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| **DEPARTMENT:****Phoebe Putney Memorial Hospital, Inc. Institutional Review Board** | **POLICY DESCRIPTION:****Adverse Events and Unanticipated Problems Reporting Policy** |
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| **APPROVED BY:****Doug Patten, M.D., IRB Chair** | **RETIRED:** |
| **EFFECTIVE DATE:****December 1, 2012****UPDATED June 21, 2013** | **NUMBER:** |

## SCOPE

This policy applies to all research involving human subjects, including behavioral, biomedical, and social sciences.

The researcher shall submit reports of Adverse Events or other Unanticipated Problems involving risks to subjects or others as outlined below.

## DEFINITIONS

**Adverse Event**

Any experience or abnormal finding that has taken place during the course of a research project and was harmful to the subject participating in the research, or increased the risks of harm from the research, or had an unfavorable impact on the risk/benefit ratio, that was temporally associated with the subject’s participation in the research, whether or not considered related to the subject’s participation in the research. Note that the Food and Drug Administration (FDA) also includes in its definition abnormal preclinical or laboratory findings which may not yet have resulted in direct harm to subjects (e.g. a bacteria is identified in a culture from the same batch of cells used to produce a vaccine which has been administered, even if no cases of infection have been reported).

The FDA characterizes Adverse Events resulting from devices as adverse device effects. Only unanticipated adverse device effects that are serious need to be reported promptly. The PPMH IRB policy encompasses this regulatory requirement.

## PPMH Site

Any site at which the research is conducted under the direction of or supervision of a Phoebe Putney Memorial Hospital investigator and which is noted on the Phoebe Putney Memorial Hospital Federalwide Assurance (PPMH FWA) as under the PPMH IRB’s jurisdiction.

## External

Occurring in a study or site for which a Phoebe Putney Memorial Hospital investigator is not responsible for the conduct of the study.

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## Internal

Occurring in a study approved by the PPMH IRB at a site for which a Phoebe Putney Memorial Hospital investigator is responsible for the conduct of the study.

## Serious Adverse Event (SAE)

Any experience occurring that results in any of the following outcomes: death; life‐threatening experience; requires in‐patient hospitalization or prolongation of existing hospitalization; results in persistent or significant disability/incapacity; is a congenital anomaly/birth defect. Important medical events that may not result in death, be life‐threatening, or require hospitalization may be considered a serious adverse experience when, based upon appropriate medical judgment, they may jeopardize the subject and may require medical or surgical intervention to prevent one of these outcomes.

## Unanticipated Problems

Include any incident, experience, or outcome that meets **all** of the following criteria:

1. Unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol‐related documents, such as the IRB‐approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied;
2. Related **or** possibly related to participation in the research (*possibly related* means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
3. Suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

Examples include, but are not limited to, breach of confidentiality, protocol violations and deviations, and complaints about the research procedures or treatments by key personnel on the research team.

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## Unanticipated Adverse Event

Any Adverse Event occurring in one or more subjects participating in a research protocol, the nature, severity, or frequency of which is **not** consistent with either:

* 1. The known or foreseeable risk of Adverse Events associated with the procedures involved in the research that are described in (a) the protocol‐related documents, such as the IRB‐approved research protocol, any applicable investigator brochure, and the current IRB‐approved informed consent document, and (b) other relevant sources of information, such as product labeling and package inserts; or
	2. The expected natural progression of any underlying disease, disorder, or condition of the subject(s) experiencing the adverse event and the subject’s predisposing risk factor profile for the Adverse Event.

Note that the FDA characterizes Adverse Events resulting from devices as adverse device effects. Only unanticipated adverse device effects that are serious need to be reported promptly. The PPMH IRB policy encompasses this regulatory requirement.

# SUMMARY

## Adverse Events

INTERNAL: The following Adverse Events shall be reported to the PPMH IRB within ***48 hours*** of the event or the investigator being notified of the event:

* Adverse Events that meet all of the following criteria:
	+ Serious and Unanticipated; *and*
	+ Occurred at a site ***under the purview of a PPMH IRB (i.e., internal).***

EXTERNAL: The following Adverse Events shall be reported to the PPMH IRB within ***5 business days*** of the event or the investigator being notified of the event:

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* Adverse Events that meet all of the following criteria:
	+ Serious and Unanticipated; *and*
	+ Possibly related to study procedures; *and*
	+ Occurred at a site that is ***not under the purview of a PPMH IRB (i.e., external);*** and
	+ We have patients enrolled at our site and/or study is open to enrollment.

Events that do not meet the above criteria shall ONLY be reported in summary form at the time of continuing review. If reported as they occur, the reports will be returned to the researcher without IRB review.

## Unanticipated Problems

Unanticipated Problems (other than Adverse Events) involving risks to subjects or others, occurring at any site, shall be reported to the PPMH IRB within 5 business days using the IRB Adverse Event / Unanticipated Problem Report Form(Attachment A).

**If an Adverse Event/Unanticipated Problem Report is required:** The Investigator shall submit for IRB review a detailed Adverse Event/Unanticipated Problem Report in the time frame indicated above. In filing the report, the investigator must make the preliminary determination whether revision(s) to the protocol and/or consent document(s) is/are necessary. If a change is required, a modification must be submitted promptly.

**If a report in Summary Format is indicated:** The Investigator shall submit for IRB review a summary report with the submission of the scheduled continuing review request.

|  |
| --- |
| **Adverse Events** |
|  | **Not Serious** | **Serious** |
| **Anticipated** | Report in summary at time ofcontinuing review | Report in summary at time ofcontinuing review |
| **Unanticipated** | Report in summary at time ofcontinuing review | Report promptly in accordancewith terms of this policy |

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| **Unanticipated Problems** |
| **Nature** | **Action** |
| Involves risk to subjects or others | Report promptly in accordance with terms of thispolicy |
| Does not involve risk to subjects or others | No report required |

# POLICY AND PROCEDURES

## Internal Adverse Events

The Investigator shall report all internal Adverse Events that are determined to be serious and unanticipated to the IRB within 48 hours of the event, or notification of its occurrence, by electronically submitting the Adverse Event /Unanticipated Problem Report.

The IRB Chair or designee will review reports of Adverse Events. Reports of all internal Adverse Events that are serious and unanticipated will also be reviewed by the full Board.

If the investigator believes a change in the protocol or consent documentation is warranted, he/she should submit an IRB Amendment/Modification Request Form (Attachment B). The Chair or designee will forward the modification, when received, for appropriate review (i.e., expedited review if the change(s) is/are minor or full Board review if the change(s) is/are substantive).

If the investigator has indicated that no change is required and the Board disagrees, the investigator will be asked to submit a modification.

Reports of internal Adverse Events that are not serious and unanticipated will be returned without review if they are submitted as they occur. These should only be reported in summary form at the time of continuing review.

## External Adverse Events

All external Adverse Events that are determined by the Principal Investigator to be serious, unanticipated, and possibly related must be reported to the IRB within 5 business days of notification. A detailed Adverse Event/Unanticipated Problem Report must be submitted within 5 business days of the

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event or notification. The IRB Chair or designee will review the report of Adverse Events or Unanticipated Problems.

Reports of all external Adverse Events that are Serious, Unanticipated, and possibly related to the study will also be reviewed by the full Board.

In filing the report, the investigator must make the preliminary determination whether revision(s) to the protocol and/or consent document(s) is/are necessary. If a change is required, a Report of Amendment must be submitted.

The Chair or designee will forward the amendment, when received, for appropriate review (i.e., expedited review if the change(s) is/are minor or full Board review is the change(s) is/are substantive).

If the investigator has indicated that no change is required and the Board disagrees, the investigator will be asked to submit a modification.

Reports of external Adverse Events that are not serious, unanticipated and possibly related to the study will be returned without review. These should only be reported in summary form at the time of continuing review.

## Unanticipated Problems (Internal or External) Involving Risks to Subjects or Others

All Unanticipated Problems involving risks to subjects or others must be reported promptly to the IRB via submission of an Adverse Event/ Unanticipated Problem Report.

A detailed Adverse Event/Unanticipated Problem Report must be submitted electronically within 5 business days of the event or notification, whether the problem was internal or external. The IRB Chair or designee will review all reports of Unanticipated Problems, and make a determination of whether additional review, by the full IRB Board, is required.

In filing the report, the investigator must make the preliminary determination whether a revision(s) to the protocol and/or consent document(s) is/are necessary. If a change is required, a Report of Amendment must be submitted promptly.

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The IRB Chair or designee will forward the modification, when received, for appropriate review (i.e., expedited review if the change(s) is/are minor or full Board review is the change(s) is/are substantive).

Reports of Unanticipated Problems that do not involve risks to subjects or others will be returned without review. These should only be reported in summary form at the time of continuing review.

## Other Adverse Events/Unanticipated Problems

A summary of Adverse Events and Unanticipated Problems that occur during the approved study period must be submitted with other required materials at the time of continuing review. The summary for each type of adverse event should include, at a minimum:

* Number of subjects who experienced the event;
* Investigator’s determination of whether or not the event is serious;
* Investigator’s determination of the event’s relationship to the study procedures (e.g., definitely, probably, possibly, probably not, definitely not related)

## Data Safety and Monitoring Board (DSMD) Reports

All DSMD reports that the investigator receives should be promptly reported to the IRB and submitted as a modification to the protocol.

## Report to Institutional Officials

All Unanticipated Problems involving risks to subjects or others must be reported promptly to the IRB via submission of an Adverse Event/ Unanticipated Problem Report Form. When such reports are made regarding external Unanticipated Problems, the PPMH institutional officials who shall review such reports are the IRB Chair and IRB Staff.

When such reports are made regarding internal Unanticipated Problems, the IRB Staff shall promptly provide a copy of the Adverse Event/Unanticipated Problem Report to the Executive Vice President / Chief Operating Officer for Phoebe Putney Memorial Hospital.

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## Report to Office for Human Research Protections (OHRP)

Unanticipated Problems occurring in research covered by a Federalwide Assurance must be reported by the institution to the supporting HHS agency head (if applicable) and OHRP. Phoebe Putney Memorial Hospital, through its Federalwide Assurance, has adopted the Common Rule for all human subject research conducted at a PPMH Site.

This requirement applies only to internal Unanticipated Problems. The IRB Chair and IRB Staff will evaluate all reported internal Unanticipated Problems for possible reporting to OHRP, and the IRB Staff shall be responsible for making such reports in accordance with OHRP rules and regulations.

## REFERENCES

* 45 CFR part 46
* 21 CFR part 50
* 21 CFR part 56
* 21 CFR part 312
* 21 CFR part 812
* Office for Human Research Protections, “Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events,” January 15, 2007
* Food and Drug Administration, “Guidance for Clinical Investigators, Sponsors and IRBs – Adverse Event Reporting to IRBs – Improving Human Subject Protection,” January 2009

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Attachment A

## IRB Adverse Event / Unanticipated Problem Report Form

Principal Investigator:

Address:

Contact Number:

Study Title:

Date:

## Definitions

**Adverse Event** – Any experience or abnormal finding that has taken place during the course of a research project and was harmful to the subject participating in the research, or increased the risks of harm from the research, or had an unfavorable impact on the risk/benefit ratio, that was temporally associated with the subject’s participation in the research, whether or not considered related to the subject’s participation in the research.

**Serious Adverse Event** – Any experience occurring that results in any of the following outcomes: death, life-threatening experience, requires in-patient hospitalization or prolongation of existing hospitalization; results in persistent or significant disability/incapacity; is a congenital anomaly/birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered a serious adverse event when, based upon appropriate medical judgment, they may jeopardize the subject and may require medical or surgical intervention to prevent one of these outcomes.

**Unanticipated Problems -** Any incident, experience, or outcome that is Unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied; AND is related **or** possibly related to participation in the research (*possibly related* means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); AND suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized. Examples include, but are not limited to, breach of confidentiality, protocol violations and deviations, and complaints about the research procedures or treatments by key personnel on the research team.

**Unanticipated Adverse Event –** Any Adverse Event occurring in one or more subjects participating in a research protocol, the nature, severity, or frequency of which is **not** consistent with either: (1) the known or foreseeable risk of Adverse Events associated with the procedures involved in the research that are described in (a) the protocol-related documents, such as the IRB-approved research protocol, any applicable investigator brochure, and the current IRB-approved informed consent document, and

PPMH IRB Adverse Event/ Serious Adverse Event/Protocol Deviation Report Form Ver. DEC-2012

(b) other relevant sources of information, such as product labeling and package inserts; or (2) the expected natural progression of any underlying disease, disorder, or condition of the subject(s) experiencing the adverse event and the subject’s predisposing risk factor profile for the Adverse Event.

**Related** – An event is related to research procedures if in the opinion of the principle investigator, it was more likely than not to be caused by the research procedures or if it is more likely that not that the event affects the rights and welfare of current participants.

## Type of Event

Any of the following must be reported to the IRB within 48 hours of the event or notification of its occurrence:

Internal Adverse Event that is determined to be serious and unanticipated

Any of the following must be reported to the IRB as soon as possible, but in all cases within 5 working days:

External Adverse Event that is determined to be serious, unanticipated, and possibly related to the study.

An Unanticipated Problem (internal or external) related to the research that exposes subjects or others to potential risk.

Information that indicates a change to the risks or potential benefits of the research. For example:

* + An interim analysis or safety monitoring report indicates that frequency or magnitude of harms or benefits may be different than initially presented to the IRB, or
	+ A paper is published from another study that shows that the risks or potential benefits of your research may be different than initially presented to the IRB.

Breach of confidentiality

Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a research participant

Complaint of a participant when the complaint indicates unexpected risks or cannot be resolved by the research team

Protocol violation (meaning an accidental or unintentional change to the IRB approved protocol) that harmed participants or others or that indicates participants or others may be at increased risk of harm

Event that requires prompt reporting to the sponsor Sponsor imposed suspension for risk

PPMH IRB Adverse Event/ Serious Adverse Event/Protocol Deviation Report Form Ver. DEC-2012

## Event Information

Location of event: Phoebe Affiliate: Off-site

Is this a follow-up report? Yes; original report date was: No; date Event occurred:

Is study open to enrollment? Yes No

1. Briefly describe the circumstances of this event:
2. Describe this Event using the drop down menu below or add other and describe (use drop-down menu):

Other:

Date of the Event:

1. Intensity (use drop-down menu):
2. Was event study-related (use drop-down menu)?
3. How long did the event last?
4. Currently enrolled participants will be notified of this event?

Yes No

PPMH IRB Adverse Event/ Serious Adverse Event/Protocol Deviation Report Form Ver. DEC-2012

1. Previously enrolled participants will be notified of this event?

Yes No

1. P.I.’s statement of this Event in relation to the study:

## Attachments

1. This event has prompted a change to the Informed Consent(s):

Yes (if yes, please complete and submit a Report of Amendment form)

No

1. This event has prompted a change to the Protocol:

Yes (if yes, please complete and submit a Report of Amendment form) No

## P.I.’s Signature

P.I.’s Name: Date:

Electronic Signature:

I ATTEST THAT THE INFORMATION CONTAINED HEREIN IS A TRUE AND ACCURATE REPRESENTATION OF MY ONGOING STUDY.

**Submit Form**

Please save a copy of the form for your records and submit the final form electronically by clicking the “Submit Form” to the left or at top of page.

PPMH IRB Adverse Event/ Serious Adverse Event/Protocol Deviation Report Form Ver. DEC-2012

**Report returned to Investigator (indicate reason):**

**Full Board Review (date):**

**N/A Yes**

**No**

**Has supporting documentation been submitted, if applicable?**

**Yes**

**No**

**Date of Receipt:**

**Is the Report of AE/SAE Complete?**

**IRB Office Only**

PPMH IRB Adverse Event/ Serious Adverse Event/Protocol Deviation Report Form Ver. DEC-2012

Principal Investigator:

Address:

Contact Number:

Study Title:

Protocol Number:

Date:



## IRB Amendment / Modification Request Form

Attachment B

Page 1 of 3

**NOTE: NO CHANGES IN THE RESEARCH MAY BE IMPLEMENTED WITHOUT PRIOR IRB APPROVAL. All**

**study protocol amendments and amendments to Informed Consent Forms must be reported to the IRB using this form. Changes to such items as surveys or questionnaires are considered changes to the study protocol. Studies may have amendments/modifications even if not actively enrolling subjects.**

## AMENDMENT /MODIFICATION

* 1. Amendment/Modification Type: (select from drop down box)
	2. Describe the amendment/modification: Describe the requested change(s) and clearly reference materials submitted with this form. Provide a clear rationale for the proposed change(s).

PPMH IRB Amendment/Modification Report Form Ver. DEC-2012

## EFFECTS OF THE AMENDMENT/MODIFICATION

* 1. Will the amendment/modification affect the risks or benefits to the subjects?

Yes No

If yes, please provide a justification for the amendment/modification:

* 1. Will the amendment/modification require a change in the consent process or form?

Yes No

If yes, please explain the nature of the change:

## Study Information

Is study open to enrollment? Yes No

Number of Enrolled Subjects:

## Attachments

Please attach the following:

Informed Consent Form(s), if applicable – include both draft ICF with changes indicated (i.e.; highlighted, redlined, etc) and clean version of ICF

Study Protocol, if applicable – include both draft protocol with changes indicated (i.e.; highlighted, redlined, etc) and clean version of study protocol

Revised recruitment materials, if applicable

Revised research materials (surveys, questionnaires, instruments), if applicable

PPMH IRB Amendment/Modification Report Form Ver. DEC-2012

## 5 P.I.’s Signature

P.I.’s Name: Date:

Electronic Signature:

I ATTEST THAT THE INFORMATION CONTAINED HEREIN IS A TRUE AND ACCURATE REPRESENTATION OF MY ONGOING STUDY.

#  Submit Form

Please save a copy of the form for your records and submit the final form electronically by clicking the “Submit Form” button.

**Report returned to Investigator (indicate reason):**

**Full Board Review (date):**

**N/A Yes**

**No**

**Has supporting documentation been submitted, if applicable?**

**Yes**

**No**

**Date of Receipt:**

**Is the Report of Amendment/Modification?**

**IRB Office Only**

PPMH IRB Amendment/Modification Report Form Ver. DEC-2012