RESEARCH 101: CONDUCTING HUMAN SUBJECTS RESEARCH AT THE DURHAM VAHCS

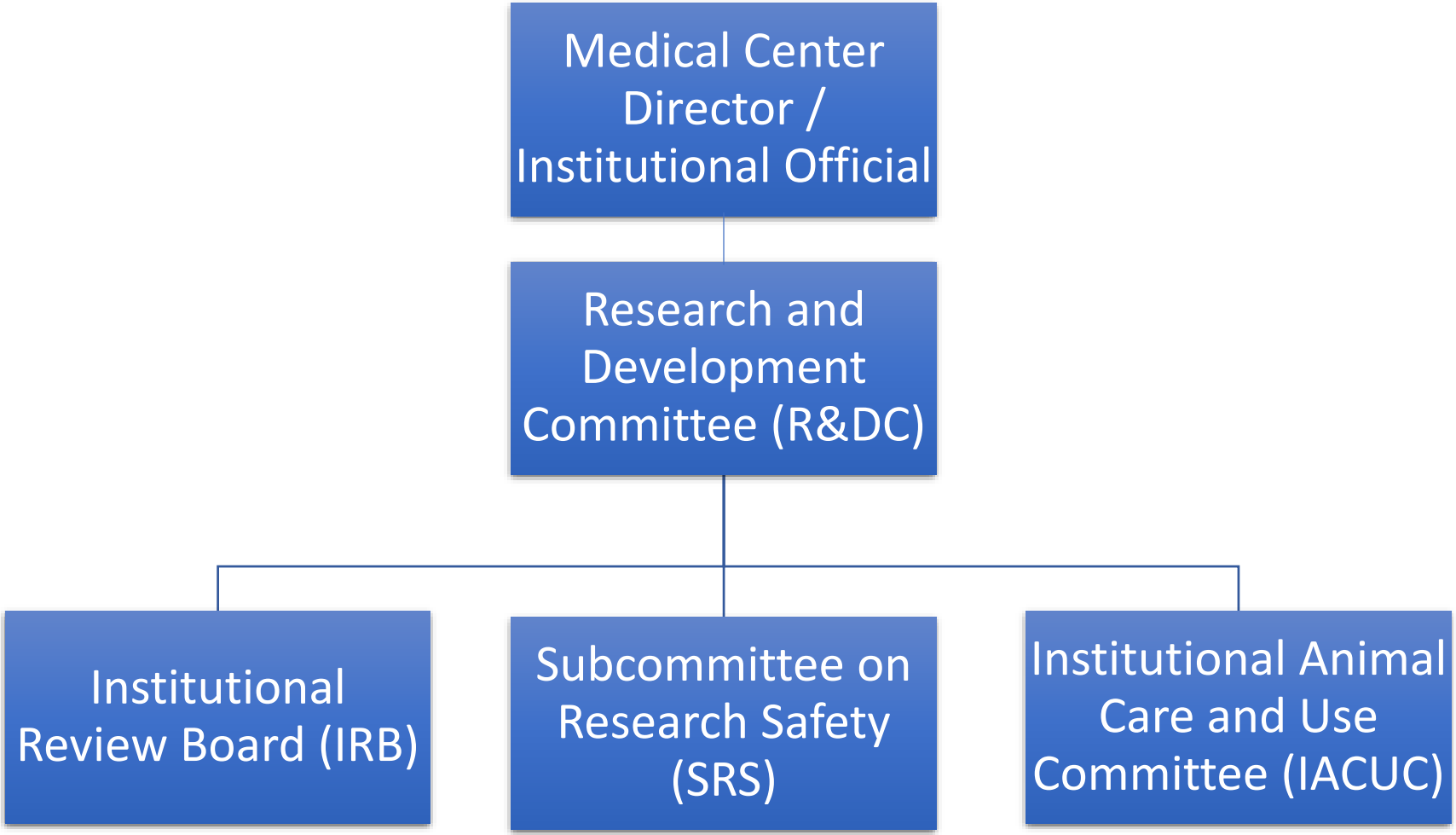
Hayley White

Human Research Protections Program (HRPP) Coordinator

Objectives

- Research Committee Structure
- Research Office Contacts
- Required Trainings
- Initial Review and Amendment Submission Process
- CPRS
- Reporting Requirements
- Information Security and Privacy
- VA CIRB
- Study Closure
- Oversight and Monitoring
- Informed Consent and HIPAA Authorization
- Revised Common Rule
- Updated DVAHCS Forms

DVAHCS Research Committee Structure



Research Office Contacts

Name	Point of Contact	Contact Information
John Whited, MD	Associate Chief of Staff, Research and Development	X6926 John.Whited@va.gov
Brad Olson	Administrative Officer	X7632 Bradley.Olson@va.gov
Nancy Dixon	Research Secretary	X6926 / Nancy.Dixon5@va.gov
Hayley White	Human Research Protections Program (HRPP) Coordinator	X4726 / Hayley.White2@va.gov
Kelvin Pleasent	Program Administrator	X5170 / Kelvin.Pleasent@va.gov
Kim Clark	Budget / Participant Payments / Research Scope of Practice	X5671 Kimberly.Clark5@va.gov
Jamece Petteway	Supervisory Budget Analyst / project funding	X6544 Jamece.Petteway@va.gov
Lester Nichols	Safety and Occupational Health Specialist / archiving records / inventory	X7341 / 919-880-6917 Lester.Nichols@va.gov
Margaret Jones	Research Compliance Officer / Annual Informed Consent Audits / Triennial Research Audits	X7616 Margaret.Jones@va.gov
Virginia Rhodes	Research Compliance Officer / Annual Informed Consent Audits / Triennial Research Audits	X7616 Virginia.Rhodes@va.gov

Research Required Trainings and Competency Evaluations

1. ***VA Human Subjects Protection and Good Clinical Practices*** **REQUIRED FOR ALL RESEARCH PERSONNEL**
   - https://www.citiprogram.org/
   - Valid for 3 years
2. ***Research Scope of Practice*** **REQUIRED FOR ALL RESEARCH PERSONNEL**
   - https://www.durham.va.gov/research/initial_review/Research_Scope_of_Practice_v6_2016-03-03.pdf
   - A new Research Scope of Practice must be submitted if there are any changes in his/her responsibilities.
   - Research Scope of Practice must be updated if supervising Investigators has changed using the *Research Scope of Practice: PI Update* form
3. ***Blood Borne Pathogen—OSHA***
   - Required annually for research staff handling biologics
   - VA TMS
4. ***Packing and Shipping of Class 6.2 Agents***
   - Required for research staff packing and shipping biospecimens or land or air transport.
   - Valid for 2 years
   - https://www.citiprogram.org/
5. ***Blood Collection Competency Evaluation***
   - Required annually, unless exempt, for research staff performing blood draws for research purposes.
   - https://www.durham.va.gov/research/Documents/Blood_Collection_Competency_Review_Sheet_July2016.pdf
6. ***Vital Signs Competency Evaluation***
   - Required annually, unless exempt, for research staff collecting vital signs for research purposes.
   - https://www.durham.va.gov/research/Documents/Exempt_Research_Vital_Sign_Competency_Review_Sheet_V2_July2016.pdf

Initial Review

Documents always required:

1. Initial Request to Review Research
2. Abstract
3. Protocol
4. ISO/PO Checklist
5. Data Management and Access Plan
6. VA Form 10-0398 (Research Protocol Safety Survey)
7. Conflict of Interest Statement(s)

Human Studies (IRB): Initial Submission Checklist

Protocol:

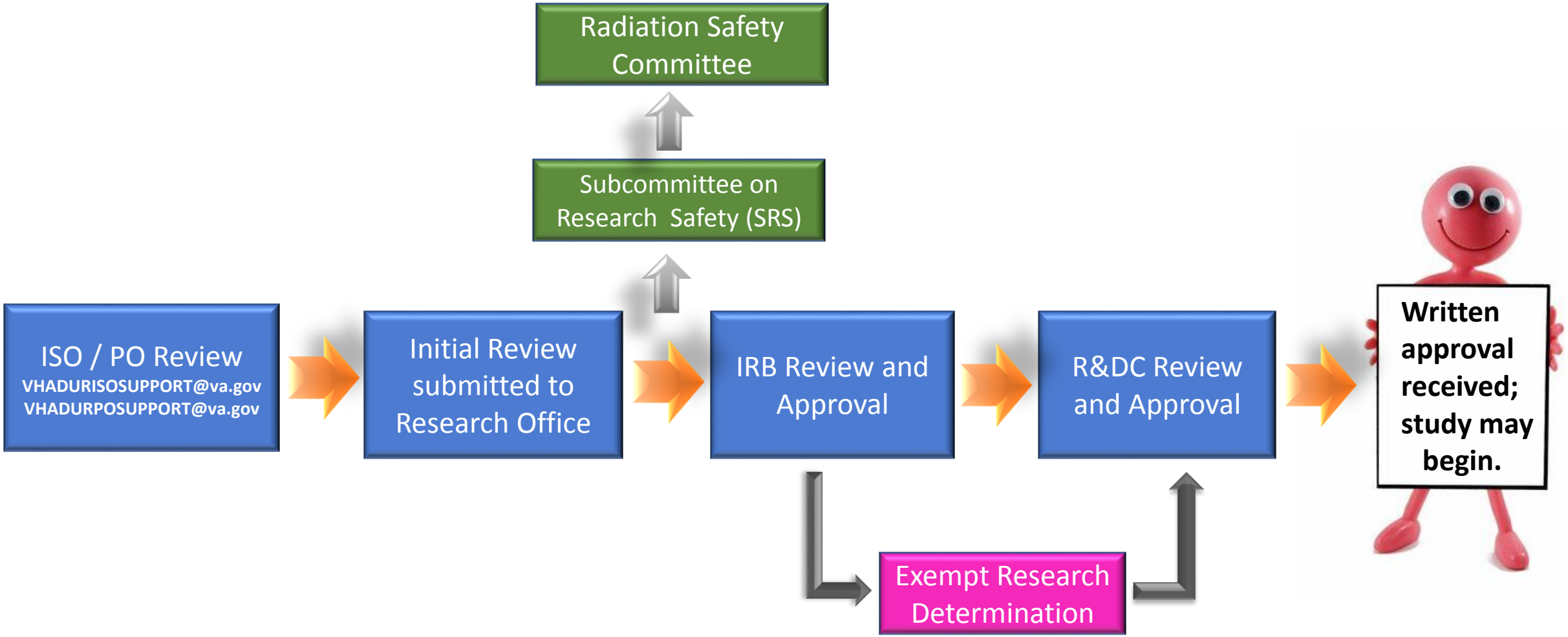
Investigator:
Date:

This form should be completed by the Investigator prior to submitting a study for initial review. All items must be addressed. *Asterisk (*) denotes required document.*

ITEMS PRESENT FOR INITIAL REVIEW	Yes	No	N/A	Comments
1. **Page 18/Investigator Data:** Page 18 is required for new Principal Investigators (PIs) or Co-Investigators only. If the PI has submitted a Page 18 for a prior study, do not re-submit. PIs must be VA faculty (full time, part time, or WOC). Medical residents, fellow, pharmacy students, and nursing students must contact the Research Office prior to a protocol submission.	☐	☐	☐	
2. * **Initial Request to Review:** Funding source must be included (write 4 digit number and sponsor name). If unfunded, use code 0000 and identify as none or pending sources. Once funded, you must notify the Research Office. This form must be signed by the Section/Service Chief or it will not be submitted to the IRB for review. Complete all applicable items.	☐	☐	☐	
3. * **Abstract:** The abstract is mandatory and must be submitted on paper and electronically to the Research Office. Abstract should only be one page long with no special characters. The abstract should include the Purpose, Methodology, and Objectives.	☐	☐	☐	
4. * **Protocol:** The protocol must contain all elements as required in the Research SOP RI 802, Research Protocol. Note: Two protocols may need to be submitted—the main protocol and a local protocol that is Durham specific for the procedures/research that will be done at the Durham VAMC as part of the study.	☐	☐	☐	
5. **Grant Application:** If applicable, a copy of the grant must be submitted regardless of funding source.	☐	☐	☐	
6. **Informed Consent:** If applicable, the informed consent form be drafted using the VA Form 10-1086 template and must contain elements of informed consent as required in the Research SOP IC 701, General Requirements and Documentation of Informed Consent.	☐	☐	☐	
7. **Waiver or Alteration of Informed Consent Process**: Include if you are requesting a waiver or alteration of the required elements of informed consent (or if you want to screen and recruit prior to obtaining informed consent and HIPAA authorization).	☐	☐	☐	

Investigator:	Version 2018-04-06	Page 1 of 3

Initial Review Submission Process



IRB Submission Process: Amendments, Notifications, Staff Updates, Misc. Items

1. All amendments must include a memo describing revisions to documents.
2. Include tracked and clean versions of revised documents.
3. ISO and PO review is required if change in the collection, transmission, storage or management of data or changes to HIPAA authorization or waiver status.
4. Protocol and Investigator Brochure (IB) update(s): Describe in the memo to IRB if changes to the IB or protocol requires changes in the ICF, per the sponsor's determination.

1. Protocol Overview:
   a. We will communicate with study participants via MyHealtheVet.
   b. We have added use of the Safe Access File Exchange (SAFE) to provide coded data to at Duke University.
   c. We have removed the electrocardiogram (ECG) since it is not clinically necessary duri time visit. (-10 minutes)
   d. Added the following assessments: PTSD Checklist for DSM-5(PCL-5), Davidson Trau (DTS), Beck Depression Inventory II (BDI-II), Beck Scale for Suicide Ideation (BSS), PROMIS—Sleep Disturbance—Short Form. These assessments add 25 minutes to the burden; however, this is still within the "approximately 4 hours" time burden as stated
   e. Added the Shipley Institute of Living Scale (SILS) to the Schedule of Events table (wa in the narrative, but was omitted from the table).

2. ICF:
   a. In order to prepare the participants for the neurocognitive testing, we have expanded th of the neurocognitive testing on page 2.
   b. We have added a section for "Notification of Incidental Findings."
   c. We have removed the electrocardiogram (ECG).

3. HIPAA Authorization:
   a. Clarified that the data will be sent to the Statistician at Duke University.

Computerized Patient Record System (CPRS)

1. All research notes must be tied to a nonbillable research clinic location (e.g., RESEARCH-STUDY PARTICIPANT, RESEARCH-CONSENT NOTE, RESEARCH-FOLLOW-UP NOTE)
2. All research procedures (e.g., EKG, labs, etc.) must be ordered in a non-billable research clinic.
3. RESEARCH-CONSENT NOTE must be entered within 24 hours of obtaining consent.
   - If study has an approved Waiver of Document Consent, a Research Consent Note should still be entered in the CPRS for DVAHCS participants.
4. A Clinical Warning (RESEARCH-STUDY PARTICIPANT NOTE) maybe required for certain greater than minimal risk studies. *Clinical Warnings must be removed when the participant has completed the study or the study is closed.*
5. VA Form 10-9012, *Investigational Drug Record*, must be scanned in to the medical record within 2 weeks of obtaining signed consent; attach to the RESEARCH-STUDY PARTICIPANT NOTE.

CREATING A CLINIC PROFILE

1. SharePoint portal to complete a Clinic Profile: https://vaww.visn6.portal2.va.gov/secure/durham/has/SitePages/Clinic%20Request%20Page.aspx
   - Appointment Type: **Research**
   - Credit Stop Code *in most cases*: **474** (non-billable)
   - **RESEARCH** or **RES** should be in the clinic location title [e.g., DUR-RESEARCH-(PI or Study Acronym)]
2. Troubleshooting / Questions:
   1. Jonathan.Bunting@va.gov
   2. Theresa.Holloway@va.gov

VA Research and Information Security and Privacy

STORING and SENDING RESEARCH DATA WITHIN VA

1. Encrypt all email messages containing PHI, Personally Identifiable Information (PII), or VA Sensitive Information (VASI).
2. All VA research data must be stored and maintained on a VA computer
   - S: drive--with access restricted to only those on the study team
   - H: drive--personal drive

SENDING SENSITIVE RESEARCH DATA OUTSIDE VA

1. VA Issued Encrypted CD
2. VA Issued USB
3. Fax
4. Other ISO approved portal, eCRF website, or mechanism
5. **Safe File Access Exchange (S.A.F.E)***
   - https://safe.amrdec.army.mil/safe/Welcome.aspx

Informed Consent and Form (ICF) and HIPAA Authorization

1. STEP ONE: Obtain informed consent and HIPAA authorization
2. VA Form 10-0493, *Authorization for Use and Release of Individually Identifiable Health Information Collected for VHA Research* = HIPAA Authorization
3. The participant (or LAR) must sign and date the ICF and HIPAA authorization.
4. Ensure the correct spelling of the participant's name is on all pages of the Informed Consent. No nicknames.
5. HIPAA Authorization is no longer stamped with IRB approval date.

VA FORM SEPT 2015 10-0493 **Version Date:** 06/11/2018 Reviewed by Rita Davison, PO 7.18.18 Page 1

Department of Veterans Affairs | **Authorization for Use and Release of Individually Identifiable Health Information Collected for VHA Research**

Subject Name (Last, First, Middle Initial):	**Subject SSN** (last 4 only):	**Date of Birth:**
VA Facility (Name and Address):		
VA Principal Investigator (PI):	**PI Contact Information:**	
Study Title:		
Purpose of Study:		

USE OF YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI):

Your individually identifiable health information is information about you that contains your health information and information that would identify you such as your name, date of birth, or other individual identifiers. VHA is asking you to allow the VA Principal Investigator (PI) and/or the VA research team members to access and use your past or present health information in addition to new health information they may collect for the study named above. The investigators of this study are committed to protecting your privacy and the confidentiality of information related to your health care.

Signing this authorization is completely voluntary. However, your authorization (permission) is necessary to participate in this study. Your treatment, payment, enrollment, or eligibility for VA benefits will not be affected, whether or not you sign this authorization.

Your individually identifiable health information used for this VA study includes the information marked below:

- ☐ Information from your VA Health Records such as diagnoses, progress notes, medications, lab or radiology findings
- ☐ Specific information concerning:
  - ☐ alcohol abuse ☐ drug abuse ☐ sickle cell anemia ☐ HIV
- ☐ Demographic Information such as name, age, race
- ☐ Billing or Financial Records
- ☐ Photographs, Digital Images, Video, or Audio Recordings
- ☐ Questionnaire, Survey, and/or Subject Diary
- ☐ Other as described:

VA FORM SEPT 2015 10-0493 **Version Date:** _____ Page 1

Reporting Requirements to DVAHCS IRB

REPORT TO IRB IMMEDIATELY *(within one hour)*

1. **Local Research Deaths**
   - Verbal notification to IRB (*via research office*) immediately upon becoming aware of any local research death that is *both* unanticipated and related to the research.
2. **Privacy and Information Security Incidents**
   - Privacy and/or Information Security incidents in VA research: Inappropriate access, loss or theft of PHI; noncompliant storage, transmission, removal, or destruction of PHI; theft, loss or noncompliant destruction of equipment containing PHI.
   - Report within one hour to VHADURResearchEventReport@va.gov
   - Submit to the IRB using the *Report Form for Privacy and/or Information Security Incidents in VA Research* within 5 business days of learning of the event.

REPORT TO IRB WITHIN 5 DAYS OF LEARNING OF THE EVENT

1. Local Serious adverse event that is *both* unanticipated and related to the research.
2. Local Serious problem that is *both* unanticipated and related to research.
3. Local serious or continuing noncompliance with IRB or other human research protection requirements.
4. For local serious problems or serious adverse events that are both unanticipated and related, submit the to IRB/Research Office *Serious Unanticipated Adverse Event or Problem Related to Research Report* Form.

ALL OTHER PROTOCOL DEVIATIONS, UNANTICIPATED PROBLEMS, AND ADVERSE EVENTS WILL BE REPORTED AT THE NEXT CONTINUING REVIEW.

Study Monitoring Visits

Internal / DVAHCS Auditing and Monitoring

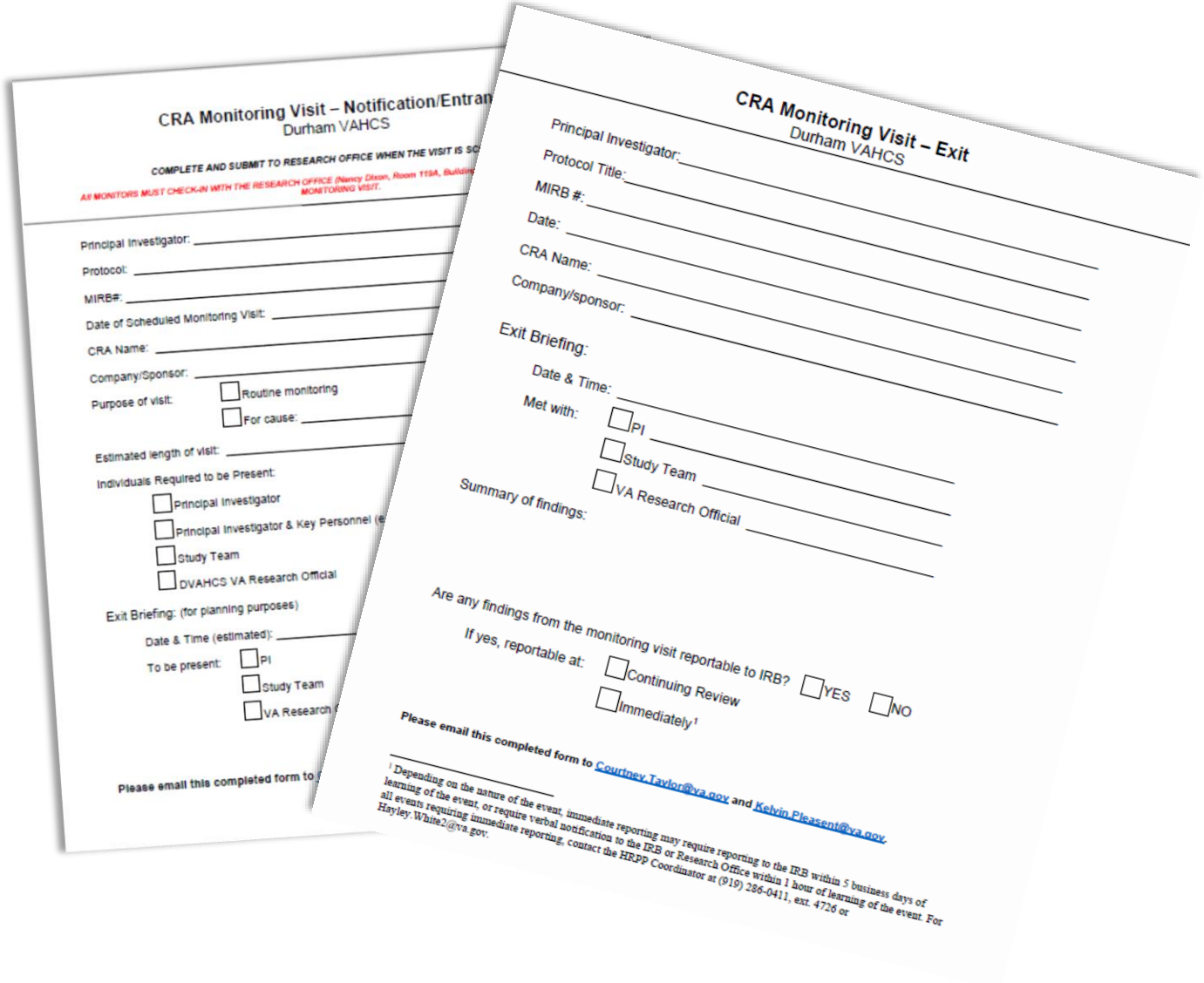
1. Annual Informed Consent Audit
2. Triennial audit
3. For Cause Audit

Other VA Auditing and Monitoring (CSP SMART)

- Complete the CRA Monitoring Visit Entrance and Exit forms

External Auditing and Monitoring

- Monitor must check-in with the Research Office to obtain a visitor's badge
- Complete the CRA Monitoring Visit Entrance and Exit forms



CRA Monitoring Visit – Notification/Entran
Durham VAHCS

COMPLETE AND SUBMIT TO RESEARCH OFFICE WHEN THE VISIT IS SC

ALL MONITORS MUST CHECK-IN WITH THE RESEARCH OFFICE (Nancy Dixon, Room 119A, Buildin
MONITORING VISIT.

Principal Investigator:
Protocol:
MIRB#:
Date of Scheduled Monitoring Visit:
CRA Name:
Company/Sponsor:
Purpose of visit: ☐ Routine monitoring ☐ For cause:
Estimated length of visit:
Individuals Required to be Present:
☐ Principal Investigator
☐ Principal Investigator & Key Personnel (e
☐ Study Team
☐ DVAHCS VA Research Official
Exit Briefing: (for planning purposes)
Date & Time (estimated):
To be present: ☐ PI ☐ Study Team ☐ VA Research
Please email this completed form to

CRA Monitoring Visit – Exit
Durham VAHCS

Principal Investigator:
Protocol Title:
MIRB #:
Date:
CRA Name:
Company/sponsor:
Exit Briefing:
Date & Time:
Met with: ☐ PI ☐ Study Team ☐ VA Research Official
Summary of findings:
Are any findings from the monitoring visit reportable to IRB? ☐ YES ☐ NO
If yes, reportable at: ☐ Continuing Review ☐ Immediately[1]
Please email this completed form to Courtney.Taylor@va.gov and Kelvin.Pleasent@va.gov.

[1] Depending on the nature of the event, immediate reporting may require reporting to the IRB within 5 business days of learning of the event, or require verbal notification to the IRB or Research Office within 1 hour of learning of the event. For all events requiring immediate reporting, contact the HRPP Coordinator at (919) 286-0411, ext. 4726 or Hayley.White2@va.gov.

Study Closure

WHEN TO CLOSE A STUDY:

1. Enrollment is closed; follow-up procedures are completed; no longer collecting individually identifiable information
2. All approved data analyses (and manuscript preparations) and data cleaning are complete.
3. Multi-site and industry sponsored studies: All data has been sent to the coordinating center or sponsor and the sponsor or coordinating center sends written notification to the local site investigator indicating the site may be closed.

HOW TO CLOSE A STUDY:

1. At the time of continuing review
2. Outside continuing review: Submit a memo to IRB requesting study closure and a progress report describing activities since the last continuing review.

RECORD RETENTION AND STORAGE:

1. Investigator files must be maintained for 6 years, in most cases, after study closure.
2. Contact Lester.Nichols@va.gov for archiving and storage.

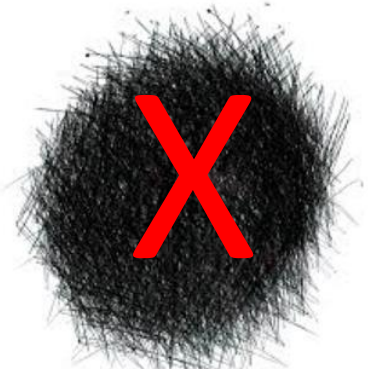
TIPS and BEST PRACTICE

RECRUITMENT

1. Initial contact must be made in person or by mailed letter prior to initiating telephone contact. No cold calling.

CORRECTING ERRORS

1. Do not whiteout or erase mistakes.
2. Draw a single line through the text, initial and date beside the edit.
3. The original author corrects error.



~~OOPS~~ HW 8/23/18

***Create a Note-To-File and for any discrepancy that does not require reporting to IRB.**

Veterans Health Administration
Durham VA Health Care System

VA Central IRB (VA CIRB)

Initial Review

1. Submit to R&DC:
   - Local Site Investigator (LSI) initial review application
   - *Application for Initial Review of Research—VA CIRB Project*
   - Other local forms (as applicable)
2. If applicable, local committee review (e.g., SRS)
3. Receive written R&D Committee approval

Ongoing: Continuing Review, Amendments, Study Closure

1. The complete and approved CIRB Continuing Review application will be submitted to R&DC.
2. Studies that require local SRS review will undergo a local continuing review by SRS.
3. Individual CIRB approved amendments, notifications, updates, etc. do not require submission to R&DC.
4. The CIRB approved study closure report will be submitted to R&DC.

CIRB Local Site Liaison: Hayley White

APPLICATION FOR INITIAL REVIEW OF RESEARCH—VA CIRB PROJECT
Durham VA Health Care System Research and Development
Durham VA Medical Center, Building 5
DVAHCS VA CIRB Liaison: Hayley White (919) 286-0411, ext. 4726

OFFICE USE	DATE VERIFIED COMPLETE:	COMMITTEE APPROVAL(s) REQUIRED: Subcommittee on Research Safety ☐ Radiation Safety Committee ☐ Research and Development Committee ☐	PROTOCOL NUMBER (MIRB#):

Contents of Initial Review Application for VA Central IRB Approved Projects

**Asterisk indicates required documents for all initial review applications for studies under the purview of VA CIRB.*

- ☐ DVAHCS Application for Initial Review—VA CIRB Protocols*
- ☐ Abstract*
- ☐ Protocol*
- ☐ VA CIRB Approved Complete LSI Initial Review Application Packet*
- ☐ VA Form 10-0398 Research Protocol Safety Survey*
- ☐ VA CIRB Approved complete PI/SC Initial Review Approval Packet *(if the LSI is also the PI/SC)*
- ☐ Research Scope of Practice
- ☐ VA Form 10-9012 Investigational Drug Record
- ☐ Letter(s) of Support
- ☐ Packing and Shipping of Biological Specimens
- ☐ Standard Operating Procedure (SOP) for Using Human blood and Tissue
- ☐ Blood Collection Competency Checklist
- ☐ Vital Sign Competency Checklist
- ☐ ORD Offsite Waiver Request
- ☐ Authorization to Use, Process, Store or Transmit Sensitive Information Outside VA Owned or Managed Facilities *(If conducting research off-site or in a non-VA owned or leased space)*

Project Title:

A. Local Site Investigator Information

Local Site Investigator:
Email:
Phone Number:
Service:

B. Research Coordinator Information Not Applicable ☐

Research Coordinator:
Email:
Phone Number:

C. Location

Location of where research activities will take place *(check all that apply):*

- ☐ Durham VA Medical Center
- ☐ Community Based Outpatient Clinic(s) (e.g., Raleigh CBOC I, II, III)
- ☐ Greenville Health Care Center
- ☐ Hillandale Clinics I or II
- ☐ MIRECC/Croasdaile
- ☐ VA leased space at Mutual Life Building / Legacy Tower (e.g., HSR&D, CSPEC, etc.)
- ☐ Non DVAHCS owned or leased space[1]. **Describe:**

Revised Common Rule 45 CFR 56

Compliance and Effective Date: January 21, 2019

Recent Form Updates:

1. Request for Initial Review, **Appendix C: Inclusion of Subjects with Impaired Decision-Making Capacity**

Durham VAMC:
Initial Request to Review Research

Appendix C: Inclusion of Subjects ~~Lacking Capacity to Give Informed Consent~~ with Impaired Decision-Making Capacity

Please verify the following statements and provide information requested.	Yes	No
1. Inclusion of subjects lacking capacity to provide informed consent is justified by the research ~~aims~~ purpose and design. 2. Justification for inclusion of participants with impaired decision-making capacity (may cut and paste from the protocol):	☐	☐
3. Please certify one of the following statements about risk levels for this group. ☐ There is no anticipated risk of injury with participation in this study. ☐ The anticipated benefit to the subject is greater than the anticipated harm.		
4. The process for determining ~~-~~ an individual's decision-making capacity prior to enrollment is described in the protocol. ~~determining competency has been described in the protocol.~~ 5. Describe: ☐ ~~Competency~~ Decision-making capacity evaluation will be performed by qualified practitioner. ☐ Evaluation will include assessment of whether capacity to consent may return. ☐ If subjects may regain capacity to consent, subject will be re-consented. ☐ Other:	☐	☐
6. ~~Subjects will be informed of the research to give assent whenever feasible.~~ Does the protocol contain provision for obtaining assent of the participant? 7. Does the protocol contain provision for respecting any dissent of the participant?	☐	☐
~~7. Describe how consent process will be adapted to enable assent *(may cut & paste from protocol)*:~~	☐	☐
8. Does the protocol detail adequate provisions for informing the participant's legally authorized Representative (LAR) of the roles and responsibilities of the LAR and for providing the legally authorized representative with all the information that would have been provided to the participant? ~~Legally authorized representatives (LARs) will be consenting for these subjects.~~ ~~If yes, t~~The hierarchy of who is legally authorized to provide informed consent is as follows: *Individual with power of attorney for healthcare (Durable Power Agent)* *Court appointed guardian* *Spouse* *Adult child of subject (must be age 18 or older)* *Parent* *Adult sibling (must be age 18 or older)* *Grandparent* *Adult grandchild (must be age 18 or older)* Note: Consult with Privacy Officer to determine who may sign a HIPAA authorization.	☐	☐
~~9. Staff will be trained to inform LARs of their obligation to protect the rights of the subject.~~	☐	☐

2. Request for Continuing Review of Research, **Section J. Overview / Findings**

J. Overview / Findings

1. ~~Please provide~~ Provide an ~~brief summary~~ abstract of the research below or submit as a separate document with this application. ~~(include methodology)~~. *Abstract must include: purpose, methods, and progress to date. If available, provide research findings to date.*

~~2. If available, provide research findings to date.~~ ☐ ~~N/A~~ DELETE ?

3. If available, provide new scientific findings in the literature, or other relevant findings, that may impact the research. ☐ N/A

4.a. Have there been any study publications since the last and/or initial review? ☐ Yes ☐ No
If yes, attach the publication(s) with this submission.

b. ~~5. If applicable, w~~If yes, was the VA acknowledged in each publication? ☐ ~~N/A~~ ☐ Yes ☐ No

Questions and Contact

Hayley White

Human Research Protections Program (HRPP) Coordinator

(919) 286-0411, ext. 17-4726

Hayley.White2@va.gov