

7 Responsibilities of Principal Investigators

Investigators should be aware of certain, specific responsibilities that are undertaken when conducting research. Although most investigators are familiar with some of the paperwork requirements associated with research, there are many reporting requirements which are often overlooked by investigators until problems are encountered with respect to a certain research activity. In today's litigious environment, it is important for investigators to prepare and maintain clear documentation of research activities in an attempt to minimize or alleviate unnecessary confusion which may arise during the performance of research and during the course of routine audits carried out by the Sunrise Health Office of Research Compliance (SHORC) or other sponsoring or regulatory bodies.

APPLICATION AND DEFINITIONS

Investigators are required to obtain a prospective Sunrise Health Institutional Review Board (SHIRB) review and approval if any of the following criteria exist:

1. When research with human subjects is conducted by or under the direction of any employee, medical staff member or agent of Sunrise Health in connection with his or her institutional responsibilities, or
2. When the conduct or recruitment of the research involves institutional resources (property, facilities or funding, including external funds administered by Sunrise Health), or
3. When the research involves the use of Sunrise Health's non-public information to identify or contact human research subjects or prospective subjects.
4. Investigators who transfer research to Sunrise Health from their previous institution are required to submit the project to the SHIRB for review and approval in order to continue the study.

Research Files

Principal Investigators are required to maintain a research file. The requirements for a research file include but are not limited to, all correspondence with the SHIRB and the sponsor (as applicable), and documentation of subject eligibility as well as a copy of the signed consent forms obtained from all subjects participating in and/or who have participated in the protocol regardless of whether or not the subjects completed the study. The protocol files should also contain any data derived from the study. This file will act as the investigator's documentation regarding the proper performance of the study. This information will be reviewed by the SHIRB, Federal, State or local authorities, sponsors, and other authorized individuals to ensure proper performance of the study.

For medically invasive studies involving patients as research subjects, the investigator should ensure that a copy of the SHIRB approved consent form, signed by the subject or his/her legal representative, is inserted into each subject's medical record. The

investigator is responsible for ensuring that a copy of the consent form is provided to each subject enrolled in the study.

RECORD RETENTION AND CONFIDENTIALITY OF DATA

Record Retention

Requirements for record retention vary with the type of research conducted and provisions of the investigator's funding source. The SHIRB highly recommends that investigators clearly understand the retention requirements of their sponsor. All records must be accessible for inspection and copying by authorized representatives of the SHIRB, department or agency supporting the research. The conditions for maintaining confidentiality of the subjects and the research records are required for the life of the data. Investigators are responsible for notifying the hospital of in-patient admissions. Hospital medical records for research subjects must be retained by the hospital for a period of 30 years.

Protocols conducted with FDA regulated articles must be kept in accordance with current FDA regulations. Current FDA policy states that investigators are required to maintain records for the longest of either:

1. A period of at least two years following the date on which the results of the clinical investigation are submitted to the FDA in support of an application for a research Investigational New Drug Number or Investigational Device Exemption or marketing permit; or
2. A period of at least two years following the date on which an application for research or marketing permit (in support of which the results of the clinical investigation were submitted to the FDA) is approved by the FDA; or
3. Two years after the investigation is discontinued and FDA is notified of that fact.

OHRP guidelines for federally funded research stipulate that records pertaining to the research are required to be retained for three years after completion of the research. All records must be accessible for inspection and copying by authorized representatives of the department or agency supporting or conducting the research at reasonable times and in a reasonable manner **[45 CFR 46.115(b)]**. The SHIRB encourages investigators to maintain research records for longer periods, if practicable.

Confidentiality

Investigators are required to maintain and protect the privacy and confidentiality of all personally identifiable information of all human subjects participating in research, except as required by law or released with the written permission of the subject. Subjects, including children, have the right to be protected against invasion of their privacy, to expect that their personal dignity will be maintained, and that the confidentiality of private information will be preserved. The more sensitive the research material, the greater the care required in obtaining, handling, and storing data.

Information through which subjects may be identified include their names, hospital ID numbers, social security numbers, driver's license numbers, home addresses, photographs, videotapes, and the like. Individuals also may be identified by description, for example, as the personnel manager in a particular company, the sixth grade teacher in a certain school, or the pediatric nurse at a local hospital. If information or data to be collected may be traced back to individual subjects, safeguards should be provided to ensure confidentiality.

REPORTING ADVERSE EVENTS, COMPLICATIONS OR COMPLAINTS

All investigators conducting research with human subjects are required to report adverse events to the SHIRB in a timely fashion. For this purpose, adverse events are defined by SHIRB as "an undesirable and unintended, although not necessarily unexpected, result of therapy or other intervention (e.g., headache following spinal tap or intestinal bleeding associated with aspirin therapy)." In non-medical research an adverse event can consist of an undesirable and unintended consequence of, or reaction to, procedures. In either case, if new information becomes available, as a result of an adverse event, the investigator is required to submit the new information for Committee review for possible inclusion in the consent form or additional deliberation by the SHIRB.

Investigators who conduct human subject research are required to report adverse events to the SHIRB. The Department of Health and Human Services (DHHS) and the Food and Drug Administration (FDA) require that institutions have "written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, and federal departments or agencies, any unanticipated problems involving risks to subjects or others"

The SHIRB relies on the expertise of the investigator to make an assessment and to determine the relationship of the adverse event to the research activity (drug/device/procedure) and whether the event warrants a change to the protocol to minimize risks and/or the informed consent form to better inform subjects of the potential risks and procedures to minimize such risks. Therefore, the reporting of adverse events is based upon the investigator's assessment and whether the event involves a Sunrise Health subject (Serious and or Unexpected Adverse Event Report) or a non-Sunrise Health subject (IND/IDE Safety Report Form).

Local Adverse Events

Reporting Requirements

The investigator must report any event that is unexpected, whether serious or not (21 CFR 312.32(a)(2), and all expected events that are serious (21 CFR 108(b)(1)). Serious adverse events are those that are fatal, life-threatening, permanently disabling, require inpatient hospitalization, or are anomalies, are cancers, or are overdoses (21 CFR 312.32(a)). **All** subject deaths must be reported for interventional studies, **regardless of cause of death**. A Local adverse event is an event that occurs at a Sunrise Health site.

The investigator must report all fatal events to the SHIRB **within 24 hours of the event if the event occurs at a Sunrise Health site**. Submit within 24 hours of receiving

notification of events at other sites. Submit other adverse events **within 10 days of the event if the event occurs at a Sunrise Health site**, or within 10 days of receiving notification of events at other sites.

To submit a local serious or unexpected adverse event, please submit the following:

1. A completed and signed *Internal Adverse Event Report form*.
 - Reference protocol correctly (principal investigator and SHIRB study number).
 - Provide details of event and copies of any forms submitted to the sponsor or FDA.
 - Make a determination of relationship of the study drug/device/procedure to the event.
 - Review the protocol and consent form and determine if any changes are needed based on the event. If revisions are made, submit revised protocol and/or consent form for approval as an amendment following procedures for *Amendments*.
2. For **unexpected** events, attach the currently approved consent form. For **expected** events, please highlight the section of the consent form that lists the event.
3. If you wish to change the consent form, please submit the new consent form, with an [Amendment Form](#), and with the changes highlighted. Under Federal Regulations, the SHIRB must approve any alteration to the consent document [45 CFR 46.117(a)].

How to Submit an Adverse Event Form

Use of the Sunrise Health Adverse Event Report form is required. For local events, use the Internal Adverse Event Report form; for non-local events, use the [IND/IDE Safety Report Form](#).

- Report one event per form.
- Do not submit multiple safety reports (non-local events) on a single IND/IDE Safety Report Form.
- Incomplete forms will be returned to the investigator for completion.
- Attach pertinent supporting documents (i.e., MedWatch report, IND Safety report, hospitalization summary) to the form submitted.
- Provide a brief description/summary of the adverse event. A reference to any attached documents (i.e., "see attached sponsor safety report") **does not** replace the investigator's description/summary and assessment.

PLEASE NOTE: There are situations where a serious or unexpected adverse event requires an immediate change to a protocol in order to eliminate apparent immediate hazards to research subjects. In these situations, the principal investigator may immediately implement a protocol change necessary to protect the welfare of the research subjects without an SHIRB approved amendment. Investigators are required to notify the SHIRB in writing of the change, within three (3) working days, and include a written description of the change and events which necessitated immediate implementation. The investigator must indicate in the report whether a change to the protocol and/or informed consent is necessary.

DEFINITIONS

- **Adverse event:** an undesirable and unintended, although not necessarily unexpected, result of therapy or other intervention
- **Serious adverse event:** any event that may result in the following - death, a life threatening experience, a required or prolonged hospitalization, persistent or significant disability, congenital anomaly/birth defect and any event requiring intervention to prevent one of the outcomes previously listed.
- **Unexpected adverse event:** an event when the specificity or severity is not consistent with the investigator brochure or general investigative plan.
- **Related adverse event:** when there is a reasonable possibility that the adverse event is caused by the research activity (drug/device/procedure).

Audits

The SHIRB, the FDA, the SHORC, and the sponsor of a research activity, are empowered to conduct periodic random audits of an investigator's protocol records. Investigators are required to keep copies of signed Consent Forms readily accessible for review. Since members of the SHORC are familiar with current regulations, their presence during an audit may help prevent unnecessary confusion during the auditing process.

DHHS-Office for Human Research Protections, Institutional Review Board Guidebook, http://www.hhs.gov/ohrp/irb/irb_glossary.htm accessed April 1, 2005.