



Human Research Protection Program / Institutional Review Board
Standard Operating Procedure
2018 Common Rule

**For Studies Initially Approved on
or After January 21, 2019**

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1 Human Research Protection Program

Maine Medical Center (MaineHealth) fosters a research environment that promotes respect for the rights and welfare of individuals recruited for, or participating in, research conducted by or under the auspices of the Organization. In support of this, MaineHealth has established a Human Research Protection Program (HRPP). The MaineHealth HRPP, in partnership with its research community, is responsible for ensuring the ethical and equitable treatment of all human subjects in research conducted under MaineHealth's auspices.

1.1 Mission

The mission of the HRPP is to:

- Safeguard and promote the health and welfare of human research subjects by ensuring that their rights, safety and well-being are protected;
- Provide guidance and support to the research community in the conduct of research with human subjects;
- Assist the research community in ensuring compliance with relevant regulations;
- Provide timely and high-quality education, review, and oversight of human research projects; and
- Facilitate excellence in the conduct of human subjects research.

The HRPP includes mechanisms to:

- Monitor, evaluate, and continually improve the protection of human research participants
- Exercise responsible oversight of human subjects research;
- Educate IRB members, investigators, and staff about their ethical responsibility to protect research participants
- When appropriate, intervene in research and respond directly to concerns of research participants.

1.2 Organizational Authority

MaineHealth Human Research Protection Program operates under the authority of the Institutional Human Research Protection Program (HRPP) Policy. As stated in that policy, the operating procedures in this document "...serve as the governing procedures for the conduct and review of all human research conducted under the auspices of the MaineHealth." The HRPP Policy and these operating procedures are made available to all MaineHealth investigators and research staff and are posted on the Office of Research Compliance website (<http://mmcri.org>).

1.3 Definitions

Common Rule. The Common Rule refers to the "[Federal Policy for the Protection of Human Subjects](#)" adopted by a number of federal agencies. Although the Common Rule is codified by each agency separately, the text is identical to DHHS regulations in 45 CFR 46 Subpart A. For the purposes of this document, references to the Common Rule will cite the DHHS regulations.

Clinical Trial: clinical trial means a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes. FDA regulations refer to “clinical investigations” (see definition of “research” below).

Human Subjects Research. Human Subjects Research means any activity that meets the definition of “research” and involves “human subjects” as defined by either the Common Rule or FDA regulations.

Note: The terms “subject” and “participant” are used interchangeably in this document and have the same definition.

Research. The Common Rule defines research as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. Activities which meet this definition constitute research whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities. For purposes of this part [the Common Rule], the following activities are deemed not to be research: (1) Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal 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, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products). Such activities include those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters). (3) Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes. (4) Authorized operational activities (as determined by each agency) in support of intelligence, homeland security, defense, or other national security missions.

For the purposes of this policy, a “**systematic investigation**” is an activity that involves a prospective study plan that incorporates data collection, either quantitative or qualitative, and data analysis to answer a study question. Investigations designed to develop or contribute to **generalizable knowledge** are those designed to draw general conclusions (i.e., knowledge gained from a study may be applied to populations outside of the specific study population), inform policy, or generalize findings.

The FDA has defined “research” as being synonymous with the term “clinical investigation.” A **clinical investigation**, as defined by FDA regulations, means 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 under section 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), or need not meet the requirements for prior submission to the FDA under these sections of the FD&C Act, 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. The terms research, clinical research, clinical study, study, and clinical investigation are synonymous for purposes of FDA regulations. [[21 CFR 50.3\(c\)](#), [21 CFR 56.102\(c\)](#)]

Experiments that must meet the requirements for prior submission to the FDA under section 505(i) of the FD&C Act means any use of a drug other than the use of an approved drug in the course of medical practice. [[21 CFR 312.3\(b\)](#)]

Experiments that must meet the requirements for prior submission to the FDA under section 520(g) of the FD&C Act means any activity that evaluates the safety or effectiveness of a device. [[21 CFR 812.2\(a\)](#)]

Any activity in which results are being submitted to or held for inspection by FDA as part of an application for a research or marketing permit is considered to be FDA-regulated research. [[21 CFR 50.3\(c\)](#), [21 CFR 56.102\(c\)](#)]

Human Subject. A human subject as defined by the Common Rule is a living individual about whom an investigator conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.

- **Intervention** means both physical procedures by which information or biospecimens are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.
- **Interaction** means communication or interpersonal contact between investigator and subject.
- **Private information** means information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).
- **Identifiable private information** means private information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information. Note: This definition is within the Common Rule. For a discussion of identifiability under HIPAA, please see Section 27.
- **Identifiable biospecimen** means a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

Human Subject (FDA): For research covered by FDA regulations, **human subject** means an individual who is or becomes a participant in a clinical investigation, either as a recipient of the test article or as a control. A subject may be either a healthy individual or a patient. For research involving medical devices, a human subject is also an individual on whose specimen an investigational device is used or tested or used as a control (regardless of whether the specimens are identifiable). [[21 CFR 50.3\(g\)](#), [21 CFR 312.3\(b\)](#), [21 CFR 812.3\(p\)](#)]

Test Article. The FDA defines "Test article" as meaning any drug (including a biological product for human use), medical device for human use, human food additive, color additive, electronic product, or any other article subject to regulation under the act or under sections 351 and 354-360F of the Public Health Service Act [42 U.S.C. 262 and 263b-263n]. [[21 CFR 50.3\(j\)](#)]

Test articles covered under the FDA regulations include, but are not limited to:

1. **Human drugs** – A drug is defined as a substance recognized by an official pharmacopoeia or formulary; a substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease; a substance (other than food) intended to affect the structure or any function of the body; a substance

intended for use as a component of a medicine but not a device or a component, part or accessory of a device. Biological products are included within this definition and are generally covered by the same laws and regulations, but differences exist regarding their manufacturing processes (chemical process versus biological process). The primary intended use of a drug product is achieved through chemical action or by being metabolized by the body.

2. **Medical Devices** - A device is "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is: recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them; intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals; or intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes."
3. **Biological Products** - include a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins. Biologics can be composed of sugars, proteins, or nucleic acids or complex combinations of these substances, or may be living entities such as cells and tissues. Biologics are isolated from a variety of natural sources — human, animal, or microorganism — and may be produced by biotechnology methods and other cutting-edge technologies. Gene-based and cellular biologics, for example, often are at the forefront of biomedical research, and may be used to treat a variety of medical conditions for which no other treatments are available.
4. **Dietary Supplements** – A dietary supplement is a product taken by mouth that is intended to supplement the diet and that contains one or more "dietary ingredients." The "dietary ingredients" in these products may include vitamins, minerals, herbs or other botanicals, amino acids, and other substances found in the human diet, such as enzymes. When a dietary supplement meets the definition of drug, it is regulated as such.
5. **Medical Foods** – A medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)), is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.
6. **Mobile Medical Apps** - Mobile apps are software programs that run on smartphones and other mobile communication devices. They can also be accessories that attach to a smartphone or other mobile communication devices, or a combination of accessories and software. Mobile medical apps are medical devices that are mobile apps, meet the definition of a medical device and are an accessory to a regulated medical device or transform a mobile platform into a regulated medical device.
7. **Radioactive Drugs** – The term radioactive drug means any substance defined as a drug which exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or nuclide generator which is intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or

potassium-containing salts which contain trace quantities of naturally occurring radionuclides. The term "radioactive drug" includes "radioactive biological product".

8. **Radiation-Emitting Electronic Products** - a radiation-emitting electronic product as any electrically-powered product that can emit any form of radiation on the electromagnetic spectrum. These include a variety of medical and non-medical products such as mammography devices, magnetic resonance imaging (MRI) devices, laser toys, laser pointers, liquid crystal displays (LCDs), and light emitting diodes (LEDs).

1.4 Ethical Principles

MaineHealth is committed to conducting research with the highest regard for the welfare of human subjects. With the exception of transnational research, where consideration of alternative ethical principles may apply (see Section 26), MaineHealth upholds and adheres to the principles of [The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects in Research](#) by the National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research. These principles are:

1. **Respect for Persons**, which involves the acknowledgment and support of autonomy, and protection of those with diminished autonomy
2. **Beneficence**, which involves ensuring that possible benefits of research are maximized, and possible harms are minimized
3. **Justice**, which involves the fair distribution of the benefits and burdens of research through the equitable selection of subjects

MaineHealth HRPP, in partnership with its research community, is responsible for ensuring the ethical and equitable treatment of all human subjects in research conducted under its auspices.

1.5 Regulatory Compliance

The HRPP facilitates compliance with federal regulations, state and local law and organizational policies (including tribal laws passed by the official governing body of an American Indian or Alaska Native tribe). Human subjects research at MaineHealth is conducted in accordance with applicable regulations and requirements including, but not limited to, the following:

Research conducted, supported, or otherwise subject to regulation by any federal department or agency which adopts the [Common Rule](#) is reviewed and conducted in accordance with the Common Rule. Although the Common Rule is codified by each agency separately, the text is identical to DHHS regulations in [45 CFR 46 Subpart A](#). For the purposes of this document, references to the Common Rule will cite the DHHS regulations.

Research subject to **FDA regulations** is reviewed and conducted in accordance with applicable regulations including, but not limited to, [21 CFR 50](#), [21 CFR 56](#), [21 CFR 312](#) and [21 CFR 812](#).

Research involving the use of Protected Health Information is reviewed and conducted in accordance with the **Health Insurance Portability and Accountability Act** (HIPAA), [45 CFR Part 160](#), [162](#), and [164](#).

Research supported by the **Department of Defense (DoD)** is reviewed and conducted in compliance with [32 CFR 219](#), [10 USC 980](#), applicable parts of title [21 CFR](#) (50, 56, 312, 600, 812), [DoD Instruction 3216.02](#), [DoD](#)

[Directive 3210.07](#), and applicable additional requirements from respective DoD component(s). See Section 28.6 for additional information pertaining to compliance with DoD-funded research.

1.5.1 Management of pre-existing studies once the revised Common Rule goes into effect

The revised Common Rule establishes that all studies approved, waived under .101(i), or determined exempt before January 21, 2019 will be subject to the old rule through the close of study. All protocols approved or determined exempt on or after January 21, 2019 will be subject to the new rule. At this time, MaineHealth will not be transitioning individual studies approved or exempted under the old rule to the new rule.

1.6 International Conference on Harmonization-Good Clinical Practice (ICH-GCP)

MaineHealth voluntarily commits to follow the guidelines for investigators outlined in the International Conference on Harmonization (ICH) Good Clinical Practices (GCP) Guidelines (sometimes referred to as ICH-GCP or E6) for the conduct of clinical trials when required by a sponsor or funding agency. MaineHealth applies the ICH-GCP guidelines for investigators only to the extent that they are compatible with FDA, DHHS, and other applicable regulations. At this time, industry-sponsored clinical trials of drugs are reviewed by external IRBs; as such, the IRB of record for a protocol subject to ICH-GCP E6 is responsible for the relevant ICH-GCP IRB guidelines.

1.7 Federalwide Assurance (FWA) and IRB Registration

The federal regulations require that federally-funded human subjects research only be conducted at facilities covered by a Federalwide Assurance (FWA) approved by the DHHS Office for Human Research Protections (OHRP). An FWA is an organization's assurance to the federal government that human subjects research conducted at that site complies with federal regulations pertaining to the protection of human subjects.

When human subjects research is not subject to the Common Rule or FDA regulations, MaineHealth ensures that human research subjects benefit from equivalent protections by applying the Common Rule standards, with purposeful deviations that do not meaningfully diminish protections as noted within this manual.

Likewise, federal regulations require IRBs to register with DHHS if they will review human subjects research conducted or supported by DHHS or research subject to FDA regulations.

The [HHS registration system database](#) can be used to verify the status of MaineHealth's FWA, IORG, and IRB registration.

MaineHealth's Federal Registration Numbers	
FWA	00003993
IORG	0000154
IRB Registration	00000262

1.8 Research Under the Auspices of MaineHealth

Research under the auspices of MaineHealth includes research conducted at or using any property or facility of MaineHealth, conducted by or under the direction of any employee or agent of MaineHealth (including students, residents, fellows) in connection with his or her MaineHealth position or responsibilities, or involving the use of MaineHealth's non-public information (e.g., medical records) to identify, contact, or study human subjects. The research may be externally funded, funded from internal sources, or conducted without direct funding.

All human subjects research under the auspices of MaineHealth or its affiliates is under the jurisdiction of the MaineHealth HRPP. Human subjects research that MaineHealth is engaged in (per OHRP or FDA guidelines) is under the jurisdiction of the MaineHealth IRB, unless MaineHealth chooses to rely upon another IRB for review and ongoing IRB oversight of the research (the IRB of record for the research).

Employee or Agent. For the purposes of this document, *employees or agents* refers to individuals who: (1) act on behalf of the organization; (2) exercise organizational authority or responsibility; or (3) perform organizationally designated activities. "Employees and agents" can include staff, students, contractors, and volunteers, among others, regardless of whether the individual is receiving compensation.

Engagement. The Department of Health and Human Services (DHHS) regulations [[45 CFR 46.103\[a\]](#)] require that an institution "engaged" in human subject research conducted or supported by a Federal Department or Agency provide the Office for Human Research Protection (OHRP) with a satisfactory assurance of compliance with the DHHS regulations, unless the research is exempt under [45 CFR 46.101\(b\)](#). *"In general, an institution is considered engaged in a particular non-exempt human subjects research project when its employees or agents for the purposes of the research project obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about the subjects of the research; or (3) the informed consent of human subjects for the research."* Institutions that receive an award through a grant, contract, or cooperative agreement directly from DHHS for the non-exempt human subjects research (i.e. awardee institutions), are also considered engaged in research even where all activities involving human subjects are carried out by employees or agents of another institution.

FDA regulations are oriented to the responsibilities of IRBs, investigators, and sponsors as opposed to institutions. In general, FDA-regulated research conducted in MaineHealth facilities or by MaineHealth Principal or Sub-Investigators (as defined on the FDA 1572 or equivalent, or the delegation of responsibilities log) requires review by a MaineHealth-designated IRB. Exceptions to this requirement may be granted on a case-by-case basis (e.g., when MaineHealth's involvement in the research is limited to the provision of a common diagnostic procedure and associated reading or analysis).

When external organizations and researchers wish to conduct research that is under the auspices of MaineHealth, the external organization or researchers must consult with the MaineHealth HRPP or IRB staff prior to initiating any research activities at or involving MaineHealth.

Members of the Office of Research Compliance, at the direction of the HRPP Director, IRB Chair, and Vice Chair, with the assistance legal counsel as needed, are authorized to determine whether MaineHealth is engaged in a particular research study. Investigators and other institutions **may not** independently determine whether MaineHealth is engaged in a particular research study.

When MaineHealth is engaged in research, the Institutional Official may choose to enter into an agreement to cede review to an external IRB.

For additional information on engagement please refer to OHRP's [Guidance on Engagement on Institutions in Human Subjects Research](#).

1.9 Written Procedures

These Standard Operating Procedures (SOPs) for Human Research Protection detail the procedures, standards, and requirements for research with human subjects under the auspices of MaineHealth and the requirements of the MaineHealth IRB. This is not a static document. The SOPs are reviewed annually and may be revised by the Office of Research Compliance (ORC) Director with input from ORC staff, Counsel, Institutional Official and others as necessary.

The MaineHealth HRPP will keep the research community apprised of new information that may affect the human research protection program, including laws, regulations, policies, procedures, and emerging ethical and scientific issues on its website, through email, and other forums. These SOPs will be available on the MaineHealth HRPP website. Changes to the SOPs are communicated to investigators, research staff, IRB members, and IRB staff by way of e-mail communication and posting on the ORC website.

1.10 MaineHealth HRPP Structure

The HRPP consists of individuals, departments, and committees with responsibilities for human research protections such as, the Institutional Official, ORC Director, IRB Manager and ORC Staff, the IRB, the Research Financial Conflict of Interest Committee, Research Pharmacy, Legal Counsel, investigators, research staff, Grants and Contracts, Clinical Trials Office, the Institutional Biosafety Committee (IBC), the Radiation Safety Committee (RSC), and others. The objective of this system is to assist the organization in meeting ethical principles and regulatory requirements for the protection of human subjects in research.

The following officials, administrative units and individuals have primary responsibilities for human subject protections:

1.10.1 Institutional Official

The ultimate responsibility of the HRPP resides with the **Institutional Official (IO)** of the program. The IO is legally authorized to represent MaineHealth. The IO is the signatory of the FWA and assumes the obligations of the FWA. At MaineHealth, The Director of the Maine Medical Center Research institute (MMCRI) and Vice President for Research is the Institutional Official. The IO is responsible for ensuring that the MaineHealth HRPP and IRB(s) have the resources and support necessary to fulfill their responsibilities and to comply with the regulations and requirements that govern human subject research. Such resources include, but are not limited to:

- Staffing commensurate with the size and meeting space, complexity of the research program;
- Appropriate office space, meeting space, equipment, materials, and technology;
- Resources for the production, maintenance, and secure storage of HRPP and IRB records;

- Resources for auditing and other compliance activities and investigation of noncompliance;
- Access to legal counsel; and
- Ensuring that the IRB, investigators, and staff receive training related to human research protections.

At a minimum of annually, the IO reviews HRPP and IRB functions, requirements, and resources and makes adjustments as needed.

The IO is also responsible for:

- Fostering, supporting and maintaining a culture that supports the ethical conduct of research involving human subjects and compliance with applicable regulatory and other requirements;
- Ensuring that the IRB functions independently by, among other mechanisms, being directly accessible to the IRB Chair(s) and members if they experience undue influence or if they have concerns about the function of the IRB;
- Oversight of the Institutional Review Board (IRB);
- Oversight over the conduct of human subjects research under the auspices of MaineHealth;
- Providing training and educational opportunities for IRB members and staff to support their ability to review research in accordance with ethical standards and applicable regulations;
- Providing training and educational opportunities for investigators and research staff to support their ability to conduct research in accordance with ethical standards and applicable regulations; and
- Taking action as necessary to ensure the protection of human subjects and compliance with regulatory and other requirements.

The IO has the authority to suspend, terminate, or disapprove research or take other actions, such as sanctions or restrictions of research privileges or uses of research data, as necessary, to ensure the proper conduct of research, the protection of human subjects, the autonomy and authority of the IRB, compliance with regulatory and other requirements, or to protect the interests of MaineHealth. However, the IO may not approve research that has been disapproved (or not yet approved) by the IRB.

The IO must complete either the OHRP Human Subject Assurance Training, or the CITI Training Module for IOs. The ORC will support the continuing education of the IO by providing information and updates on topics related to human research protections.

The IO is made known to employees of the organization and is accessible by phone, email, in person or other methods of communication. The ORC Director, IRB Manager, and IRB Chair have access to the IO for any concerns or issues related to the HRPP or IRB.

In the performance of these duties, the IO has the authority to delegate such activities as may be necessary in order to effectively administer the program. The Senior Director, Research Administration assists the IO in the above responsibilities. However, the IO is ultimately responsible and is expected to be knowledgeable about human subject protections and research at the organization.

1.10.2 Director of the Office of Research Compliance (ORC)

The Office of Research Compliance is comprised of two human research divisions (IRB Administration, and SEQuR; Support of Education and Quality Improvement for Researchers), as well as the Institutional Animal Care and Use Committee (IACUC). The IRB reports to the Director of ORC, who reports to the Senior Director, Research Administration. The director, working in close partnership with the IRB Manager, is responsible for:

- Developing, managing and evaluating policies and procedures that ensure compliance with state, and federal regulations and MaineHealth policies. This includes monitoring changes in regulations and policies that relate to human research protection and overseeing the administration of the IRB;
- Advising the IO on key matters regarding human subjects research;
- Implementing the organization's HRPP SOPs;
- Overseeing the administration of the HRPP, including the supervision of staff;
- Overseeing the administration of IRB Reliance Agreements and Independent Investigator Agreements;
- Submitting, implementing and maintaining an approved FWA through the IO and the Department of Health and Human Services Office of Human Research Protection (OHRP);
- Managing the finances of the MaineHealth HRPP and IRB;
- Developing and implementing needed improvements and ensuring follow-up of actions, as appropriate, for the purpose of managing risk in the research program;
- Developing training requirements as required and as appropriate for IRB members, investigators, and staff, and ensuring that training is completed on a timely basis;
- Serving as the primary contact at MaineHealth for the Office for Human Research Protections (OHRP) of the U.S. Department of Health and Human Services, the FDA, and other regulatory agencies on matters of human research protections; and
- Serving as a liaison to the RCOI Committee to ensure oversight of the research COI program as it pertains to the review of human subjects research.

1.10.3 IRB Manager

The IRB Manager reports to the ORC Director, and has primary responsibility for:

- Administration of the IRB
- Supervision of the Research Compliance Coordinators (RCCs)
- Assisting the IRB in its efforts to review research and ensure the protection of human subjects;
- Assisting investigators in their efforts to carry out the organization's research mission;
- Serving as an internal expert resource for questions and other matters regarding the protection of human subjects.

1.10.4 ORC Staff

In addition to the leadership structure described above, the staffing for the ORC includes Research Compliance Coordinators (RCCs) responsible for IRB Administration, and Research Education and Compliance Officers (RECOs) who staff the SEQuR. ORC staff for MaineHealth must comply with all ethical standards and practices. The duties and responsibilities for all staff are found in their respective job descriptions, and their performance is evaluated on an annual basis. The RCC staff report to the IRB Manager, and the RECOs report to the ORC Director.

1.10.5 Institutional Review Board (IRB)

MaineHealth has one internal IRB, appointed by the Institutional Official (IO). The IRB prospectively reviews and makes decisions concerning all non-exempt human subjects research under the auspices of MaineHealth unless it has been determined that MaineHealth is not engaged in the research or MaineHealth has entered into agreement with an external IRB to serve as the IRB of record. The IRB is responsible for the protection of the rights and welfare of human research subjects, through review and oversight of safe and ethical research. It discharges this duty by complying with the requirements of federal and state regulations, the FWA, and organizational policies.

The IRB functions independently of, but in coordination with, other organizational committees and officials. The IRB, however, makes independent determinations whether to approve, require modification in, or disapprove research based upon whether human subjects are adequately protected.

Research that has been reviewed and approved by the IRB may be subject to review and disapproval by officials of the organization. However, those officials may not approve human research that has not been approved or has been disapproved by the IRB.

MaineHealth also uses the services of external IRBs including WIRB, NCI CIRB Adult and Pediatric IRBs, and others. External IRBs are primarily relied upon for the review and oversight of industry initiated/industry funded clinical trials. MaineHealth may enter into reliance agreements for other reasons, for example, when required as a term or condition of a grant.

1.10.6 Legal Counsel

The MaineHealth HRPP relies on the Organization's Legal Counsel or designee for the interpretation of state law and the laws of other jurisdictions where research is conducted as they apply to human subjects research. Counsel is available to provide guidance on other relevant topics as needed.

1.10.7 Department Chairs

Department Chairs are responsible for ensuring that the investigator is qualified by training and experience to conduct the proposed research.

Department chairs/leaders are required to review all proposals before they are submitted to the IRB for review. The signature of the Department chair indicates that the investigator is qualified and has the necessary credentials and resources to safely conduct the study, and (2) attests to the scientific validity of the study, meaning that:

- The research uses procedures consistent with sound research design; and
- The research design is sound enough to reasonably expect the research to yield the expected knowledge.

1.10.8 Principal Investigators

The Principal Investigator (PI) is ultimately responsible for the protection of the human subjects participating in research they conduct or oversee. The PI is expected to abide by the highest ethical standards when developing a research plan and to incorporate the principles of the [Belmont Report](#). The PI is expected to conduct research in accordance with the IRB approved research plan and to personally conduct or oversee all aspects of the research. In addition to complying with all applicable regulatory policies and standards, PIs must comply with organizational and administrative requirements for conducting research. The PI is responsible for ensuring that all investigators and research staff complete all organization required trainings as well as training for their specific responsibilities in any given research study. When investigational drugs or devices are used, the PI is responsible for ensuring an appropriate plan for their storage, security, dispensing, accounting, and disposal.

The IRB reviews investigator qualifications when reviewing research and may determine that an investigator may not serve as PI or may require the addition of other investigators to supplement the expertise available on the research team or to conduct or oversee certain aspects of the research.

The PI for human subjects research under the auspices of MaineHealth must be a non-trainee (e.g., attending, etc.). Waivers to this requirement will be considered by the IO or designee, on a case by case basis. Factors to be considered in granting the waiver include past human research experience, past experience as a PI at other organizations etc.

Individuals who are debarred, disqualified, or otherwise restricted from participation in research or as a recipient of grant funds for research by a federal, state, or other agency **may not** serve as PI.

Individuals with a history of compliance issues related to the conduct of research (e.g., recipients of a FDA Warning Letter) will be considered on a case-by-case basis. Factors to consider include whether corrective actions have been accepted as adequate, whether information from an audit or quality review indicates that the issues have been resolved, and similar considerations.

1.10.9 Other Related Units

1.10.9.1 Grants and Contracts

The Grants and Contracts staff review all research agreements with grantors and sponsors including federal, foundation, industry, and non-profit. This review ensures that all terms of the award (grant or contract) are in compliance with organizational policies. Only designated senior individuals within Grants and Contracts have the authority to approve funding proposals and to execute research agreements on behalf of the organization. The Authorized Organizational Representative signs all contracts and agreements on the recommendation of senior Grants and Contracts staff.

Grants and Contracts ensures that required AAHRPP language (see Section 24) is included in contracts. The Contracts Officer, and the Medical Coverage Analyst (MCA) have access to the contract and the consent documents to confirm they are consistent in terms of costs to subjects and who pays in case of injury. The IRB office, in consultation with the Contracts Officer, coordinates efforts to ensure that all applicable individuals have filed appropriate COI disclosures to meet investigator COI policies.

Grants and Contracts ensures that all senior/key personnel on federal grant applications have disclosed financial interests within the 12 months prior to submission. If a financial conflict is identified, the grants and contracts office reports such conflict to the federal awarding agency and ensures no funds are spent prior to managing the conflict.

When the grant or contract agreement includes human research activities that will be conducted by investigators who are not employees or agents of MaineHealth, a subcontract is executed between MaineHealth and the collaborating institution. The subcontract includes the requirement for the collaborating institution to assure compliance with federal regulations for the protection of human subjects in research and to provide documentation of current and ongoing IRB approval. The collaborating institution must also ensure that key personnel involved in human subject research are in compliance with the NIH policy on education in the protection of human research subjects and provide documentation of education of key personnel to MaineHealth.

1.10.9.2 MaineHealth Pharmacy

MaineHealth Pharmacy is responsible for storing, accounting for, dispensing, and compounding of most investigational drugs used in research, whether conducted with inpatient or outpatients. The manufacture/compounding of drug products not commercially available is coordinated by MaineHealth pharmacy. Waivers from use of the MaineHealth pharmacy for handling investigational drugs will be considered on a case by case basis by the MaineHealth Pharmacy.

The Pharmacy is available to provide guidance to investigators in relation to the management of the study drugs.

1.10.10 Study-Specific Coordination

In addition to IRB approval, PIs must obtain and document the approval, support, or permission of other individuals and departments or entities impacted by the research as well as approval by other oversight areas and committees, including, but not limited to:

- Pathology/laboratory
- Pharmacy
- Radiology
- Nursing
- Facilities where research activities will occur
- Departmental approvals

- Records access permissions (e.g., Epic etc.)
- Institutional Biosafety Committee
- Radiation Safety Committee
- Radioactive Drug Research Committee

When applicable, either electronic signature, or e-mail confirmation of support, collaboration, permission, or approval from the designated authority, will be included in the appropriate IRBNet package for the study. The submission will be reviewed in the ORC to ensure that all necessary sign-offs are included. The IRB reserves the right to request review by or consultation with any of the above listed or other organizational committees or components even when such review or consultation is not required by policy.

If the research sites, or research personnel, are also under the jurisdiction of another IRB, documentation of the external IRB's approval or agreement to cede or waive review is required.

Other committees and officials may not approve research involving human subjects that has not been approved or has been disapproved by the IRB.