1.0 Purpose:

1.1 This policy defines the requirements and procedures that the Hartford HealthCare Human Research Protection Program (HHC HRPP) and Institutional Review Board (IRB) follow for review of human subjects research when requested by the principal investigator (PI) to serve as the reviewing IRB (IRB of Record) for another, or multiple, site(s).

1.2 In such cases the HHC IRB will hold the same rights, authority and responsibility as the IRB for the other institution, should one exist.

1.3 The HHC Signatory Official or his/her designee has the ultimate authority regarding execution of reliance agreements.

1.4 An active reliance agreement must exist between Hartford HealthCare and the relying IRB's institution.

1.5 Before an HHC employee or agent can begin a research activity that engages another institution in research, that institution must have accepted HHC as the IRB of Record.

2.0 Definitions:

2.1 **IRB Authorization Agreement (IAA)**, which is also called a reliance agreement, is the agreement that documents respective authorities, roles, responsibilities, and communication between an institution/organization providing the ethical review and a participating site relying on the sIRB.

2.2 **Multi-site study** uses the same protocol to conduct non-exempt human subjects research at more than one site.

2.3 **Participating site** in a multi-site study is a domestic entity that will rely on the sIRB to carry out the site's IRB review of human subjects research for the multi-site study.

2.4 **Relying site** is the institution that is ceding review to the HHC IRB.

2.5 **sIRB** (single IRB) is the selected IRB of record that conducts the ethical review for participating sites of a multi-site study.

2.6 **SMART IRB** is a platform designed to ease common challenges associated with initiating multisite research and to provide a roadmap for institutions to implement the NIH Single IRB Review policy (effective date: January 25, 2018). Freely available for institutions and investigators, SMART IRB is an integrated, comprehensive platform that allows flexibility in the size and scope of collaboration to enable IRB reliance for multisite studies across the nation, regardless of funding status.

3.0 NIH single IRB Requirements

3.1 NIH expects that all domestic sites participating in multi-site studies, which involve non-exempt human subjects research funded wholly or in part by the NIH, including grants, cooperative agreements, and Research and Development (R&D) contracts will use a single Institutional Review Board (sIRB) to conduct the ethical review required for the protection of human subjects.

3.2 As of January 20, 2020, studies subject to the Revised Common Rule Cooperative Research Provision (45 CFR 46.114(b)) must use a single IRB as required by the terms and conditions of award. This includes studies that are not subject to the NIH sIRB policy – such as domestic, multisite career development (K) and fellowship (F) awards.

3.3 Grant applicants are expected to include a plan for the use of a sIRB in the grant applications and contract proposals submitted to the NIH.

3.3.1 The sIRB plan should include the following elements:

3.3.1.1 Describe how you will comply with the NIH Policy on the Use of sIRB for Multi-Site Research.
3.3.1.2 If available, provide the name of the IRB that is anticipated to serve as the sIRB of record.
3.3.1.3 Indicate that all identified participating sites will agree to rely on the proposed sIRB and that any sites added after award will rely on the sIRB.
3.3.1.4 Briefly describe how communication between sites and the sIRB will be handled.
3.3.1.5 Indicate that all participating sites will, prior to initiating the study, sign an authorization/reliance agreement that will clarify the roles and responsibilities of the sIRB and participating sites.
3.3.1.6 Indicate which institution or entity will maintain records of the authorization/reliance agreements and of the communication plan.

3.4 At this time, when an HHC Investigator is the awardee of a multi-site grant, the HHC IRB intends to serve as the sIRB for awards that include less than 5 additional participating sites. Multi-site awards including more than 5 participating sites will be considered on a case-by-case basis.

3.5 Additionally, HHC IRB will serve as the sIRB (IRB of Record) for studies that are not federally-funded.

4.0 Procedure:

4.1 Prior Consultation

4.1.1 To avoid duplication of effort and frustration, it is highly suggested that investigators and study teams consult with the HRPP office prior to engagement with a Relying Site to ensure all parties understand the process and to determine whether the HHC IRB agrees to serve as the Reviewing IRB for a specific research protocol.

4.1.2 The investigator and study team should collaborate with the HRPP office to initiate the reliance agreement process, obtain local context information, and agree upon an informed consent template.

4.2 Per usual process, the PI must submit the study into the electronic submission system through a Research Application. The Principal Investigator is to identify the Relying Institution in the Research Application and describe the role that the institution will have in the research (e.g. enrollment of subjects, data analysis, performance of procedures etc.). The PI is also to indicate in the application that HHC is the requested IRB of record. By submitting an application, the study will proceed through our usual workflow, thereby receiving the applicable ancillary reviews and approvals.

4.3 When reviewing for Relying Sites at initial review, all local context documents (see list in Section 8.0 of this policy below) must be submitted for each site with the initial Research Application.

4.3.1 Under most circumstances, the addition of sites after initial approval will be done via a Modification Request under expedited review.

4.4 Obtaining approval at HHC indicates HHC's willingness to act as the IRB of Record. The PI must also obtain confirmation from the other institution's IRB that it will accept HHC as the IRB of Record. The PI will have to comply with requirements of that IRB when making this request (e.g. the other institution may agree to accept HHC forms or may require that the PI complete their forms)

4.5 If HHC is accepted as the IRB of record, the other IRB should issue a statement to that effect to the HHC IRB and the PI.

4.6 The project cannot start at the other site until HHC has approved the project and the other IRB has provided documentation that they have accepted HHC as the IRB of record.

4.7 Protocols for which HHC is serving as the IRB of Record will be denoted within the electronic management system by placing an "E" in the beginning of the IRB Number (i.e., E-HHC-2021-0015).

5.0 Division of Responsibilities

5.1 The division of responsibilities between the reviewing IRB and the relying IRB will be outlined through a written reliance agreement. This will, under most circumstances, be done under the auspices of the SMART IRB master common reciprocal Institutional Review Board Agreement, Joinder Agreement, and relevant Acceptance and Flexibility Acknowledgement.

5.1.1 The written reliance agreement must define the responsibilities of the relying organization and reviewing IRB, including but not limited to:

5.1.1.1 Determining which organization is responsible for obtaining any additional approvals from DHHS when the research involves pregnant women, fetuses, and neonates; or children; or prisoners.

5.1.1.2 A description of the process to ensure IRB approval is obtained when the organization is responsible for a multi-site research study outside the United States that is not required to follow requirements for single IRB review.

5.1.1.3 A description of the process used by the awardee organization to ensure authorization agreements are in place, and that documentation is maintained.

5.1.1.4 A description of which organization is responsible for meeting additional certification requirements, such as Certificates of Confidentiality or the NIH Genomic Data Sharing Policy.

5.1.1.5 A description of the process to document the rationale for not relying upon a single IRB review in accordance with NIH policy on exceptions from single IRB review.

5.2 When serving as the **Reviewing IRB** ("IRB of Record"), Hartford HealthCare:

5.2.1 Ensures the structure and composition of the IRB is appropriate to the research reviewed and complies with applicable laws. This includes ensuring the IRB is properly constituted; members are appropriately qualified; that members do not participate in the review of studies in which they have a conflict of interest; and the IRB follows policy to separate business functions from ethics review services.

5.2.2 Conducts review of research to determine that research is ethically justifiable, according to all applicable regulations and laws, including initial review, continuing review, and review of modifications to previously approved research.

5.2.3 Conducts review of the addition of investigative sites to previously approved protocols. The IRB may decide to review these additions as separate protocols or as modifications to previously approved research, and they may decide to handle such modifications using the expedited procedure rather than the convened IRB for review. When the expedited procedure is used, the IRB must specify the criteria for when the addition of an investigative site is considered to be a minor modification.

5.2.4 Ensures the IRB has the final authority to decide whether researcher or research staff conflict of interest and its management, if any, allows the research to be approved.

5.2.5 Reviews unanticipated problems involving risks to participants or others.

5.2.6 Has the authority to suspend or terminate IRB approval.

5.2.7 Notifies the researcher, and if applicable the organization, of its decisions, consistent with any reliance agreement.

5.2.8 Requires researchers and research staff to disclose conflicts of interest according to the process agreed upon between HHC and relying institution, and comply with any conflict of interest management plans that may result. When the relying institution is responsible for reviewing conflicts of interest and development of management plans, such relevant plans will be obtained from the relying institution. The HHC IRB reserves the right to add requirements to manage a conflict should one exist.

5.2.9 Makes available relevant IRB records, including but not limited to minutes, approved protocols, consent documents, and other records that document the IRB's determinations to the relying organization upon request.

5.2.10 Has authority to request an audit of research being reviewed.

5.2.11 Makes relevant IRB policies readily available to the relying organization, including HRPP staff, and researchers and research staff, and having a mechanism for communicating to the organization when policies are updated, as appropriate.

5.2.12 Specifies the contact person and provides contact information for the reviewing IRB for researchers and research staff to obtain answers to questions, express concerns, and convey suggestions regarding the IRB.

5.3 The **Relying IRB** and its investigators and research staff:

5.3.1 Are knowledgeable about the need to obtain any approvals from HHC prior to seeking review by another IRB, and that researchers know when to seek guidance.

5.3.2 Ensure that researchers and research staff have appropriate qualifications and expertise to conduct the research, are knowledgeable about laws, regulations, codes and guidance governing their research, and are knowledgeable about the organization's policies and procedures.

5.3.3 Comply with the determinations and requirements of the reviewing IRB.

5.3.4 Provide the reviewing IRB with requested information about local requirements or local research context issues relevant to the IRB's determination, prior to IRB review.

5.3.5 Notify the reviewing IRB when local policies that impact IRB review are updated.

5.3.6 Ensure that officials of the relying organization may not approve the research subject to the reliance agreement if it has not been approved by the reviewing IRB.

5.3.7 Acknowledge that researchers must cooperate in the reviewing IRB's responsibility for initial and continuing review, record keeping, and reporting, and that all information requested by the reviewing IRB must be provided in a timely manner.

5.3.8 Requires researchers and research staff to disclose conflicts of interest according to the process agreed upon between HHC and reviewing IRB, and comply with any conflict of interest management plans that may result

5.3.9 Reports promptly to the reviewing IRB any proposed changes to the research. The investigator cannot implement changes to the research (including changes in the consent document) without prior review and approval, except where necessary to eliminate apparent immediate hazards tithe participants.

5.3.10 Will not enroll participants in research prior to review and approval by the reviewing IRB, and meeting all other applicable requirements and approvals for the study.

5.3.11 When responsible for enrolling participants, will obtain, document, and maintain records of consent for each participant or each participant's legally authorized representative.

5.3.12 Reports promptly to the reviewing IRB any unanticipated problems involving risks to participants or others according to the requirements specified in the reliance agreement.

5.3.13 Provides to the reviewing IRB data safety monitoring reports they receive, according to the IRB's reporting policy.

5.3.14 Reports non-compliance, participant complaints, protocol deviations or other events according to the requirements specified in the reliance agreement.

5.3.15 Conducts monitoring in addition to, or in cooperation with, the reviewing IRB, when appropriate.

6.0 Documentation:

6.1 Research Administration will maintain all records related to the implementation of this policy, copies of reliance agreements, electronic communications and notifications to investigators, funding or regulatory agencies, etc.

6.2 HRPP records will be archived for a period of at least three years following the termination or completion of the research activities.

7.0 References:

7.1 45 CFR 46 Subpart A – *Basic HHS Policy for Protection of Human Research Subjects* [45 CFR 46.103(b)(2), 45 CFR 46.103(d), 45 CFR 46.109(d), 45 CFR 46.114)

7.2 Guidance on Engagement of Institutions in Human Subjects Research, October 16, 2008

7.3 HRPP Policy #600: *Engagement in Research*

7.4 Terms of Assurances for FWA: http://www.hhs.gov/ohrp/assurances/assurances/filasurt.html

7.5 Sample template for a Reliance Agreement also known as an Institutional Review Board Authorization Agreement (IAA): http://www.hhs.gov/ohrp/assurances/forms/irbauthorizpdf.pdf

7.6 Hartford HealthCare Federalwide Assurance #00021932

7.7 NOT-OD-18-004 Guidance on Implementation of the NIH Policy on the Use of a Single Institutional Review Board for Multi-Site Research (October 11, 2017)

7.8 NOT-OD-18-003 Guidance on Exceptions to the NIH Single IRB Policy (October 11, 2017)

7.9 NOT-OD-20-058 Additional Guidance on the NIH Policy on the Use of a Single Institutional Review Board for Multi-Site Research (January 22, 2020)

8.0 Attachments:

8.1 List of documents relevant to onboarding a Relying Site:
- 8.1.1 Smart IRB Acceptance and Flexibility Acknowledgement
- 8.1.2 Principal Investigator Responsibilities for Reviewing and Relying Sites
- 8.1.3 Relying Site (local context) Information Sheet
- 8.1.4 Relying Site Study Personnel Log

9.0 Revision History:

Rev #	Initials	Effective Date	Description of Change(s)
00	CLB	3/12/21	New Issue