Columbia University

Central Institutional Review Board

Standard Operating Procedure:

Reporting

XXX Consortium

Effective Date: March 18, 2016

I. Background

The XXX Consortium (the "Consortium") has been formed to conduct one or more research studies (each, a "Consortium Study") involving multiple research sites (each, a "Site"). A central Institutional Review Board ("IRB") will be used for all Consortium Studies. The Columbia University ("Columbia") IRB has been designated as the central IRB (the "CU CIRB") for the Consortium. As the central IRB, the CU CIRB will be responsible for the review of protocols relating to Consortium Studies (each, a "Consortium Protocol") and the oversight of those aspects of Consortium Studies that are within the purview of an IRB ("IRB Oversight"). The Columbia University Central Institutional Review Board Standard Operating Procedure: Reliance Process, dated February 23, 2016, relating to the Consortium (the "CU CIRB Reliance SOP") describes the process by which a Site becomes a Relying Site with respect to Consortium Studies and a Participating Site with respect to a particular Consortium Study, as well as the process for reviewing Consortium Protocols and certain other matters.

This Standard Operating Procedure ("SOP") describes the requirements relating to reporting by a Participating Site in a Consortium Study.

Capitalized terms used herein without definition are defined in Section II.

II. Definitions

CIRB Facilitator: as defined in the CU CIRB Reliance SOP.

CIRB Liaison: as defined in the CU CIRB Reliance SOP.

Columbia: as defined in Section I.

Consortium: as defined in Section I.

Consortium Protocol: as defined in Section I.

Consortium Protocol Violation: with respect to any Consortium Protocol, any variation from the requirements of such Protocol that was implemented without prospective approval by the CU CIRB IRB and was not undertaken to avoid or minimize harm.

Consortium Study: as defined in Section I.

CU CIRB: as defined in Section I.

CU CIRB Reliance SOP: as defined in Section I.

OHRP: the Office of Human Research Protection.

Participating Site: as defined in the CU CIRB Reliance SOP.

PI: as defined in the CU CIRB Reliance SOP

Relying Site: as defined in the CU CIRB Reliance SOP.

Reportable Event: any (a) UP, (b) Consortium Protocol Violation, (c) serious or continuing noncompliance with laws and regulations or the requirements or determinations of the CU CIRB, or any allegation thereof, (d) safety or ethical concern, (e) subject complaint or (f) cessation of research activities by the Participating Site during the conduct of a Consortium Study.

Reportable Event Report: any report of a Reportable Event.

Reporting Table: as defined in Section III.

SOP: as defined in Section I.

UP: as defined in the Reporting Table. An adverse event with respect to any Consortium Study constitutes a UP only when it meets the criteria for a UP.

III. General Reporting Requirements

Each Participating Site is required to report to the CU CIRB any Reportable Event with respect to a Consortium Study that is determined, discovered or learned by any member of the research team for such study at the Participating Site or any member of the IRB or of the IRB staff at the Participating Site in accordance with the standards, time frames and procedures specified in this SOP, including the CU CIRB Reporting Requirements Table attached hereto as Appendix A (the "Reporting Table").

IV. Roles and Responsibilities

A. PI

Each PI or his/her designee is responsible for promptly reporting to the CU CIRB any Reportable Event of which he/she becomes aware in accordance with the requirements described in the Reporting Table. This report should be made by the CIRB Facilitator via the CU CIRB electronic submission system.

B. CU CIRB

1. The CU CIRB will confirm whether an event meets the criteria to be a Reportable Event, and if it does, review each Reportable Event Report that it receives.

2. When reviewing such reports, the CU CIRB will determine what actions, if any, should be taken by the CU CIRB, any PI, the IRB at the Participating Site or any other person. Such actions may include requiring changes to the applicable Consortium Protocol or consent form, suspension of the Consortium Protocol at a Participating Site or termination of CU CIRB approval of the Consortium Protocol.

3. The CU CIRB will inform the applicable PI of the findings, determinations, actions taken, and any modifications or remedial actions required to be taken by the Participating Site in response to the Reportable Event Report and, when applicable, informing all PIs of any discovery or determination that affects subject safety or the conduct of any Consortium Study at all Participating Sites.

C. External Reporting

1. The CU CIRB will report, or ensure that a Participating Site will report, the Reportable Event to the applicable sponsor, funding agency or federal oversight agency if such reporting is required by the Consortium Protocol or any law or regulation.

2. If the CU CIRB determines that it must report the findings of an investigation to OHRP, the FDA and/or any other oversight entity, it will notify the PI at the applicable Participating Site in advance. The CU CIRB will provide such PI the opportunity to review and comment on the CU CIRB report before it is sent to OHRP, the FDA or other oversight entity.

APPENDIX A

CU CIRB REPORTING REQUIREMENTS

Type of Report	Description	Reporting Procedures	Form	Time Frame
Unanticipated Problem Involving Risks to Subjects or Others (UP)	- *Unanticipated Problem* involves any incident, experience or outcome involving risk to subjects or others in any human subjects research that meets all of the following criteria: A. unexpected (in terms of nature, severity or frequency) given (a) the research procedures that are described in the IRB-approval protocol and informed consent document, and (b) the characteristics of the subject population being studied; B. related or possibly related to participation in such research (i.e., there is a reasonable possibility that the incident, experience or outcome may have been caused by the procedures involved in such research); and C. suggests that the research places subjects or others at a greater risk or harm (including physical, psychological, economic or social harm) than was previously known or recognized.	- At the time of occurrence of a UP at a Participating Site (**PS**), the PS PI should make the determination as to whether an incident, experience or outcome constitutes a UP. - If deemed a UP, it should be reported to the CIRB Facilitator who reports all UPs to the CIRB Liaison. - The UP report must detail whether the protocol and/or consent form(s) should be modified as a result of the UP.	- The CIRB Facilitator will submit a UP report to the CU CIRB. -If the protocol and/or consent document(s) require revision, a modification may be necessary.	Report any UP within 5 working days/7 calendar days of the date the PS PI first becomes aware of the unanticipated problem; and

Continuing Review - UP	- At the time of continuing review of a protocol, the CU CIRB will review a summary of all UPs that occurred during the review period and since the beginning of the study.	A summary will be compiled by the CU CIRB electronic submission system	- The CIRB Facilitator will submit a renewal to the CU CIRB.	- Continuing Review
Allegations of Noncompliance	- *Noncompliance* means any failure to comply with any applicable federal, state, or local laws and regulations or the requirements or determinations of the CU CIRB, including institutional policies related to human subject protection. - *Serious noncompliance* means any noncompliance that negatively impacts the rights and welfare of subjects or compromises the integrity of the study data. For example, serious noncompliance might include, but is not limited to, the following violations: (1) failure to obtain prospective approval; (2) failure to obtain informed consent of subject(s); (3) enrollment of subject(s) who do not meet all eligibility criteria; (4) obtaining informed consent using an invalid/outdated research consent form that is missing information that might affect the individual's willingness to participate or continue to participate in the research; (4) failure to perform follow-up as outlined in the protocol where the lack of follow-up places the subject at increased risk of harm; and (5) failure to report a serious unanticipated problem involving risks to subjects or others.	At the time of occurrence at a PS, the PS PI should make the determination as to whether an allegation of noncompliance constitutes a UP. - If deemed a UP, it should then be reported to the CIRB Facilitator who will report all UPs to the CU CIRB. - If deemed not a UP, it should be reported to the CIRB Facilitator as a modification to the protocol.	- The CIRB Facilitator will submit a UP report or a modification request to the CU CIRB.	- Report to the CIRB Facilitator within 5 working days/7 calendar days of the date the PS PI first becomes aware of the problem; or Immediately if there is a safety concern for the subject(s)

	- *Continuing noncompliance* means any noncompliance that occurs repeatedly after appropriate remedial education or corrective action has been instituted taking into consideration all relevant factors, including, for example: (1) whether the continuing noncompliance was intentional, or (2) whether the investigator collaborated in remedial activity and the continuing noncompliance was not intentional.			
Protocol Violations	- *A protocol violation* is defined as a protocol change or modification that is identified by the research team after the change was implemented and was not approved prospectively by the CU CIRB. Protocol violations may be considered as noncompliance with the federal regulations for the protection of human subjects. - *Protocol Violations* that do not involve risks to subjects or others should be submitted promptly as Modifications in Rascal.	1. The PS PI/designee will report the violation to the CU CIRB as a UP report or as a modification of the protocol. 2. The CIRB Facilitator will report to the CIRB Liaison.	- The CIRB Liaison will submit an UP report or as a modification to the CU CIRB.	- If the Protocol Violation is unanticipated and involves risks to subjects or others, it should be submitted to the CU CIRB within one week (5 business days).
Complaints	- Complaints that indicate subjects' rights, safety or welfare were adversely affected	1. PS PI/designee will report the complaint to the CIRB Facilitator. 2. The CIRB Facilitator will report the complaint to the CU Liaison.	- The CIRB Liaison will contact the CU Compliance Oversight Team (COT) via email or phone.	- Report immediately to COT Associate Director