

North Shore-LIJ Health System

Human Subject Research Handbook

A Guide for Investigators

Revised: March 2015

Developed for investigators—including fellows, residents, nurses, coordinators, students and experienced investigators—for the purpose of conducting high quality, meaningful human subject research at North Shore-LIJ Health System that complies with regulations and the Human Research Protection Program.



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Human Subject Research Study Lifecycle

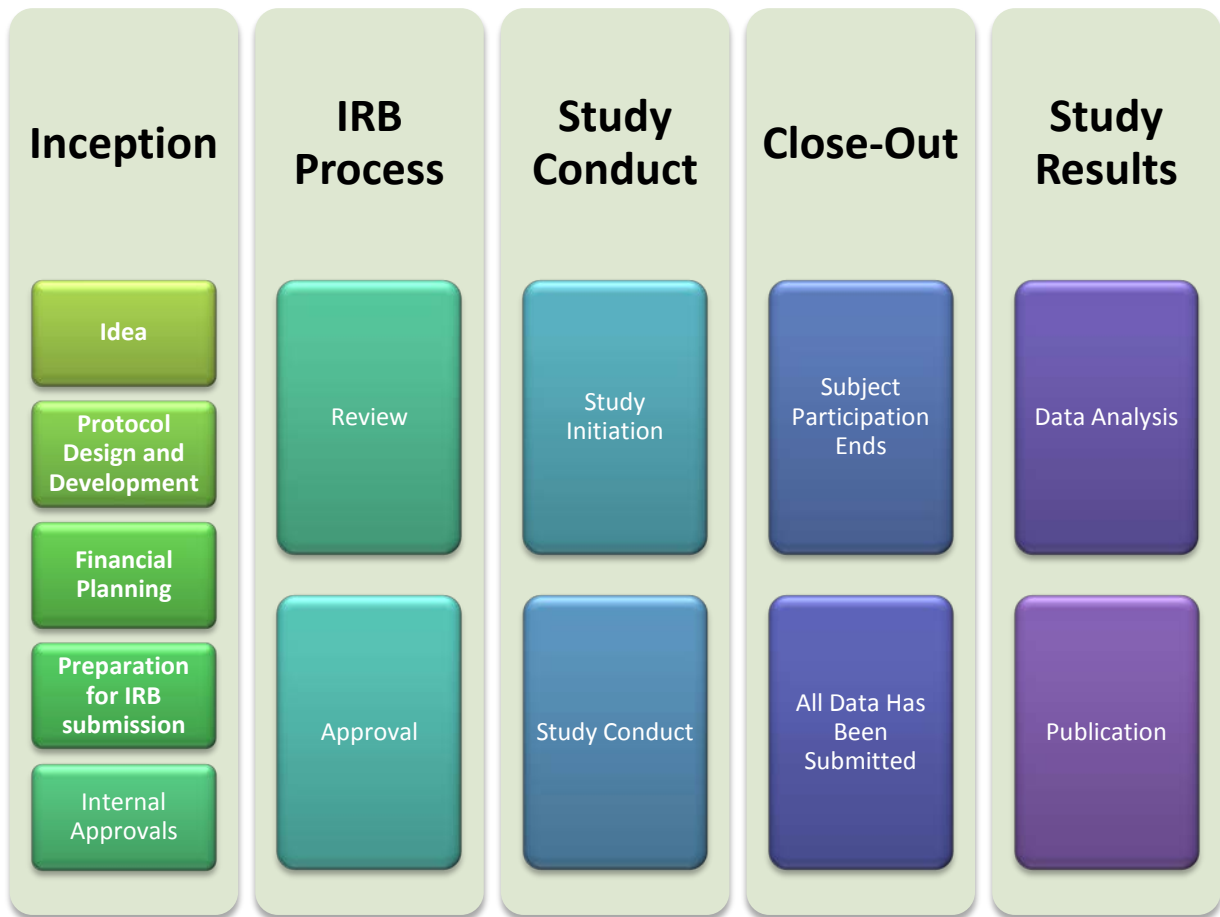


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Part I: Introduction

Congratulations! Research is an exciting and important endeavor that can impact the quality of patient care, improve the health and wellness of our communities and produce general scientific knowledge that impacts public health at the national and global level.

The process of preparing, conducting and managing research can be challenging and understanding the various rules and regulations can be difficult at times. For these reasons, the research support offices of the Feinstein Institute for Medical Research (“The Feinstein Institute”) developed this handbook to help you successfully navigate and facilitate all stages of research.

The practical information contained in this handbook is applicable to both early career and experienced researchers intending to conduct human subject research at North Shore-LIJ Health System (“the Health System”). In this handbook, you will find guidance on the following topics:

- Human subject research
- Project development
- Research resources
- Funding mechanisms
- Grants and financial considerations for studies
- Obtaining appropriate facility and regulatory approvals
- Conducting and managing a study

This handbook describes our current thinking and the guidance contained within should be considered recommendations unless specific Health System policy or regulatory requirements are noted. This guidance will be updated over time. Therefore, please check the Human Research Protection Program website at www.feinsteininstitute.org/HRPP to ensure that you have the most current version and to access other tools and guidance. We hope this handbook will help you successfully navigate and facilitate all stages of research.

How is the Feinstein Institute relevant to the research I want to conduct?

The Feinstein Institute for Medical Research is the collaboration of creative thinkers who share a singular focus of advancing science to prevent disease and cure patients. Only the Feinstein Institute for Medical Research empowers imagination, removes barriers to original thought and supports pioneering discovery.

The Feinstein Institute is the central business and administrative home for research in the Health System. It provides technical, administrative, financial, and regulatory infrastructure for employees across the health system.



The Feinstein Institute is your one-stop-source for help with your research needs.

Does NSLIJ have a central clinical trials office?

Yes. The North Shore-LIJ Clinical Research Service (CRS) is the central support office for clinical research across the health system. The CRS’s mission is to facilitate the conduct of high-quality patient-centered research. The CRS serves scientists and investigators throughout the health system with the operational needs of conducting clinical research.

Their goals are to:

- ✓ Be the point of contact for clinical research information, resources and solutions
- ✓ Improve awareness of and recruitment into clinical research programs
- ✓ Provide fiscal management of clinical research with an emphasis on front-end budget analysis and monitoring of the billing process
- ✓ Provide solutions to develop and implement clinical research across the health system
- ✓ Implement and coordinate the activities of a designated group of studies

The central department is composed of four cores: the Recruitment Core, Finance Core, Nursing and Coordinator Core, and the Investigational Pharmacy Core (see **Part 5: Resources Available and Protocol Pre-Submission Help**). In addition, the CRS has three Regional Contacts to specifically work with research team across the entire health system. Please feel free to reach-out to the central office for more information at 516-562-0340, www.feinsteininstitute.org/crs or crs@nshs.edu.

Part 2: Idea/Inception

2A. Research Protocol Design and Development

No matter what kind of research you propose to conduct at the Feinstein Institute or throughout the Health System—whether your research is programmatic, lab-based, clinically-based, observational or interventional, involving animals, people or assays—you should be able to:

- Develop a research study using the proper study design and methodology
- Design a study that is scientifically valid and that draws proper conclusions
- Identify and implement the appropriate phase of a study
- Conduct research with the least risk to subjects
- Identify administrative and regulatory pathways required for protocol development and success
- Identify appropriate potential external sponsors to help support your research
- Understand the needs of external sponsors from whom you are seeking funding

This handbook is designed to help you meet these objectives when conducting research at the Health System.

What is translational research?

Translational research is the ability to translate a lab discovery into community clinical care and back again in order to advance medical science. There are many steps in this process, but it can be divided into four basic phases. Researchers at The Feinstein Institute and throughout the Health System are active in all four phases.

The four basic phases of translational research are:

- T1: Bench to the Bedside
- T2: Clinical Trials
- T3: Outcomes Research
- T4: Public Health and Policy Development

T1: Pre-clinical Research, known as “Bench to the Bedside” involves:

- Molecular and cellular understanding of disease
- Identification of drug targets
- Development of new molecular and biological entities

T2: Clinical trials involve testing investigational products, drugs, biologics and devices in human subjects:

- In [Phase I trials](#), researchers test an experimental drug or treatment in a small group of people (i.e. 20-80 people) for the first time to evaluate the drug’s safety, determine a safe dosage range and identify its side effects.
- In [Phase II trials](#), the experimental study drug or treatment is given to a larger group of people (i.e. 100-300 people) to see if the drug is effective and to further evaluate its safety.
- In [Phase III trials](#), the experimental study drug or treatment is given to large groups of people (i.e. 1,000-3,000 people) to confirm the drug’s effectiveness, monitor side effects, compare it to commonly used treatments and collect information that will allow the experimental drug or treatment to be used safely.
- In [Phase IV trials](#), post-marketing studies delineate additional information including the drug’s risks, benefits and optimal use. Phase IV trials are conducted after a drug has received FDA approval.

T3: Outcomes research is community-based and in the “real world” setting. Outcomes researchers may ask:

- Are new signals or trends observed for a treatment?
- How is a treatment being utilized?
- Is a treatment cost-effective?
- Are there quality indicators?

T4: Public health and policy development research drives public health policy and decision-making and includes:

- Prevention trials

- Quality of life trials
- Program evaluations

How do I get started?

The first step is to outline your idea and develop a written protocol or plan.

Next, you should discuss your project with your facility and departmental leadership and obtain appropriate approval. Your written protocol will be important for many reasons. It is your organized approach that will allow you to clearly explain your idea to others. It will guide the submission of your ideas through various regulatory committees. It will serve as the foundation of your applications for funding, and it will establish a standardized process for the research team involved in conducting the study. When you start writing your protocol or grant, you will need to ask and answer the following questions:

- What is the problem, hypothesis or question?
- Which research model is appropriate?
- Which study design is appropriate?
- Which methodology is appropriate?
- What kind of analysis will be employed?
- What kinds of resources will be needed?
- What kinds of expertise will be needed?

Finding the right model, methods and type of analysis for your research is important to generate data to answer the questions posed.



Successful research projects don't just happen. They are the result of planning, planning and more planning. Seek the advice of an experienced research mentor.

What are some common research models?

The following are common models used in research. Keep in mind that some studies may require more than one model.

Model	Description
In Vitro	<ul style="list-style-type: none"> ■ Lab-based procedures involving tissues or biological materials collected from animals or humans ■ Usually early-stage research where investigators are still sorting out the problem or question to be asked. These studies often provide background or reveal new ideas to pursue ■ Advantages: allows a research scientist to study a single effect of a substance or an action in isolation, and offers high sensitivity with limited interference from other biological phenomena ■ Limitations: often does not show how a substance or action affects a living entity in interaction with other substances or actions
Animal	<ul style="list-style-type: none"> ■ Lab-based procedures involving animals ■ Still considered early-stage research where the question has been developed in more detail but the project not ready for the inclusion of human subjects ■ Advantages: allows researchers to investigate how a new substance interacts with different organs and systems as well as the different routes a substance may take when swallowed, inhaled, injected or absorbed. The determination of whether a potential new medicine is likely to affect reproduction can also be made. All of this

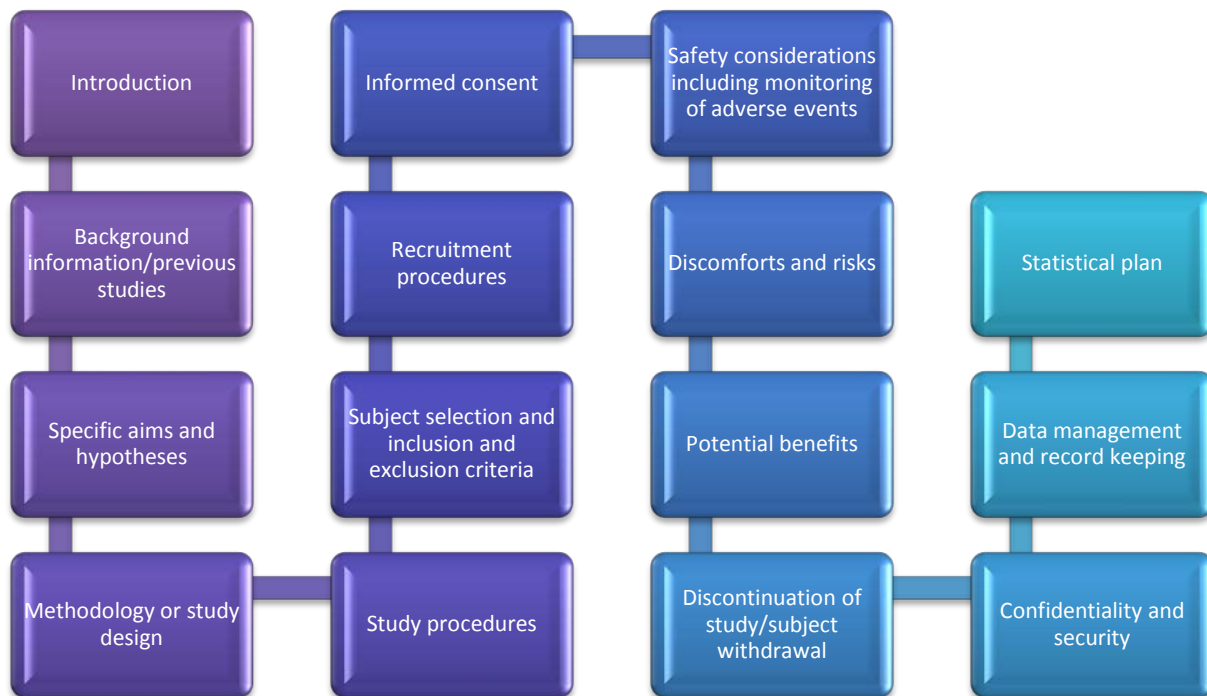
Model	Description
	<p>information is required before testing a new substance in humans.</p> <ul style="list-style-type: none"> ■ Limitations: the best predictors of human responses are often higher-order animals, such as rats and mice, which account for about 90% of the animals used in research. Working with higher-order animals is more expensive and labor intensive than the lab-based approach.
Human Subject	<ul style="list-style-type: none"> ■ Final model for biomedical research. ■ Allows researchers to test a new article to establish the appropriate dose, safety profile, and population to be treated. ■ Before any drug or device may be marketed in the United States, it must be shown to be safe and effective in humans. The process for review of research involving human subjects is highly regulated by multiple state and federal agencies. ■ Note: Human subject research models are not limited to medical interventions and also involve interaction with samples and data from humans.

What are some common clinical (human subject) study designs?

Model	Description
Case Study	<ul style="list-style-type: none"> ■ Relies on a literature review or uses other cases to introduce an abnormality, usually something rare, new or unusual.
Case Control Study	<ul style="list-style-type: none"> ■ Compares people in a case group (those identified as having the disease) to those in a control group (those without the disease) to look at the possible causes of disease. ■ Observational and often used in retrospective (looking back at events that have already happened to participants) “chart review” protocols. ■ Demonstrates association but not cause and effect.
Cohort Study	<ul style="list-style-type: none"> ■ Tracks a group of people with shared characteristics and compares risk factors between the group that develops a disease to the group that does not develop the disease over time. ■ Observational and can be prospective (following participants as time moves forward) or retrospective (looking back at events that have already happened to participants). ■ Demonstrates association but not cause and effect.
Randomized Controlled Trial (RCT)	<ul style="list-style-type: none"> ■ Participants are randomly assigned, using a computer or matrix, into the control group or the investigational group. The control group receives the typically used or approved treatment. The investigational group receives the treatment or intervention being studied. ■ Interventional and generally considered the most rigorous study design. ■ Most often referred to as a “clinical trial.”

What sections should be included in the protocol?

Basic sections of your protocol should include the following:



Depending on the nature of your study, you may need to add more information including the following:



Protocol templates are available online at: <http://www.feinsteininstitute.org/professionals/resources-for-investigators/human-research-protection-program/forms/consent-forms-protocols-and-recruitment-materials/>. Your institutional review board (IRB) of record may also have other templates available. Please check with them and/or the North Shore-LIJ IRB.

2B: Reducing Risks to Subjects or Others

Another important aspect to consider when developing your protocol is how you can design the study with the least risk to subjects. The following are things to consider in reducing risks.

Dual Use Research of Concern

In general, research is conducted to improve health and safety. However, sometimes research that is intended to benefit is harmful when misused. Therefore, when you plan your study, you should think about the potential implications of your research. If there is a potential for misuse, it is considered dual-use research of concern.

The National Science Advisory Board for Biosecurity (NSABB) defines dual-use research of concern as “research that, based on current understanding, can be reasonably anticipated to provide knowledge, products, or technologies that could be directly misapplied by others to pose a threat to public health and safety, agricultural crops and other plants, animals, the environment or material.”

As an investigator, you must establish safety and security if you will conduct research that could be considered dual-use research of concern. Safety and security does not only apply to when you are conducting the research, but extends to publication and dissemination of knowledge.

For more information on this topic see:

<http://oba.od.nih.gov/biosecurity/biosecurity.html><http://oba.od.nih.gov/biosecurity/biosecurity.html>

Vulnerable Populations

There may be additional steps and protections needed for your study if you anticipate enrolling vulnerable populations or if the status of your subjects change during the study (e.g. subject becomes incarcerated). In some studies, a research subject advocate may be necessary. You should include information in your protocol on the types of vulnerable populations that you anticipate enrolling and your plans to protect them. See NSLIJHS Policy GR089 Informed Consent and Recruitment for Human Subject Research and the Human Research Protection Program Policies and Procedures for more information on research involving vulnerable populations.

Below are types of populations that are often considered vulnerable:

- Minors
- Pregnant women, human fetuses, and neonates
- Prisoners, subjects on parole or probation
- Incapacitated and decisionally impaired subjects

There may be other populations that may be considered vulnerable depending on the nature of the research study including: terminally ill patients, the elderly, minorities, students, employees, international participants and those with HIV.

Monitoring Safety

An individual or a group of individuals should monitor data and safety when conducting research. Adverse, unfavorable or untoward medical events can be both serious and non-serious. Protocols involving human subjects must have plans to assess and capture both serious and non-serious events.

Because adverse events can indicate an increased risk to the subjects or others, they must be evaluated by an investigator who is qualified to do so. If the study involves an FDA regulated product, the investigator must be medically qualified to assess the event. The accurate evaluation and documentation of the event is very important to the safety profile of the study. Documentation and assessment of the event should include:

- Name of the event (for example, left lower extremity edema)

- Description of event
- Start and end date/time and duration
- Severity of event (examples, mild, moderate or severe)
- Relationship to study (related, not-related, possibly related)
- Interventions, concomitant medications, procedures
- Effect on participation (for example, subject withdrawal)
- Outcome (for example, resolved or ongoing)
- Follow-up (if the event is ongoing, a follow-up report is usually required)

There are also regulatory requirements that must be followed. For example, some serious adverse events require expedited reporting to both the IRB and the sponsor. The reporting requirements vary, but usually must occur within 24-48 hours. NS-LIJ IRB reporting requirements can be found in the HRPP Policies and Procedures Manual on the IRB website (see policy on Unanticipated Problems Involving Risks to Subjects and Others).

Data and Safety Monitoring Plans

Plans for oversight of the rights, safety and welfare of subjects, as well as the integrity and validity of study data are essential in human subject research. Data and safety monitoring plans enable the continual oversight of the study's risk/benefit ratio during the project's lifecycle.

Data and safety monitoring plans (DSMPs) vary in complexity. A plan can be as simple as weekly meetings focused on the status of the study and the welfare of the subject (adverse events, unanticipated problems and protocol deviations) or as complex as the development of an independent data and safety monitoring committee or board (DSMC or DSMB). The type of plan necessary for your research study is determined by the size, nature and complexity of your research, as well as the degree of risk posed.

Smaller, simpler studies that have a lower degree of risk, such as a chart review may only require a plan for the protection of confidentiality and periodic review of the data collection process. In this case, the plan can be overseen by the principal investigator (PI) and research staff in periodic study status meetings. Findings such as unanticipated problems, protocol deviations, violations or issues that pose a risk to the rights, safety or welfare of subjects are submitted to the IRB for review.

Alternatively, a complex study or one of greater than minimal risk, such as double-blinded trials using investigational drugs, may require the development of an independent board to provide formal oversight. This oversight may be accomplished through DSMC review of study data at predetermined intervals. A DSMC is a group of individuals that regularly reviews accumulated data from one or more ongoing clinical trials to ensure the safety of participants and the validity and integrity of the scientific data generated. Members are usually composed of research professionals who are not directly associated with the project, but who have expertise in the field of study. DSMCs are responsible for reviewing select data points and subject events in order to make recommendations regarding the continuation or discontinuation of the study. They can also recommend protocol revisions as necessary. DSMC meeting minutes are maintained and recommendations are formally documented and sent to the sponsor and PI.

- To find out more about data and safety monitoring committees, please check the FDA's "Guidance for Clinical Trial Sponsors - Establishment and Operation of Clinical Trial Data Monitoring Committees (March 2006)"; link: <http://www.fda.gov/downloads/RegulatoryInformation/Guidances/ucm127073.pdf>.
- The NIH requires the use of Data and Safety Monitoring Boards (DSMBs) for phase III clinical trials. For other clinical trials, a DSMB may be appropriate if the studies have multiple clinical sites, are blinded (masked), and/or employ particularly high-risk interventions or vulnerable populations.

<http://grants.nih.gov/grants/guide/notice-files/not98-084.html><http://grants.nih.gov/grants/guide/notice-files/not98-084.html> .

- Information on NIH Phase I and Phase II trials may be located here:
<http://grants.nih.gov/grants/guide/notice-files/not-od-00-038.html>

Certificates of Confidentiality (COC)

COCs are issued by the Department of Health and Human Services for studies that collect sensitive information that if disclosed, may potentially harm or damage the subject. It is meant to protect the privacy of subjects against certain legal demands (e.g. court orders or subpoenas) that seek their names or other identifying characteristics. However, it does not exclude state or federal requirements for mandatory reporting. You can apply for a COC online at the NIH COC Kiosk at:
<http://grants1.nih.gov/grants><http://grants1.nih.gov/grants>



If you have a COC for your study, you should indicate this in your consent form. Sample language regarding COC's can be found on the IRB web site at: www.nslj.com/irb.

More information is found in the [Human Research Protection Program Policies and Procedures Manual](#).

2C. Financial Plan & Grants Management

As an investigator, you have many responsibilities in addition to scientific and regulatory concerns, one of which is fiduciary. Financial management of your research and each sponsored program, protocol, or study is necessary regardless of funding source.

As an academic institution devoted to the identification and treatment of human disease, the Health System has made a substantial commitment to advance medicine through the conduct of research. Many of these programs are referred to as “unfunded.” However, these programs would be better classified as “Health System-funded” as the Health System bears the costs of these programs. All research including “departmental” or unfunded academic research incurs real costs that need to be managed.

Research at the Health System is directly funded in many ways, including but not limited to (1) grants from government agencies and foundations (2) contracts with pharmaceutical partners and (3) charitable donations. All research, studies, projects or programs with any type of external support other than gifts are referred to as “sponsored projects” or “funded research.”

The Grants Management Office (GMO) must review all grant and contract proposals or applications before they are submitted to a sponsor for funding consideration (this includes the electronic submission of grant applications).

If external funding is being considered, the PI must contact the appropriate Health System authorized administrative offices before submission of any grant application or contract.

- All grants and contracts to sponsor research or programs in the Health System are handled by the Grants Management Office (GMO) at the Feinstein Institute. This includes federal research grants, foundation grants with reporting requirements, and investigator initiated contracts and sponsored research agreements for Health System owned facilities. The GMO may be reached at 516-562-3106 or online at www.feinsteininstitute.org/GMO.

What is the Grants Management Office?

The Grants Management Office (GMO) is the Health System's central business office for the administration of externally funded projects and is responsible for the review, negotiation and acceptance of all externally funded grant and contract proposals and awards on behalf of the Feinstein and the Health System. It is organized to:

- Promote access to extramural funding for research projects and programs
- Provide assistance to investigators in procuring research funding
- Provide administrative oversight for those efforts

What services does the Grants Management Office provide?

The GMO provides a wide range of services to assist faculty and staff in obtaining external support for research projects and programs. Services include:

- Disseminating funding opportunity announcements
- Disseminating information about changes or updates from sponsoring agencies
- Providing access to funding opportunity databases
- Reviewing all proposal and contract applications (including guidance on proposal organization and the interpretation of regulations as required by granting agencies and the Feinstein Institute)
- Assisting the investigator as he or she develops and finalizes the application budget - this service includes providing current salary support levels, reviewing fringe benefits calculations and ensuring that indirect costs (also known as F&A) have been properly calculated
- Negotiating grant and contract award terms
- Organizing and providing training in the form of workshops, seminars and individual instruction on grantsmanship, budget development and sponsored program-related institutional policies and procedures

How do I submit a grant or contract proposal?

You must submit all grant and contract applications to the GMO with a Grant Application Routing Form and a finalized, approved budget. The form must be signed by the appropriate center or department head (or more than one for multidisciplinary research projects that include facilities or staff from different departments or centers). The signature is an indication that:

- The work is scientifically meritorious
- The center or department head is willing to have the research performed in his or her department(s)
- Space requirements and capital needs have been taken into consideration
- Compliance requirements are identified and addressed
- The budget for the project has been reviewed and approved
- All resources promised from the center or department in the application will be provided.

Additionally, completed conflict of interest questionnaires are required from all key personnel proposed to work on the project. Key personnel are defined as those individuals responsible for the design, conduct or reporting of research.

Complete applications must be received by GMO at least three business days before the submission deadline to ensure appropriate review and to permit adequate time to secure institutional signatures when required and to have positive results for electronic submissions. Please visit the GMO web site at www.feinsteininstitute.org/GMO to view and download forms and access other GMO resources.

More information is found in the following Health System Research Policies on Health Port:

- **100.008** Applications for External Funding (Includes Grant Application Routing Form)
- **GR054** Principal Investigators for Sponsored Research

- **GR079** Subrecipient Monitoring
- **GR041** Grant Close Out
- **GR065** Review and Management of External Interests (COIs) in Research (Individuals)

Obtaining Funding: Where do I start?

Step 1: Understand the differences between potential funding sources

Funding can come from many different sources. Common examples of federal funding include grants and contracts from the National Institutes of Health, the Department of Defense, and the Centers for Disease Control. In general, application submission to a federal agency involves completion of structured forms with fixed due dates and a significant amount of detail regarding your scientific and budgetary approach.

Foundation funding is typically awarded by disease specific organizations such as the American Lung Association, Alliance for Lupus Research and Arthritis Foundation. Awards may also be secured from non-disease specific foundations or corporate foundations. For foundation applications, the submission process also may involve structured forms and fixed due dates, but shorter scientific sections are usually submitted for these smaller awards. Industry and private sponsors can also be pursued for funding.

Formatting and requirements for industry and private sponsors vary widely. Any budget, dollar amount or fiscal information submitted to an outside entity is considered a proposal and must be reviewed by the GMO before submission. Most awards require regular reporting on progress and spending, with some sponsors requiring more complex reports than others. When applying for large federal awards, it is important to show a track record of successful funding and study management. For this reason, the pathway to dedicated federal research funding and status as an independent investigator is often paved with smaller awards or seed money from foundation or private sources.

Note: Foundation applications may need coordination through the North Shore-LIJ Health System Foundation. Check with the Foundation or the GMO before beginning an application in order to determine the best method for success.



Talk to your funded colleagues and find out who has supported them in the past and who is supporting them now! Consider non-traditional sources of support and explore all opportunities.

Step 2: Where do I go to find opportunities for my research?

A great place to start is the Internet. Visit the NIH, DOD, industry or foundation websites. On those sites, you can expect to find a mission statement, a search engine or listing of funding opportunities, eligibility criteria and instructions on how and when to apply. If offered, sign up for updates about new opportunities and announcements. Some websites, like the NIH, offer basic application instructions which will assist you in your general search.

For assistance from foundation sources, please contact the NS-LIJ Health System Foundation office. This office raises funds from individuals, foundations and corporations. The Foundation office can assist you with donor research and donor cultivation and will guide you through the process of securing this type of support. Early partnership with the NS-LIJ Foundation Office may lead to more substantive help in the formulation of your application that will help you be more competitive.

<http://support.northshorelij.com/page.aspx?pid=350><http://support.northshorelij.com/page.aspx?pid=350>.



Useful Resources:

- Visit the Grants.gov website. Grants.gov is the federal government's online portal for grant programs offered by 26 federal grant-making agencies: <http://www.grants.gov>.
- From the NIH portal, you can access funding opportunities from all of the NIH Institutes: <http://grants.nih.gov/grants/guide/index.html>
- On the ALTUM website, you can view funding opportunities for many disease specific foundations and instructions on how to apply: <https://proposalcentral.altum.com/>
- Visit the GMO web site for useful links to these and other sponsors: <http://www.feinsteininstitute.org/GMO>

Step 3: Can I have funding opportunities delivered to me?

Yes, you can!!

GMO subscribes to two scientific databases. The first is SPIN, supported by InfoEd, and the second is Community of Science (COS). In both databases, funding opportunities can be searched by:

- Sponsor
- Title
- Abstract
- Deadline
- Amount
- Eligibility Descriptor
- Activity
- Location
- Citizenship
- Funding type
- Sponsor type

The databases are updated daily and contain comprehensive funding information as it relates to research and collaborative activities for the scientific research community. Once registered, you can enter your research interests or profile in either, and from there set up regular searches that will match your interests with funding opportunities that are tailored to meet your needs.

Both databases can be set up to deliver these search results to your email address. You can also go into the databases and search manually for funding information. Please visit the GMO website for more information at www.feinsteininstitute.org/professionals/resources-for-investigators/grants-management-office-gmo/resources/funding-opportunity-databases/#top-anchor.



The GMO also actively seeks, identifies and disseminates funding opportunity information to members of the research community, department heads, division chiefs and other interested individuals on a regular basis. Several methods are used to gather funding information. These include: subscriptions to searchable databases; list services; newsletters and notifications received via posted mail or e-mail from foundations and agencies. The information is gathered and circulated to appropriate departments and individuals by email.

Step 4: I think I found a funding opportunity. Now what?

Once you find a possible source for funding that you are interested in, let GMO know right away. GMO will review the application materials with you and guide you through the process.

Keep in mind that not all awards are worth pursuing. Reaching out to GMO early in the process will help to avoid disappointment and wasted effort. Each funding opportunity must be evaluated by you as a scientist, by your department or facility for relevance to broader goals and by the grants office to ensure that the institution has the resources to carry out the project before an application is developed and submitted. For example, some awards may require departmental or facility commitments that are unavailable or may require terms and conditions that cannot be met.



There are internal Health System forms and deadlines that you will need to be mindful of so it's essential to be organized! Visit the GMO website for additional information:
www.feinsteininstitute.org/GMO

Please remember that GMO cannot guarantee that your submission will be funded. However, GMO can guarantee that you will not be funded if you don't apply. So start looking!

What is a sponsored project or funded research?

It is research or projects that are funded by grants, contracts, cooperative agreements or other agreements from sources outside the Health System. If a project meets any of the following criteria, it is considered a sponsored project and should be coordinated through the GMO, the Health System's central business office for the administration of research projects:

- The Health System is bound by a specific statement of work
- Invoices, separate accounts or reports of expenditures are required
- Unexpended funds must be returned to the sponsor at the project end
- An agreement with specific terms and conditions accompanies the funds
- The work involved requires IRB, IACUC, conflict of interest, or bio-safety approval

Possible indicators of a sponsored project include:

- The project has a specific period of performance
- The project requires a report or some other "deliverable"

What should I know about sponsored project administration?

The Health System encourages departmental managers, faculty and staff to secure financial support from granting agencies and organizations for research, training and programmatic projects. However, note that while the sponsored project award is based on the PI's experience and expertise, the award is a legal agreement made to the Feinstein Institute for a specific purpose. Regardless of your actual performance site within the Health System, all grants and contracts for research in the Health System are awarded to the Feinstein Institute.

All grant applications for external support must be reviewed by the GMO prior to submission. Industry sponsored clinical trials conceived and implemented by pharmaceutical or biotechnology companies may be reviewed by the Biomedical Research Alliance of New York (BRANY). Agreements with an intellectual property component may require additional review and approval of the Office of Technology Transfer.

The NS-LIJ Health System Foundation coordinates research funded by donations or gifts to the Health System which do not fulfill any of the criteria associated with sponsored projects. When in doubt, discuss the project with Research Administration at the Feinstein Institute.

More information on how to apply for funding can be found in Part 5 of this handbook, in the section for financial and grants management approvals, as well as through the GMO web site at: www.feinsteininstitute.org/Feinstein/GMO



You don't need to know everything; you just need to know where to go for the answers—The Feinstein Institute!

What is a proposal?

A proposal is a request for support, usually financial support. The simplest proposal consists of a cost estimate and a scope of work. Normally, proposals have at least two sections: technical and financial. More complex proposals might have a separate management section. The technical section (sometimes referred to as programmatic or scientific section) is a description of work to be performed including proposed goals or accomplishments, the items to be delivered to the agency (“deliverables”) and project milestones. The financial section is a calculated estimate of the financial resources necessary to accomplish the proposed goals.

The two most basic proposal types are “solicited” and “unsolicited.”

- A solicited proposal is submitted to a funding agency in response to an agency-issued request for proposal (RFP), request for quote (RFQ) or a program announcement (PA). Solicited proposals generally have firm submission deadlines and require adherence to specific technical, management and cost guidelines.
- An unsolicited proposal results when a researcher develops an idea and formally requests funding to support the effort. Although an unsolicited proposal is not submitted in response to an agency funding announcement, many agencies do have specific format and submission guidelines for unsolicited proposals.

An appropriate institutional official must approve all proposals for sponsored research projects, whether solicited or unsolicited. And as stated earlier, the GMO must review and approve all proposals before submission to an external sponsor.

What is a Contract or Clinical Trial Agreement (CTA)?

The National Institutes of Health (“NIH”) defines a contract as a document between an institute and an outside party that is used to define the terms and conditions associated with the conduct of a clinical trial. Because the CTA is a legally binding document, an individual with the authority to legally bind the Health System to the provisions included must sign it. At the Health System, these individuals only include those officers of our parent corporation. As a result, all clinical trial agreements for studies conducted at Health System facilities must be signed by the Assistant Vice President for Extramural Funding on behalf of the Senior Vice President of Research for the Health System. Individual investigators must never sign their own agreements on behalf of the Health System.

CTAs are usually required when an external entity is providing (a) study drugs or devices, (b) financial support or (c) proprietary information in support of clinical research. CTAs may also be executed when we are providing (a) data and/or results, (b) publication or input into publication or (c) further development of intellectual property. Note that CTAs are sometimes executed in the absence of funding. If you are collaborating with an external entity and providing or receiving any data or materials, you should always discuss your relationship with the GMO to determine if you require an agreement.

From a practical standpoint, a CTA is most often executed with pharmaceutical partners. It typically outlines your obligations to the sponsor and the sponsor's obligations to you, including the items to be delivered to the sponsor ("deliverables"), project milestones, confidentiality, publication, insurance and intellectual property concerns as well as the terms and conditions of your budget and payment. It is important to note that CTAs are negotiable, even during the life of the project.



Which is more important: the science or the budget? Both are! The science drives your budget, as it reveals the experience level and number of personnel that need to be supported to accomplish your aims. It also reveals the need for supplies, equipment and other types of items that must be available to perform your experiments. And, the budget in turn can affect the science if it is restrictive and does not allow you to request all of the necessary funds to completely support your project.

What should I consider when developing a budget or cost estimate for my study?

The first thing to remember is that it does not matter if your study is Health System or externally supported; you should work out a budget just like you would if you wanted to remodel your home. It also does not matter if your project is seeking external funding from a government agency, foundation or pharmaceutical company. You will need to identify the two key elements of a budget:

- The costs that will be incurred (patient care, time and effort, start up costs, overhead and invoiceables)
- The methods through which the costs will be paid for
- Coverage analysis

The Clinical Research Service (CRS) will develop a study-specific budget as required or requested for your study. In this budget, the CRS will include the costs that will be incurred, items that should be billed to insurance or sponsor, as well as charges for each item.

What is a coverage analysis (a.k.a. the billing grid)? The analysis consists of determining which of the items and services within the protocol can be billed to insurance. Our Institution applies the coverage analysis to all payers (Medicare and private insurance). The outcome of a coverage analysis is a billing grid that is shared with the Investigators and coordinators.

How do I flag research services in the system? You should complete the registration forms (outpatient or inpatient) and submit to the registration desk, CRS and patient accounts. The registrar will use a clinical trial plan code to flag the services as "research" in the registration system. Refer to Health System Research Policy GR023 Billing Procedure for Outpatient Services, Inpatient Services and Ancillary Testing in Clinical Research Protocols that can be found on HealthPort.

How to create charge codes for (investigational) devices? CRS notifies procurement and patient financial services to create charge codes. Once a charge code is established, it is shared with the department (i.e. Cath lab or Operation room).

How do I figure out costs that will be incurred?

Your budget should be directly related to the scope of work and activities that you propose for your research project or program.

Identify personnel costs which may include:

- PI, sub-investigator, and coordinator time (don't forget time spent preparing, conducting, evaluating adverse events, answering queries, recruitment activities and closing out the study, in addition to the time with the study monitor, preparing a manuscript and managing staff associated with the project)
- Research nurses, data managers and coordinators
- Pharmacists
- Technicians and administrative assistants
- Statisticians
- Monitors
- Fringe benefits

Identify Other Than Personnel Services (OTPS) which may include:

- Equipment
- Patient reimbursement
- Recruitment and advertisement
- Research supplies such as glassware, chemicals, kits and other consumables
- Other supplies such as copier/copy paper, storage of records
- Ancillary charges for procedures such as imaging and lab tests as well as use of the pharmacy
- Space to conduct your study
- Reimbursement for costs associated with IRB or IACUC protocol submission
- Travel costs
- Training
- Archiving, storage and shipment of specimens
- Archiving and storage of records and data
- Sub-contracts with other sites or external vendors

How do I identify what things actually cost?

The CRS can provide you with the charge master rate (a.k.a. the hospital retail rate) specific to your location, the Medicare fee, or industry standard rates for each item on your budget.

Once you know what your study costs will be, the goal of your budget request should be to:

- Cover all of your anticipated costs with minimal delay
- Limit the "Out of Pocket" or unanticipated expenses
- Improve tracking of work performed

The CRS and GMO can assist you in identifying actual personnel costs and confirming salary levels. For assistance with determining the allowable costs of clinical procedures at the Health System, please consult with your departmental administration, the CRS, the GMO, faculty practice or the clinical research service. If you propose to use a vendor outside the Health System for provision of services in your study, you must obtain a quote from the vendor and execute a purchase order through Procurement.

A word about indirect costs:

It is important to include a calculation for overhead costs, commonly referred to as Indirect or Facility and Administrative (F&A) costs. This calculation allows the Health System to capture those intangible costs associated with shared resources such as electricity, water, and central business offices like the grants finance, and procurement offices.

Institutions which receive federal funding have negotiated rates with the federal government that they are required to consistently apply to sponsored programs. The Health System currently has a federally negotiated indirect costs or F&A rate. This rate is renegotiated periodically and the rates change, so if you are applying

for federal funding check the Document Library on the GMO web site www.feinsteininstitute.org/GMO for the most up to date information and rates.

How do I get paid or reimbursed by the sponsor?

Once all agreements are in place, sponsors should be invoiced at regular intervals throughout the conduct of the study to maximize spending from the negotiated budget. While the GMO is responsible for invoicing the sponsor, there are instances and types of awards where your input is essential for billing to happen. There are typically three invoicing pathways based on the type of study being conducted and the kind of sponsor supporting your study:

- Clinical trials or sponsored research agreements funded by industry: The schedule for invoicing should be detailed in the executed agreement with the sponsor and may be tied to specific study milestones, such as number of subjects enrolled or samples processed. Note that although most payments are issued based on completion of Case Report forms, some sponsors may not make payments as timely as they should. Invoicing may help initiate payments. For the invoicing of clinical trials, it is the responsibility of the investigator to work with the GMO and CRS who will generate invoices on his or her behalf. In the case of BRANY negotiated studies, BRANY staff is responsible for invoicing.
- Grants and contracts funded by government agencies where the Health System is the primary recipient: Since government projects are reimbursed to institutions through the federal treasury system on a “letter of credit”, invoicing on federal grants must be done centrally through the GMO. As a result, it is important that you meet with the GMO and CRS when your study starts to determine the best protocol for charge capture and notification. For most studies, your costs will be automatically captured through PeopleSoft. For clinical charges, your costs will be captured through the Patient Financial Billing Systems.

It is extremely important that investigators review their PeopleSoft financial status reports each month to ensure that the captured charges are appropriate and billed to the grant.

- For clinical studies with a per patient reimbursement model, enrollment should be reported on a regular basis to the GMO and CRS. Otherwise, this office will not know to draw down funds from the Federal Treasury for your study.
 - Studies with sub-contracts to external sites must also work with the GMO on the development of a reporting schedule. Reporting typically involves the submission of invoices from sub-contracted sites to the Health System in order to capture costs from sub-sites and appropriately draw from the federal treasury. This process should be clearly defined in the sub-contract with the site.
- Grants and contracts funded by government agencies where the Health System is a sub-contracted site: The terms and conditions for invoicing should be detailed in the agreement executed with the prime recipient (the institution that is receiving the funds directly from the sponsor). And just like industry agreements, payments may be tied to specific study milestones, such as number of subjects enrolled or samples processed. Investigators are responsible for reviewing their sub-contracts and complying with the requirements of the prime site. The GMO can and will provide financial data including charges in PeopleSoft and Patient Financial Billing systems as required.

<i>Sponsor</i>	<i>Clinical Research Contracted with Industry through BRANY</i>	<i>Clinical Research Contracted with Industry, non-BRANY</i>	<i>Research Awards Directly from the NIH</i>	<i>Research Awards from Another NIH-Awarded Site</i>
<i>Budget Type</i>	Usually reimbursement for submitted CRF	Usually reimbursement for submitted CRF	Personnel costs and/or per patient costs and/or supplies-travel-consultants-collaborators	Personnel costs and/or per patient costs and/or supplies-travel-consultants-collaborators
<i>Who Submits for Your Payment?</i>	BRANY submits invoices directly to the sponsor based upon enrollment data.	GMO and CRS submits invoices directly to the sponsor based upon enrollment data.	The GMO does this once these charges have been realized. "Payment" is drawn down from the federal treasury.	Joint effort between you and the GMO. The GMO will invoice the site directly for personnel and non-personnel costs (once these charges have been realized in their system) and per patient /milestone costs (using your input and system data).

Research expense reconciliation: CRS reviews and reconciles all research expenses for clinical trial “research” services at the Health System. The Finance team in Westbury books the journal entries and credit the providers based on Medicare rate.

How do we work with BRANY on industry sponsored studies? If the study in question is an industry sponsored study and the Principal investigator is from LIJ or Manhasset, then site must use BRANY for IRB, budgets and contracting. However, if the Principal Investigator is not from Manhasset or LIJ, then the site has an option to either use NSLIJHS, BRANY or external IRB. For budgets and contracts, these sites may use Feinstein or BRANY. For exceptions, contact the Vice President, Clinical Research and Regulatory Affairs.

Studies that are not Industry funded must use Feinstein (GMO/CRS) for budgets and contracts.

2D. Objectivity in Research, Financial Interests, and Potential Conflicts of Interest

Do we have a program to ensure objectivity in research?

Yes. This program is commonly referred to as the Conflict of Interest review process.

Conflict of Interest (COI) or the appearance of a conflict may arise in connection with research activities and as a result of an individual’s involvement with outside organizations. The North Shore-LIJ Health System Corporate Compliance Office is responsible for two policies that impact this process: Interactions with Industry and Conflict of Interest. In addition, there is a research-specific policy entitled, Conflict of Interest in Research. The purpose of the research COI policy is to promote the identification, disclosure and, if required, resolution or management of such individual conflicts in the context of research.

What is our policy on potential COI in research?

It is Health System policy that all faculty, students and staff exercise reasonable efforts to avoid conflicts of interest and comply with requirements of federal and state laws, and/or regulations governing potential conflicts. The Health System research policy GR065 Review and Management of External Interests (COIs) in Research (Individuals) can be found on our website and on HealthPort.

Voluntary and timely disclosures of potential conflict of interest by covered individuals must be made in order to allow the Hofstra North Shore-LIJ School of Medicine ("School of Medicine"), Feinstein Institute or Health System to take any steps required to avoid the substance or appearance of a conflict of interest when covered individuals engage in external activities.

Covered individuals must disclose all Significant Financial Interests (SFI):

- At least annually
- No later than the time of application for PHS funded research
- Within 30 days of discovering or acquiring a new SFI

The Institution will then evaluate all disclosed SFIs to determine if any of the interest relates to a covered individual's professional responsibilities and where it is determined that a fCOI (financial conflict of interest) exists related to their research implement a management plan within 60 days.

What interests should be reported, who should report, and when?

Every covered individual is required to complete a Conflicts of Interest Questionnaire to list any significant financial interests and other potential conflicts at least once a year. In addition, every covered individual must provide updates to their conflicts profile as changes occur. Covered individuals will be queried at the time of any grant application, submission to the Institutional Review Board, submission to the Institutional Animal Care and Use Committee, or appointment to the IRB, IBC, IACUC, Intellectual Property, or Conflict of Interest Committee.

Additional queries regarding any changes to the Covered Individuals' conflict profile can occur at the time of entry into any sponsored research agreement or consulting agreement. It is important that all conflict profiles are updated not only annually, but any time there is a change.

Institutions which identify research investigator financial conflicts of interest are required to report the conflicts to the Grants Management Officer at the National Institutes of Health (NIH) Institute or Center which funds or will fund the project. As a result, significant financial interests which are determined to be a conflict of interest must be reported by the relevant institutional grants office (the Feinstein/North Shore-LIJ Grants Management Office or the Hofstra University Sponsored Programs Office) to the NIH prior to the expenditure of funds. Reporting must occur within 60 days of identification for an investigator who is newly participating in the project, within 60 days for new or newly identified financial Conflicts of Interest for existing investigators, following a review to update a previously submitted report, and at least annually (for example, at the time of progress report submission or a request for an extension). The information to be disclosed will include at a minimum:

- NIH project number
- Name of program director/principal investigator or Contact PD/PI if a multiple PD/PI model is used
- Name of the investigator with the financial conflict of interest
- Name of the entity with which the investigator has a financial conflict of interest
- Nature of the financial interest (e.g., equity, consulting fee, travel reimbursement, honorarium)
- Value of the financial interest (dollar ranges are permissible: \$0-\$4,999; \$5,000- \$9,999; \$10,000-\$19,999; amounts between \$20,000-\$100,000 by increments of \$20,000; amounts above \$100,000 by increments of \$50,000), or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value
- A description of how the financial interest relates to the NIH-funded research and why the Institution determined that the financial interest conflicts with such research
- A description of the key elements of the Institution's management plan, including:
 - Role and principal duties of the conflicted Investigator in the research project

- Conditions of the management plan
- How the management plan is designed to safeguard objectivity in the research project
- Confirmation of the Investigator's agreement to the management plan
- How the management plan will be monitored to ensure Investigator compliance; and
- Other information as needed

As of August 2012 key personnel on PHS funded grants are required to disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the investigator and not reimbursed to the investigator so that the exact monetary value may not be readily available), related to their institutional responsibilities.

This disclosure requirement does not apply to travel that is reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center or a research institute that is affiliated with an Institution of higher education.

Travel disclosure must include, at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination and the duration. Upon receipt of this information, the responsible institutional official or designee will determine if further information is needed. This may include a determination or disclosure of monetary value, in order to determine whether the travel constitutes a Financial Conflict of Interest (FCOI) with the PHS-funded research.

Information regarding research investigator FCOI must also be made available to the public. As a result, all significant financial interests held by the senior/key personnel for a NIH-funded research project that are determined to be Financial Conflicts of Interest (FCOI) will be made available within five business days to those in the public who have submitted a written request for information concerning any Significant Financial Interest disclosed to the Institution that meets the following three criteria:

- The Significant Financial Interest was disclosed and is still held by the senior/key personnel for the NIH-funded research project identified by the Institution in the grant application, progress report or any other required report submitted to the NIH
- The Institution determines that the Significant Financial Interest is related to the NIH-funded research
- The Institution determines that the Significant Financial Interest is a Financial Conflict of Interest.

The information to be publicly disclosed will include at a minimum:

- Investigator's name
- Investigator's title and role with respect to the research project
- Name of the entity in which the Significant Financial Interest is held
- Nature of the Significant Financial Interest
- Approximate dollar value of the Significant Financial Interest (dollar ranges are permissible: \$0-\$4,999; \$5,000-\$9,999; \$10,000-\$19,999; amounts between \$20,000-\$100,000 by increments of \$20,000; amounts above \$100,000 by increments of \$50,000) or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

What happens once a significant interest is disclosed?

The Responsible Institutional Official or designee reviews the disclosure and determines whether, in his or her opinion, a potential conflict of interest exists.

If the Responsible Institutional Official or designee concludes that a conflict may exist, he or she submits the matter to the Conflicts Committee which may concur or disagree with the Responsible Institutional Official's

determination. The Committee will propose remedies to reduce, manage or eliminate actual or potential conflicts revealed. Remedies are based on the severity of the potential conflict of interest, level of risk of the study and potential for the involvement of human subjects. Examples include but are not limited to:

- Disclosure (oral and written) to research subjects during the informed consent process
- Disclosure to co-investigators, collaborators or study sponsors
- Restrictions on an individual's ability to recruit or obtain informed consent from prospective subjects
- Third party monitoring of the conduct of the study
- Third party monitoring or oversight of the fiscal responsibilities associated with the project
- Restrictions on data management and analysis
- Disclosure in publications and presentations
- Divestiture of the interest
- Restrictions on the individual's ability to conduct the study at this institution

What is usually determined to be a COI?

Determining if a COI exists depends on many things including but not limited to, the type of potential COI (e.g. compensation, role on an advisory board, inventor, stock holder, etc.), the type of study being conducted, the relationship of the outside entity to the study, and the role of the individual with the potential COI in the study.

General rule of thumb: ***A Conflict of Interest (COI) exists if the significant financial interest disclosed could affect or appear to affect the design, conduct or reporting of the research or educational activities which are the subject of the Research Activities.***

More information is found in the following Health System Policies on HealthPort:



- **800.03 Conflict of Interest and Recusal and Brochure Conflict of Interest and Recusal**
- **800.04 Gifts and Interactions with Industry and FAQs Interactions with Industry**
- **GR078 Review of External Consulting Agreements with Industry**
- **GR065 Review and Management of External Interests (COIs) in Research (Individuals)**

Part 3: Ethical Review of Research

You have developed your idea into a plan or project, determined how to obtain funding (if needed), resolved potential conflicts of interest (if applicable) and developed your research protocol. Now, you need to know if your project meets the definition of “*research with human subjects*” to determine if you need to submit the project for ethics review at an Institutional Review Board (IRB).

The Office of the Human Research Protection Program has two jobs. The first is to support the operations of the IRB Committee. The second is to facilitate the ethical conduct of clinical research, which translates into the provision of services to help you develop the regulatory and human subject protection sections of your clinical research study. The North Shore-LIJ IRB web site: www.nslj.com/irb provides guidance, policies, and templates to assist you with your study.

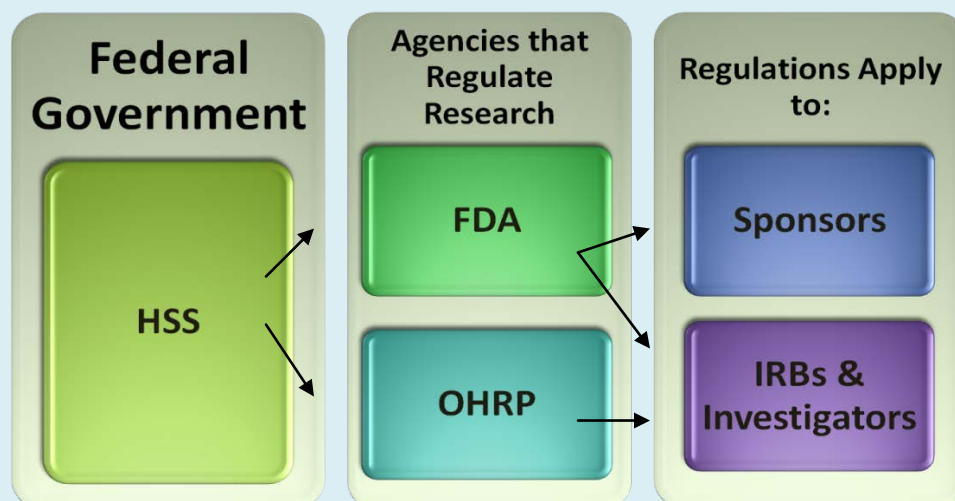
In addition to having a strong scientific rationale and appropriate methods, you will need the approval or exemption of a Health System authorized Institutional Review Board (IRB) if you are conducting research with human subjects.

This handbook focuses on the conduct of human subject research. Therefore, if you plan to conduct animal research, please contact the Institutional Animal Care & Use Committee (IACUC) Administration Office at (516) 562-1274 or iacuc@nshs.edu for guidance.

For background information, you should understand which government agencies may be involved in regulating the research you do. The U.S. Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

The Office for Human Research Protections (OHRP) is an agency within HHS, which provides leadership in the protection of the rights, welfare and well-being of all human subjects involved in research.

The Food and Drug Administration (FDA) is an agency within HHS. The FDA is responsible for protecting the public's health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, national food supply, cosmetics and products that emit radiation. The FDA is also responsible for advancing public health by helping accelerate innovations that make medicines and foods more effective, safe and affordable, and helping provide the public with accurate, science-based information necessary to use medicines and foods and improve health.



The FDA's role in clinical research begins when a biologic, drug or device sponsor (usually the manufacturer or potential marketer but can also be an independent or academic based researcher) wants to test its diagnostic or therapeutic potential in humans. The FDA also gets involved when an individual investigator or group would like to test an existing drug or device in a new way or in a new population. At that point, the test article changes in legal status under the Federal Food, Drug and Cosmetic Act and may become a new or experimental drug or device subject to specific requirements of the regulatory system. This may require that an investigator file an Investigational New Drug (IND) Application or Investigational Device Exemption (IDE) with the FDA. For more information on this go to www.fda.gov, contact your IRB of record or your case manager at the Health System's Office of the IRB.

3A. Categorizing Proposals

How do you know if your project is “Research?”

This may seem like a silly question, but the IRB only reviews studies that meet the definition of research with human subjects, as defined by the Office for Human Research Protections (OHRP). According to the OHRP, research means a systematic investigation—including research development, testing and evaluation—designed to develop or contribute to generalizable knowledge.

Does your project meet the OHRP definition of research?

First, ascertain if your project is a systematic investigation. If you plan to methodically collect data for analysis, it is probably a systematic investigation. If your project meets this definition, then evaluate your *intent*.

Is the intent of the project “designed to develop or contribute to generalizable knowledge”?

Evaluation of the intent and generalizability are crucial. Ask yourself, why are you planning to do your project? For example, projects aimed at improving local standard of care or at addressing an institutional issue would probably not qualify as research according to the OHRP definition.

However, if you plan to systematically evaluate a hypothesis and then disseminate the results to others outside this Health System, such as through scientific conferences, journal publications, poster presentations, etc., then your project would probably meet this definition of research.



Publication or generalizability by itself does not make a project *research*. Both parts of the definition must be met.

If you are conducting “research,” is it research with *human subjects*?

OHRP defines a human subject as a living individual about whom an investigator conducting research obtains data through intervention or interaction with the individual or obtains identifiable private information. Research with human subjects includes obtaining identifiable specimens for research purposes.

Intervention with human subjects includes both physical procedures by which data are gathered (e.g. venipuncture, interview, etc.) and manipulations of the subject or the subject's environment that are performed for research purposes (e.g. change in diet). Interaction includes communication or interpersonal contact between investigator and subject.

What is identifiable private information?

Identifiable private information is information gathered under the conditions in which a subject would reasonably expect that no observation or recording is taking place. This also includes information an

individual has provided for specific purposes, which she or he would reasonably expect to not be made public (for example, a medical record). Private information must be *individually identifiable* in order for the collection of this information to be considered research involving human subjects. For example, if a subject's identity may readily be ascertained by the investigator, the project would constitute research involving human subjects.

In general, OHRP considers private information/specimens to be individually identifiable when they can be linked to specific individuals by the investigator(s) either directly or indirectly through coding systems. Please view this link for OHRP's Guidance on Research Involving Coded Private Information or Biological Specimens: <http://www.hhs.gov/ohrp/policy/cdebiol.html>

What is *not* considered research with human subjects?

Any activity that does not meet the OHRP definition of "research with human subject" is not considered research with human subjects. Examples of activities not considered research include case reports of three or less patients, research on anonymous (i.e. no link to subject identity) specimens or data, medical practice innovation in which the physician's goal is to improve the well-being of a patient, quality improvement activities, surveillance programs, public health activities and resource utilization reviews. These types of projects may not require oversight by the Human Research Protection Program and IRB.

Examples:

Not research with human subjects:

1) *An investigator receives private information/specimens that are not specifically collected for the currently proposed research project. The investigator cannot ascertain the identity of the individuals to whom the coded private information/specimens pertain because the investigators and the holder of the identification key enter into an agreement prohibiting the release of the key to the investigators under any circumstances.*

This would not meet the definition of research with human subjects because the person conducting the study is receiving information/specimens that someone else collected via an interaction or intervention with individuals, and the information/specimens will be anonymous to the person receiving them. The person who originally collected the information/specimens would most likely have engaged in research with human subjects.

2) *Investigator systematically collects aggregate data about individuals who used the emergency room at one hospital to determine nursing staff requirements.*

This would not meet the definition of research with human subject because the intent is to use the data locally at one hospital, most likely for internal quality improvement purposes; therefore, it is not generalizable and the collected aggregate data are not individually identifiable.

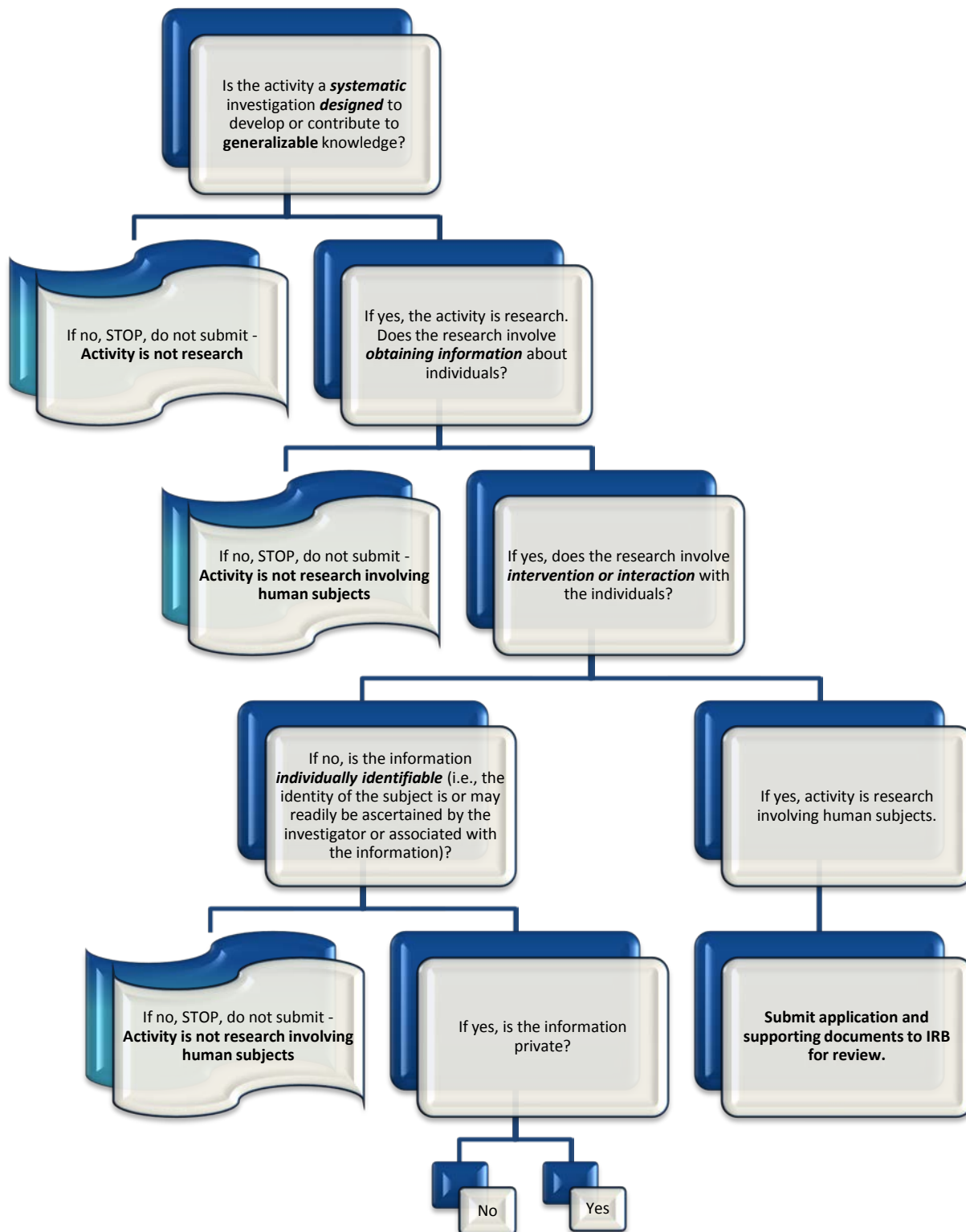
Research with human subjects:

1) *An investigator implements a change in standard of care surgeries to test a controversial issue in the medical community, then collects data from a patient's medical records before and after implementing the change to help settle the controversy.*

2) *An investigator collects data from medical records of patients to determine if there is an association between use of a drug and elevation of certain laboratory results. The data is collected from patients' medical charts and recorded in a de-identified manner.*

Both of the examples would meet the definition of research with human subjects because the collection of data is systematic. The intent is to test a hypothesis to disseminate results to the medical community, and the data would come from individually identifiable sources (patient medical charts).

Use the following decision chart to determine if the activity qualifies as research with human subjects, and if it needs IRB review:



Developed from Human Subject Decision Charts available at:
<http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html>

What do I do if I am planning to conduct research with human subjects?

IRB review of the research protocol is required in order for a project to receive either an approval or an exemption to conduct research with human subjects. In order to receive approval or exemption, you will need to submit an application and research documents to a Health System authorized IRB. But before you do that, you need to make the initial assessment of review involved in your study. Note that some sponsors may require evidence of IRB consultation when the project is determined not to be “human subject research.” Please contact your IRB for assistance when this occurs.

While the Health System does (on a case by case basis) allow use of central IRBs, use of any IRB other than the following four requires prospective written permission of the President of the Feinstein, who also serves as the Institutional Official for the Health System’s Human Research Protection Program or prospective written permission from the Dean of the Hofstra North Shore – LIJ School of Medicine, who serves as the Institutional Official for the Hofstra North Shore – LIJ School of Medicine. Detailed application procedures and forms are available from each Health System authorized IRB.

- North Shore-LIJ Health System IRB
- Biomedical Research Alliance of New York (BRANY) IRB
- Hofstra University IRB
- National Cancer Institute (NCI) Central IRB

3B. What is the Institutional Review Board (IRB)?

IRBs are highly regulated committees mandated by the federal government to ensure that the rights and welfare of human subjects who participate in studies are protected. As a result, your protocol must address human subject concerns. **Research with human subjects conducted at the North Shore-LIJ Health System must receive IRB approval before it can be performed.**

The IRB Committee reviewing your study needs to agree that the potential benefits of conducting the study are reasonable in relation to any potential risks. The IRB reviews studies by ensuring that your protocol meets several criteria, including that:

- There is a compelling justification to conduct the study and that the study procedures will provide new or valuable information to support the justification
- No subject is denied standard of care
- The process for and documentation of Informed Consent or waivers is appropriate
- Privacy and confidentiality will be maintained

The IRB looks for potential risks to be minimized and reasonable in relation to anticipated benefits and knowledge gained. In addition, the IRB needs to determine that subject selection is equitable, by considering the purpose of research, setting, and enrollment of vulnerable populations. There are many other items which may be required depending on the type of study. If your protocol does not specifically address all of the above items, the IRB may not be able to approve your project. Therefore, it is critical to make sure that your protocol adequately addresses the above considerations.

What category of review do I need?

Research with human subjects can be reviewed under three categories: exempt, expedited and full board. At the North Shore-LIJ IRB, the research category determines which IRB forms and documents are needed. Therefore, please check with the appropriate IRB prior to completing or submitting the application documents.

3C. Exempt and Expedited Studies –Minimal Risk Studies

Exempt and expedited studies involve minimal risk to subjects. Minimal risk is defined as the probability that the anticipated magnitude of harm or discomfort in the research is not greater in and of itself than the magnitude of discomfort ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Exempt and expedited reviews are not subject to submission deadlines at the North Shore-LIJ IRB. Whenever the submission documents are ready, you can submit them for review. If using another IRB, you should check with them as to whether there are submission deadlines.

Why would the IRB need to review research that is exempt?

The IRB must review research involving human subjects. Exempt studies qualify as human subject research. However, they are exempt from certain federal requirements. It is the policy of the Health System that all studies, even those qualifying for exempt review, must be submitted to the Office of the Human Research Protection Program. A reviewer in the Office will determine whether or not a study qualifies for exempt review.

What qualifies for exempt review?

In order to qualify as an exempt study, the research must fall under one or more of the six defined categories. To review the categories, see section 101(b) of the Code of Federal Regulations, Title 45 Part 46, at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101>. In general, studies can qualify for “exempt review” only when they present minimal risk to subjects.

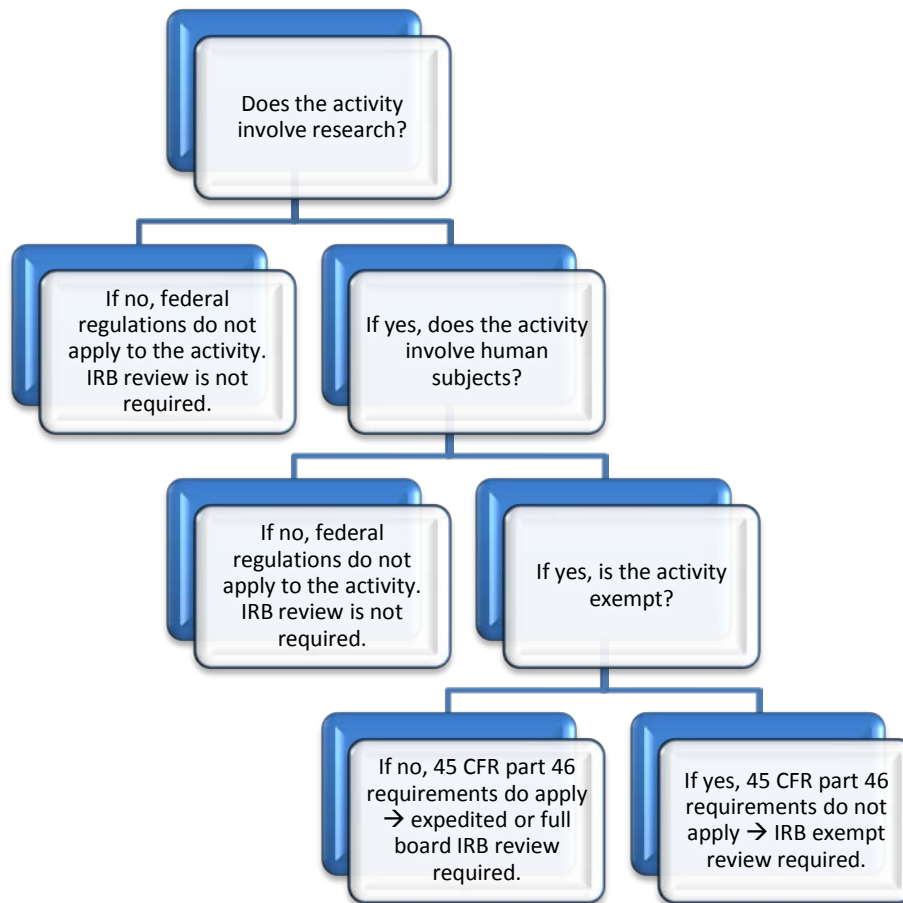
Examples of studies that could be exempt are:

- Surveys that do not reasonably place the subjects at risk of criminal or civil liability or cause damage to the subjects' financial standing, employability or reputation
- Anonymous or de-identified collection and analysis of existing data, documents, specimens
- Observation of public behavior

There is a distinction between the following:

- Research involving private information/specimens that does not involve human subjects and
- Human subjects research that is exempt from the requirements

The easiest way to distinguish between these categories is by always asking the following sequential questions:



What is an exempt chart review study?

Exempt chart review studies are those that involve the collection of data from **existing** patient records without identifiers or links to identifiers being recorded. Specifically, there is no possible way to go back to the records at a later date from the data you collected.

Delays in obtaining IRB approval for determination of exempt status are often caused by:

Not realizing that the data is identifiable.

If the data collected has one of the qualifying identifiers that follows, then the IRB cannot process the research as an exempt study:

Patient/subject name, address, street location, zip code, elements of dates (except year) related to person, i.e., date of birth, admission or discharge dates, date of death, telephone number, fax number, electronic mail (email) address, social security number, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identification numbers, serial numbers including license plates, medical device identifiers, Web URLs, internet protocol (IP) address, biometric identifiers (finger and voice prints), full face photographic images or any unique identifying number, and/or characteristic or code.

If you need to record an identifier or need to keep a link to identifiers, you will need to submit your study for expedited review. At the Health System IRBs, this submission will require a different set of application forms.

What qualifies for expedited review?

In order to qualify for expedited review, the research must present no more than minimal risk and must fall under *one or more* federally defined categories. These categories can be located on OHRP's web site at: <http://www.hhs.gov/ohrp/humansubjects/guidance/expedited98.htm>

It is highly recommended that investigators contact the IRB and/or case managers prior to submitting their study and obtain pre-submission assistance. You should address the following in your protocol: recruitment, informed consent, justification for subject population or subject numbers, confidentiality, data and subject safety plan.

Expedited IRB approval is sometimes delayed when:

- The study does not meet the definition of minimal risk
- The study does not fit into one or more of the expedited categories
- The protocol does not clearly describe what procedures are being done for research purposes
- The study does not detail how risks will be minimized
- The submission to the IRB is incomplete

3D. Full Board - Greater Than Minimal Risk Studies

Full Board studies are those that pose greater than minimal risk to subjects, or they may be minimal risk studies that do not fall into any of the expedited categories. It means that a committee of reviewers will review the study during a convened IRB meeting.

In order for a study to be placed on the agenda for a meeting, a complete application must be received. The NSLIJ IRB does not have submission deadlines. Once submitted, a study will be placed on a meeting agenda, within two weeks of the date the complete submission is received in the Office of the HRPP. When using other IRBs, you should contact the appropriate office for submission deadline dates or visit their website for more information.

Studies that must be submitted for full board review include -but are not limited to- studies that involve the following:

- Research that involves greater than minimal risk
- Administration/use of an investigational new drug/ agent/device
- Administration of an approved treatment of an investigational new indication, new patient population, or other reason that changes the risk/benefit ratio
- Change in standard of care that increases risk
- Expanded access of an investigational drug
- Studies that do not qualify for expedited review, but are minimal risk

Since full board studies generally involve greater than minimal risk to subjects, the IRB committee increases its scrutiny to protect subjects and/or minimize risk. You may address these concerns via inclusion of the following sections in your protocol: recruitment, informed consent, justification for subject population or subject numbers, confidentiality, data and subject safety plan.

It is strongly recommended that investigators contact the appropriate IRB Office and/or case managers to obtain protocol and informed consent form guidelines and templates, as well as a pre-submission review prior to submitting.

Protocol Tips:

- The protocol should include enough detail on how the study will be conducted (e.g. information on subject recruitment, consenting methods, drug accountability, protocol visit windows, etc.)
- The protocol should clearly describe the research procedures
- Make sure study documents are consistent (e.g. consent form, protocol, schedule of events, etc.)
- The study design should have a plan to protect subjects and/or minimize risk to subjects.
- Collaborating sites and their functions should be discussed in the protocol.

3E. Subject Recruitment

It is very important to think about how and where you will recruit subjects to participate in your study. You should think about the population that you want to recruit from and how your results may potentially benefit this population in the future. If appropriate, it is also important to think about how you will recruit a diverse group of subjects and how your results can be generalized to the appropriate population (e.g. women, minorities, age or socioeconomic status). The IRB will review your strategy and/or plan to ensure your recruitment strategy includes the:

- Equitable selection of subjects
- The non-existence of coercion or undue influence
- Correct, straightforward and honest representation of the study

IRB review and approval of recruitment methods and/or advertisements must be secured before you initiate their use. In general, if the IRB can confirm equitable selection of subjects, lack of coercion and correct representation of the study in your proposed recruitment method or advertisement, then the recruitment method can be approved.

Examples of allowable recruitment materials and strategies include:

- | | |
|--|--|
| <ul style="list-style-type: none">• Chart reviews (with waiver of HIPAA authorization if site does not have legitimate access to these)• Database review• Flyers, posters, pamphlets, brochures, newspaper, postcards (may need Marketing Department review)• In person by the PI or his/her designee• Dear Doctor letter• Dear Patient letter• Word of mouth• Referral from a physician not involved in the project – with documentation in the patient's medical record | <ul style="list-style-type: none">• Social media (e.g. Facebook, Twitter)• Internet listing (e.g. Craigslist)• Study-specific website• Internet listings of clinical trials• Audio/video tape, radio, television• Internet basic trial information: the title; purpose of the study; protocol summary; basic eligibility criteria; study site location(s); and how to contact the site for further information.• Optional Authorization for Research Contact |
|--|--|

Examples of recruitment practices not allowed by the IRB:

- Investigators recruiting employees who work directly under their supervision (unless specifically approved by the IRB)
- Money or bonuses given to the PI as incentives to recruit
- Money or bonuses as incentives for referrals
- Solicitation or acceptance of money, gifts or gratuities from patients/subjects

Recruitment questions to think about:

- Where can you find potential subjects? Are there any in your practice, referred from other departments or from a research database? Will you obtain a list of subjects from a query of a clinical database?
- The timeframe for recruitment – will you be able to recruit enough subjects to meet protocol requirements?
- Developing recruitment ads or flyers – is the content appropriate and approved by the IRB? What about alternative recruitment methods such as online postings?

You are encouraged to speak with the CRS in developing a recruitment plan for your study. The CRS can:

- Develop departmental and protocol-specific recruitment strategies
- Post and update protocol listings on the Feinstein Institute website
- Maintain a database of people willing to volunteer as research participants
- Provide recruitment representation at health fairs and other events and
- Help to establish connections with community physicians by working with the Physician Relations department.

Once you've recruited subjects, you should think about methods of subject retention through reminder calls, smooth study visits, regular follow-up, and good communication.

Most importantly, you should thank your subjects for participating in the study. The CRS website has downloadable Certificates of Participation created specifically for our Health System on their website:

<http://www.feinsteininstitute.org/professionals/resources-for-investigators/clinical-research-service/forms/certificates-for-participation/>

Part 4: Requirements and Approvals to Conduct Research

4A. Health System Training and Policy Requirements to Conduct Research

All Health System clinical research investigators and staff involved in research with human subjects must complete:

1. Required research education
2. Review and understand all Health System policies and HRPP policies and procedures

In addition, investigators and staff involved with human subjects research are responsible for reviewing and understanding any facility-specific policies and procedures, such as clinical trial site standard operating procedures (SOPs) and study-specific manual of procedures (MOPs).

What is required research education?

All individuals involved in research with human subjects (investigators, coordinators, research assistants, etc.) must complete appropriate training to meet federal human subject protections educational requirements.

- **ALL** NSLIJHS clinical research investigators and staff are required to complete the following Collaborative Institutional Training Initiative (CITI) Program courses via www.citiprogram.org:
 - NSLIJ Health System Human Subjects Research Course (must be renewed every 3 years)
 - Conflict of Interest Course (must be renewed every 4 years)
- NSLIJHS sponsor-investigators and key personnel working on sponsor-investigator trials are also required to complete Good Clinical Practice (GCP) training. The GCP training must be approved by the Health System's Human Research Protection Program. GCP training must be renewed every 3 years. Available options include:
 - [CITI Program](#) Good Clinical Practice Course (Sponsor-Investigator Responsibilities)
 - [2-Day Navigating Clinical Research at North Shore-LIJ Health System Class](#)
 - [TransCelerate Member GCP Courses](#)
 - [TranCelerate Accredited GCP Courses](#)
- NSLIJHS physicians and their staff, who are listed on the IRB HUD application, are required to complete the following course when using a HUD within its approved labeling:
 - CITI Program Humanitarian Use Device (HUD) Course (must be completed once, unless otherwise directed by the IRB)

In addition, a Researcher Registration Form must also be completed. Note that the form is now incorporated into the CITI Program NSLIJ Health System Human Subjects Research Course. Anyone who completed this after 12/1/13, does not need to complete a separate Researcher Registration Form. The date of completion of the form will be the same date of completion of the CITI Program course.



More guidance on required training and accessing the CITI Program can be found at www.feinsteininstitute.org/hrpp/training. Keep copies of your certificates of completion for your records.

Where can I find Health System Policies and the HRPP Policy and Procedure Manual?

Health System-wide research policies are available via [HealthPort](#) under the tab located on the top for "Policies", then "Research Policies" under your facility/hospital. The Health System HRPP Policy and Procedure Manual can be found at www.feinsteininstitute.org/hrpp/policies. If you are not using the North Shore-LIJ Health System IRB, please check with your IRB of record for IRB-specific policies.

4B. What Kinds of Approvals Do I Need to Conduct Research with Human Subjects?

You must discuss research with the departments and facilities where the research will be conducted and obtain appropriate administrative approvals before you submit for Institutional Approval. It is best to consult someone from the appropriate department about your study as he or she can be a valuable source of information. If you are using a lab, pharmacy or other ancillary service, it is best to arrange a meeting with them to discuss your study in advance to agree on budgetary and operational issues. In addition, students conducting research must have a full-time faculty member serve as a mentor. Also, all non-exempt research proposals should have approval from a Department Chair and Facility Executive Director or designee.

This is a list of commonly required approvals for the North Shore-LIJ Human Research Protection Program :

- Department Chair , Facility Executive Director and/or Nursing Leadership
 - Research involving human subjects at any North Shore-LIJ Health System facility requires the review and approval of the Department Chair of the department or Chief Nurse Executive and the Executive Director or designee of the facility where the research is being conducted and a Health System or School of Medicine authorized IRB. While the Department Chair or Facility Administration may deny a protocol from proceeding he/she may not overrule the decision of the authorized IRB. Detailed policies for the Human Research Protection Program may be accessed at www.nslj.com/irb or by calling 516-321-2100.
- Radiation Safety Officer Approval
- Departmental scientific review committee approvals (as appropriate)
 - Radiation Safety Committee/Radioactive Drug Research Committee (RDRC)
 - Institutional Biosafety Committee (IBC)
 - Bio-Engineering
 - Cancer Services Research Review Committee (CSRRC) for adult and pediatric cancer studies
 - Emergency Medicine Research Committee (EMRC) for emergency medicine studies
 - Psychiatry Research Committee for psychiatry studies.
- Institutional Approval
 - Institutional Approval is our entity's determination that an investigator can conduct clinical research under its auspices. It is separate from IRB review and approval and a signed contract. It means that the study has been evaluated and a decision has been made that as a Health System, we want to engage in the conduct of the study. This approval is facilitated by the Central Research Administration on behalf of the Senior Vice President of Research for the Health System, and is provided for investigators conducting studies that have the resources, expertise and regulatory approvals necessary to conduct the study.

Note: Depending on the kind of study you propose and the substances involved, in addition to the approval there may be additional training and regulatory requirements for use of research resources including radioactivity, stem cells or recombinant DNA.



For more information about the necessary kinds of approvals required, please contact Research Administration at (516) 562-3467 or feinsteinadministration@nshs.edu. Remember, you should commence the study only when IRB approval and/or institutional approval has been granted.

4C. IRB Authorization Agreements

As mentioned above, you will need the approval or exemption of a Health System authorized Institutional Review Board (IRB) if you are conducting research with human subjects. Another option is to enter into an IRB Authorization Agreement with an external IRB.

What is an IRB authorization agreement and when can it be used?

An IRB Authorization Agreement (IAA) is a formal agreement between institutions and IRBs that identifies the Institutional Review Board of record and defines the responsibilities for both the institutions and their IRB. Although the Health System may enter into an IAA with an external IRB, it still maintains the responsibility for the oversight of the study. This means that the Health System does not relinquish oversight responsibility and you are still responsible for adhering to institutional policies and are still subject to internal audits.

Your research study may necessitate the use of another IRB for the review and approval of your project. Institutions involved in multi-center studies may use joint IRB review, reliance upon the review of another qualified IRB, or similar arrangements. These arrangements are made to decrease unnecessary duplication of effort, delays, and increased expenses in the conduct of multicenter clinical trials. The IRB of record will need to ensure that the criteria for IRB approval are met.

In order to satisfy the IRB approval requirements, the Health System IRBs recognize four possibilities:

1. The IRB can be the IRB of record for all sites;
2. The IRB can be the IRB of record for the coordinating investigator/sponsor investigator only;
3. The IRB can defer to another qualified IRB as the IRB of record;
4. The IRB can review jointly with other IRBs; examples of joint review include:
 - The North Shore-LIJ IRB reviews the consent forms to be used within the Health System for local context approval, yet full IRB review occurs with the IRB of record.
 - The North Shore-LIJ IRB can be the IRB of record for all the sites, yet the consent form is reviewed locally at the other institution's IRB for local context.

Note that approval to use another IRB is not automatic. You must contact your IRB of record to apply.

The Health System will most often consider entering into an IAA in the following situations:

- Multi-center studies;
- Where the majority of procedures will not take place at a Health System facility (for example subjects are consented and enrolled at our site but sent elsewhere for treatment)
- Where the Health System has a significant conflict of interest; and/or
- Where an investigator is transferring to the Health System from another institution with ongoing active clinical research studies

Regardless of the IRB performing the IRB review, your responsibilities will include the following:

- Obtain departmental approvals for the research
- Fulfill requirements for investigator training
- Submit research to an authorized IRB for: initial review and approval; continuing IRB review; review of modifications to previously approved research; and unanticipated events involving risks to subjects or others
- Adhere to applicable institutional policies, Good Clinical Practices (GCP), and federal, state and institutional requirements throughout the conduct of the study
- Report non-compliance, research terminations and suspensions to the reviewing IRB and the Health System IRB
- Make research records and essential documents available for Health System audits.

For more information on the IAA process, please contact the North Shore-LIJ Human Research Protections Program, coordinated by the NSLIJHS Office of the HRPP at 516-321-2100 or irb@nshs.edu.



More information can be found in policy GR053 Research at the North Shore-LIJ Health System and GR056 Research with Human Subjects (IRB Approval). Remember, Research Compliance and the HRPP Offices are your partners for successful clinical research.

Part 5: Resources Available and Protocol Pre-Submission Help

5A. Resources

The Feinstein Institute for Medical Research provides research services and/or support to investigators conducting research throughout the Health System. Some of the resources available to you from team members at the Feinstein are:

- Assignment of a Case Manager if using the North Shore-LIJ IRB
- Pre-IRB submission help
- IRB Office Hours – Every Monday from 3-5 pm
- Pre/post submission statistical consultation from the Biostatistics Unit
- Assistance with obtaining external support for research projects and programs from the GMO
- Regulatory guidance pertaining to study start up and conduct from the Office of Research Compliance (ORC)
- Assistance with research staffing, submission to the IRB, regulatory management, recruitment, finances, and advice from the Clinical Research Service
- Assistance in IT security, ePHI data storage, electronic data capture application (i.e. REDCap), and electronic research administration applications from Research Information Systems
- Guidance on research policy and training from the Office of Research Policy and Training

Another resource is the North Shore-LIJ Human Research Protection Program (HRPP) website “Tools and Guidance” page: www.feinsteininstitute.org/hrpp/guidance

Here you will find detailed instruction on how to:

- Write protocols
- Create a consent form
- Submit to the IRB
- Respond to an IRB decision letter
- Report protocol deviations or serious adverse events to the IRB
- Report your study’s progress or termination to the IRB

Investigators are encouraged to express concerns and convey suggestions by calling the Office of the HRPP at 516-321-2100 or emailing irb@nshs.edu. Investigator tools, guidance documents, health system research policies, and Human Research Protection Program (HRPP) policies and procedures can help answer questions you may have and can be found on the HRPP website at www.feinsteininstitute.org/hrpp.

What is the role of an IRB Case Manager?

If utilizing the North Shore-LIJ IRB, an IRB Case Manager is a person assigned to a department to assist with the IRB process. Each Health System facility and/or department has a designated IRB Case Manager responsible for communicating IRB decisions and helping investigators address concerns. Investigators usually contact Case Managers to obtain:

- Direction or guidance on how to submit a study to the IRB
- An opinion on risk determination
- Sample language or templates of documents such as protocol and consent forms
- Pre-submission review

North Shore-LIJ HRPP staff members are always willing to meet with you at our place or yours! Your designated IRB Case Manager is responsible for communicating IRB decisions and helping investigators address concerns.

Who is my case manager?

The contact information for the North Shore-LIJ IRB Case Managers can be found on the IRB website at: www.nslj.com/irb. You can also call the Office of the HRPP at (516) 321-2100 and obtain the name and phone number of Case Managers.

What is a “pre-submission review” and for whom is it available?

A pre-submission review is an informal subjective review of the research proposal by a Health System HRPP staff member. In the best case scenario, it will be a review of the application and other applicable documents such as a protocol, consent form and data collection form. Usually, the HRPP staff member providing you with pre-submission review is your department’s Case Manager. Pre-submission review is available to all Health System investigators using the North Shore-LIJ IRB.

During pre-submission review, the HRPP staff member may:

- Inform you of what needs to be done, such as which forms to use, and which tutorials and documents to complete
- Refer you to other Health System offices for additional help
- Review your drafted documents for completion and provide feedback before formal submission to the IRB
- Meet with you to help complete your documents or when your submission package is ready
- Provide you with information on regulatory requirements



Note that pre-submission review cannot guarantee you approval, but will help get your submission in acceptable shape for IRB review.

When does “pre-submission help” work best?

Receiving pre-submission help works best when:

- The investigator has a true understanding of his/her research proposal
- The investigator is receptive to increasing human subject protection and to organizing the submission in a way that increases reviewer understanding
- The investigator plans ahead. If you think that the submission will take one month, give yourself three months. Contact the Case Manager early in your development process even if you do not have the full application ready as you will need time to work together, and the Case Manager needs time to provide you with an informative review.
- The investigator informs the Case Manager of his/her specific needs and timeline/deadline. Case Managers provide assistance on a first-come first-served basis. However, exceptions can be made on a case-by-case basis.
- The investigator understands that pre-submission help is a subjective informal review and not meant to be an all-inclusive formal IRB review

When do I know that my project is approved to begin?

“Approval” comes in the form of a letter (usually emailed) to the PI from the Office of the HRPP stating that the research study has been reviewed and approved or that an exemption has been granted. Verbal approval does not replace written approval. You may commence the study only when the IRB provides either a written letter of approval for your project or a written letter that a protocol exemption has been granted.

What is a statistical consult?

A statistical consult is assistance provided by the Biostatistics Unit to Health System investigators. A consult may be helpful with study design, statistical review, sample size and power calculation, quantification and measurement issues, case report form (CRF) development, interim and final data analysis, randomization, simulation studies, data quality assurance, and mathematical modeling. This service is available to all investigators on a first-come first-served basis.

Should you want a pre-submission biostatistics review or post data collection data review, please call (516) 562-0300. It is strongly recommended that you secure an appointment early as they book-up quickly.

The link to their website is: www.feinsteininstitute.org/Biostats.

What is the Office of Research Compliance?

The Office of Research Compliance (ORC) of the Feinstein Institute oversees the conduct of research and the Human Subject's Protection Program for the Health System. Its mission is to provide comprehensive regulatory guidance and education to the research community to ensure the responsible conduct of research.

Starting Your Study
<ul style="list-style-type: none">• Site Initiations: Designed to assist investigators in meeting protocol implementation and regulatory requirements. Prior to enrollment of subjects, we will assist you in proper study set up and discuss consent and protocol related issues.• Sponsor-Investigator IND/IDE Holders: We can review FDA regulations and other requirements with you to ensure that you meet study conduct and reporting requirements. Fee for service monitoring is also available.• Regulatory Set Up: We can assist you in setting up your regulatory and study related documents before you start your study.
During Your Study
<ul style="list-style-type: none">• Pre-Reviews: Prior to an external audit, we can perform a review of your regulatory documents to identify and quickly resolve any issues.• Consults: We can assist you at any time if you have questions about your study or run into issues with study implementation.
Education
<ul style="list-style-type: none">• As part of the Public Research Education Program (PREP) regular courses to facilitate development, conduct and management of research are offered during the academic year (Sept – June). See schedule on our website for more information. Online PREP courses are available through centricityseries.org.• We also offer tailored research education for your group or department.

Please feel free to contact the ORC at any time throughout the preparation or conduct of your research study at orc@nshs.edu, 516-562-2019 or www.feinsteininstitute.org/ORC.

Does my department also provide research support?

Your department should also provide you with the necessary research mentoring. You are encouraged to contact other investigators within your department for feedback prior to submitting your application to the IRB. If you wish to work with team members outside of your department on your research study, it is prudent to speak with them and establish working relationships prior to submission to the IRB. If you require additional research support or services you can contact the Clinical Research Service for more information.

Does the Health System have an electronic medical library which I can use?

Yes! EMIL is the acronym for the Health System's Electronic Medical Information Library. It is accessible through Health Port, and it enables staff throughout the Health System to access a comprehensive suite of databases, e-journals, e-textbooks and reference services, both on campus and remotely, from one single platform.

You can access EMIL at: <https://nsljhp.northshorelii.com/NSLIJ/departments/EMIL/Pages/default.aspx>.

In addition, if you are looking for an article that is not available, a librarian can request it for you. You can do this by sending an email to AskTheLibrarian (Ill@nshs.edu) with the title of the requested article(s).

What is the Clinical Research Service?

The Feinstein Institute for Medical Research provides a comprehensive infrastructure to conduct clinical research. Under the clinical research resources available we have the Clinical Research Service. The mission of the Clinical Research Service (CRS) is to facilitate the conduct of patient-centered research initiated by or conducted at the Health System. The CRS offers investigators what they need to conduct clinical research, including clinical research nurses and coordinators, assistance with participant recruitment and research promotion, financial review, budget negotiations, investigational pharmacy operational advice, and information on other resources available.

Clinical Research Center
The CRS has a Clinical Research Center which is located in the Boas Marks Pavilion of the Feinstein, and it provides clinical space to those investigators who require it outside of their own offices. It includes fully-equipped exam rooms, an infusion room, a medication room, clean and soiled utility rooms with specimen-processing ability (cold and ambient centrifuges). In addition, the CRS coordinates with Health System hospitals for the availability of in-patient rooms.
Nursing and Coordinator Core
The coordinator core's goal is to provide solutions to implement clinical studies and support research participants from pediatrics to geriatrics. The highly-trained clinical research nurses and coordinators assist investigators in facilitating the day-to-day research process while supporting research participants in a caring and efficient environment. While this team resides in the Feinstein, they can be available anywhere an investigator conducts clinical research.
Recruitment Core
The recruitment core's goal is to improve awareness of and recruitment into clinical research programs within North Shore-LIJ Health System. It develops departmental and protocol-specific recruitment strategies while fostering participation of under-served populations. In addition, the recruitment core promotes and maintains a registry of persons willing to volunteer as research participants.
Financial Core
The Finance Core manages, plans and organizes financial activities of the Clinical Research Service (CRS) and research occurring at the health system. This includes, but is not limited to, Medicare coverage analysis, budgeting, securing National Government Service coverage approval, financial reconciliation, coordination of inpatient and outpatient charges to grant funds, and subject payments.
Investigational Pharmacy Core
The Investigational Pharmacy Core provides support and oversight for the management of investigational drugs used in all clinical research conducted in the North Shore-LIJ Health System. Our objective is to improve the quality and integrity of clinical research and promote both patient care and safety.

There are fees associated with staffing support and space usage; however, the other services are available at no charge to the study team. If you would like to request any of the services listed above, please contact the Clinical Research Service at CRS@nshs.edu, 516-562-0340 or 516-562-1012.

Who else can help me conduct research?

In addition to the Clinical Research Service, the Feinstein Institute provides additional clinical trial support services such as:

- Biorepository
- Tissue Donation Program
- North Shore Informatics Group
- Biostatistics
- Imaging Core Facility

Laboratory Research Resources available include:

- Microscopy Facility
- Molecular Biology Core Facility
- Flow Cytometry Facility

Please contact Research Administration at (516) 562-1093 for more information.

For a complete list of services available to investigators, please see the Resources Section in the Appendix.

What is Research Information Systems?

Research Information Systems (RIS) was formed in early 2014 and is a key player in shaping the future of research at North Shore -LIJ Health System. Research IS provides tools, services, applications and technology infrastructure to the research community.

Research IS focus is mainly in 3 areas:

- **Electronic Research Administration:** managing applications designed to support Office of Research Compliance, Clinical Research Services, Grants Management Office, IRB, IACUC, and Tech Transfer. These applications include InfoEd, Maximus, LabTracks and Inteum.
- **Clinical Research Informatics:** providing and supporting electronic data capture applications, tools that are secure and compliant. Help in designing database systems to electronically capture data. RIS provides services for system integration and reporting on various research platforms. Free classroom training is also provided for applications such as REDCap. RIS is involved with the deployment of a BIG DATA analytics platform, Explorys, which will help researchers to mine various clinical and laboratory systems centrally. RIS is also embarking on streamlining and centralizing reporting needs through data pull request process.
- **Core Research IT:** building a robust Research IT infrastructure that offers expert advice and support on vetting computing platforms, systems, software and applications that deal with sensitive data. RIS provides statistical analysis software such as SPSS & PRISM, secure FTP for data transmission, and ePHI drive for secure data storage. RIS also provides guidelines and SOPs for best practices on how to handle sensitive data.

The goal of Research Information Systems is to build an informatics ecosystem for research to facilitate advancement of medical research.

Part 6: Submission of the Project for IRB Review

How do I submit a proposal to the IRB?

There are two different IRBs that may review research for our Health System, and each requires different submission forms.

North Shore-LIJ Health System IRB (www.nslj.com/irb or 516-321-2100)

- May review for all owned and sponsored Health System entities
- Study specific IRB authorization agreements with academic partners or central IRBs

For the North Shore-LIJ IRB, you will need to complete the required forms based on the type of review assessed for your study (see previous section on initial assessment of type of IRB review). The forms can be found at the Health System's web site: www.feinsteininstitute.org/Feinstein/Forms.

To determine which forms are needed for your study, see the "How-to-Guidance" link at the IRB web site: <http://www.nslj.com/irb>. It may also be helpful to review North Shore-LIJ IRB policies, which can be found at this link as well.

Submit your application and relevant documents to the North Shore-LIJ IRB via email (IRB@nshs.edu).

Detailed application procedures and forms are available from each of the following IRBs. Please contact them to determine requirements:

Biomedical Research Alliance of New York (BRANY) IRB (516-470-6900)

- Central IRB, may review for all owned and sponsored Health System entities, review limited to industry conceived and sponsored studies

Note: Use of any IRB other than the above two listed, requires prospective written permission from the Office of the HRPP.

What happens after submitting to the IRB?

HRPP staff will contact the PI or research site with formal IRB comments, questions or requests for changes. The investigator and HRPP staff may communicate back and forth a few times before a study is ready for approval. You will receive written approval to commence your study.

Part 7: Study Initiation

This section describes various areas that are essential to create a good foundation for successful study implementation.

7A. Responsibilities

The complexity of your study may affect the size of your research team, with small studies usually requiring a research coordinator and large studies requiring additional personnel such as recruiters, data managers or others. Regardless, everyone's roles and responsibilities should be clear from the onset of the study.

What are investigator responsibilities?

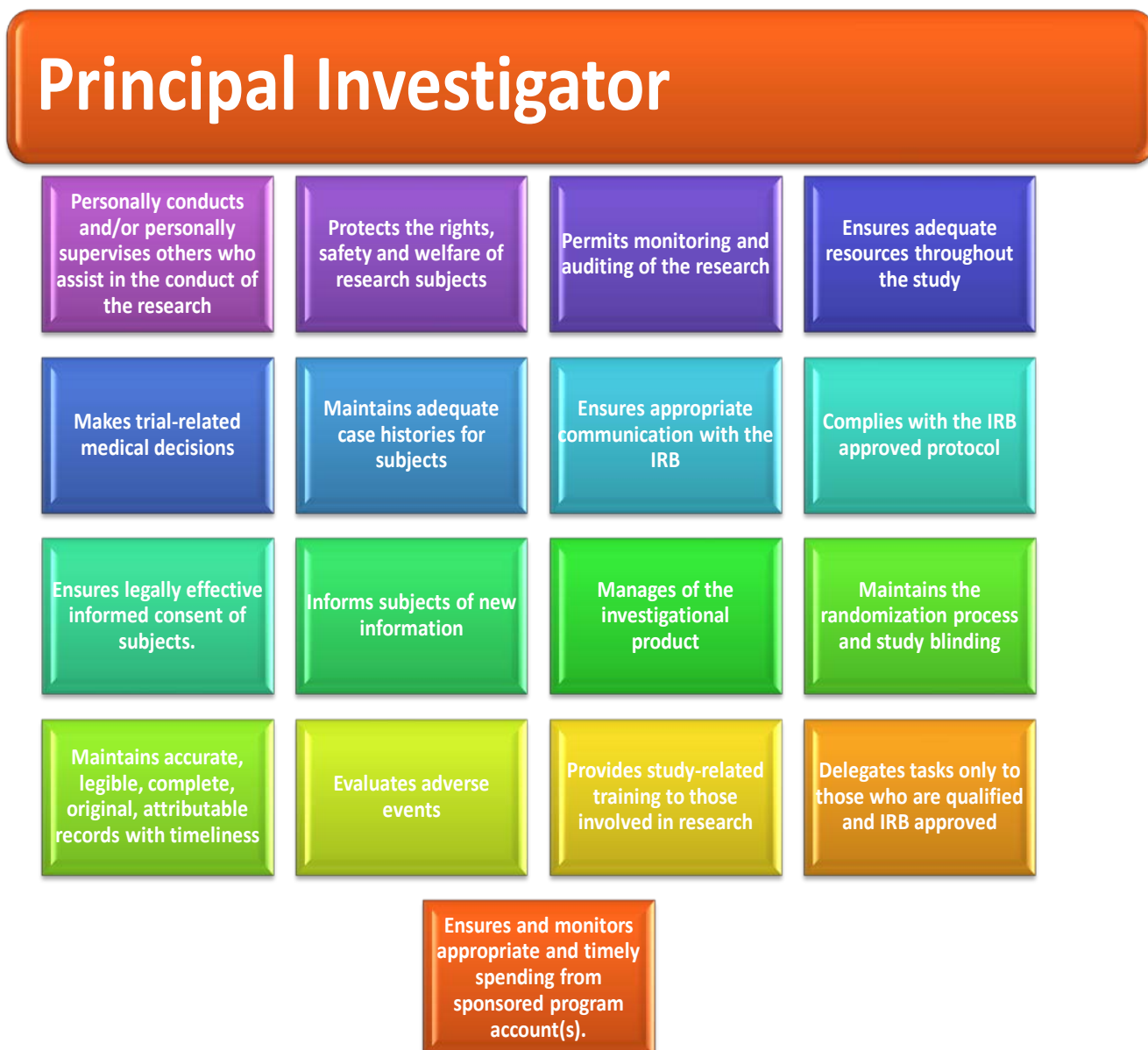
The Principal Investigator (PI) is responsible for all aspects of a study (administrative, financial and conduct) even though tasks are often delegated to other research staff. In general, an investigator has responsibilities that include:

- Conducting research as approved by the IRB, IACUC, IBC or other regulatory committee
- Complying with Federal, State, & Institutional regulations and policies
- Completing required education and ensuring all study personnel under their supervision have completed training
- Conforming to Good Clinical Practice (GCP) guidelines when conducting research with human subjects

Specific obligations of a research PI and investigator include:

- Personally conducting or supervising the investigation
- Adhering to the protocol and notifying the IRB and the sponsor before making any changes to the protocol except to remove subjects from immediate hazards
- Maintaining critical documents such as source documents, case report forms (CRFs), and regulatory binder documents
- Prospectively obtaining consent of subjects with the IRB approved consent form as appropriate
- Documenting and reporting study or subject related issues (serious adverse events, protocol deviations, unanticipated problems, etc.)
- Providing protocol related training to research staff
- Ensuring that everyone assisting in the study are informed of their obligations
- Assessing adverse events
- Delegating study related tasks only to those who possess the appropriate qualifications
- Working with the GPO and CRS if invoicing the sponsor
- Submitting reports to sponsor, the IRB, FDA or others as required
- Administering or dispensing investigational products and maintaining records (must have proper clinical licensure to do so) Cooperating with internal and external auditors/monitors and regulatory agencies

Below is the summary of a Research Principal Investigator's responsibilities throughout the study:



What are clinical research coordinator responsibilities?

Typically, a clinical PI may delegate certain tasks to the Research Coordinator. The Research Coordinator is often delegated the administrative and operational aspects of a study. These tasks often require a great deal of time, which is why complicated or large trials often require a dedicated Research Coordinator. A Research Coordinator often requires adequate training and experience to handle many of the common tasks listed below. Although many tasks are delegated to the Research Coordinator, ultimate responsibility for the study still remains with the PI. An investigator may not delegate treatment or clinical decisions to non-clinical unlicensed personnel.

Common Research Coordinator tasks include:

- Screening and recruitment of study subjects
- Scheduling and facilitating subject visits
- Involvement in the consent process
- Collection of study-related data

- Documentation of study-related events
- Involvement in completion of case report forms and data entry
- Organizing and maintaining critical documents
- Managing sponsor and IRB correspondence and documents
- Ordering study supplies and investigational products
- Obtaining and shipping biological specimens
- Handling financial aspects (subject payment, study budget preparation and tracking)
- Working with the GMO and CRS to ensure accurate and timely sponsor invoicing
- Facilitating audits or monitoring visits
- Other administrative duties as required

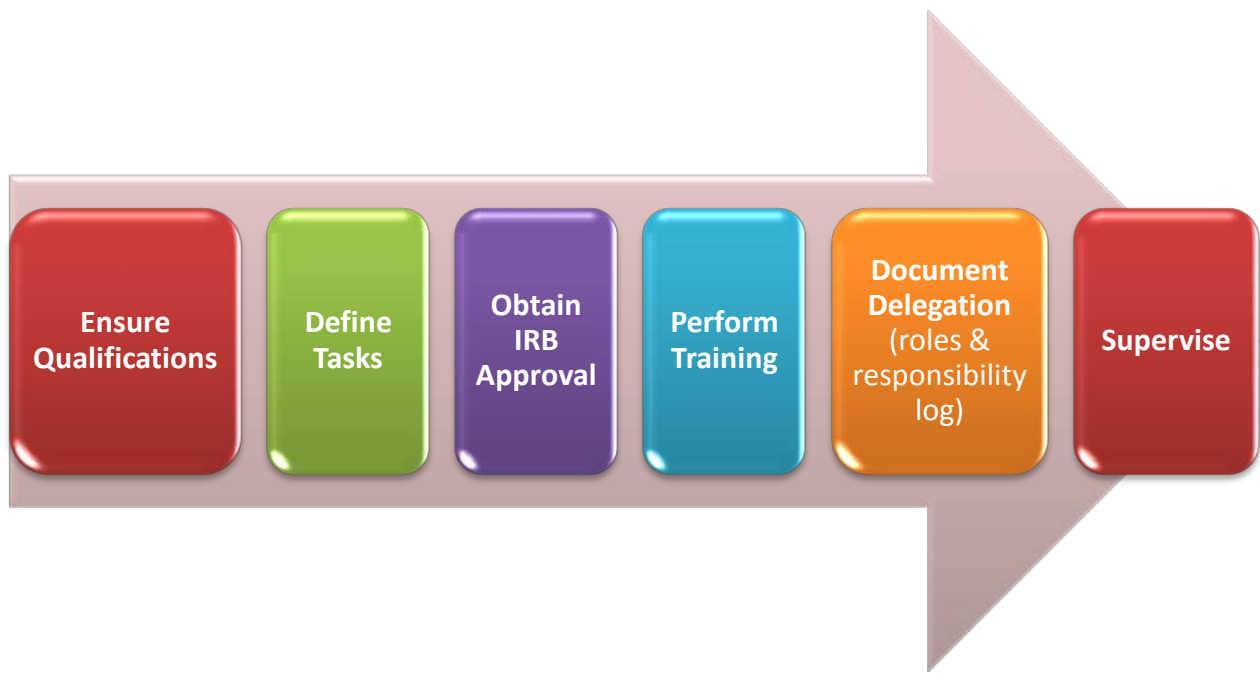
Our Health System provides information and resources for research coordinators through the Quarterly Clinical Research Coordinator meetings, Research Matters newsletters, and email communications on research updates. Please contact the Clinical Research Service at 516-562-03400340 or email crs@nshs.edu to be included in the email distribution for research coordinators.

Delegation of Authority

The PI may delegate tasks to other members of the study team. In addition to the research coordinator, the research team may include the following:

- Research nurses
- Sub-investigators
- Data coordinators
- Research pharmacists
- Research associates

Assigning study-related tasks to any member of the study team requires documentation. The PI must prospectively document what tasks are delegated, to whom and the duration of involvement. The delegation log must be updated as responsibilities change. The delegation of tasks can be documented using the Delegation of Authority Log which can be found in the North Shore-LIJ regulatory binder. Below please find the graph for appropriate delegation process:



Remember: Although tasks can be delegated to other team members, the responsibility remains with the Principal Investigator and PI supervision is necessary. Health System policies GR090 Principal Investigator Responsibility for Human Subject Research and GR097 IND/IDE Sponsor-Investigator Responsibilities must be followed.

Study Initiation

A study initiation is a way of kicking off your research study and is usually conducted before the study begins. The purpose of the Study Initiation is to perform study-related training and inform study staff about their obligations. The following topics are usually reviewed:

- Regulatory binder and regulatory requirements
- Responsibilities of study staff
- Study conduct including Good Clinical Practices and regulatory compliance
- The study protocol, procedures and schedule of events
- Adverse event reporting requirements
- Case Report Forms (CRF) completion
- Control of the investigational product (as applicable)
- IRB requirements
- Monitoring, inspections and audits

Tips for Success During Study Initiation:

- Be sure to fully understand the time and commitment necessary to conduct a study
- Provide adequate training for coordinator and research team to handle study
- Spend the time up front to set up a process with open lines of communication to ensure the study runs smoothly
- Meet on a regular basis with the study team to iron out issues that arise and to revise processes that don't work
- Make sure your eligibility criteria is not overly stringent so that you can enroll an adequate number of subjects
- Consider various methods or approaches to recruitment

ORC Study Initiation Visit

The ORC can assist you with your study initiation. This administrative office offers services to assist investigators in meeting protocol implementation and institutional, state, and federal regulatory requirements and responsibilities before a study begins. You can request site initiation visits after obtaining IRB approval has been obtained and prior to enrollment of study subjects. All relevant study personnel should be present for the study initiation visit.

The ORC will review the following:

- Study documentation (e.g. complete regulatory documentation, consent and enrollment process, subject files, sample procurement and tracking, investigational product accountability, case report forms and source documents, etc.)
- Protocol implementation including research team roles and responsibilities, participant recruitment strategies and entry criteria, and the consent process
- Regulatory binder contents (see regulatory binder section). Contents and downloadable forms are available online at: <http://www.feinsteininstitute.org/Feinstein/Regulatory+Binder+Documents>

What is the role of coordinating centers for multi-center trials?

In addition to running a research study at your site, you may also have the opportunity to be responsible for running a multi-center study. A multi-center study involves the coordination of study activities at a number of external sites.

The role of the coordinating center (also known as the “lead site”) in multi-center trials depends on the study. A coordinating investigator is responsible for the overall coordination of a trial that involves investigators at different sites. A sponsor-investigator is responsible for the conduct of the clinical trial at a trial site and also for the initiation, management, and/or financing of a clinical trial. Whether coordinating or managing, the general regulatory oversight and conduct of the research protocol should be documented. It is recommended that a plan to manage or coordinate a clinical trial be submitted to the North Shore-LIJ IRB for review prior to study initiation when it involves an investigator-initiated clinical trial in which the PI is the coordinating-investigator or sponsor-investigator.

Developing a plan in advance of managing or coordinating an investigator-initiated multicenter study should be done to enhance the ethical performance of the research study, ensure the appropriate conduct and to promote the accuracy and quality of research data collected. The coordinating/sponsor-investigator should have the necessary resources (i.e. experienced staff, project manager, research coordinator(s), biostatistician, equipment, software, time, space, study monitors, Data Safety Monitoring Board, etc.) to adhere to the responsibilities agreed upon. The plan should be submitted to a North Shore-LIJ authorized IRB for review prior to study initiation.

In investigator-initiated clinical trials, sometimes the term “sponsor” is loosely used to solely describe the funding source instead of the associated responsibilities. Therefore, the allocation of duties and functions should be defined, established prior to initiating a trial to ensure clarity of responsibilities. If something is delegated and is agreed upon, this should be documented. Any duty or function not delegated stays with the sponsor.

The coordinating investigator or sponsor investigator can use a centralized IRB review process and facilitate agreements or other necessary communications to ensure that the multi-center human subject research has appropriate IRB oversight. Investigators should speak with their IRB of record to discuss this possibility early on.

For more guidance, please contact the ORC or visit their website for the current guidance and tools for multi-center research.



More information is found in the following Health System Research Policies on HealthPort:

- *GR091 Investigator-Initiated Multicenter Human Subject Research*

7B. Communication

Working with a research team

Working with a research team requires a lot of communication to ensure that the study goes smoothly. There are often different people involved in different aspects of the study, which is why it is important to have regular meetings, either weekly or monthly. If you are working with a mentor, it is recommended that you meet with your mentor regularly to deal with unanticipated issues that often arise once a study is underway. For complicated studies that involve a large team, you may need to create standard operating procedures (SOPs) that describe in detail the organization of the research site and how each part of the research should be carried out. The process should be clear and transparent to all team members, and should be re-visited regularly as things often change over time. Sample Clinical Trial SOPs are available through the Clinical Research Service.

Working with other departments and sites

Successful research outcomes often depend on internal and external collaborations. While you are planning your research, consider what institutional relationships will be imperative for your success. As mentioned previously, obtaining departmental support is the first step, but you should also consider obtaining support from ancillary departments. Examples include pharmacy, radiology, medical records, laboratory services, nursing and patient accounts. Each of these departments may have their own requirements and standard procedures that could impact your research project. Identifying these departments and establishing proactive relationships before you initiate your study will pave the way for the success of this and future projects.

Your research study may also involve external sites. Multi-center research requires more regular communication. If you're the lead site, you will be responsible for protocol-related training or formal site monitoring. Setting up regular meetings can help facilitate communication of essential information. Typical forms of communication include site initiation visits, periodic visits to other sites to confirm the conduct of the study, monthly conference calls and annual investigator meetings.

7C. Collecting Data

When you collect data, you should ensure that you collect the necessary information to adequately support your research. You will typically collect data by using case report forms or data collection forms, in conjunction with databases to store data securely for eventual analysis. Study forms and databases should be created, and data collection processes finalized, prior to the initiation of your study.

What are case report forms?

Case Report Forms (CRFs) are used to collect study data, and are typically used in prospective clinical research studies. Retrospective chart review studies more often use Data Collection Forms, which are covered in the next section. Much of the following information applies regardless of the type of study or data collection instrument, however.

The quality of your CRFs is directly related to the quality of your study results as CRFs are designed to capture essential data points that are related to your hypothesis and aims. CRFs are either paper or electronic forms

that the research team completes during the study. The CRFs correspond to each study visit (if there is more than one) and capture all protocol related data. When you create CRFs you should think about the following:

- Does the CRF relate to your study hypothesis and aims?
- Is the data in your CRF consistent with your IRB approved protocol? (e.g. if you are collecting any of the [18 HIPAA identifiers](#), are you IRB approved to do so?) Is there a place for the person completing the CRFs to initial or sign and date?
 - When using **electronic CRFs** (eCRFs): any application used for eCRFs must log the username of the person who entered data in the eCRF, and the date, time, and specifics of the data that was entered. This information must be auditable. (Some protocols may also require an electronic signature on completed eCRFs.)
- Are your CRFs standardized to allow for consistency among those who will complete the forms and for optimal data analysis?
- Does the format allow for easy data entry?
- Carefully plan in advance for missing data by including options on your CRF such as “N/A”, “data not available”, “data not collected”, etc. This will prevent holes in your dataset.
- Are the questions on the forms written to elicit the exact information/data needed for analysis?
 - Ensure the questions on your forms are very clear by having many people review them, especially people outside your department or field.
- Avoid using double-barreled questions (do not ask more than one question at once). If using an electronic system for eCRF development:
 - Use meaningful variable names. (e.g. When creating a field for Subject’s Date of Birth, give the variable a name that relates to the data captured, like “DOB” and not “variable1”.)
 - Whenever possible, avoid using open text fields.

Note: After developing your CRFs, it is wise to share them with your study statistician to ensure the data collected in the forms will meet the needs of the statistical analysis.

Tips for Successful CRF Completion:

- Never use pencil or correction fluid on CRFs
- When making revisions, strike through with a single line, initial and date the correction
 - When using **electronic CRFs** (eCRFs): any application used for eCRFs must track changes made to data, including the username of the person making changes, date and time changes were made, and the specifics of the data changes. This information must be auditable.
- Only collect information that was included in the IRB approved protocol
- Double check the form after completion to avoid missing data
- Periodically verify the accuracy of collected data through self-auditing

What is a data collection form or spreadsheet?

A data collection form or spreadsheet is used to capture data that is later used for analysis. These forms and spreadsheets are often used to capture data during chart reviews or are used to compile data gathered from CRFs. See the section above on CRFs for more information and tips on creating data collection forms for chart reviews—many of the lessons for creating CRFs apply to data collection forms as well.

Data collection spreadsheets and forms can be maintained on the computer as a file saved on a secure drive, but only if no [HIPAA identifiers](#) are collected. They can also be maintained in a special HIPAA-compliant application. Throughout the North Shore-LIJ health system, two frequently used HIPAA-compliant options for collecting data are **REDCap** (Research Electronic Data Capture) and a research application, called **BUDDY** (Biostatistics Unit Database Design for You), developed by the [Biostatistics Unit](#) at the Feinstein. Importantly, both of these options allow for easy data entry through an electronic CRF/data collection form format. When data are entered into these user-friendly electronic forms, a database is automatically created on the back end from which data can be exported and queried, and reports generated as needed.

- For more information on REDCap visit www.feinsteininstitute.org/redcap.
- For more information on BUDDY, contact the Biostatistics Unit at 516-562-0300.

How is data collected and documented?

The quality of your data is directly related to your data collection process and documentation methods. The origin of data is also called the “source.” The source of the research data is considered the most valid information as it is where the information was initially recorded. Examples of the source documents include:

- The subject’s medical record
- Laboratory and procedure results
- The subject’s self-completed diaries or questionnaires
- Subject or patient notes, such as enrollment, eligibility, study visit and progress notes (can be handwritten or electronic)
- The research record
- The original informed consent form

To collect accurate data, many researchers develop data collection tools as described above. Data collection tools are often used by researchers to capture protocol-specific information and to demonstrate that the study was conducted appropriately. It is also used to provide signatures of those who performed study-related procedures. Therefore, the data collection tool may be the first place that the data is recorded. When this is the case, it serves as the “source” of the data. It is very important to maintain the original source documents.

Tips on data collection and documentation: Make sure that the information is ALCOA:

- **Attributable** – It demonstrates who it is about and who was involved
- **Legible** – The information can be easily read and understood
- **Contemporaneous** – Documentation occurred with timeliness
- **Complete** – All of the necessary elements are included
- **Original** – The source of the information was maintained
- **Accurate** – The information reflects what actually happened



Fundamental Elements of Data Quality

A

- **Attributable** – Does the documentation clearly demonstrate:
 - Who created the record and when,
 - What happened, and
 - When it occurred?

L

- **Legible** – Can the information be easily read and understood?

C

- **Contemporaneous** - Was the information documented with timeliness?
- **Complete** – Does the documentation include all of the necessary information?

O

- **Original** – Did you maintain the “source” of the information (see GCP Glossary, Sections 1.51 and 1.52)?

A

- **Accurate** – Does the information represent what actually happened?

Adapted from - FDA - GUIDANCE FOR INDUSTRY - COMPUTERIZED SYSTEMS USED IN CLINICAL TRIALS - ALCOA
<http://www.fda.gov/downloads/ICECI/EnforcementActions/BioresearchMonitoring/UCM133749.pdf>

Part 8: Conducting the Study – Best Practices

This section discusses how to conduct the study in compliance with regulatory requirements, GCP standards and institutional policies.

8A. What is Good Clinical Practice (GCP)?

When you conduct your study, you should follow GCP E6 guidelines (short for Guidance for Industry E6 Good Clinical Practice: Consolidated Guidance ICH 1996) that reflect an international ethical and scientific quality standard. Specifically, the GCP E6 Guidelines define the standards for designing, conducting, recording and reporting research involving human subjects. Compliance with this standard provides public assurance that the rights, safety and well-being of subjects are protected and that research data is credible. GCP defines the roles and responsibilities of clinical trial sponsors, investigators and monitors.

All research protocols should be conducted according to GCP standards. The GCP E6 Guidelines are available online through the www.fda.gov website.

What are my responsibilities as a researcher conducting a study according to GCP?

- You need to provide evidence of your qualifications (e.g. training, education and experience) through an up-to-date CV or other relevant documentation that may be requested by the sponsor, IRB, or other regulatory authority.
- You need to be familiar, with the appropriate use of the investigational product, as described in the protocol, in the current investigator brochure, in the product information, and in other information sources provided by the sponsor.
- You need to ensure the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor.
- You should maintain a list of appropriate qualified persons to whom you delegate significant trial – related duties.

8B. Subject Screening, Consent and Enrollment

What can I do to plan for enrollment of subjects?

Advertising for recruiting study subjects is sometimes planned right from the beginning of studies to help with enrollment. Generally, you are recommended to plan on advertising from the start when it is expected that subjects will be difficult to find and enroll, and when the timeline for enrollment is extremely ambitious. Sites can also routinely advertise for all their studies. The FDA has deemed that advertising for potential study subjects is not objectionable, and considers advertising to be the start of the informed consent process.

Materials to be utilized for recruitment (print media such as internet/electronic advertisement, newspapers, television and/or radio air time) may need to be reviewed by the NSLIJHS Marketing Department. Basic study information can be posted on the Internet without IRB approval. Basic study information includes: the title; purpose of the study; protocol summary; basic eligibility criteria; study site location(s) and how to contact the site for further information. The recruitment content of any other internet/electronic recruitment advertisement must be IRB approved before posting.

For help with planning for successful enrollment, please contact the Clinical Research Service at 516-562-0340. The Clinical Research Service has a Recruitment Core designed to improve recruitment into clinical research and it can develop departmental and protocol-specific recruitment strategies.

What do I need to know about the screening process?

Once you identify or recruit subjects you will have to screen them to ensure that they are eligible to participate in your study. There is usually a preliminary screening that is informal and done to generally assess whether the person may be a good candidate for the study, which can be done over the phone or in person. A more formal screening procedure (e.g. involving lab or other testing) may be required in some studies, but only after consent is obtained. You should develop a standardized screening form to ensure that you capture all necessary information.

General things you should consider asking the subject during the preliminary screening process may include the following, depending on your research study:

- If the subject is currently participating in other research studies, and the nature of those studies
- The types of medications he or she has taken within the last month
- If the subject has any allergies
- Pregnancy or plans for pregnancy
- Whether he or she can commit to the frequency of study visits and time frame necessary to complete the study



Remember: If you are collecting any protected health information (PHI) during the informal preliminary screening process, and a subject is a screen failure who did not sign a consent form, his or her PHI cannot be sent to external collaborators or sponsors.

Once you have identified the potential subject to be a good candidate for a study (through informal screening), you can proceed with the consent process.

What do I need to know about the consent process?

One of the main safeguards for the protection of human subjects in research is informed consent. It is defined by the ICH guidelines for Good Clinical Practice as: “ A process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject’s decision to participate. Informed consent is documented by means of a written, signed and dated informed consent.” An investigator should only use a written consent form and other written information which has received IRB approval.

Informed consent is required unless the IRB specifically waives this requirement. If you are unsure if consent was waived for your study, contact the appropriate IRB office.

Consenting subjects is a continuous process that begins with recruitment and usually ends when subject participation ends. At any time during participation, the subject must be provided with new information that may affect their willingness to participate. The willingness for continued participation should also be assessed at every visit. In addition, during the course of a study, researchers need to inform subjects when medical care is needed for other illnesses of which the researchers come aware.

At the Health System we strive for excellence in research. One way to do this is by ensuring that subjects’ rights are protected. We begin this protection by obtaining consent for research. If your study involves obtaining consent, we use the acronym STRIVE to remember the steps that must be followed:

How to consent Limited English Proficient (LEP) subjects for your study?

1. Use an IRB-approved translated version of the approved English consent OR if authorized by the IRB of record a short, generic foreign language consent form (available on the IRB web site) along with the English consent form.
2. Inform the potential subject of their right to free interpretation services via your site's Language Access Coordinator (LAC), or telephonic interpretation services.
3. Utilization of interpretation services should be documented in the subject's medical record, including the name of the interpreter or the telephonic interpreter ID#, and the information interpreted.
4. If the potential subject refuses the offer of interpretation services, any individuals acting as interpreter should be 16 years of age or older and should only be used in emergent circumstances, and their use documented in the medical record.

Who signs what?	
Translated Consent Form (TCF)	Short Form + English Consent Form (ECF)
<ul style="list-style-type: none"> • Bilingual approved investigator, LEP subject and witness <u>all</u> sign the TCF <p><i>If bilingual interpreter is used:</i></p> <ul style="list-style-type: none"> ⇒ LEP signs the TCF ⇒ Interpreter or 3rd party signs as witness on <u>both</u> TCF & ECF ⇒ Investigator signs the ECF <p><i>If telephonic interpreter services are used:</i></p> <ul style="list-style-type: none"> ⇒ LEP signs the TCF ⇒ Witness signs the ECF ⇒ Investigator signs the ECF ⇒ The telephonic ID# should be recorded on the TCF with a detailed enrollment note. 	<ul style="list-style-type: none"> • Investigator signs the ECF • LEP subject signs the <u>short form</u> • Bilingual interpreter or bilingual 3rd party signs as witness to the process on <u>both</u> the ECF and the <u>short form</u> <p><i>If telephonic interpreter services are used, an in-person witness to the consent process is required. It is preferable for a bilingual person to witness and sign both the ECF and the <u>short form</u>. However, if a bilingual witness is not available, an in-person witness who speaks the language of the research subject is acceptable. The telephonic ID# should be recorded on the <u>short form</u> with a detailed enrollment note.</i></p>

Questions? Contact your IRB Office or the Office of Research Compliance: P(516) 321-2101 or orc@nshs.edu



Research Consent Guide

STRIVE for Excellence in Research

Investigators obtaining consent from research subjects must:

Secure the right IRB approved version of the consent form.

Take ample time to discuss the entire consent with the subject and/or family.

Review questionnaires or options within the consent prior to signing it, if any.

If subject agrees to participate, subject, witness and investigator need to print, sign and date the consent form.

Verify that the consent form is complete including any options, dates and signatures.

Enrollment note must be written in the medical record and/or subject file.

REMEMBER:

1. Keep the original in the PI's research records, file a copy in the subject's medical record, and give a copy to the subject.
2. The signing of all consent forms by the subject must be witnessed and signed by a competent person 18 years of age or older. The witness can be a member of the research team, or subject's relatives/friends. The investigator obtaining consent may NOT serve as the witness.
3. If major changes are made to the study that may affect willingness to participate, re-consent the subject to ensure that they still want to participate.
4. Minors who reach the age of 18 while still on the study, must confirm that they want to continue participation by signing consent as adults.
5. Only IRB approved investigators can obtain consent from subjects.

The STRIVE card can be found at www.feinsteininstitute.org/wp-content/uploads/2013/02/2-5d-STRIVE.pdf.

What sort of documentation is required during the consent process?

Documentation of the consent process is key and the following elements should be addressed in your enrollment note:

- Explained procedures, risks, benefits and alternatives of the study to the subject, including explanation of use of investigational product
- Subject was eligible (met inclusion criteria and did not meet any exclusion criteria)
- Subject given an opportunity to ask questions, answered any questions the subject had and subject agreed to participate
- Contact information was provided to the subject
- A copy of the signed consent form was given to the subject
- Other information related to the consent process (including issues, changes, unexpected problems with solutions or additional protections implemented)
- Assent, if subject was not capable of providing consent (i.e. pediatric subjects or decisionally/cognitively impaired).

Alternatively, you can use a simple enrollment note checklist and tailor it to fit your study. See the enrollment note example.

Once the subject signs the consent form, he or she is considered enrolled, even if he or she withdraws shortly thereafter. Documentation of participation should be done throughout the study in the subject's medical record or subject file as appropriate.

Enrollment Note Checklist

Study IRB #:

Study Title:

Principal Investigator:

Subject Name: _____ ID#: _____

Date Subject Signed Consent: _____

Instructions: Check whether each consent element below was completed during the consent process. Provide an explanation for any “No” response below.

	Yes	No
Subject has met preliminary inclusion criteria		
Subject has not met preliminary exclusion criteria		
Informed consent /HIPAA authorization was obtained prior to performing any study-specific procedures		
Subject was provided with an explanation of study purpose, eligibility, procedures, risks, benefits, and alternatives, was given the opportunity to ask questions, and agrees to participate		
Subject was given a copy of the signed consent form		
A copy of the signed consent form was filed in the medical record		
Contact information of research staff given to subject		
Further comments / explanation regarding consent process when applicable: <input type="checkbox"/> Location/ setting of consent process <input type="checkbox"/> Protocol-required birth control and/or pregnancy test discussed <input type="checkbox"/> Consent tiers or quiz was completed appropriately <input type="checkbox"/> Assessment of capacity/participants level of comprehension <input type="checkbox"/> Legally authorized representative consented and adult assent obtained <input type="checkbox"/> Assessment of minor's capacity to provide assent <input type="checkbox"/> Specific requirements fulfilled for consent process requested by IRB committee or protocol <input type="checkbox"/> LEP subjects – consent obtained using short form/translator/translation services Provide explanation for any boxes checked above		

Signature of Investigator / person who completed this form _____ Date _____

Please file this checklist with the subject's original signed consent form in the regulatory binder.



Tips:

- Use protocol specific checklists documenting subject eligibility and enrollment that are signed and dated by the person completing them
- Consider mailing the consent form to subjects before the subject's visit so he or she has ample time to read it or share with their family members
- If you use a checklist, make sure that you document additional information that is not included in the template (as necessary)
- Remember, consent is not just a form but a continuous process

Things to consider before you obtain consent

Before you begin the consent process with your subject, consider the subject's ability to understand the information. The following are common issues encountered with the informed consent process:

Subjects with Limited English Proficiency – Federal regulations state that information given to the subject must be in a language that the subject understands. If you anticipate a population of subjects will speak a particular language, the consent form must be translated into that language. The translated consent form must be approved by the appropriate IRB office prior to its use. If you unexpectedly encounter a subject with limited English proficiency, you may use a translated short form to document informed consent. The language on the short form is based on the required elements of informed consent and is general enough to be used for any study. IRB approved translated short forms can be found in a variety of languages and are available through the North Shore-LIJ IRB website: www.feinsteininstitute.org/hrpp/forms. See Health System policy GR089 Informed Consent and Recruitment for Human Subject Research.

The short form is used to document the required signatures (the subject, the witness and the investigator), but does not take the place of the informed consent dialogue. There are very specific requirements for documenting signatures for subjects with limited English proficiency. When obtaining consent, it is also important to consider the subject's comprehension of the information. For this reason, an interpreter is used. Since this is a both the right of clinical patients, as well as research subjects, each North Shore-LIJ facility has a process for providing interpretation services, which can be found on HealthPort in the policy section of your facility.

Detailed documentation of the consent process is also necessary. The enrollment note should demonstrate that informed consent was properly obtained. The NSLIJHS Policy GR089 Informed Consent and Recruitment for Human Subject Research and the Human Research Protection Program Policies and Procedures outlines both the necessary elements that should be included in your enrollment note as well as the specific signatures of those involved in the consent process.

The Therapeutic Misconception – Unlike clinical practice, the goal of research is to answer a particular question rather than offer benefit to the individual subject. Subjects often misunderstand the difference between clinical care and research. The boundaries between clinical care and research are further blurred by the fact that many of the research required procedures may also be part of the subjects' standard clinical care for their underlying condition. This issue may be especially problematic in research that focuses on life-threatening illnesses where research subjects have the potential to view the study as "the last hope." To prevent the potential for misunderstanding, it is important to monitor the language you use during the consent process to avoid inadvertently overemphasizing the study's benefits. Another approach is to ensure that you discuss the "experimental" nature of the study with your subject. Because of the possibility of therapeutic misconception, it is also necessary to periodically assess and document the subject's understanding of participation and continued willingness to participate.

Decisionally Impaired Subjects – Most research studies involve the recruitment of subjects with the capacity to decide whether or not they want to participate. However, the nature of certain research studies necessitates the inclusion of subjects who are decisionally impaired. When this is the case, a legally authorized representative (LAR) may consent on the subject's behalf. Please contact your IRB of record for guidance for the use of a legally authorized representative and their policies on informed consent and vulnerable populations. The process for obtaining consent from an LAR is the same as for the research subject and detailed documentation of this process is essential to demonstrate that the rights, safety and the welfare of the subject is protected.

Sometimes, consent will be obtained from a subject who is temporarily decisionally impaired but later regains the capacity for self-determination. In this case, re-consent may be necessary if the subject is continuing their participation, or in the instance that it is necessary to communicate new risk information (such as the need for the subject to use of birth control for a period of time after receiving an investigational product). You may also need the subject's consent to continue to collect data that is derived from PHI.



Remember: If you anticipate the inclusion of decisionally impaired subjects, you should obtain prospective IRB approval for inclusion of this subject population.

Tips for Success During Enrollment/Consent:

- Informed consent documents must be approved by the IRB before use
- Have a good process to ensure that subjects that are enrolled are eligible to be in the study
- Informed consent must be obtained before a subject is enrolled
- Write enrollment notes that document the consent process
- Avoid over-enrolling or budget ahead of time if you plan to enroll more subjects
- Follow the approved consent process in your protocol
- Having a consent process that works (e.g. having an appropriate consent form, having the appropriate IRB approved personnel obtain consent)
- Maintain a central screening/enrollment log that captures all subjects who signed consent

8C. Subject Billing

When you conduct the study, you will need a process for capture and payment of costs associated with the subject's visit. You have to ensure that all clinical services rendered during the study are billed appropriately and to the correct PeopleSoft project number. You should review your study budget and create a detailed billing grid or plan for your protocol by visit or cycle that specifies which services are billable to the subject or 3rd party payer and which are not (e.g. covered by the sponsor, grant, etc.). Usually the research portions of the study (e.g. investigational product, tests done for research purposes, data collection and analysis) are not billed to the subject, but covered by the study grant or contract. However, you need to make sure that you know which procedures and visits are covered. A coverage analysis should be done by the CRS up front to make sure that any procedures or services that may generate a claim to Medicare or other insurers are qualified to be covered. Regulations and coverage policies for devices are different. For example, investigational devices require separate approval from the Medicare Administrative Coordinator (MAC) for coverage. If a coverage analysis was not done for your study or you do not have a billing grid, and there are procedures being billing to the subject or 3rd party payer, please contact the CRS and request that a this analysis be done for the study. The CRS can be reached at 516-562-1012, crs@nshs.edu or 516-562-1253.

You should also develop internal billing process maps or SOPs that allow you to work out the billing process logistically and ensure proper communication in the outpatient and/or inpatient settings with key people involved in the process (e.g. department administrators, research staff, patient accounts, finance, etc.).

At the time of the subject visit, you may need to work with registration and/or billing personnel to identify research subjects and ensure that research services are correctly billed. You can do this by utilizing the Inpatient or Outpatient Research Subject Registration forms that specify the research fund that will be charged, which are available online through the Research Billing policy on HealthPort. The principal investigator or program manager must review charges for completed procedures and review financial status reports at least monthly. Regular fiscal monitoring can help to detect errors early and correct them in a timely manner.

Vouchering, Payments and Subject Compensation

Subject compensation varies from study to study and depends on study involvement. For example, a single blood draw study may compensate for parking, whereas a study that involves an overnight stay within the hospital may compensate for time, travel and reimburse incidental costs such as parking. Regardless of type of study, the amount should not be coercive.

How you voucher and pay subjects may depend on your facility. Sites are encouraged to use the Clincard subject payment/reimbursement cards (MasterCard debit card), rather than petty cash, or check request.

Please contact the Clinical Research Service at crs@nshs.edu to request an application and/or contact their team for more information at 516-562-1012.



More information is found in the following Health System research policies:

- **GR022 Compensation for Research Subjects**
- **GR023 Research Billing Procedure for Outpatient Services, Inpatient Services and Ancillary Testing (includes Medicare Outpatient Payment Rates, Inpatient/Outpatient Research Subject Registration & Special Purpose Fund Account Set Up Form)**

8D. Following the Protocol

When you are conducting your study, you need to follow how your protocol is described and approved to ensure you are collecting your data in a standardized fashion. Sometimes using a schedule of events can be helpful and is usually included in the protocol. A schedule of events is a diagram of all procedures that will occur at every subject visit.

Any change from your protocol is considered a protocol deviation. Occasionally things don't go according to how the protocol was initially set up. That's okay. People oftentimes make changes to their protocol during the course of the study. If you need to make any changes, you will need to obtain IRB approval before implementing that change. The only instance when modifications to the protocol can be made without prior IRB approval is to remove subjects from immediate harm. However, this must be reported to the IRB as soon as possible.

It is also important that all members of the research team have access to and have read the most up-to-date protocol version, especially if you are working with other departments or utilizing services such as the research pharmacy.

What do I need to do to make modifications to the protocol or study?

Most likely you will make changes to your protocol while you are conducting the study. It is okay to make some adjustments if the process you had in mind did not work out or you want to change aspects of your study. You can make protocol modifications by submitting a modifications request form along with any revised documents to the IRB. Remember to consult with the Grants Management Office if there is an associated agreement or award in place that supports your study. Prior approval from the sponsor and amendment to the current agreement may be required. Once you obtain written IRB approval, you can go ahead and implement the changes.

Common types of protocol or study modifications:

- Adding or removing study personnel
- Changing study procedures
- Adding a new study site
- Increasing enrollment numbers
- Using recruitment flyers or posting

What do I need to know about randomization procedures?

Investigators need to follow the randomization procedures of the study. It is important to do so, to maintain the scientific integrity of the study. In addition, if a study is blinded, the blinding should only be broken as outlined in the protocol and/or SOP. When a study is unblinded prematurely, the researcher should promptly document and explain to the sponsor the premature unblinding of the study. A statistician should *always* be involved in developing the randomization procedures.

What are protocol exceptions?

There may be instances where exceptions to the protocol may be allowable. For example, you may have a subject that may not meet all inclusion criteria (they are one year above the age limit), but is otherwise a good candidate for the study. If your study has a sponsor, you should obtain their approval first and then obtain approval from the IRB to enroll the subject. The important thing to think about regarding exceptions is whether inclusion of the subject in the study will adversely affect the risks to the subject or the integrity of your study data.



Remember: Implementing a change to your protocol before obtaining IRB approval is considered a protocol deviation, even if you have approval from the sponsor.

What are protocol deviations?

If the protocol was not followed and an exception was not granted by the IRB, you must report the incident as a protocol deviation to the IRB. If the deviation did not affect the integrity of the data of your study or pose risks to subjects, then you can report it at the time of continuing review. Otherwise, you must report it immediately. When you report protocol deviations to the IRB, you should also include information on corrective and preventive actions that were taken.

Common types of protocol deviations include:

- Study procedure (lab test) not performed
- Study visit conducted outside of protocol specified window
- Consent process or form deviations

Tips for Success During Study Conduct:

- Make sure you are capturing Serious Adverse Events regularly and reporting them, per IRB policy
- Follow the protocol as written and implement protocol changes only after IRB approval unless you are removing subjects from immediate harm
- When you change the protocol, be sure to update the consent form and other relevant study items such as the schedule of events
- Correct process issues in a timely fashion that will prevent protocol deviations.
- Report protocol deviations to the IRB
- Report serious adverse events and unanticipated problems with timeliness
- Update Standard Operating Procedures regularly and disseminate to the study team

8E. Maintaining Study Documents

Study related documents should be maintained in an organized and secure fashion to facilitate study conduct. They should be available for review by the study team or by reviewers or auditors external to the team. You should have a study binder to file study related documents and others such as subject binders, investigational product accountability, etc. Any updated materials or forms should regularly be added to the appropriate binder.

What is a regulatory binder?

For studies where informed consent is required, all study documents must be maintained and organized in a regulatory binder. You can make your own binder by going to the online regulatory binder site: www.feinsteininstitute.org/professionals/resources-for-investigators/office-of-research-compliance/regulatory-binder/#top-anchor.



Remember: If you are not required to obtain consent from subjects, you still need to maintain your study documents in an organized fashion.

Required sections of the regulatory binder include:

- Monitoring log
- Delegation of responsibilities log
- Study personnel education
- CVs/licenses/COIs
- Screening/enrollment log
- Consent forms
- Completed consent forms
- Protocol
- IRB federal wide assurance letter
- Initial IRB approval
- IRB correspondence (including approval letters for modifications, progress reports, and forms submitted to the IRB, acknowledgements and any other correspondence. The IRB approval letter should be placed on top of accompanying forms and correspondence as a packet. Documents should be stored in reverse chronological order.
- Reportable events (e.g. Protocol Deviations, Unanticipated Problems, SAEs) and Protocol Exceptions
- Study termination

Other sections that apply only if your study involves certain activities:

- FDA forms & correspondence
- Public registration of research studies
- Local lab certificates/reference ranges
- Investigational product information
- Sample tracking and shipping
- Advertising/educational materials
- Sponsor correspondence

If the project utilizes an investigational drug, the Investigator's brochures can be maintained in the regulatory binder or separately, as these documents tend to be large.

Note: If you are using laboratories you should obtain up-to-date lab certificates that support the validity of the tests being conducted. Lab certificates are available online through the regulatory binder web page.

Each subject should have an individual file that contains documents related to their participation in the study including:

- Alternatively, if you have a study that is limited in subject involvement, you can have a binder that is separated into sections or tabs by subject.

Source documents are original documents, data, and records that validate the data that is often collected on CRFs or data collection forms.

Medical records

Certified copies or transcriptions

Microfiches

Clinical and office charts

Recorded data from automated instruments

Photographic negatives

Etc.

Laboratory notes

Pharmacy dispensing records

Microfilm or magnetic media

Laboratory results

Memoranda

Subjects' diaries or evaluation checklists

X-rays

Subject files

Notes to file are commonly used to document study related issues. They are used to explain any discrepancies related to study documents or even with subject visits. However, they should be used not only to explain the discrepancy, but should describe what action was taken by the research team to resolve the issue and to prevent any problems from occurring in the future.

For example, if you review your consent forms and find that the subject did not date the consent form in your note to file, you should describe what happened and when the subject actually signed the consent form and how you will prevent this from occurring again. It should be signed and dated by the person writing the note to file and placed with the consent form within the appropriate section of your regulatory documents or subject binder.

Remember that you cannot fill in dates after-the-fact. It is more appropriate to write a note to file that provides adequate explanation for the missing date and corrective and preventive actions taken.



Sometimes if you cannot explain a discrepancy, don't attempt to. It is more important to address it and prevent it from happening again.

When are progress notes written?

Progress notes are usually written for subjects who are involved more than one time such as multi-visit studies or studies that involve lots of follow-up. These notes document the participation and progress of subjects over the course of the study and are also used to document conversations or issues that arise during the study.

It is recommended that for interventional trials, progress notes include the following:

- Subject doing well on trial
- Subject wishes to continue on trial
- Investigator deems subject appropriate to continue

Tips for Successful Study Maintenance:

- Organize and maintain study documents on a regular basis
- Keep source documents to validate subject eligibility and data collected on the CRFs
- Avoid de-identifying source documents
- Organize subject files (e.g. by study visit or with corresponding CRFs)
- Write effective notes to file that clearly indicate how you resolved the issue and plan to prevent future recurrence of the problem identified



More information is found in the following Health System Research Policies:

- **GR042 Research Regulatory Binder**
- **GR020 Requirements for Registration of Clinical Research at www.clinicaltrials.gov**

8F. Sample and Investigational Product Accountability

What is sample accountability?

When you collect samples and either send them out to be processed or store them, you must maintain documentation of this information. Maintaining central sample procurement and shipping tracking logs enable you to document the chain of custody. They also enable you to troubleshoot and to quickly determine the status and location of your samples. There should also be documentation on sample storage conditions to ensure that the samples were maintained properly. This can be done through an electronic system that automatically records storage temperatures or by using a simple freezer temperature log that is updated daily. Sample logs can be found in the North Shore-LIJ regulatory binder.

You should make sure that you have the proper agreements in place when you send samples to investigators outside the Health System for research purposes. Any biological samples transferred to an entity outside of the Health System for research purposes require a signed agreement between the Health System and the receiving

entity, usually through a Material Transfer Agreement drafted by the Office of Technology Transfer (OTT). Please contact the OTT for assistance.

Any staff member who packs or ships infectious specimens and hazardous materials should be certified (through Saf-T-Pak or other approved equivalent program). Training is available through the Health System. Certifications should be filed in your regulatory binder as evidence of training.



If you are storing samples, you should have a backup plan or location in case there is a power failure.

What is investigational product accountability?

Management and control of the investigational product (IP) is an important responsibility of the PI. When your study involves investigational products (IP) such as drugs, biologics or devices, you need to document subject use, returns and final disposition (e.g. returns or destruction) of IP to demonstrate appropriate management and control. The information should be recorded centrally on IP accountability logs. Sample IP logs can be found in the North Shore-LIJ regulatory binder. IP should also be appropriately stored and secured and accessed only by authorized staff. For double blind studies, IP accountability is usually maintained by a research pharmacy. You should also be aware of local institutional policies and state laws governing the use of IP. There are additional accountability requirements and regulations for the use of controlled substances in research.



Remember: Investigational products can only be administered and dispensed by those licensed to do so.

Tips for Successful Accountability:

- Place appropriate labels and information on samples including labels that can endure low temperatures, and include information such as the study number, subject ID, date collected, type of sample, or batch number on the label
- Document compliance with investigational product storage requirements by using an electronic or paper daily temperature log
- Have a good system to account for the use of IP throughout the study through the use of a central IP accountability log that documents subject use and final disposition of IP
- Indicate expiration dates on IP containers or on logs to avoid use of expired IP or shipment of supply that will expire soon to subjects
- Document or consider subject compliance with use of IP

For questions on the management of investigational drugs/agents, please contact the Clinical Research Service Research Pharmacist, Ji-Eun Kim, PhD, RPh, at jkim31@nshs.edu or 516-562-0428.



More information is found in the following Health System Research Policies on HealthPort:

- **GR055 Training for Shipping Infectious Substances, Diagnostic Specimens, Radioactive and Other Hazardous Materials**
- **GR049 Medications & Investigational New Drugs (IND) used in Clinical Research**
- **GR050 Use of Controlled Substances in Research**
- **GR092 Handling of Investigational Devices**

Part 9: Reporting Requirements during the Study

9A. Reporting to the IRB

What do I need to report to the IRB?

The IRB requires reports at least annually for expedited and full board studies, and for certain events that occur during the study described below:

Continuing Review

Every year you must submit a report on the progress of your study to the IRB. This must be submitted approximately two months prior to your study's expiration date. This must be submitted otherwise your study's approval will expire, and ALL study activities must be halted (except for any actions needed to ensure subject safety).



Remember: It is your responsibility to keep track of expiration dates. You can easily do this by keeping a tickler system on your calendar three months ahead of the expiration dates of each study you have. That way you can prepare the report ahead of time and avoid lapses in your study approval.

Changes in the Status of the Study

The IRB must be notified when the study is temporary on hold for enrollment, closed or terminated. (Please keep in mind if you terminate a study and want to reopen it later, you have to submit the application to the IRB as opening a new study)

Serious Adverse Events/Unanticipated Problems

Once a subject is enrolled into the study, certain serious adverse events they experience while participating in the study, during follow-up, and until the end of their involvement in the study, may need to be reported to the IRB. Any adverse event that is not serious and is expected does not require reporting.

Data and Safety Monitoring Reports

Since the data and safety monitoring provides another layer of human subject protection, recommendations and reports are forwarded to the IRB for review or acknowledgement.

Unanticipated Problems

Unanticipated problems are events that are not anticipated that can potentially have an adverse effect on the study or subjects. These need to be reported to the IRB.

Examples of unanticipated problems:

- Power failure leading to loss of study samples
- Breach of confidentiality
- Laptop was stolen that contained subject information
- Medication errors such as use of expired medication
- Device malfunctions

Other types of actions that require reporting to the IRB

- Protocol modifications
- Protocol deviations
- Protocol exceptions
- Study personnel changes
- Study related materials changes
- Subjects related materials changes



Remember: The IRB should be notified prior to the implementation of any change to the protocol.

9B. Reporting to the Sponsor

If your study has a sponsor you may have additional reporting requirements. Specific reporting requirements may vary, but usually include:

- Serious adverse events
- Unanticipated problems
- Addition or removal of sub-investigators
- Protocol exceptions, violations and deviations (the sponsor should be notified prior to the implementation of any change to the protocol)
- Development or creation of intellectual property

Most sponsors require you to submit revisions to study-related materials for sponsor approval prior to implementation. This includes the protocol, informed consent form, recruitment materials and advertisements. Please work with GMO, CRS and the Office of Technology Transfer to prepare and submit accurate and timely required reports to your sponsor.

9C. Reporting on Grants

What do I need to report about my grant?

In general, externally sponsored programs or projects will have specific reporting requirements that differ by sponsor and by project. Please remember to read your grant or contract agreement to make sure you understand when, where and what to report. Common reporting requirements are annual reports on the project from a scientific and administrative perspective, and may include updates on financial transactions, new inventions or publications.

Progress Reports

In addition to periodic financial reporting, most sponsoring agencies will require the periodic submission of progress reports during the life of an award. Such reports are organized to document progress with the originally proposed research plan, highlighting accomplishments, challenges and changes to what was originally planned. It is the responsibility of the investigator to comply with the timely submission of progress reports, as failure to do so could jeopardize current and future funding from the sponsor for yourself or for the Health System. All progress reports must be reviewed by the GMO prior to submission. With few exceptions, sponsoring agencies now require the electronic receipt of progress reports. As the authorized signatory and formal awardee on behalf of the Health System, the GMO will submit reports on behalf of the institution and the research investigator. The National Institutes of Health (NIH) utilizes eRA Commons as the receiving portal for progress reports.

How do I submit progress reports for a federal grant?

- Electronic submission of National Institutes of Health Progress Reports: The GMO will work with you to facilitate the submission of your progress reports. There are two methods of submission: electronic, (known as RPPR) and hard copy submissions, using PHS 398 forms. Which method to use is determined by the award mechanism and the Notice of Award from NIH. With RPPR, progress reports are submitted electronically through eRA Commons, the NIH's repository for all of its grant information. The RPPR process applies to most research grant funding mechanisms and all Career Development Award "K" series mechanisms.

- RPPRs must be submitted at least 45 days before the start of the project's next budget period. PHS 398 Paper Progress Report submissions are used for selected research project grants mechanisms, including program and center grants and are due at the NIH at least 60 days before the start of the project's next budget period. Remember to build in a week before the deadline for GMO review of your progress report.

What are time and effort reports?

Time and effort reports are certifications completed by individuals who contribute effort to a federally sponsored project. This certification is based on a federal requirement that you must to certify the percent effort that you contributed to a grant and the total allocations of all of your effort after the institution's reporting period. The reporting period for NS-LIJ is quarterly. If you are devoting effort on any federal grant, even if you do not request salary support, you must fill out a time and effort certification form EVERY quarter that shows your complete effort profile (federal and non-federal effort contributed).

How do I submit time and effort reports?

At the end of the quarter, you should receive a time and effort form from the GMO to complete regarding your activities during the quarter. When you calculate the percent effort you spent on a project, your calculations will be based on 100% of your professional activities for the Health System, which can include non-research related work. Remember that effort is not based on the payroll work week and the government is interested in your activities by percent effort and not by hourly effort. You will need to specify all grants and other activities on the form to accurately reflect 100% of your activities. The form requires original inked signature and should be returned to the ORC.

If you are working on a grant and do not receive a form, you should call the Time and Effort Coordinator at 516-562-3811 to obtain one.

Note: You should start completing time and effort forms once you start working on a grant, even if you are not being compensated at that point. If a grant number is not yet available for your project, please identify the project by title on your time and effort certification form.

Tips for Successful Reporting:

- Remember to submit annual reports to the IRB and avoid having the study expire
- Complete time and effort forms correctly and submit them on time
- Know what specific grants you are working on to appropriately certify effort on the time and effort form.
- Submit grant progress reports on time
- Be aware of new NIH policies related to progress reporting
- Keep lines of communication open between your team and research support offices such as the IRB and GMO. Sometimes updates require reporting to various offices in addition to the sponsor, and sometimes the GMO or IRB will have updates or changes from the sponsor that affect you.

More information is found in the following Health System Research Policies:

- [100.028 Time and Effort Reporting for Federally Sponsored Programs \(Includes a blank Time and Effort Certification form and directions for completing the forms\)](#)
- [GR077 Process for Capturing and Manually Adjusting Salary Charges on Grants and Contracts](#)



Part 10: Data Management, Ownership, and Discoveries

10A. Managing Data

What is the best way to manage my data?

You should have procedures in place to collect data and handle how data is entered into an electronic system. Your procedures should ensure data quality and protect confidentiality and security of subject data. When you are thinking about the type of data you want to collect, you should make sure that you are capturing what is required by your protocol at each study visit or follow-up contact, and that you are collecting what will be required to test your hypothesis or support your aims through data analysis. It is **strongly** recommended that you share your data collection instruments with your study statistician, ideally before starting data collection. You should do this to ensure you are collecting the appropriate data needed to eventually conduct quality statistical analysis. Avoid capturing unnecessary data. Use data sheets or CRFs to collect the data, which will be entered into an electronic system like REDCap or the Biostatistics unit's research application for analysis. Data entry is usually done by a dedicated study team member, with larger trials requiring a dedicated data manager to perform quality assurance and data entry.

A NSLIJHS HIPAA Questionnaire is required to be completed if you plan to use any application that the Health System has never used before or if you plan to use a new version of an application. If you plan to use application hosted by another provider (such as at another institution or in the cloud) an Application Service Provider (ASP) Questionnaire must be completed as well. For help, please contact Research Information Systems at ResearchIS@nshs.edu.

PHI data that is not stored within a Health System approved application may be stored on a network shared drive that is designated as a PHI share. Requests for a new PHI share may be made via the online IT Service Catalog under "Request a New Network Folder" at: <https://nslj.service-now.com/nslj/forms.do>. Do not store PHI or confidential or sensitive information on your local desktop or laptop.

How can I secure my data?

Ensure that you have appropriate safeguards in place to secure and preserve the integrity of your data, particularly if you are storing or transmitting any data containing protected health information (PHI). You must follow the **Secure It** tips and contact Research Information Systems at ResearchIS@nshs.edu or Information Services (online through Health Port or call 516-470-7272) if you have any questions.

Problems or questions? Not sure what to do?

Contact the various offices below for questions or concerns:

Information Services (IS)

(516) 470-7272

Submit requests online through Health Port

Office of the Chief Information Officer (OCIO)

Security

(516) 734-3370

Email: security2@nshs.edu

Office of Research Compliance (ORC)

(516) 321-2101

Email: orc@nshs.edu

Office of the NS-LIJ Health System

Institutional Review Board (IRB)

(516) 321-2100

Email: irb@nshs.edu

Office of Corporate Compliance –Helpline

(800) 894-3226

www.northshore-lij.ethicspoint.com

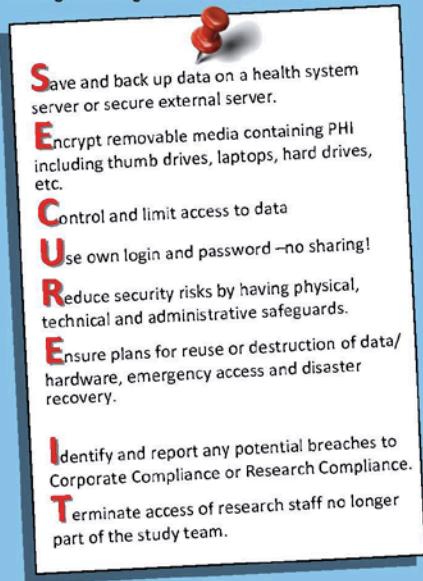
Anonymous, confidential, non-retaliatory reporting, available 24 hours, 7 days a week

For more information about HIPAA Security Rule requirements check out "HIPAA Security Series" online.

*The Feinstein Institute
for Medical Research* 

Security of Electronic Research Data

Care about your research data? **SECURE IT!**
Investigators using identifiable electronic data should:

- 
- S**ave and back up data on a health system server or secure external server.
 - E**ncrypt removable media containing PHI including thumb drives, laptops, hard drives, etc.
 - C**ontrol and limit access to data
 - U**se own login and password –no sharing!
 - R**educe security risks by having physical, technical and administrative safeguards.
 - E**nsure plans for reuse or destruction of data/hardware, emergency access and disaster recovery.
 - I**dentify and report any potential breaches to Corporate Compliance or Research Compliance.
 - T**erminate access of research staff no longer part of the study team.

REMEMBER:

1. Theft of electronic sources of data is the #1 cause of large reportable breaches; therefore, do all you can to protect it.
2. De-identified data has no individual identifiers (it lacks all 18 HIPAA identifiers –including names, dates of service/admission, medical record #s).
3. Identifiable data shared externally may require subject authorization or waiver granted by the IRB or a business associate agreement.

The SECURE-IT card can be found at www.feinsteininstitute.org/wp-content/uploads/2013/02/2-5d-STRIVE.pdf.

Addition resources for data security may be found in the HIPAA ePHI Security Guidance for Researchers which is located at:

http://www.feinsteininstitute.org/wp-content/uploads/2013/03/HIPAA_Security_Guidance_revised-03212013.pdf

Who can help analyze my data?

Some studies have a dedicated data center that reviews and analyzes data, but if you are working independently there are resources you can use. Biostatistics can provide services such as design of CRFs and data analysis for investigators, but you must contact them at the outset of your study. When you share data or send data to biostatistics or another site for analysis you should make sure that the information is appropriately de-identified.

Who owns research data?

Research data generated by non-PI junior faculty, post-doctoral fellows, graduate students, research trainees or others with academic or clinical appointments (sub-investigators) are considered the joint work of the sub-investigators, Health System and respective PI. The PI is responsible for the recording, collection, management and retention of research data generated during their research and clinical studies, whether or not externally sponsored. The records should include sufficient detail to permit re-analysis of the research data, replication of the research, response to questions that may result from unintentional error or misinterpretation, establishment of the authenticity of the records and confirmation of the validity of the conclusions.

Any tangible and intangible data (e.g. inventions, discoveries and devices) developed at or through the use of Health System facilities or resources are considered the property of the Health System. Intellectual property rights related to all research data are owned by, and are the exclusive property of the Feinstein on behalf of the Health System. However, rights to such property may be transferred to a third party with written authorization of the Health System.

Can I take research data with me when I leave?

Although primary research data, records, lab notebooks, materials and the like are required to remain in the research site where they originated, the PI may determine that, consistent with the precepts of academic freedom and intellectual integrity, copies of such data, records and materials may be made and retained by sub-investigators when they leave the Health System. You must adhere to all privacy standards and human subject protection regulations for any records that contain Health Insurance Portability and Accountability Act (HIPAA) regulated Protected Health Information (PHI). Please see NSLIJHS Policy GR088 Principal Investigator Exit Process.

What do I need to do if I make a scientific discovery?

As an inventor you must disclose your discoveries to the Office of Technology Transfer (OTT) that will assist you in completing invention reporting obligations to granting agencies and preparation and or prosecution of a patent application. All inventions are the sole property of the Feinstein Institute on behalf of the Health System (with exceptions). A key consideration is to file your invention with OTT at least 60 days before submission of an abstract or manuscript.



More information is found in the following Health System Research Policies on Health Port:

- [GR021 Research Data Ownership](#)
- [GR017 Intellectual Property](#)

Part 11: Research Audits and Reviews

11A. Study Reviews

Will I be audited?

All research studies in the Health System are subject to review or audit by internal and external authorities. Therefore, study documents should be maintained in an organized and timely fashion. All study related documents should be available including the regulatory binder, consent forms, subject files, case report forms, source documents, investigational product accountability logs and any other relevant documents.



An audit trail should be maintained where any changes that are made to study documents should be legible and made using a single line strike out of the old information. The person making the change should initial and date next to the change.

What are internal reviews?

Internal reviews are done for purposes of quality assurance to confirm that the study is being conducted in accordance with the study protocol, IRB and Health System policies, and other applicable regulations. These types of reviews are usually conducted by the Office of Research Compliance (ORC) when a study is in progress and are classified as either routine or for-cause audits. In cases of scientific or research misconduct, the study may be reviewed by an internal scientific misconduct committee. The most common types of routine audits conducted by the ORC are GCP and billing audits.

What are the benefits of ORC audits?

- Ensures compliance with various regulations
- Confirms that the rights and welfare of subjects are protected
- Provides an opportunity for continuous improvement
- Enables the sharing of results with team members along with the opportunity to reevaluate processes to identify areas of strength and weakness
- Encourages the practice of audit readiness

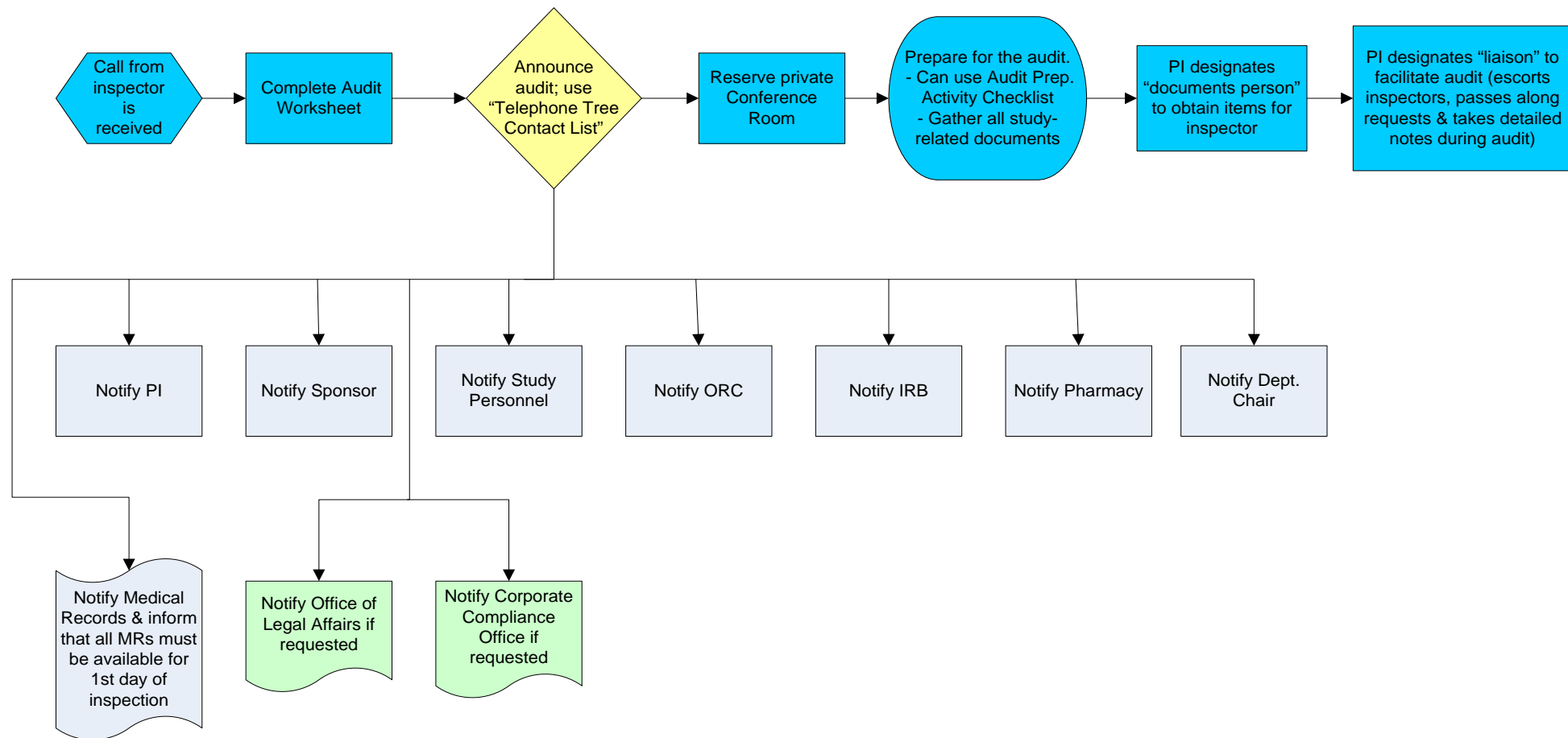
What are external reviews?

External reviewers can include sponsors, sponsor monitors or state or federal government agencies (e.g. FDA, OHRP, etc.). Sponsor monitors often have a different focus and will review data against source documents to confirm accuracy and completeness of information in addition to adherence to the protocol and completeness of regulatory documentation. Government agencies may inspect studies for various reasons including routine evaluation of study conduct and adherence to regulations or response to potential compliance issues.

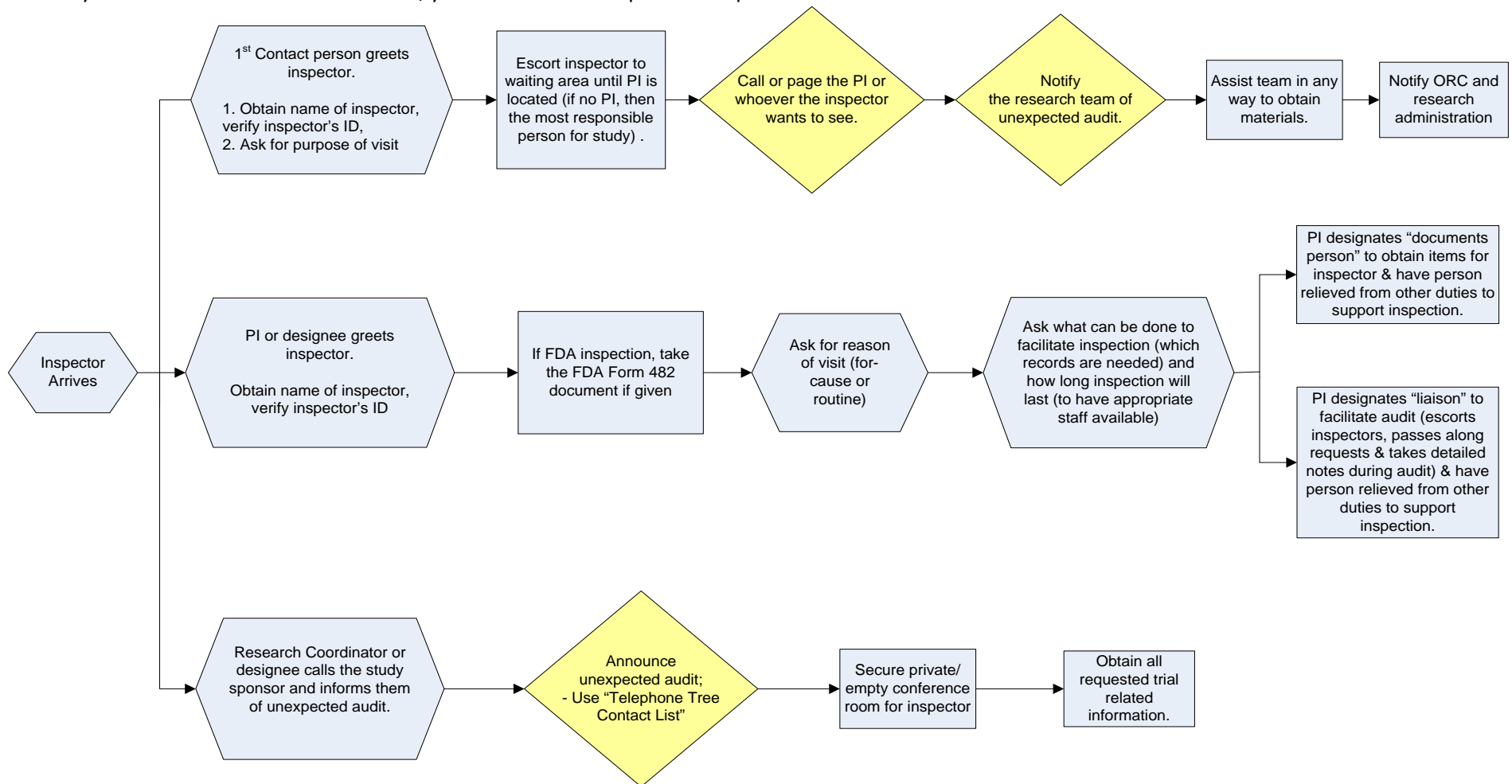
What if the FDA or other government agency is going to inspect the study?

Federal agencies, such as the FDA, typically inspect sites conducting research with investigational products for quality assurance purposes, as well as protocol compliance, informed consent and other trial related requirements outlined by federal regulations.

If you receive advanced notice by the FDA or any other federal agency of an inspection, you must follow this process map:



If you do not receive advanced notice, you must follow this process map:



There is an [Audit Worksheet](#) available online through Health System policy GR027 Preparation for an External Regulatory Research Inspection at a Clinical Site.

What is scientific or research misconduct?

Research misconduct includes fabrication, falsification or plagiarism in proposing or reviewing research or in reporting research results. It does not include honest error or differences of opinion. In certain instances of significant audit or scientific misconduct findings, the institution is required to report such findings to federal authorities (e.g. FDA, OHRP, Office of Research Integrity (ORI)).

Any observed, suspected, or apparent misconduct in research should be reported to the Research Integrity Officer, any Institutional Official, the ORC, through the Corporate Compliance Help Line 1-800-894-3226 or online at www.northshore-lij.ethicspoint.com. If you do report such information you will be protected against any retaliation for making the report.

Tips for Successful Audits:

- Be prepared and expect to be audited - you should regularly perform self-audits by reviewing study documents, consent forms, subject files, etc.
- Maintain study documents chronologically and in an organized fashion so that they are easy to locate during an audit and understandable to the auditor
- Have source data to back up research data collected - the source should allow the auditor to verify that it belongs to a particular subject
- Be proactive - use findings to improve poor processes and practices



More information is found in the following Health System Research Policies:

- [GR027 Preparation for an External Regulatory Research Inspection at a Clinical Site](#)
- [GR051 Research Misconduct](#)
- [GR080 Clinical Research Oversight and Monitoring](#)

Part 12: Study Close-Out

12A. The End

What do I need to do when my study ends?

When your study has ended, there are some last things you need to do. These include submitting a final report to the IRB, closing out the grant (if applicable), returning supplies to the sponsor if required and maintaining your records.

What happens if a study is terminated prematurely or suspended for any reason?

A study may end prematurely for a few different reasons. The following procedures should be followed, as appropriate:

- If the researcher terminates or suspends a clinical trial without prior agreement of the sponsor, the researcher informs the institution, the sponsor, and the IRB. A detailed written explanation should be provided to the sponsor and the IRB.
- If the sponsor terminates or suspends a clinical trial, the investigator should promptly inform the institution and the IRB. A detailed written explanation should be provided to the IRB.
- If the IRB terminates or suspends a clinical trial, the investigator should promptly inform the institution and the sponsor.

In all cases, the researcher needs to promptly inform the research subjects and assure adequate follow-up and therapy for them.

Do I need to submit an IRB final report?

Yes, a final report needs to be submitted to the IRB to close out your study. This report as well as the IRB's acknowledgment of your report should be filed in your regulatory binder.

What does the grant close-out process including the final report involve?

As you approach the end of your research grant award, you will be asked to participate in a Close-Out meeting with members of the GMO. This meeting will be scheduled 60 to 90 days before the end of the grant period to review the programmatic and financial status of your award and will help to determine if the grant should proceed to close-out or if a no-cost extension should be requested. Specific steps will be taken to complete the close-out process, including:

- Reconciliation of research expenses with financial report
- Moving staff off of the research fund
- Preparation and submission of final progress, invention and financial reports
- Deactivating the PeopleSoft research fund account

What should I do about study supplies?

Supplies may need to be returned to sponsor, or in cases of drug studies, may need to be destroyed. Final disposition of supplies should be arranged beforehand with the sponsor and documentation of returns or destruction of investigational products should be generated and maintained.

Can I keep and repurpose the equipment I purchased through my sponsored program?

Equipment purchased through sponsored programs is usually owned by the sponsor and may need to be returned to sponsor. Final disposition of equipment should be arranged beforehand with the help of the GMO and documentation of transfer of ownership or return should be generated and maintained.

No-Cost Extension

Many sponsors will permit research investigators to extend (without additional funds) the final budget period of their project for up to 12 months beyond the original expiration date to ensure adequate completion of the original scope of work. When the federal government allows this, they expect that key personnel will continue to work on the project with the same level of effort as the preceding year. Changes to the level of effort often need sponsor prior approval and should be included in the request for a no-cost extension. The process of seeking no-cost extension approvals will vary by sponsor. Some sponsors will require a formal written request, describing the work to be performed during the extension period, along with a detailed budget of how the remaining funds will be re-allocated to support the research costs. All requests to extend sponsored programs should be made with the help of the GMO as they are legally considered an amendment to the grant or contract award.

The NIH will permit an automatic first 12-month no-cost extension on most awards. This is done through eRA Commons with the help of GMO. Extensions beyond the one-year interval will require formal written approval from the NIH Officer. For more information please visit the GMO website at:

www.feinsteininstitute.org/Feinstein/ogc For more information please visit the GMO website at:
www.feinsteininstitute.org/Feinstein/ogc.

12B. Record Retention and Archiving

How long do I keep non-clinical research data?

These must be retained for a minimum of three years after the final close-out of grants or contracts that supported the research generating the data.

How long do I keep clinical research data?

These must be retained in compliance with medical record, IRB, grant or contract retention policies or applicable law. Clinical research data must be preserved for a minimum of seven (7) years for adult subjects and ten (10) years for pediatric subjects after the final project close-out. It is recommended that original data be retained indefinitely where feasible. Please review our Health System policy on "Maintenance, Storage and Archiving of Clinical Research Data."

Research data must be retained for as long as may be necessary to allow students to complete degree requirements, to protect intellectual property resulting from the work, and to allow completion of any administrative actions (e.g. research misconduct investigations or litigation) involving the research.

When the study involves an FDA regulated product or device, data must be maintained for up to two years after a marketing application is approved; or if an application is not approved, until two years after shipment and delivery for investigational use is discontinued and FDA has been notified.

What is archiving?

This process involves storing research study documents either on or off site. If research data is sent off site for storage, you should document items and track the disposition of the data. You can use the "Register of Archived Research Data and Records" form and maintain this form at your administrative unit. You should appropriately budget archiving costs as part of your study if you anticipate having many documents stored off site after the study ends.

Tips for Success During Study Close Out:

- Respond to close-out meeting requests to avoid jeopardizing sponsor approval of no cost extension
- Process personnel paperwork in a timely manner to avoid leading to over expenditure of the award

- Complete time and effort certifications to ensure that personnel can be charged to the project, as unspent funds need to be returned to the sponsor at the end of the project
- Keeping track of research records and be able to locate them at the time of an audit



More information is found in the following Health System Research Policies:

- **GR041 Grant Close Out**
- **GR052 Maintenance Storage and Archiving Clinical Research Data Policy (includes Register of Archived Research Data & Records Form)**
- **100.97 Record Retention and Destruction**
- **GR088 Principal Investigator Exit Process**

Part 13: Transfer of Study

Sometimes, studies are transferred from another institution to NSLIJ or from NSLIJ to another institution. In these situations, the following procedures should be followed:

1. Create a transfer plan for your study before it takes place including the notification to the subjects, IRB and sponsor, Material Transfer Agreement, possible study personnel changes and final exit process.
2. Notify the IRBs:
 - Obtain NS-LIJ IRB approval before the study starts if the PI is transferring the study from another institution. Complete all the required documents and research personnel trainings.
 - Notify both IRBs about the transfers and obtain approval from the external institution's IRB if the PI is transferring the study from NS-LIJ Health System to external institution. Make sure the study's IRB approval is current during the transition.
3. Notify the GMO and the sponsor about the changes with all the related regulatory documents.
4. Complete the investigator exit process with the Feinstein administrative office if the PI is leaving the Health System and transferring the study to external entity. The "Material Disposition and Transfer Request" form can be found from the Research policy GR088.
5. Work with the Office of Technology Transfer to execute a Material Transfer Agreement. A Material Transfer Agreement is required whenever proprietary materials are transferred between researchers at The Feinstein Institute and an outside entity. Materials to be transferred might include, for instance, protected information, transgenic or knockout animals, cell lines, plasmids, clones, purified proteins, antibodies, DNA, blood or tissue samples or synthetic compounds. Researchers who are considering a transfer of materials must:
 - Forward the information and/or agreement to the Office of Technology Transfer. The Material Transfer Agreement will be negotiated by the Office of Technology Transfer.
 - Once the agreement is finalized, the researcher will be notified. If applicable, the OTT will also provide a PDF copy to the Office of the Institutional Review Board, Grants Management Office, or Manager of the Animal Facility.
 - The Material Transfer Agreement will dictate how the materials and the ownership of the data resulting from the use of the materials can be used along with other terms, conditions and obligations. Results could mean IP, public disclosures, and data.



More information is found in the following Health System Research Policies:

- [**GR084 Material Transfer Agreement**](#)
- [**GR088 Principal Investigator Exit Process**](#)

Appendices

Abbreviations

ALCOA	Attributable, Legible, Contemporaneous/Complete Original, and Accurate
BRANY	Biomedical Research Alliance of New York
CITI	Collaborative Institutional Training Initiative
COC	Certificate of Confidentiality
COI	Conflict of Interest
CRF	Case Report Form
CRS	Clinical Research Service
CSRRC	Cancer Services Research Review Committee
CTA	Clinical Trial Agreement
DSMB	Data Safety Monitoring Board
DSMP	Data Safety Monitoring Plan
ECG	Electrocardiogram
EMIL	Electronic Medical Information Library
EMRC	Emergency Medicine Research Committee
eRA	Electronic Research Administration
eSNAP	Electronic Streamlined Non-competing Award Process
F&A	Facilities and Administrative Costs
FDA	Food and Drug Administration
GCP	Good Clinical Practice
GMO	Grants Management Office
CRDO	Clinical Research Development Office
HEALTH SYSTEM	North Shore-LIJ Health System
HIPAA	Health Insurance Portability and Accountability Act
HRPP	Human Research Protection Program
IAA	IRB Authorization Agreement
IACUC	Institutional Animal Use & Care Committee
IBC	Institutional Biosafety Committee
ICH	International Conference on Harmonization
IDE	Investigational Device Exemption
IND	Investigational New Drug
IP	Investigational Product
IRB	Institutional Review Board
LAR	Legally Authorized Representative
MRI	Magnetic Resonance Imaging
NIH	National Institutes of Health
OHRP	Office for Human Research Protections
ORC	Office of Research Compliance
ORI	Office of Research Integrity
OTPS	Other Than Personnel Services
OTT	Office of Technology Transfer

PA	Program Announcement
PHI	Protected Health Information (see expanded definition below)
PI	Principal Investigator
RDRC	Radioactive Drug Research Committee
RFP	Request for Proposal
RFQ	Request for Quote
RPT	Office of Research Policy and Training
SAE	Serious Adverse Event
SOP	Standard Operating Procedures

Protected Health Information (PHI): Any oral, written, or electronic individually identifiable health information collected or stored by a facility. Individually identifiable health information includes demographic information and any information that relates to the past, present, or future physical or mental condition of an individual. The *Health Insurance Portability and Accountability Act* (HIPAA) details eighteen items that render PHI identifiable.

1. Names;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code

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Resources

Below is contact information for research resources available to investigators:

The Feinstein Institute for Medical Research

350 Community Drive

Manhasset, NY 11030

P: (516) 562-FIMR (3467)

F: (516) 562-1022

www.feinsteininstitute.org/Feinstein/Feinstein+HomePage

Research Administration:

P: (516) 562-FIMR (3467)

Email: feinsteinadministration@nshs.edu

The Clinical Research Service

P:(516) 562-0340 or 516-562-1012.

Email: crs@nshs.edu

<http://www.feinsteininstitute.org/CRS>

Office of the Human Research Protection Program

Institutional Review Board (IRB):

P:(516) 321-2100

www.feinsteininstitute.org/HRPP

Email: IRB@nshs.edu

Office of Research Compliance (ORC):

P:(516) 321-2101

www.feinsteininstitute.org/ORC

Email: orc@nshs.edu

Corporate Compliance Help Line:

(800) 894-3226

Office of Research Policy and Training (RPT):

P: 516-321-2104

Email: RPT@nshs.edu

www.feinsteininstitute.org/RPT

Grants Management Office (GMO)

P:(516) 562-3106

www.feinsteininstitute.org/GMO

PeopleSoft Finance Team

P:(516) 876-6726

Email: FinReport@lij.edu

Office of Technology Transfer (OTT)

Intellectual Property/Copyrights/Patents

P:(516) 562-3404

www.feinsteininstitute.org/Feinstein/Office+of+Technology+Transfer

Biostatistics Unit

P:(516) 562-0300

www.feinsteininstitute.org/Feinstein/Biostatistics

Research Information Systems

P: 516-562-2453

Email: ResearchIS@nshs.edu

www.feinsteininstitute.org/RIS

Clinical Research Billing Questions

P:(516) 562-3642

Email: Ssundaraba@NSHS.edu

www.feinsteininstitute.org/professionals/resources-for-investigators/clinical-research-service/finance/#top-anchor

Environmental Health & Operations

P:(516) 562-FIMR (3467)

Laboratory Safety Office

P:(516) 562-1050

www.feinsteininstitute.org/professionals/resources-for-investigators/safety-office/#top-anchor

Radiation Safety Office

P:(516) 562-3895

www.feinsteininstitute.org/professionals/resources-for-investigators/safety-office/radiation-safety/#top-anchor

Biomedical Research Alliance of New York

P:(516) 470-6900

www.brany.com

OMB Circulars

www.whitehouse.gov/omb/circulars

www.whitehouse.gov/omb/circulars (Includes OMB Circulars A-122, A-110, A-133)

NIH Grants Policy Statement

http://grants.nih.gov/grants/policy/nihgps_2003/index.htm.

Institutional Biosafety Committee (IBC)

P: 516-562-1266

Email: ibc@nshs.edu

Animal Research Program

- Institutional Animal Care & Use Committee (IACUC)
- Center for Comparative Physiology (CCP)

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SUGGESTIONS/COMMENTS

Please contact the Office of Research Policy and Training via email at RPT@nshs.edu with comments, questions and/or suggestions that can help improve this document. This guidance will be updated over time and can be found online at www.feinsteininstitute.org/wp-content/uploads/2013/02/Human-Subject-Research-Handbook.pdf.