Purpose
This document outlines the policy and procedures for ensuring prompt reporting of any allegations of noncompliance, suspension, and termination of ongoing research to the Institutional Review Board, appropriate institutional officials, and any federal agencies including the Office of Human Research Protection. A description is also provided of the required time frame for accomplishing these reporting requirements and the range of possible actions the IRB may take in response to these events.

Regulatory Background
When the institution is engaged in human subjects research HHS regulations for the protection of human subjects (45 CFR Part 46) require that institutions have in place written procedures for ensuring that incidents related to regulatory requirements under the institution's Federalwide Assurance are promptly reported to the Office of Human Research Protections (OHRP). These include any serious or continuing noncompliance with the requirements or determinations of the IRB, and any suspension or termination of IRB approval.

Scope
This applies to all investigators under the jurisdiction of Princeton University, including faculty, staff and students conducting research involving human research participants.

Responsibilities

Investigators: Investigators and research staff are responsible for promptly reporting any possible allegations of noncompliance, any serious or continuing noncompliance with determinations of the IRB involving risks to subjects.

RIA Administrator(s): RIA Administrators may conduct preliminary inquiry, write reports, and/or make determination of the proper routing and assist with determinations of possible noncompliance, serious or continuing noncompliance, suspension or termination of ongoing research that is reported.

IRB Member(s): Conducts expedited review or presents summary including findings of possible noncompliance, serious or continuing noncompliance, suspension or termination of IRB approval at a convened IRB meeting. Each voting member votes to make a
determination as to the final disposition of the submission.

Definitions

Noncompliance: Failure to comply with any of the regulations, IRB policies and procedures, or failure to follow the determinations of the IRB. Noncompliance may be serious or continuing.

Protocol Deviation: A protocol deviation is defined as a departure from an IRB approved research activity or procedure without prior IRB approval.

Serious noncompliance: Failure to follow any of the federal regulations, human research protection policies or failure to follow the determinations of the IRB and which, in the judgment of either the IRB Chair, RIA administrators or the convened IRB, increases risks to participants, decreases potential benefits, or compromises the integrity of the Human Research Protection Program. Research being conducted without prior IRB approval or participation of subjects in research activities without their prior consent (in studies where consent was not specifically waived by the IRB) is considered serious noncompliance.

Continuing Noncompliance: A pattern of noncompliance that, in the judgment of the IRB Chair, RIA administrators or convened IRB, suggests a likelihood that instances of noncompliance will continue without intervention. Continuing noncompliance also includes failure to respond to a request to resolve an episode of noncompliance.

Allegation of Noncompliance: An unproved assertion of noncompliance.

Finding of Noncompliance: An allegation of noncompliance that is proven true or a report of noncompliance that is clearly true. (For example, a finding on an audit of an unsigned consent document, or an admission by an investigator that the protocol was willfully not followed would represent reports of noncompliance that would require no further action to determine their truth and would therefore represent findings of noncompliance.) Once a finding of noncompliance is proven, it must be categorized as serious, non-serious, or continuing.

Suspension. A suspension is an action by the convened IRB or other authorized individual such as the IRB Chair or designee, or Institutional Official to temporarily stop some or all approved research activities. Suspended protocols remain open and require continuing review.

Termination. A termination is a directive of the convened IRB to stop permanently all activities in an approved research protocol. Terminated protocols are considered closed and no longer require continuing review.
Policy

As part of its commitment to protecting the rights and welfare of human subjects in research, the Princeton IRB reviews all adverse events, unanticipated problems, complaints, protocol deviations, allegations of noncompliance, and serious or continuing and takes any necessary action to ensure that the rights and welfare of human research participants are protected.

The IRB has the authority to suspend or terminate approval of research conducted or supported by HHS that is not being conducted in accordance with the IRB’s requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of IRB approval will include a statement of the reasons for the IRB’s action and will be reported promptly to the investigator, appropriate institutional officials, and any supporting department or agency head (45 CFR 46.113).

HHS regulations for the protection of human subjects 45 CFR 46.103(a) and (b)(5) require that for federally sponsored research, institutions and IRBs must report the following determinations to investigators, the IRB, institutional official, and federal agencies:

- Serious noncompliance
- Continuing noncompliance
- Suspensions of IRB approval
- Terminations of IRB approval

Reports of these determinations are made to investigators, the IRBs, the Institutional Official and other institutions, as appropriate. Further details describing the submission requirements, timing, and communication of these reports are specified below.

Procedure

Allegations of Noncompliance

Investigators and research staff are responsible for reporting any possible allegations of noncompliance, even by research staff to the IRB. Any individual or employee may report observed or apparent instances of noncompliance to the IRB. In such cases, the reporting party is responsible for making these reports in good faith, maintaining confidentiality, and cooperating with any IRB and/or institutional review of these reports.

- If an individual, whether investigator, study staff or others, is uncertain whether there is cause to report noncompliance, he or she may contact a RIA Administrator or the IRB Chair directly to discuss the situation informally.
Reports of noncompliance must be submitted to the IRB Office promptly after discovery. The report must include a complete description of the noncompliance, the personnel involved and a description of the specific details as they occurred.

Complainants may choose to remain anonymous.

New Jersey law prohibits an employer from taking any retaliatory action against an employee who discloses, or threatens to disclose untoward information among other things. Specific details of this policy are available at: [http://www.princeton.edu/hr/policies/appendix/cepanoticeenglish.pdf](http://www.princeton.edu/hr/policies/appendix/cepanoticeenglish.pdf)

### Examples of Noncompliance

1. Research conducted without IRB review and/or approval

2. Failure to submit and ensure that continuing review has been approved at least once per Year

3. Failure to report Unanticipated Problems, Noncompliance, Suspensions, and Terminations to the IRB

4. Failure of the investigator to obtain and document the legally effective Informed Consent of the subjects, unless waived by the IRB

5. Failure to provide a copy of the Informed Consent Document (ICD) to the subject or the subject's Legally Authorized Representative (LAR)

6. Protocol Deviation or changes to research initiated without IRB review and approval

### Preliminary Assessment

A preliminary review may be conducted by the IRB Chair, RIA Administrators or designee. Any individual with a potential conflict of interest may not participate in the initial inquiry. The Principal Investigator (PI) and Co-Investigator(s), as applicable, may be informed of an allegation of noncompliance or contacted for a response during the preliminary inquiry. This will depend on available information and the nature of the potential noncompliance. All allegations of noncompliance will be reviewed by the IRB Chair or designee.

If in the judgment of the IRB Chair or designee, an allegation or findings of noncompliance warrants suspension of the research before completion of any review or investigation to ensure protection of the rights and welfare of participants, the IRB Chair may suspend the research with subsequent review by the full convened IRB. IRB review process is discussed
The Chair or designee may determine that additional expertise or assistance is required to make these determinations and may form an ad hoc committee to assist with the review and fact gathering process.

**Protocol Deviations**

Protocol deviations are a common form of noncompliance and typically occur when changes to research are initiated without IRB review and approval.

Princeton IRB must be notified promptly of protocol deviations except when necessary to eliminate apparent immediate hazards to the subjects. These must be reported to the IRB after the immediate hazard has been addressed.

**Examples:**

**Changes to survey instrument:** In a behavioral study utilizing a questionnaire, the investigator realizes that several of the questions would not sufficiently address the research question. The investigator changes the questions without IRB approval.

**Age criteria:** The criteria includes an age requirement of 30-70 years of age, but a potential subject turned 81 a week before screening. The investigator decides to enroll the subject despite being outside of the age range.

**Payment:** The protocol specifies that subjects will be paid fifty dollars per visit. To compensate for higher expenses, the investigator decides to pay certain subjects more than other subjects.

**Over enrollment:** the IRB has approved enrollment of 200 however, the investigator enrolls 250 subjects.

Repetitive deviations may be determined by the IRB to constitute noncompliance and may result in suspension of IRB approval.

**Initial Review: Findings of Noncompliance:**

**Noncompliance that is not serious:**

When the IRB Chair or designee determines that the noncompliance occurred, but the noncompliance does not meet the definition of serious or continuing noncompliance, the determination is reported in writing to the PI and if applicable the reporting party.

- The Chair or designee will work with the PI to develop a corrective action plan to prevent future noncompliance.

- The report of noncompliance and corrective action is reported to the IRB through the
If the PI refuses to cooperate with the corrective action plan, the matter is referred to a convened meeting of the IRB with notification to the Institutional Official.

**Serious or Continuing Noncompliance**

When the Chair or designee determines that noncompliance has occurred and that the noncompliance may meet the definition of serious or continuing noncompliance, the report of serious or continuing noncompliance is referred for review by the IRB at the next available convened meeting. However, she or he may use discretion and call an emergency IRB meeting should the circumstances warrant such an urgent meeting.

All findings of serious or continuing noncompliance referred to the IRB will be reviewed at a convened meeting. To facilitate adequate review, formal inquiry procedures including ad hoc committees may be requested. All IRB members will receive all information relevant to make a determination.

The IRB may take any of the following initial actions:

1. Find that there is no issue of noncompliance and dismiss all allegations
2. Find that there is noncompliance that is neither serious nor continuing and accept the corrective action plan that may be in place, if adequate
3. Find that there is serious or continuing noncompliance and approve any changes proposed by the Chair and/or ad hoc committee
4. Find that there may be serious or continuing noncompliance and request that a formal inquiry (described below) be held; or
5. Referral to other appropriate university committees
6. Request additional information, as appropriate

**Formal Inquiry Procedures:**

A determination may be made by the IRB that an inquiry is necessary based on several issues that may include but are not limited to:

1. Subjects' complaint(s) that rights were violated;
2. Report(s) that an investigator is not following the protocol as approved by the IRB;
3. Report of protocol deviation that impact subject safety has occurred
4. Unusual and/or unexplained adverse events in a study;
5. Repeated failure of investigator to report required information to the IRB

A subcommittee may be appointed consisting of IRB members, and non-members when appropriate, to ensure fairness and adequate expertise. The subcommittee is given a charge by the IRB and must report their findings back to the full convened committee. All relevant information will be provided, as appropriate.

**Full Board Review: Possible Outcomes:**

The results of any inquiry may be reviewed at a convened IRB meeting where the IRB will receive a report from the subcommittee or ad hoc meeting, as necessary. If the results of the inquiry substantiate the finding of serious or continuing noncompliance, the IRB may take any of the following possible additional actions:

1. Request a correction action plan from the investigator
2. Verify that participant selection is appropriate and observation of the actual informed consent
3. Request an increase in data and safety monitoring of the research activity
4. Request a directed audit of targeted areas of concern
5. Request a status report after each participant receives intervention
6. Modify the continuing review cycle
7. Request additional Investigator and staff education
8. Notify current subjects, if the information about the non-compliance might affect their willingness to continue participation
9. Require modification of the protocol
10. Require modification of the information disclosed during the consent process.
11. Require current participants to re-consent to participation.
12. Suspend the study; or
13. Terminate the study
14. Any additional action the Board deems necessary

In cases where the IRB determines that the event of noncompliance also meets the definition of an unanticipated problem involving risks to subjects or others, the policy and procedure for review of such events will also be followed consistent with the HRPP’s Policy and Procedures for Unanticipated Problems.

The investigator will be informed of the IRB determination and the basis for the determination in writing and will be given an opportunity to respond. If the IRB determines that the noncompliance was serious or continuing, the results of the final review will be reported as described above.
When a sponsor requests that the IRB be notified of a deviation, the report will be forwarded to the IRB chair or designate for review including any applicable reports submitted by the Investigator.

**Reporting**

RIA administrators will promptly report determinations of Noncompliance that are serious and/or continuing, any suspension or termination to the investigator(s), IRB, Institutional Official, investigator(s)' Dean and Department Chair (or equivalent), and others (e.g., Research and Project Administration). External collaborators, OHRP, FDA (as applicable for FDA-regulated research), and any other sponsoring federal department or agency may also be informed, in accordance with Princeton's Federalwide Assurance. The content of the report will conform to OHRP requirements for incident reporting and the policy and procedure for IRB Reporting of such events.

**References**

**Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events**


**Guidance on Reporting Incidents to OHRP**

- [http://www.hhs.gov/ohrp/compliance/reports/](http://www.hhs.gov/ohrp/compliance/reports/)

**OHRP Compliance Oversight Activities: Determinations of Noncompliance**

- [http://www.hhs.gov/ohrp/compliance/findings/findings.pdf](http://www.hhs.gov/ohrp/compliance/findings/findings.pdf)

**Version History**

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