

Human Research Protection Program Plan¹

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June 1, 2017

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¹ This document satisfies AAHRPP elements I.1.A-G, I-2, I-3, I.4.B-C, I.5.A, I.5.C, I.5.D, I.6.B, I.7.A, I.7.C, I-9, II.1.B, II.2.C, II.2.G, II.2.H, II.2.E-II.2.E.2, II.3.C-II.3.C.1, II.3.E, II.3.F, III.1.A, III.1.C, III.2.A, III.2.D

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Scope

Throughout this document, “Institution” refers to Texas A&M University (TAMU).

Purpose

This Institution is committed to protecting the rights and welfare of subjects in Human Research. The purpose of this plan is to describe this Institution’s plan to comply with ethical and legal requirements for the conduct and oversight of Human Research and to describe the mission, scope, authority and components of the Institution’s Human Research Protection Program for ensuring that the rights and welfare of human subjects participating in research at Institution are protected.

This Institution’s Human Research Protection Program (HRPP) is a comprehensive system to ensure the protection of the rights and welfare of subjects in Human Research. The Human Research Protection Program is based on all key individuals and committees at the Institution fulfilling their roles and responsibilities described in this plan.

The HRPP will make available to the research community all standard operating procedures, guidance and other requirements through the TAMU HRPP website, emails and other communications as needed.

Definitions

Agent

An individual who is an employee is considered an agent of this Institution for purposes of engagement in Human Research when that individual is on-duty in any capacity as an employee of this Institution.

An individual who is not an employee is considered an agent of this Institution for purposes of engagement in Human Research when that individual has been specifically authorized to conduct Human Research on behalf of this Institution.

Legal counsel has the ultimate authority to determine whether someone is acting as an agent of this Institution.

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.

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Engaged in Human Research

In general, this Institution is considered engaged in Human Research when this Institution’s employees or agents for the purposes of the Human Research obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about or identifiable biospecimens from the subjects of the research; or (3) the informed consent of human subjects for the research. This Institution follows OHRP guidance on “Engagement of Institutions in Research”² to apply this definition and exceptions to this definition.

Human Research:

Any activity that either:

Is “Research” as defined by DHHS and involves “Human Subjects” as defined by DHHS (“DHHS Human Research”); or

Is “Research” as defined by FDA and involves “Human Subjects” as defined by FDA (“FDA Human Research”).

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:

- **Intervention** means physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject’s environment that are performed for research purposes.
- **Interaction** means communication or interpersonal contact between investigator and subject.
- **Private Information** means 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 which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).
- **Identifiable Information** means information that is individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information).

² <http://www.hhs.gov/ohrp/policy/engage08.html>

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- **Identifiable Biospecimen** means a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

Human Subject as Defined by FDA

An individual who is or becomes a subject 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 (identified or unidentified) a medical device is used.

Investigator

The person responsible for the conduct of the Human Research at one or more sites. If the Human Research is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator.

Research as Defined by DHHS

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.³

The following activities are not considered Research as Defined by DHHS:

- Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.
- Public health surveillance activities conducted by a public health authority, limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance.
 - Including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority.
 - Including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products.
 - Including those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters).

³ For research conducted within the Bureau of Prisons: Implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research.

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- Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.
- Authorized operational activities (as determined by the relevant federal agency) in support of intelligence, homeland security, defense, or other national security missions.
- Secondary research involving non-identifiable newborn screening blood spots.

Research as Defined by FDA

Any experiment that involves a test article and one or more human subjects, and that meets any one of the following:

- Must meet the requirements for prior submission to the 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;
- Must meet the requirements for prior submission to the 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
- Any activity the results of which are intended to be later submitted to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit.

Mission

The primary mission of this Institution’s Human Research Protection Program plan is to protect the rights and welfare of participants involved in human research that is overseen by this institution.

Ethical Requirements

In the oversight of all Human Research, this Institution (including its investigators, research staff, students involved with the conduct of Human Research, the Institutional Review Boards (IRBs), IRB members and chairs, IRB staff, the Institutional Official/Organizational Official, and employees) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled “Ethical Principles and Guidelines for the Protection of Human Subjects of Research,”, also known as “The Belmont Report”:

- Respect for Persons
- Beneficence
- Justice

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Legal Requirements

This Institution commits to apply its ethical standards to all Human Research regardless of funding.

All Human Research must undergo review by one of the institutionally designated IRBs. Activities that clearly do not meet the definition of Human Research do not require review and approval by one of the Institution’s IRBs and do not need to be submitted to one of the Institution’s IRBs unless there is a question regarding whether the activity is Human Research. See SOP HRP-093 for additional information.

When this Institution is engaged in non-exempt DHHS Human Research that is conducted, funded, or otherwise subject to regulations by a federal department or agency who is a signatory of the Common Rule, the Institution commits to apply the regulations of that agency relevant to the protection of Human Subjects.

When this Institution is engaged in FDA Human Research, this Institution commits to apply the FDA regulations relevant to the protection of Human Subjects.

Any questions about whether an activity meets the regulatory definitions of Human Research should be submitted to the IRB Office who will provide a determination.

Other Requirements

When reviewing research that involves community based research, the IRB obtains consultation or training as applicable to the research.

All policies and procedures are applied identically to all research regardless of whether the research is conducted domestically or in another country, including:

- Confirming the qualifications of investigators for conducting the research
- Conducting initial review, continuing review when required, and review of modifications to previously approved research
- Post-approval monitoring
- Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others
- Consent process and other language issues
- Ensuring all necessary approvals are met
- Coordination and communication with local IRBs or ethics groups

For clinical trials, this Institution commits to apply the “International Conference on Harmonisation – Good Clinical Practice E6” (ICH-GCP) when required by industry-sponsored studies or funding agencies.

This Institution prohibits payments to professionals in exchange for referrals of potential subjects (“finder’s fees”) and payments designed to accelerate recruitment that were tied to the rate or timing of enrollment (“bonus payments.”)

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When Human Research is conducted or funded by the Department of Justice (DOJ), this Institution commits to apply 28 CFR §22. When Human Research is conducted with the federal Bureau of Prisons (DOJ), the Institution commits to comply with 28 CFR §512.

When Human Research is conducted or funded by the Department of Defense (DOD), this Institution commits to apply the Department of Defense (DOD) Directive 3216.02, which includes the requirement to apply 45 CFR §46 Subparts B, C, and D⁴. This Institution will comply with the terms of the DFARS clause or comparable language used in the agreement with the Department of Defense (DOD) Component supporting the research involving human subjects.

When Human Research is conducted or funded by the Department of Education (ED), this Institution commits to applying 34 CFR §97 Subpart D (equivalent to 45 CFR §46 Subpart D), 34 CFR §98.3, 34 CFR §98.4, 34 CFR §356.3, and 34 CFR §99.

When Human Research is conducted or funded by the Department of Energy (DOE), this Institution commits to applying the Department of Energy (DOE) O 443.1C which includes the requirements to apply 10 CFR §745 and Subparts B, C, and D of 45 CFR §46, as applicable, and additional DOE requirements outlined in HRP-318 - WORKSHEET - Additional Federal Agency Criteria.

When Human Research is conducted or funded by, or when the results of research are intended to be submitted to or held for inspection by the Environmental Protection Agency (EPA), this Institution commits to applying 40 CFR §26, which includes the requirement to apply 45 CFR §46 Subparts B and D.

When Human Research is subject to the European Union General Data Protection Regulations (GDPR), this Institution coordinates with the Privacy Officer to ensure that the research activities conform to broader institutional policies related to GDPR, where applicable, as well as the Privacy Officers’s interpretation of study-specific GDPR requirements.

Sponsored Human Research

For both sponsored and non-sponsored Human Research this Institution abides by its ethical principles, regulatory requirements and its policies and procedures.

Scope of Human Research Protection Program

The categories of Human Research overseen may include, but are not limited to:

⁴ Quick applicability table for DHHS Subparts:

| | DHHS | DOD | DOE | ED | EPA |
|-----------|------|-----|-----|----|-----|
| Subpart B | X | X | X | | X |
| Subpart C | X | X | X | | |
| Subpart D | X | X | X | X | X |

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- International research
- Research conducted or funded by the Department of Defense (DOD)
- Research conducted or funded by the Department of Justice (DOJ)
- Research conducted or funded by the Department of Education (ED)
- Research conducted or funded by the Department of Energy (DOE)
- Research conducted, funded, or subject to oversight by the Environmental Protection Agency (EPA)
- Research Conducted or funded by the Department of Agriculture
- Research Conducted or funded by the Department of Interior (DOI)
- Research Conducted or funded by the Department of Transportation (DOT)
- Research Conducted or funded by the Department of Homeland Security (FEMA)
- Research Conducted or funded by the Agency for International Development (USAID)
- Research Conducted or funded by the National Science Foundation (NSF)
- Federally funded research
- FDA-regulated research.
- Research involving drugs that require an IND (No active INDs at this time).
- Research involving devices that require an abbreviated IDE.
- Research involving devices that require an IDE issued by FDA (No active IDEs at this time).
- Investigator held abbreviated IDE.
- Investigator held IND or IDE.(No active studies at this time).
- Research involving pregnant women as subjects
- Research that plans to or is likely to involve prisoners as subjects.
- Research involving children as subjects.

The categories of research not overseen include:

- Research involving children, pregnant women, fetuses, or neonates that is not otherwise approvable without approval of an agency secretary or director.
- Research involving fetuses.
- Research involving *in vitro* fertilization.
- Research involving non-viable neonates.
- Research involving neonates of uncertain viability.
- Research involving a waiver of consent for planned emergency research.
- Emergency use of a test article in a life-threatening situation.
- Activities involving humanitarian use devices.
- Research using the short form of consent documentation.
- The use of Broad Consent
- Research conducted by the Veterans Health Administration

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- Classified Research (Classified research is secret research to which access is restricted by law to a particular hierarchical class of people. A security clearance is required to review classified research.)

Human Research Protection Program Standard Operating Procedures

Standard Operating Procedures for the Human Research Protection Program are available on the following Web site: [Toolkit – Division of Research \(tamu.edu\)](https://www.tamu.edu/divisionofresearch/toolkit)

Human Research Protection Program Components

Institutional Official/Organizational Official (IO/OO)

Per University Rule 15.99.01.M1 *Human Subjects in Research*, the Vice President for Research is designated as the IO/OO.

The IO/OO has the authority to take the following actions or delegate these authorities to a designee as appropriate:

- Create the Human Research Protection Program budget.
- Allocate resources within the Human Subjects Protection Program budget.
- Appoint and remove IRB members and IRB chairs.
- Determine what IRBs the Institution will rely upon.
- Approve and rescind authorization agreements for IRBs.
- Place limitations or conditions on an investigator's or research staff's privilege to conduct Human Research.
- Create policies and procedures related to the Human Research Protection Program that are binding on the Institution.
- Suspend or terminate research approved by one of the Institution's IRBs.
- Disapprove research approved by one of the Institution's IRBs or an External IRB.
- Establish a contingency plan for transferring oversight of one or more studies to another institution or IRB in the event the IRB is unable to continue oversight of the studies in an emergency/disaster scenario (e.g., natural disasters, man-made disasters, infectious disease pandemics, etc.).

The IO/OO has the responsibility to:

- Oversee the review and conduct of Human Research under the jurisdiction of the Human Research Protection Program.
- Periodically review this plan to assess whether it is providing the desired results and recommend amendments as needed.
- Establish policies and procedures designed to increase the likelihood that Human Research will be conducted in accordance with ethical and legal requirement.
- Institute regular, effective, educational and training programs for all individuals involved with the Human Research Protection Program.

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- Ensure that the research review process is independent and free of coercion or undue influence, and ensure that officials of the Institution cannot approve research that has not been approved by one of the IRBs designated by the Institution.
- Ensure that the IRB Chair(s) and members have direct access to the IO for appeal if they experience undue influence or if they have concerns about the function of the IRB.
- Implement a process to receive and act on complaints and allegations regarding the Human Research Protection Program.
- Follow-up on findings of serious or continuing non-compliance of IRB staff and IRB members.
- Implement an auditing program to monitor compliance and improve compliance in identified problem areas.
- Investigate and remediate identified systemic problem areas, and where necessary removal of individuals from involvement in the Human Research protection program.
- Ensure that the Human Research Protection Program 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.
- Review and sign federal assurances (FWA) and addenda.
- Fulfill educational requirements mandated by OHRP.

All members of the Institution

All individuals within the Institution have the responsibility to:

- Be aware of the definition of Human Research.
- Consult the HRPP when there is uncertainty about whether an activity is Human Research.
- Not conduct Human Research or allow Human Research to be conducted without review and approval by an IRB designated by the IO/OO.
- Report allegations of undue influence regarding the oversight of the Human Research Protection Program or concerns about the Human Research Protection Program to the IO/OO.
- Report allegations or findings of non-compliance with the requirements of the Human Research Protection Program to the HRPP.

Individuals who are responsible for business development are prohibited from carrying out day-to-day operations of the review process, and are prohibited from serving as members on the IRB.

Institutional Review Boards

There are two IRBs designated by the IO/OO to be relied upon by the Human Research Protection Program for the review of Human Research.

- IRB00000397 Texas A&M University - IRB #1

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- IRB00010159 Texas A&M University College of Dentistry - IRB #2

IRB members and IRB staff have the responsibility to follow Human Research Protection Program policies and procedures that apply to IRB members and staff.

Relying on an External IRB

This Institution may rely upon IRBs of another institution or organization provided that one of the following are true:

- The IRBs are part of an AAHRPP accredited institution or organization.
- The IRBs are not part of an AAHRPP accredited institution or organization, but where reasonable steps have been taken to ensure that subjects are adequately protected. For example, for research that is no greater than Minimal Risk, there may be an assurance that the IRBs will adhere to applicable ethical standards and regulations. For research that is greater than Minimal Risk, the institutions may agree on more extensive oversight.
- The IRBs are part of an established reliance network (e.g. Smart IRB) that has established contractual and SOP-level procedures to clarify the roles and responsibilities associated with IRB reliance and to establish mechanisms to ensure quality and consistency in the review process among institutions.
- The sIRB has been pre-determined by study sponsor or grant or established by prior arrangement.
- This Institution's investigator is a collaborator on Human Research that is primarily conducted at another institution or organization.
- The Institution is engaged in the Human Research solely because it is receiving federal funds. (Employees and agents of the institution do not interact or intervene with subjects, gather or possess private identifiable information about subjects, nor obtain the consent of subjects.)

Reliance on an external IRB requires an Authorization Agreement, as well as a local review for compliance with local policies of the Institution. When Human Research carried out at this institution or by its agents is reviewed by an IRB at another institution or organization, this HRPP will follow established policies and procedures that specify which studies are eligible for reliance, how reliance is determined, and will provide information to researchers about reliance criteria and the process for seeking IRB reliance.

The IRBs relied upon by this Institution have the authority to:

- Approve, require modifications to secure approval, and disapprove all Human Research overseen and conducted by the Institution. All Human Research must be approved by one of the IRBs designated by the IO/OO. Officials of this Institution may not approve Human Research that has not been approved by one of the Institution's IRBs.

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- Suspend or terminate approval of Human Research not being conducted in accordance with an IRBs' requirements or that has been associated with unexpected serious harm to subjects.
- Observe, or have a third party observe, the consent process and the conduct of the Human Research.
- Determine whether an activity is Human Research.
- Evaluate financial interests of investigators and research staff and have the final authority to decide whether the financial interest and management plan, if any, allow the Human Research to be approved.
- Serve as the Privacy Board, as applicable, to fulfill the requirements of the HIPAA Privacy Rule for use or disclosure of protected health information for research purposes.

This institution will comply with the determinations of the reviewing IRB, follow reporting and conflict of interest disclosure requirements as specified in the authorization agreement, conduct monitoring, identify an appropriate contact person, ensure researchers have appropriate qualifications and provide local context information (and any updates) to the reviewing IRB.

Serving as the IRB of Record

When this institution provides IRB review for other institutions, this HRPP will follow established policies and procedures to ensure that the composition of the IRB is appropriate to review the research and will comply with applicable laws of the relying site. This includes ensuring the IRB is appropriately constituted, members are appropriately qualified, members will not participate in the review of research in which they have a conflict of interest; and that the IRB separates business functions from ethical review.

The IRB will review the research in accordance with established policies and procedures to determine that research is ethically justifiable, according to all applicable laws, including initial review, continuing review, review of modifications to previously approved research and unanticipated problems involving risks to subjects or others. The IRB will also have the ability to suspend or terminate IRB approval including the authority to suspend or terminate IRB approval of research approved with a limited review; as well as have the final authority to decide whether researcher or research staff conflict of interest and its management, if any, allows the research to be approved and request audits of research reviewed.

The IRB will notify the researcher (and organization) of its decisions, make relevant IRB policies and records available to the relying institution or organization and specify an IRB contact for communication.

Administrative Reviewers

HRPP staff have the authority as an Administrative Reviewer to verify that a study meets eligibility for study closure, process changes to study personnel lists and Administrative Check-ins, make Exemption Determinations (excludes Limited IRB review) and in

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consultation with the IRB process Non-Human Subjects Determinations, and Not Engaged Determinations.

Investigators and Research Staff

Investigators and research staff have the responsibility to:

- Follow the Human Research Protection Program requirements described in the INVESTIGATOR MANUAL (HRP-103).
- Comply with all determinations and additional requirements of the IRB, the IRB chair, and the IO/OO.
- Develop and implement emergency/disaster response procedures for their research depending on location and nature of the research.

System Office of General Counsel

The System Office of General Counsel has the responsibility to:

- Provide advice upon request to the IO/OO, IRB, and other individuals involved with the Human Research Protection Program.
- Determine whether someone is acting as an agent of the Institution.
- Determine who meets the definition of “legally authorized representative” and “children” when Human Research is conducted in jurisdictions not covered by policies and procedures.
- Resolve conflicts among applicable laws.

Privacy Officer

The Privacy Officer has the responsibility to:

- Provide advice upon request to the IO/OO, IRB, and other individuals involved with the Human Research Protection Program.
- Determine whether any Human Research involving personal data about individuals located in (but not necessarily citizens of) European Union member states, Norway, Iceland, Liechtenstein, and Switzerland conforms with EU General Data Protection Regulations (GDPR).
- Determines whether any Human Research involving protected health information or personally identifiable information conforms with federal and state requirements.

Deans/Department Chairs

Deans and Department Chairs have the responsibility to:

- Oversee the conduct of Human Research in their department or school.

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- Forward complaints and allegations regarding the Human Research to the Institutional Official or HRPP Director.
- Ensure that each Human Research study conducted in their department or school has adequate resources for the protection of human subjects including adequate time, facilities, and qualified investigators/research staff.

Sponsored Research Services

The office of Sponsored Research Services has the responsibility to review grants, contracts and funding agreements for compliance with the Human Research Protection Program policies and procedures.

Conflict of Interest Official

The Conflict of Interest Official or designee has the responsibility of determining that a Financial Conflict of Interest (FCOI) or Institutional Conflict of Interest exists in Human Research and for developing a Management Plan that is in compliance with the Human Research Protection Program policies and procedures.

Institutional Biosafety Committee (IBC)

The IBC has the responsibility to review activities involving the use of biohazardous agents, materials and/or recombinant DNA in Human Research for compliance with federal, state, and Institutional requirements.

Education, Training and Community Outreach

This plan is made available to the human research community via the IRB website. To maintain awareness of HRPP policies and procedures, new information, revised materials and opportunities for continuing education are communicated to the research community by the HRPP staff or through various email list-serve groups targeted to appropriate audiences.

IRB members, IRB staff, and others involved in the review of Human Research, including the IO/OO, must complete initial and continuing training utilizing the Collaborative Institutional Training Initiative (CITI) human subjects online training program. Training is valid for a five-year period, after which time refresher training must be completed as described in SOP: Education HRP-002.

Investigators and research staff must complete the initial and continuing training described in HRP-103 - INVESTIGATOR MANUAL and SOP: Education HRP-002.

HRPP staff will coordinate with organizational officials in the development and implementation of training materials related to emergency preparedness and response plans specific to human research conducted at the organization. The HRPP emergency preparedness

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plan will be made available to the human research community via the IRB website. The organization is responsible for notifying research teams when the organization’s emergency response plan is activated.

To involve and inform current and future research participants, in accordance with the Belmont principle of Respect for Persons, HRPP maintains a “Participant Information” page on the TAMU HRPP website. This page provides resources for current and future research participants, including the opportunity to submit concerns, questions or comments, and receive feedback and the Participant Brochure. See *INFORMATION SHEET: Becoming a Research Volunteer*. Additional information is found in SOP: Outreach and Community Involvement (HRP-004).

Emergency Preparedness

The organization routinely assesses potential emergency scenarios and threats to the institution to improve its emergency preparedness and response plan. The HRPP Director, or their designee, collaborates with organizational leadership to develop, implement, and assess, emergency preparedness procedures for the HRPP.

Depending on the nature of the event, the HRPP Director will collaborate with institutional leadership to determine the types of research that might continue and the types that the organization may need to temporarily postpone. The organization may identify external IRBs on which it can rely on temporarily during an emergency.

The IRB staff will work with IT resources and/or electronic system vendors to ensure continuity of operations in the event that electronic systems are inaccessible or not operational for extended periods of time during an emergency/disaster.

The organization will implement alternative review procedures, including leveraging online and virtual platforms, to ensure that IRB meetings can continue in scenarios where the IRB cannot meet in person. In instances where the convened IRB is unable to meet and IRB approval for a study may lapse, the IRB Chair can determine whether subjects can continue to participate in research activities if it is in the best interest of already enrolled subjects. (This is typically reserved for medical research or therapeutic protocols).

Questions and Additional Information for the IRB

The HRPP Office wants your questions, information, and feedback.

Contact and location information for the HRPP Office is:

Human Research Protection Program

155 Ireland Street, Room 228

College Station, TX 77843-1186

Phone: (979) 458-4067

irb@tamu.edu

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Reporting and Management of Concerns

Questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program may be reported orally or in writing. Employees are permitted to report concerns on an anonymous basis. Concerns may be reported to the IRB Chair, HRPP Director, Institutional Official, and Associate Vice President for Research or online via EthicsPoint.

The IRB has the responsibility to investigate allegations and findings of non-compliance and take corrective actions as needed. See SOP: Managing Non-Compliance in Human Subjects Research (HRP-018). The Institutional Official or designee has the responsibility to investigate all other reports and take corrective actions as needed.

Employees who report in good faith possible compliance issues should not be subjected to retaliation or harassment as a result of the reporting. Concerns about possible retaliation should be immediately reported to the IO/OO or designee or through Texas A&M EthicsPoint.

To make such reports contact the IO/OO:

Office of the Vice President for Research
 Division of Research
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Reviews and Monitoring

In order to monitor and ensure compliance, internal post approval reviewers who have expertise in regulations and Institutional requirements will conduct periodic reviews. Audits will focus on areas of concern that have been identified by any entity, i.e., federal, state or institutional or by degree of risk. Random reviews may also be conducted. Additional information can be found in SOP: Human Research Protection Program Post Approval Monitoring and Quality Assurance Plan (HRP-005).

Approval and Revisions to the Plan

This Human Research Protection Program Plan is to be approved by the Institutional Official. This plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The IO/OO or designee has the responsibility to review this plan to assess whether it is providing the desired results and to amend this plan as deemed necessary.