

**SOP: NEW INFORMATION**

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**1. PURPOSE**

- 1.1. This procedure establishes the process to manage new information.
- 1.2. This procedure begins when an IRB receives information that is not a request for a determination (regardless of whether the information is reportable) or receives reportable new information as part of a submission.
- 1.3. This procedure ends when an HRPP staff member or [IRB Executive Chair] has determined whether the information requires reporting to the convened IRB.

**2. POLICY**

- 2.1. None

**3. RESPONSIBILITY**

- 3.1. All individuals who can make decisions about new information carry out these procedures or ensure they are carried out by other personnel.
- 3.2. Individuals unsure of a decision in this SOP are to bring new information to higher level official for a determination.

**4. PROCEDURE**

- 4.1. Ask the following six questions.
  - 4.1.1. Does the information represent an <Allegation of Noncompliance>? If yes:
    - 4.1.1.1 Evaluate the <Allegation of Noncompliance> to determine whether there is a basis in fact.
    - 4.1.1.2 If the final determination is that the <Allegation of Noncompliance> has basis in fact, then this represents <Noncompliance>.
  - 4.1.2. Does the information represent <Noncompliance>? If yes:
    - 4.1.2.1 Evaluate the <Noncompliance> to determine whether it is <Serious Noncompliance> or <Continuing Noncompliance>.
  - 4.1.3. Does the information represent <Serious Noncompliance>?
  - 4.1.4. Does the information represent <Continuing Noncompliance>?
  - 4.1.5. Does the information represent an <Unanticipated Problem Involving Risks to Subjects or Others>?
  - 4.1.6. Does the information represent a <Suspension of IRB Approval> or a <Termination of IRB Approval>?
- 4.2. If the answers to all six questions above are “no,” no further action is required under this SOP.
  - 4.2.1. If an acknowledgement is expected, follow “SOP: Post Review (HCM-127)” to notify the submitter.
  - 4.2.2. Follow any other applicable SOPs.
- 4.3. If the information represents <Noncompliance> that is neither <Serious Noncompliance>, nor <Continuing Noncompliance>, evaluate any submitted corrective action.
  - 4.3.1. If the corrective action plan is insufficient, contact the research team to develop a sufficient correction action plan.
    - 4.3.1.1 If the research team is unable to develop a sufficient corrective action, consider the <Noncompliance> to be <Continuing Noncompliance> and address as above.

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- 4.3.2. If the research team develops a sufficient corrective action, follow “SOP: Post Review (CM-127)” to notify the submitter.
- 4.4. If the information represents <Serious Noncompliance>, <Continuing Noncompliance>, an <Unanticipated Problem Involving Risks to Subjects or Others>, a <Suspension of IRB Approval>, or a <Termination of IRB Approval>:
  - 4.4.1. Obtain confirmation by the [Organizational Official].
  - 4.4.2. Bring the information to the attention of an IRB chair or IRB vice-chair for consideration of whether any immediate actions are necessary to protect the rights and welfare of subjects in advance of the meeting.
  - 4.4.3. Send for <Committee Review>.

**5. REFERENCES**

- 5.1. 45 CFR §46.103(b)(5)
- 5.2. 21 CFR §56.108