

<p>This document summarizes changes in <i>Policy 205 Requirements for IRB submissions</i> (referred to as Policy 205 in this document) that NIH investigators should be aware of, from the SOP(s) mentioned below.</p> <p>The policy describes the requirements for submissions to the NIH IRB, for exempt or non-exempt human subjects research, needed to facilitate review by the NIH Institutional Review Board (IRB). This includes requirements for submissions that will be reviewed by the convened IRB, expedited procedures, limited IRB procedures, or exempt procedures.</p> <p>NIH investigators are responsible for reviewing Policy 205 and complying with the requirements of the policy.</p> <p><b>Note:</b> Text from this policy, and other policy titles, are italicized.</p>	
<b>Policy 205 Requirements for IRB Submissions</b>	<b>SOPs Superseded by Policy 205</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 5 Research Activities with Human Data/Specimens</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 6 Determinations, Including Exemptions Made by the Office of Human Subjects Research Protections (OHSRP)</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 8 Procedures and Required Documentation for Submission and Initial Review of Protocols</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 9 Continuing Review by the Convened IRB</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 10 Amendments to IRB-approved Research</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 11 Suspensions and Terminations of IRB Approval and Administrative Holds</b>
<b>Policy 205 Requirements for IRB Submissions fully supersedes</b>	<b>SOP 11A Closure of an IRB-approved protocol</b>
<p><b>Applicability of Policy 205</b> – This policy applies to:                  NIH investigators when the NIH IRB is the Reviewing IRB, or when the human subjects research may be exempt from IRB review.                  For information about NIH requirements when the NIH relies on an external Reviewing IRB, see <i>Policy 105 IRB Reliance</i>.                  Non-NIH investigators when the NIH is the Reviewing IRB                  The NIH IRB, including those experienced IRB members designated to conduct expedited review and limited IRB review.</p>	
<b>Policy Requirement</b>	<b>SOP Requirement</b>
<p><b>Section C.1.</b> – <i>The Principal Investigator (PI) must ensure that all required materials (e.g., the required documentation and information collected in the electronic IRB system) are submitted to the IRB in a timely manner to determine its approvability.</i></p> <p>a. <i>When the NIH IRB is the Reviewing IRB, all required materials must be submitted through the NIH electronic IRB system</i></p>	<p><b>SOP 8, Section 8.3.</b> –</p> <p>a. <i>The PI will complete and submit to the IRB an NIH Intramural Initial Clinical Protocol Application in the applicable IRB system, (PTMS or iRIS™) including any applicable supplements that are relevant to the protocol.</i></p> <p>b. <i>All Applications will be completed electronically, using either PTMS or iRIS.</i></p>

<p>AND</p> <p><b>Section E.2.</b> – <i>The Principal Investigators (PI) is responsible for:</i></p> <p><i>a. Ensuring the completeness of submissions to the NIH IRB consistent with the requirements of this policy.</i></p> <p><i>1. Ensuring all submissions to the NIH IRB will be via the NIH electronic IRB system which include the study application as well as applicable submission forms (e.g., initial review, continuing review, etc.) and supporting documentation (e.g., protocol, informed consent/assent documents, etc.) consistent with the type of review sought, see C.1. above.</i></p> <p>The requirement for a complete submission to the IRB via the electronic IRB system has not changed from the SOPs. The policy is more explicit about the NIH PI’s responsibility, and what type documentation must be submitted into the electronic IRB system. Previously, non-exempt activities were submitted via multiple IRB systems which are now combined into one electronic IRB system, and exempt activities were submitted via a separate electronic system.</p>	<p><i>c. An NIH IRB administrative staff member will review the IR Application to assure its completeness before its review by the convened IRB.</i></p>
<p><b>Section E.2.</b> – <i>The Principal Investigators (PI) is responsible for:</i></p> <p><i>b. When the NIH is relying on an external Reviewing IRB, the NIH PI/Lead Site Investigator must first submit all required model documents (e.g., the model protocol and model consents) to the IRBO, via the NIH electronic IRB submission system, for institutional review consistent with the requirements outlined in Policy 105 IRB Reliance.</i></p> <p>AND</p> <p><b>E.1.a.XII.</b> – <i>For initial review involving multi-site research for which the NIH IRB is the Reviewing IRB, the documentation must include:</i></p> <p><i>i. A model protocol that includes a description of the research activities which are occurring at each site;</i></p> <p><i>ii. A model informed consent document(s) when the NIH is initiating the research;</i></p> <p><i>iii. The model informed consent(s) for participating sites;</i></p>	<p>NA</p> <p>Previously the SOPs did not address requirements for multi-site research or submissions when relying on an external IRB.</p>

<p><i>iv. Documentation of completed local context review from each of the participating sites; and</i></p> <p><i>v. Any other documents or information that the IRBO requests.</i></p> <p>Section E.2.b. above addresses several concepts:</p> <p>a. When the NIH relies upon an external IRB, the NIH PI/Lead Site investigator must first undergo and institutional review by the IRBO and receive an Institutional Review Memo, that must be provided before the external IRB will review the submission (see <i>Policy 105 IRB Reliance</i>).</p> <p>b. It also refers to the NIH PI and the NIH Lead Site Investigator. Both of these roles refer to the leader of the protocol at the NIH site. The difference between these terms depends on the role of the NIH in the research: When the NIH is the lead site <i>initiating</i> the multi-site research, we refer to the PI as the “NIH PI.” When the NIH is a <i>participating site</i> on research initiated by an external sponsor, then we refer to the PI at the NIH, as the “Lead Site Investigator.”</p> <p>c. Section E.1.a.XII., this clause references the model protocol and model consent. When the NIH is initiating the multi-site research, the NIH PI must first submit the model protocol and model consent for approval by the IRB, before providing them to the participating sites. When the NIH is a participating site, then the Lead Site Investigator will submit the Sponsor’s model protocol and/or the NIH site-specific addendum, and the sponsor’s model consent that has NIH-specific information added in.</p>	
<p><b>Section C.3.</b> – <i>Submissions that are incomplete may be withdrawn by IRBO from IRB consideration.</i></p> <p>AND</p> <p><b>Section E.3.</b> –</p> <p><i>A. Office of IRB Operations (IRBO) is responsible for screening all submissions (e.g., initial reviews, amendments, or continuing reviews) to the NIH IRB (whether for review by the convened IRB or by expedited or limited IRB procedures), or exempt procedures, or when conducting an institutional review of NIH research when the NIH is relying on an external Reviewing IRB as outlined in Policy 105 IRB Reliance.</i></p>	<p><b>Section 8.3.1.</b> -</p> <p><i>F. Other required approvals, such as those of the Radiation Safety Committee, Recombinant DNA Advisory Committee (RAC), as applicable. If the PI has not submitted these other required approvals (as applicable) at the time of the initial application, approval must be contingent upon receipt of these approvals to the IRB Office or deferred if additional IRB review is required.</i></p> <p><i>G. The completed Clearance of NIH Investigator Personal Financial Holdings (PFH) form(s) (see SOP 21 – Conflict of Interest Requirements for Researchers and Research Staff). If a protocol is “covered” and the PI has not submitted the IC Deputy Ethics Counselor (DEC)-approved PFH at</i></p>

<p><i>B. At its discretion, the IRBO may administratively withdraw submissions from IRB consideration when the PI is non-responsive to requests from the IRB or from IRBO staff for 30 calendar days. The investigator will be notified by the IRBO if the submission is administratively withdrawn.</i></p> <p>IRBs have always had the discretion to determine which actions are placed on the agenda of the IRB, this is unchanged. However, now the practice has changed to include pre-review conducted by the IRBO to ensure that submissions are complete, and ensure that regulatory and policy requirements are met, before an action will be placed on the agenda of the IRB.</p> <p>In addition, when a PI is not responsive to IRBO or IRB requests for 30 days, the policy is explicit that the action may be withdrawn, and the PI will be notified.</p>	<p><i>the time of the initial application, the IRB, if it were to otherwise approve the study, must delay approval until the final DEC Clearance has been submitted to the IRB Office (see SOP 21 – Conflict of Interest Requirements for Researchers and Research Staff).</i></p>
<p><b>Section C.2.</b> – <i>When conducting its review, the convened IRB, expedited reviewer, limited IRB reviewer, or exempt reviewer will review the submitted materials in order to determine that the regulatory and policy requirements for approval of research are met, or whether more information is needed to make a determination). (See also E.4.a.)</i></p> <p>These requirements are unchanged, except that this policy adds specificity for clarity.</p>	<p><b>SOP 8, Section 8.2.</b> – <i>In fulfilling their mandate to protect the rights and safeguard the welfare of research subjects, a Principal Investigator’s (PIs) submitted protocol and an NIH IRB’s initial review of protocols must take into account federal regulatory requirements and those of the NIH Human Research Protection Program (HRPP).</i></p>
<p><b>Section C.4.</b> – <b>(See also study closure below)</b>  <i>4. When closing research at the NIH, the PI must provide assurance to the IRB that the maintenance and future use of specimens will be consistent with the plan described in the protocol and with the informed consent(s).</i></p> <p>This requirement is unchanged from the SOPs, except that it is explicit that this plan be included in the protocol.</p>	<p><b>SOP 11A, Section 11A.5.</b> –  <i>C. Confirm that the PI has developed an appropriate plan for the disposition of specimens (see SOP 5 - NIH Research Activities with Human Data/Specimens and SOP 6 - Procedures For (sic) Activities Not Requiring IRB Review and approve the plan, for example: 1. Specimens will be used up or destroyed. 2. Specimens will retain identifiers or be coded and be transferred for another IRB-approved protocol and/or stored for future use. 3. Specimens will be irreversibly stripped of all identifiers and stored for future use in a NIH-controlled freezer. 4. Specimens will be transferred to a repository for future use. D. Confirm that the PI has developed an appropriate plan for the disposition of data and</i></p>

	<p><i>approve the plan, for example: 1. Data with codes/identifiers will be transferred for use by another IRB-approved protocol and/or stored for future use. 2. Data will be irreversibly stripped of all identifiers and stored for future use.</i></p> <p><i>E. Data and specimens must be stored according to applicable law, policy and regulations.</i></p> <p><i>F. If premature closure of a study is anticipated (e.g., the study is to be closed earlier than anticipated based on recommendation of the DSMB), the IRB should work with the PI to develop a plan to ensure that the rights and welfare of currently enrolled subjects are protected. (see Section 11A.4.D above)</i></p> <p><i>G. In accord with Revised SOP 4 - Human Research Protection Program (HRPP) Documentation and Records, IRB records relating to the protocol shall be retained for at least 3 years after completion of the research.</i></p>
<p><b>Sections C.5. – The PI, Sponsor, or the Institute/Center (IC) may prematurely close the research, or the IRB may suspend or terminate its approval. (See Policy 204 Levels of IRB Review and Criteria for IRB Approval of Research.)</b></p> <p>This requirement is unchanged from the SOPs. Note however, that Policy 205 is more specific about terminology. The usage of the terms “suspend/suspension” and “terminate/termination” are regulatory terms under 45 CFR 46, and a only an IRB may “suspend” or “terminate” research.</p>	<p><b>SOP 11, Section 11.4. – A. Suspension: The following parties may request suspension of an IRB approved research study:</b></p> <p><b>3. The Institutional Official (IO) currently the Deputy Director of Intramural Research (DDIR) or designee.</b></p> <p><b>4. Other senior NIH officials, such as the Institute Director/Clinical Director or Director, Clinical Center.</b></p> <p><b>B. Termination: The following parties may request termination of an IRB approved research study:</b></p> <p><b>3. The Institutional Official (IO, the Deputy Director of Intramural Research (DDIR)) or designee.</b></p> <p><b>4. Other senior NIH officials, such as the Institute Director/Clinical Director or Director, Clinical Center.</b></p>
<p><b>Sections C.6. – Institute/Center leadership has the authority to direct a PI to close a study with the IRB; and if deemed necessary, IC leadership may submit the study closure, or other submissions, to the IRB on behalf of the PI.</b></p> <p>This policy is unchanged however Policy 205 is more explicit on this point, including that an IC can submit a study closure on behalf of a PI.</p>	<p>See above.</p>

<p><b>Section E.1.</b> – <i>This section describes the general requirements for submissions to the NIH IRB and the required components of those submissions.</i></p> <p>In addition to reviewing the requirements below, PIs are reminded to also review IRB checklists, templates and the consent library when preparing submissions.</p>	<p>These requirements were spread over multiple SOPs including: 6, 8, 9, 10, 11, 11A and 16.</p>
<p><b>Section E.1.a. - Required materials for Initial Review of non-exempt human subjects research:</b> <i>For all new applications regarding non-exempt human subjects research (whether reviewed by the convened IRB or by expedited procedures), the following materials must be submitted via the electronic IRB system:</i></p> <ol style="list-style-type: none"> <li>I. <i>Study Application;</i></li> <li>II. <i>Initial IRB Review Submission Form;</i></li> <li>III. <i>Research protocol, including a description of the data and safety monitoring plan (See NIH protocol templates: <a );<="" href="https://irbo.nih.gov/confluence/display/IRB/O/Templates+Forms+and+Guidelines." i=""></a></i></li> <li>IV. <i>Informed consent and/or assent documents (e.g., consent, parental permission, information sheets, verbal script), as applicable;</i></li> <li>V. <i>Initial Scientific Review submission package, with Chief Scientific Officer (CSO) approval or waiver (Policy 106 Ancillary Reviews);</i></li> <li>VI. <i>For covered protocols, the Deputy Ethics Counselor (DEC) clearance. (See Policy 102 Investigator and Institutional Financial Conflict of Interest in Human Subjects Research);</i></li> <li>VII. <i>Recruitment materials, as applicable (e.g., email text, flyers, posters, scripts, social media ads) (Policy 302 Subject Recruitment and Compensation);</i></li> <li>VIII. <i>Study instruments used to collect data from research subjects (e.g., surveys, interview forms, questionnaires, assessments), as applicable;</i></li> <li>IX. <i>Ancillary committee approval(s) (e.g., Radiation Safety Committee, Institutional Biosafety Committee, etc.), as applicable (Policy 106 Ancillary Reviews);</i></li> <li>X. <i>If the NIH investigator will be conducting research at a non-NIH site, documentation</i></li> </ol>	<p><b>SOP 8.</b> – This policy described the required components that must be submitted for Initial Review. It also described the required section of a protocol. Now, the NIH IRB uses protocol templates that specify required sections and language.</p> <p>This SOP did not address submission requirements for multi-site research.</p>

<p><i>from the non-NIH site indicating permission for the NIH investigator to conduct research at that site (e.g., a letter of support), as applicable (See Policy 105 IRB Reliance.);</i></p> <p>XI. <i>For new applications involving investigational drugs or devices, or off-label use of a drug or device, submission to the IRB must follow the IND and IDE requirements described in Policy 500 Research Involving Drugs, Biologics, and Nutritional Products or Policy 501 Research Involving FDA Regulated Devices, as applicable.</i></p> <ul style="list-style-type: none"> <li>• <b>. (See E.1.a.XII. above, for the description of what must also be submitted for multi-site research).</b></li> </ul> <p>Note that generally the requirements for initial review submissions remains unchanged from SOP 8. However, this policy addresses submission requirements for multi-site research.</p> <p>In addition, this policy also requires that when an investigator will conduct research at a non-NIH site, that a letter documenting local site permission, be submitted to the NIH IRB, (see item X. above).</p>	
<p><b>Section E.1.b. – Required materials for initial review of exempt human subjects research:</b> <i>The following materials must be submitted via the electronic IRB system:</i></p> <ol style="list-style-type: none"> <li>I. <i>Study Application;</i></li> <li>II. <i>Initial IRB Review Submission Form;</i></li> <li>III. <i>Research protocol (e.g., the Protocol Template for Prospective Data Collection or Protocol Template for Secondary Research); and</i></li> <li>IV. <i>When the research involves prospective collection of data:</i> <ol style="list-style-type: none"> <li>i. <i>Document outlining the elements of informed consent (e.g., consent form, information sheet, verbal script, etc.);</i></li> <li>ii. <i>Recruitment materials, (e.g., flyers, posters, scripts, social media ads) (Policy 302 Subject Recruitment and Compensation), as applicable; and</i></li> <li>iii. <i>Study instruments used to collect data from research subjects (e.g., surveys,</i></li> </ol> </li> </ol>	<p><b>SOP 6.</b> – This policy described the requirements for exempt submissions. Now, the NIH IRB also uses protocol templates for exempt activities that specify required sections and language.</p>

<p><i>interview forms, questionnaires, assessments).</i></p> <p>iv. <i>Any other documents or information that the IRBO requests.</i></p> <p>SOP 6 did not specify the use of a research protocol for exempt research. Policy 205 is much more specific about submission components for exempt research.</p>	
<p><b>Section E.1.c. – Required materials for Continuing Review (CR) of non-exempt human subjects research:</b> <i>For CR of non-exempt human subjects research (whether reviewed by the convened IRB or by expedited procedures), the following materials must be submitted via the electronic IRB system:</i></p> <p><i>I. Continuing Review Submission Form;</i></p> <p><i>II. Study Application attached to the CR Form;</i></p> <p><i>III. The most recent IRB-approved protocol;</i></p> <p><i>IV. The most recent IRB-approved informed consent/assent documents, as applicable;</i></p> <p><i>V. A high-level summary (not a line item listing) of the following events that have occurred since the time of the last IRB IR or CR review, see Policy 801 Reporting Research Events, e.g.:</i></p> <p><i>i. Major and minor protocol deviations;</i></p> <p><i>ii. Noncompliance reported to the IRB that is not related to a protocol deviation;</i></p> <p><i>iii. Adverse Events and Serious Adverse Events that do not meet the definition of an Unanticipated problem (UP);</i></p> <p><i>iv. Unresolved subject complaints; and</i></p> <p><i>v. Unanticipated Problems (UPs) reported to the IRB.</i></p> <p><i>VI. For covered protocols, the Deputy Ethics Counselor (DEC) clearance. (See Policy 102 Institutional and Investigator Financial Conflict of Interest in Human Subjects Research.)</i></p> <p><i>VII. Documentation to support the data and safety monitoring plan, as applicable, and if not previously submitted prior to the time of continuing review (e.g., data safety monitoring report(s));</i></p> <p><i>VIII. Any audit reports not previously submitted to the IRB; and</i></p>	<p><b>SOP 9.</b> – This policy described the required components that must be submitted for Continuing Review.</p>

<p>IX. <i>Any other documents or information that the IRBO requests</i></p> <p>The policy regarding continuing review submissions has not changed.</p>	
<p><b>Section E.1.d. – Required materials for amendments to non-exempt human subjects research:</b> <i>For amendments to previously approved non-exempt human subjects research (whether reviewed by the convened IRB or by expedited procedures), the following materials must be submitted via the electronic IRB system.</i></p> <ul style="list-style-type: none"> <li><i>I. Amendment Submission Form;</i></li> <li><i>II. Study Application attached to the Amendment Form;</i></li> <li><i>III. Revised protocol, as applicable;</i></li> <li><i>IV. Revised informed consent and/or assent documents (e.g., consent, parental permission, information sheets, verbal script), as applicable;</i></li> <li><i>V. For covered protocols, for which a new NIH investigator is being added, documentation of the Deputy Ethics Counselor (DEC) clearance (See Policy 102 Institutional and Investigator Financial Conflict of Interest in Human Subjects Research.);</i></li> <li><i>VI. Any other documents or information that the IRBO requests; and</i></li> <li><i>VII. When the NIH IRB is the Reviewing IRB and the PI is adding a participating site, whether to initiate multi-site research or to expand an existing multi-site protocol, the amendment must include the following documentation:</i> <ul style="list-style-type: none"> <li><i>i. A letter from the participating site where the research will be conducted indicating that local site requirements have been met;</i></li> <li><i>ii. The NIH model consent form template that includes the participating site’s required site-specific language (e.g., subject injury language, conflict of interest language), as applicable;</i></li> <li><i>iii. The participating site’s completed local context questionnaire; and</i></li> <li><i>iv. Any other documents or information that the IRBO requests.</i></li> </ul> </li> </ul>	<p><b>SOP 10.</b> – This policy described the required components that must be submitted for amendments.</p> <p>This SOP did not address submission requirements for multi-site research.</p>

<p>The policy regarding submission components for amendment is largely unchanged from SOP 10. However, this policy also addresses submission requirements for multi-site research (see VII above).</p>	
<p><b>Section E.1.e. – Required materials for amendments to exempt human subjects research:</b> <i>For amendments to research determined to be exempt (whether reviewed by exempt procedures or limited IRB procedures), the following materials must be submitted via the electronic IRB system):</i></p> <ol style="list-style-type: none"> <li>I. <i>Amendment Submission Form;</i></li> <li>II. <i>Study Application attached to the Amendment Form;</i></li> <li>III. <i>Revised research protocol (e.g., see the Protocol Template for Prospective Data Collection or Protocol Template for Secondary Research) as applicable;</i></li> <li>IV. <i>When the proposed research involves prospective collection of data, include the following documentation, as applicable:</i> <ol style="list-style-type: none"> <li>i. <i>Revised document outlining the elements of informed consent (e.g., consent form, information sheet, verbal script, etc.);</i></li> <li>ii. <i>Revised recruitment material, as applicable (e.g., flyers, posters, scripts, social media ads) (Policy 302 Subject Recruitment and Compensation) (e.g., email text, social media ads, flyers, posters, scripts, etc.), as applicable; and</i></li> <li>iii. <i>Revised study instruments used to collect data from research subjects (e.g., surveys, interview forms, questionnaires, assessments); and</i></li> <li>iv. <i>Any other documents or information that the IRBO requests</i></li> </ol> </li> </ol> <p>These requirements are new and were not specified in SOP 6.</p>	<p><b>SOP 6.</b> – This policy described the requirements for exempt submissions. However, it did not address specific requirements for amendments to exempt submissions.</p>
<p><b>Section E.1.g. – Required materials for submission of study closure for non-exempt human subjects research:</b> <i>When all study activities are complete including data analysis, or when the research is being prematurely closed (see Policy 204 Levels of IRB Review and Criteria for IRB Approval of Research), the following</i></p>	<p><b>SOP 11A.</b> – This policy described the requirements for study closures.</p>

<p><i>materials must be submitted via the electronic IRB system:</i></p> <ol style="list-style-type: none"><li><i>I. Study Closure Submission Form, including</i></li><li><i>II. Providing assurance to the IRB that the disposition and future use of any data and specimens is consistent with the description in the protocol and in the informed consent(s);</i></li><li><i>III. Draft communication for subjects regarding premature closure of the study, if applicable, and not already approved by the IRB, as part of an amendment.</i></li><li><i>IV. A high-level summary (not a line item listing) of minor protocol deviations and AEs/SAE that do not meet the definition of an unanticipated problem (UP) that have occurred since the time of the last IRB review. (See Policy 801 Reporting Research Events.)</i></li><li><i>V. Any other documents or information that the IRBO requests. (See Section C.4. above as well.)</i></li></ol> <p>The requirements for study closures are largely unchanged from SOP 11A. However, Policy 205 now includes a requirement for a high-level summary of minor protocol deviations and AEs/SAEs be reported to the IRB (see IV. above).</p>	
--	--