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<b>Responsible Official:</b>	Meghan Scott, IRO Director
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## POLICY STATEMENT

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It is the policy of the Fred Hutchinson Cancer Research Center (Fred Hutch) that Principal Investigators (PIs) wishing to conduct research activities, must submit an application to the Institutional Review Office (IRO) prior to initiating the research activity. PIs may not independently determine that a research project does not involve human research participants (also referred to as “human subjects”), with the exception of research that exclusively involves de-identified information or biospecimens obtained from an IRB pre-reviewed source. No research, subject to the Fred Hutch Human Research Protection Program (HRPP), may proceed without review and approval by an IRB even if it has been approved by some other Fred Hutch department or official.

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## DEFINITIONS

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See *IRB Glossary of Terms and Acronyms* (050) for full definitions of the following:

**Exempt**

**Expedited Review**

**Expedited Reviewer**

**FDA-regulated Research**

**Full Committee Review**

**Human Subjects** (also known as Human Research Participants)

**Interaction**

**Intervention**

**IRB Pre-Reviewed Sources** (of de-identified human specimens and/or data)

**Limited IRB Review**

**Minimal Risk**

**Not Human Subjects** (NHS)

**Principal Investigator Responsibilities Memorandum** (091)

**Private Information**

**Research or Research Activities**

**Research Not Involving Humans Subjects**

**Test Article**

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## PRINCIPLES/OVERVIEW

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The Fred Hutch IRB follows policies and procedures for conducting initial review for all research activities. These policies and procedures also describe the documents required to ensure that the IRB reviews relevant information to evaluate the research study in accordance with the regulations.

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## INDIVIDUALS AFFECTED BY THIS POLICY

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The contents of this policy apply to IRO staff, IRB members, employees of Fred Hutch, and investigators from other institutions who submit research studies to the Fred Hutch IRB for review and approval.

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## PROCEDURES

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### 1. Type of research activities

The four classifications of research activities are:

- Research Not Involving Human Subjects;
- Exempt from IRB review;
- Minimal Risk;
- More than minimal risk.

### 2. Review process of Research Not Involving Human Subjects

- a. If the proposed research exclusively involves de-identified human information and/or human biospecimens obtained from a source on the *IRB Pre-reviewed Sources of De-identified Human Specimens and/or Data* (0332) list, the research activity is presumptively considered to be Research Not Involving Human Subjects and the PI does not need to submit the research activity for review and independent determination of Not Human Subjects (NHS) by IRO staff or an Expedited Reviewer. A list of *IRB Pre-Reviewed Sources of De-identified Human Specimens and/or Data* (0332) can be found at <https://extranet.fredhutch.org/en/u/irb/submissionstotheirb/research-not-involving-human-subjects.html>.

In general, de-identified data and/or specimens which are available for purchase from a commercial vendor (e.g., ATCC) or available to researchers through a government administered data or specimen repository (e.g., dbGaP, CHTN) will have appropriate safeguards against releasing identifiable information such that any research exclusively using information and/or biospecimens obtained from the resource would be considered Not Human Subjects Research. Researchers may request additional sources be evaluated by the IRO Director or IRO Assistant Director and the IRB Chair or designee. The IRO staff will follow the  *Screener: Evaluation of Sources for Presumptive NHS Determination* (0330). After a source is added to the list of *IRB Pre-Reviewed Sources of De-identified Human Specimens and/or Data* (0332), future research exclusively utilizing data or specimens from the source can presumptively be considered Research Not Involving Human Subjects.

- b. If the proposed research involves de-identified information and/or human biospecimens from any other source (e.g., another research specimen or data repository), the research must be submitted to IRO staff or an Expedited Reviewer for a determination of NHS. The IRB tracks NHS determinations for research involving de-identified data and/or human biological specimens obtained from sources not on the *IRB Pre-Reviewed Sources of De-identified Human Specimens and/or Data* (0332) list. The IRO will keep track of projects deemed to be NHS in IR File 6007.
- c. A PI who believes that he/she is carrying out this type of activity on information or biospecimens obtained from a source not on the *IRB Pre-Reviewed Sources of De-identified Human Specimens and/or Data* (0332) list completes the *Application for Review Human Specimens or Data Research* (0326) and the associated *Human Subjects Research Determination Form* (051). IRO staff screen the application using the *Screener: Application for Review Human Specimens or Data Research (NHS Determination)* (0133) and make an NHS determination. Alternatively, IRO staff can forward the documents to an Expedited Reviewer to make an NHS determination.
- d. If IRO staff or the Expedited Reviewer determines the research is Not Human Subjects Research, the IRB Administrative Assistant II (AAII) processes the documents per the *Screener: Application for Review Human Specimens or Data Research (NHS Determination)* (0133). The IRB AAII

updates the database, makes a copy for the PI and IRO Contact, and files the original documents in IR 6007.

- e. If IRO staff or the Expedited Reviewer determines the research does involve Human Subjects, the IRB Analyst contacts the PI, requesting the PI to submit the appropriate IRB application form.
- f. The turnaround time for review of these activities is outlined in *IRB Turnaround Times* (0411).

### 3. Review process for new applications Exempt from IRB review

- a. If the PI evaluates that his/her research activity qualifies for Exempt status (per the *Exempt Checklist* [048]), the PI submits an *Application for Review Human Specimens or Data Research* (0326), *Application for Review Observational Research* (0325), or *Application for Review Interventional Research* (0324) as appropriate, along with the associated *Exempt Checklist* (048).
- b. The IRB Analyst screens the new application following the relevant  *Screener: New Application* type (0335, 0336, or 0337) and reviews the information included in the Funding Source Document (FSD) or summary to determine whether it reflects the type of exemption selected by the PI. The IRB Analyst forwards the documents to an Expedited Reviewer to make the final determination whether:
  - Information provided by the PI justifies the selected exemption category;
  - The research meets the ethical principles of conducting research;
  - Participants are protected; and
  - When appropriate, there are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data<sup>1</sup>.
- c. If the research falls into one or more Exempt Categories:
  - The research can be assumed to involve no more than minimal risk unless it is determined otherwise by the Expedited Reviewer;
  - It is the Fred Hutch IRB's policy not to grant an Exempt determination for research activity that involves more than minimal risk even if the research falls into one or more Exempt Categories.
- d. When the research involves children as participants, Exempt Categories 1, 4, 5, and 6 may be applied. There are limitations or exclusions of children in Exempt Categories 2 and 3 as follows (see *Exempt Checklist* [048] for further details):<sup>2</sup>
  - Exempt Category 3 does not apply to research involving children.
  - Exempt Category 2 procedures are limited to:
    - Educational tests (cognitive, diagnostic, aptitude, achievement); or
    - Observation of public behavior where the investigator(s) do not participate in the activity being observed.

Note: Children may not be included in Exempt Category 2 if the information obtained is recorded by the investigator in such a manner that the identity of the human participants can readily be ascertained, directly or through identifiers linked to the participants.

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<sup>1</sup> HHS: 45 CFR 46.104(2)(iii), \_\_.104(3)(i)(c)

<sup>2</sup> HHS: 45 CFR 46.104(b)(3)

- e. If the Expedited Reviewer determines that the new application meets one of the Exempt Categories using the *IRB Chair or Designee Review Type Determination Checklist (075)*, the exempt application is processed by the IRB AAll per the final processing section of the relevant  *Screener: New Application* type (0335, 0336, or 0337)
- Approval dates are given using the *Approval Dates Guidelines (083)*.
  - The information is entered into the database PIRO including the Exempt Category and scope of the research project.
  - A copy of the approval documents are forwarded to the PI and IRO Contact, a copy of the application is placed in the next agenda bin, and the original documents are filed in its own IRB file (green colored folder).
- f. All information including specific findings on the part of the Expedited Reviewer will be reported on the next available agenda under the section, "New Applications That Have Undergone Expedited Review - Exempt." The IRB members are given an opportunity to request Full Committee Review and/or to review additional documents of any items that underwent Expedited Review.
- g. If the Expedited Reviewer determines that the new application does not meet one of the Exempt Categories, the IRB Analyst notifies the PI to submit the appropriate IRB application. The Expedited Reviewer conducting limited IRB review may not disapprove research using the expedited procedure.
- h. Activities involving the following may not be considered Exempt from IRB review:
- Cancer Surveillance System (CSS) used to obtain names of potential study subjects.
  - Vulnerable Population: Prisoners (except for research aimed at involving a broader subject population that only incidentally includes prisoners) and individuals with impaired decision-making capacity not competent to provide informed consent.<sup>3</sup>
  - Accessing Washington state records.<sup>4</sup>
  - FDA regulated drugs/devices/biologics, except in emergency situations and taste and food quality studies.<sup>5</sup>
  - There is a possibility that state or local laws, including tribal laws, are in effect or could come into effect which override the Federal Regulations and change an activity from one type of status to another, e.g., from Exempt to Minimal Risk.
- i. The turnaround time for review of these activities is outlined in *IRB Turnaround Times (0411)*.
- j. Once an Exempt determination is made, there are no ongoing review requirements (i.e., no Continuing Review or Status Reports are required), including studies that were determined to be Exempt under a limited IRB review process.
- k. When changes to research are proposed, including but not limited to changes that may impact privacy/confidentiality, the changes will require IRB review and approval prior to implementation of the modification to ensure the research continues to qualify for Exempt

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<sup>3</sup> HHS: 45 CFR 46.104(b)(2)

<sup>4</sup> RCW Chapter 42.48: Washington "state agency" records means records from: (a) The department of social and health services; (b) the department of corrections; (c) the department of health; or (d) the department of children, youth, and families.

<sup>5</sup> FDA: 21 CFR 56.104(c)-(d)

status. Additionally, when new funding is added to an existing Exempt study, the FSD will be reviewed against the Exempt application to determine if the Exempt status needs to change.

- l. The *Exempt Application for Expedited Review Flow Chart* (Appendix A) is an overview of the review process described in this section.
- m. Investigators with a primary appointment at University of Washington or Seattle Children's should submit all Exempt research to the IRB of their respective institution.

#### 4. Review process for new Minimal Risk applications

See IRB glossary for definition of minimal risk research. Note that biopsies and scans involving contrast dye are *not* considered minimal risk procedures.

- a. If the PI evaluates that his/her research activity qualifies for Expedited Review (per the *Expedited Review Checklist for Minimal Risk Activities* [053]), the PI submits the following completed documents to the IRB for review:
  - *Application for Review Interventional Research* (0324), *Application for Review Observational Research* (0325), or *Application for Review Human Specimens or Data Research* (0326) as appropriate.
  - *Expedited Review Checklist for Minimal Risk Activities* (053).
  - Other supporting documents and supplements as directed in Section 9 of the IRB application form.
- b. The IRB application form, and associated attachments, collect all the relevant information needed by the IRB to determine the following requirements are satisfied:
  - Risks to participants are minimized.
  - Risks to participants are reasonable in relation to anticipated benefits, if any, to participants, and the importance of the knowledge that may reasonably be expected to result.
  - Selection of participants is equitable.
  - Informed consent will be sought from each prospective participant or the participant's legally authorized representative.
  - Informed consent will be appropriately documented.
  - The research plan makes adequate provision for monitoring the data collected to ensure the safety of participants.
  - There are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data.<sup>6</sup>
  - If the study targets vulnerable populations to participate, information on the additional safeguards that will be used to protect the rights and welfare of this participant group who are likely to be more vulnerable to coercion and undue influence, or other vulnerabilities.<sup>7</sup>
  - The investigator(s) are qualified, and the research site(s) are adequate, to conduct the research.

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<sup>6</sup> HHS: 45 CFR 46.111(a)1-8; FDA: 21 CFR 56.111(a)1-7

<sup>7</sup> HHS: 45 CFR 46.111(b); FDA: 21 CFR 56.111(b)

- c. The IRB Analyst screens the new application following the *Screener: New Application* (0335, 0336, or 0337) and reviews the information included in the application to determine whether it reflects the expedited review research category selected by the PI.
- d. The IRB Analyst also conducts an initial review of the FSD (if one was submitted) to confirm that the FSD matches the responses included in the application form. The IRB Analyst forwards the documents, the *IRB Member Checklist* (071), and the *IRB Member Consent Process and Documentation Checklist* (072) to an Expedited Reviewer to make the final determination whether the research activity qualifies as a Minimal Risk study eligible for Expedited Review. The *IRB Member Checklist* (071) is used by the Expedited Reviewer to ensure that all the relevant information is included.
- e. The Expedited Reviewer will determine the frequency of review by considering information in the *IRB Member Checklist* (071) about studies that may require IRB review more often than once a year. For research studies subject to only the 2018 requirements of the Common Rule, and not FDA-regulated research, Continuing Review of the research will not be required unless the Expedited Reviewer determines otherwise and documents their rationale accordingly. When Continuing Review of Minimal Risk research is not required, annual Status Reports will be required as outlined in *IRB Policy 2.28 Status Reports for IRB Files* (0403).<sup>8</sup>
- f. Special considerations – see [Section 6](#).
- g. If the Expedited Reviewer determines that the new application does meet one of the expedited review research categories using the *IRB Chair or Designee Review Type Determination Checklist* (072), the minimal risk application is processed by the IRB AAll per the final processing section of the *Screener: New Application* (0335, 0336, or 0337).
  - Approval dates are given per *IRB Policy 1.8 Approval Date Guidelines and Turnaround Times* (06) and using the *Approval Date Guidelines* (083).
  - The information is entered into the database PIRO including the expedited review research category and any specific findings on the part of the IRB Chairperson or his/ her designee, such as approving a procedure which waives the requirement for obtaining a signed consent form, etc.
  - A copy of the approval documents are forwarded to the PI and IRO Contact with a *Principal Investigator Responsibilities Memorandum* (091), a copy of the application is placed in the next agenda bin, and the original documents are filed in their designated IRB file (red colored folder).
- h. All information including specific findings on the part of the Expedited Reviewer, such as approving a procedure which waives the requirement for obtaining a signed consent form, will be reported on the next available agenda under the section, “New Applications That Have Undergone Expedited Review.” The IRB members are given an opportunity to request Full Committee Review and/or to review additional documents of any items that underwent Expedited Review.
- i. If the Expedited Reviewer determines that the new application does not meet one of the expedited review research categories, the IRB Analyst notifies the PI that the application requires Full Committee Review. The Expedited Reviewer may not disapprove research using the expedited procedure.
- j. The turnaround time for review of these activities is outlined in *IRB Turnaround Times* (0411).

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<sup>8</sup> HHS: 45 CFR 46.108(a)(3), \_\_.109(f)(1)(i), \_\_.115(a)(3); FDA: 21 CFR 56.108(a)(2), \_\_.109(f)

- k. All FDA-regulated research studies and studies subject to the pre-2018 requirements of the Common Rule will undergo continuing review, at least once a year. See *IRB Policy 2.2 Continuing Review* (010).
- l. Minimal Risk research studies that qualify for Expedited Review and are subject to the 2018 requirements of the Common Rule do not undergo continuing review, unless otherwise determined by the Expedited Reviewer. When continuing review is not required, a Status Report will be required once a year. See *IRB Policy 2.8 Status Reports for IRB Files* (0403).
- m. The *Minimal Risk Application for Expedited Review Flow Chart* (Appendix B) is an overview of the review process described in this section.
- n. Investigators with a primary appointment at the University of Washington should submit all minimal risk research to the UW IRB, unless single IRB requirements apply or as otherwise agreed to with the Fred Hutch Institutional Review Office.

## 5. Review process for new more than minimal risk applications

- a. If the PI evaluates that his/her research activity does not qualify as a Not Human Subjects, Exempt or Minimal Risk activity, the PI submits the following documents for full IRB review:
  - *Application for Review Interventional Research* (0324), *Application for Review Observational Research* (0325), or *Application for Review Human Specimens or Data Research* (0326) as appropriate.
  - Other supporting documents and supplements as directed in Section 9 of the IRB application form.
- b. The IRB application form, and associated attachments, collect all the relevant information needed by the IRB to determine the following requirements are satisfied:
  - Risks to participants are minimized.
  - Risks to participants are reasonable in relation to anticipated benefits, if any, to participants, and the importance of the knowledge that may reasonably be expected to result.
  - Selection of participants is equitable.
  - Informed consent will be sought from each prospective participant or the participant's legally authorized representative.
  - Informed consent will be appropriately documented.
  - The research plan makes adequate provision for monitoring the data collected to ensure the safety of participants.
  - There are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data.<sup>9</sup>
  - If the study targets vulnerable populations to participate, information on the additional safeguards that will be used to protect the rights and welfare of this participant group who are likely to be more vulnerable to coercion and undue influence, or other vulnerabilities.<sup>10</sup>
  - The investigator(s) are qualified, and the research site(s) are adequate, to conduct the research.

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<sup>9</sup> HHS: 45 CFR 46.111(a)1-8; FDA: 21 CFR 56.111(a)1-7

<sup>10</sup> HHS: 45 CFR 46.111(b); FDA: 21 CFR 56.111(b)

- c. The IRB Analyst screens the new application following the appropriate *Screener: Application for Review* (0335, 0336, or 0337) to confirm that the application is complete and all relevant documents were submitted.
- d. Special considerations – see [Section 6](#).
- e. The IRB Analyst adds the new application to reports in PIRO and the IRB AAll scans the documents per *IRB Policy 2.22 Database PIRO* (013).
- f. The Fred Hutch IRB uses the primary review system (*IRB Policy 1.6 Meeting and Meeting Records* [024]). The primary reviewers are responsible to review all the materials as noted in *IRB Policy 1.6 Meeting and Meeting Records* (024) that are posted on eReview to perform an in-depth review of the materials. However, only the primary reviewer is responsible to review the FSD(s).  
  
All IRB members receive the same materials posted on eReview. When an IRB member not a primary reviewer, they are expected to review the application form and the current protocol, consent or assent forms in enough depth to discuss the information at the convened meeting. All IRB members have access to the *IRB Member Checklist* (071) and *IRB Member Consent Process and Documentation Checklist* (072). Any IRB member may request additional information.
- g. IRB Committee Deliberations/Actions:
  - The primary reviewers summarize their review for the committee. The IRB will vote to take one of the actions outlined in *IRB Policy 1.6 Meeting and Meeting Records* (024).<sup>11</sup>
  - For specific information regarding IRB Committee deliberations and actions, please see *IRB Policy 1.6 Meeting and Meeting Records* (024).
- h. Notifying PIs of the IRB Committee’s decisions:
  - Approved
    - The IRB AAll or IRO staff processes the application within 24 hours of the IRB meeting following the final processing section of the *Screener: New Application* (0335, 0336, or 0337).
    - Approval dates are given per *IRB Policy 1.8 Approval Date Guidelines and Turnaround Times* (06) and using the *Approval Dates Guidelines* (083).
    - The information is entered into the initial tab in the database PIRO.
    - A copy of the approval documents are forwarded to the contact person with a *Principal Investigator Responsibilities Memorandum* (091), and the original documents are filed in the IRB study file.
  - Approved with minor modifications: The IRB Analyst or IRO Staff forwards a result letter outlining the minor points of clarification requested by the IRB Committee as outlined in *IRB Turnaround Times* (0411).
  - Disapproved: If the IRB disapproved the research or any part of the study activities, the IRB Analyst or IRO staff emails the PI and/or contact person within 24 hours after the meeting to inform them of this determination. The email also informs them that the details of the review will be forwarded to them in the result letter as outlined in *IRB Turnaround Times* (0411).

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<sup>11</sup> HHS: 45 CFR 46.109(a); FDA: 21 CFR 56.109(a)

- i. The turnaround time for review of activities requiring Full Committee Review depends on the IRB Committee's determination. Specific turnaround times are given per the *IRB Policy 1.8 Approval Date Guidelines and Turnaround Times* (06) and according to *IRB Turnaround Times* (0411).
- j. All FDA-regulated research studies and studies subject to the pre-2018 requirements of the Common Rule will undergo continuing review, at least once a year unless the IRB determines more frequent review is required. See *IRB Policy 2.2 Continuing Review* (010). The IRB Committee considers information in the *IRB Member Checklist* (071) about studies that may require IRB review more often than once a year<sup>12</sup>.
- k. Research studies that initially received Full Committee Review and are only subject to the 2018 requirements of the Common Rule undergo continuing review, at least once a year unless the IRB determines more frequent review is required. If the research study has progressed to the point that the status is "closed to accrual, in long-term follow-up only" or "closed to accrual, in data analysis only," continuing review of the research will no longer be required. When continuing review is no longer required, a Status Report will be required once a year. See *IRB Policy 2.28 Status Reports for IRB Files* (0403). However, the IRB may determine that continuing review must occur even if the study meets the criteria under the 2018 Requirements of the Common Rule for not needing continuing review. In that case, the IRB's decision will be documented and rationale provided to the investigator.<sup>13</sup>
- l. The *New Full IRB Application Flow Chart* (Appendix C) is an overview of the review process described in this section.

## 6. Special Considerations for studies that are minimal risk or more than minimal risk:

- Accessing Medical Records from UW prior to obtaining consent: Studies accessing medical records from the UW prior to obtaining consent must have an IRB-approved Waiver of Consent and Waiver of HIPAA Authorization. Studies must also complete a UW Confidentiality Agreement with UW Human Subject's Division or other appropriate UW records custodian, after receiving IRB approval from Fred Hutch.
- Cancer Surveillance System (CSS): Studies involving the use of identifiable CSS data (e.g., data with names, addresses, SSNs, other identifiers) to recruit CSS patients must comply with the CSS-approved process to approach and recruit participants. Research involving recruitment of participants through CSS undergo review by a convened meeting.
- Certificate of Confidentiality (CoC) See *IRB Policy 2.12, Privacy and Confidentiality* for information.
- ClinicalTrials.gov registration: NIH-funded clinical trials and FDA-regulated applicable clinical trials must be registered with and reported on [www.clinicaltrials.gov](http://www.clinicaltrials.gov). For more information regarding registration (and what an applicable clinical trial is) see <https://clinicaltrials.gov/ct2/manage-recs>, 42 CFR 11, and <https://grants.nih.gov/policy/clinical-trials/reporting/index.htm>. Contact Fred Hutch Clinical Research Support or Institutional Review Office with questions.
- Community-Based Participatory Research (CBPR): Studies involving CBPR must provide information on the involvement of community members in the research process, including design and implementation of the research and the dissemination of results, for the IRB's

<sup>12</sup> HHS: 45 CFR 46.108(a)(3); FDA: 21 CFR 56.108(a)(2)

<sup>13</sup> HHS: 45 CFR 46.109(f)(1)(iii)

consideration. The IRB will consider if consultants with expertise in CBPR are needed to assist with the review and provide additional guidance and education to the IRB when reviewing CBPR studies.

- Department of Health and Human Services (DHHS): When research is funded by DHHS, if there is a DHHS-approved sample consent document and/or a DHHS-approved protocol, a complete copy of these documents will be provided to the IRB or expedited reviewer for review as part of the new application.
- Clinical intervention: Studies involving clinical intervention may require review by Scientific Review Committee (SRC) and/or disease group review meetings prior to IRB submission.
- Compensation for Participation: Studies involving compensation to research participants such as in the form of money or other incentives must provide the following information:
  - amount of compensation;
  - the form of compensation;
  - the reason for compensation;
  - if the compensation will be prorated.

This information allows the IRB to determine whether the:

- inducement is so substantial as to persuade a potential participant to take a risk when otherwise he or she would not have done so
- research participant is a member of a "captive" population, vulnerable to inducement (e.g., institutionalized participants, student subjects in a PI's class or department)
- Conflict of Interest Management Plans: If the PI indicates on the application a Conflict of Interest Management Plan has been established, the plan should be included for the IRB's review. The IRB will consider and determine if the management plan is appropriate to approve the research.
- Hutchinson Center Research Institute in Uganda (HCRI-U) and Hutchinson Center Research Institute in South Africa (HCRISA): As these are component entities of Fred Hutch, all research projects conducted at HCRI-U and HCRISA are reviewed by Fred Hutch IRB in addition to dual review by a local IRB and any other reviews which may be required. Unless the IRO Director or IRO Assistant Director in consultation with an IRB Chair determines otherwise, IRO staff will obtain a consultant review from an individual with appropriate local context knowledge prior to Fred Hutch IRB review of research conducted at HCRI-U and HCRISA. See *IRB Policy 1.3 IRB Committee Structure (019)* for specific information regarding consultants.
- Consultant: When it is determined that expertise and knowledge are needed that do not exist currently with the IRB membership (e.g., cultural appropriateness, vulnerable population), consultants are invited to review and provide comments to the IRB or designee. See *IRB Policy 1.3 IRB Committee Structure (019)* for specific information regarding consultants.
- Multi-center Research: When the research involves performance sites outside the Fred Hutch/UW/SCH/SCCA Cancer Consortium for which Fred Hutch IRB will be the IRB of record, additional information about the site will be evaluated by the IRB to ensure the investigators at the site are qualified, and the site is adequate, to perform the research procedures. See *IRB Policy 2.14 Multi-Center Study Coordination – IRB Review and Oversight (027)*.

- Single IRB (sIRB), Coordinating Center and/or Operations Center activity: When Fred Hutch serves as the sIRB, overall coordinating center or operations center, the *Multi-Center Supplement* (0323) must be completed and submitted. See *IRB Policy 2.14 Multi-Center Study Coordination – IRB Review and Oversight* (027).
- Department of Defense (DoD): When a study involves DoD or one of its component agencies (e.g. Department of Army), the *Department of Defense (DoD) Supplement* (0299) must be completed and submitted. See *IRB Policy 2.26 Research Involving Department of Defense Components* (0298).
- Children in Research: When a study involves children the *Children Supplement* (0320) must be completed and submitted. See *IRB Policy 2.15 Research Involving Special Populations* (033).
- Genomic Data Sharing Studies (GDS): When a study involves Fred Hutch depositing data from any Genomic Data Sharing Studies (GDS) or other genetic information research directly into a repository whose purpose is to share data with a wider research community (e.g., dbGaP), the *Genomic Data Sharing Supplement* (0205) must be completed and submitted.
- HIPAA: When a study requests a complete or partial waiver or an alteration of HIPAA Authorization, a *HIPAA Supplement and Waiver of Authorization* (0208) must be completed and submitted.
- International performance sites: When a study requests to enroll research participants from countries outside the United States, the *International Research Performance Site Assessment Supplement* (054) must be completed and submitted.
- IND/IDE: A study involving the use of an investigational drug/biologic/device may require an IND/IDE. Any research involving the use of a device, mobile medical application, or *in vitro* diagnostic test completes a *Device Supplement* (0322).
  - Patient accrual cannot begin until the IND/IDE documentation is received by the IRB.
- Prisoners: A study involving prisoners is considered more than minimal risk. The *Prisoner Certification Checklist for Investigator* (060) must be completed and submitted for a study that may enroll prisoners.
- Repository, Registry or Databank: A study establishing a repository, registry or databank at Fred Hutch must complete and submit the *Repository, Registry, or Database Supplement* (063). A Fred Hutch/UW Cancer Consortium PI establishing a repository, registry or databank at UW must also complete and submit this supplement when Fred Hutch is the IRB of record.
- Radiation Safety Review Requirements: Studies involving radiation procedures may require Radiation Safety Committee review.
- Statistical Center: When Fred Hutch is serving as a stand-alone statistical center, the *Statistical Center Supplement* (065) must be completed and submitted. If Fred Hutch is also serving as the coordinating center, the investigator should only complete the *Multi-Center Supplement* (0323).
- University of Washington Cancer Consortium studies: The Zipline Authorization Form must be submitted.
- Waiver of Consent: When the study is requesting a waiver of consent or alteration of consent, the *Waiver of Consent Supplement* (0202) must be completed and submitted.

- Other: The IRO Staff also conduct additional administrative procedures and institutional reviews relating to IRB applications as directed by the institution per *Screener: Application for Review* (0335, 0336, or 0337). Additional administrative tasks include but are not limited to:
  - Providing copies of IRB applications to Business Development & Strategy (BDS) for Institutional Conflict of Interest Review.
  - Data entry of Conflict of Interest information into PIRO for use by Office of General Counsel.
  - Organizing review of final, signed clinical trials agreements against the IRB-approved consent form by Office of General Counsel.

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## SUPPORTING DOCUMENTS

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IRB Policy 1.3 IRB Committee Structure (019)  
 IRB Policy 1.6 Meeting and Meeting Records (024)  
 IRB Policy 1.8 Approval Date Guidelines and Turnaround Times (06)  
 IRB Policy 2.2 Continuing Review (010)  
 IRB Policy 2.14 Multi-Center Study Coordination – IRB Review and Oversight (027)  
 IRB Policy 2.15 Research Involving Special Populations (033)  
 IRB Policy 2.22 Database PIRO (013)  
 IRB Policy 2.26 Research Involving Department of Defense Components (0298)  
 IRB Policy 2.28 Status Reports for IRB Files (0403)  
 Application for Review Human Specimens or Data Research (0326)  
 Application for Review Interventional Research (0324)  
 Application for Review Observational Research (0325)  
 Approval Date Guidelines (083)  
 Children Supplement (0320)  
 Department of Defense Supplement (0299)  
 Device Supplement (0322)  
 Exempt Checklist (048)  
 Expedited Review Checklist for Minimal Risk Activities (053)  
 Genomic Data Sharing Supplement (0205)  
 HIPAA Supplement and Waiver of Authorization (0208)  
 Human Subjects Research Determination Form (051)  
 International Research Performance Site Assessment Supplement (054)  
 IRB Chair or Designee Review Type Determination Checklist (075)  
 IRB Glossary of Terms and Acronyms (050)  
 IRB Member Checklist (071)  
 IRB Member Consent Process and Documentation Checklist (072)  
 IRB Pre-Reviewed Sources of De-identified Human Specimens and/or Data (0332)  
 IRB Turnaround Times (0411)  
 Multi-Center Supplement (0323)  
 Principal Investigator Responsibilities Memorandum (091)  
 Prisoner Certification Checklist for Investigator (060)  
 Repository, Registry, or Databank Supplement (063)  
 Screener: Application for Review Human Specimens or Data Research (0337)  
 Screener: Application for Review Human Specimens or Data Research (NHS Determination) (0133)  
 Screener: New Application Intervention (0335)  
 Screener: New Application Observation (0336)  
 Statistical Center Supplement (065)

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**REFERENCES**

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42 CFR 11

45 CFR 46.104

45 CFR 46.108

45 CFR 46.109

45 CFR 46.111

45 CFR 46.115

21 CFR 56.104

21 CFR 56.108

21 CFR 56.109

21 CFR 56.111

Revised Code of Washington (“RCW”) Chapter 42.48

OHRP Guidance: Coded Private Information or Biological Specimens

OHRP Guidance: Engagement of Institutions in Research

OHRP Guidance: Human Subject Regulations Decision Charts

OHRP Guidance at 45 CFR 46.101(b)(5): Exemption for Research and Demonstration Projects on Public Benefit and Service Programs

OHRP Guidance on Involvement of Prisoners in Research

OHRP compliance Activities: common Findings and Guidance #3, #4, #14, #15 17, #26, #27, #28, #29, #30, #72

NIH Requirements for Registering & Reporting NIH-Funded Clinical Trials in ClinicalTrials.gov

<https://grants.nih.gov/policy/clinical-trials/reporting/index.htm>

NIH Policy for Issuing Certificates of Confidentiality <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-109.html>

FDA Information Sheets: Frequently Asked Questions: IRB Records

FDA Information Sheets: Frequently Asked Questions: IRB Procedures

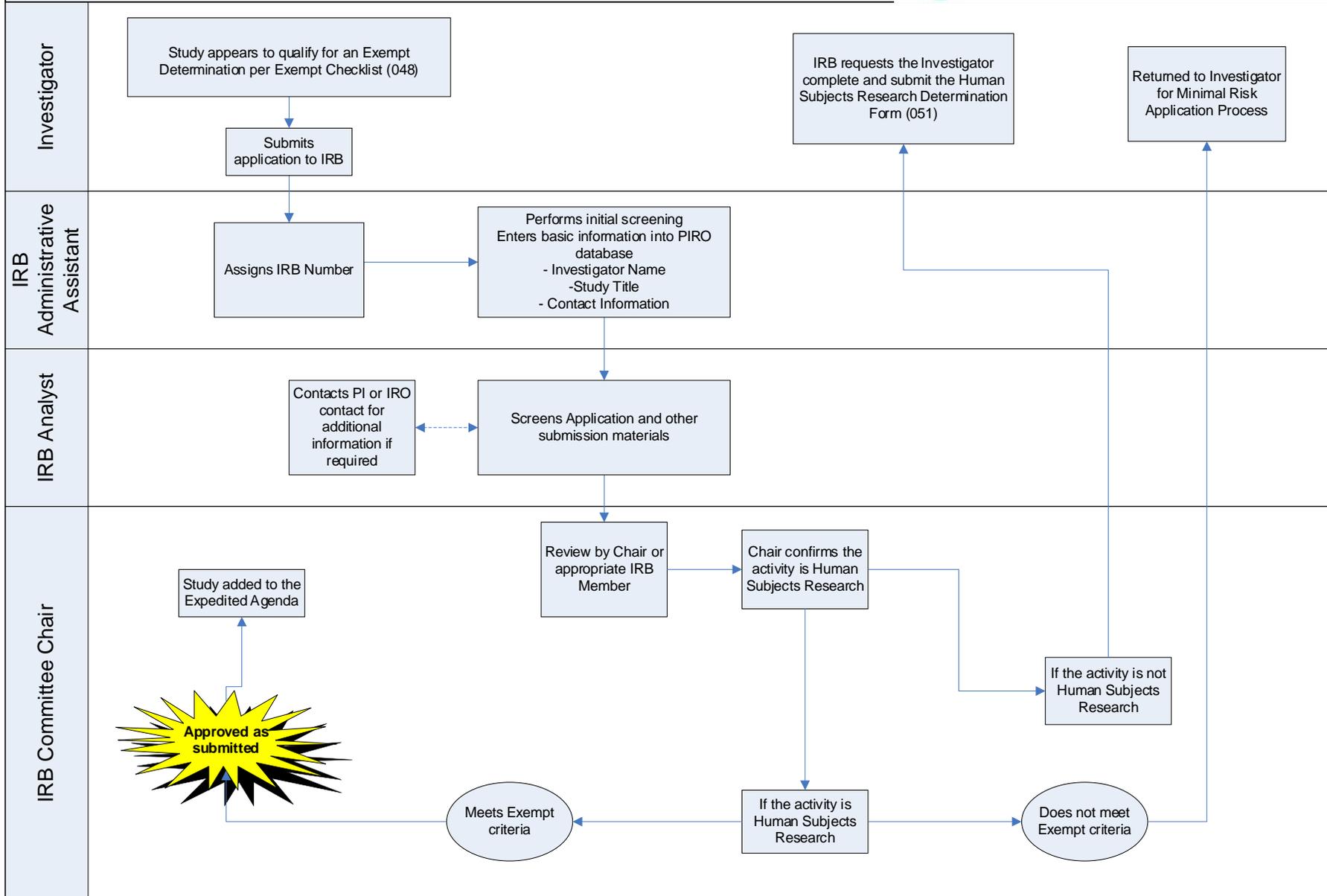
FDA Guidance: IRB Responsibility for Reviewing the Qualifications of Investigators, Adequacy of Research Sites, and the Determination of Whether and IND/IDE is Needed

APPENDIX A

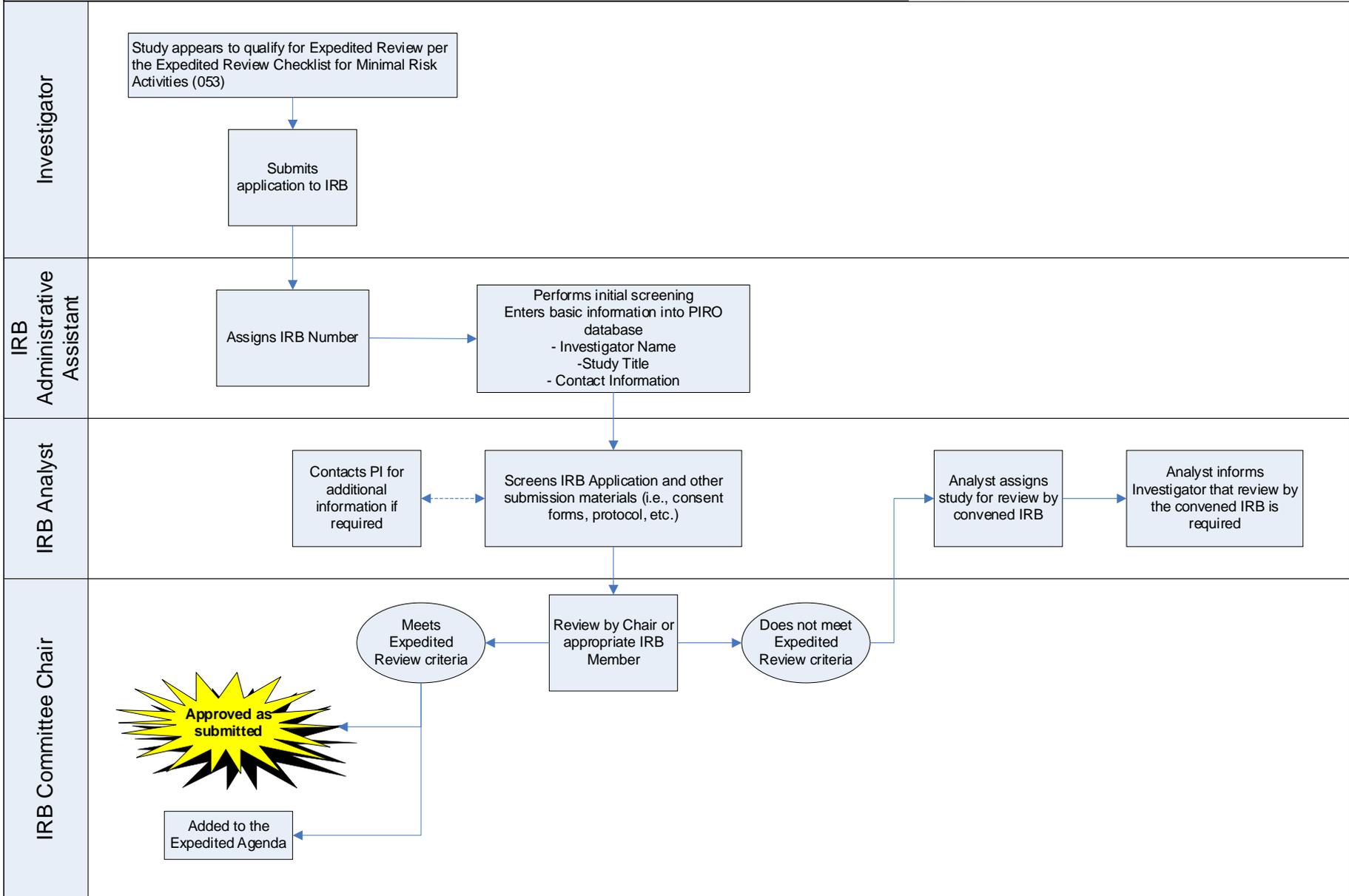
Exempt Application for Expedited Review



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Minimal Risk Application for Expedited Review

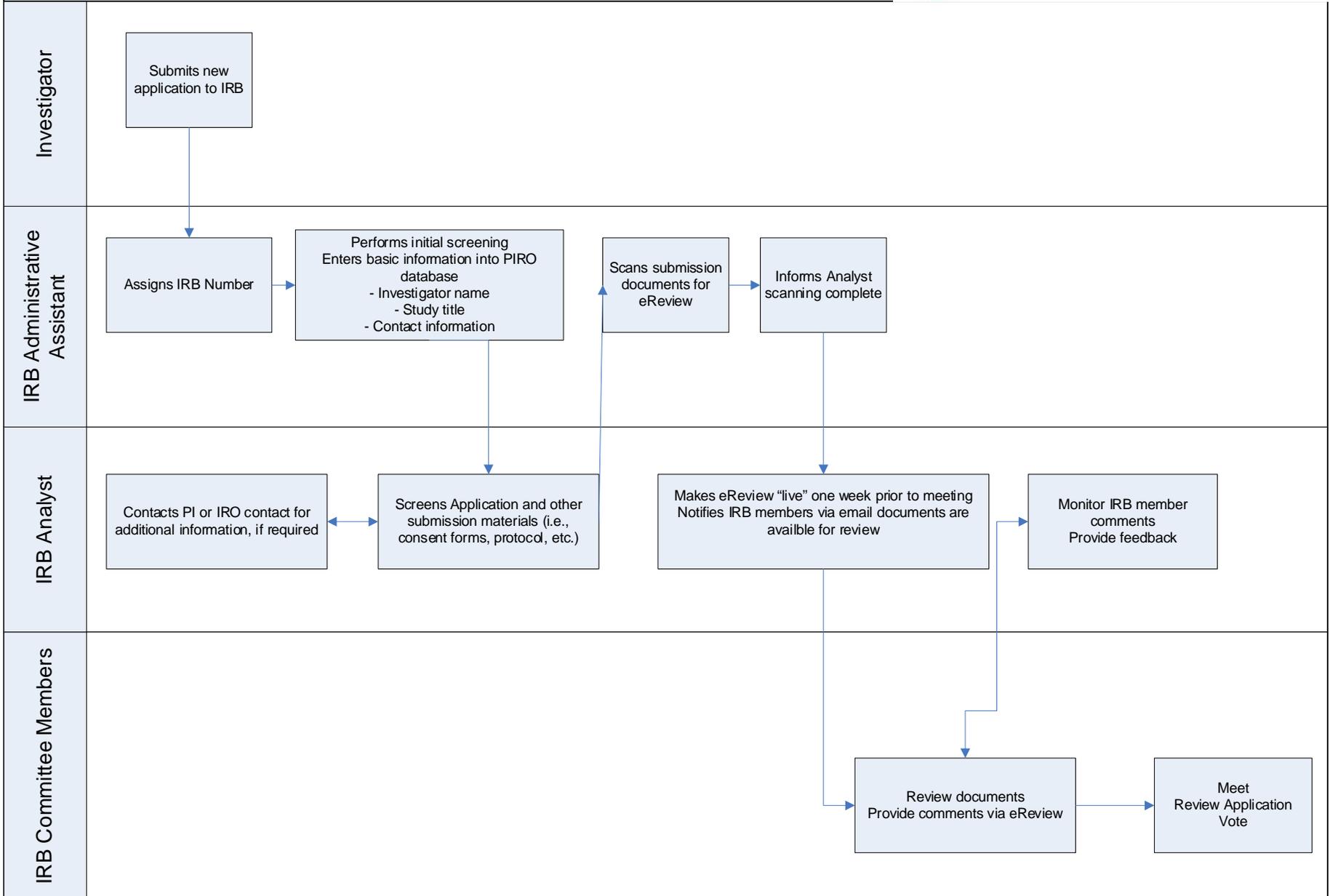


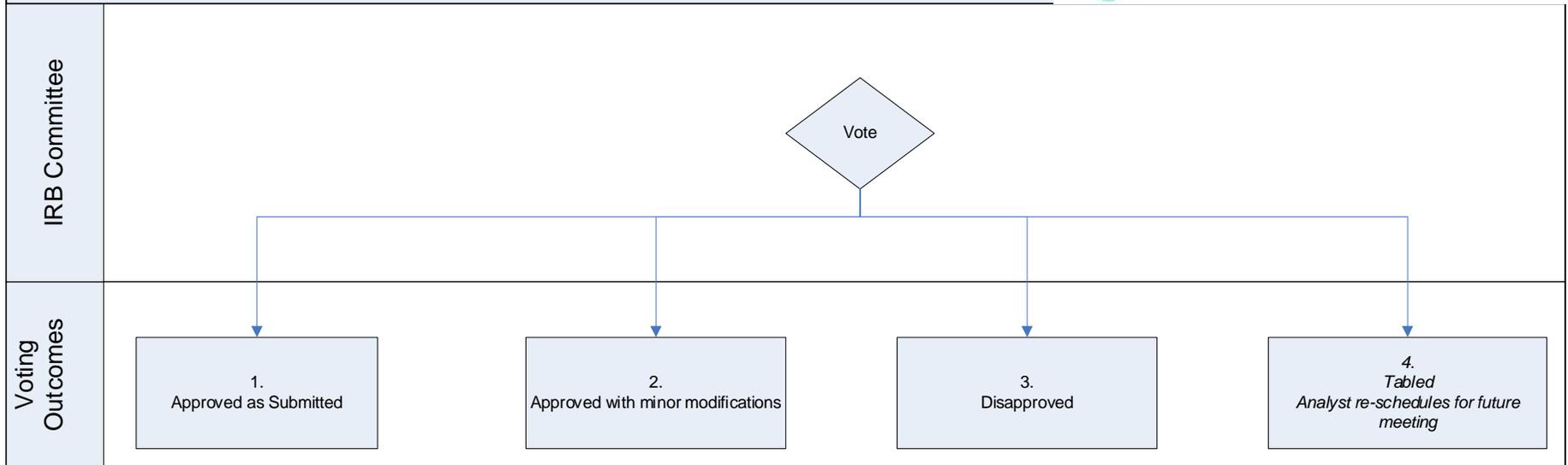
APPENDIX C

New Full IRB Application

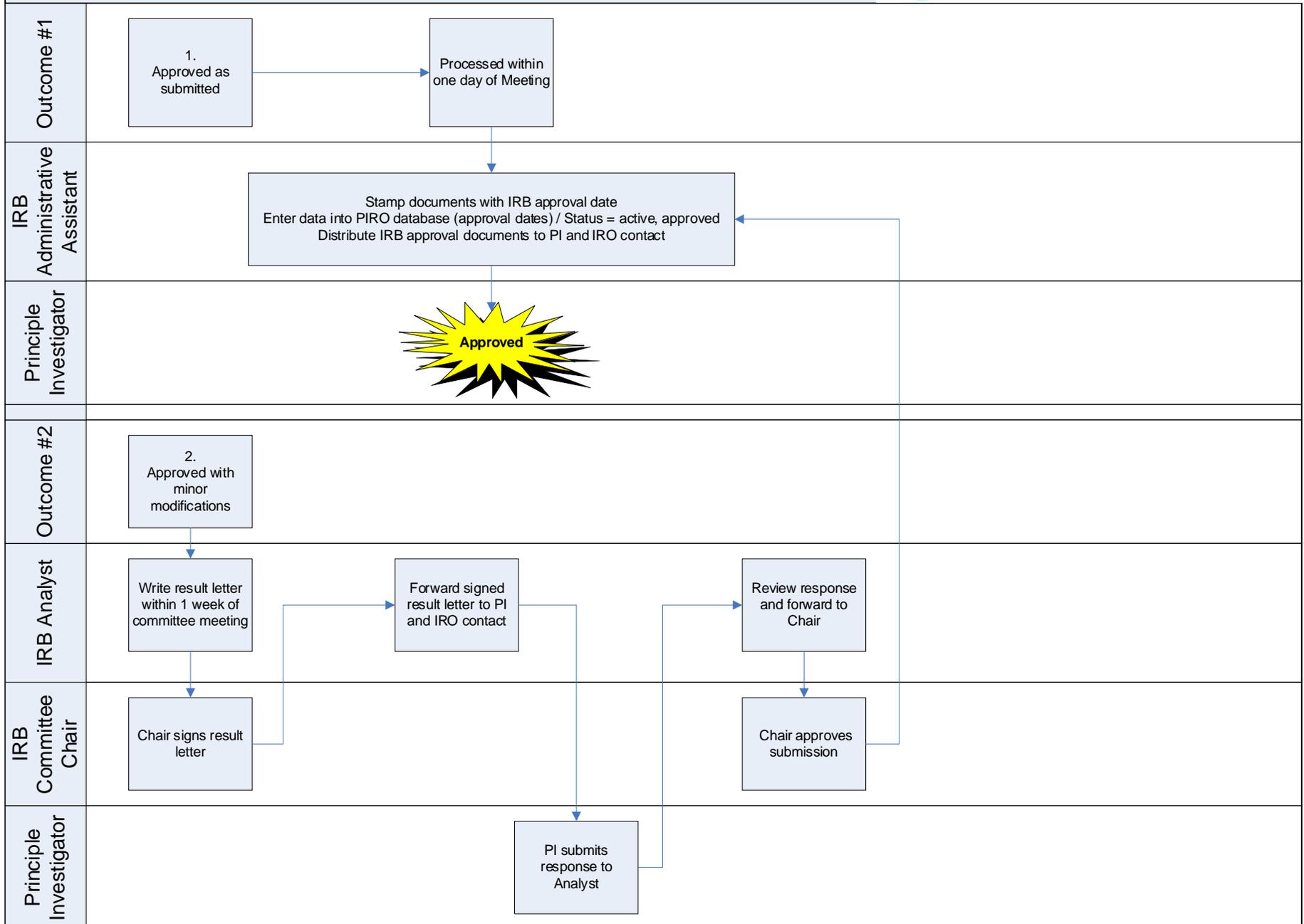


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# New Full IRB Application



New Full IRB Application

