1 PURPOSE
1.1 This policy establishes the definitions followed by the human research protection program.

2 PREVIOUS VERSION
2.1 Revised from previous version dated 03/15/2019.

3 POLICY
3.1 Adverse Event (AE): An AE in research can be any unfavorable or unintended event, including abnormal laboratory findings, symptom or disease, or death associated with the research or the use of a medical investigational test article. An AE in research may occur even in the absence of any error or protocol deviation and does not necessarily have to be caused by any identifiable aspect of the research.

3.2 Allegation of Non-Compliance: An unproved assertion of Non-Compliance.

3.3 Assurance of Compliance (Human Subjects) or Federalwide Assurance (FWA): A legally binding written document that commits an institution to complying with the Federal Policy (Common Rule) and other applicable Federal standards for the protection of human subjects.

3.4 Authorization Agreement: Also called a Reliance Agreement, is the agreement that documents respective authorities, roles, responsibilities, and communication between one institution/organization providing the ethical review and another institution or an investigator that is relying on the ethical review.

3.5 Certification: The official notification by the institution to the supporting Federal department or agency component that a research project or activity involving human subjects has been reviewed and approved by an IRB in accordance with an approved assurance.

3.6 Clinical Trial: A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

3.7 Collaborative Study: A study in which two or more institutions coordinate to complete portions of the research activities outlined in a specific protocol.

3.8 Conflicting Interest: Refer to the following University Policies:
3.8.1 Policy on Conflict of Interest and Conflict of Commitment
3.8.2 Policy on Conflict of Interest in Research

3.9 Continuing Non-Compliance: A pattern of Non-Compliance that suggests the likelihood that, without intervention, instances of Non-Compliance will recur, a repeated unwillingness to comply, or a persistent lack of knowledge of how to comply.

3.10 Designated Reviewer: The IRB chair or an Experienced IRB Member designated by the IRB chair to conduct Non-Committee Reviews.

3.11 Experienced IRB Member: An IRB member is considered experienced if the IRB chair considers the IRB member to have sufficient experience in and knowledge of conducting IRB reviews.

3.12 Expiration Date (Lapsed Date): The first date that the study is no longer IRB approved. The date after the end date of the approval period.

3.13 External IRB: An IRB from an external institution or organization that the Northwestern University IRB may rely on for the ethical review of Human Research.


3.15 Human Research: Any activity that either: 1

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1 The terms “Human Subject Research,” “Research Involving Human Subjects,” “Human Subject Research,” “Research Involving Human Subjects,” “Clinical Research,” “Clinical Investigation,” “Clinical Study” and similar phrases are considered to be synonyms for the term Human Research.
3.16 **Human Subject as Defined by DHHS:** A living individual about whom an investigator (whether professional or student) conducting research (1) obtains information or biospecimens through **Intervention** or **Interaction** with the individual, and uses, studies or analyzes the information or biospecimens; or (2) obtains, uses, studies, analyzes or generates identifiable private information or identifiable biospecimens. For the purpose of this definition:

3.16.1 **Intervention:** Physical procedures by which information or biospecimens are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.

3.16.2 **Interaction:** Communication or interpersonal contact between investigator and subject.

3.16.3 **Private Information:** Information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information that has been provided for specific purposes by an individual and that the individual can reasonably expect will not be made public (for example, a medical record).

3.16.4 **Identifiable Private Information:** Private Information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information.

3.16.5 **Identifiable Biospecimen:** A biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

3.17 **Human Subject as Defined by USFDA:** An individual who is or becomes a participant in research, either as a recipient of the test article or as a control. A subject may be either a healthy human or a patient. A human subject includes an individual on whose specimen an investigational medical device is used. When medical device research involves in vitro diagnostics and unidentified tissue specimens, the FDA defines the unidentified tissue specimens as human subjects.

3.18 **Immediate Family:** The immediate family of a Faculty member or Staff member includes spouse, domestic partner, parents, children, siblings, aunts, uncles, nephews, nieces, grandparents and grandchildren.

3.19 **Institutional Official/Organizational Official (IO/OO):** The Institutional Official/Organizational Official (IO/OO) has the authority to take the following actions or delegate these authorities to a designee:

3.19.1 Ensure that the HRPP has sufficient resources, including IRBs appropriate for the volume and types of **Human Research** to be reviewed, so that reviews are accomplished in a thorough and timely manner.

3.19.2 Determine what IRBs the Institution will rely upon.

3.19.3 Ensure that the research review process is independent and free of undue influence.

3.19.4 Create policies and procedures related to the HRPP that are binding on the Institution.

3.20 **Institutional Profile:** A record of information an institution keeps about another collaborating institution/organization for one or more Collaborating Studies or Multi-Site Studies.

3.21 **IRB of Record:** The IRB that is responsible for the ethical review of **Human Research** on behalf of an institution/organization or individual investigator.

3.22 **Legally Authorized Representative (LAR):** An individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedures(s) involved in the research.

3.22.1 If there is no applicable law addressing this issue, then this individual is recognized by institutional policy as acceptable for providing consent in the nonresearch context on
behalf of the prospective subject to the subject’s participation in the procedure(s) involved in the research.

3.22.2 See “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013)” for who may serve as a Legally Authorized Representative at this institution.

3.23 **Minimal Risk:** The probability and magnitude of harm or discomfort anticipated in the research that are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.²

3.23.1 For research involving prisoners **Minimal Risk** is the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons.

3.23.2 When following Department of Defense regulations, the definition of minimal risk based on the phrase “ordinarily encountered in daily life or during the performance of routine physical or physiological examination or tests” shall not be interpreted to include the inherent risks certain categories of human participants face in their everyday life. For example, the risks imposed in research involving human participants focused on a special population should not be evaluated against the inherent risks encountered in their work environment (e.g., emergency responder, pilot, soldier in a combat zone) or having a medical condition (e.g., frequent medical tests or constant pain).

3.24 **Multi-Site Study:** A study which uses the same protocol to conduct non-exempt human subjects research at more than one site, with each site completing all research activities outlined the protocol.

3.25 **Non-Committee Review:** Any of the following:

3.25.1 Determination of whether an activity is Human Research.

3.25.2 Determination of whether Human Research is exempt from regulation.

3.25.3 Reviews of non-exempt research using the expedited procedure.

3.25.4 Determinations of which subjects can continue in expired research.

3.25.5 Concurrence of IRB Chair or designee for non-emergency individual patient/small group expanded access for an unapproved medical device (commonly known as Compassionate Use) or non-emergency individual patient expanded access IND with request for authorization to use alternative IRB review procedures.

3.26 **Non-Compliance:** Failure to follow the federal regulations governing human research or with the requirements or determinations of the IRB.

3.26.1 In the case of research funded or conducted by the US Department of Defense (USDOD), Non-Compliance includes failure of a person, group, or institution to act in accordance with Department of Defense (USDOD) instruction 3216.02, its references, or applicable requirements.

3.27 **Participating Site:** An institution that participates in a Multi-Site Study or a Collaborative Study.

3.28 **Prisoner:** Any individual involuntarily confined or detained. The term is intended to encompass individuals sentenced under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution.

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² The phrase “ordinarily encountered in daily life or during the performance of routine physical or physiological examinations or tests” should not be interpreted to include the inherent risks certain categories of subjects face in their everyday life. For example, the risks imposed in research involving human subjects focused on a special population should not be evaluated against the inherent risks encountered in their environment (e.g., emergency responder, pilot, soldier in a combat zone) or having a medical condition (e.g., frequent medical tests or constant pain).
or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing.

3.28.1 For Department of Defense (USDOD) research the term includes military personnel in either civilian or military custody.

3.29 **Protected Health Information**: Individually identifiable health information that is (1) transmitted by electronic media; (2) maintained in electronic media; and, (3) transmitted or maintained in any other form or medium. For purposes of this definition, protected health information excludes individually identifiable health information in: (a) educational records covered by the Family Educational Rights and Privacy Act; (b) records maintained by an educational agency or institution, or by a person acting for such agency or institution, on a student who is eighteen years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his professional or paraprofessional capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student’s choice; and (c) employment records held by a covered entity in its role as an employer.

3.29.1 **Individually Identifiable Health Information**: Information that is a subset of health information, including demographic information collected from an individual, and

3.29.1.1 Is created or received by a health care provider, health plan, employer, or health care clearinghouse and;

3.29.1.2 Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

3.29.1.2.1 That identifies the individual; or

3.29.1.2.2 With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

3.30 **Reportable New Information**: Information that becomes known during the course of a research study that will need to be reported to the IRB in a timely, meaningful way so that research participants can be protected from avoidable harms. This information may be Unanticipated Problems Involving Risk to Subjects or Others (UPIRSOs) and/or Non-compliance.

3.31 **Related to the Research**: A financial interest is Related to the Research when the interest is in:

3.31.1 A sponsor of the research;

3.31.2 A competitor of the sponsor of the research;

3.31.3 A product or service being tested; or

3.31.4 A competitor of the product or service being tested.

3.32 **Research as Defined by DHHS**: A Systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

3.33 **Research as Defined by USFDA**: Any experiment that involves a test article and one or more Human Subjects, and that meets any one of the following:

3.33.1 Must meet the requirements for prior submission to the US Food and Drug Administration under section 505(i) of the Federal Food, Drug, and Cosmetic Act meaning any use of a drug other than the use of an approved drug in the course of medical practice;

3.33.2 Must meet the requirements for prior submission to the US Food and Drug Administration under section 520(g) of the Federal Food, Drug, and Cosmetic Act meaning any activity that evaluates the safety or effectiveness of a device; OR

3.33.3 Any activity the results of which are intended to be later submitted to, or held for inspection by, the US Food and Drug Administration as part of an application for a research or marketing permit.
3.34 **Restricted**: Applies to investigators who are delinquent in meeting IRB requirements.

3.35 **Serious Non-Compliance**: Non-Compliance such that the failure to comply could adversely affect the rights, safety, or welfare of a human subject; place a human subject at increased risk of harm; cause harm to a human subject; affect a human subject’s willingness to participate in research; or damage or compromise the scientific integrity of research data.

3.35.1 For Department of Defense (USDOD) research **Serious Non-Compliance** includes failure of a person, group, or institution to act in accordance with Department of Defense (USDOD) Instruction 3216.02 and its references such that the failure could adversely affect the rights, safety, or welfare of a human subject; place a human subject at increased risk of harm; cause harm to a human subject; affect a human subject’s willingness to participate in research; or damage or compromise the scientific integrity of research data.

3.36 **Single IRB (sIRB)**: A sIRB is the selected IRB of Record that conducts the ethical review for each Participating Site of a Multi-Site Study.

3.37 **Suspension of IRB Approval**: An action of the IRB, IRB Executive Director, Institutional Official/Organizational Official, or designee of the Institutional Official/Organizational Official to temporarily or permanently withdraw IRB approval of some or all research procedures short of a Termination of IRB Approval. Suspended studies remain open and are subject to continuing review.

3.38 **Systematic**: Having or involving a method or plan.

3.39 **Termination of IRB Approval**: An action of the IRB, IRB Executive Director, Institutional Official/Organizational Official, or designee of the Institutional Official/Organizational Official to permanently withdraw IRB approval of all research procedures. Terminated studies are permanently closed and no longer require continuing review.

3.40 **Unanticipated Problem Involving Risks to Subjects or Others**: Any information, including any incident, experience, or outcome that meets ALL three of the following conditions: (1) is unexpected (in terms of nature, severity, or frequency) given the procedures described in the research protocol documents (e.g., the IRB-approved research protocol and informed consent document) and the characteristics of the human subject population being studied; (2) is related or possibly related to participation in the research (in this Instruction, 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 human subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized, even if no harm has actually occurred.

3.40.1 For Department of Defense (DOD) research the term **Unanticipated Problem Involving Risks to Subjects or Others** includes any incident, experience, or outcome that meets ALL three of the following conditions:

3.40.1.1 Is unexpected (in terms of nature, severity, or frequency) given the procedures described in the research protocol documents (e.g., the IRB-approved research protocol and informed consent document) and the characteristics of the human subject population being studied.

3.40.1.2 Is related or possibly related to participation in the research (in this Instruction, 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).

3.40.1.3 Suggests that the research places human subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized, even if no harm has actually occurred.

3.41 **Vice President for Research**: The Vice President for Research has the authority to take the following actions:
3.41.1 Place limitations or conditions on an investigator’s or research staff’s privilege to conduct Human Research.

3.41.2 Ensure that officials of the Institution cannot approve research that has not been approved by one of the IRBs designated by the Institution.

3.41.3 Impose corrective actions up to and including barring individuals from conducting Human Research at the Institution if the Institutional Official concludes such actions are required to maintain compliance.

3.41.4 Disallow research approved by the Institution’s IRB or an external IRB.

4 RESPONSIBILITIES

4.1 Individuals writing policies and procedures are to indicate terms defined in this policy with a double underline.

4.2 Individuals using policies and procedures are to consult this policy for the definitions of double underlined terms.

5 PROCEDURE

5.1 None.

6 MATERIALS

6.1 GENERAL DOCUMENTS: Human Research Protection Program Plan (HRP-101)

6.2 GENERAL DOCUMENTS: Investigator Manual and Appendices (HRP-103)


6.4 SOP: LARs, Children and Guardians (HRP-013)

7 REFERENCES


7.2 45 CFR §46.102.

7.3 45 CFR §160.103.

7.4 DoD Instruction 3216.02, Glossary, Part II. Definitions