

## Guideline for Responsibilities for Investigators Conducting **FDA**-Regulated Research When the NIH is the Reviewing IRB

(Also see [Policy 300 Investigator Responsibilities](#); [Policy 500 Research Involving Drugs, Biological, and Nutritional Products](#); and [Policy 501 Research Involving FDA Regulated Devices](#))

### As PI, your responsibilities **before** the research begins:

- Obtain scientific review from PI's IC prior to submission to the IRB. (See [OHSRP webpage for Scientific Review](#).)
- In collaboration with Institute or Center (IC) leadership, you should ensure sufficient resources exist to conduct the research (e.g., access to participants, time to conduct and complete research activities, adequate staff and facilities).
- Complete required education and ensure training of research staff. (See [Policy 103 Education Program](#).)
- Comply with NIH requirements for reporting and disclosure of conflicts of interest. (See [Policy 102 Institutional and Investigator Financial Conflict of Interest in Human Subjects Research](#).)
- Provide a protocol document with sufficient information for IRB review. (See [Protocol Templates](#)). The protocol is the “recipe” to be followed by the research team.
  - For multi-site research, see information on the [OHSRP webpage, Multi-Site Research](#).
  - When the research involves the clinical investigation of a test article, provide documentation in the protocol whether the test article(s) for use is under an IND or provide written justification for why the test article(s) is exempt from the requirement for an IND ([21 CFR 312.2](#)). (See FDA guidance, [Investigational New Drug Applications \(INDs\) – Determining Whether Human Research Studies Can Be Conducted Without an IND](#), September 2013.)
  - If the use of the test article (drug or biologic) is not exempt from the requirement for an IND, you are responsible for providing documentation to the IRB confirming that an IND is in effect prior to review of the protocol by the IRB. (See [Policy 500 Research Involving Drugs, Biological, and Nutritional Products](#).)
  - Include either the Package Insert (in the case of an approved drug) or Investigator Brochure (IB) if one exists, with the protocol submission to the NIH IRB. If no IB exists for an investigational drug, the investigator must include in the protocol all relevant preclinical and clinical safety and efficacy data to support the proposed use of the test article in the research.
  - When the research involves the study of the safety or efficacy of an investigational device, provide documentation supporting the sponsor's assessment of whether the device is exempt ([21 CFR 812.2\(c\)](#)), nonsignificant risk (NSR) or significant risk (SR) to the IRB. (See [Policy 501 Research Involving FDA Regulated Devices](#).)

- Obtain IRB approval of the protocol and other study materials (e.g., consent form, recruitment materials), as appropriate, and any required ancillary committee approvals. (See [Policy 106 Ancillary Reviews](#) and, for recruitment information, see [Policy 302 Subject Recruitment and Compensation](#) and [302-Guideline-Recruitment Plan, Recruitment Materials and Screening Plan for NIH IRP Protocols](#) (downloads as a pdf)).
- If applicable, ensure that contracts for [CRADAs](#) and other required clinical trial agreements have been fully executed before enrolling participants.

**As PI, your responsibilities during the conduct of the research:**

- Maintain a regulatory file with current and accurate records of all study documentation as required by applicable regulatory requirements. (See [NIH Manual Chapter 1743 – Managing Federal Records](#), the [NIH Intramural Records Retention Schedule](#), and the [NIH Privacy Act](#).)
- You may assign responsibility for specific aspects of the conduct of the research to appropriately qualified individuals consistent with the IRB-approved protocol and the NIH policy requirements (See [Policy 300 Investigator Responsibilities](#).) However, at all times, as the PI, you retain overall responsibility for the conduct of the research and must ensure both the protocol and the research team’s actions are compliant with law, regulation, and policy.
- Train the study staff about how to implement the protocol (at the beginning and with each modification as the study progresses) and maintain documentation of this training in the regulatory binder.
  - Include information about recruitment, how recruiting of participants will be conducted and who has responsibility for recruitment.
- For research requiring signed consent (which also refers to parental permission in this document) or assent, obtain and document informed consent/assent using the current NIH IRB approved consent/assent documents. (See [Policy 301 Informed Consent](#).)
- Conduct research in compliance with the final IRB approved protocol, the signed agreement with the sponsor, the investigational plan, and applicable FDA regulations and submit any changes to the research (protocol or other study materials) as a modification in the electronic IRB system for review and approval by the IRB prior to implementation.
  - [OHRP regulations at 45 CFR 46](#)
  - FDA regulations [21 CFR 50](#) and [21 CFR 56](#) and FDA [Guidance for Industry – Investigator Responsibilities](#) (October 2009)
  - other applicable regulations and policies that apply to the research including [NIH HRPP policies](#).
- Oversee (or delegate as appropriate) the control of drugs, biologics or medical devices as required by FDA. For drugs or biologics see [21 CFR 312](#), or for devices see [21 CFR 812](#). For research with investigational devices, use of the device must be limited to participants under the investigator’s supervision.

- For research requiring signed consent (which also refers to parental permission in this document) or assent, obtain and document informed consent/assent using the current NIH IRB approved consent/assent documents. (See [Policy 301 Informed Consent](#).)
- Maintain adequate and accurate participant study records and documentation to demonstrate compliance with the IRB-approved protocol; changes should be traceable, should not obscure the original entry, and should be explained, if necessary (e.g., single-line through the original entry, and initialed and dated).
- Ensure the participant's questions, concerns, and complaints are properly addressed and that the resolution is documented and retained in the study record. Report these per [Policy 104 Research Related Subject Complaints](#).
- Report research-related events per [Policy 801 Reporting Research Events](#), [Policy 802 Non-Compliance in Human Subjects Research](#) and [801-Guideline-Reporting Research Events and Non-compliance](#) (downloads as a pdf).
- Ensure all FDA safety reporting requirements are met as well as other required reports to the Sponsor (e.g., annual reports, final reports, and financial disclosure reports). See the following: [21 CFR 312.64](#); [Policy 500 Research Involving Drugs, Biological, and Nutritional Products](#); and [Policy 501 Research Involving FDA Regulated Devices](#).
- Ensure the approved data and safety monitoring plan in the IRB approved protocol is followed and documented, including timely submission of reports, as applicable, per [Policy 503, Data Safety and Monitoring](#).
- During the course of the research, updated IBs must be provided to the IRB within 7 days of receipt if the changes to the IB reflect, in the investigators judgment, an increase in risks to participants or decrease in the acceptability of risks, or within 30 days of receipt if the changes do not adversely impact risk-benefit.
- Ensure **timely** submission of the Continuing Review form (4 to 6 weeks prior to study expiration is recommended) to ensure continued IRB approval during the conduct of the study. If IRB approval expires, ensure all research activities are stopped, including recruitment, enrollment, interventions, interactions, and data analysis on current participants.
- Cooperate with any FDA inspections. and submit a Reportable New Information (RNI) form in the electronic IRB system for all FDA Form 483s issued regarding an NIH research study, and include a copy of the 483 Form with the RNI form.
- For clinical trials subject to the 2018 Common Rule, if the NIH is the only site, or in the case of multi-center research when NIH is the lead site, then you or your IC, must post one blank copy of an IRB-approved informed consent document used to enroll participants in the research on a publicly available federal website that is established as a repository for such informed consent documents (e.g., [ClinicalTrials.gov](#)). The document must be posted after the trial is closed to recruitment, and no later than 60 days after the last study visit by any participant, as required by the protocol.
- If you are departing the NIH and research activities are continuing at the NIH, you should

revise the protocol and obtain IRB approval of a new PI who is suitably qualified to be responsible for the conduct of the research prior to their departure.

**As PI, your responsibilities after research is complete:**

- Submit a final Continuing Review form to the IRB when a study is being closed.
- As applicable, ensure the submission of study results on [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov) consistent with regulatory requirements as noted above.
- Follow record retention requirements such that at the closure of the trial, the Investigators and Sponsors retain the records and reports required for the longest of the following intervals: 1) at least 3 years as required by the [NIH Manual Chapter 1743-3000 Records Retention](#); 2) two years after a marketing application is approved for the drug or, 3) if an application is not approved for the drug, records must be maintained for 2 years after shipment and delivery of the drug for investigational use is discontinued and FDA has been notified.
- If new information or findings related to participant safety or welfare are identified after a study has closed, provide the IRB with a report of the new information/findings.