

# Chapter 4: Federalwide Assurances

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# Chapter 4

## Federalwide Assurances

This chapter describes the University of Southern California (USC) Federalwide Assurances of compliance maintained with the Office for Human Research Protections (OHRP)/Department of Health and Human Services (DHHS). The University is required to enter into this agreement because it receives federal funding for research involving human subjects.

### 4.1 Federalwide Assurance (FWA)

A Federalwide Assurance (FWA) is a binding written agreement between USC and OHRP. It states that the University is guided by the ethical principles of the Belmont Report and will comply with federal regulations [45 Code of Federal Regulations Part 46, or simply 45 CFR 46](#) for all federally funded human subjects research. The UPIRB and the HSIRB each have FWAs with OHRP ([click here](#) to view).

**USC complies with requirements stipulated by other federal agencies when they serve as sponsors or have oversight of research conducted at USC.** For a list of applicable federal regulations, refer to [Appendix M](#).

The USC IRBs are registered in the OHRP/FDA IRB database.

### 4.2 Specific FWA Requirements

FWA requirements must be met before OHRP/FWA is issued. These requirements pertain to the Institution, the institutional official, and the IRBs:

- All human subjects research conducted under the auspices of USC will be guided by the ethical principles of The Belmont Report
- The FWA applies to all federally funded research in which USC is engaged. Refer to [Section 4.5 – Engagement in Research](#)
- The FWA requires compliance with the Federal Policy for Protection of Human Subjects ([45 CFR 46](#))

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- The USC IRBs have written procedures for reporting unanticipated problems involving risks to subjects or others, serious or continuing noncompliance with federal regulations or IRB requirements and suspension or termination of IRB approval. USC must also ensure that a qualified person or persons determine research is exempt from IRB review. Finally, the USC IRBs have clear written procedures for conducting IRB initial and continuing review; approving research; reporting IRB findings to the investigator and Institution; determining which projects require review more than annually; how the IRBs ensure that changes to ongoing research are reported promptly and are not initiated without IRB review and approval (except when necessary to eliminate apparent immediate hazards to subjects)
- The FWA grants authority to the IRBs to approve, require modifications to or disapprove covered human subject research
- The FWA expects detailed informed consent requirements for research conducted under the auspices of USC
- The FWA requires that USC secure assurances from other Institutions participating in collaborative research with University investigators when applicable
- The FWA requires that the University secure written agreements of commitment relevant to human subject protection policies and USC IRB oversight if the investigator is not an employee or agent of the University and the USC IRB agrees to review the research
- The FWA requires that the University provide the IRB with resources and professional and support staff sufficient to carry out their responsibilities under the assurance
- The FWA recommends that the Institutional Official, IRB Administrator(s) and IRB Chair(s) complete a training module detailing major responsibilities of these individuals

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- The FWA recommends that the University establish educational training and oversight mechanisms to ensure that research investigators, IRB members and staff and other appropriate personnel maintain continuing knowledge of, and comply with, relevant ethical principles, relevant federal regulations, OHRP guidance, other applicable guidance, state and local laws and University policies for the protection of human subjects
- The FWA details the conditions under which the FWA must be renewed

### 4.3 Responsibilities Defined under the FWA

The Federalwide Assurance also describes the responsibilities of the Institution, the Designated Institutional Official, the Institutional Review Boards and the investigator, which are detailed below. All investigators at USC are expected to conduct research in accordance with the provisions of the Federalwide Assurance and ensure that the rights and welfare of the individuals involved are protected. Faculty members who assign or supervise research conducted by students are responsible for overseeing the research to ensure that students adequately safeguard the rights and welfare of subjects and conduct the research as approved.

#### Investigator Responsibilities

The investigator is responsible for acquiring the appropriate knowledge regarding human subject protections, ethics, federal regulations, training, and monitoring to conduct his/her proposed research. The PI must assure that key study personnel are adequately trained and knowledgeable regarding human subject protections, ethical considerations, and federal regulations applicable to the proposed research. The PI is responsible for complying with the training, monitoring, and human subject research guidance as outlined in the FWA and USC IRB policies and procedures.

#### IRB Committee Responsibilities

The IRB Committee is to review all human subjects research activities and document findings regarding ethical considerations, scientific merit, adherence to federal regulations and IRB policies and procedures. The IRB Committee must review and

monitor ongoing human subjects research for adherence to the Federal regulations and IRB policies and procedures.

### **IRB Staff Responsibilities**

In addition to routine IRB staff duties, the OPRS/ IRB staff will participate in ongoing auditing (refer to [Section 19.3 – Audits and Assessment](#)) and monitoring activities to assure adherence to the federal regulations. The IRB staff will participate in the revisions of the IRB policies and procedures as applicable.

### **IRB Administration Responsibilities**

All information provided under Federalwide Assurances must be updated at least every five years, even if no changes have occurred, in order to maintain an active Assurance approved by OHRP. Amendments to the Assurance are to be reported promptly to OHRP. This includes changes to IRB Committee rosters, IRB Chair/Vice Chair, or a legally recognized entity of USC. USC will maintain policies and procedures reflecting the current practices of the IRB in conducting reviews and approvals under its Assurance. These policies and procedures will be maintained and kept current by the USC OPRS. They will be reviewed and revised as needed at least every three years. Changes in policy are to be finalized by the Executive Director of OPRS.

The IRB's budget will be reviewed annually, by the Executive Director of OPRS, and the Vice President of Research and modified, as necessary, to accommodate the volume and type of research reviewed, education, space, facilities, and staff.

## **4.4 FWAs and the “Unchecked Box”**

As discussed in [Section 4.1 – Federalwide Assurance \(FWA\)](#), a Federalwide Assurance is a binding agreement between USC and OHRP, the federal agency responsible for human subjects protection. It states that the University is guided by the ethical principles of the Belmont Report and will comply with federal regulations 45 CFR 46 for all federally funded human subjects research.

FWAs may include research that is not federally funded but this is optional.

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When this option is selected, the assurance is inclusive of all research regardless of funding source as well as unfunded research. Institutions that select this option often face substantial regulatory burdens without the benefit of additional human subjects protection. Further, regulations for human subjects research primarily address biomedical research. Adapting regulations to social behavioral research often results in additional hurdles with little, if any, benefit to subjects.

USC, like many universities and Institutions, has also chosen to limit the scope of its FWA. The choice to do so is commonly referred to as “unchecking the box” in reference to the box (Item 4b in an FWA) that is filled in when not federally funded studies are included in FWAs. “Unchecking the box” does not eliminate the ethical requirement for IRB review of human subjects research but rather places the responsibility for oversight of non-federally funded and unfunded research with the Institution. The Human Subjects Research protections are equivalent whether the box is unchecked. Reporting requirements, however, may vary.

Unfunded projects for which Subpart A is not applied are all minimal-risk. These projects are all reviewed under the [USC Flexibility Policy](#) or are reviewed similar to Subpart A criteria.

### 4.5 Engagement in Research

The USC IRBs define engagement in research according to [OHRP’s 2008 guidance](#) on the engagement of Institutions in research and [OHRP’s 2011 Correspondence on “Non-engaged Scenarios”](#).

An Institution becomes “engaged” in human subjects research when its employees or agents (all individuals performing institutionally-designated activities or exercising institutionally-delegated authority or responsibility, including faculty and students):

- Intervene or interact with living individuals for research purposes
- Obtain individually identifiable private information for research purposes [[45 CFR 46.102\(d\),\(f\)](#)]
- Obtain the informed consent of human subjects

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An Institution is automatically considered to be “engaged” in human subjects research whenever it receives a direct HHS award to support such research. In such cases the awardee Institution bears ultimate responsibility for protecting human subjects under the award.

**IMPORTANT NOTE:** The USC IRBs require review by a USC IRB and by the IRB(s) at other location(s) (if the other Institution is “Engaged in the Research”) regardless of funding, unless an IRB Authorization Agreement (IAA) is required or obtained.

### Engaged Research

(For examples see the [OHRP 2008 Guidance for Engaged Research](#)):

In general, Institutions are considered engaged in an HHS-conducted or -supported non-exempt human subjects research project (and, therefore, would need to hold or obtain OHRP-approved FWAs and certify IRB review and approval to HHS) when the involvement of their employees or agents in that project includes any of the following:

- Institutions that receive an award through a grant, contract, or cooperative agreement directly from HHS for the non-exempt human subjects research (awardee Institutions), even where all activities involving human subjects are carried out by employees or agents of another Institution
- Institutions whose employees or agents intervene for research purposes with any human subjects of the research by performing invasive or noninvasive procedures. Examples of invasive or noninvasive procedures include drawing blood; collecting buccal mucosa cells using a cotton swab; administering individual or group counseling or psychotherapy; administering drugs or other treatments; surgically implanting medical devices; utilizing physical sensors; and utilizing other measurement procedures [See scenarios B.(1), B.(2), and B.(3) in [OHRP guidance](#) for limited exceptions]
- Institutions whose employees or agents intervene for research purposes with any human subject of the research by manipulating the environment. Examples of manipulating the environment include controlling environmental light, sound, or temperature; presenting sensory stimuli; and orchestrating environmental events or social interactions [See scenarios B. (1) and B. (3) in [OHRP guidance](#) for limited exceptions]

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- Institutions whose employees or agents interact for research purposes with any human subject of the research. Examples of interacting include engaging in protocol dictated communication or interpersonal contact; asking someone to provide a specimen by voiding or spitting into a specimen container; and conducting research interviews or administering questionnaires [See scenarios B.(1), B.(2), B.(3), and B.(4) in [OHRP guidance](#) for limited exceptions]
- Institutions whose employees or agents obtain the informed consent of human subjects for the research
- Institutions whose employees or agents obtain for research purposes identifiable private information or identifiable biological specimens from any source for the research. It is important to note that, in general, Institutions whose employees or agents obtain identifiable private information or identifiable specimens for non-exempt human subjects research are considered engaged in the research, even if the Institution's employees or agents do not directly interact or intervene with human subjects. In general, obtaining identifiable private information or identifiable specimens includes, but is not limited to:
  - observing or recording private behavior
  - using, studying, or analyzing for research purposes identifiable private information or identifiable specimens provided by another Institution
  - using, studying, or analyzing for research purposes identifiable private information or identifiable specimens already in the possession of the investigators

In general, OHRP considers private information or specimens to be individually identifiable as defined in 45 CFR 46.102(f) when they can be linked to specific individuals by the investigator(s) either directly or indirectly through coding systems. [See scenarios B.(1), B.(2), B.(3), B.(7), B.(8), B.(9), and B.(10) in [OHRP guidance](#) for limited exceptions.]

## NOT Engaged Research

(For examples see the [OHRP 2008 Guidance for Engaged Research](#)):

Institutions would be considered **not** engaged in an HHS-conducted or -supported non-exempt human subjects research project (and, therefore, would not need to hold an OHRP-approved FWA or certify IRB review and approval to HHS) if the involvement of their employees or agents in that project is **limited to one or more** of the following. The following are scenarios describing the types of institutional involvement that would make an Institution **not** engaged in human subjects research; there may be additional such scenarios:

1. Institutions whose employees or agents perform commercial or other services for investigators provided that **all** of the following conditions also are met:
  - a. the services performed do not merit professional recognition or publication privileges
  - b. the services performed are typically performed by those Institutions for non-research purposes
  - c. the Institution's employees or agents do not administer any study intervention being tested or evaluated under the protocol

The following are some examples, assuming the services described would not merit professional recognition or publication privileges:

- an appropriately qualified laboratory whose employees perform routine serum chemistry analyses of blood samples for investigators as a commercial service
- a transcription company whose employees transcribes research study interviews as a commercial service
- a hospital whose employees obtain blood through a blood draw or collect urine and provide such specimens to investigators as a service
- a radiology clinic whose employees perform chest x-rays and send the results to investigators as a service

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2. Institutions whose employees or agents provide medical services that are dictated by the protocol and would typically be performed as part of routine clinical care and/or follow-up, are considered “not engaged” in research provided that all of the following conditions also are met:
  - a. the Institution’s employees or agents **do not** administer the study interventions being tested or evaluated under the protocol
  - b. the clinical trial-related medical services are typically provided by the Institution for clinical purposes
  - c. the Institution’s employees or agents do not enroll subjects or obtain the informed consent of any subject for participation in the research
  - d. when appropriate, investigators from an Institution engaged in the research retain responsibility for:
    - i. overseeing protocol-related activities
    - ii. ensuring appropriate arrangements are made for reporting protocol-related data to investigators at an engaged Institution, including the reporting of safety monitoring data and adverse events as required under the IRB-approved protocol

Note that Institutions (including private practices) not initially selected as research sites whose employees or agents administer the interventions being tested or evaluated in the study—such as administering either of two chemotherapy regimens as part of an oncology clinical trial evaluating the safety and effectiveness of the two regimens—generally would be engaged in human subjects research (see scenario B.(3) in [OHRP guidance](#) for a limited exception). If such an Institution does not have an FWA, its employees or agents may be covered by the FWA of another Institution that is engaged in the research through completion of an [Individual Investigator Agreement](#):

<http://www.hhs.gov/ohrp/register-irbs-and-obtain-fwas/forms/individual-investigator-agreement/index.html#>

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3. Institutions (including private practices) not initially selected as a research site whose employees or agents administer the study interventions being tested or evaluated under the protocol limited to a one-time or short-term basis (an oncologist at the Institution administers chemotherapy to a research subject as part of a clinical trial because the subject unexpectedly goes out of town, or is unexpectedly hospitalized), provided that all of the following conditions also are met:
  - a. an investigator from an Institution engaged in the research determines that it would be in the subject's best interest to receive the study interventions being tested or evaluated under the protocol
  - b. the Institution's employees or agents do not enroll subjects or obtain the informed consent of any subject for participation in the research
  - c. investigators from the Institution engaged in the research retain responsibility for:
    - i. overseeing protocol-related activities
    - ii. ensuring the study interventions are administered in accordance with the IRB-approved protocol and
    - iii. ensuring appropriate arrangements are made for reporting protocol-related data to investigators at the engaged Institution, including the reporting of safety monitoring data and adverse events as required under the IRB-approved protocol **and**
    - iv. an IRB designated on the engaged Institution's FWA is informed that study interventions being tested or evaluated under the protocol have been administered at an Institution not selected as a research site
4. Institutions whose employees or agents:
  - a. inform prospective subjects about the availability of the research
  - b. provide prospective subjects with information about the research (which may include a copy of the relevant informed consent document and other

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IRB approved materials) but do not obtain subjects' consent for the research or act as representatives of the investigators

- c. provide prospective subjects with information about contacting investigators for information or enrollment and/or
- d. seek or obtain the prospective subjects' permission for investigators to contact them

An example of this would be a clinician who provides patients with literature about a research study at another Institution, including a copy of the informed consent document, and obtains permission from the patient to provide the patient's name and telephone number to investigators.

5. Institutions (schools, nursing homes, businesses) that permit use of their facilities for intervention or interaction with subjects by investigators from another Institution. Examples would be a school that permits investigators from another Institution to conduct or distribute a research survey in the classroom; or a business that permits investigators from another Institution to recruit research subjects or to draw a blood sample at the work site for research purposes.
6. Institutions whose employees or agents release to investigators at Institution identifiable private information or identifiable biological specimens pertaining to the subjects of the research. Note that in some cases the Institution releasing identifiable private information or identifiable biological specimens may have institutional requirements that would need to be satisfied before the information or specimens may be released, and/or may need to comply with other applicable regulations or laws. In addition, if the identifiable private information or identifiable biological specimens to be released were collected for another research study covered by 45 CFR part 46, then the Institution releasing such information or specimens should:
  - a. ensure that the release would not violate the informed consent provided by the subjects to whom the information or biological specimens pertain (under 45 CFR 46.116), or
  - b. if informed consent was waived by the IRB, ensure that the release would be consistent with the IRB's determinations that permitted a waiver of informed consent under 45 CFR 46.116 (c) or (d)

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Examples of Institutions that might release identifiable private information or identifiable biological specimens to investigators at another Institution include:

- schools that release identifiable student test scores
- an HHS agency that releases identifiable records about its beneficiaries and
- medical centers that release identifiable human biological specimens

Note that, in general, the Institutions whose employees or agents **obtain** the identifiable private information or identifiable biological specimens from the releasing Institution would be engaged in human subjects research. [See scenario A. (6) in [OHRP guidance](#)]

7. Institutions whose employees or agents:
  - a. obtain coded private information or human biological specimens from another Institution involved in the research that retains a link to individually identifying information (such as name or social security number), and
  - b. are **unable** to readily ascertain the identity of the subjects to whom the coded information or specimens pertain because, for example:
    - i. the Institution's employees or agents and the holder of the key enter into an agreement prohibiting the release of the key to those employees or agents under any circumstances
    - ii. the releasing Institution has IRB-approved written policies and operating procedures applicable to the research project that prohibit the release of the key to the Institution's employees or agents under any circumstances, or
    - iii. there are other legal requirements prohibiting the release of the key to the Institution's employees or agents

For purposes of this document, *coded* means that:

- identifying information (such as name or social security number) that would enable the investigator to readily ascertain the identity of the individual to whom the private information or specimens pertain has been

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replaced with a number, letter, symbol, and/or combination thereof (the code), and

- a key to decipher the code exists, enabling linkage of the identifying information to the private information or specimens

Although this scenario resembles some of the language in OHRP's Guidance on Research Involving Coded Private Information or Biological Specimens, it is important to note that OHRP's Guidance on Research Involving Coded Private Information or Biological Specimens addresses when research involving coded private information or specimens is or is not research involving *human subjects*, as defined in 45 CFR 46.102(f) (see <http://www.hhs.gov/ohrp/policy/cdebiol.html>). As stated in Section II of the [OHRP guidance](#), the Guidance on Engagement of Institutions in Human Subjects Research should only be applied to research projects that have been determined to involve human subjects and that are not exempt under HHS regulations at 45 CFR 46.101(b).

8. Institutions whose employees or agents access or utilize individually identifiable private information **only** while visiting an Institution that is engaged in the research, provided their research activities are overseen by the IRB of the Institution that is engaged in the research.
9. Institutions whose employees or agents access or review identifiable private information for purposes of study auditing (a government agency or private company will have access to individually identifiable study data for auditing purposes).
10. Institutions whose employees or agents receive identifiable private information for purposes of satisfying U.S. Food and Drug Administration reporting requirements.
11. Institutions whose employees or agents author a paper, journal article, or presentation describing a human subjects research study.

Investigators should review all information included in the [OHRP 2008 Guidance](#). For additional questions or further clarification, investigators can contact the IRB.

## IRB Approval at a Non-USC Site Engaged in Research

USC faculty/staff/students conduct research at other sites, both domestic and international. When USC is engaged in research with another Institution, alternative arrangements for IRB review may be used (see [Section 4.6 – IRB Authorization Agreements](#) and [Appendix J – IRB Requirements for Research with Other Sites](#)).

If non-USC sites are engaged in research (45 CFR 46) and have their own IRB(s) or equivalent ethics board, the USC IRB expects the non-USC sites to obtain their own IRB review for research carried out at their site, unless an IRB Authorization agreement is sought or obtained.

When conducting research at a non-USC site, USC investigators are required to provide the following information in the iStar application:

- Site name and address
- Description of activities that will take place at the site
- Whether the non-USC site has an IRB
- Confirmation of the IRB's and/or equivalent authority's approval to conduct the research
- Approved informed consent form(s) and recruitment documents, if appropriate

### *Helpful Link*

- OHRP Guidance on Engagement of Institutions in Human Subjects Research  
<http://www.hhs.gov/ohrp/policy/engage08.html>

## 4.6 IRB Reliance Agreements

USC promotes and engages in agreements by which an IRB relies on the review conducted by another entity. These agreements vary in scope, terms, and terminology. These agreements are designed to reduce duplication and increases efficiency by

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designating a single IRB review when more than one site is involved in a research project. Among the commonly used reliance agreements are:

- Memoranda of Understanding (MOU)
- IRB Authorization Agreements (IAA)
- Master Reliance Agreement (MRA)
- Collaborative Review Agreement (CRA)
- Ceded Review

The face of clinical trials has changed dramatically over the past decade. Increasingly, studies are conducted in multisite arrangements while technology has enabled the sharing of research conduct and oversight. To address these changes, both NIH and HHS have issued new mandates for single-IRB (sIRB) review of multisite studies. While they both address sIRB review as the required method to review multisite studies, NIH's policy only pertains to multisite studies with NIH funding. In contrast, the HHS issued regulation requires sIRB review of any multisite study for that portion of research conducted in the United State.

### Single IRB Mandate At USC

As of September, 2017 USC participation in multisite studies newly funded by NIH will require use of an sIRB. Beginning January, 2020 USC participation in any cooperative research must rely upon approval by a single IRB for that portion of the research that is conducted in the United States.

- HHS Common Rule on Single IRB Review
- [NIH Policy on the Use of a Single IRB \(sIRB\)](#)

Administration of the HHS and NIH policies requires documentation in the form of an agreement which may be an MOU, Master Reliance Agreement, Authorization Agreement or similarly named. Two agreements commonly used at USC are the **IRB Authorization Agreement** and the **Ceded Review Agreement**.

### IRB Authorization Agreement (IAA)

An IRB Authorization Agreement\* is used to document reliance that another institution will rely on USC IRB for approval. However, when USC agrees to rely on another IRB a

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Ceded Review form is used. Completion of the iStar submission form will assist in determining whether an IRB Authorization Agreement is needed, and the names of the sites locations intending to rely on USC IRB will be requested.

IRB Authorization Agreements are used in the following circumstances:

- When non-USC sites, with or without their own IRB, relies on USC's IRB.
- When USC is the recipient of U.S. Department of Health and Human Services (HHS) funds, USC IRB must be the IRB of record irrespective of whether USC is the performing site or not.
- When conducting multi-site research sponsored by the Department of Defense (DOD).

\*An IRB Authorization Agreement is not required if the research is not federally funded and is not subject to FDA regulations, unless the outside Institution requests an Agreement. If requested by the outside Institution, USC will comply with the request. Additionally, USC may require an IRB Authorization Agreement at its discretion.

For help contact the appropriate IRB office.

HSC link

UPC link

### *Helpful Links*

- IRB Authorization Agreement (long form)  
[https://oprs.usc.edu/files/2013/01/IRB\\_Authorization\\_Agreement\\_020411\\_Clean.doc](https://oprs.usc.edu/files/2013/01/IRB_Authorization_Agreement_020411_Clean.doc)
- IRB Authorization Agreement (short form)  
[http://oprs.usc.edu/files/2013/01/IRB\\_Authorization-1.doc](http://oprs.usc.edu/files/2013/01/IRB_Authorization-1.doc)

### **Ceded Review to an External IRB**

Ceded Review submissions involve research conducted at USC, or by USC faculty/staff, who obtains IRB approval from a non-USC IRB. Ceded review can involve multi-site studies (such as cancer cooperative group studies) as well as single studies conducted in collaboration with another Institution (such as Cedars-Sinai Medical Center or CHLA).

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USC will consider relying on a qualified external IRB for review and approval of research studies. The USC IRB has authority regarding whether or not to rely on an external IRB. Ceded studies must meet specific criteria:

### I. Examples of Research Eligible for External/Ceded IRB Review

- Phase II, III or IV clinical trials;
- Industry-funded clinical trials;
- Multi-site cooperative group trials;
- Research that already possess external IRB approval from an AAHRPP-accredited IRB located in the U.S.
- Federally sponsored research requiring the use of a central IRB.
- Research with an institutional or individual conflict that has been determined by the USC University Conflict-of-Interest Committee, the Institutional Official or the convened USC IRB;
- A federally funded or cooperative group study utilizing review by an AAHRPP-accredited IRB located in the US.

### II. Criteria for Selecting an External IRB

USC will apply the following criteria in selecting an external IRB that qualifies to conduct the review and oversight of USC protocols:

- The external IRB is currently registered with OHRP/FDA.
- The external IRB is in good standing with OHRP/FDA (no recent warning letters, no open investigations).
- For commercial IRBs: the commercial IRB is AAHRPP-accredited
- For non-commercial IRBs: the IRB is AAHRPP-accredited or determined as part of the administrative review to meet USC standards

In accordance with OHRP Guidance, when USC relies on an external IRB for review and approval of human research, the relationship is documented with an agreement.

The IRB Authorization Agreement may be written to cover one research project, or to cover research projects on a case-by-case basis, or to cover a program of research. The agreement should include a description of the regulatory requirements for which each party will assume responsibility.

### III. iStar Requirements

The USC Principal Investigator must complete a “Ceded Review” (iStar item 1.1), in addition to the external IRB submission.

Once external IRB approval has been obtained, the study team will upload to iStar, or provide access to, all external IRB-approved study documents, in order to permit completion of the USC Ceded Review process.

An acknowledgment will be issued by the USC IRB indicating that the study has approval for Ceded Review. The study expiration date will match the expiration date issued by the external IRB.

### IV. Responsibilities of the Investigator/Study Team

Despite ceding to an external IRB, the USC investigator/study team is responsible for completion of all required institutional review submissions into iStar.

#### A. Initial Review

The investigator/study team is responsible for submitting all documents required for initial review and indicating all required ancillary committee reviews (e.g., Radiation Safety, OCRC, DOCR) in the appropriate section(s) of the iStar submission.

#### B. Continuing review

The USC investigator/study team will upload into iStar the continuing review approval letter from the external IRB – including any other documents considered by the external IRB in making its determination to approve the study.

#### C. Amendments

The USC investigator/study team will upload study amendment into iStar. Documentation from the external IRB of approval of the modification or amendment, external amended protocol, and revised consent form must be included.

#### D. Reportable Events

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Any unanticipated events involving risks to subjects or others that involve USC personnel or research participants must be reported according to USC policy in addition those of the external IRB. As soon as the document is available, the external IRB's resolution of the Reportable Events must be provided to the USC IRB. The report must include the review of the external IRB and any corrective actions issued by that IRB.

### E. Study Termination

Once research is completed a submit a final report must be submitted in the iStar to close the study.

## V. Responsibilities of the External IRB

A. For studies conducted or supported by any federal department or agency that has adopted the Federal Policy for the Protection of Human Subjects, known as the Common Rule, the external IRB will comply with the terms set forth in the Code of Federal Regulations at 45 CFR 46 (including Subparts A, B, C, and D), unless the research is otherwise exempt from these requirements. For clinical investigations regulated by FDA under section 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act (21 U. S. 6. 355(i)), the external IRB will apply FDA human subjects regulations. For all other research involving human participants the external IRB will be guided by the Code of Federal Regulations at 45 CFR 46 when providing equivalent protections.

B. The external IRB will make available to USC, upon request, relevant minutes of its meetings and any other documents related to the review, approval and continuing oversight of the research study.

C. The external IRB will provide prompt notification of all actions, requirements and determinations it makes related to the participation of USC in the research study.

## VI. Responsibilities of USC IRB Staff

A. USC will assign IRB staff to perform an administrative review of the research protocol and the external IRB's decisions. The expiration date for administrative review will be set in order to match the expiration date established by the external IRB.

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B, USC IRB will promptly report to the external IRB and, as applicable, to the Office for Human Research Protections (OHRP), Food and Drug Administration (FDA), study sponsor and to all other appropriate agencies and individuals:

- Any Reportable Events declared by the USC IRB to be related to the research reviewed by the external IRB;
- Any serious or continuing noncompliance with the determinations of the USC IRB related to the research reviewed by the external IRB;
- Any suspension or termination of approval declared by USC related to the research reviewed by the external IRB.

C. Make available to the external IRB relevant minutes of meetings and any other documents related to the USC monitoring or oversight of this research study, or the declaration by the USC IRB of a Reportable Event, serious or continuing noncompliance, or any suspension or termination described in B. above.

### **VII. Determinations Resulting from Administrative Review**

USC retains the authority to choose the option of retaining local review or accepting ceded external IRB review.

If all conditions described in this policy have been adequately addressed, the investigator will be sent written acknowledgment by the USC IRB that the external IRB approval is affirmed.

#### **National Cancer Institute**

USC is participating in the National Cancer Institute (NCI) Central IRB (CIRB). CIRB is the sole IRB of Record responsible for review of the study as well as review of local context issues for enrolled Institutions. Local policy, conflict of interest, HIPAA

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authorization, and ancillary committee approvals are still the responsibility of the USC IRB.

### Responsibilities of the Clinical Investigator Support Office at USC Comprehensive Cancer Center (CISO)

CISO, having oversight of specific studies will follow its regular processes for the review and approval of a USC research study, including review of scientific merit, resources and all financial aspects of the study.

### **Agreements with Other Institutions**

A Memoranda of Understanding (MOU), Master Reliance Agreement (MRA), and Collaborative Review Agreement (CRA) are all formal mechanisms whereby a site enters collaborative research agreements with other institutions. Refer to Appendix F

For a list of current USC agreements with other Institutions, refer to:

<http://oprs.usc.edu/initiatives/agreements/>.

## **4.7 Transfer of IRB Oversight**

To prevent lapses in human subject protection, it is generally preferred, when possible, that the same IRB retain oversight responsibility throughout the conduct of a research project. Transfers may occur for a number of different reasons. The appropriate steps and considerations for oversight transfer will depend on the specific circumstances, including the reasons for the transfer and the potential risk to human subjects.

Transfer of IRB oversight may occur in any of the following circumstances, including cessation of IRB operations, consolidation of multiple IRBs into a single IRB, temporary inability of an IRB to meet its obligations, or as the result of IRB non-compliance.

If a study comes to USC with approval from a registered IRB – USC may accept the approval until the time of continuing review. If there are concerns, USC will conduct a review. If work was done under no IRB or a non-registered IRB, the study cannot be conducted until a new submission is complete and approval is provided by USC IRB.

## Chapter 4: Federalwide Assurances

The further guidance refer to: [“Guidance for IRBs, Clinical Investigators, and Sponsors Considerations When Transferring Clinical Investigation Oversight to Another IRB”](#)