

AUDIT REGULATORY DOCUMENTATION STANDARD OPERATING PROCEDURES

For NASA Johnson Space Center Institutional Review Board Committee for the Protection of Human Subjects

CPHS/SOP 004/2009

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SUBMITTED BY:

Mary Flores 1/13/10

Mary Flores

Administrator, JSC Institutional Review Board Committee for the Protection of Human Subjects

Karen Mathes 1/13/10

Karen Mathes

Administrator, JSC Institutional Review Board Committee for the Protection of Human Subjects

APPROVED BY:

Kathleen A. McMonigal, MD 1/13/10

Kathleen A. McMonigal, M.D.

Chair, JSC Institutional Review Board Committee for the Protection of Human Subjects

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REVISION LOG

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I. Introduction, Purpose and Objectives of Audits

A. Introduction

Institutions that conduct or support biomedical and/or behavioral research involving human participants must, by federal regulation, have an Institutional Review Board (IRB) that initially approves and conducts an annual review of the research. Oversight of protocols must be approved and monitored by an IRB to ensure that risks are minimized and potential benefits are measured. An IRB is an independent committee of scientists, non-scientists and experts that ensure protocols are conducted in an ethical manner and that the rights of the study participants are protected.

B. Purpose

The purpose of the CPHS Audit is to provide information to administrators and staff concerning regulatory compliance that addresses research with human participants, data collection, data management, rights and welfare of human subjects, and investigator compliance with the protocol.

C. Objective

The objective of the CPHS Audit is to assure compliance with regulatory requirements and guidelines for the conduct of human research and human research data validity. In addition, the audit component provides education and support regarding research implementation to all institutional research staff. As part of the monitoring and oversight process the CPHS Audit will:

- Ensure that appropriate oversight mechanisms to ensure compliance with the determinations of the IRB have been implemented.
- Ensure that all research sites have and can document, appropriate mechanisms to protect human subjects.
- Ensure that IRB review arrangements are documented in writing according to established regulations and guidance.
- Ensure that all independent investigators have documented their commitment to the institution's human subject protection requirements and to the IRB determinations.

II. CPHS Audit Process

The CPHS Audit process will follow the Department of Health and Human Services (DHHS) Code of Federal Regulations 45 CFR 46 and NASA regulations 14 CFR 1230. A selection of human research protocols will be audited every year. The CPHS will work directly with the Human Research Program (HRP) to manage the audit program. The CPHS Audit process consists of reviewing and evaluating some or all of the following components:

- The approved research protocol and all CPHS correspondence
- The informed consent/subject information handout document and process
- The affiliated study correspondence
- Adherence to the inclusion/exclusion criteria
- Adherence to the study procedures
- Occurrence and reporting of adverse events
- Drug and device accountability (if applicable)

A. Selection and Scheduling of Audits

The CPHS Auditor will work directly with the CPHS Chairman to identify which research protocols requires audit and/or re-audit. Selection criteria include the following:

- Investigational conduct and reporting of study requirements
- Absence of external monitoring or oversight
- Risk/Benefit Assessment – based on expected adverse events, type of study, or study population
- Allegations of human subject's violations or noncompliance with Federal regulations
- Investigators with new or limited experience
- Failure to submit an IRB/CPHS renewal application

Once determined, the Auditor will coordinate the visit with the Principal Investigator (PI) within thirty (30) days. The PI may contact the CPHS to resolve any questions it has in reference to the audit process.

B. Audit Process – General Instructions

The Auditor will schedule appointments by telephone and follow up with written notice. The Auditor will inform the Principal Investigator and team, that access to records or copies of sections must be made available during the audit in accordance with Federal regulations.

III. CPHS Audit Procedures

The Auditor will review all study documents, correspondence, reports and training certifications associated with the research protocol. Information to be reviewed will consist of:

- Most recent (including all amended versions) of approved detailed protocol
- Most recent (including all amended versions) of approved informed consent/subject information handout documents
- Most recent (including all amended versions) of approved advertising/recruitment materials
- Protocol correspondence (grant applications, reports)
- Curriculum vitae/biosketch of Principal Investigator, Co-Investigator, study personnel
- Current Human Subject Protection training certifications (National Institutes of Health (NIH) or Collaborative Institutional Training Initiative (CITI))
- Current professional licensure of all investigators and applicable research staff
- Signed letters of support from collaborators/consultants associated with the research protocol
- Correspondence (including e-mails and faxes) related to the approved protocol
- Continuing review/protocol renewal submissions related to the approved protocol
- Modifications/amendments related to the approved protocol
- Action item responses related to the approved protocol
- Informed consent forms/subject information handout documentation (including from other institution's IRB)
- Disposition letters from the CPHS and other institution's IRB
- Protocol deviation reports
- Anomalous data reports
- Adverse event reports
- Signatures
- Logs (including enrollment, subject ID, data safety monitoring board)

IV. CPHS Audit at the Research Site

The site to be audited must be prepared to allow the CPHS Auditor access to protocol materials. The PI or designee should be available throughout the audit to answer any questions and help the auditor locate necessary information. A review of research materials associated with the audit will consist of:

- Inclusion/exclusion criteria
- Protocol amendments and/or modifications
- Informed consent, subject information handout, data quality
- Inspection of storage and records area
- IRB approvals
- Continuing reviews/annual renewals submitted to the CPHS
- Current version of the protocol, including any amendments, informed consent forms, and subject information handout information

V. CPHS Audit Procedure Overview

A. Entrance Meeting

The Auditor will meet with the PI and will present basic information on how the audit process will be conducted. The following items must be included in the meeting:

- Reason for audit
- Expected scope of the audit
- Expected duration of the audit
- Administrative procedures
- Report findings process
- Management discussion

B. Review of Source Documents

Source documents will be used independently to identify study data. Source documents may include, but are not limited to informed consents, subject information handouts and correspondence, logs, and IRB documents

C. Assessment of Audit Findings

All components to be audited will be assessed as Category 1 – No Findings, Category 2 – Minor Findings, Category 3- Major Findings, and Category 4 – Critical Findings, based on findings at the time of the audit.

Category 1- No Findings

No deviation of the regulations or any findings of non compliance was identified under the specific audit process.

Category 2- Minor Findings

Minor findings of non compliance or deviations were identified in the audit process. The findings under this category do not necessarily represent potential harm to the human subject or course of the investigation. The findings may include minor deviations such as:

- Blood draw overage
- Schedule changes

Category 3- Major Findings

This category includes serious deviations that may affect the research process and/or the safety of human subjects involved in the protocol. A corrective plan will be required for findings under this category. Findings classified under this category are:

- Serious violations to the protocol
- Consent form/subject information handout violations
- Failure to obtain continuous IRB approvals
- Failure to submit adverse events to the IRB
- No source documents available to support the investigation
- Research staff is not adequately qualified
- Records are inconsistent and do not agree

Category 4- Critical Findings

The findings or deviations under this category may represent a major harm to the research process and/or the safety of human subjects involved in the protocol. An immediate corrective plan will be required for these findings and a report of findings under this category will be sent to the CPHS. Under this category the findings are:

- Failure of the participant to comply with and complete the informed consent/subject information handout
- Failure to obtain IRB approval
- Document tampering of official documents
- Violations to the protocol procedures that may represent risk to the safety of human subjects involved in the protocol
- Violations on the selection process

VI. CPHS Audit Reports

A. Exit Interview

The CPHS Auditor will conduct an exit interview with the responsible investigator and staff personnel. This interview provides an opportunity for education, immediate dialogue, feedback and clarification. During this exit interview the preliminary findings and any other recommendation from the audit will be discussed.

B. Provisional Audit Findings

Category 1- No Findings

The provisional report will be provided to the site during the exit interview.

Category 2- Minor Findings

The provisional report will be provided to the site during the exit interview. In general, a correction plan will not be necessary, unless specified.

Category 3- Major Findings

Findings under this category will be discussed with the CPHS Chairman during the last day of the audit visit and prior to the completion of the provisional report. After the meeting with the Chairman, the Auditor will provide a list of deficiencies and recommendations for the PI to respond to the findings under this category.

Category 4- Critical Findings

Findings under this category will require immediate action. The Auditor will send a letter to the CPHS reporting the findings under this category. The Chairman will determine the course of the actions to be taken to respond to these findings.

C. PI Response to Audit Findings

The Auditor will provide the initial report during the exit interview. The PI will answer the findings within the next ten (10) working days.

When findings under category 4 are identified, the Auditor will send a letter to the Chairman notifying of the findings. The Chairman will determine the actions to be taken.

Following receipt of the PI responses, the Auditor will complete the Final Audit report. The Final Audit report must be completed and sent to the PI within 30 working days of the PI response. The Final Audit report will include:

- Reason for inspection
- What the audit covered
- Administrative procedures
- Individual study personnel responsibilities
- Inspection findings
- Exit interview discussion

D. Corrective Action Plan

The PI must submit a correction plan within 30 working days that will be attached to the Final Audit Report.

E. Follow-Up Requirements

A re-audit is required for any findings under categories 3 and 4.