OHSRP Newsletter

July 2026

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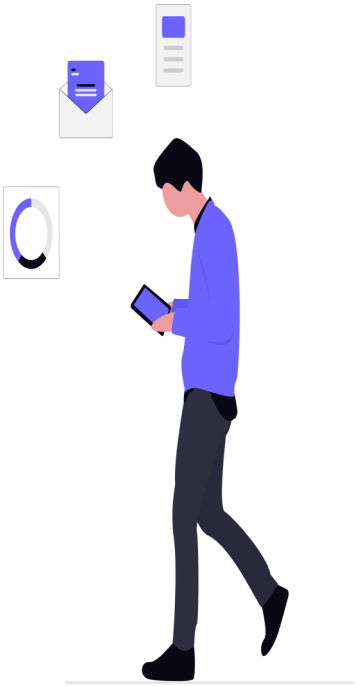
Preparing for Our AAHRPP Reaccreditation Site Visit

This year, the NIH Intramural Research Program Human Research Protection Program (HRPP) will undergo its fourth accreditation review by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) on Tuesday September 22nd & Wednesday September 23rd.

AAHRPP is an independent, nonprofit accrediting organization that evaluates HRPPs against rigorous standards for participant protection, ethical research conduct, quality, accountability, and continuous improvement. Maintaining accreditation demonstrates our ongoing commitment to protecting research participants while supporting high-quality, scientifically valuable research.

We are excited to showcase the many advances and improvements made across the Intramural Research Program since AAHRPP's last site visit in 2021.

OHSRP hosted a Town Hall on May 28 to provide an overview of the reaccreditation process and upcoming site visit. A recording and presentation materials are available on the OHSRP website. NIH staff can watch the AAHRPP Town Hall recording here.



What Happens During the Site Visit?

We have already submitted our written reaccreditation application, and AAHRPP has completed its review of our policies and supporting materials. The next step is the site visit, which AAHRPP describes as an **"Evaluation of Practice."**

The purpose of the site visit is to assess how our policies, procedures, and protections are implemented across the NIH HRPP. During the visit, AAHRPP peer reviewers will review documentation and conduct interviews with individuals who play key roles in the research enterprise.

Interviewees may include:

- IRB members and Chairs
- Investigators and research staff
- Ancillary Review Committee Chairs
- Institute and Center leadership
- QA/QI and regulatory staff
- OHSRP and IRBO staff
- NIH leadership involved in human subjects research oversight

These discussions help site visitors understand how we carry out our responsibilities and work together to support ethical research and participant protections.

"The purpose of the site visit is to assess how our policies, procedures, and protections are implemented across the HRPP"

What to Expect if You Are Selected

If you are invited to participate in an interview, it is because you play an important role in our HRPP. Most interviews will be conducted in role-based groups, although some institutional leaders may be interviewed individually.

The site visit will be conducted virtually through Microsoft Teams and will occur in September.

Some individuals were identified as potential interviewees during the application process. Once AAHRPP confirms the site visit agenda, we will send final invitations to interview participants. We have identified some alternate participants to ensure adequate coverage.

To help everyone feel prepared and comfortable, OHSRP is conducting preparation sessions during the summer. These sessions will explain the site visit process, review common interview topics, and provide an opportunity to ask questions.

Our reaccreditation is truly a reflection of the collective efforts of the entire research community. Thank you for your continued commitment to protecting research participants and supporting the highest standards of ethical research.

SUBMITTING IND SAFETY REPORTS VIA RNI

Investigators are now required to submit all IND safety reports in PROTECT using the Reportable New Information (RNI) form. This has been communicated through a PROTECT email blast and was discussed at the May OHSRP Education Series session. This change is a result of a new FDA Guidance released in December 2025, titled Investigator Responsibilities-Safety Reporting for Investigational Drugs and Devices. Additionally, information about what this means for investigators can be found on the OHSRP webpage, IND Safety Reports.

When you receive an IND safety report, it needs to be reported by submitting an RNI within seven days of receiving that report. You need to review the safety report and decide: (1) if the event affects your study or not; (2) if the event being reported qualifies as an unanticipated problem for your study or if it is new information that might affect the willingness of potential participants to enroll or continue on study; (3) if the event will result in action on your study such as modifying the protocol and consent, and (4) whether you will need to inform existing participants. When you submit the RNI form, check one of the three boxes, as noted below, that most closely correlates to the IND safety report based on how the event being reported relates to your study.

- Unanticipated Problem (UP): Explain how the event described in the IND safety report meets the three UP criteria and any changes that are needed to your protocol and/or consent form.
- New information that might affect the willingness of a subject to enroll or remain in the study. Be sure to explain if there are changes needed to the protocol and/or consent.
- An IND safety report that does not meet the definition of new information or an unanticipated problem at the NIH site.

Please also review IND Safety Reports for information about what to do when the IND safety report is relevant to multiple protocols, or if you receive a safety report and your study is overseen by a non-NIH IRB.

2026 OHSRP EDUCATION SERIES SESSIONS

Thus far in 2026, our OHSRP Education Series has covered a variety of topics. Information and relevant links to all of these sessions can be found on the OHSRP webpage, Educational Presentation Archive.

In January, Dr. Tara Kirby, Director of the NIH Office of Technology Transfer (OTT), presented a session about *Technology Transfer in the NIH Intramural Research Program.* She explained that technology transfer refers to the movement of information, materials, and technologies from the NIH Intramural Research Program (IRP) to research partners and the commercial enterprise. The purpose of technology transfer is to support further research and to develop new products to improve public health. Dr. Kirby also explained the what, why, and how regarding NIH grant licensing and invention patenting. She also discussed examples of how the OTT impacts real world issues with new technologies, research tools and products.

February's session, *Ethical Considerations for Early Study Closure and Modifications*, was presented by Drs. Robert Steel and Annette Rid from the Clinical Center Department of Bioethics. They discussed how early study closure affects research and identified potential ethical considerations. Additionally, they offered recommendations including ways to minimize risks to participants and third parties.

Recruitment and Screening of Potential Participants: Understanding the Regulatory Requirements and Nuances was the topic for our March education session. Speakers for this presentation were then-OHSRP Director, Dr. Jonathan Green, and Mr. Omar Echegoyen, Office of Patient Recruitment Specialist in the NIH Clinical Center's Office of Patient Recruitment. Mr. Echegoyen described the role and processes of his office when it comes to recruitment of patients and healthy volunteers. Dr. Green covered the regulatory considerations relevant for screening potential research participants as well as screening activities, noting that screening is a human subjects research activity. He also discussed use of third-party vendors for recruitment and screening, and he noted that there is a new webpage on the OHSRP website, Screening for Research Studies.

April's session addressed *NIH Controlled-Access Data Repository Security and Operational Standards* and was presented by Cheryl Jacobs, PhD, Assistant Director for Genomics and Data Access in the NIH Office of Science Policy. Dr. Jacobs explained the definition and requirements for an NIH Controlled-Access Data Repository (CADR).

2026 OHSRP EDUCATION SERIES SESSIONS (cont.)

In May, members of OHSRP leadership presented *OHSRP Town Hall and Upcoming AAHRPP Visit.* Tiffany Gommel, Director of the NIH IRB Office, talked about IRB metrics and reviewed the number of submissions and turn-around times for 2026 thus far. Acting OHSRP Director and IRB Executive Chair, Nicole Grant, discussed updates to the OHSRP website and provided a demonstration on navigating the site. She also provided an update to the requirements for submission of IND safety reports in PROTECT. As noted above, additional information about the new requirements can be found on the OHSRP webpage, on the IND Safety Reports. Heather Bridge, OHSRP's Director of Policy and Accreditation, provided information about the upcoming AAHRPP site visit. Please see the initial section of this newsletter for more information.

Our last OHSRP Education Series session was a presentation titled, *AI-Driven Transformation in Clinical Research: From Strategic Vision to Operational Reality at NCI and NIH.* It was presented by Dr. Tanna Nelson who is a clinical research informatics scientist at the NCI Center for Biomedical Informatics and Information Technology. She works in the Clinical and Translational Research Informatics Branch where she leads applied AI development for clinical research operations. In her presentation, Dr. Nelson identified opportunities for AI to reduce administrative burden across the clinical trial lifecycle. She also discussed ethical principles that guide responsible design of AI-assisted systems as used in the context of human subjects research. Dr. Nelson explained the many Research Optimizer platform tools that are now available to NIH investigators and study teams. One example is the Consent Crafter which will create an initial draft of an informed consent document written at an 8th grade reading level based on the information in the protocol. Initial drafts of consent documents can currently be created for adults who are affected patients, healthy volunteers, or family members who will also be research participants. The initial draft will require modification by the investigator. Lay person abstracts can also be created for these three adult cohorts. The Consent Crafter is one of the tools that can be accessed on the Research Optimizer. See the OHSRP webpage, Developing Documents Using the Research Optimizer for information regarding use of helpful tools intended for informed consent generation focusing on plain-language research communication.

We invite your questions and suggestions especially as new trainees will be arriving soon at the NIH.

We would love to hear your ideas or requests for training. New fellows and other trainees will soon be joining research teams in the NIH IRP. Our OHSRP Compliance and Training staff members are happy to assist with training related to human subject research such as inservices on informed consent processes or reporting research-related events to the IRB. Please email any suggestions, comments or questions that you have for the OHSRP Compliance and Training staff to OHSRPCompliance@od.nih.gov.

IRB REQUIREMENTS ASSOCIATED WITH THE USE OF SPECIMENS AND DATA TO TEST MEDICAL DEVICES, INCLUDING AI, MACHINE LEARNING AND LAB TESTS

Did you know….

That the development and testing of laboratory assays or the development and testing of AI or machine learning in a research study may require IRB approval, even when the study doesn't enroll living participants. Specifically, if the study uses human specimens or data to test the effectiveness of an *investigational medical device*, IRB review and approval and informed consent or a waiver is required under the FDA regulations (see 21 CFR 812, Investigational Device Exemptions, which covers the procedures for the conduct of studies with **medical devices**). This type of study is considered to be a *clinical investigation* by the FDA. The FDA defines a **clinical investigation** as any experiment involving a *test article* and one or more *human subjects*. Per FDA regulations, a **test article** is any FDA-regulated product or substance being investigated, evaluated, or tested in a research study. This includes studies of both unapproved and FDA-cleared/approved **medical devices**. But you might ask, why is a laboratory assay or AI considered to be a **medical device**? Aren't **medical devices** something that are used on or in a person's body? In fact, the FDA definition of a **medical device** is very broad. The FDA defines a **medical device** as an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component or accessory, that is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease in humans or intended to affect the body's structure or any function, without relying on chemical action or metabolism. For example, almost all tests that are used to diagnose patients with medical conditions or diseases are classified as **medical devices**.

AI or Machine Learning as A Medical Device

There are many types of AI or machine learning algorithms that meet the definition of a medical device but are never used directly on or in the human body. These primarily fall under the category of Software as a Medical Device (SaMD). These purely software-driven devices act autonomously on digital data (such as medical images or physiological data) to screen, triage, or diagnose diseases. For more information from the FDA about software as a medical device, see this FDA webpage. Some examples include AI or machine learning that is used to:

- Analyze CT, MRI, X-ray, or other images to flag abnormalities like collapsed lungs, strokes, aneurysms or tumors or to detect diabetic retinopathy,
- Predict melanoma risk and guide clinical management of other types of lesions, and
- Analyze videos to provide feedback about movement, gait and walking speed.

As you might imagine, the use of AI or machine learning as a medical device is a rapidly growing field of exploration both in and outside of the NIH. Now that you understand more about the wide range of technology that might be considered a medical device, let's talk about when IRB review is required.

IRB REQUIREMENTS (cont.)

When is IRB Review Required

The FDA is not definitive about exactly when IRB review is required when you are conducting research that involves developing **a medical device**. IRB review is required when you know that part of the research will involve testing the device. If at the start of your study, you have not yet developed the device, but you plan to test it as part of the study, you should obtain IRB review and approval of a protocol before conducting any activities.

No Plans to Bring a Device to Market

Researchers often tell us that they have no plans to seek approval or market their device. Nevertheless, we tell them that IRB review and approval is still required. That is because, from the FDA's perspective, you can't know what the long-term outcome of your research might be. The FDA's focus is that the tool might have a downstream use for diagnosing, curing, mitigating, treating or preventing diseases or other conditions. If at some point, an organization wishes to seek approval or market the device, the FDA's decision will be based on access to scientifically valid and ethically derived data that was generated from the very beginning of the development process. Conducting clinical studies in accordance with 21 CFR 812 is one way to help ensure that the data are credible, accurate and ethically procured, including obtaining IRB approval of a research protocol. See 21 CFR 56, Institutional Review Boards, for information about the procedures and responsibilities of institutional review boards (IRBs) that approve **clinical investigations** using **test articles**.

Using De-Identified Specimens and Data to Test Investigational Medical Devices Requires IRB Approval

Did you know….

That some research involving medical devices that does not require IRB review per the HHS Common Rule (45 CFR 46) still must undergo IRB review per the FDA regulations. The IRB typically refers to research with de-identified specimens or data as "Not Human Subjects Research". The best example of this is a study that uses existing de-identified specimens or data from humans to develop and test laboratory assays. IRB approval is even still required when the study includes specimens or data from deceased humans. That is because the FDA regulations use a different definition of **human subject** than the HHS regulations do. The FDA defines a **human subject** as an individual who becomes a participant in research, either as a recipient of an investigational **test article** (such as a drug, biologic, or **medical device**) or as a control. This includes both healthy individuals and affected participants, as well as individuals *on whose* specimens or data a **medical device** is used. The FDA's regulatory definition is tied to the concept of a **clinical investigation**—any experiment involving **a test article**. Unlike the HHS definition that focuses heavily on direct human interaction or identifiable private information, the FDA definition of **human subject** includes de-identified human specimens or data. For example, if an investigator develops and tests a new diagnostic assay using de-identified human blood or tissue, those materials come from a **human subject** according to FDA regulations.

IRB REQUIREMENTS (cont.)

Devices Considered IDE Exempt

All clinical investigations of investigational devices, unless exempt from the IDE regulations, must have an approved **Investigational Device Exemption (IDE)** *before* the study is initiated. An **IDE** allows the investigational device to be used in a clinical study to collect safety and effectiveness data. The "E" in **IDE** references that the investigation device has an exemption from certain FDA regulations. An investigational device also includes research with legally marketed devices with certain modifications or for new intended uses. Most studies involving the testing of **medical devices** using existing specimens and data meet the definition of *IDE Exempt* studies. **IDE exempt** means that the study *does not need* an approved **IDE** and is eligible for an *exemption* from the IDE regulations. These exemptions apply to studies of commercially available devices that are already FDA-approved *(e.g. 510k, Class I, Class II, or Class III)* and being used per labeling and studies of certain un-approved, low risk and non-invasive devices that are only used for diagnostic purposes. Studies exempt from the IDE regulations include those involving a diagnostic device. If the testing:

i) is noninvasive;
ii) does not require an invasive sampling procedure that presents significant risk;
iii) does not by design or intention introduce energy into a subject; and
iv) is not used as a diagnostic procedure without confirmation by another medically established diagnostic product or procedure.

Importantly, **IDE exempt** studies are still considered FDA-regulated studies and must undergo IRB review and approval. **IDE exempt** studies can be reviewed and approved via expedited review and don't need to go to the full board. However, because the study is still considered FDA regulated, it will require annual continuing review. If the IRB agrees with your assessment, the FDA does not require other reporting in association with these devices. Please note that device determinations are study specific, and do not carry over from one study to the next, even if using the same device. **In addition, IDE exempt studies are still considered covered protocols and must undergo DEC review like any other device or drug study.**

Requirements for the Protocol

If a **medical device** is not FDA-approved and is being developed and tested for effectiveness, the protocol should include a section on *Investigational Devices* as included in our *Interventional Protocol Template*. The PI should contact whatever office is responsible for acting on behalf of the sponsor (the IC) to

IRB REQUIREMENTS (cont.)

Requirements for the Protocol (cont.)

make an initial determination about the use of the device in the study and assist with the creation of this content. This section should include the following:

- A name (for the AI, machine learning or lab assay, etc.);
- The entity (or entities) responsible for designing it (NIH or an outside organization);
- A description of the device and its function;
- Device settings and programming (if applicable);
- That the device is not approved/cleared by the FDA;
- A description of how it has been used and the outcome, **if** the technology has been used in other studies (either here at NIH or outside);
- A summary/report of test validation studies when available; and
- A statement with the regulatory criteria for a device based on whether it is **IDE exempt**, NSR (Not Significant Risk) or SR (Significant Risk), as applicable.

The protocol should make it clear that the device is being used with human specimens and/or data. It should state whether the specimens and data are de-identified to the study team and the sponsor. It is also important to clarify whether any results will be returned to the participants or their health providers. This is typically only allowed when the testing is being conducted in a CLIA-certified lab.

Waivers of Informed Consent

21 CFR 50, Protection of Human Subjects includes the requirements and general elements of informed consent under the FDA regulations. Studies involving **IDE exempt** devices using de-identified specimens and data typically can meet the requirements for a waiver of informed consent. In fact the FDA has issued Guidance on Informed Consent for In Vitro Diagnostic Device Studies Using Left-over Human Specimens that are Not Individually Identifiable. **In vitro diagnostic** products are those reagents, instruments, and systems intended for use in the diagnosis of disease or other conditions, including a determination of the state of health, in order to cure, mitigate, treat, or prevent disease or its sequelae. Such products are intended for use in the collection, preparation, and examination of specimens taken from the human body. It's important to note that at the time this guidance was issued, April 2006, the use of artificial intelligence (in tandem with data) in medical diagnostics was not nearly as widespread as it is today. For these studies to meet the criteria for approval of a waiver of informed consent, the following must be true:

- The research does not involve **human subject**s as defined by HHS 45 CFR 46;
- The investigation meets the IDE exemption criteria at 21 CFR 812;2(c) (3);
- The study must be secondary research;
- The research does not involve individually identifiable human specimens or data as defined by FDA;

IRB REQUIREMENTS (cont.)

Waivers of Informed Consent (cont.)

- The individuals caring for the patients are different from and do not share information about the patient [that might lead to re-identification] with those conducting the investigation;
- The results of the investigational test will not be communicated to or otherwise associated with the identified subject; and
- The results of the testing will not used for clinical management.

Additional guidance for an **in vitro diagnostic device** studies can be found in Regulating In Vitro Diagnostic Device (IVD) Studies.

Still confused or unsure whether you need IRB review? We are here to help. Send an email to the NIH IRB Inbox at irb@od.nih.gov.

Gold Star Award

This issue's Gold Star award goes to NHLBI PI, Marcelo Amar, MD, protocol navigator, Alfiya Bikineyeva, MD, MPH, and all others involved in writing a new protocol which investigates very-long-chain polyunsaturated fatty acid (VLCPUFA)-enriched fish oil. This study is a double-blind, randomized crossover trial evaluating changes in the omega-3 index in healthy participants following supplementation with either VLCPUFA-enriched fish oil or a standard, over-the-counter DHA-enriched fish oil. It aims to assess whether the higher VLCPUFA content may provide potential benefits related to age-related macular degeneration and cardiovascular disease risk factors. The study was submitted to the IRB in the middle of May. The study team received just one set of stipulations, which primarily focused on suggested consent revisions. The study was reviewed by the full IRB at the beginning of June. Notably the study team responded very quickly to some pre-IRB meeting questions from the primary reviewer. One of the reviewers noted that the consent form was very informative. The IRB approved the study with additional edits to the consent form. The final approval letter was processed just two days after the meeting.

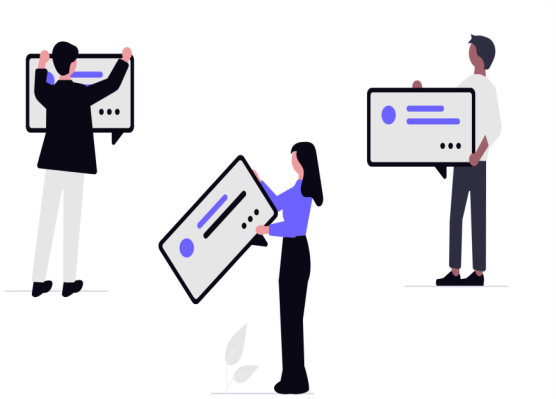
"Many congratulations to Dr. Amar, Dr. Bikineyeva, and the other members of the research team!"

IMPORTANT REMINDERS

Requirement To Include A Justification When Enrolling Any Vulnerable Population

Does your protocol include **pregnant women, fetuses, neonates, children, prisoners, NIH employees, American Indian/Alaska Native persons or participants lacking the capacity to consent? If so, does it also include a justification for their involvement in the research? Please go through your protocols and double-check this.** When any of these populations are participating in the study, this is required per both federal regulation and NIH policy. For specific information about justifying the inclusion of vulnerable populations, please review the policies under the 400 Series - Vulnerable Populations.

IMPORTANT REMINDERS (cont.)



Requirement To Describe An Assent Process When Enrolling Decisionally Impaired Participants

If your study enrolls adults who are unable to provide consent, does it include an assent process? Please go through your protocols and double-check this. This is required by NIH policy. Specifically, if you intend to allow participants who are decisionally impaired to participate in your protocol at the time of initial consent, the protocol must include a detailed assent plan, unless participants *are unable* to provide assent. If you will not obtain assent, you must state this and include a justification. Please see HRPP Policy 403 and HRPP Policy 301. This topic is also addressed on this OHSRP webpage. There is also helpful information in the IRB Member Tip Sheet: IRB Review of Appropriateness and Processes for Obtaining Assent from Individuals Who Lack Consent Capacity. For example template language that can be revised for use in your protocol, please review the Fall 2025 version of the OHSRP Newsletter.

Requirement To Address The Viability of Neonates When Enrolling Them

Does your protocol enroll infants, i.e. participants who are "age zero"? If so, does it address their viability and the associated requirements? Please go through your protocols and double-check this. Please note that it is not sufficient to simply state that the study may include "subjects of any age" / "age zero", unless you also address the question of viability. That is because there are special criteria that must be described and followed when enrolling neonates, per the regulations. This is clarified in HRPP Policy 400. If your study involves the enrollment of neonates, you must state whether they might be nonviable, have uncertain viability and/or will be viable and also address all of the applicable requirements as delineated in Subpart B of 45 CFR 46.

When The Study PI Or Another AI Is Leaving The NIH

When the PI of the study will step down from this role, the IRB has specific expectations that must be met, e.g., if the study will remain open, the change needs to happen so there is no lapse in PI; the new PI needs to include a statement that they are willing to take that role on; there must be a plan to notify active participants, etc. We address PI changes, investigator departures and study closures on this OHSRP webpage as well as in the Preparing for a PI Departure webpage. In addition, there must be an assessment of whether the investigator plans to continue research on the current protocol in some capacity. When an investigator wishes to continue to be engaged in human subjects research on the NIH protocol after leaving, be sure to review the important Q&As on this OHSRP webpage.

IMPORTANT REMINDERS (cont.)

When A New Investigator Wishes To Work On An NIH Study

When a new investigator is planning to participate in your study, as a first step, the team should review this OHSRP webpage to determine if he or she needs IRB oversight and whether an agreement is needed. When a new investigator wants to continue to work on ongoing research at their former institution, they will need to find out if an agreement needs to be put in place to allow this. Accordingly, they should email the NIH IRB reliance email address to discuss at nih-reliance-sIRB@nih.gov.

Stacking Documents In PROTECT

Lately we've been receiving an increase in submissions in which documents have been stacked in the wrong location, e.g. when the revised consent form is stacked on top of the last version of the protocol. **When choosing a revised document to stack on top of the previous one in PROTECT, please be sure not to move too quickly.** In fact, once you have uploaded a document in the wrong location, there isn't a way to easily remedy this. That is because you can't just delete the last document without deleting the entire stack. The IRB relies on the stacking mechanism to help us view a tracked version of a document and review the changes. When documents are uploaded in the wrong location, we lose the ability to use this functionality. **If you ever notice you have done this by accident, please don't try to delete anything.** Just upload the correct version on top of the incorrect one and explain what happened in the response to stips or in a comment in PROTECT. You can learn more about document management in PROTECT by reviewing this Tip Sheet.