

Kingdom of Saudi Arabia
Ministry of National Guard
Health Affairs



المملكة العربية السعودية
وزارة الحرس الوطني
الشؤون الصحية

APP

MINISTRY OF NATIONAL GUARD - HEALTH AFFAIRS ADMINISTRATIVE POLICY AND PROCEDURES

NUMBER : 1426-02
TITLE : INSTITUTIONAL REVIEW BOARD (IRB)
ORIGINATING DEPT. : KING ABDULLAH INTERNATIONAL MEDICAL
RESEARCH CENTER (KAIMRC) (417780)
ORIGINAL DATE : APRIL 2005
REVISED DATE : DECEMBER 2015

1. PURPOSE

To provide a process for reviewing ethical research involving human subjects. It specifically aims to protect the rights and health of human subjects used in research investigations whilst promoting free inquiry and research and to assure compliance with relevant rules and regulations.

2. APPLICABILITY

To all staff involved in human subjects or social/behavioral research at Ministry of National Guard - Health Affairs (MNG-HA) and all affiliated facilities.

3. RELATED REFERENCES

- 3.1 APP 1418-21: Committees Management Process
- 3.2 APP 1419-05: Research Proposal, Submission, Processing and Approval
- 3.3 APP 1419-08: Patient Informed Consent
- 3.4 APP1423-05: Sentinel Events and Root Cause Analysis

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- 3.5 APP 1426-19: Code of Ethics
- 3.6 APP 1429-19: Conflict of Interest
- 3.7 APP 1432-04: Appeal Process for Rejected Research Proposal or Suspended Ongoing Research Study
- 3.8 APP 1432-20: Monitoring Research Studies
- 3.9 APP 1433-27: Professional Code of Conduct
- 3.10 APP 1433-37: Conducting Research Studies
- 3.11 APP 1435-08: Safety Reporting System (SRS)
- 3.12 APP 1435-10: Budget Approval for Intramural Research Grant
- 3.13 Islamic General Rules and Guidelines
- 3.14 King Abdulaziz City for Science and Technology (KACST) National Committee of Bio Ethics (NCBE). Implementing Regulations of the Law of Ethics of Research on Living Creatures. Royal Decree No. M/59 24 August 2010.
- 3.15 United Nations Educational, Scientific and Cultural Organization UNESCO: Declaration on Bioethics and Human Rights, memo of understanding for chair establishment.
- 3.16 The Nuremberg Code (1947)
- 3.17 WMA Declaration of Helsinki 1964 (revised in 2013). Ethical Principles of Medical Research Involving Human Subjects.
- 3.18 International Conference of Harmonisation (ICH): ICH Harmonised Tripartite Guideline - Guideline for Good Clinical Practice E6(R1)
- 3.19 The Belmont Report. Ethical Principles and Guidelines for the Protection of Human Subjects of Research published The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 1979.
- 3.20 Joint Commission International Accreditation Standards for Hospitals, 5th Edition (2014) – HRP.4, ME.1,2,4-6; HRP.1.1, ME.1; HRP.7, ME.1-6 and HRP.7.1, ME.2.3; GLD.12, ME.1-3

4. DEFINITIONS

- 4.1 **Adverse Event** refers to any untoward or unfavorable event detected from the baseline health of a study subject during the course of a clinical research study.

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- 4.2 **Amendment** refers to the proposed change in research activity which was previously approved by the IRB.
- 4.3 **Electronic Meetings** refers to meetings are conducted digitally and through electronic communication. Deliberations are communicated between the members on a remote basis.
- 4.4 **Human Subject or Social/Behavioral Context Under Research** refers to a living individual(s) about whom an investigator may obtain data through intervention or interaction with the individual(s); private identifiable information, such as that obtained from confidential medical records or registries.
- 4.5 **Institutional Review Board (IRB)** refers to an independent body composed of medical, scientific and non-scientific, both male and female members, whose responsibility is to ensure protection of the rights, safety and wellbeing of human subjects involved in research studies.
- 4.6 **International Conference on Harmonization-Good Clinical Practice (ICH-GCP)** refers to an international ethical and scientific quality standard for designing, conducting, recording and reporting research involving the participation of human subjects.
- 4.7 **Minimal Risk** refers to the level of risk not greater than ordinarily encountered in daily life or a routine physical/physiological examination or a test.
- 4.8 **Monitoring Unit** refers to a division of the Research Office section of King Abdullah International Medical Research Center (KAIMRC) that deals with the monitoring of approved research studies.
- 4.9 **Periodic Progress Report** refers to a periodic report submitted by the principal investigator to the IRB during the conduct of research in order to evaluate research progress, renew approval period and ensure conformity with the approved research plan.
- 4.10 **Principal Investigator (PI)** refers to an individual, or group of individuals, who prepares, develops and submits research proposals for review and are responsible for conducting the research study according to the research proposal process, ICH/GCP guidelines and other applicable regulatory authority requirements.
- 4.11 **Principle of 'Beneficence'** implies two basic concepts: a) to do no harm, and b) maximize possible benefits and minimize possible harm.
- 4.12 **Principle of 'Justice'** means that the benefits and burdens of the research are being fairly shared.
- 4.13 **Principle of 'Respect for Persons'** implies the requirement to acknowledge autonomy and the requirement to protect those incapable of practicing their right to autonomy.
- 4.14 **Program** refers to the Ministry of National Guard - Health Affairs (MNG-HA) and all affiliated facilities.

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- 4.15 Research Studies (internal and external)** refers to all approved research proposals conducted within MNG-HA facilities and sponsored by MNG-HA or by external sponsorship and funding.
- 4.16 Serious Adverse Event (SAE)** refers to any untoward medical occurrence that at any dose results in any of the following outcomes: death; a life-threatening event; requires inpatient hospitalization; prolongation of existing hospitalization; a persistent or significant disability / incapacity or a congenital anomaly / birth defect.
- 4.17 Sub-Investigator (SI)** refers to any individual member of the clinical trial team designated and supervised by the Investigator at a trial site to perform critical trial-related procedures and/or to make important trial-related decisions (e.g., associates, residents, research fellows).
- 4.18 Vulnerable groups** refers to groups of individuals in need of additional protection and it includes but not limited to children, prisoners, pregnant women, fetuses, persons who are either mentally disabled or cognitively impaired, and staff or students.

5. POLICY

- 5.1** Institutional Review Board (IRB) must review and oversee research involving human subjects or social/behavioral research to ensure it meets ethical principles and complies with local policy and international codes, including, but not limited to:
- 5.1.1** Islamic General Rules and Guidelines
 - 5.1.2** NCBE rules and regulations
 - 5.1.3** UNESCO Declaration
 - 5.1.4** The Nuremberg Code (1947)
 - 5.1.5** The Helsinki Declaration of 1964
 - 5.1.6** ICH- GCP
 - 5.1.7** The Ethical Principles and Guidelines for the Protection of Human Subjects of Research which codified the principles of:
 - 5.1.7.1** Respect for persons
 - 5.1.7.2** Beneficence
 - 5.1.7.3** Justice.

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5.2 IRB must oversee the conduct of research involving human subjects or social/behavioral science and is responsible for protecting the rights and welfare of human participants. IRB is responsible for:

- 5.2.1** Reviewing all proposed research involving human subjects or social/behavioral science research
- 5.2.2** Approving or disapproving proposals to conduct research involving human subjects or social/behavioral science
- 5.2.3** Through the Monitoring Unit, IRB monitors the conduct of ongoing approved research projects involving human subjects or social/behavioral science
- 5.2.4** Suspending or terminating ongoing approved research projects involving human subjects or social/behavioral science if: new clinical information emerges which is contrary to the original protocol and justifies such action, or, if the IRB is convinced that the study is not being conducted properly.

5.3 Committee Formation and Composition

5.3.1 Appointment and Status of IRB Chair and Vice-Chair

- 5.3.1.1** The Chief Executive Officer (CEO) of the Program must appoint the IRB Chair and Vice-Chair. IRB Chair must recommend their IRB-designees to the CEO.
- 5.3.1.2** IRB Chair and Vice-Chair must be appointed to three (3) year terms and are eligible for renewal of appointment.
- 5.3.1.3** In addition to their authorities and responsibilities as IRB Chair and Vice Chair, such individuals serve as members of the IRB and must be counted for the quorum.
- 5.3.1.4** IRB Chair and Vice-Chair must have voting privileges and other authorities and responsibilities of the members, including the responsibility to review, make motions, participate in discussions and vote on approval/disapproval of studies.
- 5.3.1.5** In the absence of the IRB Chair, the Vice-Chair must assume the responsibilities of the IRB Chair.

5.3.2 Authorities and Responsibilities of the IRB Chair and Vice-Chair -
Responsibilities of the IRB Chair include, but are not limited to, those defined in the following three (3) sections:

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5.3.2.1 Ongoing IRB Chair Responsibilities

- 5.3.2.1.1** Review, determine exempt and expedite approval when appropriate in accordance with regulatory requirements, refer to APP 1419-05.
- 5.3.2.1.2** Review (or defer to the primary reviewer or other IRB designee to review) all on-site Serious Adverse Event (SAEs) reports and unexpected problems affecting the safety of subjects and as necessary, determine if one or more of the succeeding articles is/are necessary.
- 5.3.2.1.3** Immediate action to address the safety of subjects and/or the environment/setting of research.
- 5.3.2.1.4** Call an emergency meeting of the IRB.
- 5.3.2.1.5** Recommend qualified IRB members as IRB designees with authority for full reviews and other actions as defined in policies and procedures.
- 5.3.2.1.6** Assign specialized internal and external (both national and international) reviewers for specific research projects for ethical evaluation.
- 5.3.2.1.7** Appoint qualified staff members as administrative designees with review and signature authority.
- 5.3.2.1.8** Establish and maintain a thorough understanding of relevant regulations pertaining to human subjects and Organizational protection relevant to MNG-HA written policies and procedures and other applicable regulations.
- 5.3.2.1.9** Assure that regulations and policies are applied in all IRB matters with a commitment to foster ethically and scientifically sound human subjects or social/behavioral research.
- 5.3.2.1.10** Ensure the diverse backgrounds, perspectives and sources of expertise of all IRB members are respected and foster such respect among IRB members.

5.3.2.2 IRB Chair Responsibilities Prior to Each Convened Meeting

- 5.3.2.2.1** Review IRB meeting schedules and agenda.
- 5.3.2.2.2** Ensure coverage by the Vice-Chair when not able to serve as Chair for the meeting.

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5.3.2.2.3 Provide suggestions to IRB on the assignment of reviewers to studies requiring convened IRB review.

5.3.2.2.4 Assist the IRB reviewers and other IRB members with any concerns in preparing for the meeting, as necessary.

5.3.2.3 IRB Chair Responsibilities During IRB Meetings

5.3.2.3.1 Preside over IRB meetings and ensure that meetings are conducted in an efficient, orderly and fair manner with respect given to the opinions of all members.

5.3.2.3.2 Ensure a quorum for each study review and ensure this quorum is properly documented.

5.3.2.3.3 Ensure all regulatory-required elements of review are addressed during the meeting and there is meaningful and substantive discussion of relevant matters and/or questions.

5.3.2.3.4 Ensure that assigned reviewers present a clear and concise review of study materials including consent documents, recruitment items and processes.

5.3.2.3.5 Ensure all IRB required changes to consent and/or other documents, are documented.

5.3.2.3.6 Ensure the IRB discusses specific findings, as required by regulations, whenever these involve vulnerable populations.

5.3.2.3.7 Accept appropriate motions from voting members of the IRB.

5.3.2.3.8 As necessary, ensure specific elements pertaining to the motion are clearly understood by the IRB and accurately recorded in the meeting minutes.

5.3.2.3.9 Ensure that IRB decisions are made in accordance with standing regulations and with IRB policies and procedures.

5.3.2.3.10 Ensure the minutes of IRB meetings and votes of IRB members accurately reflect discussions and actions.

5.3.3 Membership

5.3.3.1 Chairperson from the MNG-HA/KSAU-HS/KAIMRC, who has expertise in the areas of research being reviewed and bioethical principles.

5.3.3.2 At least two (2) physician members from the MNG-HA/KSAU-HS/KAIMRC or academic staff from KSAU-HS who have expertise in the areas of research being reviewed.

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- 5.3.3.3 At least one (1) academic staff affiliated with KSAU-HS who has expertise in the areas of research.
- 5.3.3.4 At least one (1) member is selected from Nursing Services.
- 5.3.3.5 At least one (1) member who is not otherwise affiliated with the MNG-HA/KSAU-HS/KAIMRC.
- 5.3.3.6 At least one (1) member must have a nonscientific background such as Social Services, human science or legal justice.
- 5.3.3.7 At least one (1) member who is recognized as a resource in the application of Islamic principles within the context of medical, social/behavioral research.
- 5.3.3.8 The gender of board must be both male and female.
- 5.3.3.9 Committee membership will be terminated for any of the following reasons:
 - 5.3.3.9.1 Death
 - 5.3.3.9.2 Chronic illness that prevents a member from attending local committee meetings
 - 5.3.3.9.3 If any member fails to attend three (3) consecutive or five (5) non-consecutive meetings within the same year without an excuse acceptable to the local committee chairman
 - 5.3.3.9.4 Expiration and non-renewal of term of membership
 - 5.3.3.9.5 If a member is proved to have violated his commitment to keep information confidential and the committee chairman has issued a decision to this effect based on proven facts
 - 5.3.3.9.6 If any member failed to declare conflict of interest.

5.3.4 Authorities and Responsibilities of IRB Members

- 5.3.4.1 IRB members are appointed to serve the Program as a whole and advance scientific enterprise ethically.
- 5.3.4.2 Members must put their duty to protect the rights and welfare of human subjects above their own interest or that of their academic or clinical department.

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- 5.3.4.3 IRB members are responsible for attending the full duration of all convened IRB physical and electronic (online) meetings in a timely manner.
 - 5.3.4.4 The IRB Chair must hold physical meetings quarterly and electronic meetings when necessary. A quorum is met when half the IRB members, and at least one (1) of them has a medical qualification, are in attendance.
 - 5.3.4.5 If an IRB member cannot attend a meeting or part of a meeting, they must notify the Bioethics Section and IRB Chair, well in advance of the meeting.
 - 5.3.4.6 IRB members must understand and apply all ethical principles and guidelines related to the protection of human research participants.
 - 5.3.4.7 Members must commit time and effort to receive training in these requirements.
 - 5.3.4.8 All members must be given copies of pertinent documents to review and understand relevant international regulations, KSAU-HS and MNG-HA policies and procedures for the protection of human subjects in research.
 - 5.3.4.9 Attendance at seminars pertaining to human subject protection is encouraged. These seminars are intended to provide background and new information.
 - 5.3.4.10 In addition, IRB members are encouraged to attend relevant local and national meetings and may be provided support to do so.
 - 5.3.4.11 IRB officers must serve as primary reviewers for assigned studies and to participate as general reviewers on all studies discussed at convened meetings.
 - 5.3.4.12 IRB members must vote to approve, set conditions for approval, defer review to expedited review or convened IRB, or disapprove studies submitted to the IRB following discussion of these studies.
 - 5.3.4.13 IRB members must be reformed every two (2) years. Old members can be, upon their interest, recommended for new IRB board formation.
- 5.3.5 IRB Members Rights**
- 5.3.5.1 Board members must receive a meeting allowance which is initially designated by the CEO.
 - 5.3.5.2 IRB reviewers from internal and external boards are entitled for a review allowance which is determined and approved by the CEO to compensate their efforts.

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- 5.3.6 IRB Meeting** - IRB members have two (2) ways to conduct a meeting: physically and electronically (online).
 - 5.3.6.1** If physically, the meeting must be conducted with the following quorum requirements:
 - 5.3.6.1.1** The Chair or Vice Chair
 - 5.3.6.1.2** Minimum members as per quorum must attend - at least one (1) member present must have a medical background.
 - 5.3.6.2** Electronic meetings follow the same quorum regulations of physical meetings and they are conducted when:
 - 5.3.6.2.1** There is an urgent case review
 - 5.3.6.2.2** Overload line for proceeding
 - 5.3.6.2.3** Report of online processed meeting will be reviewed in closest physical meeting for endorsement.
- 5.3.7** IRB decisions/results must be forwarded to the PI, both digitally and in hardcopy format for action.
- 5.3.8** IRB must hold regular physical meetings upon a call from its chair or designee.
 - 5.3.8.1** Video conferencing is accepted for a meeting with a quorum of physical meetings.
- 5.3.9** The IRB must maintain detailed documentation of all activities, attendance, votes on all actions and the basis of actions in form of meeting minutes.
- 5.3.10** The IRB may require investigators to attend the meeting or be available by phone to answer questions.
- 5.3.11** If an IRB member has a research protocol to be discussed, they must not attend the meeting where the research is under discussion to avoid bias.
- 5.3.12** Votes must be taken either by voice or by raising a hand; counting must be undertaken to determine the number of those in favor of the motion (those in the affirmative), unless taken digitally, versus those opposed to it (those in the negative).
 - 5.3.12.1** In meetings conducted on a remote basis, IRB members vote digitally based on the 'Opting-in' scheme and electronic positive or negative decision or any suggestion must be communicated to the IRB office.
 - 5.3.12.2** A deadline is set for casting the votes.

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5.3.12.3 Announcing the vote result is the Chair's responsibility.

5.3.13 In all matters deliberated upon, decisions are concluded by voting results determined by:

5.3.13.1 Simple Majority: a voting requirement of more than fifty percent (50%) of all ballots cast (of attendees)

5.3.13.2 Absolute Majority: a majority of the entire IRB membership, in issues involving rescission and amendment of previously adopted decisions

5.3.13.3 In either case, the side having the Chair's vote preponderates over others, when both sides are equal.

5.4 Experience of the Principal Investigators and Sub-Investigators as Human Studies Investigators

5.4.1 IRB follows Research Office criteria for both Principal Investigators and Sub-Investigator, as per APP 1419-05.

5.5 Proposal Review and Approval

5.5.1 All research projects involving humans as subjects or human material must be reviewed and approved by IRB(s) prior to initiation of any research related activities, including recruitment and screening activities as per APP 1419-05.

5.5.2 For efficient time management, ten (10) to twelve (12) days must be set as a target for reviewing research proposals submitted for approval.

5.5.3 IRB must review research proposals taking in the considerations the following items:

5.5.3.1 Sharia rules or applicable laws and legislations in the Kingdom that are compatible to international obligations and standard

5.5.3.2 Acceptable qualifications of the Principal Investigator (PI) and all Sub-Investigators as human studies investigators as specified by Research Office.

5.5.3.3 Risk/Anticipated Benefit

5.5.3.3.1 The PI will provide documentation of the relative risk to benefit ratio of human subjects participating in the study.

5.5.3.3.2 Considering both the chance and probability of harm and the severity and magnitude of the possible harm assesses 'Risk'.

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5.5.3.3.3 'Benefit' is the anticipated positive value of the research either to the subject directly or to society in terms of knowledge to be gained.

5.5.3.3.4 IRB regulations secure the minimum protection of human participants in research, therefore any extra protective measures for the study subjects is added value.

5.5.3.3.5 IRB to ensure absence of coercion for participants to contribute.

5.5.3.4 Informed Consent

5.5.3.4.1 The PI must refer to APP 1419-05 (**Appendix M**) Consent Requirements to have more information on how to design informed consent.

5.5.3.5 Selection of Subjects

5.5.3.5.1 The PI must provide documentation of the method through which study participants will be selected.

5.5.3.5.2 The selection of participants must not offer potentially beneficial research to some subjects who are in the favor of the Investigators or must not select only 'undesirable' persons for risky research.

5.5.3.6 Safeguards for Privacy and Confidentiality

5.5.3.6.1 The Principal Investigator must confirm that sound plans are in place to safeguard the identity of all study participants as well as confidentiality of medical records.

5.5.3.7 Sound plan for collection, storage, analysis of data and scientific laboratory experiments.

5.5.3.7.1 All data collected must remain the property of KAIMRC. All original documents (raw data) must remain on the Program premises, although the investigators may use appropriate data summaries for subsequent analysis or have a masked version of the data that eliminates any identifiable data. Original raw data must be in Program computers, not personal laptop computers.

5.5.3.7.2 Clinical records, original laboratory reports, and specimens collected remain the property of KAIMRC and may not be removed from the premises, unless there is a KAIMRC and IRB approved agreement between the PI and any collaborator

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states otherwise. All such materials are retained and stored in the Program location where normally kept. Any storage facility within the program must be linked/supervised according to KAIMRC regulations.

- 5.5.3.7.3** The Principal Investigator and Sub-Investigator may extract or transfer appropriate summaries of the data from the Program computer, clinical records or laboratory reports into their own personal computers for analysis and preparation for publication or presentation, and may make suitable images of visual materials as in the case of radiology or ultrasonography images, or histopathological specimens for publication or presentation.
- 5.5.3.7.4** Specimens collected during the course of the data must be maintained as per the APPs of KAIMRC if they are intended for research purposes.
- 5.5.3.7.5** No data can be stored for research purposes except through KAIMRC and no access to this data will be permitted except after Research Committee and IRB approval. Any obstruction or denial of access to research data by anybody/department will be considered a violation of MNG-HA policies.
- 5.5.3.7.6** No research facility can operate in MNG-HA except those that are fully managed by KAIMRC. Any site designed for clinical research purposes such as Research Laboratories, Clinical or Translational Trial Units or Investigational Drug Pharmacy must be fully operated and controlled by KAIMRC.
- 5.5.3.7.7** Disposal of specimens must be conducted in a manner identical to that for identical specimens not collected as part of the human investigation study.
- 5.5.3.7.8** The PI must confirm that data will be collected, analyzed and stored as follows:
- 5.5.3.7.8.1** Data must be collected in a coded fashion in order that the data collection sheets contain patient serial numbers only. Once collected, data must be retained for at least five (5) years after completion of the study

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5.5.3.7.8.2 A linkage code that correlates the coded data sheets to patient medical record numbers are stored in a secure place with PI's full responsibility. This code must be retained by KAIMRC for at least five (5) years after completion of the study.

5.5.4 Studies involving vulnerable group(s), i.e. children, mentally handicapped, pregnant women, unconscious patients, terminally ill patients or prisoners, staff or students must follow NCBE rules (**Appendix B**) for these groups as well as the following:

5.5.4.1 Research involving children

5.5.4.1.1 Research involving children must not be exempted from IRB review.

5.5.4.1.2 Permission of both parents will be necessary, unless one of the parents has sole legal responsibility for the care and custody of the child, or one of the parents is deceased, unknown, legally incompetent to provide permission, or is not reasonably available.

5.5.4.1.3 The IRB may determine if permission of one parent is sufficient or waive permission from both parents in the following cases:

5.5.4.1.3.1 If the research proposal is designed in a way that the parental permission is not a reasonable requirement for protecting the children

5.5.4.1.3.2 If the PI has provided an appropriate substitute mechanism for protecting the children

5.5.4.1.3.3 The research involves no more than minimal risk to the subjects

5.5.4.1.3.4 The waiver will not adversely affect the safety and well being of the subject

5.5.4.1.3.5 The research could not be practically carried out without the waiver.

5.5.4.1.4 The assent of the child will be necessary, unless the IRB determines that assent is not a requirement or waives assent.

5.5.4.2 Research involving prisoners

5.5.4.2.1 Research involving prisoners must not be exempted from IRB review.

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- 5.5.4.2.2 Ensure that the membership of the IRB reviewing the protocol includes a prisoner or prisoner representative with appropriate background and experience to serve in that capacity.
- 5.5.4.2.3 The IRB Chair will identify and recruit a qualified suitable individual to fulfill this requirement.
- 5.5.4.2.4 Ensure that any advantages prisoners will realize as a result of participating in the research, when compared to the general living conditions within the prison, are not so great as to impair the prisoner's ability to weigh the risks and benefits of participation and freely choose whether to participate.
- 5.5.4.2.5 Review procedures for selecting participants to determine whether they are fair, and free from subjective manipulation by prison authorities or prisoners.
- 5.5.4.2.6 Ensure that the participants will be selected randomly from among the group of eligible volunteers, unless the PI justifies a different procedure.

5.5.4.3 Research involving pregnant women

- 5.5.4.3.1 Research involving pregnant women must not be exempted from IRB review.
- 5.5.4.3.2 Pregnant women shall be allowed to participate in research so long as the risk to the fetus is minimal.
- 5.5.4.3.3 The informed consent must address the possible impact of the research on the fetus.
- 5.5.4.3.4 The PI must obtain informed consent from the pregnant woman as well as the father of the fetus. However the IRB may waive obtaining informed consent from the father if:
 - 5.5.4.3.4.1 The purpose of the study is to meet the health needs of the mother
 - 5.5.4.3.4.2 The father is not reasonably available.
- 5.5.4.3.5 No inducements, monetary or otherwise, must be offered to terminate a pregnancy.
- 5.5.4.3.6 Individuals engaged in the research must have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy; and

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- 5.5.4.3.7 Individuals engaged in the research must have no part in determining the viability of a fetus.
- 5.5.4.4 Research involving fetuses after delivery. After delivery, fetuses may be involved in research if all of the following conditions are met:
 - 5.5.4.4.1 Where scientifically appropriate, preclinical and clinical studies have been conducted and provide data for assessing potential risks to fetuses
 - 5.5.4.4.2 The individual(s) providing consent under the applicable regulations is/are fully informed regarding the reasonably foreseeable impact of the research on the fetus or resultant child
 - 5.5.4.4.3 No inducements, monetary or otherwise, must be offered to terminate a pregnancy
 - 5.5.4.4.4 Individuals engaged in the research must have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy
 - 5.5.4.4.5 Individuals engaged in the research must have no part in determining the viability of a fetus
 - 5.5.4.4.6 The regulatory requirements have been met as applicable.
- 5.5.4.5 Research involving Fetuses of uncertain viability. After delivery and until it has been ascertained whether or not a fetus is viable, a fetus may not be involved in research unless the following additional conditions are met:
 - 5.5.4.5.1 The research holds out the prospect of enhancing the probability of survival of the particular fetus to the point of viability and any risk is the least possible for achieving the objectives of the research; or
 - 5.5.4.5.2 The purpose of the research is the development of important biomedical knowledge which cannot be obtained by other means and there will be no risk to the fetus resulting from the research; and
 - 5.5.4.5.3 The legally effective informed consent of either parent of the fetus or, if neither parent is able to consent because of unavailability, incompetence, or temporary incapacity, the legally effective informed consent of either parent's legally authorized representative is obtained.

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5.5.4.6 Research involving non-viable fetuses. After delivery, a non-viable fetus may not be involved in research unless all of the following additional conditions are met:

- 5.5.4.6.1** Vital functions of the fetus must not be artificially maintained
- 5.5.4.6.2** The research must not terminate the heartbeat or respiration of the fetus
- 5.5.4.6.3** There must be no risk to the fetus, resulting from the research
- 5.5.4.6.4** The purpose of the research is the development of important biomedical knowledge that cannot be obtained by other means
- 5.5.4.6.5** The legally effective informed consent of both parents of the fetus is obtained. However, if either parent is unable to consent because of unavailability, incompetence, or temporary incapacity, the informed consent of one parent of a non-viable fetus will suffice to meet the requirements. The consent of a legally authorized representative of either or both of the parents of a non-viable fetus will not suffice to meet the requirements of the regulations.

5.5.4.7 Research involving subjects with diminished decision making capacity

- 5.5.4.7.1** Research involving participants with diminished decision making capacity must not be exempted from the IRB review.
- 5.5.4.7.2** If the individual is competent to make a rational decision about their participation in the research, the IRB may allow such subjects to participate in research with a consent from the legal guardian/a person authorized to grant consent on behalf of the subject.
- 5.5.4.7.3** If the individual is not competent enough to make rational decisions about their participation in research, the IRB must consult a qualified physician who is not a part of the research team to determine if the participant has the mental ability to make informed decisions about their participation in research.
- 5.5.4.7.4** The following measures must be addressed in the protocol to limit a subject's exposure to risk:
 - 5.5.4.7.4.1** Description of appropriate psychological or medical screening criteria to prevent or reduce the chances of adverse reactions to the therapeutic and research procedures

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- 5.5.4.7.4.2 Specific diagnostic, symptomatic and demographic criteria for subject recruitment
- 5.5.4.7.4.3 Description of methods for assuring adequate protections for the privacy of the subjects and the confidentiality of the information gathered
- 5.5.4.7.4.4 Justification of plans to hospitalize subjects or extend hospitalization for research purposes
- 5.5.4.7.4.5 Measures to protect individually identifiable information
- 5.5.4.7.4.6 Measures to ensure that proposed research procedures will not be detrimental to ongoing therapeutic regimens.

5.5.4.8 Principal investigators enrolling their own employees in research must:

- 5.5.4.8.1 Not directly interact for recruitment purposes with employees that report directly to the investigator unless one of the special situations applies (see special situations below article 5.5.4.10)
- 5.5.4.8.2 This task must be conveyed to clinical research coordinator who is nominated by Research Office
- 5.5.4.8.3 Ensure that employees understand they may choose not to participate in the research and that their decision must not affect their employment or performance appraisal
- 5.5.4.8.4 Outline procedures to ensure that employees must not be subject to undue influence or pressure and to ensure that each employee's privacy will be respected
- 5.5.4.8.5 Conduct research procedures out of sight of other employees whenever possible. For example, surveys or questionnaires could be given to employee participants through email to complete online, or at home and mail back to the clinical coordinator instead of asking all employees to assemble in a room on site, which could identify them as research participants to their superiors and co-workers.

5.5.4.9 Investigators enrolling their own or any MNG-HA students must:

- 5.5.4.9.1 Not directly interact for recruitment purposes with students,

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fellows and trainees who report directly to the investigator unless one of the special situations applies (see special situations article 5.5.4.10)

- 5.5.4.9.2** Ensure that students understand they may choose not to participate in the research and that their decision must not affect their grades/class
- 5.5.4.9.3** Avoid using class time to recruit or engage in research
- 5.5.4.9.4** Limit the use of extra credit as compensation; it must not significantly increase a student's overall grade
- 5.5.4.9.5** Outline procedures in the research protocol to ensure that students must not be subject to undue influence or pressure and to ensure that each student's privacy must be respected.
- 5.5.4.10** Special situations where prohibition to students/staff may be waived include:
 - 5.5.4.10.1** Students or staff may elect to participate in research if they approach the research team and initiate enrollment on their behalf. In such situations, the enrollment and consent process must not be conducted by the Investigator and must be conducted by the clinical coordinator and course administrator
 - 5.5.4.10.2** Participation of students/staff may also be approved by the IRB in cases where the IRB determines that 1) the study qualifies as no greater than minimal risk; 2) adequate steps have been taken to minimize potential coercion or undue influence and 3) any harms that may arise in the research would not be exacerbated by the academic or employment relationship
 - 5.5.4.10.3** The IRB can waive the prohibition against requiring student participation in educational research on a case-by-case basis when an investigator can demonstrate that participation is educational and integral to fulfilling course requirements, or that full class participation is essential for study integrity.

5.6 Research Conduction

5.6.1 Responsibilities of the Principal Investigator for Approved Research Projects

5.6.1.1 Maintains accurate files of correspondence related to the study.

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- 5.6.1.2 Ensures that the research activity complies with the study protocol.
- 5.6.1.3 Obtains approval for any proposed change in the research protocol from the IRB.
- 5.6.1.4 Protects the rights and welfare of human subjects participating in the project.
- 5.6.1.5 Reports any physical or psychological adverse events to the IRB.
- 5.6.1.6 Makes provisions for the safe retention of complete research records and materials.
- 5.6.1.7 Ensures the confidentiality and security of all patient information.
- 5.6.1.8 Submits to the IRB a Project Closure Form when the project ends, is closed or cancelled for any reason.

5.6.2 Continuing Review of Ongoing Research Projects

- 5.6.2.1 IRB must publish a semi-annual tentative summary of the status of all submitted proposals, including status of application (under review, approved, rejected), progress of approved project (including date of next periodic review) and date of completion.
 - 5.6.2.1.1 This is performed by submitting periodic report to the Executive Director of KAIMRC based on confidential aspects of information
- 5.6.2.2 All on-going approved research projects must be monitored by report presentation or site visit.
 - 5.6.2.2.1 Monitoring Unit team according to APP 1432-20 or IRB staff may proceed with this activity.
 - 5.6.2.2.2 Monitoring Unit report or IRB visit will be discussed with the PI for corrective action and compliance.
- 5.6.2.3 PI must submit more than a report per year if requested by the IRB.
- 5.6.2.4 If the PI fails to submit the report within set period, the IRB may suspend the research project until the report is submitted and must notify the principal investigator thereof.
- 5.6.2.5 In the situation of requesting an extension of approval period, the PI must submit a the annual extension status report (**Appendix A**) two (2) months before expiration of current approval period.

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5.6.2.6 If the IRB disapproves the extension of the study, the research study must be suspended.

5.6.2.7 Any drafted publication must be submitted to IRB for review prior to scientific publication.

5.6.2.8 Authorship rights and publication conduct must be maintained.

5.6.3 Amendments

5.6.3.1 No changes or amendments in the study protocol must be initiated before approval from the IRB, except:

5.6.3.1.1 Where necessary for eliminating an immediate hazard to a subject, or

5.6.3.1.2 Minor amendments which include administrative or logistical changes such as:

5.6.3.1.2.1 Addition of procedures that do not significantly increase risk to subjects, considering the original purpose and study design of the approved study

5.6.3.1.2.2 Addition of non-sensitive questions to a survey or interview and procedures

5.6.3.1.2.3 The addition of, or revision to, minor wording changes in the consent form(s), recruitment materials or measures which do not materially alter the research activities

5.6.3.1.2.4 Change to improve the clarity of statements or to correct typographical errors, provided that such changes do not alter the content or intent of the statement

5.6.3.1.2.5 Changes in the phone numbers of the IRB, PI, Medical Monitor, etc.

5.6.3.1.2.6 Addition of sub-Investigator/ research coordinator or any other personnel in the research team and their qualifications except Principal Investigator.

5.6.3.1.3 Both cases should be reported to IRB as a notice of deviation.

5.6.3.1.4 If the change represents more than a minimal risk to subjects, it must be reviewed and approved by the IRB before applied.

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5.6.3.2 All major amendments must be reported to the IRB and must not be implemented before approval by the IRB. These may include but not limited to:

5.6.3.2.1 Changes in the the research aims or methodology, nature of subject participation, level of risk, proposed benefits, participant population, sample size, or the facilities available to support the safe conduct of research

5.6.3.2.2 Adding procedures that are not eligible for expedited review

5.6.3.2.3 Addition to the consent form of a description of an unexpected event or serious risk

5.6.3.2.4 Procedures involving increased risk or discomfort

5.6.3.2.5 Changes that increase the risk to study participants or might adversely affect the willingness of current participants to remain in the study

5.6.3.2.6 Major extensions of the duration of exposure to the test material or intervention

5.6.3.2.7 Major alteration in the human research participation payment.

5.7 Adverse Events (AE)/ Serious Adverse Event (SAE)

5.7.1 All serious adverse events must be reported to the IRB as follows:

5.7.1.1 All SAEs must be reported immediately and within twenty-four (24) hours of discovering the event through the electronic Safety Reporting System (SRS) (APP 1435-08) followed by a detailed report within seven (7) calendar days.

5.7.2 The PI, any member of the research team or any healthcare provider can report any adverse event that occurred at the site.

5.7.3 IRB must act on information or reports received from any source that indicate any adverse event.

5.7.3.1 IRB must investigate if the AE/SAE is related to the clinical research study or not.

5.7.3.2 If SAE related, IRB must participate with Corporate Quality and Patient Safety Department in conducting a thorough Root Cause Analysis (RCA), refer to APP 1423-05.

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- 5.7.4 The PI is responsible for providing the details of all AEs in the annual status reports.
 - 5.7.5 IRB has the authority to take appropriate actions which may include suspension/termination of the study or modifying approval condition as required to ensure patient safety.
 - 5.7.6 Any conflict of interest that occurs during the conduction of the study must be reported to the IRB.
 - 5.7.7 After completing the study and issuing the close-out report, a patient complaint can be received by the IRB office, reviewed for its relation to the study and proper action will be taken for compensation.
- 5.8 Noncompliance**
- 5.8.1 For any noncompliance that is either reported to the IRB or identified by the IRB, the IRB Chairperson must notify the Investigator in writing, detailing the corrective actions that need to be implemented by the PI. Should the noncompliance continue, appropriate action must be determined at a convened meeting. Action by the IRB can include but is not limited to:
 - 5.8.1.1 Suspending the research until the Investigator is in compliance. If the research is halted, sponsor must be notified if the research is externally sponsored, and SFDA must be notified if the research involves an SFDA regulated product or drug
 - 5.8.1.2 Requiring the Investigator to complete a training program
 - 5.8.1.3 Barring the Investigator from conducting further research
 - 5.8.1.4 Any other action deemed appropriate by the IRB.

6. PROCEDURES

- 6.1 All research proposals involving human subjects will be in accordance with APP 1419-05 and submitted to the IRB for review. Each proposal includes information regarding the succeeding articles.
- 6.2 All research proposals will satisfactorily meet the established standards of all the following criteria before approval is granted:
 - 6.2.1 Sharia rules or applicable laws and legislations within the Kingdom
 - 6.2.2 Acceptable qualifications of the PI and all Sub-Investigators as human studies investigators

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- 6.2.3 Acceptable risk/anticipated benefit analysis
- 6.2.4 Adequate and appropriate informed consent document
- 6.2.5 Scientifically justified selection of subjects
- 6.2.6 Adequate safeguards for privacy and confidentiality
- 6.2.7 Sound plan for collection, storage and analysis of data.
- 6.3 Initially IRB will determine the type of review according to the level of risk:
 - 6.3.1 Exempt review
 - 6.3.2 Expedited review
 - 6.3.3 Full board review, see APP 1419-05 for more details.
- 6.4 The IRB will recommend one (1) of the following:
 - 6.4.1 Approval of submission
 - 6.4.2 Approved pending receipt of required minor revisions to study procedures, informed consent documents, or other written materials by the PI or Sub-Investigators
 - 6.4.3 Approved pending opinion from related experts
 - 6.4.4 Disapproved. In such cases, the PI has the right to file an appeal in writing and subsequently appear in person before the IRB to challenge the decision (APP 1432-04)
- 6.5 The IRB Chair will inform the PI of the decision and a copy will be provided to the Research Committee Chair.
- 6.6 Continuing Review of Ongoing Research Projects
 - 6.6.1 Principal investigator will submit an annual report to the IRB summarizing the status of the project and requesting approval extension (**Appendix A**).
 - 6.6.2 IRB will review the report and determine the following:
 - 6.6.2.1 The risks to subjects continue to be minimized and reasonable in relation to the anticipated benefits
 - 6.6.2.2 The selection of subjects continues to be reasonable in relation to anticipated benefits

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6.6.2.3 Informed consent continues to be appropriately documented and the information is still accurate and complete.

6.6.3 If the original approval is through the full committee review pathway:

6.6.3.1 The full committee with a quorum will meet to conduct the periodic review

6.6.3.2 At the time of approval, the Committee will determine the exact date of the mandatory periodic review, as well as the information that needs to be provided by the PI in this report

6.6.3.3 The Committee may request information from the PI, as necessary, to properly conduct this review

6.6.3.4 If the PI does not provide the requested information by the deadline, the Chair will send a letter informing the PI the project is temporarily suspended until such documentation is received and reviewed

6.6.3.5 If necessary and indicated by information that has arisen since the initiation of the study, the Committee may request from the PI, any and all information required to ensure continued safe conduct of the investigation.

6.6.4 If the original approval is through the expedited review pathway:

6.6.4.1 The Chair of the Committee or a designated reviewer appointed by the Chair may conduct the periodic review

6.6.4.2 At the time of approval, the Chair will determine the exact date of the mandatory periodic review, as well as the information that needs to be provided by the PI in this report

6.6.4.3 The committee may request information from the PI, as necessary, to properly conduct this review

6.6.4.4 If the PI does not provide the requested information by the deadline, the Chair will send a letter informing the PI that the project is temporarily suspended until such documentation is received and reviewed

6.6.4.5 If necessary and indicated by information that has arisen since the initiation of the study, the Chair may request from the PI, any and all information required to ensure continued safe conduct of the investigation.

6.6.5 IRB may request from Monitoring Unit an additional on-site monitoring of approved projects in order to determine, from a source other than the investigator's report that no material changes have occurred in the project since the previous review.

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7. **RESPONSIBILITY**

- 7.1 KAIMRC, IRB, Research Committee and all other relevant departments are responsible for ensuring full implementation of this APP.
- 7.2 Internal Audit and Organizational Development will randomly monitor the implementation of the provisions within this APP.

8. **APPROVAL**

PREPARED BY:



Dr. Abdullah Al-Sayyari
BN: 31334 / Pages: 8012

A.H.

PROF. AMEEN KASHMEERY
Chairman, Institutional Review Board

4/1/16
DATE

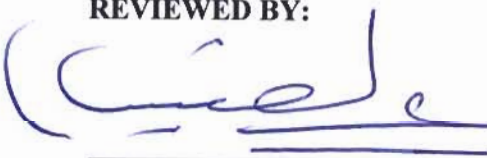
CONCURRED BY:



DR. AHMED AL ASKAR
Executive Director
King Abdullah International Medical Research Center
MNG-HA

05 JAN 2016
DATE

REVIEWED BY:



SAAD AL OTAIBI
Executive Director
Internal Audit and Organizational Development , MNG-HA

5-Jan-2015
DATE

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APPROVED BY:



H.E. DR. BANDAR AL KAWY
Chief Executive Officer, MNG-HA
President, KSAU-HS

07 JAN 2016

EFFECTIVE DATE

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