1. PURPOSE
	1. This policy establishes Drexel University’s Human Research Protection Program (HRPP) and its commitment to protect the rights and welfare of human subjects.
2. POLICY
	1. Scope
		1. The HRPP applies to:
			1. All **Human Research** which engages Drexel University as defined by “[WORKSHEET: Engagement (HRP-422).](http://drexel.edu/~/media/96B4C5B1034341F2BFDE85C922C8906A.ashx)”
			2. All **Human Research** submitted to the IRB for review.
		2. **Human Research** may not commence until IRB approved.
		3. Activities that are not **Human Research** do not require IRB review unless there is uncertainty whether the activity is **Human Research**.
		4. Direct questions about whether an activity (such as classroom research, quality improvement, case reports, program evaluation, or surveillance activities) represents **Human Research** to the IRB. The IRB provides written determinations in response to written requests.
		5. Direct questions about whether an organization is engaged in **Human Research** to the IRB. The IRB provides written determinations in response to written requests.
		6. After a study is completed, Drexel University does not consider the return of results to former subjects to be **Human Research**.
	2. Ethical Principles
		1. Drexel University follows the ethical principles described in the report “Ethical Principles and Guidelines for the Protection of Human Subjects of Research” also known as “The Belmont Report.” (see Reference 1)
		2. Drexel University applies its ethical principles to all **Human Research** regardless of support or geographic location.
			1. Policies and procedures applied to research conducted domestically are applied to international research.
			2. The evaluation of research meeting the criteria for one or both categories of Exemption 2 and 3 and conducted under limited IRB review shall include whether it fulfills the institutions ethical standards.
		3. The following categories of individuals are expected to abide by these ethical requirements:
			1. Investigators (whether professional or student)
			2. Research staff
			3. IRB members, IRB chairs, and IRB vice-chairs
			4. HRPP staff members
			5. Organizational Official
			6. Employees and agents
		4. Clinical trials should be conducted in accordance with the ethical principles in Reference 1 that have their origin in the Declaration of Helsinki and are consistent with good clinical practice and the applicable regulatory requirements.
	3. Review and Oversight Requirements
		1. Drexel University applies FDA regulations, the **Original Rule**, the **Revised Rule**, and [45 CFR §46](https://www.ecfr.gov/cgi-bin/text-idx?SID=8d66649da15cdeff3aba6b27ec0383ed&pitd=20180719&tpl=/ecfrbrowse/Title45/45cfr46_main_02.tpl) Subparts B, C, and D as described in the Tables in the References section.
			1. For research meeting qualification for categories for either or both Exemption 2 and 3, the Drexel IRB conducts limited IRB review in accordance with requirements of 45 CFR 46.109(a) and 46.109(f)(1)(ii).
			2. For research meeting qualification for categories of either or both Exemption 7 and 8, the Drexel IRB does allow approval.
		2. Drexel University applies the following requirements to non-exempt **Human Research** **as Defined by HHS** that is conducted, supported, or otherwise subject to regulation by the following federal departments or agencies:
			1. [DOD: 10 USC 980](https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title10-section980&num=0&edition=prelim), [DOD Instruction 3216.02](https://www.ncbi.nlm.nih.gov/books/NBK236819/), [OPNAVINST 5300.8C](https://www.secnav.navy.mil/doni/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05-300%20Manpower%20Personnel%20Support/5300.8C.pdf), and [SECNAVINST 3900.39E](https://www.secnav.navy.mil/doni/Directives/03000%20Naval%20Operations%20and%20Readiness/03-900%20Research%2C%20Development%2C%20Test%20and%20Evaluation%20Services/3900.39E%20CH-1.pdf)
			2. [DOE: DOE Order 443.1A](https://www.directives.doe.gov/directives-documents/400-series/0443.1-BOrder-a/%40%40images/file) and used “Checklist for IRBs to Use in Verifying That HS Research Protocols Are in Compliance with the Department of Energy (DOE) Requirements”.
			3. [DOJ: 28 CFR §22](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt28.1.22&rgn=div5) and [28 CFR §512](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt28.2.512&rgn=div5).
			4. [ED: 34 CFR §97](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt34.1.97&rgn=div5) Subpart D (equivalent to 45 CFR §46 Subpart D), [34 CFR §98](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt34.1.98&rgn=div5), [34 CFR §99](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt34.1.99&rgn=div5), and 34 CFR §356.Z
			5. [EPA: 40 CFR §26](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt40.1.26&rgn=div5) and [EPA Order 1000.17 Change A1](https://www.epa.gov/sites/production/files/2016-06/documents/2016_policy_order_revision_6-10-16.pdf).
		3. Drexel University applies [45 CFR §46](https://www.ecfr.gov/cgi-bin/text-idx?SID=8d66649da15cdeff3aba6b27ec0383ed&pitd=20180719&tpl=/ecfrbrowse/Title45/45cfr46_main_02.tpl) Subparts B, C, and D to the extent required by OHRP[[1]](#footnote-2) to all non-exempt **Human Research as Defined by HHS**.
		4. Drexel University commits to apply the “[International Conference on](https://ichgcp.net/) Harmonisation – Good Clinical Practice E6.” (ICH-GCP) to **Human Research** evaluating the safety or effectiveness of a drug or biologic.
		5. Drexel University applies all policies and procedures applied to research conducted domestically to research conducted in other countries, including:
			1. Confirming the qualifications of investigators for conducting the research
			2. Conducting initial review, continuing review, and review of modifications to previously approved research
			3. Post-approval monitoring
			4. Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others
			5. Consent process and other language issues (which shall include determining when investigators may need to assess capacity to consent and whether the plan for the assessment of capacity is appropriate)
			6. Ensuring all necessary approvals are met
			7. Coordination and communication with local IRBs
			8. Encompassing activities that are “research involving human participants” as defined by local laws.
		6. Drexel University prohibits payments to professionals in exchange for referrals of potential subjects (“finder’s fees”).
		7. This IRB reviews payments designed to accelerate recruitment that are tied to the rate or timing of enrollment (“bonus payments”) and does not allow them
	4. Components of the HRPP
		1. Drexel University
			1. Drexel University’sExecutive Vice Provost for Research & Innovation is the Organizational Official (OO) for the HRPP
			2. Drexel University’s OO is authorized to:
				1. Allocate HRPP resources
				2. Appoint and remove IRB members, IRB chairs, and IRB vice-chairs
				3. Bind HRPP policies on Drexel University
				4. Determine what IRBs Drexel University will rely upon
				5. Disapprove, suspend, or terminate **Human Research**
				6. Hire and fire HRPP staff members
				7. Limit or condition privileges to conduct **Human Research**
				8. Determine that information represents **Serious Noncompliance**, **Continuing Noncompliance**, an **Unanticipated Problem Involving Risks to Subjects or Others**, a **Suspension of IRB Approval**, or a **Termination of IRB Approval**
				9. Act against employees related to **Serious Noncompliance** or **Continuing Noncompliance**
				10. Sign IRB authorization agreements
				11. Suspend or terminate **Human Research on an urgent basis including research approved with a limited IRB review.**
			3. Drexel University’s OO is responsible to:
				1. Oversee the HRPP
				2. Ensure the independence of the review process
				3. Ensure that complaints and allegations regarding the HRPP are appropriately handled
				4. Ensure that the HRPP has sufficient resources, including IRBs, appropriate for the volume and types of **Human Research** reviewed, so that reviews are accomplished in a thorough and timely manner
				5. Establish a culture of compliance with HRPP requirements
				6. Investigate and correct allegations and findings of undue influence on the **Human Research** review process
				7. Investigate and correct systemic problems related to the HRPP
				8. Periodically review HRPP policies and procedures
				9. Periodically review HRPP resources
				10. Review and sign federal assurances (FWA) and addenda
				11. Report to AAHRPP as soon as possible but generally within 48 hours of becoming aware of:

Any negative actions by a government oversight office, including, but not limited to, OHRP Determination Letters, FDA Warning Letters, FDA 483 Inspection Reports with official action indicated, FDA Restrictions Placed on IRBs or Investigators, and corresponding compliance actions taken under non-US authorities related to human research protections.

Any litigation, arbitration, or settlements initiated related to human research protections.

Any press coverage (including but not limited to radio, TV, newspaper, online publications) of a negative nature regarding the Organization’s HRPP.

* + 1. All employees and agents of Drexel University:
			1. All employees and agents of Drexel University ultimately report to the Organizational Official for HRPP issues.
			2. All employees and agents of Drexel University are responsible to:
				1. Be aware of this policy.
				2. Be aware of the definition of **Human Research**.
				3. Consult the IRB when there is uncertainty about whether an activity is **Human Research**.
				4. Not conduct **Human Research** without IRB approval.
				5. Report allegations of undue influence related to the HRPP.
				6. Report **Allegations of Noncompliance** or **Findings of Noncompliance**.
		2. IRB members and HRPP staff members
			1. IRB members, IRB chairs, IRB vice-chairs, and HRPP staff members are responsible to:
				1. Follow HRPP policies and procedures
				2. Undergo initial training, including training on specific federal agency requirements (e.g., DOD) when such research is reviewed
				3. Participate in continuing education activities at least annually, including training on specific federal agency requirements (e.g., DOD) when such research is reviewed
				4. Respond to contacts from participants or others
				5. Ensure contacts from participants or others are reported to the IRB when required by the IRB’s written procedures
				6. Ensure research submitted to an external IRB meets local requirements
				7. Ensure research approved an external IRB has all local approvals before being conducted
				8. Make “[BROCHURE: Should I Take Part in Research (HRP-900)](https://drexel.edu/~/media/FDDDCAFE5CAB42BEBBB721272791061C.ashx)” available to research staff to provide to subjects
				9. Ensure that the requirements for posting one IRB-approved consent each clinical trial conducted or supported by a federal department or agency on a website specified by the US federal government such as clinicaltrials.gov for research where Drexel is the lead site or when not the lead site and relying on an external IRB that:

Written materials specify the lead investigator of the research is responsible for posting the consent document.

The consent form must be posted on the website after the clinical trial is closed but no later than 60 days after the last study visit by any participant (as required by the protocol)

Written materials must describe and document any request from lead investigator when requesting an exception to the requirement to post the consent document and the process to redact confidential commercial information from the consent document.

* + - 1. IRB chairs are authorized to suspend or terminate **Human Research** and may do so on an urgent basis including research approved with a limited IRB review
			2. The Director of the HRPP is authorized to suspend research on an urgent basis including research approved with a limited IRB review.
			3. IRB members and HRPP staff members ultimately report to the Organizational Official for HRPP issues.
			4. IRB members and HRPP staff members ensure that an IND or IDE application is in effect prior to initiation of FDA regulated research involving an IND or IDE. An IND goes into effect 30 days after the FDA receives the IND, unless the sponsor (internal or external to Drexel) receives earlier notice from the FDA.
				1. For investigator-initiated research, documentation of any correspondence between the investigator applying for the IND/IDE must be maintained in the Drexel IRB electronic system at the time of initial application and updated in a timely, ongoing basis, as appropriate.
				2. For industry-sponsored research or multicenter research where Drexel is not the lead site, the IND or IDE must be in effect and validated at the time of application to the Drexel IRB and, when appropriate, required correspondence be reported to the Drexel IRB in timely manner. correspondence which must be reported
				3. For all research involving an IND or IDE application, the documentation in the Drexel electronic system must include whether the IND or IDE is approved, approved with conditions, or disapproved; and must include documentation of all information submitted to the FDA as part of the IND or IDE application.
			5. IRB members and HRPP staff members maintain oversight of all open studies, even where laws, codes, and regulations do not require the IRB’s to conduct continuing review.
				1. For non exempt research where continuing review is not required and no required modifications have been submitted for more than 1 year, oversight will require the investigator to update the IRB so a determination may be made whether the research meets criteria for closure.
		1. IRB
			1. Drexel University may rely upon the IRB of another organization provided a Reliance Agreement or IRB Authorization Agreement is in place and one of the following is true:
				1. The IRB is part of an AAHRPP-accredited organization.
				2. All **Interventions** and **Interactions** occur at another organization.
				3. Drexel University is engaged in **Human Research** solely because it receives funding directly from a federal department or agency.
			2. The IRB has the authority:
				1. To approve, require modifications to secure approval, and disapprove all **Human Research** activities overseen and conducted by Drexel University
				2. To suspend or terminate approval of **Human Research** not being conducted in accordance with HRPP requirements or that had been associated with unexpected serious harm to participants
				3. To observe, or have a third party observe, the consent process and the conduct of the **Human Research**.
				4. Determine whether an activity is **Human Research**.
				5. Determine whether Drexel University is engaged in **Human Research**
				6. To decide whether financial interests **Related to the Research** and the management, if any, allow approval of the **Human Research**.
			3. Drexel University cannot approve **Human Research** that the IRB has not approved.
			4. When executing a Reliance Agreement including when using the SMART IRB Online Reliance System, external organizations relying on Drexel University’s IRB can expect Drexel University’s IRB to do the following and when Drexel University relies on an external IRB, Drexel University expects the IRB to do the following:
				1. Determine whether an activity is **Human Research**.
				2. Determine whether **Human Research** engages Drexel University.
				3. Determine which persons are considered engaged (agents) in the **Human Research**.
				4. Assure all IRB members, IRB Chairs and Vice Chairs are trained in accordance with applicable IRB SOPs.
				5. Evaluate scientific or scholarly validity of proposed research.
				6. For clinical trials, assure ICH-GCP guidelines are met, including whether the available non-clinical and clinical information on an investigational product is adequate to support the clinical trial.
				7. Identify any relevant local, state, or international requirements related to **Human Research**, and apply AAHRPP criteria to international research.
				8. Make contact information for the IRB available to current and former subjects.
				9. Explain to subjects how to contact someone independent of the investigator for questions, concerns, complaints, or subject rights, or to offer input.
				10. Assure individuals with knowledge of community-based participatory research attend meetings where such research is reviewed.
				11. Evaluate and manage **Unanticipated Problems Involving Risks to Subjects or Others**, **Noncompliance**, **Serious Noncompliance** and **Continuing Noncompliance**, including when necessary to conduct an audit.
				12. Determine whether each allegation of noncompliance has a basis in fact and whether each incident of noncompliance is serious or continuing, including when necessary to conduct an audit.
				13. Manage **Unanticipated Problems Involving Risks to Subjects or Others**, **Noncompliance**, **Serious Noncompliance** and **Continuing Noncompliance**, **Suspension of IRB Approval** and **Termination of IRB Approval**.
				14. When appropriate, collaborate with Drexel University to Manage **Unanticipated Problems Involving Risks to Subjects or Others**, **Noncompliance**, **Serious Noncompliance** and **Continuing Noncompliance**, **Suspension of IRB Approval** and **Termination of IRB Approval**.
				15. Notify the FDA of any **Unanticipated Problems Involving Risks to Subjects or Others**, **Serious Noncompliance** and **Continuing Noncompliance**, **Suspension of IRB Approval** and **Termination of IRB Approval.**
				16. Collaborate with Drexel University to notify regulatory agencies other than the FDA of any **Unanticipated Problems Involving Risks to Subjects or Others**, **Serious Noncompliance** and **Continuing Noncompliance**, **Suspension of IRB Approval** and **Termination of IRB Approval**
				17. Conduct independent IRB review to manage organizational conflict of interest related to the research, when Drexel University refers a study involving organization conflict of interest for review.

The relying organization is responsible to identify organizational conflicts of interests.

* + - * 1. Identify and manage financial conflicts of interest of investigators and research staff and upon request, review and incorporate the relying organization’s management plan.
				2. Evaluate and confirm test articles have appropriate regulatory approval (e.g., IND or IDE, meet exemption requirements)

The relying organization is responsible to have and follow written policies and procedures to ensure that the handling of investigational or unlicensed test articles conforms to legal and regulatory requirements.

* + - * 1. Evaluate and permit emergency uses of a test articles and assure uses follow FDA requirements.
				2. Assure that emergency uses of a test articles are not considered **Human Research as Defined by HHS** and prohibit use of data obtained from an emergency use for **Human Research as Defined by HHS**.
				3. Assure investigators and research staff are trained on DOD requirements when research is DOD-regulated, note the potential for additional training, and the possibility of DOD oversight of the educational program.
				4. Assure that IRB members, IRB Chairs and Vice Chairs are trained in accordance with applicable IRB SOPs on DOD requirements when research is DOD-regulated.
				5. Evaluate DOD research for scientific merit.
				6. For DOD research, determine that the investigator has permission to conduct research in that country by certification or local ethics review.
				7. For DOD research, determine that the investigator will follow all local laws, regulations, customs, and practices.
				8. Assure the IRB consent has the requirements of [DOD Instruction 3216.02](https://www.ncbi.nlm.nih.gov/books/NBK236819/) when reviewing non-exempt classified DOD research.
				9. Report serious or continuing noncompliance with DOD research to the DOD human research protection officer.
				10. Assure all DOE requirements of [10 CFR 745](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt10.4.745&rgn=div5) and [DOE Order 443.1.B](https://www.directives.doe.gov/directives-documents/400-series/0443.1-BOrder-B-chg1-pgchg/%40%40images/file). are met.
				11. Assure all DOJ requirements of [28 CFR 22](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt28.1.22&rgn=div5) and [512](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt28.2.512&rgn=div5) are met.
				12. Evaluate DOJ research to assure there is an adequate research design and it contributes to the advancement of knowledge about corrections.
				13. Assure all ED requirements of [34 CFR 98](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt34.1.98&rgn=div5), [99](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt34.1.99&rgn=div5) and 356 are met.
				14. Assure EPA requirements of [40 CFR 26](https://www.ecfr.gov/cgi-bin/text-idx?SID=69a0c094a3743d4441dae1a5efd98667&mc=true&node=pt40.1.26&rgn=div5) and [EPA Order 1000.17](https://www.epa.gov/sites/production/files/2016-06/documents/2016_policy_order_revision_6-10-16.pdf) Change A1 are met, and to flag research that collects data intended to be submitted to EPA as subject to EPA regulations.
				15. Provide equivalent protections for participants in non-funded research.
				16. Ensuring concordance between any applicable grant in the IRB application, when required by regulators.
				17. Obtain assurance that investigators and research staff are appropriately trained.
				18. For international research:

Ensure appropriate expertise and knowledge of the country(ies) either through IRB members or consultants.

Ensure knowledge of local laws.

Ensure knowledge of cultural context.

Confirm the qualifications of the researchers and research staff for conducting research in that country.

Conduct initial review, continuing review, and review of modifications to previously approved research.

Conduct post-approval monitoring.

Handle complaints, noncompliance, and unanticipated problems involving risk to participants or others.

Manage consent process and document and other language issues.

Coordinate and communication with local IRBs when appropriate.

* + - * 1. Should the relying organization terminate reliance on the IRB, the IRB will continue oversight of active studies until closure or a mutually agreed-upon transfer of the studies.
		1. Upon request or when required by law, Drexel University will execute an Authorization Agreement which documents respective authorities, roles, responsibilities, and communication between Drexel University and the other organizations involved in the reliance arrangement.

2.4.5.1 Unless by special arrangement, the Drexel IRB requires use of the SMART IRB Online Reliance System as a means of reliance with other SMART IRB participating institutions.

2.4.5.2. When not executing a SMART IRB Agreement, including when research must follow the requirements of the DHHS or the FDA, a written agreement must define the responsibilities of the relying institution and reviewing IRB, including but not limited to:

 2.4.5.2.1. Determining whether the relying institution applies its FWA to some or all research and ensuring the IRB review is consistent with requirements in the relying organization’s FWA.

 2.4.5.2.2. Determining which institution is responsible for obtaining any additional approvals from DHHS when the research involves pregnant women, fetuses, and neonates, or children, or prisoners.

 2.4.5.2.3. Determining which institution is responsible for reporting serious or continuing non-compliance; unanticipated problems involving risks to participants or others; suspensions or terminations of IRB approval.

2.4.5.2.3.1. Reporting may be done by the reviewing IRB, the relying institution, or jointly, and this must be defined in policies or a written agreement.

* + 1. Investigators and research staff ultimately report to the Organizational Official for HRPP issues and are to follow the obligations described in “[POLICY: Investigator Obligations (HRP-070).](http://drexel.edu/~/media/5FEE7D8F5547493D9FF4654BF44967D2.ashx)”
		2. The Chief Compliance Officer works with the Organizational Official on HRPP issues and is responsible to:
			1. Determine who is a **Legally Authorized Representative**, **Child**, and **Guardian**
			2. Provide legal advice related to the HRPP to the Organizational Official, IRB, and investigators
			3. Determine who is an agent for purposes of engagement
			4. Identify relevant state and international laws
			5. Resolve conflicts among applicable laws
		3. Grants and Contracts Office works with the Organizational Official on HRPP issues.
			1. The Grants and Contracts Office is responsible to review contracts for compliance with HRPP requirements.
	1. Written Procedures
		1. Drexel University makes written materials describing the HRPP available to all members of Drexel University through its Web site at <https://drexel.edu/research/compliance/human-research-protection-new/>
		2. Drexel University makes written materials describing the HRPP available to sponsors, CROs, and investigators upon request when those materials apply to the requestor.
		3. When written materials are changed, Drexel University communicates to affected individuals through one or more of the following actions:
			1. Email communications
			2. Web-site postings
			3. Direct outreach at organizational meetings
			4. Training
			5. Mentoring
	2. **Reliance** **Agreements**
		1. For federally funded research that must follow the **Revised Rule** (with the exception of exempt research for which IRB review is not required by regulation) that takes place at an institution in which IRB oversight is conducted by an IRB that is not operated by the institution, the institution and the organization operating the IRB must document the institution’s reliance on the IRB for oversight of the research and the responsibilities that each entity will undertake to ensure compliance with the requirements of this policy.
		2. The HRPP will conduct periodic evaluations to both ensure that the use of a single IRB for cooperative is in place for research subject to this regulation and to ensure that a fully executed Reliance Agreement is on file for that project.
		3. The DU IRB will be able to serve as the IRB of Record for all projects stipulated by Master Reliance Agreements, for projects where Drexel is a lead site and there are no more than two other sites, and for which the Reliance Agreements are current.
			1. In circumstances where Drexel is the lead research site of an industry- sponsored or externally-sponsored project or when otherwise required, the IRB of Record will be a mutually agreed upon external IRB.
		4. The DU IRB will rely on an external IRB when this is stipulated by an Institutional Master Reliance Agreement (i.e. use of commercial IRB for industry-sponsored research), for cooperative research where DU is joining as a site and a single IRB is already established, and for new projects where the funding or other circumstances require the external site to be the IRB of Record and is also an Accredited IRB.
			1. In circumstances where the IRB of Record is not accredited, the external IRB must complete the “External IRB Qualification Form” and meet comparable standards before the Reliance Agreement is executed.
		5. The process to enter into a reliance agreement will be initiated in accordance with this policy and by following the steps outlined in HRP-804 INVESTIGATOR GUIDANCE-Reliance agreements.
	3. Questions, Concerns, and Feedback
		1. Drexel University solicits questions, concerns, and feedback by making the document “[BROCHURE: Should I Take Part in Research (HRP-900)](https://drexel.edu/~/media/FDDDCAFE5CAB42BEBBB721272791061C.ashx)” available on its Web site and available to investigators to provide to the public.
		2. Individuals should address questions, suggestions, concerns, or complaints about the IRB or human research protection program, allegations of undue influence, **Allegations of Noncompliance** or **Findings of Noncompliance** orally or in writing to:

|  |
| --- |
| Name: Gabrielle RebillardTitle: Director of Human Research Protections ProgramStreet: 1505 Race Street, Suite 727City, State ZIP: Philadelphia, PA 19102Email: gmr59@drexel.eduPhone: 267 359-2471 |

* + 1. Individuals may also contact the Organizational Official at:

|  |
| --- |
| Name: Aleister Saunders, PhDTitle: Senior Vice Provost for ResearchStreet: 3180 Chestnut Street Suite 104City, State ZIP: Philadelphia, PA 19104Email: Aleister.Sauders@drexel.edu Phone: 215 895-6772 |

* + 1. Drexel University takes steps to protect employees and agents who report in good faith from retaliation and harassment. Immediately reports such concerns to the Organizational Official
1. REFERENCES
	1. “Ethical Principles and Guidelines for the Protection of Human Subjects of Research,” The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 18, 1979, (<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>)
	2. Table of Applicability of Regulatory and Policy Requirements by Category of Research

|  |  |
| --- | --- |
| Category of Research | Research initially reviewed, determined exempt, or waived: |
| Before Jan 21, 2019 | On or after Jan 21, 2019 |
| FDA regulated research that is NOT emergency use[[2]](#footnote-3), compassion use, or device research on anonymous tissue specimens[[3]](#footnote-4) | * FDA regulations
* **Original Rule**
* Subparts B, C, D
 | * FDA regulations
* **Original Rule**
* Subparts B, C, D
 |
| Emergency use, compassion use, and device research on anonymous tissue specimens[[4]](#footnote-5) | * FDA regulations
 | * FDA regulations
 |
| Research regulated by federal department or agency other than DOJ | * **Original Rule**[[5]](#footnote-6)
* Subparts B, C, D
 | * **Revised Rule**
* Subparts B, C, D
 |
| Research regulated by DOJ | * **Original Rule**
* Subparts B, C, D
 | * **Original Rule**
* Subparts B, C, D
 |
| Unregulated research not in NY, VA, or MD[[6]](#footnote-7) | * **Original Rule**[[7]](#footnote-8)
* Subparts B, C, D
 | * **Hybrid Rule**
* Subparts B, C, D
 |
| Unregulated research in NY, VA, MD[[8]](#footnote-9) | * **Original Rule**
* Subparts B, C, D
 | * **Revised Rule**
* Subparts B, C, D
 |

* 1. Table of Applicability of Regulatory and Policy Requirements by Requirement

|  |  |
| --- | --- |
| Requirement | Research initially reviewed, determined exempt, or waived: |
| Before Jan 21, 2019 | On or after Jan 21, 2019 |
| FDA regulations | * FDA regulated research
 | * FDA regulated research
 |
| **Original Rule** | * Research regulated by a federal department or agency
* FDA regulated research that is NOT emergency use, compassion use, or device research on anonymous tissue specimens
 | * Research regulated by DOJ
* FDA regulated research that is NOT emergency use, compassion use, or device research on anonymous tissue specimens
 |
| **Revised Rule**  | NA | * Research regulated by federal department or agency other than DOJ
 |
| **Hybrid Rule**  | NA | * Unregulated research[[9]](#footnote-10)
 |
| Subparts B, C, D | * All research except, emergency use, compassion use, and device research on anonymous tissue specimens[[10]](#footnote-11)
 | * All research except, emergency use, compassion use, and device research on anonymous tissue specimens
 |

1. OHRP has indicated that for research not conducted, supported, or otherwise subject to regulation by a federal department or agency, OHRP will not review reports (e.g., unanticipated problems, non-compliance, suspensions, terminations), will not provide secretarial review of not otherwise approvable research under Subparts B and D, and will not certify prisoner research under Subpart C. [↑](#footnote-ref-2)
2. This includes emergency use as defined in [21 CFR 56.102](https://www.ecfr.gov/cgi-bin/text-idx?SID=ba325f327adadd01f8e750d59f88564c&mc=true&node=se21.1.56_1102&rgn=div8)(d) and described in [21 CFR 50.23](https://www.ecfr.gov/cgi-bin/text-idx?SID=ba325f327adadd01f8e750d59f88564c&mc=true&node=se21.1.50_123&rgn=div8)(a) and (b). This does not include waiver of consent for planned emergency research. [↑](#footnote-ref-3)
3. **Research Involving Human Subjects as Defined by FDA** that is also **Research Involving Human Subjects as Defined by HHS** [↑](#footnote-ref-4)
4. **Research Involving Human Subjects as Defined by FDA** that is NOT **Research Involving Human Subjects as Defined by HHS** [↑](#footnote-ref-5)
5. On or after January 21, 2019, sponsors can request that the research in this category initially reviewed, determined exempt, or waived before January 21, 2019 be re-reviewed under the **Revised Rule** [↑](#footnote-ref-6)
6. **Research Involving Human Subjects as Defined by HHS** that is NOT subject to regulation by either FDA or a federal department or agency [↑](#footnote-ref-7)
7. On or after January 21, 2019, sponsors can request that the research in this category initially reviewed, determined exempt, or waived before January 21, 2019 be re-reviewed under the **Hybrid Rule** [↑](#footnote-ref-8)
8. State law in New York (NY), Virginia (VA), and Maryland (MD) require application of state law unless the study is subject to and in compliance with the human subject protection regulations of any federal department or agency for the protection of human subjects. The Drexel University considers this research to be subject to HHS regulation by virtue of this policy to apply the **Revised Rule** to such research. [↑](#footnote-ref-9)
9. **Research Involving Human Subjects as Defined by HHS** that is NOT subject to regulation by either FDA or a federal department or agency [↑](#footnote-ref-10)
10. **Research Involving Human Subjects as Defined by HHS** including FDA regulated research that is also **Research Involving Human Subjects as Defined by HHS** [↑](#footnote-ref-11)