI) must submit a Study Closure form through ARIA to the IRB, including applicable data analysis and long-term follow-up, and copies of any manuscript that has resulted from the study, so that the study can be closed. The final report of study results should be received by the IRB no later than 6 months after the completion of the study. When a protocol is complete except for data analysis or long-term follow-up, the PI should indicate the status of the protocol on the Continuing Review report so that approval may be expedited. Studies are not to be closed until the investigator has determined that the study is ready to be closed.