United States Marine Corps

Human Research Protection Program Policy and Procedures

30 September 2020

Reviewed by:
Leah B. Watson
Chair, USMC Institutional Review Board

Approved / Released for Publication by:

A. J. GRECO, JR.
USMC Institutional Official

Contents

Chapter 1: Introduction 1-1
1.1 Background 1-1
1.2 Assurance Requirement 1-1
1.3 Human Participant versus Human Subject 1-1
1.4 Conflicting Regulations 1-1
1.5 International Research 1-2
1.6 Classified Research 1-2
1.7 Public Release of Research Information 1-2
1.8 Federal Funds 1-2
1.9 Compensation 1-2
1.10 Vulnerability and Additional Protections 1-2
1.11 Captured or Detained Personnel 1-3
1.12 Survey Research 1-3
1.13 Contracting Clause 1-3

Chapter 2: Guiding Principles 2-1

Chapter 3: Authority and Delegation 3-1

Chapter 4: Institutional Official and IRB Roles and Responsibilities 4-1
4.1 Institutional Official 4-1
4.2 Chair, IRB 4-4
4.3 Vice-Chair, IRB 4-6
4.4 Administrator, IRB 4-6
4.5 Members and Alternate Members, IRB 4-7
4.6 Exemption Determination Official (EDO) 4-7
4.7 Human Research Protection Official (HRPO) 4-8
4.8 Scientific Reviewers 4-9
4.9 Research Monitors and Ombudsmen 4-9
4.10 The IRB Administrator, HRPP Support Personnel or HRPP POC 4-9

Chapter 5: Principal Investigator Roles, Responsibilities, and Process Guidance 5-1
5.1 Guidelines for Investigators 5-1
5.2. Process Guidance 5-2

Chapter 6: Education and Training 6-1

Chapter 7: IRB Membership Requirements 7-1

Chapter 8: IRB Functions and Operations 8-1

Chapter 9: Project Review Process 9-1
9.1 Determination of Human Subjects Research 9-1
9.2 Protocol Package Submission 9-1
9.3 IRB Chair and Vice-Chair Preliminary Review 9-2

9.4 Convened IRB Review 9-2
9.5 IO Package Review 9-3
9.6 IO Approval Authority 9-4
9.7 DON HRPP Review 9-4

Chapter 10: IRB Protocol Submission Package for Human Subjects Research 10-1

Chapter 11: Greater Than Minimal Risk 11-1

Chapter 12: Research That Meets Criteria For Exemption 12-1

Chapter 13: Expedited Review Process 13-1
13.1 Expedited Review Categories 13-1
13.2 Expedited Review Criteria 13-1

Chapter 14: Criteria for Approval of Research 14-1

Chapter 15: Informed Consent 15-1
15.1 General Informed Consent Requirements 15-1
15.2 Required Elements of Informed Consent 15-2

Chapter 16: Continuing Review, Progress Reports and Reporting Requirements 16-1

Chapter 17: Scientific or Scholarly Review 17-1

Chapter 18: Non-compliance, Misconduct, Adverse Events, Unanticipated Problems 18-1
18.1 Allegations of Non-compliance with Human Subject Protections 18-1
18.2 Allegations of Research Misconduct 18-1
18.3 Unanticipated Problems Involving Risk to Subjects or Others (UPIRTSO) 18-1
18.4 Serious Adverse Events 18-2
18.5 Unanticipated Problems 18-2
18.6 Summary Reporting 18-2

Chapter 19: IRB Review Requirements for External DoD Institutions 19-1

Chapter 20: USMC Supported Research 20-1
20.1 USMC Supported Research – Other DoD Institution Performer 20-1
20.2 USMC Supported Extramural Research 20-1

Chapter 21: Collaborative Research 20-1
21.1 Collaborative Research with another DoD / DON Institution 20-1

Figures

Figure 3-1. Authority Delegation and Communication Flow within the HRPP 3-2

Figure 9-1. IRB Review Process 9-4

Figure 19-1. IRB Review Process for External Performance Sites 19-1

Appendices

Appendix A: USMC Human Subject Research Applicability Review Worksheet……A-1

Appendix B: Categories of Exemption…….. B-1

Appendix C: Expedited Review Categories…….. C-1

Appendix D: IRB Action Request……..D-1

Appendix E: Full Protocol……..E-1

Appendix F: Investigator Affirmation……F-1

Appendix G: Continuing Review, Progress Report……G-1

Appendix H: Project Completion / Final Report……....H-1

Appendix I: Adverse Event Report……I-1

Appendix J: Scientific Review……J-1

Appendix K: Documentation Checklist for Investigators, IRB and DON HRPP……. K-1

Appendix L: Abbreviations, Acronyms and Initialisms…… L-1

Appendix M: Definitions……...M-1

Appendix N: Conducting HSR with the Marine Corps: What's Required……... N-1

Appendix O: USMC Research Monitoring Plan……O-1

Appendix P: Waivers of Consent and Waivers of Documentation of Consent …….……P-1

Chapter 1: Introduction

1.1 Background

The protection of the rights and welfare of research volunteers is an acknowledged and accepted Command responsibility. This document details United States Marine Corps (USMC) specific procedures to ensure the protection of human subjects as stated in references (a) through (e) and based on the ethical principles described in reference (f). Constructive communication and dialog among all parties involved in the review and conduct of research involving human subjects is encouraged as a means of maintaining an awareness of the importance of safeguarding the rights and welfare of human subjects. References (g) through (v) provide additional specific guidance as specifically cited in this policy and procedure.

1.2 Assurance Requirement

Human subjects research covered by this document shall be performed only by institutions or activities holding an appropriate institutional assurance of compliance from a Department of Defense (DoD) assurance approval authority. The Navy Surgeon General (SG) holds the Department of Navy (DON) assurance approval authority for new assurances, renewal of current assurances, and acceptance of other assurances. Key requirements of the DoD-Navy Assurance are completion of research ethics training, designation of an Institutional Review Board (IRB) to review research protocols, and the institution's plan for monitoring its human subjects research. Human subjects research shall not be initiated until the institution holds a valid assurance for the protection of human research subjects, the research protocol has been reviewed by an authorized IRB, and approval granted by an appropriate research approval authority.

1.3 Human Participant versus Human Subject

Human subjects research is clearly defined in references (b), (c), and (d). In support of its mission, the Marine Corps carries out research activities that involve human participants. Research with human *participation* does not necessarily constitute human subjects research. Human participation requires safety involvement to ensure the safety of participants, but may not require involvement of the IRB for human subject's protection. The IRB Chair, with the assistance of an IRB Vice Chair or other members of the IRB as needed, will make the determination of whether the research meets the definition of human subjects research.

1.4 Conflicting Regulations

Issues pertaining to the protection of human subjects are constantly evolving, and there may at times be conflicts between applicable regulations. References (a) through (c) carry the force of law and supersede all other administrative regulations. In all cases, the regulation, instruction, or policy providing the greatest protection for the human subject shall prevail. Questions about resolving conflicts should be directed to the Marine Corps Human Research Protection Program Office (HRPPO) for resolution in consultation with the DON Human Research Protection Program (HRPP).

1.5 International Research

Research involving human subjects who are not U.S. citizens or DoD personnel, conducted outside the United States, and its territories and possessions, requires permission of the host country. The laws, customs and practices of the host country and those required in references (d) and (e) shall be followed.

1.6 Classified Research

Classified research with human subjects is held to the same ethical principles and human subject protections as unclassified research and must receive prior approval from the Secretary of Defense (SECDEF) in accordance with reference (g). Classified research is not eligible for review under expedited review procedures as noted in reference (h).

1.7 Public Release of Research Information

To foster public trust in research and human subject protections, information is made available to the public, the news media, and Congress. This information may be released after appropriate review and approval per references (i), (j), and other applicable guidance.

1.8 Federal Funds

Federal funds administered by a department or agency may not be expended for research involving human subjects unless the requirements of references (c) and (d) have been satisfied.

1.9 Compensation

Civilians and military personnel not in a duty status (e.g., normal off duty hours, reservists not on active duty) may be compensated for participation in research studies, but the compensation or any other incentive must not be extraordinary to eliminate possible undue influence of volunteers. Federal personnel (civil servants or service members) participating as human subjects in DoD conducted research while on duty (i.e., not on leave and participating during their duty hours) may be compensated per reference (d).

1.10 Vulnerability and Additional Protections

Additional safeguards shall be provided for subjects who may be considered vulnerable to coercion or undue influence because of their age, health, employment, financial status, or other circumstances. References (c) and (d) require additional safeguards for prisoners, pregnant women, mentally disabled individuals, economically, or educationally disadvantaged individuals. Other groups warranting additional protection include severely ill patients, those in employer-employee status (worker), student-teacher, supervisor-subordinate relationships, or deployed active duty personnel. Service members and their status as adults, for the purposes of legal capacity to participate in DoD-conducted or DoD-supported research involving human subjects, is addressed in reference (d). Regardless of the risk level of the research, no senior personnel shall influence the decisions of their subordinates whether to participate as research subjects.

1.11 Captured or Detained Personnel

Research involving any person captured, detained, held, or otherwise under the control of DoD personnel (military, government civilian, or contractor) is prohibited. Such persons include: Enemy Prisoners of War, Civilian Internees, Retained Persons, Lawful and Unlawful Enemy Combatants. Such persons do not include DoD personnel being held for law enforcement purposes. Refer to references (c), (d), and (k) for regulations.

1.12 Survey Research

Surveys require survey review approval or concurrence that it meets the exemption criteria, per references (l) and (v). The Marine Corps Survey Approval Manager requires IRB review of the survey instrument prior to granting approval.

1.13 Contracting Clause

Defense Federal Acquisition Regulation System (DFARS) policy was revised to address statutory and regulatory requirements for the ethical treatment of human subjects involved in research projects. Clauses for use in contracts involving human subjects in research were issued in 29 July 2009 to inform contractors of their responsibilities for compliance with references (a), (b) and (d); applicable DoD component policies, and when applicable Food and Drug Administration policies and regulations. Title 38, Code of Federal Regulations Part 207, Acquisition Planning; Part 235, Research and Development Contracting; and Part 252, solicitation Provisions and Contract Clauses were amended. Per reference (r), a DoD component sponsoring research involving human subjects must have a Human Research Protection Official (HRPO). The HRPO will be identified in the DoD component's Human Research Protection Management Plan and shall be identified in acquisition planning. Refer to reference (r) for specific contractual language and clauses.

Chapter 2: Guiding Principles

The Marine Corps supports the ethical principles outlined in the Belmont Report (reference (f)), and listed below, as the foundation for its human research.

a. **Respect for Persons.** Respect for persons incorporates at least two ethical convictions: first, individuals should be treated as autonomous agents; and second, persons with diminished autonomy are entitled to protection.

b. **Beneficence.** Beneficence involves two general rules: (1) Do not harm, and (2) Maximize possible benefits and minimize possible harms.

c. **Justice.** Justice requires that people are treated fairly; burdens and benefits are shared equitably. Subjects must be selected equitably, and vulnerable populations and populations of convenience must not be exploited.

Chapter 3: Authority and Delegation

a. In accordance with reference (e), the Secretary of the Navy delegates the authority and responsibility for the DON HRPP to the Navy Surgeon General (SG), except for those specifically retained by the Secretary of the Navy and those delegated to the Under Secretary of the Navy.

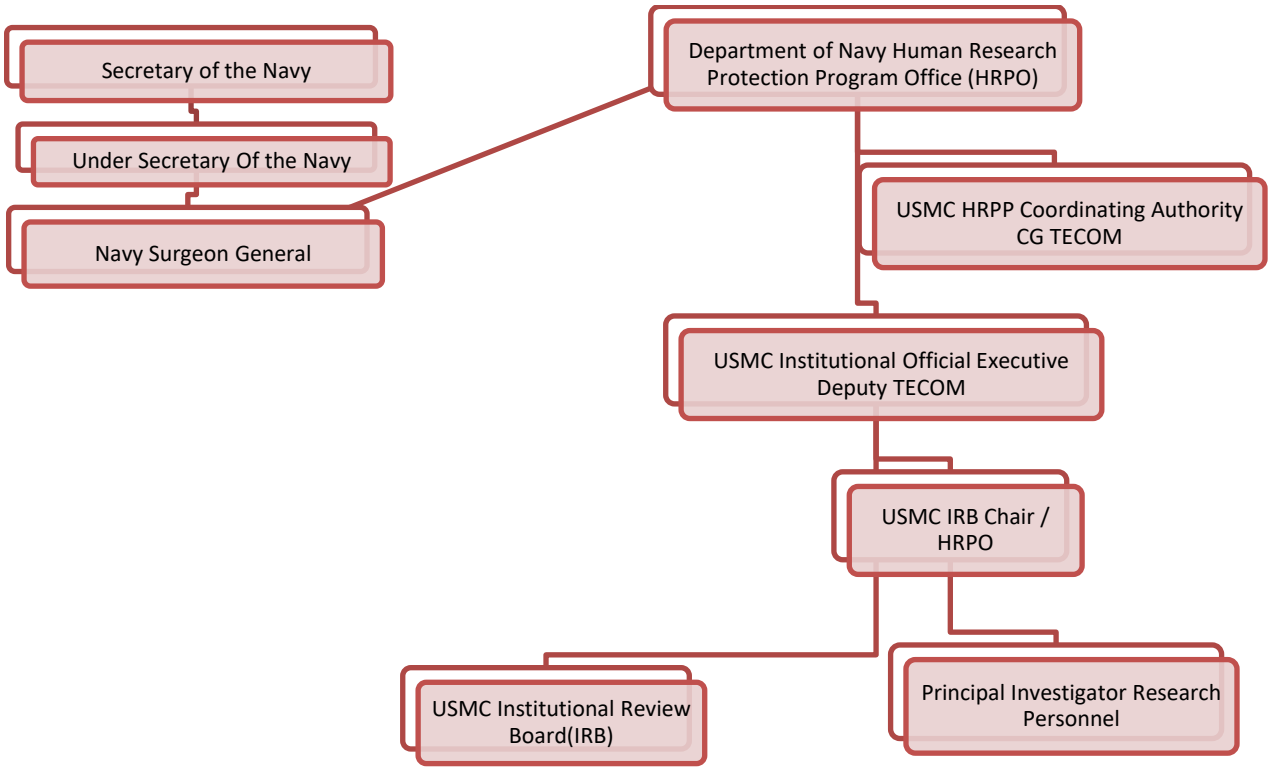
b. The Navy SG may delegate to Commanders, Commanding Officers, and Officers in Charge the authority to approve human subjects research protocols under their respective cognizance through an approved DoD-Navy Assurance for the Protection of Human Research Subjects. The Institutional Official (IO) can also serve as a Commander. Per reference (u) the Commanding General, Training and Education Command (CG TECOM) serves as the coordinating authority for the HRP Program within the Marine Corps.

c. Per reference (u) the CG TECOM has designated the Executive Deputy, TECOM to act as the Institution Official (IO) with responsibility for oversight of Marine Corps HRP Program. The USMC IO is tasked to establish, operate, and maintain the Marine Corps service-level human research protection program to support human subject research requirements for the Marine Corps. This includes establishing a USMC HRP Program Office (HRPPO) and Institutional Review Board (IRB).

d. The IO may delegate to the IRB Chair and Vice Chairs authority to review and make recommendations for research that is eligible for expedited review, and to suspend research due to adverse events involving subjects or others, significant deviation from approved protocols, or for reasonable cause.

e. This authority may not be further delegated.

Figure 3-1 illustrates the authority delegation for the DON HRPP. In addition, Figure 3-1 shows the communication flow between the DON HRPP, the Marine Corps IO, the IRB, and research personnel.



USMC HRPP Org Chart

Figure 3-1. Authority Delegation and Communication Flow within the HRPP

Chapter 4: Institutional Official and IRB Roles and Responsibilities

All Navy and Marine Corps personnel conducting, supporting, reviewing, approving, or managing human subjects research shall view the protection of human subjects as an important command issue at all echelons, both ashore and afloat. Commanders, Commanding Officers, Officers in Charge, Institutional Officials, heads of activities, scientific and technical program managers, project directors, IRB members, IRB support staff, and investigators shall maintain concern for the safety and welfare of volunteer subjects.

4.1 Institutional Official

The Executive Deputy, Training and Education Command (TECOM) serves as the Institutional Official (IO) for the Marine Corps. The Marine Corps IO has overall responsibility for the conduct of the Marine Corps HRPP for all Marine Corps commands and organizations not having their own Institutional Assurance.

The IO shall:

1. Complete and document initial education and training prior to taking any HRPP-related action and comply with requirements for continuing education and training.

2. Appoint in writing the IRB Chair, Exemption Determination Official (EDO), Vice-Chairs, and members. Ensure any individual designated to make a determination (e.g., HRPO, IRB Chair, EDO) regarding research or exempt status does so in accordance with procedures codified in this HRPP Policy and Procedures.

3. Serve as their institution's research approval authority for all non-exempt research, contingent upon holding that delegated authority.

4. Ensure that subjects' decisions to participate are voluntary and are protected from undue influence.

5. Verify, for each research protocol, whether their institution is engaged in human subjects research as determined by the IRB. Require certification (IRB approval) from the performing activity or activities before allowing the research to begin.

6. Obtain a DoD-Navy Assurance from the Navy SG and:

    a. Shall have an HHS assurance when engaged in non-exempt research involving human subjects funded by HHS (unless HHS will accept a DoD assurance). When conducting HHS-funded research involving human subjects, reference (d) and any additional HHS requirements must be followed.

    b. Verify that all engaged collaborating institutions for human subjects research, domestic and international, hold a valid DoD, DON, or other Federal assurance for all non-exempt research.

c. Submit an updated assurance whenever the IO or IRB Chair changes.

7. Ensure an independent review of research for scientific merit for all non-exempt research prior to IRB review.

8. Ensure that research protocols are reviewed and evaluated by the IRB in strict compliance with all elements of pertinent laws, regulations, and guidance, in an expeditious and timely manner.

9. Approve research protocols only after IRB review and recommendation for approval and before the institution becomes engaged in non-exempt research involving human subjects. The purpose of this review is to determine, on behalf of the institution and in light of DON requirements and local mission considerations whether to permit the research.

10. Approve research protocols only after review and recommendation for approval by IRB Chair or Vice Chair(s) for research that meets criteria for expedited review.

11. Approve, require modifications to gain approval, disapprove new research protocols; require additional safe-guards, or refer the protocol to a higher approval authority, after reviewing and considering, at a minimum, the minutes of IRB meetings or the IRB Chair's written recommendations.

12. Approve, require modifications to gain approval, or disapprove continuation of current research protocols; require additional safeguards, suspend or terminate the research based on specific criteria and the IRB's continuing review findings, review of a progress report or the IRB Chair's written recommendations for research eligible for expedited review.

13. Adhere to or increase the safeguards or special conditions recommended by the IRB.

14. Support IRB recommendations when research protocols are recommended for disapproval.

15. Review research protocols approved by the IRB Chair, as an appointed EDO, as having met criteria for exemption. The IO shall:

    a. Ensure submission of exemption determinations with supporting documentation (e.g., research protocols, test plans, proposals) to Director, DON HRPP for headquarters-level administrative review.

    b. Retain the authority to impose additional review requirements for exempt research (e.g., scientific review).

16. Refer research protocols for which the IO is also an investigator or member of the research team to a higher research approval authority for review.

17. Provide certifications of research protocol review and approval to funding organizations, sponsors, and collaborators.

18. Submit all research protocols and supporting documentation for Navy SG headquarters-level administrative review.

19. Maintain appropriate research records in a retrievable format as "Project Case Files" as required by reference (m).

20. Allocate resources adequate to ensure compliance with the institution's assurance and all applicable guidance.

21. Negotiate appropriate written agreements with participating institution(s) for cooperative / collaborative research projects per Chapter 19 of this document. Provide Director, DON HRPP with copies of agreements relying on IRBs established under other DoD assurances. Obtain endorsement from DON HRPP for agreements relying on independent IRBs under other non-DoD assurances (Federal-wide Assurances).

22. Review and, if applicable, take action on any allegations of non-compliance with human subject protections or allegations of research misconduct [reference (n)].

23. Suspend research due to adverse events involving subjects or others, significant deviation from approved protocols, or for reasonable cause.

24. In accordance with reference (e), forward all protocols that require higher approval authority to the Navy SG via DON HRPP.

25. Upon completion of investigations required under reference (n), submit reports to Director, DON HRPP within 15 business days (including supporting documentation, information, review, disposition, recommendations and associated plans for corrective action) for the following:

    a. All investigations and audits of the institution's HRPP, including those conducted by outside organizations.

    b. UPIRTSOs and serious adverse events.

    c. Investigations of serious or continuing noncompliance.

    d. Investigations of research misconduct, regardless of findings.

    e. Suspensions and terminations of previously approved research.

    f. Significant communications between the institution and other Federal departments or agencies, state agencies, or foreign governments regarding compliance and oversight.

26. Provide space for IRB meetings and staff.

27. Ensure annual review of HRPP policy and procedures.

4.2 Chair, IRB

The IRB Chair and Vice Chair(s) acting in IRB Chair capacity shall be a Federal employee or Service Member. The IRB Chair may also be assigned as the HRP Program Manager for the Marine Corps. As the HRP Program Manager, the Chair provides support to the USMC Institutional Official and is the primary source of information concerning human subjects research policies.

1. May serve as the IRB Administrator

2. Complete and document initial and continuing research ethics and human subject protections training. Ensure all members of the IRB, investigators and appropriate IRB support personnel have completed appropriate research ethics training.

3. Conduct preliminary reviews to determine:

    a. Whether the proposed study meets the definition of research as defined in reference (b).

    b. Whether the proposed study meets the definition of human subjects research as defined in reference (b) and (d).

    c. The level of research risk associated with protocols.

    d. Whether a protocol meets criteria for exemption. If found to meet criteria for exemption, as an appointed Exemption Determination Official, the IRB Chair shall provide written approval of the research as outlined in Chapter 12 of this USMC HRPP Policy and Procedures.

    e. Whether a protocol meets criteria for expedited review.

    f. For IRB Action Requests that will require convened IRB review, which are submitted less than 14 days prior to the scheduled IRB meeting, the IRB Chair may consider a request for exception to the submission timeline outlined in paragraph 5.2.2 of this policy. If the IRB Chair determines that there is justification for presenting the IRB Action Request to the convened IRB, with less than 14 days notice, the Chair will notify both the IRB and the PI that the action will be considered and will document that determination in both the IRB minutes and in submission to the respective IO for approval. The convened IRB will make the determination whether the board had sufficient time to review the protocol action and whether to take action or table the protocol determination for the next scheduled convened board meeting.

4. Review and make recommendations on research protocols that meet criteria for expedited review procedures. Inform all IRB members of the results of expedited reviews.

5. Conduct concurrence determination of human subjects research applicability reviews, or may delegate this to a Vice-Chair.

6. Monitor continuing human subjects research for protocol changes.

7. Suspend research until the convened IRB can review the protocol due to an UPIRTSO, or serious adverse events, significant deviation from approved protocols, noncompliance or for other reasonable cause.

8. Assign research protocols to appropriate reviewers.

9. Periodically brief the IO on the status of IRB activity and active protocols.

10. Ensure the IRB is informed of all ongoing human subjects research.

11. Determine whether the proposed research meets criteria for exemption, expedited review or convened IRB review procedures. These and all other determinations are subject to subsequent review and endorsement by the convened IRB and the appropriate IO.

12. Ensure that the IRB reviews research in accordance with the Common Rule, DoD, and DON requirements (and FDA requirements as applicable) and that it considers scientific review as required for non-exempt research.

13. Review and sign IRB meeting minutes.

14. Ensure that minutes and approval or disapproval of research protocols are appropriately documented.

15. Consult with other committees and individuals as appropriate or necessary (e.g., radiation safety, safety, biosafety, security, privacy board, legal officer).

16. Provide prompt notification of subparagraphs (a) through (f) below to the IO whose institution is conducting the research and to the Director, DON HRPP. Upon completion of investigation, submit reports within 15 business days (including supporting documentation, information, review, disposition, recommendations, and associated plans for corrective action) for the following:

    (a) All investigations and audits of the institution's HRPP, including those conducted by outside organizations (e.g., FDA, OHRP).

    (b) UPIRTSOs

    (c) Initiation and results of investigations of serious or continuing non-compliance.

    (d) Initiation and results of investigations of research misconduct.

    (e) Suspensions and terminations of previously approved research protocols

    (f) Significant communications between the institution and other Federal departments or agencies, State agencies, or foreign governments regarding compliance and oversight.

4.3 Vice-Chair, IRB

1. Serve as IRB Chair in the absence of the Chair.
2. Complete and document initial and continuing research ethics and human subject protections training.
3. May serve as the IRB administrator.
4. When assigned by or acting as IRB Chair, conduct preliminary reviews to determine:
    a. Whether the proposed study meets the definition of research as defined in reference (b).
    b. Whether the proposed study meets the definition of human subjects research as defined in references (b) and (d).
    c. The level of research risk associated with protocols.
    d. Whether a protocol meets criteria for exemption.
    e. Whether a protocol meets criteria for expedited review.
5. Perform the duties identified as a Member, IRB.
6. When appropriate conduct concurrence determination of human subjects research.

4.4 Administrator, IRB

1. Maintain a log of all submissions to the IRB, assigning a formal tracking number to each research protocol and tracking each protocol through the review process.
2. Maintain documentation of all HRPP determinations of human subjects research to present to a convened IRB.
3. Complete and document initial and continuing research ethics and human subject protections training.
4. Monitor the approval period of protocols, schedules reviews, and notifies the IRB Chair and Principal Investigator (PI) of protocol certifications about to expire.
5. Take minutes of the convened IRB meetings.
6. Retain records in accordance with the checklist in Appendix K.
7. Retain all documentation as prescribed in reference (m).

8. Forward all required documentation to DON HRPP in format specified by DON HRPP.

9. Serve as HRPP Point of Contact (POC) for training and communication.

10. Submit updates to DON HRPP when there are changes to the Institutional Official, IRB Chair, Vice Chair(s), and members, or when changes are made to documents supporting the Institutional Assurance.

11. Conduct an administrative overview, at least annually to ensure effectiveness of IRB policies and procedures.

12. Assist in the execution of Individual Investigator Agreements (IIA) and Institutional Agreements for IRB Review (IAIR), when required.

13. Maintain the USMC HRPP website and SharePoint Portal.

4.5 Members and Alternate Members, IRB

The primary role of the IRB member is to protect the rights and welfare of human research subjects in accordance with Federal, DoD, and DON requirements.

1. Unless another HRPP POC has been designated by an Institutional Assurance, serve as their organization's primary HRPP POC.

2. Complete and document initial and continuing research ethics and human subject protections training.

3. For research originating within their organization, or when appropriate, conduct initial HRPP review to determine if protocol meets the definition of Human Subjects Research with concurrence from the IRB Chair or Vice-Chair.

4. Ensure that PIs within their organization, submit protocols that meet the definition of Human Subjects Research to the IRB Administrator for coordination an initial review.

4.6 Exemption Determination Official (EDO)

The EDO shall be a Federal employee or Service Member designated by the institution's IO to review proposed effort(s). The IRB Chair is appointed as an EDO for the USMC Institutional Assurance. The EDO shall:

1. Complete and document initial and continuing education and training prior to performing any HRPP related duties.

2. Review protocols, test plans, proposals and other activities to determine if the proposed effort meets the definition of research involving human subjects and if so, whether research is eligible for exemption from the requirement for IRB review.

3. Document determination and, if applicable, include exemption category and rationale.

4. Submit determinations and supporting materials to IO for information and action, if appropriate, and to the Director, DON HRPP for headquarters-level administrative review.

5. Advise the Principal Investigator (PI) or research sponsor of determination(s) and if the research is not eligible for exemption, recommend that the PI or research sponsor refer the effort to an IRB for further disposition.

6. Maintain records of determinations. Ensure records are available for site inspections and assist visits.

4.7 Human Research Protection Official (HRPO)

The HRPO shall be a Federal employee or Service Member designated by the institution's IO to review proposed efforts as required under reference (s). The HRPO shall:

1. Complete the required initial and ongoing research ethics training, including human subject protection training.

2. Conduct timely review of documentation submitted by non-DoD institutions in accordance with the terms of Defense Federal Acquisition Regulation Supplement (DFARS) 252.235-7004 (see reference (r)) or comparable language for grants, assistance agreements, CRADAs and other agreements.

3. Provide guidance regarding the potential need for additional oversight, human research protection review and approval requirements prior to award and execution of research involving human subjects.

4. Review the Assurance of compliance and IRB approval submitted by the contractor and verify that the Assurance is appropriate for the research as stated in the Statement of Work.

5. Review the protocol and accept the contractor's IRB approval for compliance with DoD, DON and Marine Corps policies.

6. Confirm that the contractor's determination that the proposed research is not research involving human subjects.

7. Confirm that the contractor's determination that the proposed research meets an exemption criteria in 32 CFR 219.104 is correct.

8. If the HRPO does not concur with or accept the contractor's IRB's determination or finds that there are concerns regarding compliance with regulations or USMC policies, the HRPO will address those concerns to the contractor for correction or resolution. If issues cannot be resolved, the HRPO has the authority to disapprove the research until there is HRPO approval or concurrence. Per reference (r) in the event of a disagreement regarding the Contractor's furnished exemption determination, the HRPO retains final

judgment on what research activities or classes of research are covered or are exempt under the contract.

9. Document the review and maintain records of determinations. Ensure records are available for site inspections and assist visits.

10. Notify the Contracting Officer of all human subject research determinations.

4.8 Scientific Reviewers

1. Complete required initial and ongoing research ethics training including human subject protection training.

2. Review each assigned human subject protocol application for scientific merit or scholarship per the Marine Corps standards as established in Chapter 17 and Appendix J of this policy and procedures manual or by other standing operating procedure (SOP) for scientific review before forwarding it for IRB review.

4.9 Research Ombudspersons. Complete required initial and ongoing research ethics training including human subject protection training.

4.10 The IRB Administrator, HRPP Support Personnel or HRPP Point of Contact

The IRB Administrator, HRPP Support Personnel or HRPP Point of Contact (POC) may be assigned duties that vary based on the policies and practices of this institution's HRPP. The Administrator, Support Personnel or HRPP POC may be required to

1. Coordinate IRB meetings, ensure that meeting minutes are recorded and disseminate the supporting documentation in a timely manner.

2. Advise PIs regarding protocol submission requirements.

3. Maintain records, including new protocol submissions, continuing reviews, amendments, training documents and IRB meeting minutes and records.

4. Prepare and track correspondence, assurance packages and requests for assurance renewals.

5. Coordinate site inspections, assist visits and preparation of SOPs.

6. Assist the USMC HRP Program Manager in managing day-to-day operations of the HRPP.

7. Inform the USMC HRP Program Manager / IRB Chair of events and concerns affecting the HRPP.

8. Complete and document initial and continuing education and training.

9. The IRB Administrator will be the primary interface between the investigators and reviewing officials (EDO, IRB Chair, Vice Chair, IRB, HRPO and HRPP POC at other USMC institutions.

10. The HRPP POC at USMC institutions without their own IRB serves as the primary interface between investigators and reviewing officials (EDO, IRB Chair, Vice Chair, IRB, and HRPO).

Chapter 5: Principal Investigator Roles, Responsibilities, and Process Guidance

The human subjects research PI has primary responsibility for compliance with all human subject protection regulations, directives, and instructions. PIs for Marine Corps conducted research must be employees of the U.S. Federal Government; as such, they must be either uniformed service members or Federal civilian employees. Contractors are not permitted to serve as PIs. The IRB does not recognize Co-PIs. A single PI must be listed on the protocol submission.

5.1 Guidelines for Investigators

PIs shall:

1. Complete and document initial and continuing research ethics and human subject protections training.

2. Supervise and assume responsibility for all research conducted under the protocol.

3. Obtain institutional approval prior to conducting or continuing research, and prior to implementing proposed amendments to approved research.

4. Obtain written determination of whether the proposed activity is human subjects research or the research meets criteria for exemption per reference (b).

5. Ensure that human subjects projects have been independently scientifically reviewed prior to submission to the convened IRB for review.

6. Notify the IRB in writing of: UPIRTSOs; serious adverse events; non-compliance with the human subject protection regulations or IRB requirements; and protocol deviations.

7. Obtain and document informed consent from research subjects, unless the IRB approves a waiver or alteration of the informed consent process per reference (b), and provide subjects a copy of the IRB approved informed consent document prior to the start of research.

8. If the PI is going to be out of the office for more than a week, and is unable to attend to the PI's responsibilities (i.e. on leave) , the PI must designate a member of the research team to be the Acting PI in their absence to ensure continuity in the research.

9. Any verbal or telephonic communications to the IRB Chair regarding the protocol must be followed up with an e-mail or other written communication for the record.

10. If the PI's employment or primary duties change in any way that impacts their assignment as the PI for research, it is the PI's responsibility to ensure that a proper turnover is done. The PI must submit an amendment to assign a new PI or submit a

project closure report. This action should be done at least 30 days prior to the PI's departure to ensure a proper turnover.

11. Retain records in accordance with Appendix K to verify compliance with reference (b). The retention period for all research related records is 10 years per references (b) and (m). Upon termination or completion of the research, all files should be placed in an inactive project file. The inactive file shall be retired to the nearest Federal Record Center (FRC) per reference (m) when no longer needed for reference or the project completion report is 10 years old, whichever is later. The project file will be destroyed when 30 years old unless designated for permanent retention based on selection as a historically significant project.

12. Ensure that all human subjects used are properly qualified, informed, briefed, and prepared prior to exposure to research risk.

13. Ensure that all associate investigators are covered by a DoD or Federal Assurance, educated in all phases of research, including the recruitment of subjects, obtaining informed consent, providing necessary reports, and maintaining study documents.

14. Ensure all associate investigators complete and document initial and continuing research ethics and human subject protections training.

15. Suspend or terminate exposure of human subjects to research risks whenever indicated to protect the subject.

16. Obtain institutional approval prior to implementing amendments to the previously approved research project.

17. Upon completion of the approved research project, submit a final project report stating completion status.

18. PI's, internal and external to the Marine Corps, must obtain written support / non-support of a protocol from the local Marine Corps command(s) where the protocol is intended to be conducted. The local Commander's support for the protocol must be obtained or endorsed at the Lieutenant Colonel (O-5) or Colonel (O-6) level. Local command support / non-support of a protocol doesn't constitute Marine Corps institutional approval / disapproval of the protocol.

5.2. Process Guidance

The following section is provided to give a brief overview of the entire review process and provide a quick reference for PIs to find applicable chapters, sections, and forms.

5.2.1. Human Subjects Research Review

In order to determine if a specific project meets the definition of human subjects research (as defined at 32 CFR 219), the PI shall submit the USMC Applicability Review Worksheet at Appendix A, along with any supporting documents (e.g., proposed survey, focus group

questions) to the IRB Administrator at USMC_HRPP.fct@usmc.mil or their organization's IRB Vice-Chair to initiate an applicability review. For details, see section 9.1 (Determination of Human Subjects Research).

5.2.2. Initial Protocol Submission

If a project is determined to meet the definition of human subjects research as required in Paragraph 5.2.1, the PI shall prepare protocols that fully describe the proposed research. To do so, the PI shall submit an IRB Action Request (Appendix D), Full Protocol (Appendix E), Investigator Affirmation (Appendix F), Scientific Review (Appendix J) and other supporting documentation as outlined in Chapter 10. Protocols must be submitted no later than 14 days prior to scheduled IRB meetings to allow sufficient time for review, in the event that the protocol requires review by the convened board. Protocols that are greater than minimal risk require convened IRB Review. PIs should consult with the IRB Chair or Administrator for the current calendar of scheduled IRB meetings. Protocols which do not meet this submission deadline will be reviewed at the following month's IRB meeting. If the PI requires consideration / review of the protocol and is not able to submit the package 14 days in advance of the scheduled IRB meeting, the PI must request an exception to the submission deadline and provide justification for that request. Appropriate criteria might include logistical considerations (e.g., subject pool availability, researcher availability) and time sensitivity of the topic for the intended users, coupled with some evidence that the PI could not reasonably have been expected to submit at an earlier date. The IRB Chair will notify the PI if an exception will be approved to present the protocol to the IRB for consideration with less than two weeks notice. The convened IRB may still determine that they have not had sufficient time to consider the protocol action and may defer or table the consideration until the next scheduled convened board meeting. The IRB Action Request serves as a declaration of accuracy and completeness. The PI's supervisor will sign an endorsement of department management and scientific or scholarly soundness. Scientific or scholarly soundness shall be based on a complete scientific or scholarly review of the protocol per the Marine Corps scientific or scholarly review guidance contained in Chapter 17 and Appendix J of this Policy and Procedure. The supervisor will not conduct the scientific or scholarly review, but will indicate, by their signature, that the scientific review was conducted and acknowledging that the research is supported within the submitting organization. The PI will submit the protocol, with all supporting documentation, to the IRB Administrator. See Chapter 9 for review details. Additional requirements for greater than minimal risk protocols are found in Chapter 11.

5.2.3. Protocol Modification

For modifications to approved research protocols, the PI shall submit an IRB Action Request (Appendix D) and other supporting documentation indicating changes requested. If the PI is unsure of whether the changes require submission of an IRB Action Request, the USMC HRP Program Office, IRB Chair or Vice-Chair should be consulted. If the protocol is greater than minimal risk or the modification will require convened IRB review, the submission timeline and requirement to request an exception if the timeline cannot be met, as outlined in paragraph 5.2.2., applies. The PI must obtain institutional approval prior to implementing proposed modifications to the approved research protocol. In general, the PI is only authorized to make stylistic changes (e.g., font type, formatting) to an approved protocol. Changes to approved members of the

research team, protocol language, process, technique, procedure, population etc., must be reviewed by the IRB.

5.2.4. Continuing Review or Progress Reports

Although exempt research and research meeting criteria for expedited review may not require a Continuing Review, when the IRB is briefed about the research, the IRB will make a determination regarding the requirement to submit a Continuing Review or a Progress Report. The requirement will be communicated to the PI in writing via the protocol approval endorsement. The PI will submit a Progress Report to advise the IRB of the status of the research. When a protocol is scheduled for a continuing review or a progress report, the PI shall submit an IRB Action Request (Appendix D), a Continuing Review / Progress Report (Appendix G), and any supporting documentation (latest informed consent document, copies of adverse event reports). See Chapter 16 for more information.

5.2.5. Project Completion Report

Upon completion of a research project, the PI shall submit an IRB Action Request (Appendix D), Project Completion Report (Appendix H), and attach electronic copies of any published book, book chapter, journal article, technical report, or technical notes about the project. Additionally, any presentations or briefs should also be submitted as part of the Project Completion Report.

5.2.6. Unanticipated Problems, UPIRTSOs and Serious Adverse Events

In the event of an unanticipated problem (protocol deviation, adverse event, UPIRTSO) or serious adverse event, the PI shall submit an IRB Action Request (Appendix D), Unanticipated Problem or Serious Adverse Event Report (Appendix I), and any other supporting documentation.

a. Serious adverse events are to be reported (at least verbally or via e-mail) to the supervisor and IRB Chair or Vice-Chair immediately. The PI shall follow up with a written Unanticipated Problem or Serious Adverse Event Report within 24 hours of discovery of event. See Chapter 18 for additional information.

b. Written reports of unanticipated problems shall be submitted to the Chair or Vice-Chair via the IRB Administrator within 15 days. See Chapter 18 for additional information.

c. Summaries of unanticipated problem or serious adverse event experiences will be submitted with each Continuing Review Report and Project Completion Report.

5.2.7 PI Recourse for Disapproved Protocols

The PI may revise and submit a disapproved protocol as a new protocol.

Chapter 6: Education and Training

Per references (d), (e), (s), (u) and DON HRPP Training and Education Guidance, all personnel who conduct, review, approve, support, manage, or oversee DON-supported human subject research are required to complete initial and continuing research ethics training appropriate to their roles and responsibilities. This includes the IO, all IRB members, EDO(s), HRPO(s), all PIs, research monitors, ombudsmen, associate investigators, scientific reviewers and support personnel directly involved in research. This also includes personnel selected by a Commanding Officer to serve as local Marine Corps command advisors to research teams. Personnel will complete their required training before assuming their DON human research protection duties. Required training shall be repeated at least every three years. The IRB Administrator is the HRPP training POC and will maintain a record of all required HRP training certificates. For those commands / organizations with their own Institutional Assurance, the HRP Point of Contact at that institution will ensure that individuals with a role in Human Subject Research complete the appropriate training and provide a copy of the completion certificate to the IRB Administrator.

Chapter 7: IRB Membership Requirements

The role of the Marine Corps IRB is to ensure the safety and welfare of human subjects in research. The IRB is charged with ensuring compliance with mandated policies and procedures through the application of sound judgment regarding the relative benefits versus risks associated with each specific research effort.

7.1 General Overview

The IRB coordinates all activities related to the protection of human subjects, ensuring that proper procedures are in place for safe conduct of research through a review of documents, inspections, and observation. Sufficient dialogue between the PI and IRB members, and among IRB members, should occur to provide the board with sufficient understanding of the research so that they can properly appreciate the risks and benefits involved.

7.2 Composition of the IRB

The IRB members must be current Federal employees or individuals appointed under the Intergovernmental Personnel Act (IPA). Consultants may be used if a specific subject matter expertise relating to proposed research is required by the Board (e.g., an exercise physiologist may be used in research related to physical fitness). The IRB shall have at least five members, of varying backgrounds in accordance with reference (b), in order to promote complete and adequate review of varied research activities, and shall be sufficiently qualified through experience and expertise to fulfill their obligations.

1. The voting members of the IRB will consist of personnel either from the Marine Corps or invited board membership through agreement. The IO may appoint additional voting members to meet requirements.

2. Alternate members of the IRB may be appointed by the IO to share the responsibilities of IRB membership. Attendance of alternate members may be requested by the IRB Chair or Administrator for convened IRB meetings to establish a quorum for voting.

3. The IRB shall not consist entirely of men or women.

4. The IRB shall not consist entirely of members of one profession.

5. The IRB shall include at least one member from a scientific area and at least one from a non-scientific area.

6. The IRB shall include at least one member who is not otherwise affiliated with the Marine Corps and who is not an immediate family member of a person who is affiliated with the Marine Corps.

7. The IRB Chair is designated in writing by the IO.

8. The Chair shall be appointed for a one-year term. Unless a different appointment is made by the IO, the term shall be automatically renewed. Once appointed by the IO, the Chair may only be removed by a majority vote at a convened meeting of the IRB.

9. The IRB Chair or a Vice-Chair may serve as the administrator for the IRB.

10. All IRB members must be free of any conflict of interest (COI) with any protocol that he or she reviews. IRB members are required to recuse themselves from IRB discussions and / or voting when any known COI exists.

11. The IO shall not be a member of the IRB.

12. Members shall serve a two-year term. They may serve consecutive terms, with no term limit. Unless a different appointment is made by the IO, the term shall be automatically renewed.

13. The IRB may invite individuals with competence in special areas to assist in the review of issues as ad hoc members. These individuals may be excluded from deliberations and shall neither vote nor be counted when determining the presence of a quorum.

14. If classified research is reviewed, each reviewing IRB member must hold an appropriate security clearance and have been granted access.

7.3 Conflict of Interest

Conflict of interest is defined as any situation in which professional, financial, or personal interests may compromise or present the appearance of compromising an individual's or group's judgment in conducting, reviewing, approving, managing, and supporting research. Any investigators, key research personnel, IRB members, or other personnel must disclose all conflicts of interest, including any financial interests for themselves, spouses, and dependent children. No person shall be involved in any review or approval of a protocol when there may be a conflict of interest, except to provide information requested by the IRB.. If the IRB Chair or the IO is involved in a research protocol and a conflict of interest exists, these individuals may not review or approve the research. The next higher echelon in the HRPP approval authority chain of command must review the research protocol.

Chapter 8: IRB Functions and Operations

The primary role of the Marine Corps IRB is to ensure the safety and welfare of human research subjects. The Marine Corps IRB makes recommendations for research protocols to the Marine Corps IO or other IOs supported by IAIRs.

1. The IRB shall ensure that in every project or task in which human subjects are involved:

    a. The rights and welfare of the subjects are adequately protected.

    b. The risks to subjects are outweighed by the potential benefits and by the importance of the knowledge to be gained.

    c. Informed consent of the subjects is obtained by methods that are adequate and appropriate as required by reference (b).

    d. The applicability of these regulations to any research proposal involving human subjects is determined.

    e. The level of risk involved is determined based on the definitions in reference (b) and (d), and sound professional judgment.

2. Except when an expedited review procedure is used, proposed research shall be reviewed at convened meetings at which a quorum of the IRB is present. A quorum is defined as more than half of the Marine Corps IRB membership. For example, if the IRB has a total of 11 committee positions, it takes 6 members to make a quorum. In order for the research to be approved, it shall receive the approval of a majority of those members present at the meeting. In the example above, if there are 6 members present to make a quorum, it would take a vote of 4 to establish a majority. Should the quorum fail during a meeting (i.e., loss of a majority through recusal of members with conflicting interests or early departures, or absence of a nonscientist member), the IRB may not take further actions or votes unless the quorum can be restored.

3. The convened IRB shall meet and conduct reviews for all projects identified by the IRB Chair as involving either greater than minimal risk or minimal risk but determined to not meet criteria for exemption and ineligible for expedited review. Each member may have only one vote; alternates may only vote in the absence of the primary member, or when designated as a voting member by the IRB Chair, for the purpose of establishing a quorum. The votes of individual members shall not be recorded by name, but only as an anonymous total: For, Against, or Abstaining. A majority vote shall decide any motion. However, a dissenting member may attach an anonymous opinion to the board's recommendation for consideration by the IO.

4. The convened IRB shall meet quarterly or as needed. A meeting may be conducted outside regularly scheduled times at the request of the IO, IRB Chair, or IRB member.

5. The IRB shall conduct reviews in accordance with procedures outlined in Chapter 9.

a. For research at all levels of risk, the IRB shall apply the criteria in Chapter 14 and forward written recommendations to the IO.

b. If the level of research risk is determined to be greater than minimal risk, the IRB shall also ensure that the specific additional requirements listed in Chapter 11 are met.

6. The IRB Chair, or designate, shall notify the PIs of the IO's actions or recommendations.

7. The IRB shall determine which projects require review more often than annually and which projects need verification from sources other than the investigators that no material changes have occurred since previous IRB review. The IRB shall conduct continuing reviews of all approved research in accordance with Chapter 16.

8. The IRB Chair shall maintain adequate documentation of its activities permanently, in accordance with Appendix K. Required documentation includes:

a. Approved DoD-Navy assurance for the IO to approve human subject research studies conducted under the jurisdiction of the Marine Corps.

b. Copies of all official correspondence.

c. A list of the current roster of IRB members identified by name and including: business address and telephone number, earned degrees, and indications of experience (such as board certifications, licenses, curriculum vitae, etc., or a statement of qualification for non-professional members) sufficient to describe each member's qualifications and anticipated contributions, any relationship between the member and the Marine Corps (for example, employee, family member of employee, paid consultant, etc.), and representative capacity on the board.

d. Samples of model documents, correspondence, and consent forms.

e. Written procedures for the IRB not included in this instruction.

f. Written minutes of IRB meetings, which shall include attendance at the meetings; actions taken by the IRB and the anonymous summary vote on these actions; summary of discussions, including the logical basis for requiring changes in or recommending disapproval of proposed research; and all anonymous dissenting opinions added to the record.

g. Institutional Agreements for IRB Review (IAIR), Individual Investigator Agreements (IIAs) and any other agreement related to review or conduct of human subjects research.

Chapter 9: Project Review Process

IRB review and Institutional approval of human subjects research is required prior to recruiting and enrolling subjects, analyzing data, conducting research interventions, or preparing publications or presentations. The Project Review Process is depicted in Figure 9-1. Figure 9-1 is not intended to represent every scenario (for example, if the IO is a subject in the research), but will be applicable to a majority of protocols.

9.1 Determination of Human Subjects Research

9.1.2. Human Subject Research Applicability Review Submission Process

The PI coordinates an HRPP review with the IRB Administrator or Command / Organization IRB Vice-Chair for determining whether the work meets the definitions of research with human subjects. Only the IRB Chair, or the Chair in conjunction with a Vice Chair, can make this human subject research determination. Appendix A will be submitted for all human subject research applicability reviews.

Proposals submitted for applicability review must provide sufficient information to enable the Chair and Vice-Chair to make an informed determination as to whether the study meets the definitions of human subjects research. This will normally include who is sponsoring the study, who is conducting the study, the purpose of the study or data collection, what the study with involve, the intended subjects or participants, and with whom the results of the study will be shared.

9.1.3 Human Subject Research Determination Authority

The IRB Chair can make the determination that the work meets the definition of human subject research or can defer to the IRB Vice-Chair if better suited to review the project based on experience. The IRB Chair and Vice-Chair can review SOPs, Test Plans, or general protocols. If the applicability review is submitted via a Vice chair, the determination of whether the project does or does not meet the definition of human subjects research must then receive concurrence from the IRB Chair. If a determination of "not human subjects research" is made, the IRB Chair sends documentation, via e-mail or other written notification, to the PI or IRB Vice Chair documenting the decision. Projects that are deemed to meet the definition of human subjects research must then submit a full protocol to the IRB Administrator.

9.2 Protocol Package Submission

If the project is determined to meet the definition of human subjects research, the PI must submit a protocol package to the IRB Administrator. Protocol requirements are found in Chapter 10. The IRB Administrator receives protocol packages from PIs, checks the packages for completeness, assigns a protocol number and keeps the protocol packages and supporting documentation on file for the IRB. The IRB Administrator tracks research protocols and requests through the review process.

9.3 IRB Chair and Vice-Chair Preliminary Review

The IRB Chair and Vice-Chair conduct preliminary reviews of submissions as indicated below. When the protocol originates within a command or organization that has its own Institutional Assurance, or which has a Vice Chair appointed to the IRB, the protocol will be submitted via the Vice Chair or HRP Point of Contact. The Vice Chair will review and provide their initial determination and recommendation, to the USMC HRP Program Office, for review and concurrence by the IRB Chair. The Vice Chair should comment on whether or not the protocol meets the definition of human subject research, the level of risk and whether it meets a specific criteria for exemption or expedited review.

a. **Exemption:** Protocols that are of minimal risk and meet one of the criteria for exemption as outlined in Chapter 12, may be exempted from some specific HRPP requirements. The exemption is from the requirement to hold a valid assurance, review by a full IRB and protocol approval from an IO. The protocol may also be exempted from the requirement for maintaining signed documentation of informed consent. The IRB Chair is designated as an Exemption Determination Official (EDO) and is the sole authority for reviewing and approving research as meeting an exemption criteria. If exempt, the IRB Chair will send the approval determination to the PI and shall notify the IO of the exempt determination through the submission of IRB minutes or other written notification.

b. **Minimal Risk–Expedited Review:** Protocols that are of minimal risk and meet one of the categories for expedited review as outlined in Chapter 13, may be approved under expedited review procedures but do not have to receive expedited review. The IRB Chair may review alone, or may seek a Vice-Chair recommendation, prior to submission to the IO for approval.

c. **Minimal Risk–Convened IRB Review:** Protocols that are of minimal risk but do not clearly meet the requirements listed in 9.3.a or 9.3.b will be sent to the convened IRB for review. If the IRB Chair and Vice-Chair are not in agreement based on their preliminary review, and do not reach a consensus, the protocol shall be submitted to the convened IRB for review.

d. **Greater Than Minimal Risk:** Protocols that are determined to be greater than minimal risk by the IRB Chair and Vice-Chair, must be submitted to the convened IRB for review. If the IRB Chair and Vice-Chair come to a different conclusion regarding the level of risk, the protocol is submitted to the convened IRB for the determination.

All reviews completed by the IRB Chair or Vice-Chair are presented to the convened IRB at the next scheduled meeting. These and all other determinations are subject to subsequent review and endorsement by the convened IRB.

9.4 Convened IRB Review

When all preliminary requirements have been met, the convened IRB meets to receive reports on applicability and preliminary reviews and to consider the other research protocol packages--

promptly notifying PIs if changes are required to the protocols prior to approval. During the meeting the convened IRB will:

a. Review each research protocol, confirming the assigned level of risk.

b. Determine if (a) 32 CFR 219.111, (b) DoD-DON requirements, and (c) other state, Federal, or international requirements are met.

c. Ask a PI to discuss the procedures to be performed or to answer questions if additional information is needed to achieve sufficient understanding of the research.

d. For all projects or tasks, make an approval recommendation using the guidelines in Chapter 14. In this case the IRB may:

    1. Recommend approval as submitted.

    2. Require modifications in order to secure approval. In this case the IRB may approve pending review or verification of minor IRB required modifications by the IRB Chair or convened IRB. Protocols found by the IRB to require significant modifications must be brought back before the convened IRB for review or verification. Required review will be documented in the convened IRB minutes.

    3. Recommend disapproval. The IRB shall clearly describe the reasons for recommending disapproval. The IO is prohibited from approving a protocol when the IRB has recommended disapproval.

    4. Recommend deferral of the review to a DoD IRB in place at an institution or organization where the research is to be executed.

    5. Recommend that certain projects require more than annual (continuing) review.

    6. Recommend that certain projects have third parties observe research or consent processes.

e. For greater than minimal risk research (or minimal risk research in which the IRB deems it necessary) the IRB shall identify and approve a named ombudsperson, or approve an ombudsperson identified by the PI, for research involving military members, or Federal employees of the DoD, when recruitment occurs in a group setting. The ombudsperson shall not be associated in any way to the research and shall be present during the recruitment in order to monitor that the voluntary involvement or recruitment of the military members or DoD employees is clearly and adequately stressed and that the information provided about the research is clear, adequate and accurate.

9.5 IO Package Review

When the research protocols have been reviewed and recommendations have been voted upon by the convened IRB, or the Chair, alone or with Vice-Chair concurrence, in the case of expedited reviews, a review package is assembled and forwarded to the IO. The IRB Chair shall notify the

PIs of the recommendations forwarded to the IO and shall provide the PI with a copy of the IO's action on their research protocol.

The packages include:

a. The minutes of the IRB meeting (if applicable).

b. The IRB assessment of the risk level, which must be either minimal risk or greater than minimal risk.

c. The IRB recommendations regarding approvals.

d. The assignment and responsibilities of the ombudsperson when required.

e. The anonymous dissenting opinion(s) of board member(s), if any.

f. The final research protocol, informed consent form, and all supporting documentation.

g. Copies of or documentation of approved IIAs, IAIRs and other research agreements (if applicable).

9.6 IO Approval Authority

Upon review of protocol packages, the IO may take one of the following actions:

a. Approve the IRB recommendations,

b. Require additional safeguards or modifications,

c. Forward the review package to a higher reviewing authority, or

d. Disapprove the protocol.

Under no circumstances may the IO approve a protocol that the IRB has recommended for disapproval. The IO may request that the IRB reconsider its disapproval recommendation.

When a protocol receives final approval, the IRB Chair issues an Approval Letter to the PI for a period determined by the IRB, not to exceed one year from date of IRB review. Only thereafter may recruitment and research begin.

9.7 DON HRPP Review

The IRB Chair forwards all protocols and supporting documentation signed by the IO, or signed by the IRB Chair as an Exemption Determination Official, to DON HRPP for Department of the Navy Headquarters (HQ) level review. For protocols reviewed by the Marine Corps IRB on behalf of an Institution supported through an IAIR or other research agreement, the IRB Chair will forward a copy of the IO's approval and all protocol documentation to the Institution's appointed Human Research Protection Point of Contact.

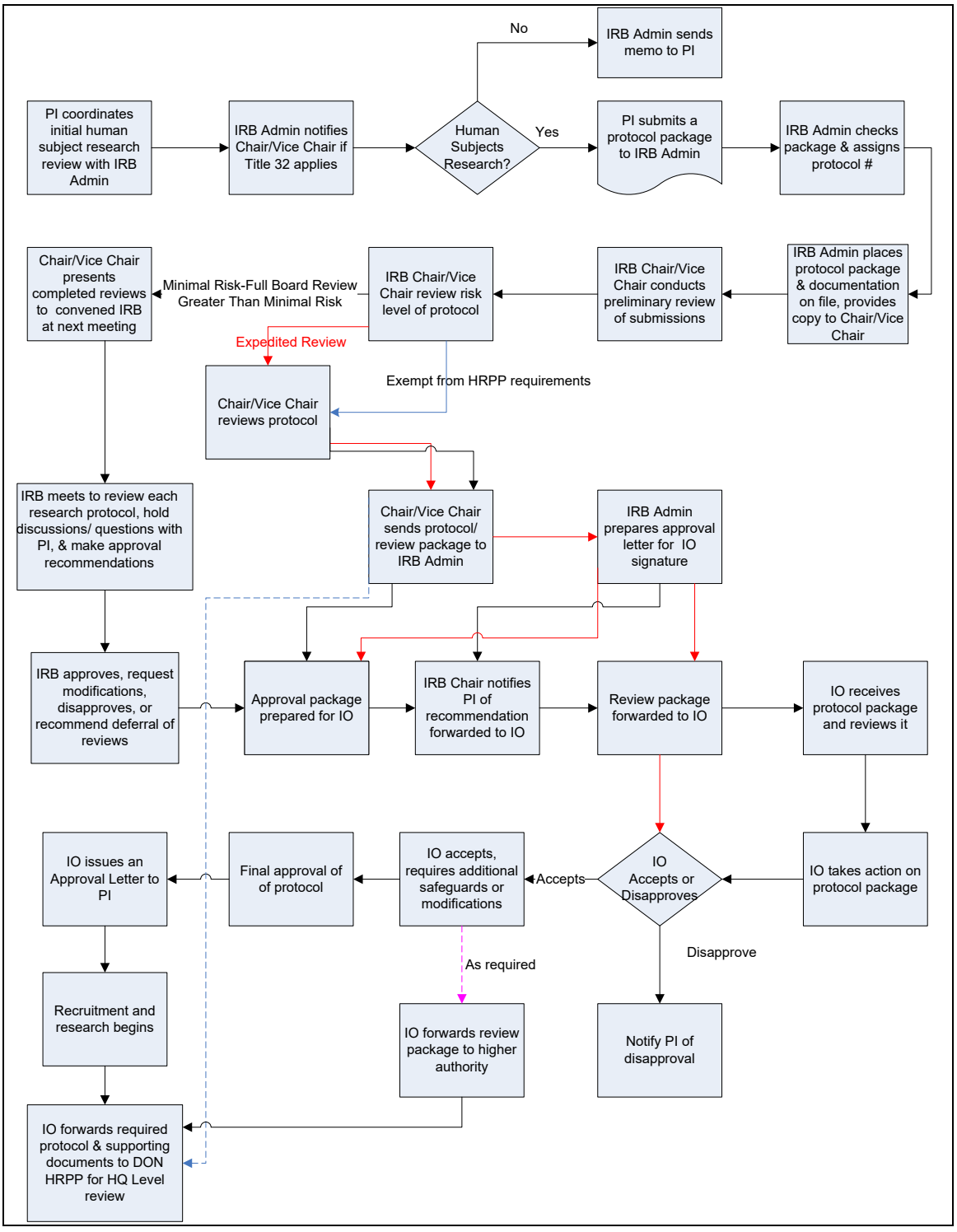


Figure 9-1. IRB Review Process

Chapter 10: IRB Protocol Submission Package for Human Subjects Research

The research protocol for human subjects research, whether needing convened IRB review, expedited review, or exemption determination shall be submitted to the IRB Administrator, and, at a minimum, shall include all the elements found in Appendix D.

The protocol shall be submitted with:

a. An IRB Action Request, Appendix D with supervisor signature.

b. A copy of the informed consent document, if required.

c. A signed Investigator Affirmation for all investigators (PI and associate investigators), Appendix F.

d. Training documentation for the PI and for all investigators to include CITI training and project specific training.

e. Evidence of an independent scientific or scholarly review, Appendix J is required for all non-exempt research.

f. Local Marine Corps command support / non-support of protocol.

g. Individual Investigator Agreement (IIA) for any member of the research team not covered under the Marine Corps assurance, or when the IRB Chair and IO concur that an IAIR is not suitable for the purposes of the protocol.

h. Institutional Agreement for IRB Review (IAIR) when collaborating with an institution or investigators that are covered by a separate DoD or Federal Assurance. When approved by the IRB Chair and IO, an IIA may be used for investigators covered by a separate DoD or Federal Assurance.

For protocols determined to be greater than minimal risk, additional requirements are found in Chapter 11.

Chapter 11: Greater Than Minimal Risk

Due to the increased possibility of injury (whether physical, psychological, financial, social, or other) arising from participation in human subject research, every protocol involving greater than minimal risk shall include an arrangement for emergency treatment and necessary follow-up of any research-related injury. The IRB will determine whether research involving minimal risk also might include a similar arrangement for research-related injury.

1. An appropriate emergency treatment plan shall be developed and necessary personnel training completed, before exposure of the subject to the research risk. Sufficient supplies and equipment shall be available to administer immediate care and stabilize the subject for transport to an appropriate medical facility if appropriate, or triage other harms as they might occur. Arrangements shall be made in advance for timely emergency transport from the site of the research to a competent medical facility in the event of need.

2. A research monitor(s) must be assigned to the project. In addition to the basic qualifications listed in Paragraph 3, it is desired that the research monitor have experience with human subjects research and the particular type of research being monitored.

3. If the research is bio / medical in nature, the research monitor or at least one member of the research team or biomedical support staff shall be in close proximity to the research subject at all times during research related activities. This person shall have at least current basic life support (BLS) training, familiarity with any special equipment or clothing worn by the subject, and have a means to immediately summon assistance.

4. In all research involving significant physiological stress to the research subject, specific parameters shall be included in the research protocol clearly specifying the criteria both for cessation of the subject's exposure to the stress and for their elimination or disqualification from the project.

5. For research involving greater than minimal risk and also involving military personnel, it is imperative that unit officers and noncommissioned officers (NCOs) shall not influence the decisions of their subordinates to participate or not to participate as research subjects as required in reference (d). Unit officers and senior NCOs in the chain of command shall not be present at the time of research subject solicitation and consent during any research recruitment sessions in which members of units under their command are afforded the opportunity to participate as research subjects. When applicable, officers and NCOs so excluded shall be afforded the opportunity to participate as research subjects in a separate recruitment session. During recruitment briefings to a unit where a percentage of the unit is being recruited to participate as a group, an ombudsperson not connected in any way with the proposed research or the unit shall be present to monitor that the voluntary nature of individual participants is adequately stressed and that the information provided about the research is adequate and accurate.

Chapter 12: Research That Meets Criteria For Exemption

All human subjects research activities under Marine Corps jurisdiction shall be reviewed to determine whether the research meets one or more of the exemption categories described in reference (b). The IRB may not create new categories of exempt research. Only the IRB Chair or Vice-Chair may determine which activities meet one of the categories as exempt research. See Appendix B for a listing of the categories of exemption.

Research that meets criteria for exemption is subject to the same ethical standards, human subject protections, and applicable DoD, DON, and Marine Corps policies and procedures as research that is determined not to meet the criteria for exemption; however, there is no inherent requirement to provide documentation of informed consent or continuing review, but the IRB may require these if deemed appropriate. A Scientific Review is not required for exempt research.

Final determination whether or not a research activity meets criteria for exemption from further IRB review will be provided to the PI in writing. The documentation will include the citation of the specific category justifying the exemption [i.e., Ref (b)-32 CFR 219.101(b) (1-6)]. Research that meets criteria for exemption shall be forwarded to DON HRPP for headquarters level review.

Any proposed changes to a protocol determined to meet criteria for exemption must be submitted to the IRB prior to implementation. The proposed change(s) must be submitted as part of the previously exempt protocol. Certain proposed changes may disqualify the research from meeting an exemption and require either an expedited or convened IRB review prior to approval.

The IRB Chair, as a designated Exemption Determination Official, may exempt research without referral to the IO. If approved by the IRB Chair, the IO will be provided written notice of the approval of a protocol as meeting criteria for exemption either by submission of the IRB meeting minutes for approval or by copy of the exempt protocol approval package. Because a protocol meets criteria for exemption under the rule does not mean the IRB is under any obligation to determine that the study is exempt from the regulations. The IRB may impose a higher level of protection for subjects but may not approve a lower level of protection than that indicated by exemption or expedited research processes.

Chapter 13: Expedited Review Process

The IRB Chair and Vice-Chair shall determine whether research protocols meet criteria for review under expedited procedures as defined in references (b) and (h).

13.1 Expedited Review Categories

The expedited review process is intended to streamline the review process without any decrease in the level of protection of the human subject.

a. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

b. The research categories, as found in reference (h) are listed in Appendix C. Categories 1 through 7 pertain to both initial and continuing IRB review.

13.2 Expedited Review Criteria

1. The IRB Chair and Vice-Chair may initiate an expedited review procedure for two specific cases:

    a. Review of research activities that involve no more than minimal risk and that fall into one or more of the nine categories listed in Appendix C.

    b. Minor changes to research protocols approved within the last year.

2. All other research, unless determined to meet a category as exempt research, regardless of the assigned level of risk, must be reviewed by the convened IRB.

3. Under the expedited review process, the reviewers may exercise all of the authorities of the IRB, including requiring changes for approval, but the reviewer may not recommend disapproval, which is reserved for the convened IRB.

4. If changes requested under an expedited review are unacceptable to the researcher, he or she may request review by the convened IRB under regular review procedures.

5. The IO reviews all expedited review protocols and has the same approval and disapproval options as listed in section 9.6 (IO Approval Authority).

6. The IO may restrict, temporarily suspend, or choose not to authorize use of the expedited review procedure.

7. The expedited review process may not be used for the following:

    a. Any classified research projects involving human subjects

b. Any greater than minimal risk research.

c. Where identification of the subjects and / or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

d. Any research involving pregnant women, children, or prisoners.

Chapter 14: Criteria for Approval of Research

In order to approve research covered by this policy the IRB shall determine that all of the following requirements are satisfied:

1. Risks to subjects are minimized:

    a. By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and

    b. Whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

2. Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.

3. Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, military personnel, mentally disabled persons, or economically or educationally disadvantaged persons.

4. Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by reference (b).

5. Informed consent will be appropriately documented, in accordance with, and to the extent required by reference (b).

6. When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.

7. When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

    a. When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, military personnel, DoD civilians, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

Chapter 15: Informed Consent

Voluntary informed consent is fundamental to ethical research involving human subjects. Informed consent is not simply a document; it is a process of ensuring that persons who agree to take part in research are fully informed about the potential risks and benefits from their participation. In long-term and / or multi-context research, consent may be an ongoing process throughout the research. No investigator may involve a human subject in research covered by this instruction unless the subject is a volunteer and the investigator has obtained informed consent from the subject. The Marine Corps limits human subjects research under its purview to adults that can give their own informed consent. Refer to reference (d) for specific information regarding service members under 18 and their status as adults.

There may be some elements of confidentiality or anonymity that are in conflict with a military subject's (or researcher's) responsibility to report knowledge of criminal conduct or violations of the Uniformed Code of Military Conduct. Where this conflict exists, informed consent documents will contain specific language pertaining to the limits of confidentiality.

The elements of informed consent are presented herein. Depending on the research, ongoing discussion with, and education of, subjects may continue long after the original informed consent is obtained. For additional requirements on informed consent, refer to reference (b) and (c).

15.1 General Informed Consent Requirements

1. Informed consent must be obtained from each prospective subject and include all the elements of informed consent found in Section 15.2 (Required Elements of Informed Consent).

2. Information must be given in a language and manner understandable to the subject.

3. The IRB may require that additional information be given to the subject when the information would meaningfully add to the protection of the rights or welfare of the subject.

4. Investigators must use the informed consent document with the IRB approval stamp. If the use of the IRB stamped form is not possible due to the method of transmission and collection of informed consent, the PI will provide the IRB with a copy of the consent document that was used for comparison with the approved form. The IRB Chair will verify that the content of the two forms is the same. An example of this situation would be on-line administration of consent, where the subject's consent is obtained by "clicking" on an acknowledgement box prior to proceeding to the data collection / survey.

5. Informed consent will be appropriately documented, including date, subject, researcher signatures, and witness signatures as required by the IRB.

6. The IRB may waive the requirement for informed consent documentation as outlined in reference (b) only if:

    a. The research presents no more than minimal risk and involves no procedures for which written consent is normally required outside of the research context, or

    b. The only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from breach of confidentiality.

    In cases in which the documentation is waived, the IRB will require that informed consent be obtained orally, and a script of such informed consent must be submitted to the IRB. The IRB may require the investigator to provide subjects with a written statement regarding the research and document the informed consent in research records, field notes, etc. For surveys that are administered via the internet, informed consent documentation may be met by having the subject select an appropriate block on the informed consent page of the survey. The subject would be blocked from proceeding with the survey in the absence of the "acknowledgement" block being indicated. The IRB will also determine applicability and implementation of 10 USC 980.

7. An investigator shall seek informed consent only under circumstances that provide the prospective subject sufficient opportunity to consider whether to participate in the study, and that minimize the possibility of coercion or undue influence.

8. Informed consent may not include any exculpatory language through which the subject is made to waive, or appear to waive, any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, or the government or its agents from liability for negligence.

9. Nothing in this policy shall be taken to preempt any guidance that requires disclosure of additional information.

10. Per Appendix P, unless a waiver of informed consent documentation is approved by the IRB: a) investigators must use the IRB-stamped informed consent document and b) investigators will ensure participants are given a copy of the IRB approved informed consent document to keep.

15.2 Required Elements of Informed Consent

Key Information. The first paragraph of the informed consent document or informed consent script should be identified as "Key Information**."** Informed consent must begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why they might or might not want to participate in the research. This part of the informed consent must be organized and presented in a way that is easy for the prospective subject to understand.

1. At a minimum, the following information shall be provided in the informed consent process to every subject involved in any research covered by this instruction:

    a. A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;

    b. A description of any reasonably foreseeable risks or discomforts to the subject;

    c. A description of any benefits to the subject or to others which may reasonably be expected from the research;

    d. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;

    e. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

    f. For research involving greater than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;

    g. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and

    h. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

    i. One of the following statements about any research that involves the collection of identifiable private information:

        (i) A statement that identifiers might be removed from the identifiable private information and that, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative, if this might be a possibility; or

        (ii) A statement that the subject's information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

2. **Additional Elements.** When appropriate, one or more of the following elements of information shall be provided to each subject.

a. A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable;

b. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent;

c. Any additional costs to the subject that may result from participation in the research;

d. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;

e. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject; and

f. The approximate number of subjects involved in the study.

3. **Greater Than Minimal Risk.** When exposure to greater than minimal risk is involved, the following additional elements of information shall be provided to each subject in the informed consent:

   a. An explanation as to whether any compensation is available and an explanation as to whether any medical treatment is available, if injury were to occur, and, if so, of what they consist, or where further information may be obtained.

   b. The name, position, phone number, and email address of the designated Ombudsperson, if recruitment and consent is being conducted in group settings or if the IRB has determined that the appointment of an Ombudsperson is appropriate.

Chapter 16: Continuing Review, Progress Reports and Reporting Requirements

16.1 General Guidance

An IRB shall conduct a Continuing Review (CR) of or review a Progress Report (PR) for all research covered by this policy at intervals appropriate to the degree of risk, but not less than once per year. PIs will be notified, in the approval document for the IR of their protocol, whether a CR or a PR is required. Unless otherwise documented, the Marine Corps requires a PR for all non-exempt minimal risk research. Protocols that were determined by the IRB to not be human subjects research or to meet exemption criteria are not subject to PR unless directed by the IRB.

Greater than minimal risk research will require CR annually unless more frequent review is specified in the IR approval documents. Administrative extension of the approval period is prohibited. The IRB shall direct expired research be discontinued.

Changes to the research team and other amendments to the protocol and all adverse events still require submission of the appropriate IRB Action Requests.

In the event that there are adverse events, the IRB will review the matter and may recommend that the protocol revert to requiring a periodic CR, with an expiration date being assigned.

16.2 Progress Reports

1. The USMC HRPP Office will provide the PI with a reminder that a PR is due 60 days in advance of the research approval anniversary date and will provide the PI with the format for the required PR or CR.

2. The PI is required to submit a PR or CR for their research on the anniversary date of the IRB approval of the IR or the last CR and annually thereafter. The PI shall submit a PR or CR package, to include an IRB Action Request (Appendix D) and a PR or CR (Appendix G) to the IRB Administrator.

3. Failure to submit the PR within 15 days of the designated anniversary date will result in the IRB directing that work on the protocol be stopped and reviewing the matter as non-compliance with reference (c).

4. PR will be submitted to the convened IRB for information. Unless the convened IRB directs additional action, the IRB Chair will prepare an endorsement to the PI noting receipt of the PR and stipulating when the next PR will be due.

5. PR will not require the approval of the IO. A copy of the PR will be provided to the IO for information when the next IRB Action requiring IO approval is submitted.

6. All reports and documentation related to the PR must be submitted to DON HRPP for HQ level review.

16.3 Continuing Reviews

When required by the IRB and for all greater than minimal risk research, a CR must be properly completed and re-approval granted prior to the end of the approval period to avoid interruption of the research. The CR shall be conducted in a manner similar to the initial review, with review of documents and a formal meeting. An expedited CR procedure may be used for all r research protocols originally approved using an expedited review process or for protocols that qualify for expedited review under category 8 or 9 of Appendix B. Unlike the original protocol reviews, which assess potential impact of the protocol as planned, CRs involve a complete re-evaluation of the risk-benefit ratio based on actual experience with the conduct of the research and the actual impact on human subjects to date.

1. The USMC HRPP Office will provide the PI with a reminder that a CR is due 60 days in advance of the research approval anniversary date and will provide the PI with the format for the required CR.

2. The PI is required to submit a CR for their research to the IRB Administrator 45 days prior to the expiration date to allow the IRB sufficient time to review the CR. The CR package will include an IRB Action Request (Appendix D) and a CR (Appendix G) .

3. For CR, the IRB shall consider all information in an overall perspective when making their recommendations for continuation. The IRB shall:

    a. Review the CR and any other documentation submitted by the PI.

    b. Determine that the risk-benefit ratio has not changed unfavorably and that the actual risks are no greater than as originally anticipated.

    c. Determine if the informed consent process has been both adequate and properly documented using only the IRB approved consent documents. Make recommendations to correct any deficiencies.

    d. Verify that subjects enrolled fit selection and exclusion criteria.

    e. Consider whether there has been adequate protection of the subjects' privacy and confidentiality of data, including storage and handling of previously collected personally identifiable data.

    f. Specifically approve a new updated informed consent document, unless the IRB did not originally require informed consent documentation.

    g. Document its discussions, recommendations, and votes on each CR separately in the minutes.

h. As part of a CR, the IRB (or Chair / Vice-Chair if expedited review is used) may reclassify the risk of a protocol if, in their judgment, a new classification better captures the actual risk to subjects.

i. Ensure prompt reporting of proposed changes in research and for ensuring changes may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject.

4. The IRB may recommend one of the following actions:

   a. Approve continuation of the research without change.

   b. Add requirements for continued approval.

   c. Suspend (temporarily) or terminate (permanently) the research effort.

   d. Verify from sources other than the investigators that no material changes have occurred since previous IRB review.

5. The CR package shall be forwarded to the IO for action. The IO must take actions analogous to those prescribed for initial project review.

6. All reports and documentation related to the CR must be submitted to DON HRPP for HQ level review.

Chapter 17: Scientific or Scholarly Review

Per references, an independent review of research for scientific merit or scholarship is required prior to IRB review for all non-exempt human subject research. Appropriate individual(s), committees and/or groups other than the IRB must complete a scientific or scholarly review for ensuring scientific or scholarly soundness. Since each discipline contains distinct theories and methods, there can be no one absolute standard against which all studies can be assessed. Likewise, not all research involving human subjects will be scientific and the soundness of such studies must be assessed using standards appropriate to the proposed approach. Determining the scientific soundness of a study requires expert judgment about the degree to which the theoretical and methodological approach in a research design is appropriate to the topic and specific questions being investigated.

PI's are responsible for obtaining a Scientific or Scholarly Review, using Appendix J, prior to submission of their research protocol to the IRB for review. The PI may choose from a wide variety of resources for such a review. Acceptable sources of scientific review may include, but are not limited to, peer review, subject matter experts in the field or local scientific review boards. "Peers" can include, but are not limited to, group leads or project leads knowledgeable about the proposed research approach, with no conflict of interest. Qualifications of the reviewing peer or body must be included on the review summary. Qualifications include at least reviewer titles, location, area of expertise, relationship to PI, and a statement supporting their appropriateness as a reviewer.

The following is a description of the approach for conducting the scientific or scholarly review, the minimum criteria to be used, and the approach for conveying the review.

1. The scientific or scholarly review should consist of a review of the protocol, augmented by interactions with the principal investigator, as needed, for clarification.
2. The reviewer should consider the following questions when going through the protocol:
    a. Purpose(s): Is / are the objectives clearly stated?
    b. Approach:
        i. Does the approach follow a sound, scientific or scholarly process (with recognition that processes may differ based on the type of research being conducted)?
        ii. Are the conceptual framework, design, methods and planned analysis adequately developed, well integrated, and appropriate to the aims of the project and the nature of the data collection site(s)?
        iii. If applicable, are the kinds of results this design can produce appropriately matched with the scientific, scholarly or programmatic claims the researchers hope to make?

iv. Are the limitations of different aspects of the design clearly articulated?

v. Does the investigator acknowledge potential problem areas and consider alternative research approaches?

vi. Does the study address an important problem?

vii. How will scientific knowledge be advanced if the study goals are achieved?

viii. What impact will the study have on the concepts and methods already in use in the field?

c. Investigator:

i. Are the Principal Investigator (PI) and Associate Investigators (the research team) appropriately qualified to carry out this work and / or is there an appropriate plan to train associate investigators?

ii. If applicable, is the PI appropriately trained and well suited to supervise other investigators?

3. Using Appendix J, the scientific or scholarly reviewer will provide an assessment to the PI that provides explicit responses to the questions above. The reviewer should include a recommendation either that the IRB initiate its review or provide feedback to the PI regarding changes to the protocol to satisfy the scientific or scholarly review. The PI will include a copy of the scientific or scholarly review when submitting the protocol to the IRB Chair and the Administrator by e-mail.

Chapter 18: Non-compliance, Misconduct, Adverse Events, Unanticipated Problems

18.1 Allegations of Non-compliance with Human Subject Protections

All participants, including human subjects, researchers, or support personnel shall be informed of their right to report concerns of non-compliance to the PI, IRB Chair, or IRB Vice-Chair immediately. The Marine Corps IRB and an Institutional Official will review all allegations of non-compliance with human subject protections and take action, if appropriate. The IRB Chair must report the initiation of all investigations and report results regardless of the findings to DON HRPP and appropriate research sponsors.

18.2 Allegations of Research Misconduct

All participants, including human subjects, researchers, or support personnel shall be informed of their right to report concerns of misconduct to the PI, IRB Chair, or IRB Vice-Chair immediately. The Institutional Official will review all allegations of research misconduct and take action if appropriate. The IRB Chair must report the initiation of all investigations and report results regardless of the findings to DON HRPP and appropriate sponsors as outlined in reference (n).

18.3 Unanticipated Problems Involving Risk to Subjects or Others (UPIRTSO)

UPIRTSOs are any incident, experience, or outcome that meets ALL three of the following conditions:

1. Is unexpected (in terms of nature, severity or frequency) given the procedures described in the research protocol documents (e.g., the IRB-approved research protocol and informed consent document) and the characteristics of the human subject populations being studied.

2. Is related or possibly related to participation in the research (in this policy "possibly related" means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research).

3. Suggests that the research places human subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized, even if no harm has actually occurred.

UPIRTSOs must be reported to the IRB Chair / Vice Chair immediately, reviewed by the convened IRB and forwarded to the IO for submission to DON HRPP.

18.4 Serious Adverse Events

Serious adverse events are those with serious effect or potential for serious effect, whether or not the event was expected to occur during the research. Obvious serious events include death, hospitalization, disability, severe emotional distress, or significant injury or illness. They also include deviations from research protocol, which increase potential risk to subjects. Anticipated deviations from research protocol must be pre-approved by the IRB through the protocol modification process. PIs must ensure that investigators (or any research personnel who interact with subjects) take action immediately to avoid further adverse events or harm to the subject. If appropriate, research should be suspended until problems can be identified and resolved. The PI shall verbally notify the IRB Chair immediately and submit an Adverse Event Report (Appendix I) with an IRB Action Request (Appendix D) to the IRB Chair within 24 hours of the event. The report shall include the PI's (and that of the research monitor, if used) evaluation of the experience and recommend corrective action. If the IRB Chair does not concur with the recommendations, additional safeguards may be required. The Chair shall also provide a copy to the IRB, who may in turn choose to impose additional safeguards. The adverse event report and IRB recommendation will be forwarded to the IO within seven working days. The IO may impose additional safeguards but may not remove or reduce any safeguards imposed by the IRB. The IRB Chair shall report final decisions, endorse the PI's report, and forward the documentation to DON HRPP within 15 working days of the discovery of the serious adverse event.

18.5 Unanticipated Problems

Adverse events that are not considered serious but which may impact the research or the resolution of which might alter the research protocol are considered unanticipated problems. Unanticipated problems include those where a subject experiences embarrassment, financial hardship, adverse administrative action, or career impact. Other examples include enrollment of subjects that do not meet the criteria and where there is reasonable risk of harm, or failure to have informed consent documentation if required by the protocol, protocol deviations, and subject complaints. The PI shall submit an Adverse Event Report (Appendix I) with an IRB Action Request (Appendix D) to the IRB Chair via the IRB Administrator within 15 days of the event. The Chair shall review the report and decide on what corrective actions, if any should be made to the research protocol. If appropriate, research may be suspended until problems can be identified and resolved.

18.6 Summary Reporting

Summaries of all allegations of non-compliance and misconduct, UPIRTSOs, serious adverse events, and unanticipated problems must be submitted to the IRB along with each subsequent CR Report and Project completion Report.

Chapter 19: IRB Review Requirements for External DoD Institutions

The Marine Corps IRB may review protocols in which the Marine Corps has no involvement. The Marine Corps' IRB will only review protocols from other DoD institutions that have obtained the appropriate DoD Assurance. A DoD institution does not need to list the Marine Corps IRB as a reviewing IRB on its Assurance for a one-time review. An Institutional Agreement for IRB Review (IAIR) is used in this case. The only time a DoD institution will need to list the Marine Corps IRB on its Assurance is if the Marine Corps IRB will be the permanent reviewer for all of their work. The Marine Corps and the performing institution must have a signed IAIR, as provided and endorsed by DON HRPP. USMC IRB will review external performance site protocols only when processed in accordance with Figure 19-1.

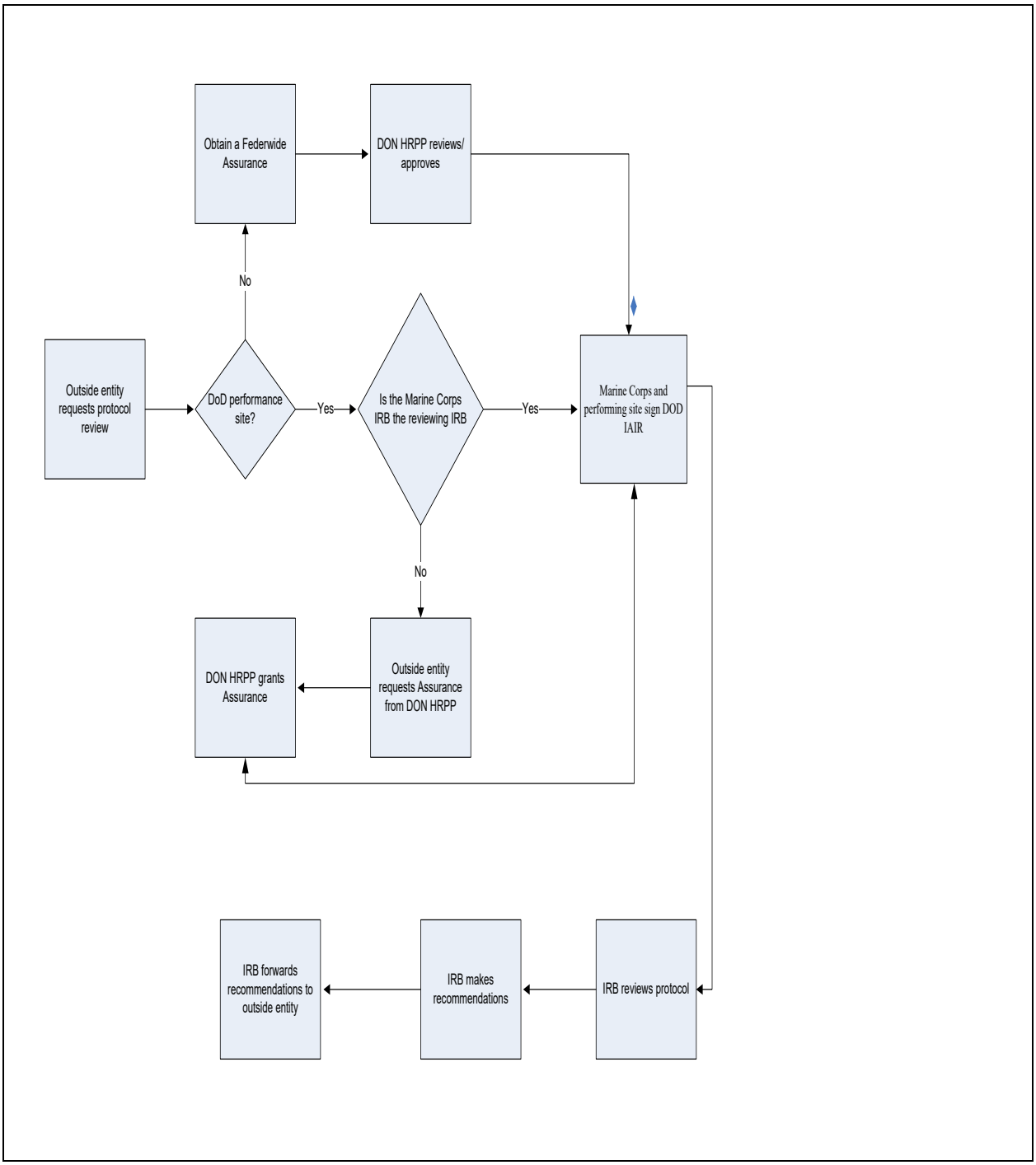


Figure 19-1. IRB Review Process for External DoD Institutions

Chapter 20: USMC Supported Research

20.1 USMC Supported Research – Other DoD Institution Performer

When another DoD Institution is conducting human subject research and is requesting the support of the Marine Corps, either through the solicitation of Marines or Federal employees of the Marine Corps as voluntary research subjects, through a request for data previously collected on Marines or Federal employees of the Marine Corps or through the use of Marine Corps facilities, resources or equipment, an Administrative Review by the USMC HRPPO is required. The following documentation is required:

1. A copy of the full protocol, to include recruitment plan, consent documents, specific USMC support requested.

2. Results of the DoD Institution's IRB review, to include the specific Exemption or Expedited Review category and the rationale for that determination.

3. Unless funded by a grant or contract paid for by the Marine Corps, obtain a General Officer level letter of support from the appropriate HQMC department with program oversight responsibility or the first General Officer in the subject's chain of command. "By direction" approval does not fulfill this requirement. The letter requires the signature of a General Officer, SES or other flag-level officer.

4. Obtain permission to recruit voluntary subject participation from the appropriate Commanding Officer. This would be the immediate commander at the O-5 / O-6 level, or highest common Commanding Officer. For example, if the subjects are to come from more than one battalion within a regiment, the approval would come from the regimental commander. "By direction" approval or approval by other staff officers signing under their title does not fulfill this requirement.

20.2 USMC Supported Extramural Research

Extramural human subjects research is research being conducted by a non-DoD and non-Federal institution or organization outside of the Marine Corps, that is requesting the support or assistance of the Marine Corps either through the solicitation of Marines or Federal employees of the Marine Corps as voluntary research subjects, through a request for data previously collected on Marines or Federal employees of the Marine Corps or through the use of Marine Corps facilities, resources or equipment. This non-DoD institution or organization is also called an extramural performer. Any research grants, contracts, Cooperative Agreements, Cooperative Research and Development Agreements (CRADAs), Work for Private Party Agreements, Educational Partnership Agreements, involvement in Small Business Innovative Research (SBIR) or other transactions, hereafter collectively considered "binding agreements," must include the additional DoD and DON requirements for human subject protections. The institution performing the research also must meet all the requirements of this policy and procedures manual as well as those in references (e) and (r).

When Marine Corps organizations and commands are asked to provide support to non-DoD institutions for research, whether or not the research is covered by a contract, grant, assistance agreement, and / or CRADA, ensure coordination with the Marine Corps HRP Program Office. In this context such support does not include research performed by DoD personnel. This typically occurs when non-DoD institutions request access to a facility or Marine Corps Installation for the purpose of recruiting military personnel assigned to the Marine Corps or Federal employees of the Marine Corps.

Extramural performers that plan to recruit Marine Corps affiliated personnel as voluntary subjects, regardless of whether the project is funded by DoD / DON, must submit documentation for a Marine Corps' administrative review (referred to as a USMC Administrative Review). A USMC Administrative Review is not an IRB review but rather a second level administrative review to ensure the extramural performer has taken into consideration DoD and USMC requirements for conducting human subject research. Documentation should be submitted to the Marine Corps IRB Chair (or designated Vice Chair) for review via the IRB administrator. See Appendix N for required documentation, which should include:

1. Extramural Performer's Federal-wide Assurance (FWA) Number and Expiration Date (for non-exempt research.)

2. A Copy of the Complete Protocol, to include the recruitment plan and any other recruitment tools.

3. A Copy of the IRB approved Informed Consent Form(s), or justification for waiver of informed consent.

4. A General Officer level letter of support from the Headquarters Marine Corps department with program oversight, based on the topic of the research (seek IRB Chair advise if unsure whether this approval is required) or the first General Officer in the subject's chain of command. "By direction" approval does not fulfill this requirement.

5. Local Commander's approval to solicit participants or utilize facilities. Approval must be at the O-5 or O-6 Level. "By direction" approval does not fulfill this requirement.

6. Extramural Performer's IRB Review results (to include category of exemption or expedited review if appropriate and a statement that scientific merit was considered.)

7. Principal Investigator's Human Subjects Research Protection Ethics Training. A specific training from the Collaborative Institutional Training Initiative (CITI) entitled "DON Supported Extramural Performers" has been designed for non-DoD researchers to ensure familiarity with additional protections provided military members as a vulnerable population under reference (d).

Chapter 21: Collaborative Research

This policy and procedure manual allows for the collaboration of institutions to avoid duplication of effort in research and IRB review. One of the participating activities shall be designated in writing within the binding agreement as having the primary responsibility for the protection of the human subjects. The activity with the primary responsibility must exercise that responsibility even during phases of the research carried out by another activity. Such reliance on other IRBs must not compromise any Federal standards or Navy requirements. All collaborators must ensure compliance with all relevant human subject protection regulations at their sites. Binding agreements among institutions or organizations require written confirmation of an Institutional Assurance, plus a Statement of Work (SOW) and specific assignment of responsibilities and IRB oversight.

As stated in Chapter 5.1.14, and Chapter 10, PI's, internal and external to the Marine Corps must obtain written support / non-support of a protocol from the local Marine Corps Commander(s) where the protocol is intended to be conducted. Local command support / non-support of a protocol doesn't constitute Marine Corps institutional approval / disapproval of the protocol.

If the human subjects research is to be conducted under a grant or contract by an organization or institution with an approved IRB, the PI forwards a copy of the package submitted to that IRB along with a cover memorandum indicating the status of the protocol to the Marine Corps HRP Program Office for administrative review and record. When human subjects research is conducted under binding agreements, the IRB submission package must include the agreement title page, cover page and the SOW.

Changes to a human subjects research protocol may not be made without the prior approval of the responsible IRB.

21.1 Collaborative Research with another DoD / DON Institution

Delineate institutional responsibilities when performing research involving human subjects in collaboration with another DoD / DON institution. These responsibilities should include establishing written agreements for tasks such as minimizing the number of institutional review boards (IRBs) that review and approve the research. Per reference (d), when any institution relies upon another institution's IRB, there must be a written agreement defining the responsibilities and authorities of each organization in complying with the terms of each institution's Federal assurance (e.g., an Institutional Agreement for IRB Review).

21.2 Collaborative Research with a Non-DoD Institution

The Marine Corps may rely on a collaborating non-DoD institution's IRB if the minimum conditions outlined in reference (d), Enclosure (3), paragraph 3.a.(8) are met.

21.3 Collaborative Effort with an Associate Investigator Not Affiliated with the Marine Corps:

An appropriate written agreement endorsed by the appropriate Institutional Official shall be established to bring an individual investigator who is associated with the Marine Corps and conducting research, but not employed by the Marine Corps, under the appropriate DON Assurance. Under this requirement, a fully executed agreement would place an individual investigator under the authority of the Marine Corps' human subject policies and procedures and allow a Marine Corps PI to include the individual investigator on a research project that includes human subjects research. This agreement normally is not intended to be used if an individual is employed by an institution that has its own Assurance; in that case, the individual would be included on a Marine Corps research project through a collaboration agreement as described above.

When approved by the IRB Chair and IO, an IIA may be used for investigators covered by a separate DoD or Federal Assurance. The selection of IAIR and IIA will be based upon the specifics of the research protocol, with concurrence of the IRB Chair and IO.

References

(a) Title 10, United States Code, Section 980, Limitation on Use of Humans as Experimental Subjects

(b) Title 32, Code of Federal Regulations Part 219, Protection of Human Subjects

(c) Title 45, Code of Federal Regulations Part 46, subparts B, C, and D, Protection of Human Subjects

(d) DoD Instruction 3216.02 (Series), Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research

(e) SECNAVINST 3900.39 (Series), Human Research Protection Program

(f) The Belmont Report, 44 Federal Register Page 23192 of 18 April 1979

(g) SECDEF Memo, 13 December 1999, Interim Policy for Protection of Human Subjects in Classified Research

(h) Revised Common Rule published in the Federal Register / Vol. 82, No. 12 / Thursday, January 19, 2017 / Rules and Regulations

(i) DoD Directive 5230.9, Clearance of DoD Information for Public Release

(j) SECNAVINST 5720.44B, Public Affairs Policy

(k) DoD Directive 2310.01E, DoD Enemy Prisoner of War Detainees Program

(l) OPNAVINST 5300.8C, Coordination and Control of Personnel Surveys

(m) SECNAV M-5210.1, Records Management Manual

(n) DoD Instruction 3210.7, Research Integrity and Misconduct

(o) Title 21, Code of Federal Regulations Food and Drugs Chapter I - Food and Drugs Administration, Department of Health and Human Services, Sub Chapter A, Part 56, Institutional Review Boards

(p) Title 21, Code of Federal Regulations, Food and Drugs Chapter I - Food and Drugs Administration, Department of Health and Human Services, Sub Chapter A, Part 50 Protection of Human Subjects

(q) Title 5, U. S. Code Section 3109, Employment of Experts and Consultants; Temporary and Interim.

(r) 48 CFR 207.172, 235.072(e), and DFARS Clause 252.235-7004 Protection of Human Subjects

(s) Minimum Education Requirements for DoD Personnel Involved in Human Research Protection, dated 16 Aug 2012

(t) Section 30 of Title 24, U.S.C.

(u) MCO 3900.18, Human Research Protections Program

(v) MCO 5300.18 USMC Survey Order

(w) E.O. 13526

Appendix A: Applicability Review Worksheet

USMC HRPP Applicability Review Worksheet

1. Title of Project / Study:

2. Planned Inclusive Dates of Study:

3. Background:

    a. The who, what, where, when, and why of the project

4. Objective:

    a. What do you hope to gain from the project?

    b. Explanation of why the benefits outweigh the risks of the project

5. Study Subjects:

    a. Who are the intended subjects?

    b. Who will be excluded as subjects?

    c. How will subjects be recruited (e.g., Flyers, email, MARADMIN)?

6. Methodology / Administration:

    a. How will data be gathered and analyzed (e.g., qualitative, quantitative)?

    b. Who will conduct analysis (e.g., the POC and entity)?

7. Security:

    a. Will subjects be identifiable (i.e. will their names and / or other identifying characteristics be recorded)?

    b. How will the data files be stored (e.g., password protected, on a secure server)

    c. Who will have access to this data

8. Dissemination:

    a. Will the data be reported on an individual level or only reported as an aggregate whole?

    b. How will results be used (e.g., internal USMC Division / Directorate use only, inform congressional testimony, journal articles)?

c. Will the data be reported in any forum where it would be possible to identify the participants?

9. Survey Questions (attach separately):

10. Principal Investigator Contact Information:

11. Principal Investigator Research Acknowledgement. By signing this document, you acknowledge that you will not conduct research with human subjects until the Institutional Review Board (IRB) and the Institutional Official have approved your full research protocol. You further understand that your immediate resource for clarification of any issues related to the protection of research volunteers is the Marine Corps IRB. Further information may be found in MCO 3900.18. Please contact the appropriate Marine Corps HRP POC to answer questions or assist in the completion of this form.

Please double-click on the signature line below to apply your electronic signature.

_____

Principal Investigator Signature Date

_____

Principal Investigator Printed Name

Appendix B: Categories of Exemption

Excerpts from 32 CFR 210.104, Protection of Human Subjects, Section 104 (d):

"Unless otherwise required by department or agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

1. **Exempt Category (1)**: Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

2. **Exempt Category (2)**: Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

> (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
>
> (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or
>
> (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §219.111(a)(7).

3. **Exempt category (3)**:

> (i) Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:
>
> > (A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(B) Any disclosure of the subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

(C) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §219.111(a)(7).

(ii) For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

(iii) If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

4. **Exempt Category (4)**: Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

(i) The identifiable private information or identifiable biospecimens are publicly available;

(ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;

(iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of “health care operations” or “research” as those terms are defined at 45 CFR 164.501 or for “public health activities and purposes” as described under 45 CFR 164.512(b); or

(iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for non-research activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501. Note if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable,

the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.

5. **Exempt Category (5)**: Research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads (or the approval of the heads of bureaus or other subordinate agencies that have been delegated authority to conduct the research and demonstration projects), and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs, procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs. Such projects include, but are not limited to, internal studies by Federal employees, and studies under contracts or consulting arrangements, cooperative agreements, or grants. Exempt projects also include waivers of otherwise mandatory requirements using authorities such as sections 1115 and 1115A of the Social Security Act, as amended.

(i) Each Federal department or agency conducting or supporting the research and demonstration projects must establish, on a publicly accessible Federal Web site or in such other manner as the department or agency head may determine, a list of the research and demonstration projects that the Federal department or agency conducts or supports under this provision. The research or demonstration project must be published on this list prior to commencing the research involving human subjects.

(ii) [Reserved]

6. **Exempt Category (6)**: Taste and food quality evaluation and consumer acceptance studies:

(i) If wholesome foods without additives are consumed, or

(ii) If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

7. **Exempt Category (7)**: Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential s**econdary research use if an IRB conducts a limited IRB review and makes the determinations required by §219.111(a)(8).**

8. **Exempt Category (8)**: Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met:

(i) Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained in accordance with §219.116(a)(1) through (4), (a)(6), and (d);

(ii) Documentation of informed consent or waiver of documentation of consent was obtained in accordance with §219.117;

(iii) An IRB conducts a limited IRB review and makes the determination required by §219.111(a)(7) that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; and (iv), the investigator does not include returning individual research results to subjects as part of the study plan. This provision does not prevent an investigator from abiding by any legal requirements to return individual research results.

(Approved by the Office of Management and Budget under Control Number 0990-0260)

Appendix C : Expedited Review Categories

1. **Expedited Review Category 1.** Clinical studies of drugs and medical devices when either condition (a) or (b) is met.

   a. Research on drugs for which an investigational new drug application is not required. (Note: Research on marketed drugs in which the research exposure would significantly increase the risks or decrease the acceptability of the risks associated with the use of the product is not eligible for expedited review.)

   b. Research on medical devices for which either:

      1. an investigational new device exemption application is not required; or

      2. the medical device is cleared / approved for marketing and the medical device is being used in accordance with its cleared / approved labeling.

2. **Expedited Review Category 2.** Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture according to the restrictions in the applicable category:

   a. *Healthy non-pregnant adults who weigh at least 110 pounds.* For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period, and the collection may not occur more frequently than two times per week.

   b. *Other adults.* Considering the age, weight, and health of the subjects, the collection procedure, the amount of blood collected, the frequency with which it will be collected, the amount drawn may not exceed the lesser of 50 ml or 3 ml / kg in an 8-week period, and collection may not occur more frequently than two times per week.

3. **Expedited Review Category 3.** Prospective collection of biological specimens for research purposes by noninvasive means. Examples include hair and nail clippings collected in a non-disfiguring manner; deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; permanent teeth if routine care indicates a need for extraction: excreta and external secretions (including sweat); uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gum base or wax or by applying a dilute citric solution to the tongue; placenta removed at delivery; amniotic fluid obtained at the time of rupture of the membrane prior to or during delivery; supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; and sputum collected after saline mist nebulization.

4. **Expedited Review Category 4**. Collection of data through non-invasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays, microwaves, or potentially injurious directed energy such as lasers. When medical devices are employed, they must be cleared or approved for marketing. (Note: Studies intended to evaluate the safety and effectiveness of the medical device are not generally

eligible for expedited review, including studies of cleared medical devices for new indications.) Examples of activities that may be eligible for expedited review include:

a. Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;

b. Weighing and testing sensory acuity;

c. Magnetic resonance imaging;

d. Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and echocardiography;

e. Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5. **Expedited Review Category 5.** Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for non-research purposes, such as medical treatment or diagnosis.

6. **Expedited Review Category 6.** Collection of data from voice, video, digital, or image recordings made for research purposes.

7. **Expedited Review Category 7.** Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus groups, program evaluation, human factors evaluation, or quality assurance methodologies.

8. **Expedited Review Category 8.** Continuing review of greater than minimal risk research that was previously approved by the convened IRB may be conducted using expedited review procedures if it falls into any one of the following categories:

a. Where all three of the following conditions are met:

(1) The research is permanently closed to the enrollment of new subjects; and

(2) All subjects have completed all research-related interventions; and

(3) The research remains active only for long-term follow-up of subjects.

b. Where no subjects have yet been enrolled and no additional risks have been identified since IRB review; or

c. Where all remaining research activities are limited to data analysis.

9. **Expedited Review Category 9.** Continuing review of approved minimal risk research may be conducted using expedited review procedures when the research was originally reviewed by the convened IRB only because it did not fit into categories 2 through 7, as long as:

a. the research was not conducted under an investigational new drug application or investigational device exemption; and

b. no additional risks have been identified since the convened IRB review.

Appendix D: IRB Action Request

IRB Control No: _____ **Date:** _____

Project Title: _____

PI Name: _____ **Command & Code:** _____

Check appropriate statement:

__ 1. I request approval of the attached protocol. This protocol follows the policies and procedures in the USMC HRPP Policy and Procedures and its references. Proposed changes in the research activity will be reported promptly to the IRB and will not be executed without prior IRB approval except when necessary to eliminate apparent immediate hazards to the subject. (Attach Full Protocol with enclosures.)

__ 2. I request interim release of funds in the amount of (maximum 50% of total planned funding). This research project will or may collect data from human subjects, but the experimental design is not yet complete. No data from human subjects will be collected until the research protocol has been submitted, reviewed, and approved by the IRB. Funds released will only be used for those phases of the research that do not involve human subjects. I anticipate that the research protocol will be submitted on or before (date). (Attach Full Protocol with information known at this time.)

__ 3. I request approval of changes in this research protocol as described in the attached document(s). I understand that these changes will not be executed without IRB approval. (Attach Revised Full Protocol or memorandum with requested changes *clearly annotated,* along with any documents affected by the change.)

Provide a brief summary of proposed changes and justification:

__ 4. I am submitting a Project Completion / Termination Report as required by the USMC HRPP Policy and Procedures.

__ 5. I am submitting a Continuing Review Report as required by the USMC HRPP Policy and Procedures.

__ 6. I am submitting an Unexpected Problem / Adverse Event Report as required by the Marine Corps HRPP Policy and Procedures.

__ 7. Other. Please explain in detail for the Board.

I certify by my signature that this protocol **is** __ / is **not** __ scientifically sound and is being managed by this department.

PI Signature	*Date*	*Supervisor Signature*	*Date*
PI Printed Name		*Supervisor Printed Name*	

Appendix E: Full Protocol

Title of Project / Study: _____

Planned Inclusive Dates of Study: _____

1. Primary investigator name / command / contact information. (Co-investigators are not allowed).

2. List Associate investigators (AIs) and any other individuals (internal, external, and contractor) who will interact with human subjects or have access to data collected. (Ensure all have signed the Investigator Affirmation at Appendix F.) For all individuals include their role in the research (e.g., Associate Investigator, Research Support Personnel, Administrative Support, stenographic services). Also include their current position or billet title, military / civilian rank or grade and any potential relationship they may have with research subjects that might conflict with their role in the research. If the Associate Investigators are contractors, indicate the company they work for. Separate agreements may be required for the participation of contactors or individuals who are not covered under the Marine Corps Institutional Assurance. Include, as an attachment to the protocol, a copy of the curriculum vitae, military biography or similar summary of qualifications for each member of the research team.

3. Provide background information on the origins of the project.

4. Identify sponsor and known, as well as potential, future users of the data / results.

5. Briefly describe the objectives of the project, the research plan, and methodology with particular emphasis on direct or indirect interaction with human subject or their identifiable data. Describe why human subjects (or their data) must be used in the research and if there are any alternatives.

   Objectives:

   a) Primary

   b) Secondary

   Research Plans:

   a) Subjects

   b) Inclusion and Exclusion Criteria

   c) Study Design

   Methodology:

6. To what other reviews, if any, is this study subject?

7. To what other regulations is this data collection effort subject (e.g., Privacy Act) and how will it / they be implemented?

8. How will participants be recruited? (Enclose copies of any recruitment letters, messages, etc.)

9. Describe the nature and extent of risks the collection of these data pose to the participants. Assess direct impact to the subject at the time of participation (physical, emotional), and possible future impact that the disclosure of the subject's responses could have on his / her financial standing, career, employability, insurability, reputation, etc. Describe procedures that will be implemented to minimize this risk.

10. Describe any anticipated benefits to the participants, the Navy / Marine Corps, and / or society.

11. How will subjects be informed of their rights? Will informed consent be obtained? (Attach a copy of the Informed Consent form or consent language to be used.)

12. Describe any questions / items that will be asked or data elements that will be collected or accessed from existing databases. (Attach a copy of questions, data elements, or survey / assessment instruments. If these are currently not available, provide a sample of representative items.)

13. Do any of the questions / items / data elements used in the research involve information that is private or sensitive? If yes, describe and assess the degree of potential risk or harm to the subject if disclosed.

14. What would be the impact to the research if private or sensitive information could not be collected?

15. Describe precautions that are being used to minimize risk to the subject and safeguard the data (e.g., limiting access, storage and destruction of data, password-protected network security).

16. List and provide electronic copies of all attachments to this Protocol: (e.g., Informed Consent, Survey instrument, Investigator Affirmation, Privacy Act Statement, Research Plan)

Appendix F: Investigator Affirmation

I, the principal investigator or associate investigator named below, acknowledge my responsibilities for performing and monitoring the research to be conducted under the protocol entitled:

I am familiar with and understand the provisions of:

a. DHHS Regulation, "Protection of Human Subjects," (45 CFR Part 46 the "Common Rule")

b. DoD Regulation, "Protection of Human Subjects," (32 CFR Part 219)

c. DoD Instruction 3216.02 (Series) "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research"

d. SECNAVINST 3900.39 (Series), "Protection of Human Subjects,"

e. MCO 3900.18 (Series)

e. Privacy Act (5 USC 301, 552a (1994))

f. USMC Policy and Procedures for the Human Research Protection Program

I will abide by all applicable laws and regulations, and agree that in all cases, the most restrictive regulation related to a given aspect of research involving protection of research volunteers will be followed (including those laws and regulations that supersede those cited above). In the event that I have a question regarding my obligations during the conduct of this Marine Corps sponsored project, I have ready access to each of these regulations, as either my personal copy or those maintained by the Marine Corps Human Research Protection Program Office (USMC HRPPO) or the USMC IRB. I understand that my immediate resource for clarification of any issues related to the protection of research volunteers is the USMC HRPPO.

	Printed Name	**Signature**	**(MM/DD/YY)**
Principal Investigator			
Associate Investigator			
Associate Investigator			
Associate Investigator			

Appendix G: Continuing Review / Progress Report

IRB Control No: _____ **Date:** _____

Project Title: _____

PI Name: _____ **Command & Code:** _____

Planned Inclusive Dates of Research: _____

Complete the following items:

1. List names of current investigative staff working on this project. (Ensure all investigators have signed the Investigator Affirmation (Appendix F).)

2. Summarize progress of the research to date. Include electronic copies of any interim reports that have been generated based on the research to date.

3. Describe significant events and problems particularly those that may relate to human subjects issues.

4. Describe any significant changes in, or deviations from, the protocol since it was last approved.

5. Summarize any new information (identified in the research or in a search of other literature), which may alter previous assessment of the risk-benefit to human subjects of the research.

6. Describe any remaining work on the project involving human subjects or identifiable personal data. Include scheduled completion date.

7. Explain any unplanned delays affecting the selection or use of human subjects.

8. Summarize the demographics of selected subjects to include the total number of subjects who gave consent to participate, number of male and female participants (if known), and the number of participants by racial / ethnic group (if known).

9. Were any subjects included who did not meet the selection criteria or should otherwise have been excluded? If so, please explain the circumstances.

10. Describe the number of incidents and reasons (if known) for subjects' inability or unwillingness to continue participation.

11. Summarize any complaints about the research received from subjects or those investigators who have interacted with subjects.

12. Attach a copy of the current Informed Consent / Privacy Act document / language being used in this study and any Adverse Event Reports, if applicable.

Appendix H: Project Completion / Final Report

IRB Control No: _____ **Date:** _____

Project Title: _____

PI Name: _____ **Command & Code:** _____

Inclusive Dates of Research Performance: _____

Total Number of Subjects: _____

Complete the following items.

1. Investigate staff (list of names of all principal and associate investigators and any other personnel who worked on the project).

2. Summarize research objectives.

3. Summarize research performed focusing on human subject involvement. Describe the enrollee population appropriate to the study (e.g., by gender, pay grade / designator, enlisted / officer).

4. Summarize any adverse events, problems, or complaints and how they were handled.

5. Summarize the circumstances for withdrawal or dropping of subjects who did not complete the study for whatever reason. For surveys, include response rate and any known factors adversely affecting completion.

6. Summarize any lessons learned or problems with study methodology (including informed consent process) particularly as they relate to the protection of human subjects issues.

7. Summarize research results.

8. State the benefits of research.

9. List briefings, professional presentation, and publication resulting (or pending) from this project and provide electronic copies. Documents shall be marked with the DOD appropriate distribution statement. If pending items, list estimated date of completion for each.

Appendix I: UPIRTSO / Unanticipated Problem, Adverse Event or Serious Adverse Event Report

IRB Control No: _____ **Date:** _____

Project Title: _____

PI Name: _____ **Command & Code:** _____

Type of Report: *(refer to Chapter 18 of Policy and Procedures for USMC Human Research Protection Program)*

__ Unanticipated Problem involving Risk to Subjects or Others (UPIRTSO)

__ Unanticipated Problem

__ Adverse Event

__ Serious Adverse Event

Date event occurred (if known): _____

Date event discovered: _____

1. Clearly summarize the adverse event (s). Describe any actions taken following the event(s).

2. How does this event (do these events) relate to the research (e.g., directly caused by the research, tangential to the research, an unrelated event)?

3. Discuss any patterns or trends among all adverse events occurring on this project.

4. Describe recommendations for changes in protocol to correct for and prevent future adverse events.

Appendix J: Scientific Review

Protocol Title: _____ **Date:** _____
PI: _____

A scientific review is required for all non-exempt human subject research.

Determining the scientific or scholarly soundness of a study requires expert judgment about the degree to which the theoretical and methodological approach in a research design is appropriate to the topic and specific questions being investigated. However, not all research is intended to be scientific and non-scientific research can also involve Human Subjects. This form may also be used for a peer review by a professional in a similar field.

PI's may choose from a wide variety of resources for such a review. Acceptable sources of scientific or scholarly review may include, but are not limited to, peer review or local scientific review boards. "Peers" can include, but are not limited to, group leads or project leads knowledgeable about the proposed research approach, with no conflict of interest.

Reviewer Name: _____ **Title:** _____
Reviewer Location / Command: _____
Reviewer Area of Expertise / Qualifications to Conduct Review (please attach a resume or Curriculum Vitae (CV) to this form): _____
_____
Relationship to PI: _____

1. Purpose(s): Is / are the objectives / hypothesis clearly stated? What important problem or area of knowledge does the research address? How will scientific or scholarly knowledge be advanced if the research goals are achieved?

2. Approach:

   a. Assess whether the approach follows a sound and appropriate process (with recognition that processes may differ based on the type of research being conducted).

   b. Assess the adequacy and appropriateness of the conceptual framework, design, methods and analysis plan for the aims of the project and the nature of the data collection site(s).

   c. If applicable, please explain why the kinds of results this design can produce are appropriately matched with the scientific, scholarly or programmatic claims the researchers hope to make. If they are not appropriately matched please explain why.

d. Are the limitations of different aspects of the design / approach clearly articulated? Please explain the basis for your determination.

e. Are sufficient subjects available to support the research? Do you anticipate any problems recruiting sufficient subjects to support the research and, if so, how does the protocol address those potential problems?

f. Does the investigator recognize and acknowledge potential problem areas? How has the PI addressed those potential problem areas and what alternatives were considered?

3. Investigator:

a. Briefly describe how the qualifications of the Principal Investigator (PI) and Associate Investigators (the research team) are adequate to carry out this work and / or is there an appropriate plan to train associate investigators?

a. If applicable, please describe how the PI is appropriately trained and well suited to supervise other investigators?

4. Recommendation:

_____ Recommend that the protocol is sound and that the IRB initiate its review.

____ Recommend that the PI make the following changes to the protocol to satisfy the scientific review:

_____
Scientific or Scholarly Reviewer Signature Date

_____
Scientific or Scholarly Reviewer Printed Name

Appendix K: Documentation Checklist for Investigators, IRB, and DON HRPP

Excerpted from the DON HRPP Document List found on DON HRPP website.

	PI File	IRB File	Send DON HRPP
Initial Review of New Protocol			
Document granting approval to start research (approval letter)	**X**	**X**	**X**
Education and training documentation	**X**	**X**	**N/A**
Scientific or scholarly review and approval document (IRB Action Request signed by supervisor)	**X**	**X**	**X**
Approved research protocol with version number and date	**X**	**X**	**X**
Testing instruments	**X**	**X**	**X**
Questionnaires (e.g., diaries, demographics)	**X**	**X**	**X**
Data collection forms	**X**	**X**	**X**
Recruiting, advertising materials, notification letters	**X**	**X**	**X**
Subject information sheets	**X**	**X**	**X**
IRB approved consent document with expiration date / IRB approval stamp. The IRB Chair / HRPP Specialist will conduct protocol audits, which includes verifying Investigators maintain and use the informed consent document stamped by the IRB.	**X**	**X**	**X**
IRB approved Photographic Release or other permissions (as required) with expiration date / IRB approval stamp. The IRB Chair / HRPP Specialist will conduct protocol audits, which includes verifying Investigators maintain and use the Photographic Release or other permissions forms stamped by the IRB.	**X**	**X**	**X**
Parental permission (if using children as subjects)	X	X	X
Child assent (if using children as subjects)	**X**	**X**	**X**
Other reviews (e.g., Safety, other IRB)	**X**	**X**	**X**
Survey approval (when obtained, usually after IRB approval)	**X**	**X**	**X**
Standards of Conduct / Investigator Assurance	**X**	**X**	**X**
CVs	**X**	**X**	**N/A**
Documents supporting collaboration (approval documents from collaborating institutions)	**X**	**X**	**X**
Command endorsements (if received from sponsor)	**X**	**X**	**X**
Agreements supporting research (e.g., MOU, MOA, CRADA), as applicable	**X**	**X**	**X**
IRB Meeting Minutes	**N/A**	**X**	**X**

	PI File	IRB File	Send DON HRPP
Progress Report Submission			
Progress Report	**X**	**X**	**X**
Documented Expedited Review	**X**	**X**	**X**
IRB Meeting Minutes	**X**	**X**	**X**
Continuing Review Report Submission			
Document approving continuous research, for greater than minimal risk research or when IRB directed.	**X**	**X**	**X**
Continuing Review Report	**X**	**X**	**X**
Original signed consent documents for all subjects (if obtained)	**X**	**N/A**	**N/A**
Documented Expedited Review	**N/A**	**X**	**X**
IRB Meeting Minutes	**N/A**	**X**	**X**
Modification Submission			
Document approving amendment	**X**	**X**	**X**
Amendments to the protocol and / or Informed Consent (change in PI / Associate PI, procedure, population, etc.)	**X**	**X**	**X**
Documented Expedited Review	**N/A**	**X**	**X**
IRB Meeting Minutes	**N/A**	**X**	**X**
Unanticipated Problem / Adverse Event Submission			
Document with results of IRB Review	**X**	**X**	**X**
Adverse Event Report Form	**X**	**X**	**X**
Documented Expedited Review	**N/A**	**X**	**X**
IRB Meeting Minutes	**N/A**	**X**	**X**
Statement of Significant New Findings			
Documents informing subjects	**X**	**X**	**X**
Suspension / Re-instatement			
IRB / Command Review of Suspension	**X**	**X**	**X**
Document Suspending Research	**X**	**X**	**X**
Document Reinstating Research	**X**	**X**	**X**
Document Terminating Research	**X**	**X**	**X**
IRB Meeting Minutes	**N/A**	**X**	**X**
End of Project Report Submission			
Document Approving Final Report	**X**	**X**	**X**
Project Completion Report	**X**	**X**	**X**
Withdrawal Notification	**X**	**X**	**X**
Document Acknowledging Withdrawal	**X**	**X**	**X**
Documented Expedited Review	**N/A**	**X**	**X**
IRB Meeting Minutes	**N/A**	**X**	**X**
Other			
Any other publications, briefings, etc. based on protocol	**X**	**X**	**N/A**

Appendix L: Abbreviations, Acronyms and Initialisms

BLS .....Basic Life Support

CFR.....Code of Federal Regulations

CITI.....Collaborative Institutional Training Initiative

COI.....Conflict of Interest

CR .....Continuing Review

CRADA.....Cooperative Research and Development Agreement

DoD.....Department of Defense

DON.....Department of Navy

FDA.....Food and Drug Administration

FRC……..Federal Record Center

FWA.....Federal-wide Assurance

HQ.....Headquarters

HRP

HRPO.....Human Research Protection Official

HRPP.....Human Research Protection Program

IAIR .....Institutional Agreement for IRB Review

IIA .....Individual Investigator Agreement

IO .....Institutional Official

IPA .....Intergovernmental Personnel Act

IRB.....Institutional Review Board

NCO .....Non-Commissioned Officer

PI.....Principal Investigator, Research Personnel

SBIR.....Small Business Innovative Research

SECDEF.....Secretary of Defense

SG .....Surgeon General

SOP .....Standard Operating Procedure

SOW.....Statement of Work

UPIRTSO.....Unanticipated Problem Involving Risk to Subjects or Others

Appendix M: Definitions

Adverse Event. An adverse event is any untoward or unfavorable occurrence associated with the conduct of a research project, including any abnormal sign, symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research. Adverse events encompass both physical and psychological harms. For Food and Drug Administration (FDA)-regulated research, the definition of adverse event should be followed.

USMC HRPP Administrative Review. A review of a research protocol and supporting documents (e.g., safety review, scientific review, IRB minutes) related to USMC-supported or assisted research involving human subjects which ensures the institution engaged in the research involving human subjects has met the requirements of all applicable regulations and policies, to include USMC HRPP policies. This includes all non-USMC conducted research that requests access to service members or Federal employees of the Marine Corps as potential subjects or access to personal data about those individuals. This review is NOT an IRB review.

Approval Authority for Research Protocols. Individuals with delegated approval authority that permit research to begin. Such individuals also have authority to certify a research protocol.

Assistance. See USMC Assisted Research.

Associate Investigator. Associate investigators assists the principal investigator with the design and conduct of a research project or task. Associate investigators are "engaged" in human subject research. (See engaged)

Assurance. See Institutional Assurance.

Assurance Approval Authority. Individuals authorized to approve and renew institutional assurances to DON activities and extramural performers conducting human subjects research, and the authority to accept other DoD or Federal assurances.

Certification. The official notification by the institution to the supporting Federal department or agency component, in accordance with the requirements of this policy, that a research project or activity involving human subjects has been reviewed and approved by an IRB in accordance with an approved assurance.

Classified Research Involving Human Subjects. Research involving human subjects where the protocol or other information required by the IRB for review and oversight, or required or provided by the research subjects includes classified information, as defined in reference (w).

Collaborator. See Extramural Performer.

Common Rule. The regulation adopted by multiple Federal departments and agencies for the protection of human subjects in research. The DoD's implementation of the Common Rule is 32 Code of Federal Regulations (CFR) part 219 (32 CFR 19); the Department of Health and Human Services' implementation of the Common Rule is subpart A of 45 CFR part 46.

Continuing Non-compliance. A pattern of non-compliance (see non-compliance) that suggests the likelihood that, without intervention, instances of non-compliance will recur, a repeated unwillingness to comply with this instruction, or a persistent lack of knowledge of how to comply with the references or this USMC HRPP Policy and Procedures.

DoD-affiliated personnel. Service members, Reserve Service members, National Guard members, DoD civilians, and DoD contractors.

DoD Personnel. DoD civilian employees and members of the Military Services. USMC and DON personnel are subsets of DoD personnel.

a. DoD Civilian Employee. An individual meeting the definition of "employee" consistent with section 2105 of Title 5, U.S.C. It includes employees of DoD Non-Appropriated Fund Instrumentalities; DoD civilian employees filling full-time, part-time, intermittent, or on-call positions; and individuals serving under personal services contracts consistent with section 2.101 of Title 48, U.S.C. It excludes employees of contractors (other than personal services contractors) and foreign nationals of host countries.

b. **Service Members**. Individuals appointed, enlisted or inducted for military service under the authority of the DoD. The Military Services are the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard in some circumstances, and the Reserve Components, which includes the Army and the Air National Guards of the United States. Members of the Reserve Components are included when in a duty status.

Engaged in Research. An institution is engaged in research involving human subjects when its personnel are conducting activities covered by section 219.101(a) of reference (b) and this instruction. An institution that is funding, providing equipment, providing access to or information about potential human subjects (but not recruiting human subjects), providing data or specimens (either identifiable or not) or overseeing the research from a regulatory or compliance standpoint is not engaged in the research involving human subjects but is supporting or assisting the research (see "USMC-supported" or "USMC-assisted" research involving human subjects.")

Exempt Research Involving Human Subjects. Research involving human subjects where the only involvement of the human subjects in the research will be in one or more of the categories identified in section 219.104 of reference (b).

Exemption Determination Official (EDO). Serves as a local Human Research Protection Program (HRPP) official designated by the Institutional Official (IO) for the purposes of reviewing the institution's proposed activities with humans and making official determinations regarding whether an activity (1) is research involving human subjects, (2) meets exemption criteria per reference (b), section 219.104 or (3) is research involving human subjects that requires IRB review. EDOs must be Federal employees or Service members who are sufficiently qualified through training or experience to be able to ascertain the acceptability of a proposed activity, while being sufficiently removed from the activity to avoid the appearance of a conflict of interest. For the purposes of this policy, the USMC IRB Chair will be appointed to serve as an EDO.

Extramural Performer. Any individual or organization outside of the DoD that is a party to a contract, grant, interagency transfer, or other agreement with any Navy or Marine Corps activity. An organization includes any Federal, State, municipal, or other Government activity, or any corporation, institution, foundation, agency, or other legal entity, whether foreign or domestic.

Greater Than Minimal Risk. Greater Than Minimal Risk research is defined as any research using human subjects that does not meet the criteria as Minimal Risk.

Headquarters-Level Administrative Review. Administrative review of approved research protocols by DON HRPP to verify regulatory compliance and human research protections following local approval.

Human Subject. A living individual about whom an investigator (whether professional or student) conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens. Intervention includes both physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject.

Identifiable private information. Identifiable private information is private information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information. Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public.

Institution. Any public or private entity, or department or agency (including Federal, state, and other agencies).

Institutional Assurance. A document originated by an institution and granted by an Assurance Approval Authority authorizing the institution to engage in research supported by the DoD stating that it will comply with Federal regulations, DoD, and DON requirements for human subject protections.

Institutional Review Board. The IRB is a committee established in accordance with reference (b) to review research to ensure the protection of the rights and welfare of human research subjects.

Institutional Review Board Member—Naval / Marine Corps (DON) IRBs. A DON IRB member must be a current Federal employee, an individual appointed under the Intergovernmental Personnel Act (IPA), or a consultant consistent with the requirements established by reference (q) (5 USC 3109). Status as a contractor or Federal retiree alone is not sufficient to qualify as a Federal employee for the purpose of IRB membership.

Institutional Official. An institution's senior person who is legally authorized to represent the institution and who is authorized to establish and is responsible to maintain the HRPP for the institution. The IO is responsible for the institution's DoD or Federal assurance and IRB, if these elements are part of the institution's HRPP. The IO assumes, on behalf of the institution, the obligations imposed by the Federal regulations, DoD, and DON requirements for the protection of human subjects. The IRB Chair and IRB members may not serve as the IO.

Intervention and Interaction. An intervention includes both physical procedures by which information or biospecimens are gathered and manipulations of the subject or the subject's environment that are performed for research purposes. Interaction includes communication or interpersonal contact between the investigator and subjects. See section 219.102(e) of reference (b) for more information. Examples include, but are not limited to, a physical procedure, a drug, a manipulation of the human subject's environment, the withholding of an intervention that would have been undertaken if not for the research purpose, or communication such as a survey or interview.

Intramural Performer. Principal Investigator is a DoD member (military or Federal employee of the DoD).

Investigational Test Articles. Drugs, biologicals, and devices defined by U.S. Food and Drug Administration (FDA) as "investigational" because they are not yet approved for public use or commercial distribution. See also "Test Article."

Minimal Risk. The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. The phrase "ordinarily encountered in daily life or during the performance of routine physical or physiological examinations or tests" in the definition of minimal risk shall not be interpreted to include the inherent risks certain categories of human subjects face in their everyday life. For example, the risks imposed in research involving human subjects focused on a special population should not be evaluated against the inherent risks encountered in their work environment (e.g., emergency responder, pilot, soldier in a combat zone) or having a medical condition (e.g., frequent medical tests or constant pain) (reference (d) Paragraph 6.b).

Naval Activities. Refers to both Navy and Marine Corps activities.

Non-compliance. Failure of a person, group or institution to act in accordance with this instruction, its references or applicable requirements.

Ombudsperson. A person who acts as an impartial and objective advocate for human subjects participating in research. The ombudsperson is assigned by the IRB Chair, when necessary, for research involving greater than minimal risk and also involving military members, or Federal employees of the DoD, when recruitment occurs in a group setting. During recruitment briefings to a unit where a percentage of the unit is being recruited to participate as a group, an ombudsperson not connected in any way with the proposed research or the unit from which volunteers are being recruited, shall be present to monitor that the voluntary nature of individual participants is clearly and adequately stressed and that the information provided about the

research is clear, adequate and accurate. The ombudsperson ensures no superiors of the potential participants are present during the recruitment and Informed Consent process. The ombudsperson reports recruitment compliance to the IRB Chair.

Principal Investigator (PI). The Principal Investigator (PI) is the researcher who has the primary responsibility for the design and conduct of a research project or task. In DON-conducted human subject research, the PI must be a current service member or a Federal employee who possesses the required education, knowledge, skills, experience (credentials) to initiate, conduct and oversee human subject research, and has completed the required research ethics training including human subject protections. The requirements for both DON-supported Intramural Research and DON-supported Extramural Research are outlined in reference (e).

Prisoner. Any individual (other than Captured or Detained Personnel) involuntarily confined or detained in a penal institution. The term is intended to encompass individuals sentenced to such an institution under a criminal, civil or military statute, individuals detained in other facilities by virtue of statutes or commitment procedures, which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial or sentencing. [Reference (c), 45 CFR 46.303(c)]

Protocol. The detailed written research plan. A document that describes the background, rationale, objectives, design, methodology, and organization of a research investigation. In HSR, the protocol is frequently synonymous with the application for approval of a research study to an IRB.

Research. Any activity that is a systematic investigation, including Research, Development, Testing, and Evaluation (RDT&E), designed to develop or contribute to generalizable knowledge as defined in section 219.102(d) of reference (b). This includes activities where the results are intended for publication, distribution, or use outside of the Marine Corps, or where the results are to be used in future research activities. Activities that meet this definition constitute research for purposes of this policy whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities. [Reference (b), 32 CFR 219.102(d)]

a. Research includes, but is not limited to, any project, task, test, pilot study, experiment, investigation, study, clinical study, clinical investigation, clinical trial, evaluation, developmental effort or similar undertaking, whether or not conducted or supported under a program that is officially considered research. Any effort, even if not considered research for other purposes, is considered research for purposes of this instruction.

b. Clarification of FDA-regulated Research: The terms research, clinical research, clinical study, study, and clinical investigation are deemed to be synonymous. Clinical investigation means any experiment that involves a test article and one or more human subjects, and meets the appropriate requirements for prior submission to the Food and Drug Administration. [Excerpted from reference (o) (21 CFR 56.101(c)) and reference (p) (21 CFR 50.3(c))]

Research Involving Human Subjects. Activities that include both a systematic investigation designed to develop or contribute to generalizable knowledge AND involve a living individual

about whom an investigator conducting research obtains data through intervention or interaction with the individual or identifiable private information. Activities covered by section 219.101(a) of reference (b) (including exempt research involving human subjects) and this instruction. The following activities conducted or supported by the DoD are NOT research involving human subjects:

a. Activities carried out solely for purposes of diagnosis, treatment, or prevention of injury and disease in Service members and other mission essential personnel under force health protection programs of the DoD, including health surveillance per reference (e) and the use of medical products per reference (f).

b. Authorized health and medical activities as part of the reasonable practice of medicine or other health professions undertaken for the sole purpose of patient treatment.

c. Activities performed for the sole purpose of medical quality assurance consistent with section 1102 of Title 10, U.S.C. and reference (h).

d. Activities performed solely for an OT&E project where the activities and project meet the definition of OT&E as defined in section 139(a)(2)(A) of Title 10, U.S.C.

e. Activities performed solely for assessing compliance of individuals and organizations with requirements applicable to military, civilian or contractor personnel or to organizational units, including such activities as occupational drug testing, occupational health and safety reviews, network monitoring and monitoring for compliance with requirements for protection of classified information.

f. Activities, including program evaluation, customer satisfaction surveys, user surveys, outcome reviews and other methods, designed solely to assess the performance of DoD programs where the results of the evaluation are only for the use of Government officials responsible for the operation or oversight of the program being evaluated and are not intended for generalized use beyond such program.

g. Survey, interview, or surveillance activities and related analyses performed solely for authorized foreign intelligence collection purposes, as authorized by reference (j).

Risk. The possibility of harm, discomfort, or injury (physical, psychological, sociological, economic, or other) as a consequence of any act or omission resulting from participation in a research study. Risk can range from minimal to high. Determination of the nature and degree of risk involved in a research project must be determined by the IRB Chair or IRB, not the PI, even if the project is deemed to be "Minimal Risk."

Serious Noncompliance. Failure of a person, group, or institution to act in accordance with this instruction and its references such that the failure could adversely affect the rights, safety, or welfare of a human subject; place a human subject at increased risk of harm; cause harm to a human subject; affect a human subject's willingness to participate in research; or damage or compromise the scientific integrity of research data.

Research Monitor. An individual with expertise consonant with the nature of risk(s) identified within the research protocol, whose role is to protect the safety and well-being of human subjects. This individual shall be independent of the team conducting the research involving human subjects.

Service Members. Individuals appointed, enlisted, or inducted for military service under the authority of the DoD. The Military Services are the Army; the Navy, including the Coast Guard under circumstances involving the declaration of war; the Air Force; the Marine Corps; and the Reserve Components. Members of the Reserve Components are included when in a duty status.

Significant Change. An amendment to research conducted by a non-DoD institution that requires prompt notification to the HRPO per reference (a), enclosure (3), section 4b(4). This includes all substantive changes (see "substantive change"), including change in PI, major non-administrative amendments (e.g., changes in protocol design) and administrative changes that affect the HRPO's ability to adequately oversee the research.

Substantive Change. An amendment to research conducted by a non-DoD institution that requires HRPO review and acceptance after IRB review to ensure continuing compliance with applicable DoD and DON requirements per reference (a), enclosure (3), section 4c(2)(c). Substantive changes are a subset of significant changes. This includes but is not limited to:

a. Addition of any condition identified per reference (a), enclosure (3), section 3b(1).

b. Addition of any condition that may impact issues initially reviewed by the HRPO per reference (a), enclosure (3), section 4c(2), including:

(1) Addition of personnel representing institutions not identified upon initial HRPO review.

(2) Change in the IRB's review procedure (e.g., from exempt to expedited, expedited to convened board).

(3) Change in research related activities that significantly affects an assessment of the risks and benefits of the study or substantially changes the specific aims or design of the study.

(4) Addition of subjects who cannot provide informed consent (see references (b), (k) and (l)).

(5) Addition of a research site in a foreign country and will include non-DoD personnel or non-U.S. citizens as human subjects.

Test Article. Any drug for human use, biological product for human use, medical device for human use, human food additive, color additive, electronic product, or any other article subject to regulation under the act or under sections 351 or 354-360F of the Public Health Service Act. [Reference (o) (21 CFR 56.102(1)) and reference (p) (21 CFR 50.3(j))]

Supported Research. See USMC Supported Research.

USMC-Assisted Research Involving Human Subjects. Research involving human subjects for which the USMC is providing non-financial resources non-DoD institutions for research, including, but not limited to, facilities, equipment, access to information about DoD-affiliated personnel for recruitment, access to DoD-affiliated personnel, data, or specimens. Funds that are provided by the DoD through a contract or similar arrangement subject to the DFARS; grants, cooperative agreements, technology investment agreements; or other non-procurement awards are not considered assistance. USMC assistance is a subset of USMC support.

USMC-Conducted Research Involving Human Subjects. Research involving human subjects that is performed by USMC personnel and reviewed and approved by the USMC IRB. USMC-conducted research is one type of DON-supported research involving human subjects. See "engaged in research involving human subjects."

USMC-Supported Research Involving Human Subjects. Research involving human subjects for which the USMC is providing at least some of the resources (see "research involving human subjects"). Resources may include, but are not limited to funding, facilities, equipment, personnel (investigators or other personnel performing tasks identified in the research protocol), access to or information about USMC personnel for recruitment or identifiable data or specimens from those individuals. It includes both USMC-conducted research involving human subjects and research involving human subjects conducted by a non-USMC institution.

Unanticipated Problems Involving Risk to Subjects or Others (UPIRTSO). Any incident, experience, or outcome that meets ALL three of the following conditions:

a. Is unexpected (in terms of nature, severity, or frequency) given the procedures described in the research protocol documents (e.g., the IRB-approved research protocol and informed consent document) and the characteristics of the human subject population being studied.

b. Is related or possibly related to participation in the research (in this instruction, possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research).

c. Suggests that the research places human subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized, even if no harm has actually occurred.

Appendix N: Conducting HSR with Marine Corps Support or Assistance: What's Required

1. When a non-USMC performer is in receipt of DoD funding and the target recruitment population includes U.S. Marine Corps affiliated personnel , use the checklist below and submit to the USMC HRPP Office for Administrative Review.

- ☐ Notify USMC HRP Program Office at USMC_HRPP.fct@usmc.mil.
- ☐ Ensure contract receives Human Research Protections Official (HRPO) review by the funding agency per DFARS Sections 207.172 and 252.235–7004. Provide a copy of the HRPO review
- ☐ For all non-exempt research, obtain or provide documentation of Performer's Federal-wide Assurance
- ☐ Unless funded by a grant or contract paid for by the Marine Corps, obtain a letter of support at the General Officer level from the appropriate HQMC department with program oversight responsibility. For example, if the research is on suicide prevention substance abuse, anger management or other topics under the purview of the Behavioral Health arena, a letter of support from Manpower and Reserve Affairs (MF) would be required. If the research is on the use of electronic media, computers or other communications, it would require a letter of support from C4. Contact the USMC HRP Program Office if unsure whether this letter of support is required. Note: The General Officer level letter of support is also a requirement under the USMC Survey Order for data collections involving more than nine individuals. This letter may not be signed "by direction."
- ☐ Obtain permission to recruit Marines or Federal employees of the Marine Corps from the appropriate unit Commanding Officer. This would be the immediate commander at the O-5 / O-6 level, or highest common Commanding Officer. For example, if the subjects will be recruited from more than one battalion within a regiment, the approval would come from the regimental commander.
- ☐ Provide documentation of IRB or Exemption Determination Official review and determination (Not HSR, Exempt, Expedited, Greater than Minimal Risk). The determination letter or IRB approval must state the category of Exemption or Expedited Review and provide justification. It also must contain a statement that scientific merit was considered in the IRB review.
- ☐ Provide copies of the protocol, recruitment material / plan, informed consent document or explanation of informed consent process.

Appendix O: USMC Research Monitoring Plan

The Marine Corps HRPP involves ongoing monitoring of HSR activities, and a quality improvement (QI) program. Both are carried out under the direction of the IO in collaboration with the HRP Program Office and IRB Chair. Research monitoring under this plan refers to QI efforts addressed at the HRP program and is not to be confused with the duties required of a Research Monitor, when appointed by the IRB for a single protocol, under reference (c), enclosure (3), paragraph 8.

Purpose. The purpose of research monitoring is to measure the level of compliance with regulations and internal control systems. The aim of the QI is to assess the effectiveness of the HRPP and to plan improvements to the program, which are, in turn, assessed to see how effective they have been. QI is a continuous process, and can involve changes to policies, procedures, systems, and training.

USMC Institution. Research monitoring and QI is the responsibility of leadership and all individuals with a role in the research process. Once a year, the IRB will access the IO and IRB Chair's performance of their roles and responsibilities, to include leadership's involvement and communication with the USMC HRPP community regarding the HRPP. A written report of the IRB's assessment will be provided to the IO. The report will include consideration of the following aspects of the IO and IRB Chair's performance in relationship to:

(a) Maintaining open channels of communication between the IRB, Investigators and key research personnel, and USMC HRPP Institutional Officials, HRP Points of Contact, and HRP administrative support staff.

(b) Providing investigators with a means of communicating complaints or concerns regarding the HRPP.

(c) Providing the IRB with sufficient meeting space, sufficient staff, and budgetary resources to support its review and record keeping responsibilities.

(d) Notifying Department of the Navy (DON) HRPP of unanticipated problems and serious adverse events, serious non-compliance and continuing non-compliance.

(e) Ensuring IRB members and Marine Corps HRP staff are protected from undue influence by investigators and administrative officials and takes action to eliminate such undue influence.

(f) Ensuring that the IRB functions as an independent body basing decisions on ethical principles, Federal regulations, guidance documents, state laws and institutional policies.

Other Marine Corps Institutions. Other Marine Corps Institutions having their own IA, and supported by the USMC IRB under Institutional Agreements for IRB Review, have research monitoring plans as required by their IA. The USMC IRB Chair and staff will be available to assist other institutions in research monitoring, upon request.

INVESTIGATOR-LEVEL MONITORING

1. Investigator Monitoring. The purpose of investigator-level monitoring is to ensure that the research and consent process are being conducted in accordance with the IRB-approved protocol, requirements of the IRB, and applicable regulations.

a. Whenever a protocol is chosen for monitoring, the IRB Chair / HRPP Specialist or designee will review the complete protocol file, and assign an individual to observe the research or consent process, if applicable.

b. Prior to observations, the IRB Chair / HRPP Specialist or designee will contact the investigator and indicate the activities to be observed, and the frequency and duration of the observation. A mutually agreeable time, date, and an approximate number of observations will be established. The IRB chair, administrator, or appropriate member of the IRB may observe the consent process and other aspects of the research.

2. Protocol Audits. The IRB Chair / HRPP Specialist or designee will audit at least six protocols or 10% of the IRB portfolio, whichever is greater each year.

a. The audit will consist of meeting with the investigator and conducting an audit of the signed informed consent documents, verifying subject eligibility, and ensuring the following: that the approved protocol is being followed, unanticipated problems and serious adverse events were reported, and modifications to the protocol were approved prior to being implemented. The auditor will verify that investigators maintain, at a minimum, the following research documents:

(1) Research protocol, including all supporting documents (e.g., data abstraction forms, recruitment materials, advertisements) approved by the IO.

(2) Informed consent, assent and parental permission document(s), if applicable, approved by the IO and stamped by the IRB.

(3) If the protocol included additional protections for vulnerable populations, are those protections documented?

(4) Current HSR training.

(5) Approval letter, including IO approval, to start the research.

(6) Collaborative IRB approval letter and / or Implementation authorization.

(7) Continuing Review (CR) or Progress reports, amendments, other reports (unanticipated problems or adverse events), and the end-of-experiment report.

(8) Letters approving CR and amendments.

(9) All correspondence between investigators, the USMC IRB, OHRPO, and other reviewing IRBs.

(10) Host country approvals, if applicable.

(11) Verification that research documents and databases are secured to maintain privacy and confidentiality as described in the research protocol.

b. Consent Process. The IRB is authorized to observe the consent process and other aspects of research, including interactions and interventions with participants, data security measures, and similar research-related activities. Such monitoring may be employed whenever the IRB deems that it would increase the safety of research participants. The particular studies to be monitored and frequency of monitoring shall be determined by the IRB. Monitoring the consent process will focus on:

(1) Research involving greater than minimal risk.

(2) Research involving vulnerable populations.

(3) Research involving subordinates or where there is a risk of coercion.

(4) Research participants are likely to have difficulty understanding the information to be provided.

(5) When the procedures or interventions are particularly complicated.

(6) Whenever the IRB has concerns that the consent process may not be administered appropriately.

c. "For Cause" Audit. The IRB Chair will recommend "for cause" audits of protocols having known or suspected problems in the conduct of human participant research. These "for cause" audits will be performed to ensure the highest degree of research standards are being maintained in regards to the conduct of human participant research. "For cause" audits may be conducted at the written request of the IO or a member of the IRB. Prior to the "for cause" audit, the IRB Chair will meet with or tele-conference with the PI to ensure that the audit is warranted and that the suspected problem is not the result of a misunderstanding or miscommunication rather than a failure to adhere to or execute a protocol as approved. The focus of "for cause" audits will be to:

(1) Evaluate adherence to the Department of Defense (DoD), DON, Federal requirements and USMC HRPP and IRB policies.

(2) Evaluate and / or observe the informed consent process to determine outcome and areas of improvement.

(3) Assist an Investigator or research site that is having difficulty understanding regulatory requirements.

3. Reporting and Notification

a. The IRB Chair or designee conducting the audit will submit a summary report containing the following elements:

(1) Statement describing the type of review, the date, location and procedure followed, and who was in attendance.

(2) Description of the Principal Investigator's (PI's) overall compliance.

(3) Description of any noncompliance, (policies, regulatory or legal) or other deficiencies (e.g., in documentation). If serious or ongoing noncompliance is observed, the IRB Chair/designee will initiate action by the IRB using Appendix I of reference (b), the Unanticipated Problem Report form.

(4) Recommendations of the IRB Chair or designee concerning education for PI and / or research assistants, record keeping, and any related issues. Develop a PI corrective action plan when necessary.

(5) Section for PI responses.

b. The summary report is reviewed with the investigator. The investigator may discuss with the IRB Chair / HRPP Specialist any problems he or she has with the report and add comments before the report is finalized. When indicated, the PI will be invited to create a corrective action plan.

4. Summary Report. The summary report and any corrective action plan shall be included in the protocol file. The IRB Chair, if not personally conducting the audit, shall review each report, evaluate the need for follow-up, and verify that any issues raised have been resolved and that all corrective actions have been taken. The IRB Chair shall provide a copy of the report, with the PI's corrective action plan, to the Institutional Official or HRP Point of Contact for the protocol approving Institution. At least annually the IRB Chair will present the monitoring activities under the quality improvement program at a regularly scheduled IRB Meeting. Findings in the summary reports, issues raised through the monitoring process and resolution of corrective action plans shall be discussed. Appropriate modifications to IRB procedures, improvement initiatives and additional training to be introduced shall be discussed and approved by the IRB.

INSTITUTIONAL REVIEW BOARD-LEVEL MONITORING

1. Institutional Review Board-Level (IRB-Level) Monitoring. The purpose of IRB-level monitoring is to assess if the IRB is following applicable human research protection regulations, DoD / DON instructions and Marine Corps HRPP policy and procedures. IRB-level monitoring provides continuous assessment of the IRB members' and staffs' understanding and adherence to HRPP regulations, policy and procedures. IRB level monitoring may be conducted by the IO, DON HRPP and other external agencies.

2. IRB Self-Assessments. The USMC IRB will conduct regular self-assessments to identify areas of review and operations which may require further enhancement and strengthening. At least annually, the IRB will consider the policies and procedures and make recommendations for enhancement. The IRB will use assessment tools from DON HRPP, DHHS OHRP and the FDA as guidance documents.

3. Internal Document Review. All USMC protocols are forwarded to DON HRPP after approval. Documents may be reviewed at other times based on external audits or monitoring. When a protocol is chosen for internal document review, all associated files will be reviewed by a reviewer not familiar with the research protocol. The following will be considered during the review:

a. Did the IRB use the correct review process?

b. Did the IRB Chair make and document needed determinations?

c. Did the IRB Chair document the risk level?

d. Did the IRB Chair select the correct category / categories?

e. Is the recommendation for action documented and appropriate?

f. Is the CR or Progress Review interval documented and appropriate?

g. Were the results of the review reported to the IRB?

h. Did the protocol describe the risks and anticipated benefits?

j. Did the IRB evaluate and document:

(1) consideration of risks;

(2) strategies to minimize risks;

(3) consideration of benefits; and

(4) determination that risks are reasonable in relation to benefits?

k. If a waiver of the requirement to obtain signed verification of informed consent was requested and approved, does the protocol include justification? Did the reviewer find and document that criteria under 32 CFR 219.117(c)(1) or (2) were met?

3. Reporting and Notification. Information gathered from these reviews will be provided to the Chair in summary reports. Based on measured accuracy and completeness, the IRB may refine systems and create improvement plans to ensure that all required documentation is included in the files, and that they are used effectively to protect participants from risk and harm. Any deficiencies in the protocol files that are discovered will also be corrected under the direction of the IRB Chair / Administrator.

COMMAND-LEVEL MONITORING

1. Command-level Monitoring. The purpose of Command-level Monitoring is to assess command HRPP and other related policies and procedures. The IRB will focus on communication, HRPP awareness and efficiency and practicability of Institutional HRPP policy and procedures. Results will be summarized and provided to the IO on a semi-annual basis by the IRB Chair along with program metrics, identified patterns and trends, and voice of the customer inputs on program effectiveness. The IO will be briefed quarterly by the IRB Chair (HRP Program Manager) on IRB metrics, QI, program compliance, and other activities. The IRB may conduct customer satisfaction surveys to monitor program progress in streamlining processes and providing tailored customer support. The IRB Chair / HRP Program Manager will publish HRPP policies, procedures, instructions, and forms on a publically available USMC HRPP webpage. The site will be maintained, announcements posted and e-mails distributed when there are updates.

Appendix P: Waivers of Consent and Waivers of Documentation of Consent

WAIVER OR ALTERATION OF INFORMED CONSENT. As outlined in reference (b), General Requirements for Informed Consent, a waiver or alteration of consent is authorized if it meets the criteria outlined below. Reference (b) should be consulted for more detailed information about waivers and alterations of consent.

In order for an IRB to waive or alter consent as described in reference (b), 32 CFR §219.116(f), the IRB must find and document that:

1. The research involves no more than minimal risk to the subjects;,

2. The research could not practicably be carried out without the requested waiver or alteration;

3. If the research involves using identifiable private information or identifiable biospecimens, the research could not practicably be carried out without using such information or biospecimens in an identifiable format;

4. The waiver or alteration will not adversely affect the rights and welfare of the subjects; and

5. Whenever appropriate, the subjects or legally authorized representatives will be provided with additional pertinent information after participation.

WAIVER OF THE REQUIREMENT FOR DOCUMENTATION OF CONSENT

As described in reference (b), 32 CFR §219.117(c), an IRB may waive the requirement for the investigator to obtain a signed informed consent form for some or all subjects if it finds any of the following:

1. That the only record linking the subject and the research would be the informed consent form and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject (or legally authorized representative) will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern;

2. That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context; or

3. If the subjects or legally authorized representatives are members of a distinct cultural group or community in which signing forms is not the norm, that the research presents no more than minimal risk of harm to subjects and provided there is an appropriate alternative mechanism for documenting that informed consent was obtained.

In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects or legally authorized representatives with a written statement regarding the research.