McLaren HEALTH CARE		Policy Title:	Protocol Violations and Exceptions
Effective Date:	July 20, 2012	**Policy Number:**	MHC_RP0122
Review Date:	August 17, 2020	**Section:**	Research Integrity
Revised Date:	March 22, 2024	**Oversight Level:**	Corporate
Administrative Responsibility:	Corporate Research Integrity Manager Institutional Official, HRPP		

1. Purpose

1.1. The purpose of this policy is to describe the procedures associated with study related deviations or violations from the protocol and how they should be handled by principal investigators (PIs) and the McLaren Health Care Institutional Review Board (MHC IRB).

1.2. The purpose of this policy is to describe the procedures associated with the Protocol Exceptions and how they should be handled by principal investigators (PIs) and the MHC IRB.

2. Scope

2.1. These policies and procedures apply to all IRB members and staff.

3. Definitions

3.1. Refer to Appendix I *"Definitions"*

4. Policy

4.1. When a change in either a therapeutic or non-therapeutic research protocol occurs that is unplanned and was not necessary to eliminate a hazard to subjects, the institutional review board (IRB) must be notified.

4.2. Protocol violations must be reported to the IRB within 10 business days of the study team's knowledge of the occurrence.

4.2.1. Protocol violations are those that:

4.2.1.1. Affect the rights, safety, or welfare of study subjects.

4.2.1.2. Change the risk/benefit ratio.

4.2.1.3. Affect the scientific design of the study, OR.

4.2.1.4. Violate an ethical principle.

4.3. Protocol exception is a one-time enrollment of an individual who does not meet current IRB approved criteria for inclusion in the research study as outlined in the protocol.

4.3.1. Protocol exceptions require prior approval from the MHC IRB and the study sponsor, if applicable, prior to the enrollment of the subject.

4.4. Protocol deviations (an occurrence that does not meet the definition of exception or violation) are to be recorded by the investigator and submitted to the MHC IRB at the time of the continuing review.

4.5. All members of the research team are responsible for appropriately reporting violations of the study protocol to the IRB and other applicable parties. The PI, however, is ultimately responsible for ensuring the prompt reporting of protocol violations.

4.5.1. The PI is also responsible for ensuring all reported protocol violations are reviewed to determine whether the report represents a change in the risks and/or benefits to study subjects, and whether any changes in the informed consent documents, the protocol, or other study-related documents is required.

4.5.2. Failure to report a protocol violation in a timely manner may be considered serious and/or continuing noncompliance as outlined in policy MHC_RP123 *"Non-Compliance in Human Subject Research".*

4.6. Although this policy outlines the MHC IRB reporting requirements for protocol violations and exceptions, it is the responsibility of the PI to understand and meet all reporting requirements of the sponsor and other applicable agencies, including the Office for Human Research Protection (OHRP), Food and Drug Administration (FDA), National Institutes of Health (NIH), and others as applicable and required by federal regulation.

5. Procedure

Submission of Violation

5.1. PI must complete a Protocol Violation/Exception Form via the IRB electronic application system for events that qualify as a protocol violation or exception.

5.1.1. It is the responsibility of the investigator to submit protocol violations or protocol exceptions to the IRB within ten (10) business days of the study team's knowledge of the event whenever the violation results in or has a potential to increase risk(s) to subjects or decrease benefit or, has the potential to recur.

5.1.2. Failure to report all violations and/or exceptions within ten (10) business days may be considered non-compliance.

IRB Initial Review

5.2. Upon receipt of the Protocol Violation/Exception Form, the MHC IRB staff will check the form for completeness. If the form is incomplete or the information provided is not adequate, the IRB staff will submit comments detailing necessary revisions and/or clarifications via the IRB electronic application system to obtain additional information.

5.3. IRB Staff will assist the PI and research staff with responding to IRB concerns and/or requests for additional information.

5.4. IRB staff will assign reports that represent a HIPAA concern to a committee member with privacy/compliance expertise.

5.5. IRB staff will forward the completed report to the IRB chair or designee for review.

5.5.1. The IRB chair may choose to place any protocol violations or exceptions on the agenda of the next convened IRB meeting for discussion.

5.5.2. Violations involving significant risks to subjects or others will be reviewed by the fully convened IRB.

5.5.3. Violations that do not represent a change to the risk/benefit profile of the research study can be processed by expedited procedures and reported to the fully convened IRB as information.

5.6. If the protocol deviations /violation represent non-compliance, see MHC_RP0123 Non-Compliance in Human Subject Research.

IRB Chair and Board Proceedings

5.7. All protocol violations and exceptions reported for a study approved by the MHC IRB are reviewed by the IRB chair or designee to determine if the event(s) involves significant risks to subjects.

5.8. If applicable, assign the submission of the events to the agenda for review and discussion by the fully convened IRB.

5.9. The investigator may be asked to appear at that meeting to answer any questions or clarify issues for the MHC IRB.

5.10. Based on the information received from the investigator, the IRB chair or designee may suspend research to ensure protection of the rights and welfare of participants.

5.10.1. Suspension directives made by the IRB chair or designee must be reported to a meeting of the convened IRB.

5.11. The IRB, the IRB chair, or designee have authority to require submission of more detailed contextual information by the PI, the sponsor, and the study coordinating center.

5.12. If the report does not represent a change to the risk/benefit profile of the research study, it can be processed by expedited procedures and reported to the fully convened IRB as information.

5.13. If the report involves significant risks to subjects or others, it will be reviewed by the fully convened IRB.

5.14. IRB Staff documents the discussion in the IRB meeting minutes.

6. References:

6.1. 45 CFR 46

6.2. 21 CFR 56

6.3. MHC_RP123 “Non-Compliance in Human Subject Research”

6.4. Appendix I “Definitions”

7. Previous Revisions: 11/24/15, 8/17/20, 12/2/21, 1/14/23

8. Supersedes Policy: None

9. Approvals:

MHC Institutional Review Board initial approval: 7/20/12

MHC Institutional Review Board acknowledgements: 12/4/15, 4/14/16

Signature on File *3/22/2024*

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