

University of Kentucky Office of Research Integrity and Institutional Review Board Standard Operating Procedures			
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Approved By: ORI Director	Signature	Date	Date First Effective: 07-24-06
Approved By: Nonmedical IRB Chair	Signature	Date	
Approved By: Medical IRB Chair	Signature	Date	Revision Date: 01-28-2022

OBJECTIVE

To describe the policies and procedures for ensuring the rights and welfare of research participants are protected when the University of Kentucky (UK) Institutional Review Board (IRB) is sharing oversight of research with another organization

GENERAL DESCRIPTION

When a UK PI is conducting research involving human subjects, the UK IRB will review and oversee the conduct of the research, with limited exceptions. UK protects the rights and welfare of participants when collaborating with other organizations for the oversight of research.

UK has established procedures to define the responsibilities of each institution, coordinate communication among responsible IRBs, promote compliance of all involved institutions and investigators, and manage information shared in external or multi-site research to ensure the protection of human subjects. The Office of Research Integrity (ORI) staff, in consultation with the Vice President for Research (VPR) and UK Legal Counsel, also take into consideration the source of funding for the research activity, federal regulations, specific sponsor regulations governing human research protections, and institutional policies.

UK may enter into formal agreements with other institutions that are not legal entities of UK to provide research review (i.e., to act as the Reviewing IRB), to rely on other institutions for research review, or to share IRB review. UK enters into these types of arrangements through a Memorandum of Understanding (MOU), IRB Authorization Agreement (IAA)/Reliance Agreement, or other written contract with the institution(s) in question.

Definitions

Authorization Agreement – (also called a Reliance Agreement) identifies and describes the respective authorities, roles, responsibilities, and methods of communication between an

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institution/organization providing the ethical review of research and a participating site relying on the institution/organization.

Central IRB (CIRB)/Single IRB (sIRB) – the selected IRB of record that conducts the ethical review of research for all participating sites of a multi-site study.

Federalwide Assurance (FWA) - a formal, written, binding attestation in which an institution ensures to the U.S. Department of Health and Human Services (HHS) that it will comply with applicable regulations governing the protection of human subjects.

Individual Investigator Agreement (IIA) – the agreement of an individual investigator (also referred to as research study personnel) to Institutional Human Subject Protection Policies and IRB Oversight, particularly those outlined by the institution which extends its Federalwide Assurance to cover the individual investigator under specified research protocols.

Institutional Official (IO) - the signatory on the FWA filed with the Office for Human Research Protections (OHRP). OHRP requires the IO to be a high-level official who has the authority to represent the institution named in the FWA. The VPR serves as the IO for UK and is responsible for signing IAAs and Individual Investigator Agreements (IIAs) on behalf of the institution.

Multi-site/collaborative/cooperative research study – the conduct of non-exempt human subjects research at more than one site.

Participant site – entity that will rely on the IRB of another institution/organization (a.k.a. an external IRB) to carry out the IRB review of human subjects research for a multi-site study.

Relying IRB or Organization – is relying on the review of or has ceded IRB review to another IRB to provide oversight for a specific research study or set of studies. This process is also referred to as deferring IRB review.

Reviewing IRB – (also referred to as the IRB of record) the IRB that provides the ethical and regulatory review of the research.

RESPONSIBILITY

Execution of SOP: Principal Investigator (PI)/Study Personnel, UK IRB, ORI Staff, VPR or designee, UK Legal Counsel, recipients of subaward agreements to conduct research involving human subjects

PROCEDURES

When UK serves as the Reviewing IRB

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1. When a UK principal investigator (PI) requests that the UK IRB serve as the reviewing IRB for a non-UK research site, the PI submits a UK specific protocol for review and approval prior to or concurrent with the addition of non-UK sites. The UK IRB determines on a case-by-case basis whether to review the site additions as separate protocols or as modifications to the previously approved research. If a site is added through a modification, the UK IRB decides whether to handle such a modification using expedited review procedures or the convened IRB for review.

Please note: UK's IRB will not serve as the Reviewing IRB for exempt activities or activities deemed to be not human subject research (exceptions may be made on a case-by-case basis for exempt activities).

2. The relying site provides the UK IRB with general information (e.g., FWA, Point of Contact/Institutional Official, Association for the Accreditation of Human Research Protection Programs (AAHRPP) Accreditation information, ancillary reviews, local consent language, local laws, investigator qualifications, local resources, recruitment materials, and communication plan). The UK IRB considers this information when conducting its review. The relying site investigator provides this information to the UK IRB in accordance with the Reliance Communication Plan and/or the Relying Site Survey (when applicable).
3. The UK IRB, with input from the relying site, determines whether an investigator/research staff conflict of interest management plan, if any, allows the research to be approved at UK. (See Investigator Conflict of Interest/OSPA/IRB Coordination SOP.)
4. The UK IRB reviews the following for all relying sites, and ensures reporting of such events in accord with the requirements specified in the reliance agreement and/or supporting documentation:
 - Suspension or termination of IRB approval;
 - All unanticipated problems involving risks to participants or others;
 - Serious or continuing noncompliance; and
 - Requests for audits of research protocols

(See Protocol Violation Review, Termination or Suspension of Research by the IRB, and Administrative Assessment Review SOPs for additional information.)

5. The UK IRB does not review HIPAA or serve as the privacy review board for organizations outside of UK's covered entity. Each relying site complies with its own institution's HIPAA policies and procedures.
6. The UK IRB notifies the investigators (and, if applicable, the external organization) of its review decisions consistent with any reliance agreement, Relying Site Survey, and the Reliance Communication Plan (when applicable).

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7. The UK IRB makes available relevant IRB records, including minutes, approved protocols, consent documents, and other records that document the IRB's determinations to the relying organization upon request.
8. The UK ORI website contains relevant IRB policies available to the relying organization, human research protection program (HRPP) staff, and investigators/research staff. The UK ORI communicates updates via the UK ORI Listserv, which is distributed to all UK investigators. The UK investigator forwards applicable updates to collaborators at relying organizations. (See "A Principal Investigator's Guide to Responsibilities, Qualifications, Records, and Documentation of Human Research")
9. The UK IRB provides contact information to investigators/research staff to use for answers to questions, to express concerns, and to convey suggestions regarding the IRB review.
10. UK ORI staff assign a member of the UK IRB Reliance Team as a consultant to guide the UK IRB in making determinations on modification requests submitted by the UK investigator that may affect consent forms, HIPAA authorization language, and/or other local language that could be considered applicable to ancillary administrative review.
11. UK ORI staff (Professional Associates and/or Administrative Associates) who manage the multi-site protocol overseen by the UK IRB will update the Reliance/IRB of record information in ORI Flags in E-IRB if the IRB has made a determination that requires changes to this information.

When UK relies on an External IRB

**Please note: When a UK PI is conducting research involving human subjects, the UK IRB will review and oversee the conduct of the research, with limited exceptions.*

1. The UK investigator submits a written request to cede/defer IRB review to another organization. A member of the UK IRB Reliance Team specifies which studies are eligible for review by another organization's IRB. The determination to defer review is made on a case-by-case basis based on criteria outlined in the UK Reliance Request form. Determinations may be made by the UK VPR, the UK ORI Director, and/or a member of the UK IRB Reliance Team in consultation with UK Legal Counsel and/or UK IRB Leadership.

Please Note: UK's IRB does not sign reliance agreements for exempt activities or activities deemed to be not human subject research (exceptions may be made on a case-by-case basis for exempt activities).

2. A member of the UK IRB Reliance Team provides UK investigators with information regarding:
 - Which activities are eligible for review by another IRB;

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- The requirement to obtain approval(s) from other UK committees regarding local context such as Institutional Biosafety (IBC), Investigational Drug Service (IDS), Radiation Safety, and the Protocol Review Monitoring Committee (PRMC) for cancer research prior to seeking review by another IRB;
 - Local requirements or local research context issues relevant to the reviewing IRB's determinations prior to IRB review;
 - The requirement to notify the reviewing IRB when local policies that impact IRB review are updated; and
 - The stipulation that university officials cannot approve any research subject to a reliance agreement if it has not been approved by the reviewing IRB.
3. The UK IRB reviews HIPAA authorization and/or waiver of authorization forms for UK and may allow an external IRB to review the UK HIPAA authorization form if the external IRB agrees to incorporate UK's authorization template language in the external IRB's combined informed consent/ HIPAA authorization form.
 4. The UK investigator complies with the reviewing IRB's policies and procedures for initial and continuing review, record keeping, and reporting requirements, and ensures that all information requested by the reviewing IRB is provided in a timely manner. (See Reliance Communication Plan and the PI responsibilities and Qualifications guidance document.)
 5. The UK investigator complies with the following local reporting requirements for studies where UK cedes/defers IRB review and oversight to an external IRB:
 - Unanticipated Problem Involving Risk to Subjects or Others when the event involved UK subjects or researchers;
 - Serious or Continuing Noncompliance determinations by the reviewing IRB when the event involved UK subjects or researchers; and
 - Suspension or Termination by the reviewing IRB to which UK cedes/defers IRB review and oversight.
 6. The UK IRB and/or UK IRB Reliance Team may:
 - Review local reports and request additional information (when applicable) for studies where UK cedes/defers IRB review and oversight to an external IRB; and/or
 - Conduct local audits/administrative assessments of protocols for studies where UK cedes/defers IRB review and oversight to an external IRB.

(See Administrative Assessment Review, Unanticipated/Anticipated Problem/Adverse Event Reporting, Protocol Violation Review, Noncompliance, and Termination or Suspension of Research by the IRB SOPs on [UK ORI's website](#).)

Organizational Responsibilities

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The UK IRB requires a written agreement to be completed between organizations involved in a reliance relationship. The written agreement describes which organization (reviewing or relying) is responsible for the following:

- Human subjects research education qualifications of investigators and research staff;
- Scientific review;
- Verifying concordance between any applicable grant and the IRB or Ethics Committee (EC) application;
- Review of potential noncompliance, including complaints, protocol deviations, and results of audits:
 - Identifying which organization is responsible for deciding whether each allegation of noncompliance has a basis in fact; and
 - Identifying which organization's process is used to decide whether each incident of noncompliance is serious or continuing;
- Management plans for investigators and research staff when a conflict of interest exists;
- Management of organizational conflict of interest related to the research; and
- Continued oversight of active studies until closure or a mutually agreed upon transfer of the studies to another reviewing IRB, should a reliance agreement be terminated.

Protocols under HHS and/or FDA purview

The UK IRB requires a written agreement to be completed between the organizations involved in a reliance relationship under HHS and/or FDA purview. The written agreement outlines which organization (reviewing or relying) is responsible for determining the following:

- Whether the relying organization applies its FWA to some or all research and ensures that the IRB review is consistent with the relying organization's FWA;
- When required, which organization is responsible for obtaining approvals from the U.S. Department of Health and Human Services (HHS) when the research involves pregnant women, fetuses, and/or neonates; children; or prisoners; and
- Which organization is responsible for reporting serious or continuing noncompliance; unanticipated problems involving risks to subjects or others; and suspensions or terminations of IRB or EC approval.

Protocols under the NIH Single IRB Policy

The NIH requirement for single IRB (sIRB) review applies to awardees and participating research sites within the United States. For non-exempt protocols under the purview of the NIH Single IRB Policy, the UK IRB requires a written agreement to be completed between the organizations involved in the reliance relationship. The written agreement describes the responsibility for:

- Ensuring reliance agreements are in place and documentation supporting the agreements is maintained;

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- Ensuring additional certification requirements are completed, such as the NIH Genomic Data Sharing Policy; and
- Determining whether the reliance on a single IRB is appropriate versus conducting local IRB review in accordance with NIH policy on exceptions from single IRB review.

Protocols under the Revised Common Rule Cooperative Research Provision

The Revised Common Rule's Cooperative Research Provision (45 CFR 46.114) applies to all institutions located in the United States that are engaged in cooperative research conducted or supported by a Common Rule department or agency. These institutions must rely on approval by a single IRB for the portion of the research conducted in the United States.

For non-exempt protocols that fall under the Cooperative Research Provision, the UK IRB requires a written agreement to be completed between the organizations involved in the reliance relationship. The written agreement describes the responsibility for:

- Ensuring reliance agreements are in place and documentation supporting the agreements is maintained;
- Ensuring additional certification requirements are completed, such as the NIH Genomic Data Sharing Policy if applicable; and
- Determining whether the reliance on a single IRB is appropriate versus conducting local IRB review in accordance with Revised Common Rule's Cooperative Research Provision on exceptions from single IRB review.

Collaboration with Institutions whose IRB is not accredited by AAHRPP

UK may agree to cede/defer responsibility for IRB review to an institution not accredited by AAHRPP for research that is not greater than minimal risk. To defer responsibility, the non-UK IRB must have an OHRP-approved FWA and OHRP-registered IRB. Under the terms of the FWA, an institution guarantees that it complies with the federal regulations governing human subjects research and follows a statement of ethical principles for protecting the rights and welfare of human subjects in research.

Assurance of compliance with the applicable laws and regulations is further documented through the completion of a written reliance agreement. UK investigators comply with UK's standard operating procedures (SOPs) as outlined above when relying on an external IRB.

UK requests a response to the following questions from the non-UK IRB before UK determines whether to cede/defer IRB review to an institution not accredited by AAHRPP:

- Has the institution's HRPP/IRB been cited in the last three years by FDA or OHRP?
- Can the institution's HRPP/IRB leadership attest that it has completed its own quality review process, such as:

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- use of AAHRPP's Evaluation Instrument for Accreditation to conduct a self-assessment;
- completion of the U.S. FDA's self-evaluation checklist for IRBs or ECs; or
- an equivalent process? (And, if so, to describe it.)

When appropriate (and for greater than minimal risk research), the non-UK IRB is asked to submit its institution's HRPP/IRB policies and/or procedures regarding the following* to irbreliance@uky.edu:

- Initial Review;
- Continuing Review;
- Adverse Event/Unanticipated Problem/Protocol Violation Review; and
- Reporting of serious/continuing noncompliance, unanticipated problems involving risks to subjects or others, and suspension or termination of research.

*Please note: upon review, additional policies/procedures may be requested by UK's HRPP staff.

Other HRPP Requirements

Ancillary reviews such as biosafety or radiation safety review are conducted by the Relying Institution or another organization external to the Reviewing IRB. To ensure the Reviewing IRB/HRPP is appropriately informed of these reviews, UK requires the completion of a Reliance Communication Plan (when applicable). The Reliance Communication Plan also documents circumstances when the external IRB must consider additional regulatory requirements such as those of the Department of Defense (DOD) and/or the Department of Justice (DoJ).

UK investigators are informed of ancillary reviews and the requirements for communicating the outcomes to the Reviewing IRB in the Reliance Determination letter after submitting an Abbreviated Application for Reliance in E-IRB. Abbreviated Applications for Reliance in E-IRB receive a ten-year approval.

Individual Investigator Agreements

A member of the UK IRB Reliance Team and/or the UK IRB determines on a case-by-case basis whether Individual Investigator Agreements (IIAs) apply to studies where UK serves as the IRB of record.

REFERENCES

21 CFR 50
 21 CFR 56
 45 CFR 46.114
 AAHRPP Standard I-9
 FDA Cooperative Research Guidance
 FDA Non-Local IRB Review Guidance

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OHRP Engagement Memo

OHRP Terms of the Federalwide Assurance of Protection for Human Subjects