McLaren Health Care Institutional Review Board

Request for Human Subjects Research Determination

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| All research involving human subjects at McLaren Health Care subsidiary hospitals must be reviewed by the McLaren Health Care Institutional Review Board (MHC IRB). For a determination, you will need to *complete and submit this form* ***with supporting documents such as, but not limited to, your data collection instrument, survey, interview questions, etc****.* to the MHC IRB, via e-mail at [hrpp@mclaren.org](mailto:hrpp@mclaren.org). Please allow 5 business days for MHC IRB to respond. For questions, please contact MHC IRB office at: [hrpp@mclaren.org](mailto:hrpp@mclaren.org) or (248) 484-4950. **NOTE**: A handwritten application will not be accepted. List of PHI identifiers attached. |

1. **INVESTIGATOR INFORMATION (Indicate Principal Investigator by checking one of the boxes below)**

**PRINCIPAL INVESTIGATOR** (PI)- The individual the IRB holds ultimately responsible for the design, conduct and evaluation of human subject research activities.

**FACULTY/ADVISOR PRINCIPAL INVESTIGATOR** (PI)- The individual acting as the PI over research project where the student/resident/fellow is the sub-investigator(s). The IRB holds this person responsible for reviewing the application **and** accepting responsibility for assuring research projects conducted by student/resident/fellow sub-investigators adhere to the federal and state regulations and institutional policies governing the protection of human subjects of research.

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| **Name & Degree** |  | | |
| **Title** |  | | |
| **Mailing Address** |  | | |
| **Phone** |  | **Fax** |  |
| **E-mail** |  | **Alternate e-mail** |  |
| **Institutional Affiliation** |  | | |

**RESIDENT/FELLOW/STUDENT SUB-INVESTIGATOR (if applicable): The individual acting** in the role of co-investigator under the supervision of the PI.

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| **Name & Degree** |  | | |
| **Title** |  | | |
| **Mailing Address** |  | | |
| **Phone** |  | **Fax** |  |
| **E-mail** |  | **Alternate e-mail** |  |
| **Institutional Affiliation** |  | | |

**ACADEMIC ADVISOR (if applicable):** Required for *students who are McLaren employed and NOT apart of McLaren’s GME* program. This person is required to sign this form along with the PI.

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| **Name & Degree** |  | | |
| **Title** |  | | |
| **Mailing Address** |  | | |
| **Phone** |  | **Fax** |  |
| **E-mail** |  | **Alternate e-mail** |  |
| **Institutional Affiliation** |  | | |

1. **PROJECT INFORMATION**
   1. **Study Sites – select all that apply?**

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| |  |  | | --- | --- | |  | McLaren Bay Region | |
| |  |  | | --- | --- | |  | McLaren Bay Special Care | |
| |  |  | | --- | --- | |  | McLaren Central Michigan | |
| |  |  | | --- | --- | |  | McLaren Orthopedic Hospital | |
| |  |  | | --- | --- | |  | McLaren Greater Lansing | |
| |  |  | | --- | --- | |  | McLaren Lapeer Region | |
| |  |  | | --- | --- | |  | McLaren Flint | |
| |  |  | | --- | --- | |  | McLaren Macomb | |
| |  |  | | --- | --- | |  | McLaren Oakland | |
| |  |  | | --- | --- | |  | McLaren Karmanos Cancer Institute of:Click or tap here to enter text. | |
| |  |  | | --- | --- | |  | McLaren Health Clarkston | |
| |  |  | | --- | --- | |  | McLaren Medical Group | |
| |  |  | | --- | --- | |  | McLaren Port Huron | |  | McLaren Northern Michigan | |  | McLaren Thumb Region | |  | McLaren Caro | |  | Other (Please specify): | |

* 1. **Study Title**

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| **Please indicate the Primary Objective, and Secondary Objective (if applicable), of the study**  **to fulfill academic/training requirement**  **to improve processes in the institution**  **to advance medical sciences**  **to publish for scholarly advancement**  **to present at the local institution**  **to share the learned knowledge with other colleagues outside the local institution**  **other** |

* 1. **Summary**

Provide a summary of the proposed project. The summary should summarize the subjects involved, the hypothesis, objectives of this project, a brief description of methodology, procedures to be used including recruitment, and how the data will be collected (limit to 250 words). A narrative or protocol may be attached and submitted.

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* 1. **Subject Population (describe, including age, special population characteristics, etc.)**

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* 1. **Please attach** **a copy of supporting documents, such as, but not limited to, your data collection instrument, survey, interview questions, etc.**

1. **QUALITY IMPROVEMENT, PROGRAM EVALUATION ASSESSMENT**

QI and research, and Program Evaluation and research, are not mutually exclusive terms, sometimes an activity can be both. The questions in this section help differentiate whether an activity is purely QI or Program Evaluation, or if the activity includes a research component. Complete this section if you believe your activity is **purely** Quality Improvement or Program Evaluation; otherwise, skip the questions in this section and move forward to **Section IV**.

**Quality Improvement (QI)** - involves systematic activities that are designed and implemented by an organization to monitor, assess, and improve the quality of its services, processes, or programs.

**Program Evaluation** – individual systematic activities conducted to assess how well a program is working and why.

1. The methods used in an activity can help distinguish whether a project is QI, program evaluation, or research. Please answer the following:
   1. Does the project involve randomization, blinding, or assignment into two or more subject groups or arms?

**Yes.** These methods are more consistent with research than quality or program evaluation

**No**

* 1. Does the activity use Quality Improvement methods such as FADE, PDSA, Six Sigma, CQI, IHI, Seven Steps, or TQM?

**Yes.** These methods are more consistent with quality improvement than research

**No**

1. Similarly, the intent of the activity is informative to the determination.
   1. Evaluate or improve clinical care or a process, practice, or program at McLaren Health Care?

**Yes  No**

* 1. Only be applied to populations, or inform practice within the target population or McLaren Health Care

**Yes  No**

* 1. Implement an evidence-based practice, process, or program and evaluate whether it functions as intended within the McLaren Health Care or with the local target population?

**Yes  No**

* 1. Evaluate an existing practice, process, or program to determine if it is functioning as intended?

**Yes  No**

* 1. Establish scientific evidence, or build upon early existing evidence, in support of a new or modified practice, process, or program?

**Yes  No**

1. Based upon the scientific literature, is it expected that all participants will benefit from the practice, process, or program or is this unknown?

**Yes  No  Unknown**   **NA to this proposal**

1. Are there any risks to participants anticipated as a result of inclusion in the program or initiative?

**Yes  No**

If Yes:

* 1. Does this represent an overall increase or decrease in risk exposure?

* 1. What steps are being taken to minimize those risks?

1. Please use this space to explain if you were unable to answer any of the above questions or provide additional information that may be relevant to the determination:

**Once you’ve completed the questions in this section, move forward to Section IV.**

# COMMON RULE DETERMINATION

# The Common Rule lists specific activities deemed not to be research.

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| **Is the project limited to any of the following activities?** | **Yes** | **No** |
| **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, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority**. Such activities are 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 trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products). Such activities include 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). |  |  |
| **Case reports** – the external reporting (e.g. publication, poster, or oral presentation) of an interesting clinical situation or medical condition of up to three patients. The patient information used in the report must have been originally collected solely for non-research purposes as the result of a clinical experience. |  |  |
| **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 each agency) in support of intelligence, homeland security, defense, or other national security missions. |  |  |
| **If Yes,** the proposed activity is not human subjects research according to the Common Rule. Proceed to Section V to evaluate whether the proposed activity is research subject to FDA regulations | |  |
| **If No, proceed to question 2 below.** | | |

# Is the activity “research”?

As defined by Department of Health and Human Services (DHHS) regulations: *“Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.”* [45 CFR 46.103(d)](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102)

* 1. Does the activity involve a **systematic investigation** *(i.e., an activity that involves a prospective plan which incorporates* *data collection, either quantitative or qualitative, and data analysis to answer a question)*?

**Yes  No**

* 1. Is the activity designed to develop or contribute to **generalizable knowledge** *(i.e., the evidence base for the process, practice, or program is not yet firmly established or accepted; and, the activity is not dependent on the unique characteristics of the target population or system in which it will be implemented)*?

**Yes  No**

1. Does the activity involve **“human subjects”**?
   1. Will you obtain information or biospecimens through **intervention** with living individuals, and use, study, or analyze the information or biospecimens? This *includes both 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.*

**Yes  No**

* 1. Will you obtain information or biospecimens through **interaction** with living individuals and use, study, or analyze the information or biospecimens? *This includes communication or interpersonal contact between researchers and subjects, including indirect interaction such as via a web-based survey or interviews/questionnaires.*

**Yes  No**

* 1. Will you obtain, use, study, analyze, or generate **identifiable private information** or **identifiable biospecimens**?

***Private Information*** *includes 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 or education record).*

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

***An identifiable biospecimen*** *is a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.*

*Note: When data or specimens are coded, and the investigator has access to the key or another means to re-identify, the data is identifiable. Consult with the IRB Office for questions on this topic.*

**Yes  No**

1. Is the activity “**human subjects research**” as defined by DHHS (“Yes” to 2(a) **and (**b) and “Yes” to 3(a), (b), or (c))?

**Yes.** The proposed activity is or includes human subjects research. Proceed to Section V to evaluate whether the proposed activity is research subject to FDA regulations.

**No.** The proposed activity is not human subjects research according to the Common Rule. Proceed to Section V to evaluate whether the proposed activity is research subject to FDA regulations.

# FDA DETERMINATION

# Does the activity include the evaluation of an “FDA-regulated test article”?

* 1. Does the activity evaluate a **DRUG or BIOLOGIC**? *(A chemical or biological substance – other than food – that achieves its primary intended purposes through chemical action within or on the body or which is dependent upon being metabolized for the achievement of any of its primary intended purposes.)*

**Yes  No**

* 1. Does the activity evaluate a **MEDICAL DEVICE**? *(An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory that is one of the following:*
* *Recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them*
* *Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals*
* *Intended to affect the structure or any function of the body.)*

**Yes  No**

* 1. Does the activity evaluate a human food additive, nutritional supplement, color additive, radiation-emitting electronic product, or other article subject to [FDA regulation](https://www.fda.gov/AboutFDA/Transparency/Basics/ucm194879.htm)?

**Yes  No**

# Does the activity involve Human Subjects as defined by the FDA?

***Human subject*** *means 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 individual or a patient. In the case of a medical device, a human subject also includes any individual on whose tissue specimen an investigational device is used or tested. [Note: This definition does not require that the specimens are identifiable.]*

**Yes  No**

# Does the activity include a clinical investigation as defined by the FDA?

*Clinical investigation means any experiment that involves an FDA-regulated test article and one or more human subjects.*

*For drugs, an experiment is any use of a drug except for the use of a marketed drug in the course of medical practice.*

*For medical devices, it is limited to experiments involving one or more human subjects (or specimens) to determine the safety or effectiveness of a device.*

**Yes  No**

1. Is the activity subject to approval by the FDA (e.g., as an IND, IDE, or HDE) or are the results intended to be later submitted to, or held for inspection by, the FDA as part of an application for a research or marketing permit?

**Yes  No**

1. Does the activity involve an FDA-regulated test article (“Yes” to 1(a), (b), or (c)), one or more human subjects (“Yes” to 2), an experiment or clinical investigation (“Yes” to 3), and is subject to approval or inspection by the FDA (“Yes” to 4)?

**Yes.** The proposed activity involves human subjects research subject to FDA regulations. IRB approval is required.

**No.** The proposed activity does not involve human subjects research subject to FDA regulations.

1. **EXPLANATION**

Briefly explain why you believe your activity does not require IRB review.

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# SIGNATURES

I will conduct the activities identified above in the manner described on the attached narrative. If I decide to make any changes, I will submit the proposed changes to the MHC Institutional Review Board, for confirmation that the activity remains “not human subjects research”.

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| Signature of Principal Investigator | Date |
| Signature of Academic Advisor, if applicable | Date |
| **For Medical Resident and Fellows that are part of MHC Graduate Medical Education Program please include signature of PhD Advisor**  Signature of PhD, if applicable | Date |

**APPENDIX A**

**The 18 HIPAA Identifiers**

The HIPAA privacy rule sets forth policies to protect all individually identifiable health information that is held or transmitted. These are the 18 HIPAA Identifiers that are considered personally identifiable information. This information can be used to identify, contact, or locate a single person or can be used with other sources to identify a single individual. When personally identifiable information is used in conjunction with one’s physical or mental health or condition, health care, or one’s payment for that health care, it becomes Protected Health Information (PHI).

1. **Names**
2. **Geographic subdivisions smaller than a state** (except the first three digits of a zip code if the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000)
3. **All elements of dates (except year)** for dates directly related to an individual, including birth date, admission date, discharge date, and date of death and all ages over 89 and all elements of dates (including year) indicative of such age (except that such ages and elements may be aggregated into a single category of age 90 or older)
4. **Telephone numbers**
5. **Fax numbers**
6. **Electronic mail addresses**
7. **Social security numbers**
8. **Medical record numbers**
9. **Health plan beneficiary numbers**
10. **Account numbers**
11. **Certificate/license numbers**
12. **Vehicle identifiers and serial numbers,** including license plate numbers
13. **Device identifiers and serial numbers**
14. **Web Universal Resource Locators (URLs)**
15. **Internet Protocol (IP) address numbers**
16. **Biometric identifiers**, including finger and voice prints
17. **Full face photographic images** and any comparable images
18. **Any other unique identifying number, characteristic, or code** (excluding a random identifier code for the subject that is not related to or derived from any existing identifier).